

Council of Governors

Mon 09 December 2024, 16:00 - 17:50

Pinewood Education Centre, Stepping Hill Hospital



Agenda

16:00 - 16:00 0 min	1. Welcome and Opening Remarks <i>Information</i> <i>Marisa Logan-Ward</i>
16:00 - 16:00 0 min	2. Apologies for Absence <i>Information</i> <i>Marisa Logan-Ward</i>
16:00 - 16:00 0 min	3. Declarations of Interests <i>Information</i> <i>All</i>
16:00 - 16:00 0 min	4. Minutes of Previous Meeting held on 17 September 2024 (paper) <i>Decision</i> <i>Marisa Logan-Ward</i> 04 - Public CoG Meeting Minutes - September 2024.pdf (7 pages)
16:00 - 16:05 5 min	5. Action Log (paper) <i>Information</i> <i>Marisa Logan-Ward</i> 05 - CoG Action Log - December 2024.pdf (1 pages)
16:05 - 16:15 10 min	6. Chair's Report (paper) <i>Discussion</i> <i>Marisa Logan-Ward</i> 06 - Chairs Report - December 2024.pdf (5 pages)

PERFORMANCE

16:15 - 16:40 25 min	7. Non-Executive Directors Report (paper) <i>Discussion</i> <i>Non-Executive Directors - Board Committee Chairs</i> 07 - Non-Executive Directors Highlight Report - December 2024.pdf (5 pages)
16:40 - 17:05 25 min	8. Health Inequalities Presentation (paper)

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17:05 - 17:30 9. Patient Communication Presentation (paper)

25 min

Discussion

Jackie McShane

 09 - Patient Communication Presentation - December 24.pdf (10 pages)

MEMBERSHIP & ENGAGEMENT

17:30 - 17:40 10. Membership Development Group: Membership Action Plan Progress Report (paper)

10 min

Information

Howard Austin

 10 - Membership Development Group Report - 9 Dec 24.pdf (6 pages)

GOVERNANCE

17:40 - 17:50 11. Nominations Committee: Review of Nominations Committee Membership & Terms of Reference (paper)

10 min

Decision

Marisa Logan-Ward

 11 - Nominations Committee Membership & Terms of Reference - December 2024.pdf (5 pages) 11a - Appendix 1 - Nominations Committee Terms of Reference - December 2024.pdf (5 pages)

17:50 - 17:50 12. DATE OF NEXT MEETING

0 min

19 March 2025, 3:30pm, Pinewood Education Centre, Stepping Hill Hospital

17:50 - 17:50 13. Council of Governors Calendars 2024/25 and 2025/26 and Attendance 2024/25

0 min

Information

 13a - CoG Calendar 2024-25.pdf (1 pages) 13a - CoG Calendar 2025-26.pdf (1 pages) 13b - CoG Meeting Attendance 2024-25.pdf (1 pages)

17:50 - 17:50 14. Motion for private session

0 min

The Chair to move that members of the public be excluded from the remainder of the meeting, owing to the confidential nature of the business to be transacted, which is related to individuals.

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STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Tuesday 17th September 4.00pm
in Pinewood Education Centre, Stepping Hill Hospital

Present:

Dr M Logan-Ward	Interim Chair
Mrs Sue Alting	Appointed Governor
Mr Howard Austin	Public Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	Public Governor
Mr Adrian Nottingham	Public Governor
Mr Adam Pinder	Staff Governor
Mrs Michelle Slater	Public Governor
Prof. Chris Summerton	Public Governor
Mrs Sarah Thompson	Public Governor
Mr Steve Williams	Public Governor

Apologies:

Mrs Val Cottam	Public Governor
Mr Lance Dowson	Public Governor
Mr Alan Gibson	Public Governor
Mrs Carol Greene	Public Governor
Mrs Paula Hancock	Staff Governor
Cllr Keith Holloway	Appointed Governor
Mr David McAllister	Staff Governor
Mr John Morris	Public Governor
Mr Muhammad Rahman	Public Governor
Mrs Karen Southwick	Staff Governor

In attendance:

Mrs Amanda Bromley	Director of People & Organisational Development
Mr Paul Buckley	Director of Strategy & Partnerships
Mr John Graham	Chief Finance Officer
Mr David Hopewell	Non-Executive Director
Mrs Karen James	Chief Executive
Mrs R McCarthy	Trust Secretary
Mrs Jackie McShane	Director of Operations
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
39/24	<p>Welcome & Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence from governors were noted as above.</p> <p>Apologies were also received from:</p> <p>Dr Samira Anane, Non-Executive Director</p> <p>Mr Anthony Bell, Non-Executive Director</p> <p>Mrs Nic Firth, Chief Nurse</p> <p>Mrs Beatrice Fraenkel, Non-Executive Director</p>	

	Dr Andrew Loughney, Medical Director Mrs Mary Moore, Non-Executive Director	
40/24	Amendments to Declaration of Interests No declarations of interest.	
41/24	Minutes of Previous Meeting The minutes of the previous meeting held on 26 th June 2024 were agreed as a true and accurate record of the meeting.	
42/24	Action Log The action log was reviewed and annotated accordingly.	
43/24	Interim Chair's Report The Chair presented the Interim Chair's Report, providing reflections on recent activities within the Trust and wider health and care system including: <ul style="list-style-type: none"> • External partnerships • Trust activities • Strengthening board oversight. <p>Mr Howard Austin, Public Governor, acknowledged the training and development opportunities undertaken by the Board of Directors and sought assurance that the Council of Governors would continue to receive training and development following cancellation of the recent finance training session. The Trust Secretary confirmed the induction/core skills and effective questioning sessions would take place in November. She acknowledged that the development session regarding finance had been postponed due to capacity constraints and would ensure this was rescheduled (ACTION).</p> <p>Mr Tony Moore, Public Governor, acknowledged the recent change in government, and queried signals regarding future policy. The Chief Executive highlighted the findings of Lord Darzi's investigation of NHS performance in England had recently been published, following the review commissioned by the Secretary of State for Health and Social Care. She confirmed the review had focused on 'diagnosing' the problems facing the NHS, and an assessment of access to care, quality of care, and the overall performance of the health system. Furthermore, the Chief Executive confirmed the government intended to develop a ten-year plan for the NHS in response to Lord Darzi's report and had emphasised the need for reform. She confirmed the proposed timeline for the ten-year plan was next spring.</p> <p>The Council of Governors received and confirmed the Interim Chairs' Report.</p>	Trust Secretary
44/24	Non-Executive Directors Report The Non-Executive Director Chairs of the Board Committees provided updates on high-level metrics and key assurance reports considered at Finance & Performance, People Performance, Quality, and Audit Committees. <u>Finance</u> The Council of Governors were informed that at Month 3 2024/25 the Trust financial position was a deficit of £13.4m, an adverse variance of £0.1m.	

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Although the Trust STEP (Stockport Trust Efficiency Programme) cost improvement position at Month 3, was £0.3m favourable against plan, at this point most of the savings were non-recurrent. The Council of Governors noted the significant capital risk due to the gap between funding and expenditure.

In response to Mr Adam Pinder, Staff Governor, seeking confirmation that the Trust would maintain sufficient cash to pay colleagues in line with pay award, the Chief Finance Officer commented that NHS England (NHSE) had confirmed the pay award would be funded, albeit it was likely that there would be a shortfall, which would need to be consumed by the Trust. He confirmed that there was a mechanism in place for Trusts to access cash, with the recent application having been approved. The Chief Finance Officer and Mr David Hopewell, Non-Executive Director, expressed view that the Trust would not be in a position where it was not able to pay staff.

Mr Adam Pinder, Staff Governor, further queried confidence and assurance with respect to delivery of recurrent savings in line with financial plan. The Chief Finance Officer reaffirmed that the Trust had made clear that it could not commit to the national requirement for 75% of cost improvements to be made recurrently, however had committed to 50% as part of its financial plan. He reaffirmed that achievement of this level of recurrent savings would be a substantial challenge, and that full assurance could not be given at this time. Mr David Hopewell, Non-Executive Director, echoed this comment, noting the achievement of recurrent savings was becoming inherently more challenging following the year on year requirement to make savings. Notwithstanding this, he confirmed all avenues continued to be explored to make savings.

Operational Performance

The Council of Governors were informed that the Trust continued to perform below several of the national core operating standards, however had started to see significant progress in long waits for treatment.

Mr Adrian Nottingham, Public Governor, acknowledged the deteriorating performance in Outpatient Did Not Attend (DNA) rates and consequent impact on clinic utilisation. He highlighted anecdotal evidence, providing an example where a patient had received multiple letters, and contradictory information, regarding pre-op, and queried if the Board of Directors were assured regarding the quality and timeliness of communications. Dr Louise Sell, Non-Executive Director, commented that the Board of Directors did not consider the content of patient letters, however acknowledged that 'communication' was a recurrent theme reported via PALS and considered by Quality Committee.

The Director of Operations confirmed a deep dive had taken place further to the increasing trend in DNA's, to be considered by the Finance & Performance Committee. She provided a summary of findings, which confirmed the fulfilment of letters being sent to patients and that the deep dive had been inconclusive regarding specific specialties impacting DNAs. The Director of Operations noted that, following the closure of Outpatients B, there had been significant movement of clinics around the hospital site which may also be contributing to DNAs. Mrs Michelle Slater, Public Governor, shared example where appointment letters had not been received in a timely manner. In this light, the Director of Operations

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	<p>confirmed the outcome of discussion/action from Finance & Performance Committee would be reported to the Council of Governors (ACTION).</p> <p>Furthermore, the Council of Governors agreed to share specific examples, via the Trust Secretary, to support further understanding of this matter (ACTION).</p> <p>Mr Richard King, Public Governor, queried if information provided to patients was recorded when moving from one part of the Trust/system to another, providing example where a patient had been given different information from clinicians. Dr Louise Sell, Non-Executive Director, confirmed information would be recorded within a patient notes and discharge plan.</p> <p>Mr Adam Pinder, Staff Governor, referred to the recent outage of the Patient Administration System (PAS) and sought assurance that business continuity plans were in place and had worked effectively. The Director of Operations provided contextual information regarding the outage, confirming a business continuity debrief had been undertaken 1 week post incident to understand the root cause and response, which had been positive. She highlighted the adverse impact on Emergency Department (ED), due to a slowing of patient flow, and the trust-wide administrative burden post incident, with resultant action to train corporate teams in clinical systems to support recovery.</p> <p><u>People</u> The Council of Governors acknowledged positive performance against several 'people' related performance metrics and noted the work taking place to refresh the Trusts values and behaviours and assess staff facilities, recognising the challenges caused by the ageing estate.</p> <p><u>Quality</u> The Council of Governors acknowledged the Trust had made improvement against several quality metrics, however sepsis antibiotic administration and infection rates, notably CDiff, were below trajectory, alongside an increasing trend in pressure ulcers.</p> <p>Dr Tad Kondratowicz, Public Governor, sought further information regarding the trend in pressure ulcers, querying if this related to community acquired pressure ulcers. Dr Louise Sell, Non-Executive Director, confirmed an increased trend across all categories and both hospital and community settings. She noted that hospital acquired pressure ulcers were associated with medical devices, and the more challenging nature of understanding cause within the community setting as there may be multiple impacting factors whilst a patient is in their own home.</p> <p><u>Audit Committee</u> The Council of Governors received an update on key matters and reports considered by the Audit Committee, including internal audits and focus on risk, as consider by the Risk Management Committee and the Board assurance committees.</p> <p>On behalf of the Council of Governors, Mrs Sue Alting, Lead Governor, welcomed the increased focus on triangulation of risk and emergent risk.</p>	<p>Director of Operations</p> <p>Governors</p>
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	The Council of Governors received and noted the Non-Executive Directors Report.	
45/24	<p>Membership Development Group Report Mr Howard Austin (Public Governor), Chair of Membership Development Group (MDG), presented the Membership Development Group report, detailing key discussions from the meeting on 3rd September 2024 and key initiatives to support implementation of the Membership Strategy 2022-2025.</p> <p>The Council of Governors reviewed and approved the Membership Action Plan (September 2024 – September 2025), as recommended by the Membership Development Group.</p>	
46/24	<p>Quality Accounts 2023/24 The Deputy Director of Quality Governance and Deputy Medical Director joined the meeting and presented headlines from the Quality Accounts 2023/24. In line with submission requirements, the Council of Governors were informed that the Quality Accounts had been submitted to NHS England and was publicly available via the Trust's website.</p> <p>In relation to falls prevention, Prof. Chris Summerton, Public Governor, queried if patients received decaffeinated drinks as standard procedure, noting the evidence/research supporting this. The Deputy Director of Quality Governance and Dr Louise, Sell, Non-Executive Director, noted the wide range of initiatives in place to support falls reduction, each supporting incremental improvement, and agreed to seek confirmation if the provision of decaffeinated drinks was standard procedure (ACTION).</p> <p>Mr David Kirk, Appointed Governor, sought further view on infection prevention control (IPC) and pressure ulcer prevention performance, noting these were fundamentals of care and currently below trajectory. The Deputy Director of Quality Governance acknowledged this, providing detail with respect to the review process undertaken for all cases to identify any lapses in care and opportunities for lessons learnt.</p> <p>Mrs Sue Alting, Lead Governor, referred to the Annual Learning from Deaths Report, presented to the Board of Directors, which had noted an area of risk and focus on stroke-related mortality in response to the Trust being identified as an outlier for stroke mortality amongst acute NHS Trusts. The Deputy Medical Director confirmed a deep dive had been undertaken and would be presented to the Patient Safety Group, and onward to the Quality Committee in Autumn 2024.</p> <p>The Council of Governors received highlights from the Stockport NHS Foundation Trust Quality Account 2023/24 focussed on delivery of priorities for improvement and seek any further clarification required.</p>	Chief Nurse
47/24	<p>Annual Report & Accounts 2023/24 The Interim Chair presented the Trust's Annual Report & Accounts 2023/24 which set out the Trust's key challenges and achievements for the year. The Interim Chair thanked all colleagues involved in the preparation of the Annual Report & Accounts, which had been signed off by the Board of Directors and subsequently laid before Parliament.</p>	

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	<p>Mr Richard King, Public Governor, sought clarification regarding asset lives referred to within the Annual Accounts. The Chief Finance Officer confirmed asset lives, were in the main, in line with national guidance, with local intelligence also applied, particularly with respect to the estate where it is reasonable to assume the asset life would be different. The Chief Finance Officer confirmed discussion also took place with the External Auditor regarding the asset life used within the accounts.</p> <p>The Council of Governors received and acknowledged the Trust Annual Report & Accounts 2023/24.</p>	
48/24	<p>Presentation of the Annual External Audit 2023/24</p> <p>Ms Karen Murray, Forvis Mazars, presented the Independent Auditor's report in relation to the Annual External Audit 2023/24 to the Council of Governors.</p> <p>Ms Murray confirmed the positive relationship with the Finance Team, the high quality of the draft accounts and that all deadlines for the year end audit process had been met without significant issues.</p> <p>Ms Murray confirmed an unqualified audit opinion had been issued on the financial statements, with one low risk recommendations relating to IT controls. With regards to Value for Money work, Ms Murray confirmed that one continuing recommendation had been reported regarding the Trust's significant cumulative deficit and lack of plans to address underlying annual deficits without additional funding. She acknowledged that in relation to strengthening the financial position, the recommendation acknowledged that work must take place with partners across the GM ICS and Local Authority to find ways to reduce the Trust's cost base, at the same time as keeping sustainable services.</p> <p>Ms Murray confirmed the Annual Report, including Annual Governance Statement, had been reviewed and were compliant with the extensive NHS England requirements.</p> <p>Mrs Sue Alting, Lead Governor, recognised the continuing recommendation with respect to strengthening financial sustainability, and queried position against that of last year. Ms Murray expressed her view that it was becoming increasingly more challenging to address financial sustainability. The Chief Finance Officer echoed this comment, noting the year on year cost improvement requirements, and increasing challenge in delivering significant savings, whilst managing disparities in funding received and activity delivered. He acknowledged the continued focus on productivity, whilst acknowledging the challenges in productivity due to the configuration of an ageing estate. Mr David Hopewell, Non-Executive Director, supported this commented, reaffirming the year on year increase in demand for Trust services, notably emergency care and community services, that was not fully funded. The Chief Finance Officer concluded that the challenge was increasing, with the deficit, in absolute terms, anticipated to be greater in 2024/25 than the previous year.</p> <p>Mr Richard King, Public Governor, queried the savings anticipated through implementation of an Electronic Patient Record (EPR). The Chief Executive commented that systems were already in place that operated in</p>	

