








# Council of Governors

Wed 19 March 2025, 15:30 - 17:30

Lecture Theatres, Pinewood Education Centre, Stepping Hill  
Hospital

## Agenda

15:30 - 15:30	0 min	<b>1. Welcome &amp; Opening Remarks</b>	Information	Marisa Logan-Ward
15:30 - 15:30	0 min	<b>2. Apologies for Absence</b>	Information	Marisa Logan-Ward
15:30 - 15:30	0 min	<b>3. Declarations of Interests</b>	Information	All
15:30 - 15:30	0 min	<b>4. Minutes of Previous Meeting held on 9 December 2024 (paper)</b>	Decision	Marisa Logan-Ward
		 04 - SFT Public CoG Meeting Minutes - 9 Dec 2024.pdf (7 pages)		
15:30 - 15:35	5 min	<b>5. Action Log (paper)</b>	Information	Marisa Logan-Ward
		 05 - CoG Action Log - March 2025.pdf (2 pages)		
15:35 - 15:45	10 min	<b>6. Chair's Report (paper)</b>	Discussion	Marisa Logan-Ward
		 06 - Chairs Report - March 2025.pdf (4 pages)		
<b>PERFORMANCE</b>				
15:45 - 16:15	30 min	<b>7. Non-Executive Directors Report (paper)</b>	Discussion	Non-Executive Directors - Board Committee Chairs
		 07 - Non-Executive Directors Highlight Report - 19 March 2025.pdf (2 pages)		
		 07a - Finance & Performance Committee Key Issues Report - January 2025.pdf (2 pages)		
		 07b - People Performance Committee Key Issues Report - January 2025.pdf (2 pages)		
		 07c - Quality Committee Key Issues Report - January 2025.pdf (3 pages)		

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**16:15 - 16:35 8. 2025/26 Operational Plan Update (paper)**

20 min

*Discussion*

*Paul Buckley*

 08 - 2025-26 Operational Plan Update.pdf (8 pages)

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## MEMBERSHIP & ENGAGEMENT

**16:35 - 16:45 9. Membership Development Group Report (paper)**

10 min

*Information*

*Howard Austin*

 09 - Membership Development Group Report - 19 March 2025.pdf (6 pages)

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## GOVERNANCE

**16:45 - 17:00 10. Nominations Committee Reports (papers)**

15 min

*Decision*

*Marisa Logan-Ward*


**10.1. Nominations Committee Membership**

 10.1 - Nominations Committee Membership - 19 March 2025.pdf (4 pages)

**10.2. Non-Executive Director Succession Planning: Including Reappointment & Recruitment of Non-Executive Director**

 10.2 - Non-Executive Director Succession Planning - March 2025.pdf (5 pages)

**10.3. Annual Review of Remuneration of Non-Executive Directors**

 10.3 - Annual Review of Remuneration of Non-Executive Directors - 19 March 2025.pdf (4 pages)

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**17:00 - 17:10 11. Process for the Appraisal of Interim Chair and Non-Executive Directors (paper)**

10 min

*Decision*

*Marisa Logan-Ward / Louise Sell*

 11 - Appraisal Process for Non-Executive Directors and Chair.pdf (13 pages)

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**17:10 - 17:10 12. Date, Time & Venue of Next Meeting**

0 min

*18 June 2025, 4:00pm, Pinewood Education Centre, Stepping Hill Hospital*

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## PAPERS FOR INFORMATION

**17:10 - 17:10 13. Council of Governors Calendar 2025/26**

0 min

*Information*

 13 - CoG Calendar 2025-26.pdf (1 pages)

Information

 14 - CoG Meeting Attendance 2024-25.pdf (1 pages)

**STOCKPORT NHS FOUNDATION TRUST**  
**Minutes of a Council of Governors Meeting held on Monday 9<sup>th</sup> December 2024 at 4.00pm**  
**in Pinewood Education Centre, Stepping Hill Hospital**

