

*the*  
**SHELFORD  
GROUP**



**SHELFORD GROUP  
IMPACT REPORT  
2025/26**

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Hospitals Birmingham NHS Foundation Trust

# Welcome from Chair and Managing Director

I'm delighted to introduce the 2026 Shelford Group Impact Report, which once again shows how we are delivering on our goal of working together to improve health and care. It's been my privilege this year to act as Chair of the Group, and I'm grateful to colleagues from across Shelford for their commitment to our work programme over the course of the year.

2025/26 has been a year of change for the NHS, with the 10 Year Health Plan setting out ambitious goals for the future. Shelford has been part of that change – contributing our unique perspective to the national conversation and working closely with partners across government, the NHS, industry and academia.

This year has seen the launch of our new strategy, with a focus on priorities where we think that collaboration as a Group can have the most impact. That means

joint work on NHS delivery priorities and a renewed focus on research and development – the foundation of future success. I've been particularly pleased to see the delivery of fantastic new programmes of work – including our Surgical Training in Advanced Robotic Technology (START) programme – emerge from the Shelford Group to sit alongside our existing strengths. I am excited by what lies ahead and I'm confident that the impact of Shelford will continue to grow in the years to come.

**Professor Clive Kay**  
Chief Executive, King's College Hospital NHS Foundation Trust, and Chair of the Shelford Group



**Our impact report captures both the breadth and the depth of the unique collaboration that makes the Shelford Group so special. The breadth of work delivered by the Shelford Group team and colleagues across the group is remarkable – everything from the adoption of cutting-edge AI tools to the fundamentals of neighbourhood health. And the depth of expertise we can draw on allows us to deliver outstanding programmes of work – notably in our START programme and the continued success of the Safer Nursing Care Tools.**

I am always struck by how generously colleagues give time and attention to contribute to the work of Shelford. Our thriving community of Shelford sub-groups enables professional leaders from across the Group to connect, share ideas and resources that help to transform care. And more than ever, we are committed to ensuring our joint work can benefit the wider NHS – not just our own members.

Like everyone in the NHS, our focus is on both immediate financial and operational pressures as well as our longer-term vision for change. That's why I'm

proud that our work programme helps to deal both with the challenges of today and tomorrow. We're focusing on improving efficiency and productivity in elective care right now, but at the same time strengthening our research capability to drive the long-term improvements we want to achieve in health and care.

None of this work would be possible without the efforts of the talented and committed Shelford Group team that I'm proud to be part of.

**David Furness**  
Managing Director, Shelford Group



# About the Shelford Group

## Who we are



The Shelford Group is comprised of ten of the largest teaching and research NHS trusts in England.

Our work is co-ordinated by a central secretariat, and delivered through sub-groups of executive directors and professional leads from member trusts.



- 1 The Newcastle upon Tyne Hospitals NHS Foundation Trust
- 2 Manchester University NHS Foundation Trust
- 3 Sheffield Teaching Hospitals NHS Foundation Trust
- 4 University Hospitals Birmingham NHS Foundation Trust
- 5 Cambridge University Hospitals NHS Foundation Trust
- 6 Oxford University Hospitals NHS Foundation Trust
- 7 Imperial College Healthcare NHS Trust
- 8 University College London Hospitals NHS Foundation Trust
- 9 King's College Hospital NHS Foundation Trust
- 10 Guy's and St Thomas' NHS Foundation Trust



**OUR VISION**

**A thriving Shelford Group using our experience, expertise and capability to strengthen the NHS, improve health and care and contribute to economic growth.**



**OUR MISSION**

**The Shelford Group is a network of some of the largest teaching and research NHS trusts in England. We learn from each other, play a leading role in the NHS and our local communities and share a common voice to shape our environment.**



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## Our strategic objectives



**Lead improvements in NHS services** through the 10 Year Health Plan and Workforce Plan.

**Strengthen research and innovation** that supports improvement and contributes to economic growth.

**Achieve sustainable success as NHS provider organisations** including clinical, financial, environmental, and workforce factors.

## Delivery mechanisms

We achieve our objectives through:



**1. Mutual learning**  
Supporting collaboration to share best practice within the network and the wider NHS.

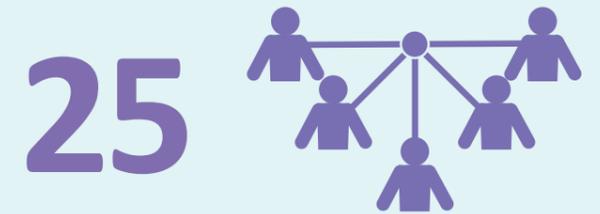
**2. Policy development**  
Navigating and shaping the external environment to maximise the positive contribution Shelford Group Trusts can make to the health system, including the “three shifts” of sickness/ prevention, hospital/community and analogue/digital.