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	<p>a similar manner as an EPR, therefore making it more challenging to quantify savings. In addition, she confirmed the cost of the EPR must now be spread over a 10 year period, requiring revision to the business case.</p> <p>Mr David Kirk, Appointed Governor, noted the delivery of year-end financial position, the high quality of the accounts and the unqualified audit position, which provided a level of confidence in financial management. Furthermore, he queried the level of scrutiny by the GM ICS. The Chief Finance Officer confirmed the submission of monthly financial performance reports to GM, with monthly Provider Oversight Meetings (POM) in place to scrutinise the financial position, alongside people, quality and operational performance matters. He noted that the GM ICS had not submitted a balanced financial plan for 2024/25 and recently received Enforcement Undertakings from NHS England (NHSE) setting out improvements required, thereby bringing additional scrutiny.</p> <p>Mr Howard Austin, Public Governor, referred to the duty for governors to have a rounded view of the system in order to represent members and the public at large, however did not have a comprehensive understanding of the GM position. The Chief Executive confirmed that GM was developing a Sustainability Plan to set out how the system both returns to financial balance and secures a sustainable future through commissioning of services across the GM footprint, noting this had not been confirmed at this time. The Chief Finance Officer noted that further information was also available within the GM Integrated Care Board (ICB) publicly available Board papers.</p> <p>The Council of Governors received and noted the Independent Auditor's report.</p>	
49/24	<p>Papers for Information</p> <ul style="list-style-type: none"> – Council of Governors' Calendar 2024/25 & Attendance – Governor Election Briefing – Draft Annual Members' Meeting Agenda <p>The papers for information were received by the Council of Governors.</p>	
37/24	<p>Any Other Business</p> <p>No other business.</p>	
38/24	<p>Date, time, and venue of next meeting</p> <p>9 December 2024, 4pm, Pinewood Education Centre, Stepping Hill Hospital</p>	

Signed

Date

Signed: Alison
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Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
02/24	17 September 2024	43/24	Chair's Report	Schedule postponed finance training for governor. Update: Training rescheduled for 28 th January 2025.	Closed	Trust Secretary
03/24	17 September 2024	44/24	Non-Executive Directors Highlight Report	Outcome of deep dive regarding DNA's and patient communications. Information shared by Governors considered as part of the agenda item.	On Agenda	Director of Operations
04/24	17 September 2024	46/24	Quality Accounts 2023/24	In relation to falls prevention, confirm if patients receive decaffeinated drinks as standard procedure, noting the evidence/research supporting this. Update: Decaffeinated drinks are not provided as standard. Quality Matron reviewing research and potential for implementation of a pilot.	Closed	Chief Nurse/Medical Director

On agenda
Not due
Overdue
Closed

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Stockport NHS Foundation Trust

				Agenda No.	6
Meeting date	9 December 2024	Public	X	Confidential	
Meeting	Council of Governors				
Report Title	Chair's Report				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	Author	Dr Marisa Logan-Ward, Interim Chair		

Paper For:	Information	X	Assurance		Decision	
Recommendation:	The Council of Governors is asked to note the content of the report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values

	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

<p>This report provides an update on matters of interest, which have arisen since the last Council of Governors meeting held in September 2024 including:</p> <ul style="list-style-type: none"> - Independent Review of Care Quality Commission (CQC) - Development of 10 Year Health Plan - Budget - NHS England: Evolution of Operating Model - NHS Greater Manchester - Trust Activities
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1.0 Purpose of the Report

The purpose of this report is to inform the Board of Directors on matters of interest arisen since the last Board meeting held in October 2024.

2.0 National

2.1 Independent Review of Care Quality Commission (CQC)

On 15 October, the Department of Health and Social Care (DHSC) published the full report of Dr Penny Dash's review into the operational effectiveness of the CQC, and CQC published the findings of Sir Mike Richards' independent review of the regulator's single assessment framework and its implementation.

The two reviews made complementary recommendations including:

- A fundamental reset of the organisation, reverting to its previous model of three chief inspectors leading sector-based inspection teams, and consideration of the appointment of a fourth chief inspector to lead regulation of mental health and inspections under the Mental Health Act.
- Abandoning the concept of a 'single assessment framework' covering all sectors regulated by CQC, while retaining existing key questions and quality statements.
- Improving operational performance, including the quality and timeliness of reports.
- Rebuilding expertise within the organisation, and its relationships with providers.
- Fixing technical issues with the provider portal and addressing registration backlogs.
- Formally pausing ICS assessments.
- Working closely with providers to improve its approach to assessment and inspection.
- Revisiting the use of one-word ratings.

The Health and Social Care Secretary has now asked Dr Dash to conduct two further reviews. The first examining the roles and remits of six key organisations (CQC, the National Guardian's Office, Healthwatch England and the Local Healthwatch network, the Health Services Safety Investigation Body, the Patient Safety Commissioner, and NHS Resolution), and will make recommendations on how patient safety could be strengthened via a different approach to national oversight. The second review will focus on quality and its governance. The findings from these reviews will also inform the Government's 10 Year Health Plan.

2.2 Development of 10 Year Health Plan

In September 2024, it was reported that the Lord Darzi's independent investigation of the NHS in England had been published, setting out the major themes to be explored in the upcoming 10 year plan for the NHS. These included focus on moving from hospital to community care; from analogue to digital; and from treating sickness to preventing it.

The Government has commenced a public engagement exercise, seeking views from members of the public, those who work in health and care in England, and organisations, to shape the new 10 Year Health Plan for England, which it intends to publish in Spring 2025.

2.3 NHS England: Evolution of Operating Model

Ahead of the 10 Year Health Plan, the Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP and Amanda Pritchard, NHS England, Chief Executive launched a package of reforms via their respective speeches at the NHS Providers Annual Conference held in Liverpool in November 2024.

Further to this, I attended a webinar with Wes Streeting MP and Amanda Pritchard, who reaffirmed the reforms intended to ensure Integrated Care Boards (ICBs) focused on

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strategic commissioning, with primary responsibility for ensuring the planning and provision of services based on population health needs, whilst NHS England focused on planning, assurance and improvement support, for organisations struggling with quality, finance, or access standards.

In line with the above, NHS England have set out its intention to refresh its current operating model, with an updated NHS Oversight and Assessment Framework, underpinned with a new NHS Performance, Improvement and Regulation Framework which will assess systems/providers against a set of criteria.

In addition, plans for a new pay framework for very senior managers (VSM) and a new NHS management and leadership framework were announced.

2.4 The Insightful Provider Board

In support of the above NHS England have also published two guidance documents: the 'Insightful Provider Board', and the 'Insightful ICB Board'. These guides aim to support provider boards and ICB boards, respectively, to turn data into useful insight, considering effective governance practice around board reporting and assurance-seeking, including suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

The Director of Informatics will lead a review of the guidance to identify any areas of improvement for the Board.

3. Greater Manchester

As previously reported, NHS England (NHSE) have published the Enforcement Undertakings that set out the improvements required by the GM Integrated Care Board (GM ICB), covering; Leadership and Governance; Quality; Financial Sustainability; Performance and Assurance. A Single Improvement Plan has been developed by the GM ICB, alongside a Sustainability Plan, to set out how the system returns to financial balance.

Notwithstanding the receipt of a non-recurrent cash allocation, the achievement of the GM ICS financial plan 2024/25 remains a significant challenge, with all Trusts considering further action to be enacted to support delivery of the 2024/25 financial position.

GM ICB has also recently been consulting on a refresh of their Green Plan.

4. Trust

4.1 Council of Governors

The election process for the Council of Governors was completed at the end of September, and we have since welcomed 4 new public Governors: Callum Kidd (Outer Region), Tony Gosling (High Peak & Dales), Mike Chantler (High Peak & Dales), Alex Wood (Tame Valley & Werneth), and two staff Governors: Yogalingam Ganeshwaran and Ruth Perez-Merino. Welcome and we are looking forward to working with you all.

The new Governors have already undertaken informal training and a formal core skills/questioning & challenging and holding to account session on 5 November.

Alongside our new Governors, Alison Lever commenced in post at the end of September as Membership Governance Manager and will work to support the Council of Governors and the Trust membership.

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4.2 Hospital Site / Estate Issues

Our hospital site has featured within the media since the last meeting due to the ongoing estates issues.

The age of our estate was one of the reasons for our application to the Government's New Hospitals Fund in 2023, which was unfortunately unsuccessful. While we still have ambitions to build new facilities for the people of Stockport, we are also realistic about the amount of capital funding that is likely to be available to maintain the current hospital buildings, meaning we are likely to experience more issues as the result of our ageing buildings. As reported to the Board of Directors in October, estates and facilities risks are regularly assessed, reviewed and escalated where appropriate, with the clinical divisions now attending the Estates and Facilities Risk and Governance Group so that appropriate clinical risk linkages can be made to assist with divisional emergency planning. Further structural surveys are also taking place of the new Condition Category D assets identified in the 2024 Six-Facet survey.

Furthermore, we are very aware of the continued problems around on site parking. In part due to ongoing building work, coupled with the growing number of cars which want to park for work or appointments. We are currently looking at a raft of measures to help ease demand on spaces and promote parking safety in the future.

4.3 Activities

Since the last Board meeting, I have continued to undertake a range of other activities, including:

- Attended the Trust's 'Make a Difference' Staff Awards
- Attended the Trust's Staff Long Service Celebration
- Attended the Volunteer Long Service Awards
- Attended the Trust's Partners Discharge Event
- Chaired the Interview Panel for Consultant Urologist
- Chaired the Interview Panel for Consultant Head & Neck Radiologist
- Completed in-person Civility Saves Lives Training
- Met with the Trust's Freedom to Speak Up Guardian
- Chaired Board of Directors (Private)
- Attended Board Development session – focus on Health Inequalities
- Chaired the Council of Governors Meeting
- Chaired the Remuneration Committee
- Attended the Charitable Funds Committee
- Chaired the Informal Non-Executive Director/Governors meeting
- Attended a meeting of Stockport Locality Chairs hosted by The Together Trust.
- Attended the launch of the Stockport Health & Wellbeing Strategy hosted by Stockport County Community Trust.
- Participated in the 10 Year Health Plan – North West Leadership Engagement Event
- Participated in a North West Region moderation panel for Trust submissions for Anti-Racist Framework status awards.
- Attended the NHS North West System Leaders Engagement Session
- Attended the Greater Manchester and East Cheshire Chairs Meeting
- Attended the Greater Manchester Non-Executive Directors Session

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Meeting date	9 th December 2024	Public	X	Agenda Number	7
Meeting	Council of Governors				
Report Title	Non-Executive Directors Highlight Report				
Director Lead	Non-Executive Directors	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors are asked to review the Non-Executive Directors Highlight Report and request any further clarification.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities

	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Executive Summary

The work plans of the Board Committees, each chaired by a Non-Executive Director, are aligned to the agreed Corporate Objectives for the year. This includes review of high-level metrics and key assurance reports which enable performance, relative to the organisational objectives to be monitored, and the type of improvement needed to be determined. A Key Issues Report from all Board Committee's is routinely provided to the Board of Directors including Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee.

This report highlights key matters for the Council of Governors attention following the most recent Board of Directors meeting and Board Committee meetings that took place between September – November 2024.

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1. Finance

- The position at the end of Month 7 2024/25 was a deficit of £1.3m, an adverse variance of £0.9m. The forecast for year-end is a deficit of £2.5m, following the receipt of non-recurrent system funding from GM to allow the system to achieve overall planned break even for 2024/25. The adverse variance to date related to Elective Recovery Fund (ERF) underperformance, unfunded industrial action costs, and the pay award pressure offset by overachievement of Stockport Trust Efficiency Programme (STEP).
- The STEP cost improvement position at Month 7, was £8.7m, which was £1.2m favourable against plan, however, at this point most of the savings are non-recurrent. Assurance cannot be provided at this time that 50% of cost improvement savings will be made recurrently.
- The Trust has submitted a revised compliant capital plan for 2024/25, however there is currently a significant gap between funding and expenditure which continues to be discussed with NHS England.
- To date, the Trust has maintained sufficient cash to operate, increased scrutiny and challenges regarding the cash position remains.
- Finance & Performance Committee has received positive assurance regarding progress made against actions taken by the Trust in response to a report commissioned by Greater Manchester integrated Care System (GM ICS) to support delivery of the Trusts financial plan 2024/25, as part of the GM system. Progress is also reported to GM via Provider Oversight Meetings.

2. Operational Performance

- Demand continues to increase for non-elective care as we head into the winter months. Performance against the 4-hour standard and patients waiting over 12 hours is below the Trust trajectory and national access standards. The Trust is receiving light-touch support from the Emergency Care Intensive Support Team (ECIST), a clinically led national NHS team.
- Referral to treatment standards continued to improve with significant improvement in overall wait times and 52- and 65-week breaches. The Trust had now formally exited the Tier 1 monitoring in Q3 2024/25 as it was no longer an outlier for treatment waiting times.
- The diagnostic position continues to be challenged due to backlogs in Echo and Audiology, although Echo has shown significant improvement since September 2024.
- All reported cancer standards have achieved targets for October 2024.
- Outpatient efficiencies flagged an issue with Do Not Attend (DNA) rates; the recent deep dive review has delivered an action plan to support improvement, as reviewed by Finance & Performance Committee.

3. People

- Performance against the following 'people' related metrics remains below trajectory, albeit marginally: training compliance, appraisals, turnover, and sickness absence, with actions identified to improve the position.
- Performance against agency expenditure continues to be an area of ongoing focus to support the continual reduction in agency expenditure, with an improving position in October compared with earlier in the year. Many actions are now business as usual, this includes international recruitment,

supporting our staff to grow our own registered roles (nursing and AHP), recruitment to turnover, recruitment events, the executive led Staffing Approval Group supporting grip and control and driving, where appropriate, the conversion of agency to bank workers.

- There had been overall positive progress made against the delivery of the Trust's Equality, Diversity & Inclusion (EDI) Strategy, as supported by the latest EDI performance metrics. EDI performance metrics are triangulated with staff survey results, other staff feedback and 'people' metrics to inform priority areas for action, including increasing the proportion of Black & Minority Ethnic (BAME) staff in senior roles, and reducing the relative likelihood of BAME staff entering the formal disciplinary process.
- Good progress is being made in terms of the Trust's Health and Wellbeing Plan, with continued delivery of a wide range of wellbeing and occupational health initiatives supporting staff with their health and wellbeing needs, to support improvement in attendance.
- There had been good progress in terms of the Trust's widening participation and vocational learning offer, providing career opportunities for communities across Stockport, particularly from underrepresented and deprived areas.

4. Quality

- There continues to be positive performance in mortality measures, with HSMR (Hospital Standard Mortality Rate) now within the 'as expected' range and SHMI (Summary Hospital Mortality Indicator) better than expected and the lowest in GM. Quality Committee has confirmed that, as HSMR is no longer a nationally reported metric, and performance remains positive, reporting against this metric to Quality Committee would be stood down from January 2025.
- The Trust continued to perform well against the sepsis timely recognition metric, however antibiotic administration performance continues to be challenged, with out-of-hours prescribing being a key theme in delays. Transformation support is due to commence this month to facilitate implementation of updated Sepsis NICE guidance.
- Reported infection rates for C.Diff are below trajectory, although reported below average for October. The most common themes for learning remain ensuring appropriate antibiotics are prescribed, reviewed and stopped in a timely manner and embedding infection prevention control (IPC) standard practices across the Trust. E.Coli rates appear to be stable.
- Hospital Category 2 pressure ulcers showed an increase for October, primarily related to use of medical devices. Ongoing pressure ulcer reduction strategies are in place including reviewing equipment. There have been no Hospital Category 3 & 4 pressure ulcers reported since July 2024.
- Timely response to complaints is at 87% in October, below the target of 95%. This is in part due to concluding several of our oldest and more complex overdue cases, and work continues with the Divisions to ensure timely and high-quality responses to complaints.
- We continue to perform well against overall Stroke SSNAP (Stroke National Audit Programme) metrics. A review of stroke related deaths has taken place due to a slight rise in mortality, with no serious failings identified, however specific actions are being developed by the Stroke Team to support improvement, this will be reported to Quality Committee in January .

5. Audit Committee

At its meetings in September and November 2024, the Audit Committee reviewed the following matters:

September 2024

- Risk Management Committee Key Issues Report – Reviewed and confirmed.
- Internal Audit Plan 2024/25 – Reviewed and confirmed.
- Internal Audit Progress Report – Reviewed and confirmed including:
 - Equality, Diversity & Inclusion - Substantial Assurance
- Update on Recommendations from Quality Spot Check Review and Stock Management – Limited Assurance Internal Audits – Reviewed and confirmed progress of actions being taken.
- External Audit Update Report – Reviewed and confirmed.
- Anti-Fraud Progress Report 2024/25 – Reviewed and confirmed.
- Arrangements by Which Staff Can Raise Issues – Reviewed and confirmed arrangements were in place for staff to raise concerns and for the proportionate and independent investigation of concerns.