**Present:**

Dr Marisa Logan-Ward	Interim Chair
Mrs Sue Alting	Appointed Governor
Mr Howard Austin	Public Governor
Mr Michael Chantler	Public Governor
Mrs Val Cottam	Public Governor
Mr Tony Gosling	Public Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mr Adrian Nottingham	Public Governor
Ms Ruth Perez-Merino	Staff Governor
Mrs Michelle Slater	Public Governor
Professor Chris Summerton	Public Governor
Mrs Sarah Thompson	Public Governor
Mr Steve Williams	Public Governor
Mr Alexander Wood	Public Governor

**Apologies:**

Dr Yogalingam Ganeshwaran	Staff Governor
Mr Alan Gibson	Public Governor
Mrs Carol Greene	Public Governor
Mrs Paula Hancock	Staff Governor
Cllr Keith Holloway	Appointed Governor
Mr Callum Kidd	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr David McAllister	Staff Governor
Mr Tony Moore	Public Governor
Mr John Morris	Public Governor

**In attendance:**

Mr Mike Allison	Divisional Director – Clinical Support Services (Item
Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & Organisational Development
Mr Paul Buckley	Director of Strategy & Partnerships
Mr John Graham	Chief Finance Officer
Mrs Karen James	Chief Executive
Mrs Alison Lever	Membership Governance Manager
Dr Andrew Loughney	Medical Director
Mrs Rebecca McCarthy	Trust Secretary
Mrs Jackie McShane	Director of Operations
Mrs Mary Moore	Non-Executive Director
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
39/24	<p><b>Welcome &amp; Apologies for Absence</b></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:  Dr Samira Anane, Non-Executive Director  Mrs Nic Firth, Chief Nurse  Mrs Beatrice Fraenkel, Non-Executive Director  Mr David Hopewell, Non-Executive Director</p>	
40/24	<p><b>Amendments to Declaration of Interests</b></p> <p>No declarations of interest.</p>	
41/24	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on 17 September 2024 were agreed as a true and accurate record of the meeting.</p>	
42/24	<p><b>Action Log</b></p> <p>The action log was reviewed and annotated accordingly.</p> <p>Mrs Sue Alting requested that the deep dive into the stroke mortality rate, which was due to be reported to the Quality Committee in January, be added to the Action Log and reported to the Council of Governors as part of Non-Executive Directors Report in March <b>(ACTION)</b>.</p>	Chair of Quality Committee
43/24	<p><b>Interim Chair's Report</b></p> <p>The Chair presented the Interim Chair's Report, providing reflections on recent activities within the Trust and the wider health and care system including:</p> <ul style="list-style-type: none"> <li>External partnerships - Independent review of Care Quality Commission; Development of 10 Year Health Plan; NHS England Evolution of Operating Model; and NHS England The Insightful Provider Board</li> <li>Trust activities</li> <li>Strengthening board oversight.</li> </ul> <p>The Chair welcomed the 6 new governors into post following the elections that concluded in October 2024.</p> <p>The Chair reassured that the Board was alert to the ongoing parking issues on site, which continued to be a key area of focus and a raft of measures were being considered. Mr David Kirk asked for further detail on any plans. The Chief Executive noted that the situation was very challenging; options being considered were wide ranging and included potential for an additional Park &amp; Ride scheme, a new multistorey car park on-site in conjunction with the local authority, alongside additional parking permit restrictions.</p> <p>Referring to the consultant interviews that the Interim Chair had been involved in, Dr Tad Kondratowicz, Public Governor, questioned whether these appointments were new roles or filling vacancies, and therefore, whether there would be financial impact. The Chief Executive confirmed that three appointments were to fill vacancies, with one new post being a</p>	