**3. System leadership**  
Building partnerships within healthcare, life sciences, academia and government, developing our role as anchor institutions, and giving back to the wider NHS.

## Shelford Group in numbers



**10** member trusts, accounting for £19 billion of the NHS budget, employing over 180,000 staff, and recording over 20 million patient contacts per year



**25** professional sub-groups, working together to share learning and deliver on the Group’s overarching priorities



**5** members of the secretariat team, working to support Shelford Group members and drive forward the Group’s strategic priorities



**50+** surgical trainees registered for the Shelford Surgical Training in Advanced Robotic Technology (START) Programme pilot across 3 regions



**5** Safer Nursing Care Tools - developed by Shelford Group Chief Nurses - used in almost all NHS trusts in England, and with over 120 licences purchased by private and overseas providers



**25+** organisations that we have engaged, collaborated and partnered with in the past year



**7** national consultations, plans and strategies that we have fed into across 2025-26

**£484m**

of Biomedical Research Centre funding allocated to our member trusts from 2022-27, being used to translate promising scientific breakthroughs and develop them into new treatments, diagnostics and health technologies



## NHS structural reform and service improvement

Much of the 10 Year Health Plan’s ambition can be defined by a strategic ‘left shift’ from hospital-based treatment towards community-led care and prevention. At the heart of this transition is the neighbourhood health model, which integrates acute, primary, community and social care through local teams, all working together to manage people’s health and wellbeing closer to home. In tandem with this shift, all parts of the system are being asked to improve productivity – to deliver more within existing resources, both by ‘doing things right’ and by ‘doing the right things’.

To deliver on governmental aims for the NHS, 2025 has seen a return to the concept of ‘earned autonomy’ through the introduction of Advanced Foundation Trusts – a new designation rewarding high-performing providers with autonomy and flexibility to respond to the needs of their communities and deliver improved care.

Our policy efforts this year have focussed strongly in these areas, exploring our roles as large hospital providers, and the contributions that Shelford members can make to drive these ambitions forward.

Throughout the year, Shelford Directors of Strategy have collaborated with a range of external organisations and stakeholders to gain deeper insights into neighbourhood health models, and to understand the practical implications for large acute (and in some cases, integrated community) trusts. Engagements with the National Association of Primary Care, DHSC, the National Neighbourhood Health Implementation Programme team and the Nuffield Trust have guided our thinking in our approach to delivering neighbourhood health in collaboration with local partners.

Building on previous years’ work of productivity and efficiency benchmarking, this year we have harnessed the insights from these exercises to determine where

“As a group of Strategy Directors, our collective remits are wide-ranging and ever-changing: having regular touchpoints as a group provides valuable opportunities to learn from one another, share insights and to delve deeper into the policy areas that will have the biggest impact on our organisations, our patients, and our local communities. Neighbourhood health has been a major area of focus for us this year, exploring with primary care partners and policy experts how we can deliver on the 10 Year Plan and change our organisations to better support neighbourhood working.”



**Claire Stoneham**  
Chief Strategy and Transformation Officer, Cambridge University Hospitals NHS Foundation Trust (Chair, Shelford Strategy Directors’ sub-group)

we should focus our efforts as a Group. Recognising the limitations to non-recurrent cost improvement programmes, we understand that a more nuanced narrative on productivity is required; one that sees productivity improvements as not just a national target to be met, but more fundamentally as a driver for service improvement and better patient outcomes. In this vein, we have commenced collaborative work on outpatients, which has seen a disproportionate



Photo credit: Imperial College Healthcare NHS Trust

rise in costs compared to activity levels in recent years. Led by our Executive Operational Leads, and aligned with the asks set out in the Medium-Term Planning Framework, we are focussing our attention on Advice and Guidance Models, disseminating best practice in outpatient transformation and encouraging members to adopt and adapt from the successes of our exemplar trusts.

Following the announcement of the Advanced Foundation Trust programme, we mobilised a small working group of Chief Financial Officers, Directors of Strategy and Directors of Corporate Governance to consider the draft framework in depth, including: the effectiveness of the proposed freedoms associated with Advanced Foundation Trust status; the need for clarity on any medium- to long-term performance base regime; the eligibility and assessment criteria; and the links between Advanced Foundation Trust status and Integrated Health Organisation designation. Informed by our collective learning and experience from the Foundation Trust regime at the start of the millennium, we have engaged with national colleagues and submitted a Shelford Group consultation response to inform the rollout of these policy reforms.