November 2024

- Risk Management Committee Key Issues Report – Reviewed and confirmed.
- Internal Audit Progress Report – Reviewed and confirmed including:
 - Mandatory Training – Substantial Assurance
- Internal Audit Plan 2024/25 – Reviewed and confirmed.
- Anti-Fraud Progress Report 2024/25 – Reviewed and confirmed.
- External Audit Update Report – Reviewed and confirmed.
- Board Assurance Framework Mid-Year Review – Reviewed and confirmed the established risk management system is operating as approved, including review of the Board Assurance Framework principal risks via Board Committees and Board of Directors, alongside alignment of the risks with the Trust Internal Audit Plan.
- Review of Waivers – Reviewed and confirmed.
- Standing Financial Instructions (SFI) Breaches – Reviewed and confirmed.
- Trials and Loans Standard Operating Procedure – Reviewed and confirmed.

In addition, the Audit Committee continues to seek feedback from the Chairs of Board Committees at each meeting with a focus on the significant risks being managed by the Board Committee ensuring triangulation of risk across the Committees.

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Health Inequalities in Stockport






SFT Council of Governors

Andrew D. Loughney
Annie Lowe

Lever, Alison
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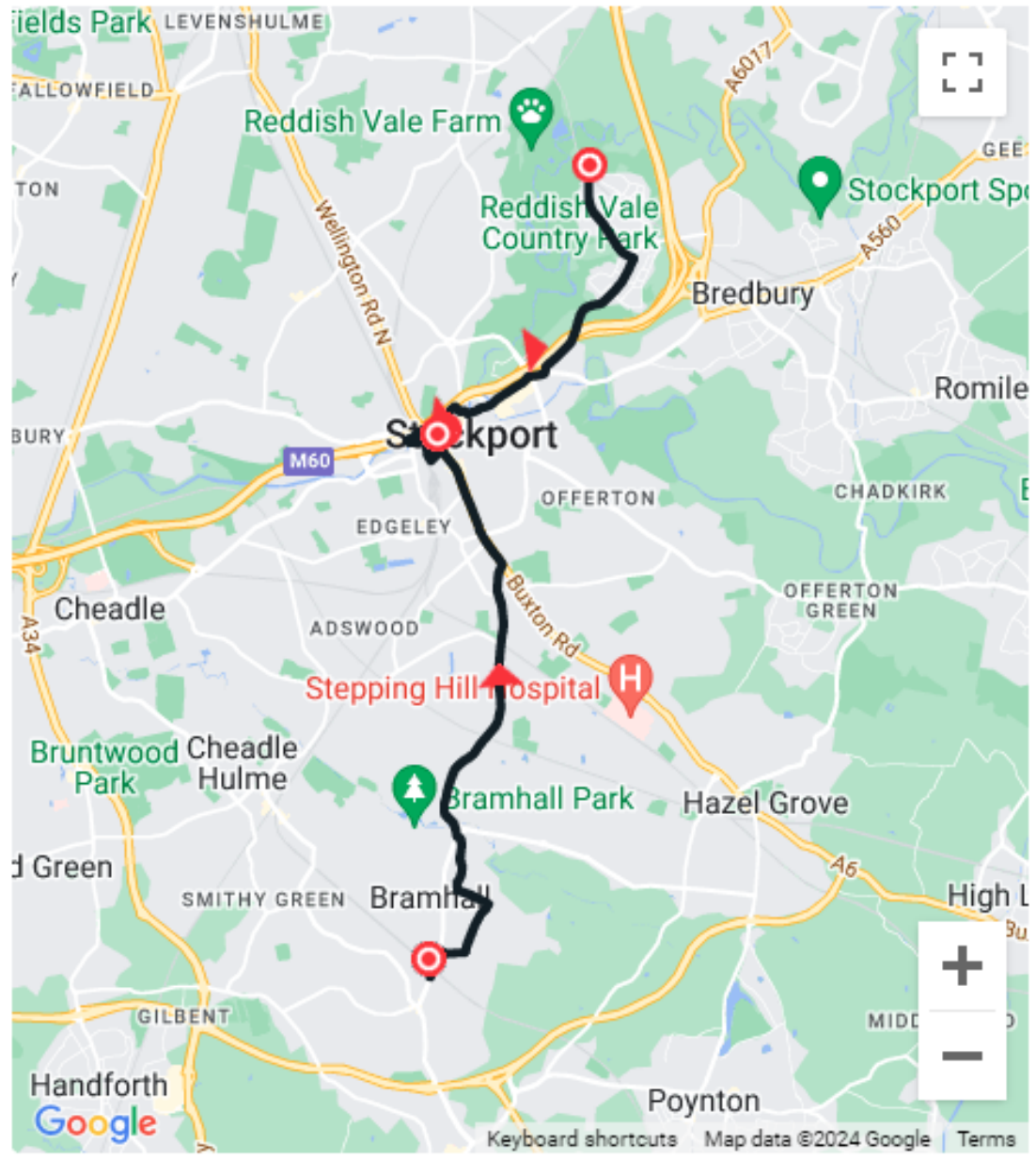
Level
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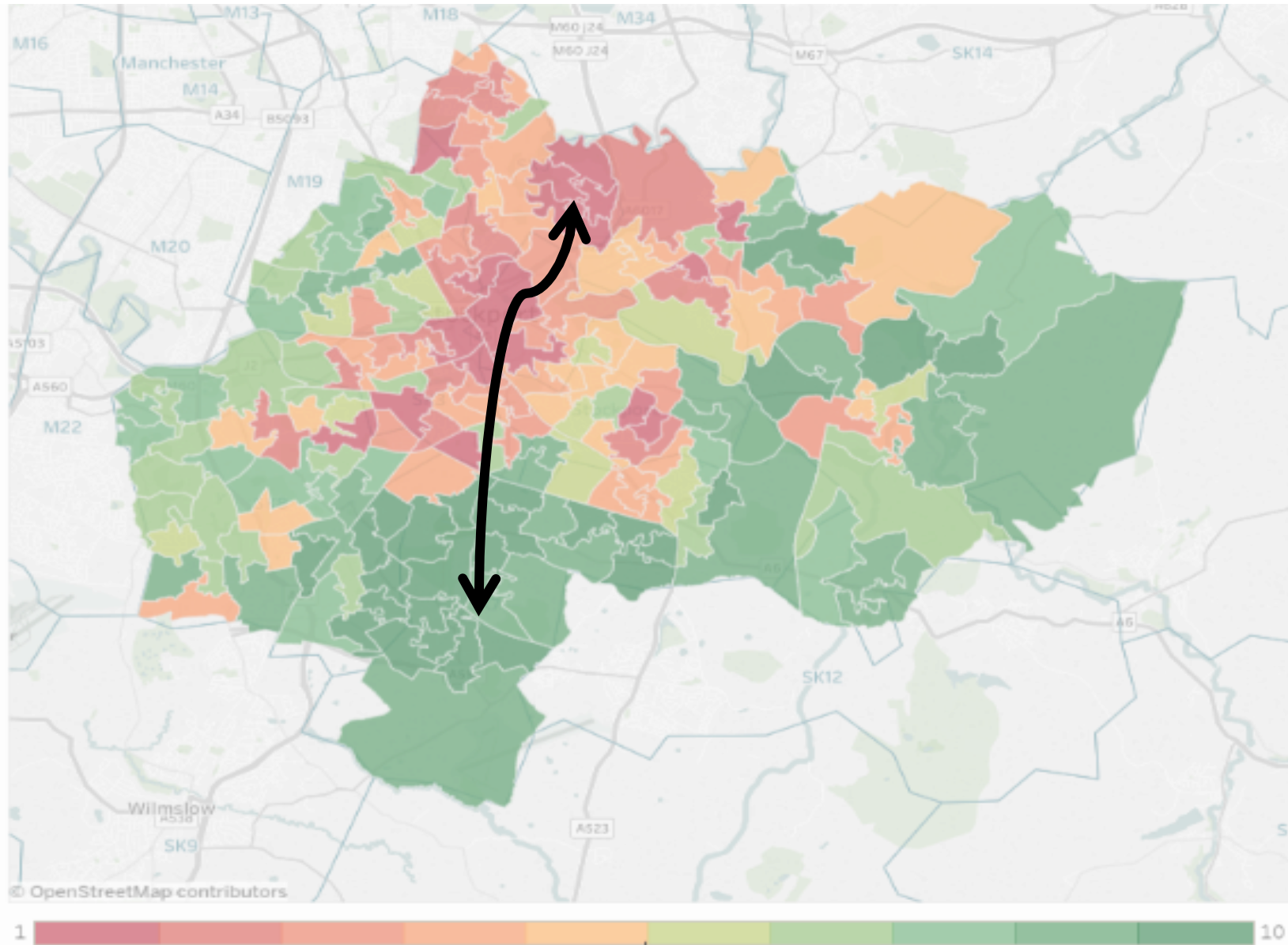
10:15  379  10:37	Bramhall, Bramhall Station (Stop B) → towards Stockport Show 21 stops Stockport, Stockport Interchange (Stand P)	22mins
 10:50  325  11:05	Walk 185 steps to Stockport, Stockport Interchange (Stand M) Stockport, Stockport Interchange (Stand M) → towards Brinnington Show 13 stops Brinnington, Hollow End	1min 15mins

Your total walking time: 1min, 185 steps

Did you know?

 Taking this journey would save on average 762g of CO2 compared to driving a car.





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Five miles, Two buses

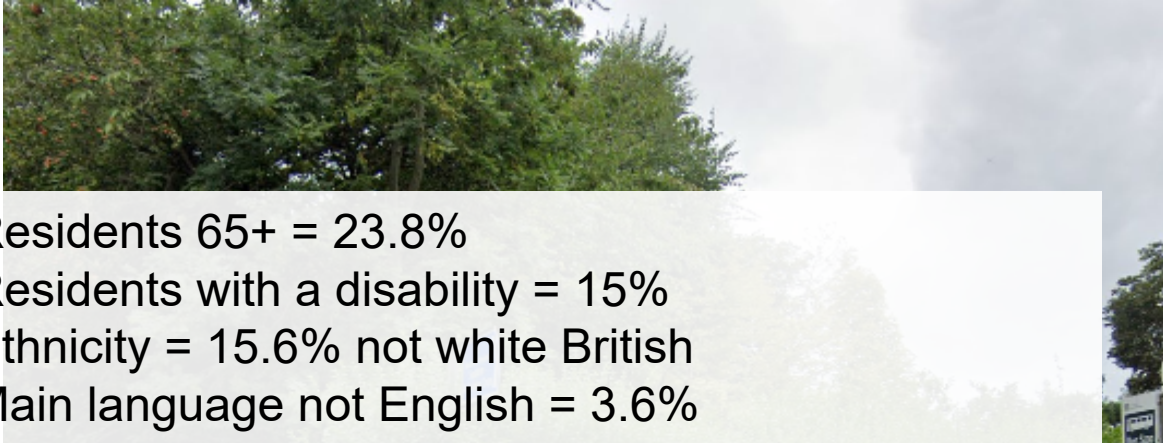


Bramhall



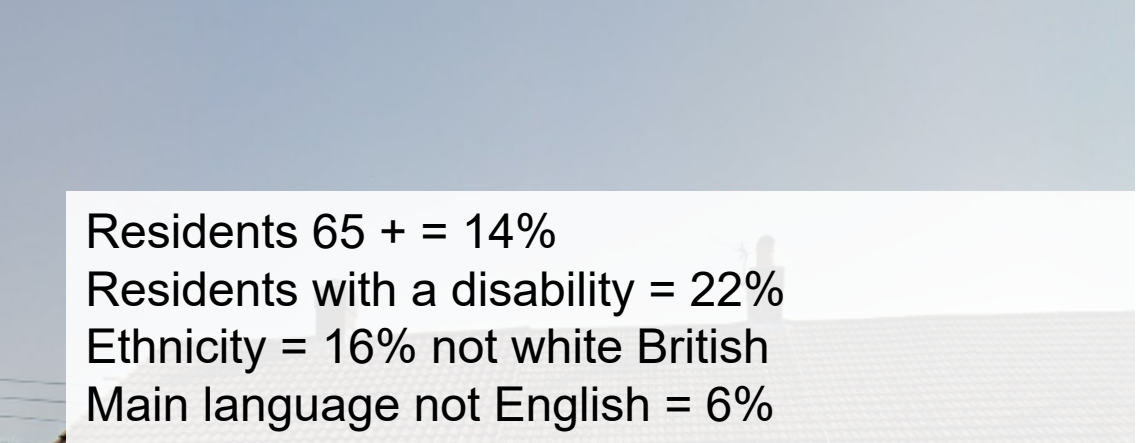
Brinnington

Five miles, Two buses



Residents 65+ = 23.8%
Residents with a disability = 15%
Ethnicity = 15.6% not white British
Main language not English = 3.6%