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	<p>shared post with Tameside &amp; Glossop Integrated Care NHS Foundation Trust and shared salary.</p> <p>Mr Howard Austin, Public Governor, asked that a link be circulated for the government's current public engagement exercise, seeking views/suggesting ideas to help the development of the 10-year NHS plan. <b>(ACTION)</b></p> <p><b>The Council of Governors received and noted the Interim Chairs' Report.</b></p>	Trust Secretary
44/24	<p><b>Non-Executive Directors Report</b></p> <p>The Non-Executive Director Chairs of the Board Committees provided updates on high-level metrics and key assurance reports considered at Finance &amp; Performance, People Performance, Quality, and Audit Committees.</p> <p><u>Finance</u></p> <p>The Council of Governors were informed that at Month 7 2024/25 the Trust financial position was a deficit of £1.3m, an adverse variance of £0.9m. It was reported that although the Trust STEP (Stockport Trust Efficiency Programme) cost improvement position at Month 7 was £1.2m favourable against plan, at this point most of the savings were non-recurrent. The Council of Governors noted that industrial action and the pay award presented financial challenges within the year, alongside the significant capital risk due to the gap between funding and expenditure.</p> <p>Mr Michael Chantler, Public Governor, questioned the use of the word "must" within the description of the different processes for commissioning of services across local authorities, acknowledging this was not solely within the gift of the Trust. The Chief Executive confirmed that it was a requirement of the Trust to work collaboratively and in partnership, as part of the wider system to deliver sustainable services for the populations served. She highlighted that the Trust had good partnerships with Stockport, East Cheshire and Derbyshire local authorities and was able to influence the decision-making processes as part of the locality governance arrangements.</p> <p>Mrs Sue Alting, Lead Governor, asked for assurance that Trust's the financial plan would be achieved by year end and what the implications of not meeting the plan would be. Mr Anthony Bell, Non-Executive Director, and the Chief Finance Officer confirmed that, at this time, it was anticipated that the Trust would achieve its financial plan, albeit full assurance could not be given due to a number of pressures including industrial action costs earlier in the year and the pay award which was not funded in full (an expected additional cost of c£900k by the end of the year). The Chief Finance Officer added that the Trust was managed as part of the Greater Manchester system and that achieving the system-wide financial plan was, at this time, looking extremely challenging, irrespective of all provider Trusts achieving their respective financial plans. He commented that should the Trust or system not achieve financial plans, additional support, in various forms, may be given to the Trust. On a positive note, he reported that PricewaterhouseCoopers (PwC) had reported that the Trust's governance, grip and control, and management were robust.</p>	