“The ability to collaborate with other Shelford member trusts and professions is invaluable when it comes to analysing and informing new policy. Leading the Group’s work on Advanced Foundation Trusts, I saw first-hand the benefits of working together to leverage our shared expertise, allowing us to establish a shared position to inform national thinking.”



**Jason Dorsett**  
Chief Finance Officer, Oxford University Hospitals NHS Foundation Trust (Chair, Shelford CFO sub-group)

# Research, innovation and growth

Research and innovation sit at the heart of the 10 Year Health Plan; Shelford Group trusts are uniquely positioned to drive the R&I agenda, together hosting over two thirds of the UK's clinical research infrastructure.

This year has seen a renewed focus from the Group on collective action to promote research and innovation. We have devoted resources to a new Research and Development sub-group, both to focus on specific policy areas, and to ensure that research is fully embedded across the totality of the Group's work.

Working alongside colleagues from the National Institute for Health and Care Research (NIHR), Shelford Research and Development Leads have begun a programme of joint work to speed up the set-up of clinical trials. The 150-day trial set-up metric provides a baseline to share best practice around administrative processes, the role of service departments, and ensuring Board buy-in and ownership of research priorities. This work will help ensure improved adherence to the 150-day target, and will contribute to the government's ambition of ensuring that the NHS remains a leading destination for international life science.

We have deepened and developed partnerships focused on research and innovation with other key stakeholders. We held two events in partnership with the Association of British HealthTech Industries (ABHI) at Manchester University NHS Foundation Trust and King's College Hospital NHS Foundation Trust, which brought together colleagues from the trusts and industry to discuss how best to deploy new innovation in NHS contexts.

We have also built new relationships with the Russell Group of universities, with ideas in train to collaborate more closely on areas of common interest, including supporting research careers. This is also a focus of our engagement with the Academy of Medical Sciences; the Shelford Group was a co-signatory to a [joint declaration](#) showing our commitment to support and grow the clinical academic workforce.

“Our relationship with Shelford is a very highly valued one. We have an ongoing series of engagements with Shelford trusts, and the opportunities these have created has been enormously beneficial for both sides. The industry has really appreciated the buy in of senior leaders, including Chairs and Chief Executives at events, which over the last year have been with Sheffield, Manchester and King's. We look forward to continuing this work and deepening those relationships as our members bring their technology to support Shelford members in the delivery of high-quality healthcare and enabling the shifts outlined in the 10 Year Health Plan.”



**Richard Phillips**  
Executive Director of Policy and Partnerships, ABHI



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## SHELFORD SURGICAL TRAINING IN ADVANCED ROBOTIC TECHNOLOGY (START) PROGRAMME

As set out in the 10 Year Health Plan for England and the [National Cancer Plan for England](#), the NHS is committed to the adoption of robotic-assisted surgery (RAS) as standard for an expanded range of procedures, over the next 10 years.

To support this ambition, the Shelford Group partnered with the Newcastle Surgical Training Centre to develop the Shelford START programme. The START programme provides the opportunity for surgical trainees to develop their skills, knowledge and expertise in RAS at an earlier stage in their career, across [Intuitive's da Vinci](#), [CMR Surgical's Versius](#) and [Medtronic's Hugo™](#) RAS surgical systems.

Formally launched at the Cambridge Surgical Training Centre in December 2025, the programme is being piloted in the North East, North West and East of England. Taking place over three to four years across four different phases, the programme reflects the complex and evolving skill set required for performance of safe and effective robotic surgery, providing sustained progressive development. Over 50 surgical trainees registered for the programme pilot, with plans for expansion to additional regions and specialties in future years.

The programme meets the recommendations of the [national guidance on implementation of robotic assisted surgery \(RAS\) in England](#) and has support



from The Royal College of Surgeons of England (RCS England). We are currently working with RCS England to take the programme through their accreditation process to help ensure that the programme provides trainees with the highest standards of surgical training and education in this dynamic and fast developing area of healthcare.

To read more about the programme, including time commitments and course content view the [START brochure](#) and our [video](#) about the programme.