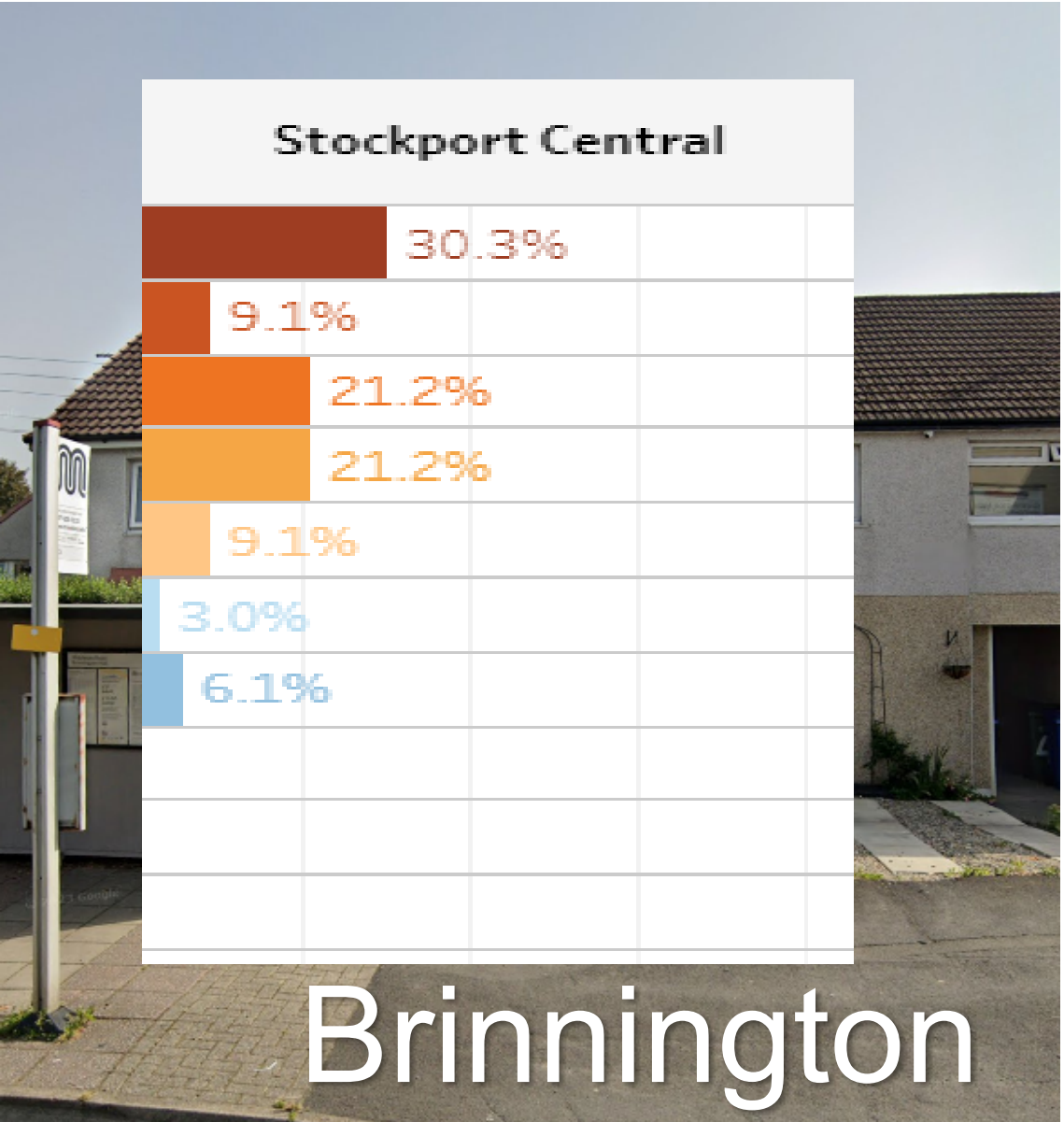
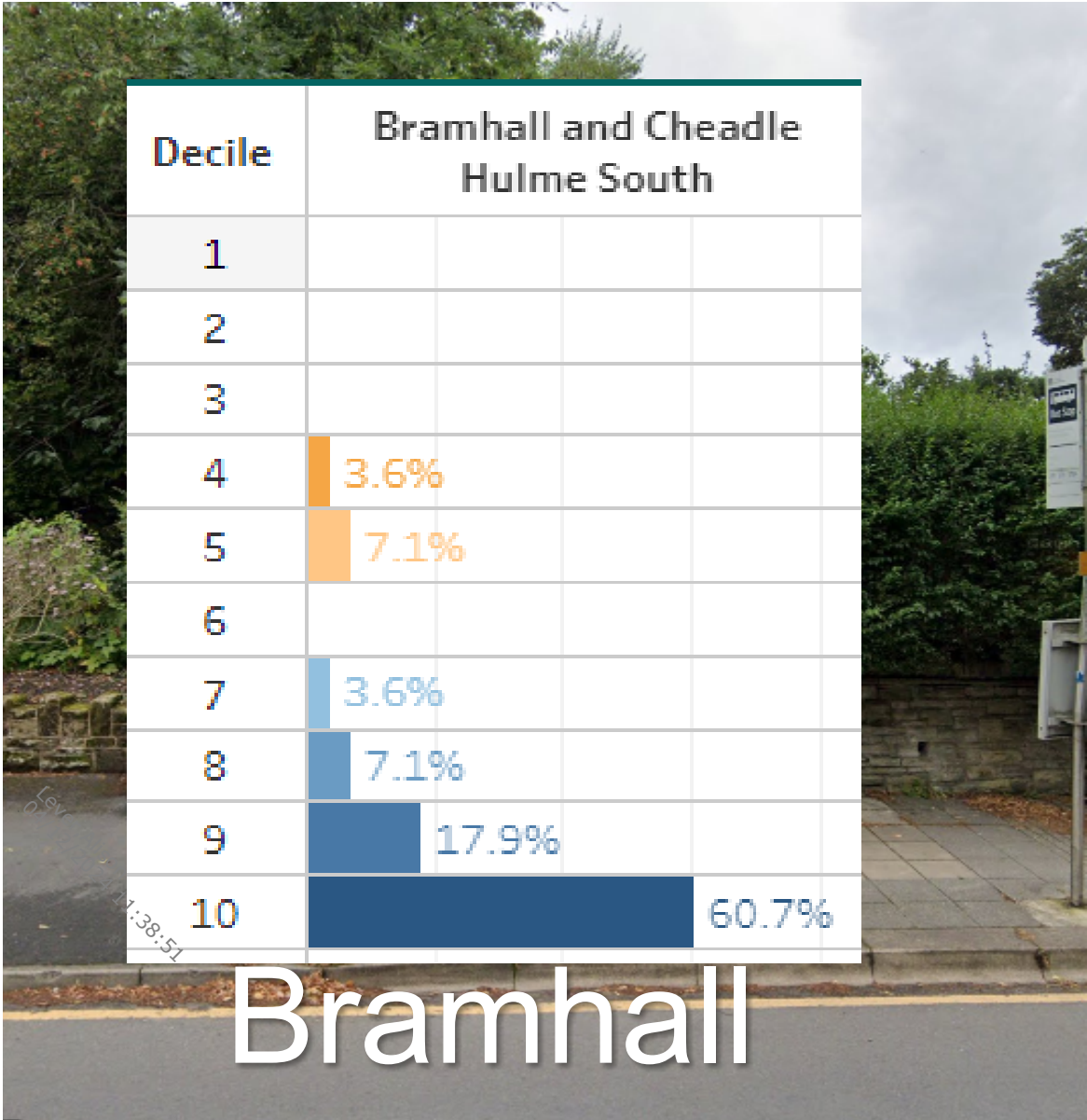
Bramhall



Residents 65+ = 14%
Residents with a disability = 22%
Ethnicity = 16% not white British
Main language not English = 6%

Brinnington

Five miles, Two buses



Five miles, Two buses

Life expectancy: 87/ 83 years (F/M)
Health life expectancy: 74/ 72 (F/M)



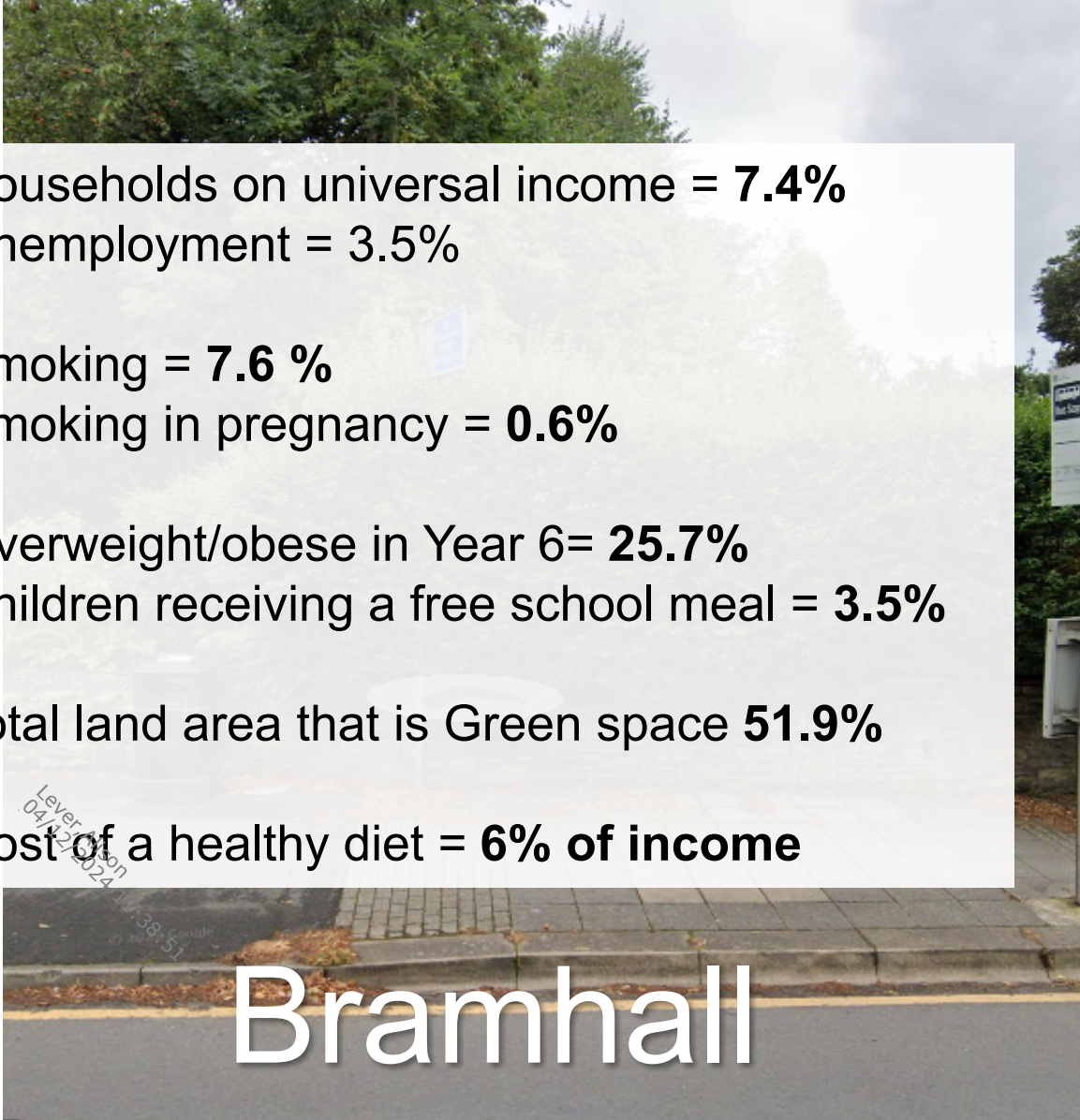
Bramhall

Life expectancy: 79/ 76 years (F/M)
Health life expectancy: 60/ 59 (F/M)



Brinnington

Five miles, Two buses



Households on universal income = **7.4%**
Unemployment = 3.5%

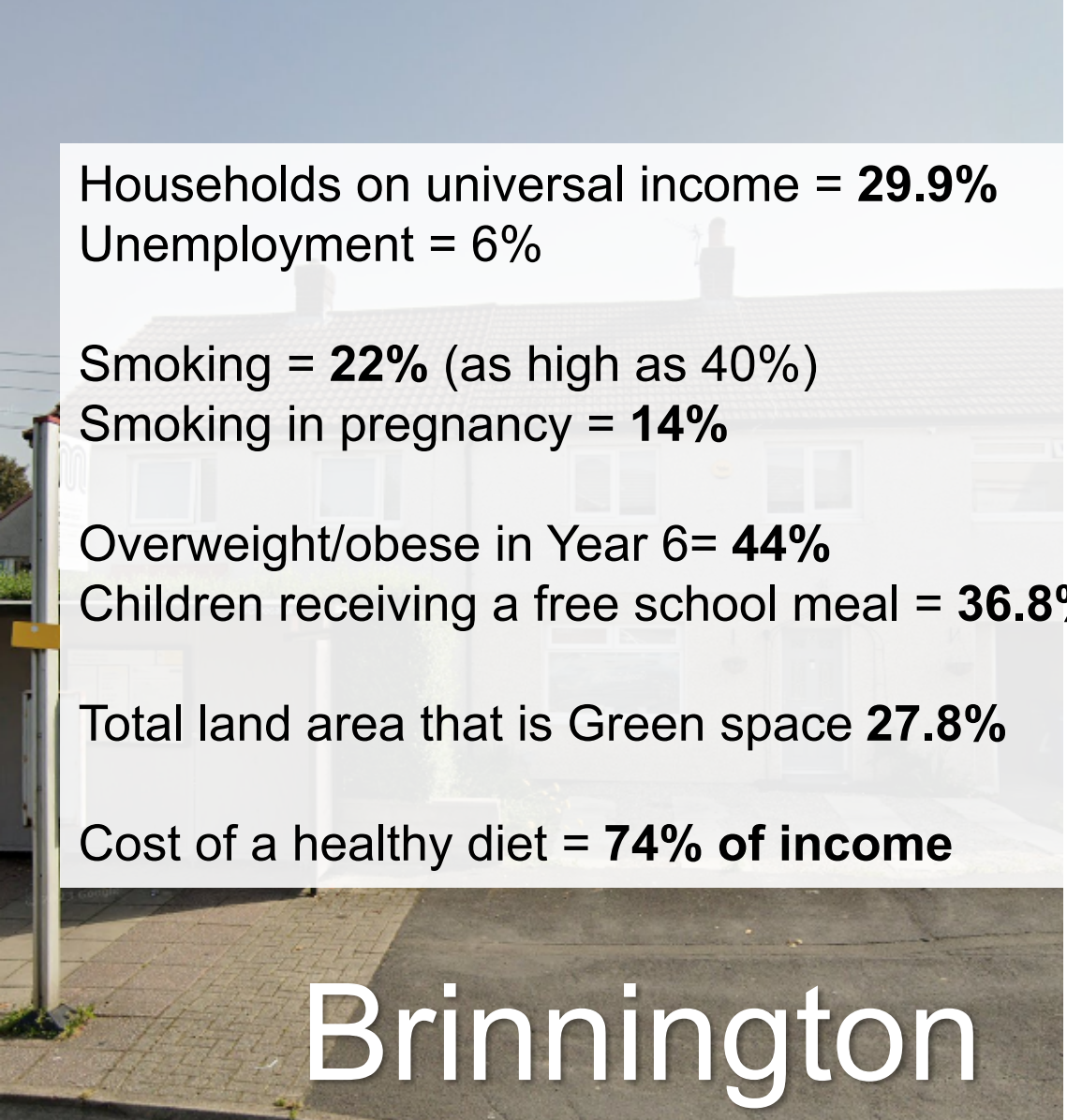
Smoking = **7.6 %**
Smoking in pregnancy = **0.6%**

Overweight/obese in Year 6= **25.7%**
Children receiving a free school meal = **3.5%**

Total land area that is Green space **51.9%**

Cost of a healthy diet = **6% of income**

Bramhall



Households on universal income = **29.9%**
Unemployment = 6%

Smoking = **22%** (as high as 40%)
Smoking in pregnancy = **14%**

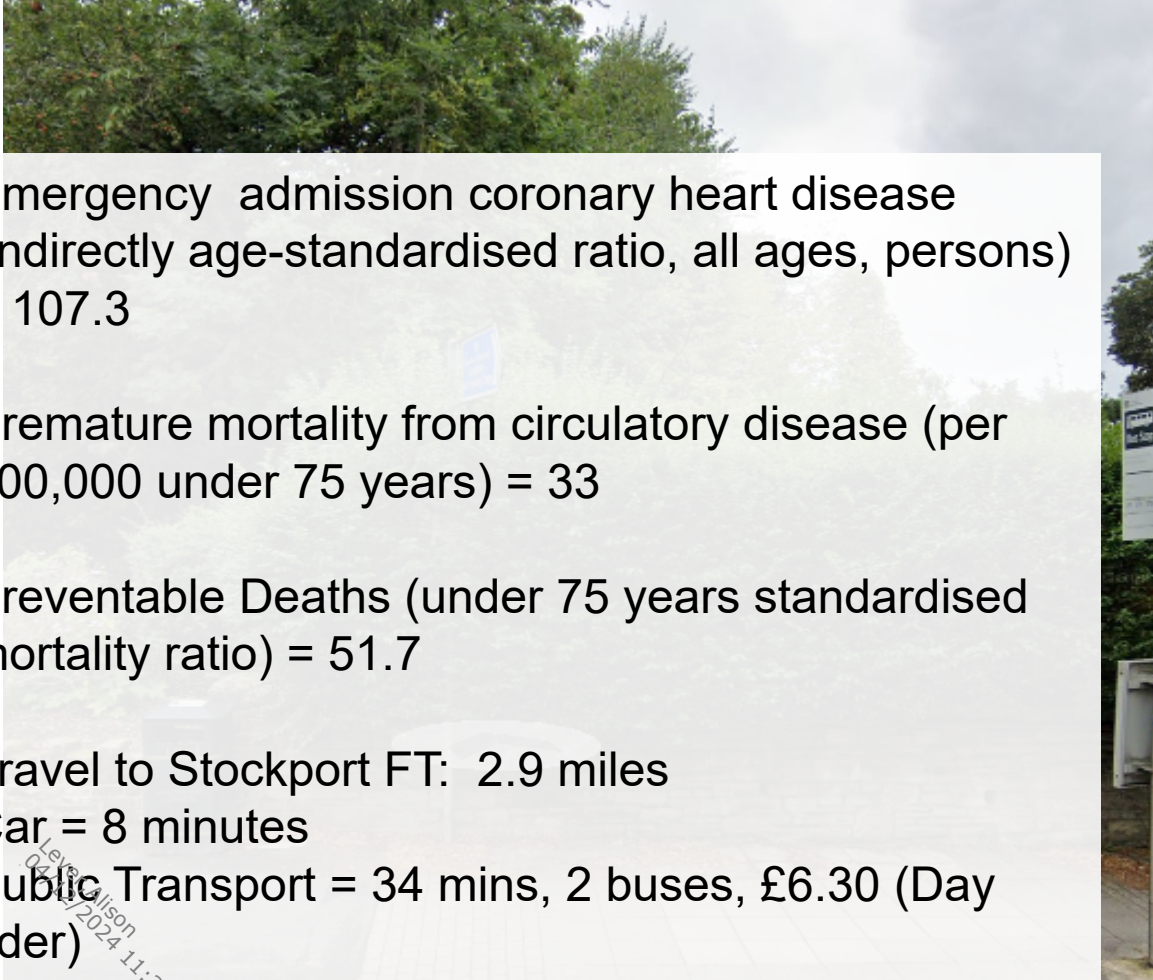
Overweight/obese in Year 6= **44%**
Children receiving a free school meal = **36.8%**

Total land area that is Green space **27.8%**

Cost of a healthy diet = **74% of income**

Brinnington

Five miles, Two buses



Emergency admission coronary heart disease
(indirectly age-standardised ratio, all ages, persons)
= 107.3

Premature mortality from circulatory disease (per
100,000 under 75 years) = 33

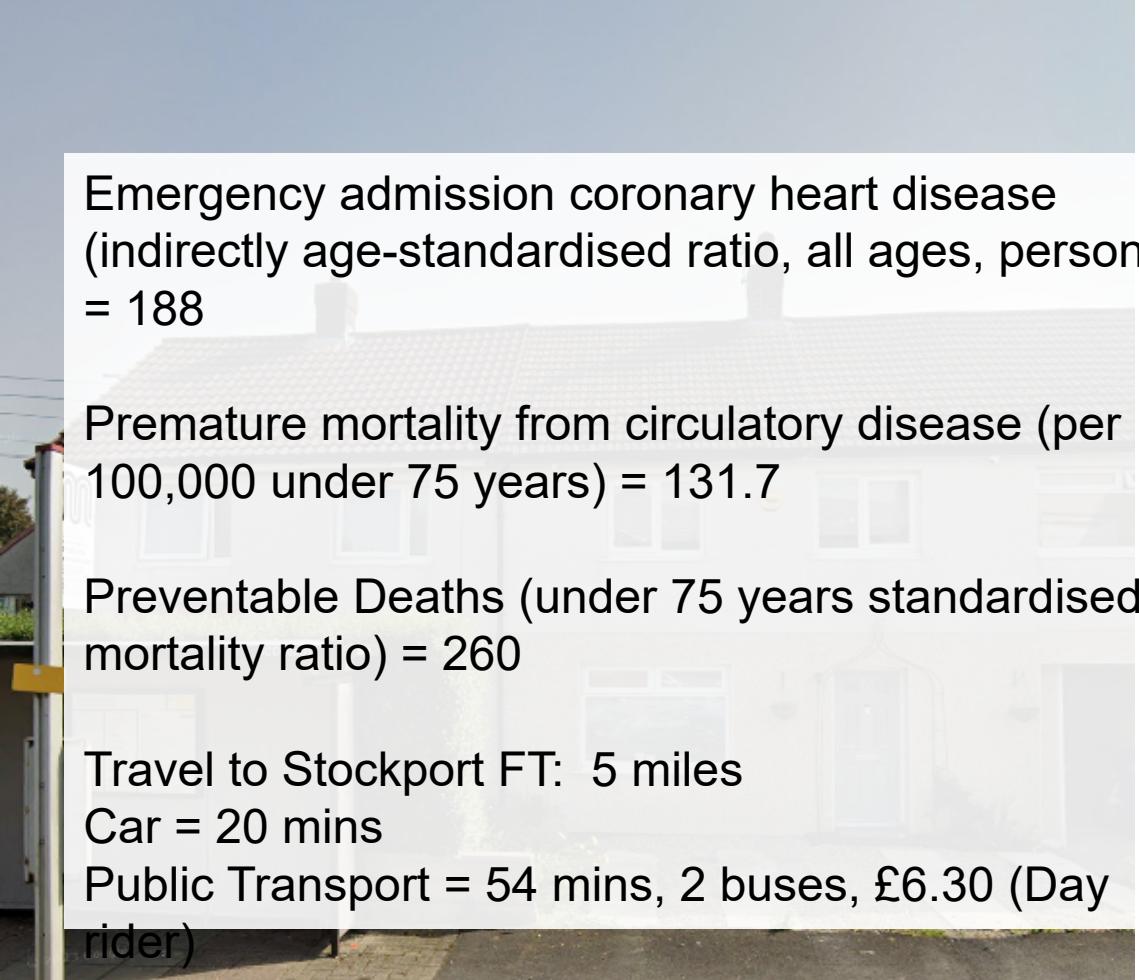
Preventable Deaths (under 75 years standardised
mortality ratio) = 51.7

Travel to Stockport FT: 2.9 miles

Car = 8 minutes

Public Transport = 34 mins, 2 buses, £6.30 (Day
rider)

Bramhall



Emergency admission coronary heart disease
(indirectly age-standardised ratio, all ages, persons)
= 188

Premature mortality from circulatory disease (per
100,000 under 75 years) = 131.7

Preventable Deaths (under 75 years standardised
mortality ratio) = 260

Travel to Stockport FT: 5 miles

Car = 20 mins

Public Transport = 54 mins, 2 buses, £6.30 (Day
rider)

Brinnington

Five miles, Two buses



Bramhall



Brinnington

Health inequalities cost the NHS £4.8bn/year (Inpatient & Urgent Care)

Treatment costs would be 15% lower without health inequalities

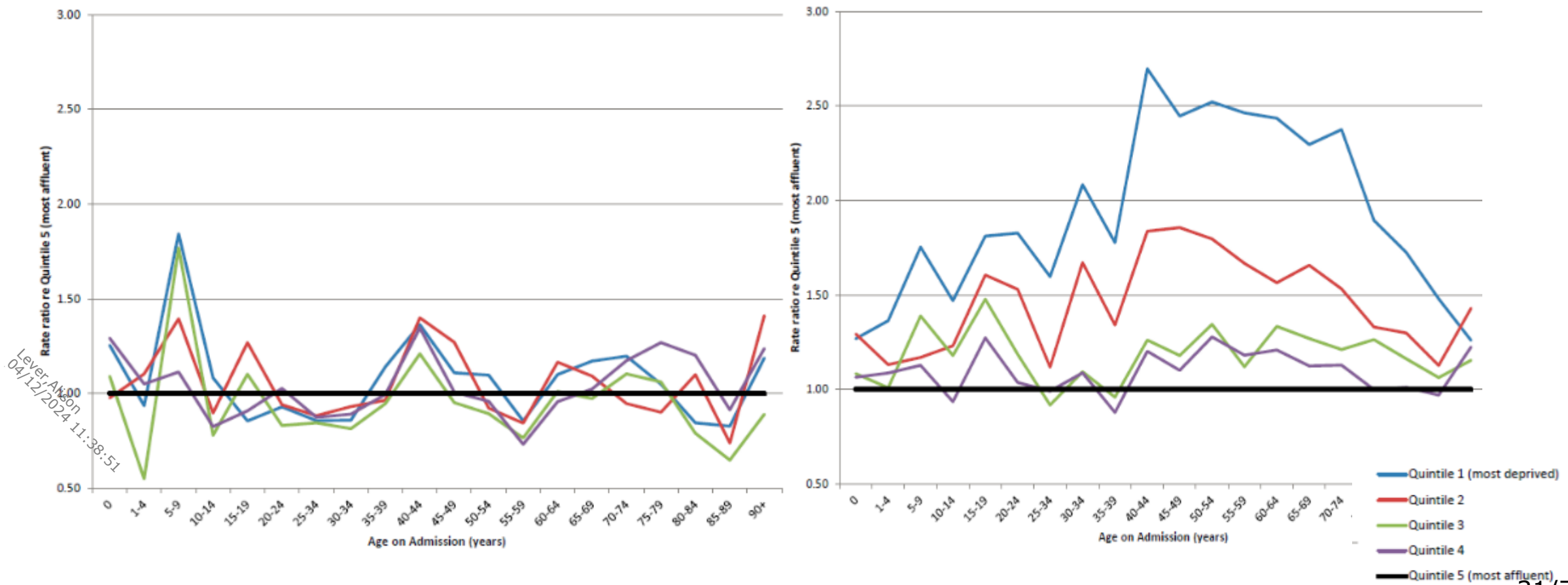
Over their lifetimes, people in the most deprived places cost the NHS 20% more in hospital admissions people living in affluent neighbourhoods despite shorter life expectancies

40% of health provision is used to manage preventable ill health

Lauren Wilson
07/12/2024 11:38:51

Planned vs non-elective care in provider settings by deprivation quintile

National data comparing Planned (left) and Non-Elective (right) health provision use by Deprivation Quintile



Legal & Regulatory Requirements

Provider Level

- NHS Act (2006)
- NHS Providers Code of Governance
- CQC Single Assessment Framework
- National Oversight Framework (2022/23)
- Public Services Act 2021
- NHS Standard Contract
- The NHS Provider Licence

Locality/System Level

- Health and Social Care Act 2012
- NHS Long-term plan (2019)
- NHS Long Term Workforce Plan (2023)
- NHSE EDI Improvement Plan (2023)
- Operational Planning Guidance (2024/25)

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REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1 MATERNITY
Ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2 SEVERE MENTAL ILLNESS (SMI)
Ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3 CHRONIC RESPIRATORY DISEASE
A clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5 HYPERTENSION CASE-FINDING
To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

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CORE20

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20%

Target population

PLUS

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CORE20 PLUS 5

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 to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



Political Context

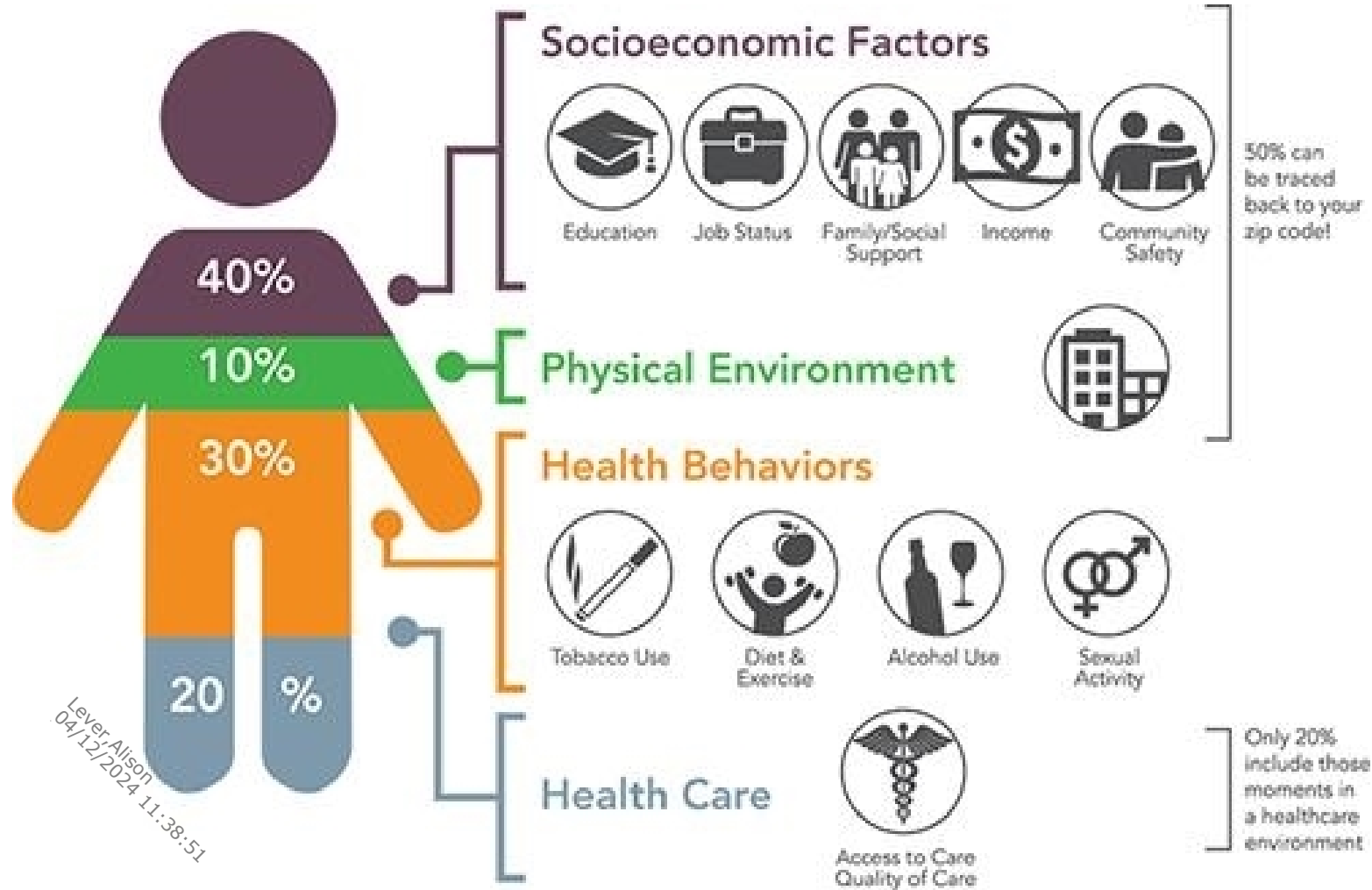
CHANGE

**Help build a
health service
fit for the future**

- Darzi Report
 - New NHS 10 Year Plan - 3 big shifts:
 - From analogue to digital
 - Hospital to community
 - Sickness to prevention
 - Change NHS: help build a health service fit for the future: A national conversation to develop the 10-Year Health Plan
- Change NHS - how do we want to respond to this?

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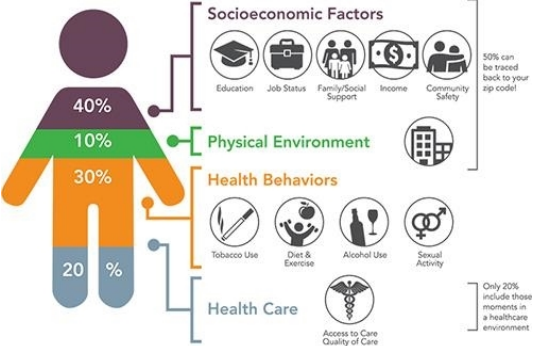
Where can we make a difference?



As an Anchor Institution

Reduce health inequalities in the workforce

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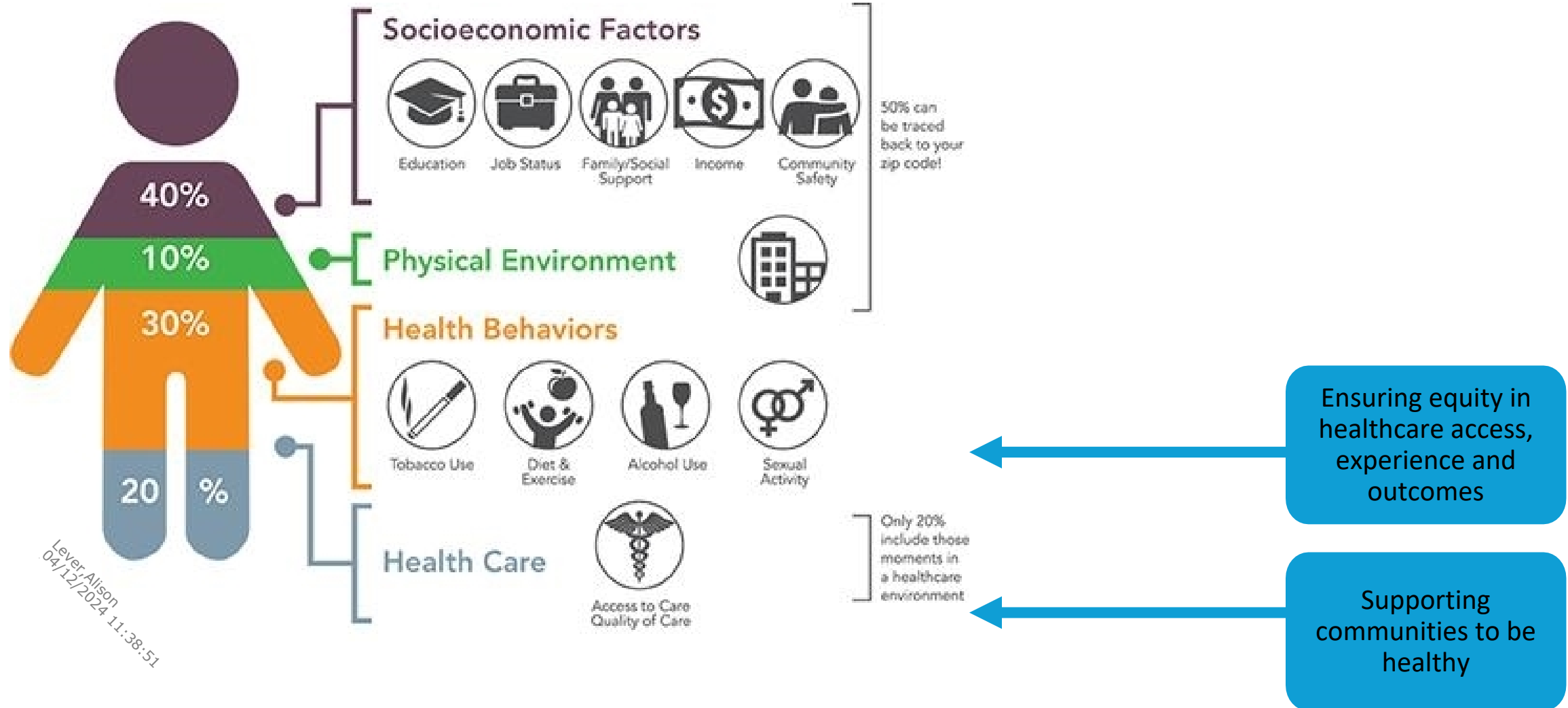


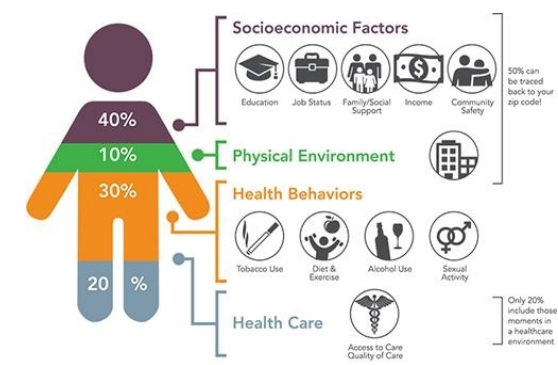
Health Behaviours (30%)

42% of poor health and early deaths in England are due to modifiable risk factors



Where can we make a difference?