“*Robotic-assisted surgery has the potential to transform patient care. It is a rapidly developing area of surgical expertise, and the College welcomes initiatives such as the START programme that aim to advance training and education in this field. The START programme is excellent for surgical trainees and the future of UK surgery and I congratulate the Shelford Group in delivering this initiative.*”



**Mr Tim Mitchell**  
President, The Royal College of Surgeons of England

“The Russell Group values its growing partnership with the Shelford Group. The links between leading research universities and major teaching hospitals are essential to advancing education and innovation. We've been pleased to build closer connections over the past year and look forward to continuing our collaboration. Strengthening connections between our institutions will maximise the impact we can have for patients and society.”



**Dr Hollie Chandler**  
Director of Policy, Russell Group

## Sub-group highlights

**Led by our ten Shelford member Chief Executives, the work of the Group is delivered predominantly through our professional sub-groups. Recognising the value of collaboration, we continue to strengthen these groups by enabling regular dialogue, peer learning and shared policy development.**

Building on our strengths from previous years, we have continued to promote cross group collaboration wherever possible. This includes multidisciplinary sessions on job planning, productivity, Advice and Guidance, and Never Events, which bring colleagues together across specialties to benchmark, share learning and identify opportunities for collective action. As a Group, we have the agility to rapidly convene expert groups in response to issues of the moment, ensuring timely, coordinated input on emerging priorities.



Photo credit: Imperial College Healthcare NHS Trust

Throughout the year, our groups have worked closely with the Care Quality Commission (CQC), both to understand its new regulatory approach and to contribute to consultations on the future of provider assessment and ratings. In addition, a number of our Medical Director and Chief Operating Officers have offered their time and support to act as inspectors, helping the CQC reduce the number of ‘aged’ inspections across the health and social care system.

As research-active hospitals, we understand the value of research in driving better outcomes, and on numerous occasions have worked with external partners to contribute to studies. This year, our Workforce Directors – as part of their ongoing work to bridge the gap between research and practice – gave their support to an NIHR proposal

submission relating to workforce bullying and harassment in the NHS. Chief Nurses have been exploring the feasibility of a multi-site study with the Institute for Fiscal Studies, relating to the links between nurse staffing and patient outcomes, building on an [initial study](#) with Imperial College Healthcare.

“**The Group’s credibility and reach ensure that our shared expertise and experience inform national policy and system improvement. At a time of sustained and significant pressure across healthcare, this forum has provided vital support for individual leaders, teams, and local systems. As Chair of the Chief Medical Officer group, I have seen first-hand how this collective leadership builds confidence and delivers tangible benefit both locally and across the NHS. I am really proud of the way that we work together to engage with and tackle some of the very tricky challenges that we are all facing.**”



**Professor Raymond Anakwe**  
Medical Director, Imperial College Healthcare NHS Trust  
(Chair, Shelford Medical Director sub-group)

### COLLABORATIVE ACTION PROGRAMME

In June 2025, we launched our [Collaborative Action Programme](#), a collective programme of work being delivered across our trusts, with the aim of supporting core government priorities for the NHS, and designed to have the potential for wider spread across the health service.

To support national priorities around elective waiting times, as well as the shift from analogue to digital, we established a working group focussed on reducing the number of missed appointments and exploring the role of artificial intelligence in supporting ‘Did Not Attend’ (DNA) reduction.

The working group [published a blog and a series of case studies](#) to share the impactful work member trusts are doing, including:

- » **DNAPredict study at Manchester University NHS Foundation Trust**, a tool within their Electronic Patient Record system that helps predict whether patients are likely to attend their outpatient appointment, enabling teams to reach out to patients and help remove any potential barriers to attendance. Since August, MFT’s Elective Surgical Hub, based at Trafford General Hospital, has reduced the number of DNAs in high-risk patients from 44% to 14%, resulting in an additional 2.5 patients receiving surgery each week.
- » **Booking Optimisation Programme at Cambridge University Hospitals NHS Foundation Trust**, supporting the implementation of patient self-scheduling and earlier appointment offers via their

patient portal - MyChart. The initiative, which began in October 2025 with a pilot across six specialties, has now been extended to 36 specialties. Early results from the project have been extremely promising with just over 8,000 appointments self-scheduled, including earlier appointment offers, theoretically saving 1200 administrative hours.

- » **Integration of apprenticeship training with Transformation Action Learning Sets at King’s College Hospital NHS Foundation Trust** saw the trust DNA rate fall by 25% in the 12 months to September 2025. King’s has seen 3,000 more new outpatient attendances per month and measurable improvements in Referral to Treatment performance are now being delivered without an equivalent increase in staffing.