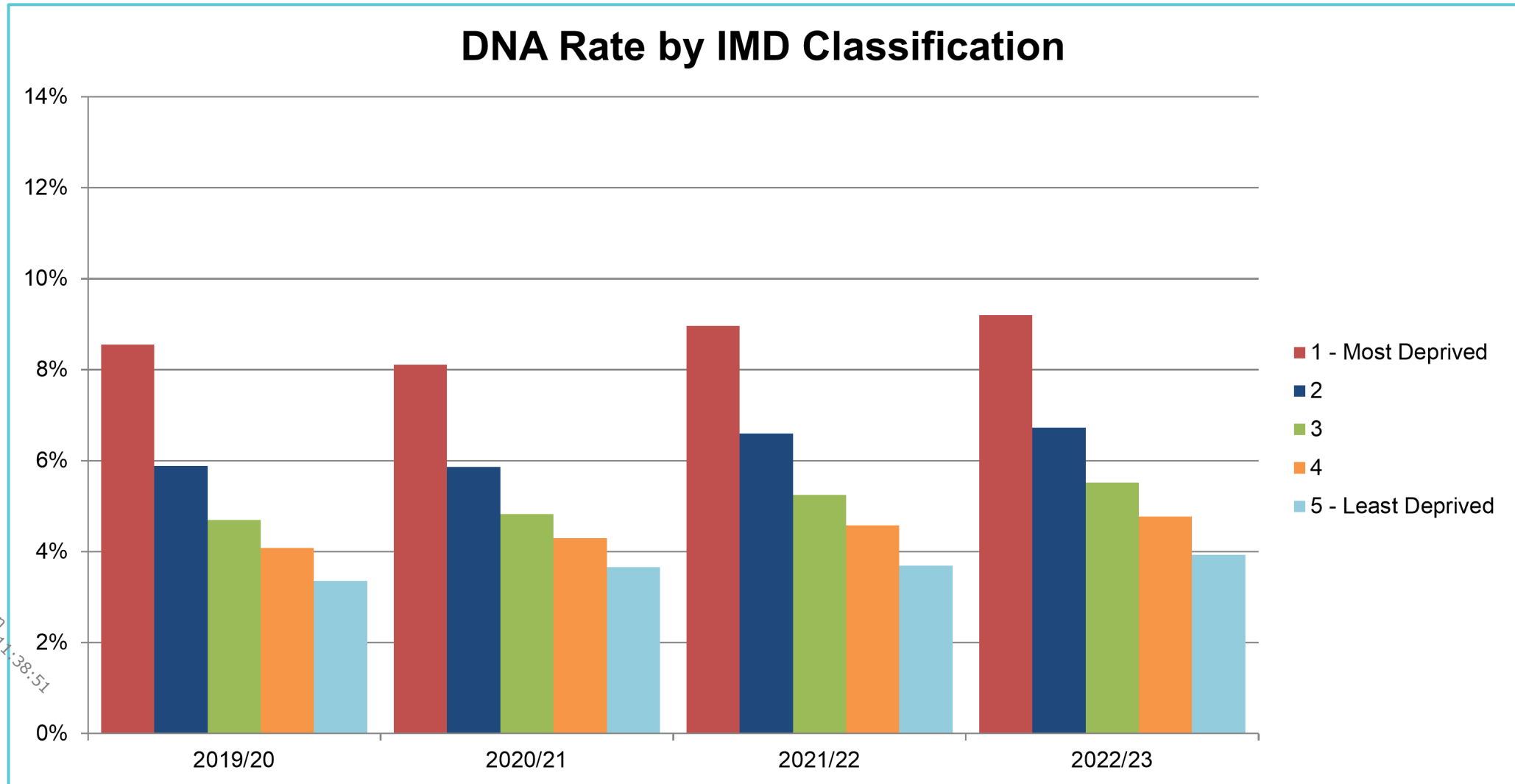


Healthcare (20%)

- Health inequalities are driven by the way services are **designed, delivered** and **funded**, and by the **quality of care** received.
- People experiencing health inequalities are more likely to experience inequities in **access, experience and outcomes**.
- Certain factors in people's life will make it harder for them to:
 - Access support and healthcare
 - Understand and engage with their care
 - Navigate services to help meet their needs
 - Take early preventative action
 - Live healthier lives

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Stockport DNA Rates by IMD



Lever, Alison
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The following groups are more likely to DNA

People with financial difficulties	<ul style="list-style-type: none">• Transport costs, time out of work, childcare costs
People who require carers	<ul style="list-style-type: none">• Availability of carers
Children and young people	<ul style="list-style-type: none">• Those not brought to appointments may have difficult home lives
People with mental health conditions	<ul style="list-style-type: none">• May required additional support or reasonable adjustments to attend
People who are neurodiverse	<ul style="list-style-type: none">• May be more anxious to attend appointments and require additional support
People who are vulnerable because of their experiences	<ul style="list-style-type: none">• People recovering from addiction or coming from violent homes, people experiencing homelessness
People with a disability	<ul style="list-style-type: none">• May require reasonable adjustments
People with low health literacy	<ul style="list-style-type: none">• Difficulty understand healthcare communications



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Interventions

- **Identify** inequalities in our DNAs – who are the groups more at risk of not attending?
- **Address** DNAs to reduce inequalities in waiting times
 - Waiting well initiatives –Pre-treatment support for those at greatest risk of poor health outcomes
 - DNA Risk Prediction
 - Extra support to attend appointments
 - Health literacy

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Prevention

What does this look like?

- Making Every Contact Count
- Social Prescribing
- Prevention Pathway and referrals: Smoking, Alcohol, Weight Management, Physical Activity
- Opportunistic Vaccinations

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Making a difference

Transformation Team: Health inequalities impact assessment, applying HI lens to work streams, assessing potential projects based on inequalities, inequalities lens to QI training

Research team: BABi, assessing research opportunities through a research lens

Business Intelligence Team: health inequalities lens to data dashboards

Patient Engagement Team: Health literacy, DNAs

Education Team

Clinical Teams

Supporting women in maternity whose first language is not English

Smoking cessation pre-op

Outpatient Communications

Division of Clinical Support Services



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Making a difference every day

Outpatient services are the 'shop window' of the organisation with 300,000 attendances per annum - more than any other area.

Timely and high-quality communication with patients is vital and impacts patient experience, quality and efficiency metrics.

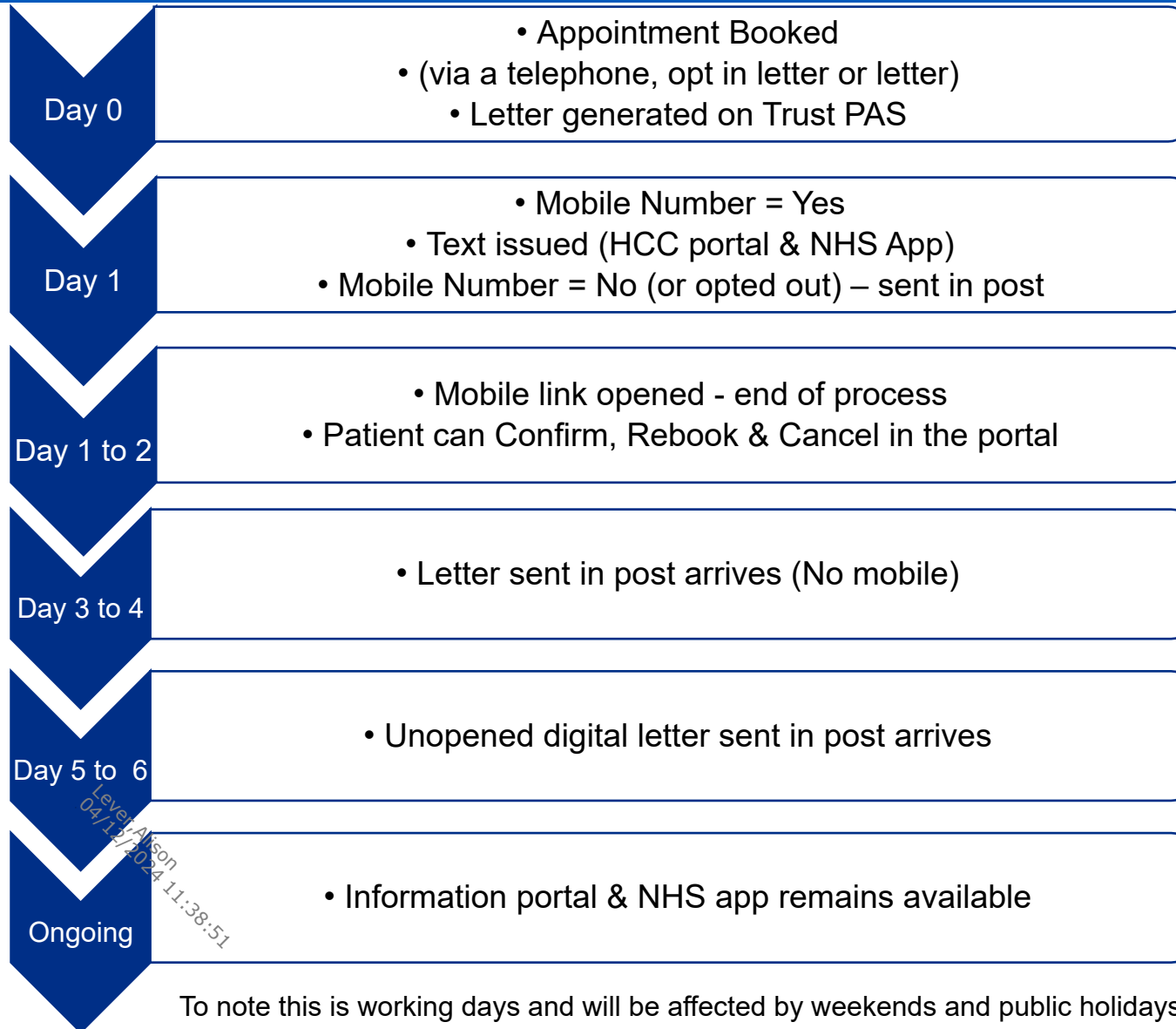
This report will cover:

- Outpatient communication processes
- Outpatient DNAs
- Action taken by the organisation relating to the quality and timeliness of communication.

The Council of Governors is asked to note the contents of the paper.

Alison
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Appointment Letter Process – Central Outpatients



- Letter sent via text link and patient portal where available
- Will go in post if
 - no mobile number
 - Opted out
 - Digital letter not opened

Reminder Service – Outpatient appointments

Day 7 prior to appointment

- **Two-way reminder sent to mobile number or landline (if no mobile)**
- *“You have a GASTROENTEROLOGY appt on 25/11/24 at 10:20 at Marjory Warren Unit (DMOP) Stepping Hill Hospital. Please can you REPLY with either YES 9174 to confirm attendance, REBOOK 9174 to rearrange or CANCEL 9174 if appt no longer needed. Missed appts cost the NHS £160 and prevents other patients from being seen. Reply STOP to opt out.”*

Day 5 prior to appointment

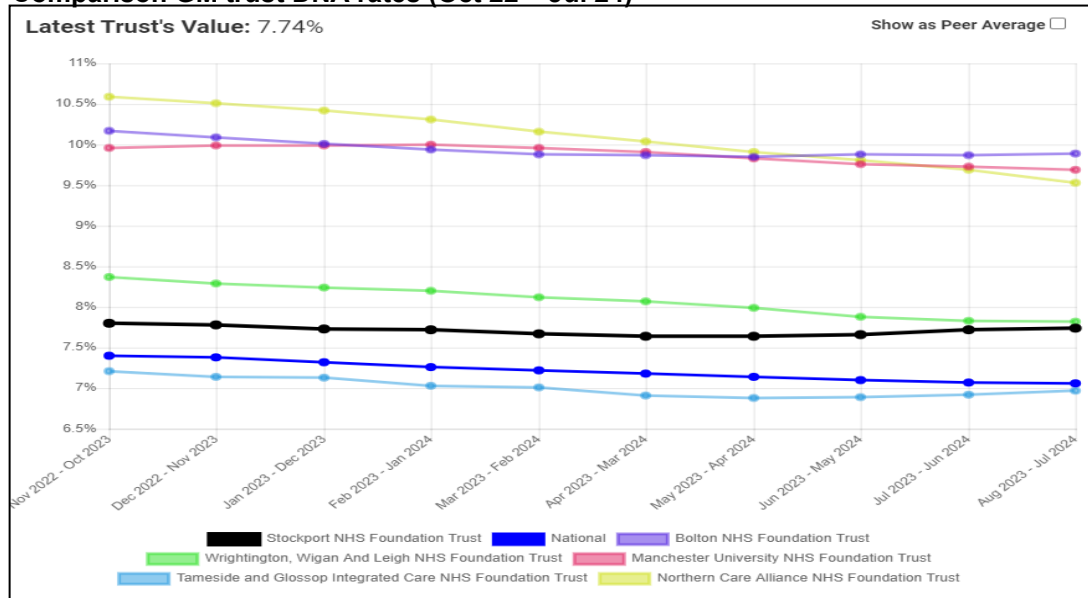
- **If no response to two-way message, an additional two-way 'nudge' text is issued**
- *“We do not seem to have received a response to your appt reminder. Please can you REPLY ASAP with either YES 9692 to confirm attendance, REBOOK 9692 to rearrange or CANCEL 9692 if appt no longer needed. Not attending will cost the NHS £160 and more importantly prevents other patients from being seen. STOP to opt out.”*

2 Days prior to appointment

- **One-way final reminder issued to mobile number or landline (if not mobile)**
- *“You have a GENERAL SURGERY appt on 22/11/24 at 09:20 at Bobby Moore Unit Stepping Hill Hospital. If you are unable to attend please call 0161 419 4010. Missed appts cost the NHS £160 and prevents other patients from being seen. Reply STOP to opt out”*

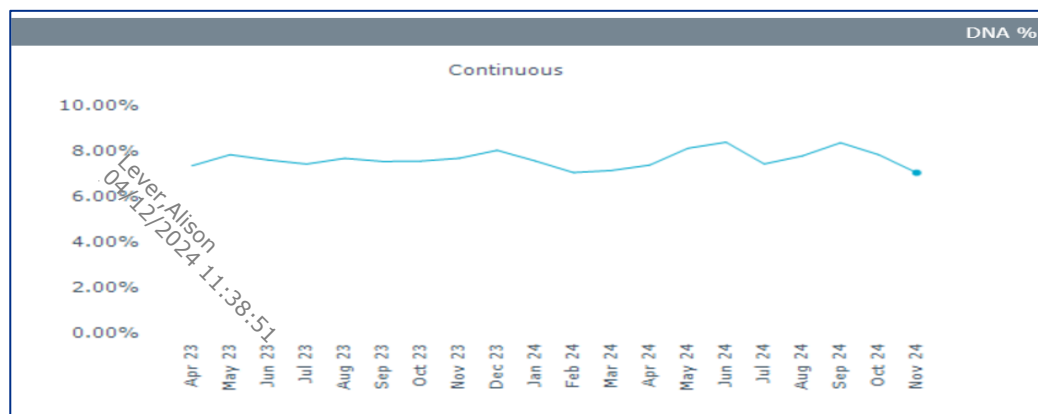
Current DNA rate, trend and benchmarking

Comparison GM trust DNA rates (Oct 22 – Jul 24)



- Outpatient DNA rate for October 24 is **7.88%** against a national median of **7.06%**.
- This equates to over **25,000 missed appointments per year**
- **3rd** in Greater Manchester
- Trend is a **slight increase** from Nov 23 – nationally and locally trend is a **decrease**
- DNA rate in most deprived areas is **double** the rate of those patients from the least deprived
- Interim arrangements in place since the **closure of OPD B** may be having an impact on DNA rate
- DNA rate has **improved** in November to 7.07%

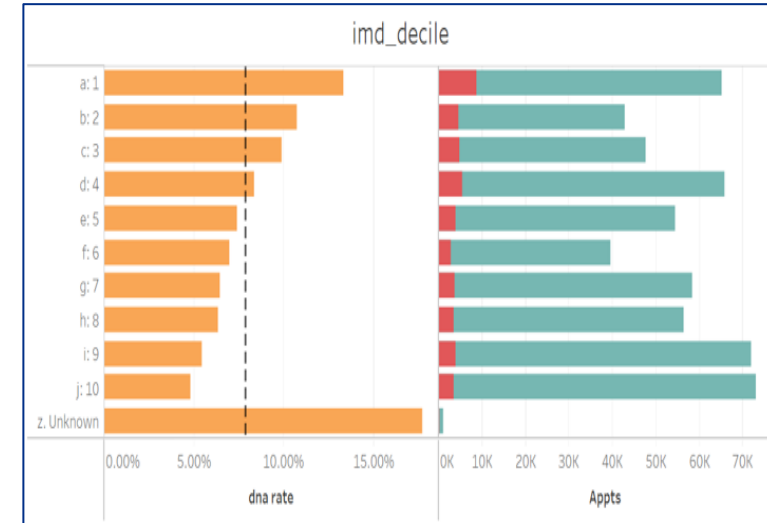
November to date is 7.07% from 7.87% in October



Actions taken

- Worked with Business Intelligence (BI) to develop report of patients most likely to DNA:
 - Aged 18 to 49
 - IMD – group 1
 - Booked 14 – 59 days
 - Face to face appointments
 - History of DNA
- Additional contact call of patients most likely to DNA
- Initial findings
 - 60% attendance, & 20% cancellations
- Aim to expand number of telephone calls and include support / adjustments to help patients attend

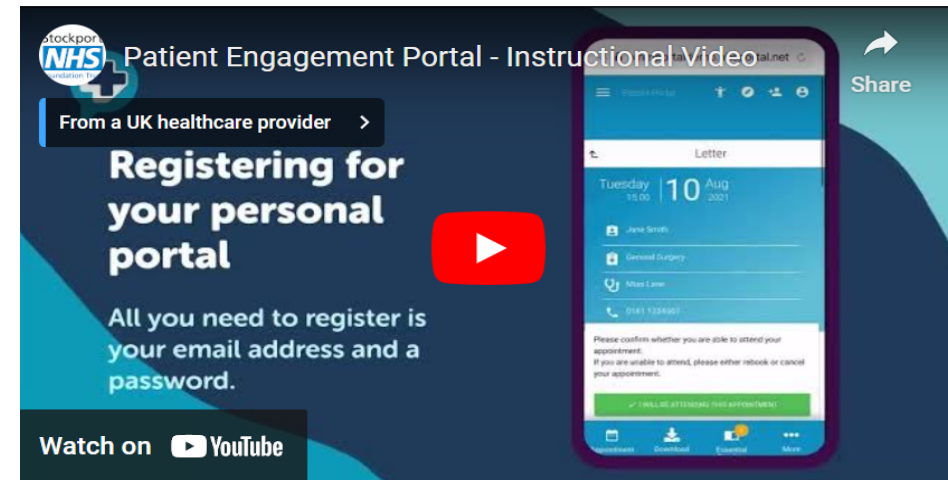
Snapshots from DNA dashboard showing key factors



Actions Taken

- Access to appointment information via patient portal, NHS App or text link.
- Automated text and voice reminders at 7 and 2 days before the appointment.
- Hard copy appointment letter posted if not accessed digitally.
- Format and wording of letters and texts reviewed with input from Patient Experience team and patient representatives.
- Increased options to cancel appointments via portal, text or online form.
- Download appointment to personal calendar.
- Short notice appointments agreed over the telephone.

Patient Portal



Online cancellation form

DO NOT use this form if your appointment is within the next 2 days. Please telephone.

Contact Us
Stockport NHS Foundation Trust
Stepping Hill Hospital
Poplar Grove
Stockport
SK2 7JE

[View On Map](#)

[Press Office](#)

0161 483 1010
trust.enquiries@stockport.nhs.uk
(Emails sent to this address are not encrypted)

Hard of Hearing Switchboard:
0161 835 6262

I want to:

Your name:

Your address:

Your email:

Patient name:

Comments:

NHS Number:

DOB:

Tel Number:

Department:

Appt. Date:

Appt. Time:

Confirm: I see a

All fields are required

Actions Taken

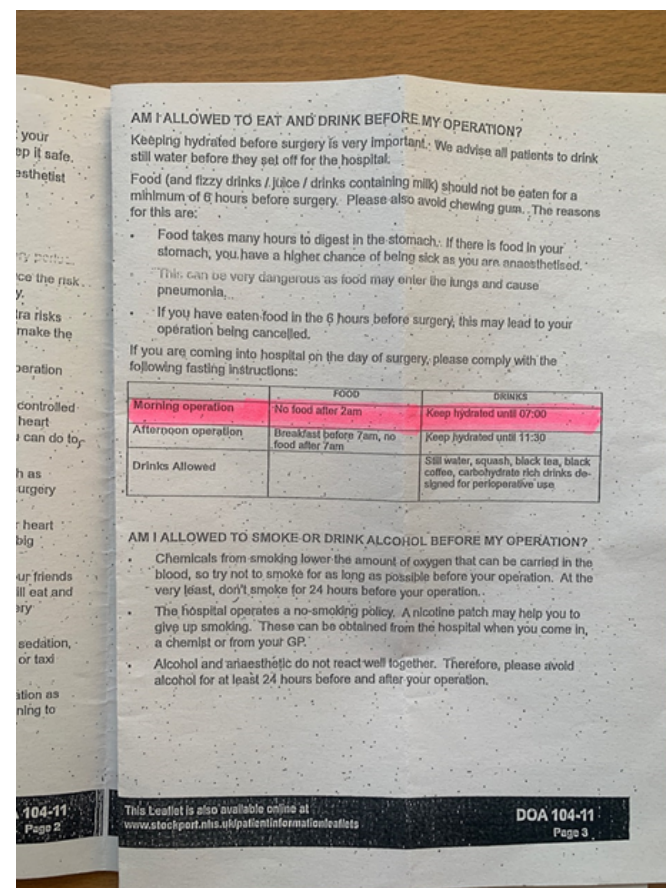
- Programme of internal audit monitoring all aspects of the process:
 - Letter volume daily report
 - Monthly DNA discharge audit process
 - Process for patients who respond to text to cancel
- New appointment waiting list validation process (over 12 weeks). 1,636 patients said they no longer waited an appointment in 6 months.
- Developed DNA dashboard with in depth information.
- Monthly division specific improvement meetings addressing issues in high DNA specialities.

Example outpatient booking audits on AMAT

OPEN audits	Main frequency	Auditor	Compliance and submissions over last 3 audits			Current	Due in	Progress	Data	Drafts	Plan	Overdue actions	Manage
26 Week Report	M	Admin & Clerical	N/A (8)	Non	Non	N/A (5)	17 days	Click to audit	View	-			ACTIONS
Central Email Account - request to book appointment	M	Admin & Clerical	G 94.0% (10/10)	G 98.0% (10/10)	G 96.0% (10/10)		17 days	Click to audit	-	-			ACTIONS
Envoy audit	M	Admin & Clerical	N/A	N/A	N/A		17 days	Click to audit	-	-			ACTIONS
FU OWL Validation	M	Admin & Clerical	G 95.0% (10/10)	G 95.0% (10/10)	G 100.0% (10/10)		17 days	Click to audit	-	-	0		ACTIONS
New Outpatient Waiting List (OWL) Validation	M	Admin & Clerical	G 100.0% (10/10)	G 100.0% (10/10)	G 100.0% (10/10)		17 days	Click to audit	-	-			ACTIONS
Template Requests	M	Admin & Clerical	G 100.0% (10/10)	G 100.0% (10/10)	G 100.0% (10/10)		17 days	Click to audit	-	-			ACTIONS

HIGHER than Peer & National Values	Stockport Value	Peer Average	National Average
Clinical Haematology	6.0%	4.0%	4.3%
ENT	8.9%	7.6%	8.4%
Ophthalmology	7.4%	6.0%	7.0%
Paediatrics	11.6%	10.7%	9.9%
Rheumatology	6.3%	3.9%	6.2%
Trauma & Orthopaedics	8.0%	5.4%	6.5%

- Letter content could be confusing and more complex than needed.
- Appointments booked without reasonable notice or agreement.
- Letters arriving after appointments.
- Ability of patients to use digital technology to manage their appointment.
- Contradictory information on pre-op letters or poorly printed letters difficult to read.
- Ability to cancel appointments easily.
- The closure of OP B and no permanent clinic space at appointment booking causing confusion.
- Lowest IMD groups have twice the DNA of the highest IMD groups.
- Specialty variation.



- Enhanced reminder service for patients most likely to DNA to include support and reasonable adjustments. Working with Public Health Registrar.
- Surgery team is reviewing all pre-op letters to ensure they are clear and unambiguous.
- A change to how telephone numbers are identified from the system will mean text reminders will be received for more patients.
- Engage further with Patient Experience team to improve patient engagement and voice in letter content including letter readability review.
- Improve booking processes for clinics affected by OPD B closure.
- Engage further with Patient Experience team to improve patient engagement and voice in letter content including letter readability review.
- Improving letter accessibility by automating large print.

Lever, Alison
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Meeting date	9 December 2024	Public	X	Agenda Number	10
Meeting	Council of Governors				
Report Title	Membership Development Group Report				
Presented by	Howard Austin, Public Governor & Chair of Membership Development Group	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors are asked to: <ul style="list-style-type: none"> Review and confirm the current position against the Membership Action Plan September 2024-September 2025. 					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	X	Effective
	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery

		of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Executive Summary

The Membership Development Group (MDG) meets quarterly, with the most recent meeting held on 25 November 2024. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Richard King, Public Governor
- Tony Moore, Public Governor
- Ruth Perez-Merino, Staff Governor

The meeting was supported by the Trust Secretary and Membership Governance Manager.

The MDG considered the following items at the meeting:

- Membership Action Plan – Progress Report (Appendix 1)

Membership Recruitment

The current Membership Action Plan (September 2024 – September 2025) set an aim to maintain an overall membership number and increase the number of members in the 16-21 age group by +100% in year.

	September 2023	June 2024	October 2024
Overall Membership Number	10,282	10,220	10,133
Age 16-21	14	50	48

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Events for Membership & Public

Volunteers

The Membership Action Plan included an annual 'Meet with Volunteers' session with governors and volunteers, to provide an opportunity for engagement and seeking feedback. To maximise attendance of volunteers, the annual on-site event held for volunteers was utilised. On 30 October 2024, 5 governors attended the Volunteer Service organised 'long service awards' at the Trust, where around 40 volunteers and Trust representatives were in attendance. Governors confirmed the opportunity to engage with volunteers was positive and will consider the most appropriate events with volunteers to continue engagement.

Health Talks

The 'Ageing Well' Health Talk took place on 22 July 2024 and was well attended, with 57 attendees (made up of 45 members of the public, 6 governors and 6 Trust representatives).

The next Health Talk is Wednesday 26 March 2025, 2.30pm-3.30pm in Pinewood House Education Centre, Stepping Hill Hospital. Again, governors will be asked to put the date in their diaries as the talk will again offer an opportunity for members to meet with governors and provide feedback.

A second Health Talk will take place on 11 June 2025.

Overall Progress - Membership Action Plan

The MDG confirmed acknowledged the new Membership Governance Manager started in post at the end of September 2024 and will seek to action the Membership Action Plan in the period to September 2025, in particular our work with local colleges, young people and also the student workforce within the Trust.

The MDG reaffirmed the importance of governors using their own networks to seek feedback to support identification of themes from members and the community at large.

There are currently four governors on the MDG, if any more governors wish to join, please contact Alison Lever, Membership Governance Manager, on alison.lever@tgh.nhs.uk or 07385 689992

Lever, Alison
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Membership Action Plan September 2024 – September 2025

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Aim: To maintain a sizeable membership that is representative of the communities the Trust serves				
Recruitment				
Explore if information about membership can be included as part of Friends & Family Test and/or inpatient survey.	Corporate Affairs / Corporate Nursing Team	Q4 2024/25	Membership information included in survey/s.	This is currently being explored with the Corporate Nursing Team.
Social Media Messaging to advertise Council of Governors' meetings and promote membership to be shared on social media ahead of CoG meetings. 2 x membership recruitment campaigns (members' week) via the Trust's social media channels to encourage member recruitment and showcase governors, to be aligned to member seminars.	Communications / Corporate Affairs Communications / Corporate Affairs	September / December / March TBC	Maintain overall membership number (minimum membership number of 2.5% of the eligible membership, corresponding to 7,370 members) (Total public membership number as of 19 August 2024 = 10,198)	Current overall membership numbers as at 18 November 2024 = 10,134
Targeted Recruitment Following review of membership demographics, the MDG and CoG agreed to focus on the 16-21 age group for targeted recruitment during September 2024 – September 2025. Targeted recruitment activities to include: Presentation and/or Email recruitment promotion (dependent on most appropriate method) to: <ul style="list-style-type: none"> Stockport Colleges – Health & Social Care Courses Cadets 	Corporate Affairs Team / Governors / Organisational Development Team	TBC	Increase number of members in targeted demographic group by +100% Membership numbers as of 19 August 2024: Age: 16-21 = 49	Review of membership demographics completed in June 2024 – utilised to develop Action Plan. Underrepresented group identified for targeted recruitment: <ul style="list-style-type: none"> Age 16-21 (current number) = 48
Aim: To develop an active and engaged membership				

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Engagement				
Newsletter Include Governor Section in Stepping Up Newsletter, including: <ul style="list-style-type: none"> - Meet your Council of Governors - Governor activity - How to contact your governors - Council of Governors meetings 	Communications / Corporate Affairs / Membership Development Group	Winter 2024 Spring 2025 Summer 2025	3 x Stepping Up Newsletters including Governor Section	No Stepping Up newsletter in Winter 2024, seasons greetings message to members from Chair to include mention of Council of Governors
Health Talks Facilitate 2 x face to face health talks for members and the public. Governor attendance at health talks to promote governors and allow opportunity to seek feedback from members/public/staff	Corporate Affairs Governors	Q4 2024/25 Q1 2025/26	2 x Members Health Talks	Health Talks scheduled for 26 March 2025 and 11 June 2025. Speakers and topics tbc
Annual Members' Meeting Open forum prior to Annual Members' Meeting as an opportunity for governors to seek feedback from members/public/staff	Governors	25 September 2024, 3.15pm (AMM starts at 4.00pm)	Annual Members' Meeting	
Volunteers Annual 'Meet with Volunteers' session with governors and volunteers.	Corporate Affairs Team / Governors / Volunteers	Annually	Annual 'Meet with Volunteers' session	Membership recruitment promoted through Volunteer Induction. On 30 October, 5 governors attended the Volunteer Service organised 'long service awards' at the Trust, where c.40 volunteers and Trust representatives were in attendance.
Staff Networks Staff governor attendance at staff network forums to allow opportunity to seek feedback from staff.	Corporate Affairs Team / Staff Governors	Ongoing	Staff governor attendance at each staff network at least annually.	Staff governors to be informed of dates for staff networks and explore viability/ attendance – in early 2025.

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<p>Website Review Governor & Membership section of SFT website and revise content to ensure opportunity to become a member is clear & accessible.</p> <p>Draft Membership & Governor Content reviewed at the MDG in December 2022.</p> <p>User engagement in the website design process to be undertaken ahead of 'go live' – date TBC.</p>	Membership Development Group / Corporate Affairs / Communications	TBC Go live in line with new Trust website launch	New website live	Governors will be informed of the website user engagement sessions once date/s have been agreed.

The action plan is an iterative process, where further opportunities for recruitment and/or engagement are identified via the Corporate Affairs and Council of Governors, these can be undertaken in addition to activities highlighted above. This may include, for example, specific events and forums within a membership constituency. Existing channels of recruitment and/or engagement, e.g. Community Champions Network, are not repeated within the action plan.

The Corporate Affairs Team will continue to prompt governors to share feedback gathered as part of action plan activities or other engagement to update the Register of Governor Engagement to ensure record of patients, public and staff feedback received by governors, thus providing evidence of governors fulfilling their statutory duty to represent members and public.