“**Collaborating within the Shelford DNA reduction working group has been a fantastic opportunity to share ideas, insights and innovative approaches with peers from across member trusts. Coming together in this way has fostered a culture of collective learning, allowing us to build on each other’s experiences and drive meaningful change for our patients.**”



**Joanna Johnson**  
Deputy Chief Operating Officer and Director of Performance and Planning, Guy’s and St Thomas’ NHS Foundation Trust

# Safer Nursing Care Tools

Shelford Group Chief Nurses continue to lead the development of innovative and evidence-based decision support tools for setting clinical staffing establishments, known as the Safer Nursing Care Tools (SNCT) and the Mental Health Optimal Staffing Tool (MHOST). The tools calculate clinical staffing requirements based on patients' needs (acuity and dependency) which, together with [professional judgement](#), support Chief Nurses in making their decisions on setting optimal nurse staffing establishments recommendations to their Board.



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Developed in partnership with subject matter experts, the NHS England Safer Staffing Faculty, and Imperial College Innovations London, the tools are now used widely across NHS organisations in England. Over

120 licenses have been purchased by private health providers and overseas healthcare organisations.

“It is a privilege to help steer the future development of the SNCT programme. The tools are central to how services match staffing to patient need, and we’re committed to enhancing them year on year. Working alongside our partners, we’ll keep evolving SNCT - grounded in evidence and enabled by digital - to support safer, more effective care.”



**Professor Chris Morley**

Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust  
(Chair, Shelford SNCT Committee)



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## 2025/26 HIGHLIGHTS

### » Emergency Department (ED) and Children & Young People’s (C&YP) tools

To ensure that tools remain valid and appropriate in guiding Chief Nurses in their staffing recommendations, we undertake regular reviews of the underpinning evidence base. This year, work was completed to update the ED SNCT – circulated to license holders in December 2025 – and the C&YP SNCT, which will be published in Spring 2026.

### » Responding to Health Services Safety Investigation Body (HSSIB) recommendations

In 2024, HSSIB published a report on workforce and working conditions in acute adult mental health inpatient settings. The report recommended the ongoing review and refresh of the Mental Health Optimal Staffing Tool (MHOST) to ensure it remains valid for changes in acuity and complexity of patients. This work is underway as part of our regular review cycle, and the first phase of the updated tool will be published in 2026, prioritising adult, older organic and older functional specialties.

### » Appointment of our first MHOST Fellow

The SNCT Committee appointed their first ever Fellow to support the MHOST programme of work. Kerry Woodcock, Head of Professional Standards and Practice Education at Lincolnshire Partnership NHS Foundation Trust, was appointed on a part-time basis to support the refresh of the MHOST, providing additional capability, capacity and mental health experience to the team.

### » NHS England’s Professional Strategy for Nursing and Midwifery

In September, Shelford Chief Nurses and the SNCT Steering Committee submitted responses to NHS England’s Professional Strategy for Nursing and Midwifery consultation. The SNCT Committee highlighted the need for careful consideration of the staffing requirements for any new models of care, balancing the shift from safety-focused to effectiveness-focused metrics in community settings.

### » Appointment of a National SNCT Programme Director

Recognising the important role that the SNCT and MHOST play in supporting trusts with their nurse staffing decisions, we are in the process of appointing a dedicated Programme Director to further drive forward and develop these tools. Working in partnership with the SNCT Committee Chair, Professor Chris Morley, this newly established post will lead the SNCT programme, ensuring its ongoing development, sustainability, digitisation, and commercial success.

### » CNO Safer Staffing Fellowship Programme

NHS England, in collaboration with the Shelford Group, designed the Chief Nursing Officer Safer Staffing Fellowship Programme to support a shared vision of embedding a sustainable, consistent approach to safer staffing in the NHS. This is a robust educational programme taught by expert academics and practitioners, and was recently re-accredited to Master of Science level by Birmingham City University. Professor Chris Morley co-chairs the CNO Safer Staffing Fellowship Faculty Steering Group, and has supported the national team by delivering a session on the background to and use of the SNCTs, as part of a series of training webinars aimed at Board members.

“Being appointed as the MHOST Fellow has been an invaluable opportunity to share my knowledge of mental health workforce planning while also learning from the experience of other trusts, including those within the Shelford Group. The fellowship has enabled greater collaboration across the MHOST review and refresh programme, helping colleagues to exchange ideas and insights. It has also allowed me to bring a deeper understanding of the nuances of mental health practice into the project team, strengthening the work we are doing together.”



**Kerry Woodcock**

Head of Professional Standards and Practice Education, Lincolnshire Partnership NHS Foundation Trust