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				Agenda No.	11
Meeting date	9 December 2024	Public	X	Confidential	
Meeting	Council of Governors				
Report Title	Nominations Committee Membership & Terms of Reference				
Director Lead	Marisa Logan-Ward, Interim Chair	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information	X	Assurance		Decision	X
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Review the membership of the Nominations Committee In light of the term of office of one member coming to an end on 29th December, submit self-nominations to fill the member position to the Membership Governance Manager no later than 13th December 2024 Review and approve the Terms of Reference of the Nominations Committee 					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative

		programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

<p>A Nominations Committee of the Council of Governors has been established with responsibility for:</p> <ul style="list-style-type: none"> • The identification and nomination of Non-Executive Directors, including the Chair • Consideration of appropriate succession planning for Non-Executive Directors • Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors • Managing the process for any removal of the Chair and other Non-Executive Directors <p>The Nominations Committee makes recommendations to the Council of Governors regarding the above.</p> <p>In light of the term of office for one member of the Nominations Committee (Professor Chris Summerton, Public Governor), expiring on 29 December 2024, governors interested in becoming a member of the Committee are asked to submit self-nominations to fill the position.</p> <p>In line with the Nominations Committee terms of reference, governors on the Committee shall have served</p>
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a minimum of one year or be considered to have the relevant experience. All classes of governor (Public, Staff and Appointed) may become a member. Governors who have previously been members of the Nominations Committee are able to re-stand, as long as they remain a governor, therefore Professor Chris Summerton is able to re-stand.

Should more governors than required wish to become a member of the Nominations Committee, discussion will take place with the Trust Secretary, Interim Chair and Lead Governor to determine membership, taking account of relevant context. In this light, the view of the Senior Independent Director, Co-Chair of the Joint Nominations Committee, responsible for oversight of the Joint Chair recruitment process, will also be sought, if required.

The outcome will be communicated to any governor that has submitted an interest by 20 December 2024. This will also be confirmed at the next meeting of the Council of Governors on 19 March 2025.

Furthermore, the Nominations Committee Terms of Reference (Appendix 1) have been reviewed and are presented to the Council of Governors for approval. There are no changes proposed.

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1. Purpose

- 1.1 The purpose of this report is to review and approve the Nominations Committee Terms of Reference and review the membership of the Nominations Committee in light of the term of office for one member of the Nominations Committee (Chris Summerton) expiring on 29 December 2024.

2. Introduction / Background

- 2.1 A Nominations Committee of the Council of Governors has been established with responsibility for:
- The identification and nomination of Non-Executive Directors, including the Chair
 - Consideration of appropriate succession planning for Non-Executive Directors
 - Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
 - Managing the process for any removal of the Chair and other Non-Executive Directors.

The Nominations Committee makes recommendation to the Council of Governors regarding the above.

3. Nominations Committee Terms of Reference

- 3.1 The Nominations Committee Terms of Reference, included at Appendix 1 of the report, were approved by the Council of Governors on 15 December 2021 and are now due for periodic review.
- 3.2 The Terms of Reference have been reviewed and there are no changes proposed.

4. Nominations Committee Membership

- 4.1 As stated in s2.3 of the Nominations Committee Terms of Reference, membership comprises five governors (including the Lead Governor), and governors on the committee shall have served a minimum of one year or be considered to have the relevant experience.

- 4.2 The membership of the Nominations Committee currently includes:

Name	Appointed	Expiry
Sue Alting	Lead Governor	End of Lead Governor Term
Sarah Thompson	5 December 2022	4 December 2025
Richard King	5 December 2022	4 December 2025
Michelle Slater	4 January 2024	3 January 2027
Chris Summerton	30 December 2021	29 December 2024

- 4.3 The term of office of one governor member of the Committee, Professor Chris Summerton, expires on 29 December 2024, therefore self-nominations are sought from governors to fill the vacancy. The term of office is for a period of three years and is subject to individuals continuing to hold the office of governor.

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- 4.4 The governor/s whose term of office on the Committee is expiring can re-stand and submit a self-nomination if they wish. Considering the current context, i.e. the ongoing recruitment process for a Joint Chair, stability and continuity within the governor membership would be considered beneficial at this current time.
- 4.5 Any interested governor/s are asked to submit an expression of interest, briefly highlighting their suitability to the position, in writing to Alison Lever, Membership Governance Manager (alison.lever@tgh.nhs.uk) by 6 January 2025.
- 4.6 Where there is one nomination, that nominee will be appointed as a member unopposed. Where there are two or more nominations, a discussion will take place between the Interim Chair, Trust Secretary and the Lead Governor considering the nominations, alongside current membership of the Committee and the context in which the Nominations Committee is operating. In this light, the view of the Senior Independent Director, Co-Chair of the Joint Nominations Committee, responsible for oversight of the Joint Chair recruitment process, will also be sought, if required.
- 4.7 The outcome will be communicated to any governor that has expressed an interest by 20th December and confirmed at the next meeting of the Council of Governors on 19 March 2025.

5. Recommendation

- 5.1 The Council of Governors is asked to:
- Review and approve the Terms of Reference of the Nominations Committee
 - Review the membership of the Nominations Committee
 - Submit self-nominations to fill the vacant member position to the Membership Governance Manager by 13th December 2024

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NOMINATIONS COMMITTEE FOR CHAIR AND OTHER NON-EXECUTIVE DIRECTORS

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Nominations Committee, with external advice as appropriate, and with due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance and other relevant guidance, will have responsibility for:
- The identification and nomination of Non-Executive Directors, including the Chair
 - Consideration of appropriate succession planning for Non-Executive Directors
 - Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
 - Managing the process for any removal of the Chair and other Non-Executive Directors.

2. MEMBERSHIP

- 2.1 The Nominations Committee will comprise the Chair (or the Deputy Chair when matters associated with the Chair's nomination are being considered, unless they are standing for appointment, in which case another Non-Executive Director), and five Governors (to include the Lead Governor).
- 2.2 Only members of the Committee have the right to attend Committee meetings. Other individuals, such as the Chief Executive, Director of People & Organisational Development and external advisers, may be invited to attend for all, or part of, any meeting as appropriate.
- 2.3 Governor appointments to the Committee shall be for a period of three years, provided the Committee member remains a Governor of the Foundation Trust. Governors on the Committee shall have served a minimum of one year or be considered to have the relevant experience.
- 2.4 The Chair of the Committee shall be the Chair of the Board of Directors (or Deputy Chair of the Board of Directors or a Non-Executive Director as described in 2.1). In the absence of the Chair and/or an appointed Deputy, the remaining members present shall elect one of their number to chair the meeting. The Chair shall not chair the Committee when it is dealing with the matter of succession to the Chairmanship and shall not participate in discussions concerning their performance or possible re-appointment or remuneration.

- 2.5 Members conflicted on any aspect of an agenda presented to the Committee, such as succession planning for a Non-Executive Director vacancy or the Chair's position shall declare their conflict and withdraw from the meeting. On matters of succession planning for the Chair and in the event of individuals referenced at 2.1 above having to withdraw from a meeting, the Committee should maintain, wherever possible, for the purpose of such discussions two non-conflicted (voting) Non-Executive Directors and if necessary one would be invited to chair the Committee.

3. SECRETARY

- 3.1 The Trust Secretary or their nominee shall act as the Secretary to the Committee.

4. QUORUM

- 4.1 The quorum necessary for the transaction of Committee business shall be three Governors and one Non-Executive Director (the Chair counts as a Non-Executive Director). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5. FREQUENCY OF MEETINGS

- 5.1 The Committee shall meet at least twice a year and at such other times as the Chair of the Committee shall require.

6. NOTICE OF MEETINGS

- 6.1 Meetings of the Committee shall be called by the Secretary to the Committee at the request of the Chair of the Committee.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time, date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Committee no later than five working days before the date of the meeting.

7. MINUTES OF MEETINGS

- 7.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 7.2 The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- 7.3 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Board of Directors and Council of Governors unless a conflict of interest exists.

8. ANNUAL MEMBERS' MEETING

- 8.1 The Chair of the Committee shall attend the Annual Members' Meeting prepared to respond to any members' questions on the Committee's activities.

9. DUTIES – NOMINATIONS

- 9.1 Identification and nomination of Non-Executive Directors, including the Chair. In doing so, the Chair of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee. The Nominations Committee will also consult the Chief Executive.
- 9.2 Having reviewed the existing Succession Plan, the Committee should consider an appropriate person specification and description of the role in advance of a recruitment process.
- 9.3 The Committee will oversee the recruitment process ensuring that open advertising is used to ensure candidates from a wide range of backgrounds are able to apply.
- 9.4 The Committee may on occasions use the services of external advisers to facilitate a search for candidates.
- 9.5 The Committee will have final responsibility for shortlisting candidates using objective criteria and deciding on the details of the selection process.
- 9.6 The Committee will oversee and may participate in the selection process on behalf of the Council of Governors and be responsible for the identification and nomination of candidates for final approval by the Council of Governors. The Committee will ensure that there is a majority of Governors on the interview panel.
- 9.7 Ensure that on appointment to the Board of Directors, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board meetings, and that all Non-Executive Directors have confirmed that they have the time to serve. Terms and conditions of employment should be made available for public inspection.

10. DUTIES – SUCCESSION PLANNING

- 10.1 Give consideration to succession planning for Non-Executive Directors taking into account the challenges and opportunities facing the Trust and what skills and expertise might be needed by the Board in future, as identified by the Board's Remuneration & Appointment Committee.
- 10.2 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and make recommendations to the Council of Governors with regard to any outcomes.
- 10.4 Keep the leadership needs of the Trust under review at Non-Executive level so that it continues to operate effectively.

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- 10.5 Where an existing Non-Executive Director seeks re-appointment, the Nominations Committee should look at the existing candidate against the current job description and person specification for their role at the Trust. Due consideration should also be given to the relevance of the NHS Foundation Trust Code of Governance and guidance on such a re-appointment. Once these processes have been undertaken, the re-appointment can be put to the Council of Governors for approval.

11. DUTIES – TERMS AND CONDITIONS

- 11.1 Review and make recommendations to the Council of Governors with regard to the appropriate terms and conditions for Non-Executive Directors.
- 11.2 Periodically consider the scale of remuneration of Non-Executive Directors, including the Chair, taking account of all relevant NHS Foundation Trust policies and any available market comparisons.
- 11.3 Review other terms and conditions of office including appropriate time commitments and the range of duties contained in the job descriptions required by all Non-Executive Directors.
- 11.4 To make appropriate recommendations to the Council of Governors on any alterations to the terms and conditions including remuneration.

12. DUTIES – OTHER

- 12.1 Act as the focal point for reviewing the annual appraisals of the Chair and Non-Executive Directors.
- 12.2 The Committee shall make recommendations to the Council of Governors concerning the proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors.
- 12.3 The Chair will consult with the Committee on the appointment of one of the Non-Executive Directors as the Senior Independent Director.
- 12.4 Coordination of the process for removal of the Chair and Non-Executive Directors in accordance with requirements set out in the Trust Constitution.

13. REPORTING

- 13.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting.
- 13.2 A statement will be included in the Trust's Annual Report about the Committee's activities, the process used to make appointments and to explain if external advice or open advertising has not been used.
- 13.3 The Committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at Committee meetings.

14. AUTHORITY

- 14.1 The Committee is a Committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference.
- 14.2 The Committee is authorised to obtain, at the Trust's expense, external professional advice on any matter within its terms of reference.

15. REVIEW

- 15.1 The Terms of Reference will be reviewed every three years.

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	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	jan-25	feb-25	mar-25
Board of Directors (Public)	4th 9.30-3.30		6th 9.30-3.30		1st 9.30-3.30		3rd 9.30-3.30		5th 9.30-3.30		6th 9.30-3.30	
Council of Governors (meetings held in Pinewood House)		22nd 10.00 - 11.00 Extraordinary Meeting	26th 4.00-6.00 Pre-meeting for governors 3.15-3.45			17th 4.00-6.00 Pre-meeting for governors 3.15-3.45			9th 4.00-6.00 Pre-meeting for governors 3.15-3.45			19th 3.30-5.30 Pre-meeting for governors 2.45-3.15
Informal Council of Governors / Non-Executive Directors Meeting (virtual)	23rd 11.00-12.00	15th 2.00 - 3.00		23rd 11.00-12.00			21st 11.00-12.00			28th 11.00-12.00		
Nominations Committee (Nominations Committee members only) (virtual)			4th 9.30-10.30									11th 9.30-10.30
Membership Development Group (virtual)			11th 12.30-1.30			3rd 12.30-1.30		25th 12.30-1.30				4th 1.30-2.30
Governor Training												
Core Skills								5th 9.30-12.15				
Effective Questioning and Challenge / Holding to Account								5th 1.00-3.30				
NHS Finance (virtual)										28th 9.30-10.45		
Governor Training (virtual)											10th 10.00-12.00	
NHS Providers Training: dates to be disseminated to governors as scheduled												
Annual Members Meeting						25th 4.00-5.30						
Health Talks												26th 10:00-12:00
Volunteers event								5th 2:30-4:30				

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Stockport NHS Foundation Trust												
	apr-25	mai-25	jun-25	jul-25	aug-25	sep-25	okt-25	nov-25	des-25	jan-26	feb-26	mar-26
Board of Directors (Public) (1st Thursday)	3rd 9.30-12.30		5th 9.30-12.30		7th 9.30-12.30		2nd 9.30-12.30		4th 9.30-12.30		5th 9.30-12.30	
Council of Governors (Pinewood Lecture Theatre, pre-meetings in Oak House Committee Room)			18th 4.00-6.00 Pre-meeting for governors 3.00-3.45			10th 10.00-12.00 Pre-meeting for governors 9.00-9.45			10th 2.00-4.00 Pre-meeting for governors 1.00-1.45			11th 4.00-6.00 Pre-meeting for governors 3.00-3.45
Informal Council of Governors & Chair/Non-Executive Directors Meeting (virtual)	28th 11.00-12.00			21st 11.00-12.00			20th 11.00-12.00			19th 11.00-12.00		
Chair & Lead Governor Meeting		8th 1.00-2.00			4th 11.00-12.00		29th 1.30-2.30			tba		
Nominations Committee (virtual)			4th 9.30-10.30								25th 2.00-3.00	
Membership Development Group (virtual)			9th 12.30-1.30		26th 12.30-1.30			24th 12.30-1.30			23rd 12.30-1.30	
Governor Training		12th 10.00-12.00 virtual				29th 10.00-12.00 virtual		10th 9.30-3.30 Joint SFT & T&G Core Skills & Holding to Account, Room LG03, Werneth House, Tameside			10th 10.00-12.00 virtual (Finance)	
NHS Providers Training: Dates to be disseminated to governors as scheduled												
Annual Members Meeting (Pinewood Lecture Theatre)							2nd 5.00-6.30					
Health Talks (Pinewood Lecture Theatre)			11th 10.00-12.00								25th 10.00-12.00	
Volunteers Event			TBC									

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Council of Governors 2024/25 Meeting Attendance

Name	Constituency	May-24	Jun-24	Sep-24	Dec-24	Mar-24
Paula Hancock	Staff	A	✓	A		
David McAllister	Staff	A	A	A		
Adam Pinder	Staff	✓	✓			
Karen Southwick	Staff	A	A	A		
Ruth Perez-Merino	Staff					
Yogalingam Ganeshwaran	Staff					
Adrian Nottingham	Bramhall & Cheadle	✓	✓	✓		
Carol Greene	Bramhall & Cheadle	✓	A	A		
Michelle Slater	Bramhall & Cheadle	✓	✓	✓		
Sarah Thompson	Bramhall & Cheadle	A	✓	✓		
Howard Austin	Tame Valley & Werneth	✓	A	✓		
Alan Gibson	Tame Valley & Werneth	A	A	A		
Gillian Roberts	Tame Valley & Werneth	A				
Alex Wood	Tame Valley & Werneth					
Tad Kondratowicz	Heatons & Stockport West	✓	✓	✓		
Victoria MacMillan	Heatons & Stockport West	✓	✓	✓	A	
Chris Summerton	Heatons & Stockport West	✓	✓	✓		
Steve Williams	Heatons & Stockport West	✓	✓	✓		
Val Cottam	Marple & Hazel Grove	A	✓	A		
Richard King	Marple & Hazel Grove	✓	✓	✓		
Tony Moore	Marple & Hazel Grove	✓	✓	✓		
John Morris	Marple & Hazel Grove	✓	✓	A		
Janet Browning	High Peak & Dales	✓				
Lance Dowson	High Peak & Dales	✓	A	A		
Mike Chantler	High Peak & Dales					
Tony Gosling	High Peak & Dales					
Muhammad Rahman	Outer Region	A	✓	A		
Callum Kidd	Outer Region					
Keith Holloway	Stockport MBC	✓	✓	A		
Sue Alting	Age UK Stockport	✓	A	✓		
David Kirk	Healthwatch Stockport	✓	✓	✓		
Was Meeting Quorate (Y/N)		Y	Y	Y		
Key						
✓	= Present					
A	= Apologies					
D	= Attended as Deputy					

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