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	<p><u>Operational Performance</u></p> <p>The Council of Governors were informed that demand continued to increase for non-elective care, impacting on waiting times within the Emergency Department (ED). It was noted however, that waiting times for elective care had improved significantly, with the Trust having formally exited Tier 1 monitoring in Q3.</p> <p>Mr David Kirk, Appointed Governor, expressed that the ED waiting time figures for October were of concern, along with ambulance handover times. The Chief Executive acknowledged waiting times in ED were not where the Trust wanted and confirmed that demand was increasing. She commented that a whole system approach was needed to improve patient flow with a focus on safety and quality paramount. The Chief Executive acknowledged long wait times impacted on patient and staff experience and therefore additional staffing was being considered.</p> <p><u>People</u></p> <p>The Council of Governors acknowledged positive performance against several 'people' related performance metrics and work taking place in line with the Trust's Equality, Diversity &amp; Inclusion Strategy and the widening participation agenda.</p> <p>Ms Ruth Perez-Merino, Staff Governor, asked what measures were in place to ensure the wellbeing of staff, particularly when services were experiencing staffing challenges, and staff were working additional bank shifts. The Director of People &amp; Organisational Development (OD) reported that work continued to encourage manager/staff conversations regarding wellbeing. She noted that there was a suite of wellbeing support on offer for colleagues, including occupational health colleagues available to provide support. The Chair noted that as the Board Wellbeing Guardian, she could assure the Council of Governors that continued efforts were being made to support colleagues' wellbeing.</p> <p><u>Quality</u></p> <p>The Council of Governors acknowledged the Trust had made improvement against several quality metrics, in particular against the target for timely recognition of sepsis, albeit administration of antibiotics remained below target. Timely response to complaints was also below target at 87%. As previously referred to, the Council of Governors were informed that specific actions being developed by the Stroke Team to support improvement would be reported to the Quality Committee in January.</p> <p>It was reported that Category 2 pressure ulcers had also increased in October, although there was an ongoing action in place to support improvement, including reviewing medical equipment. Dr Tad Kondratowicz asked for further detail. Mrs Mary Moore, Non-Executive Director, provided further contextual information regarding pressure ulcers and the cause, noting additional training was in place for staff. The Medical Director noted there was month to month variation, albeit in general, there had been significant improvement in recent years, with staff assessing kit and actively looking for injuries.</p> <p>Mr Sue Alting, Lead Governor, asked that update regarding timely antibiotic administration in relation to sepsis was added to the Action Log and reported via the Chair of Quality Committee <b>(ACTION)</b>. The Medical</p>	<p>Chair of Quality Committee</p>
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	<p>Director confirmed he had met with the transformation team to consider a plan for 2025, considering NICE national guidance and that he would report to the Quality Committee in a few months' time.</p> <p><u>Audit Committee</u></p> <p>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 considered by the Risk Management Committee and the Board assurance committees. The Council of Governors were informed that an internal audit of equality, diversity and inclusion (ED&amp;I) processes had provided substantial assurance.</p> <p><b>The Council of Governors received and noted the Non-Executive Directors Report.</b></p>	
45/24	<p><b>Health Inequalities Presentation</b></p> <p>The Medical Director presented an update on health inequalities, highlighting disparities across the borough in life expectancy, disabilities, socio-economic/income, unemployment, and the associated health impacts. He highlighted that the Trust had legal and regulatory requirements to tackle the inequalities, considering workforce, secondary prevention and interventions, and presented an overview of work being led across the locality and specifically at the Trust, including focus on reducing 'Did Not Attends' to tackle health inequalities.</p> <p>The Senior Independent Director noted the timely development of data to highlight health inequalities, and the value of employing a public health specialist.</p> <p>Mr Michael Chantler, Public Governor, asked about the inclusion of drug abuse as a factor and the importance of working with other agencies/partners. The Medical Director assured that this was also a factor, and being considered as part of the current approach.</p> <p>Mrs Sue Alting, Lead Governor, noted that the Trust was an acute and community trust and that the Trust could make more effective use of colleagues actively working in the deprived areas. The Medical Director agreed and noted that the Trust already had a unique model of paediatric care, together with adult diabetes nurses in community services.</p> <p><b>The Council of Governors received and noted the Health Inequalities Report.</b></p>	
46/24	<p><b>Patient Communication Presentation</b></p> <p>The Director of Operations and Divisional Director of Clinical Support Services presented an update on Patient Communication, with particular focus on DNA rates and the range of factors involved. The Divisional Director of Clinical Support described the current appointment and reminder service and patient portal. He confirmed correspondence and readability of patient letters had been reviewed in conjunction with the Patient Experience Team.</p> <p>Mr Howard Austin, Public Governor, asked whether there was a greater proportion of DNAs for elderly patients unable to travel to early morning appointments, and noted that he had heard reports of patients not being</p>	

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	<p>able to get in touch via phone to cancel or rearrange appointments. The Divisional Director Clinical Support Services acknowledged that time of appointment did impact DNAs and that work was underway to contact patients via phone to try to make reasonable adjustments. He acknowledged the challenges in getting in touch via phone, noting the Trust could also consider extending the opening hours of booking centre.</p> <p>Ms Ruth Perez-Merino, Staff Governor, asked how communications worked in terms of outpatient clinics shared with other Trusts on the Stepping Hill site. The Divisional Director Clinical Support Services confirmed that Trusts do link together, however the Trust responsible for delivery of the service, had ultimate control of the patient communication associated with the appointment. He offered to investigate any specific problems if examples could be provided. The Director of Operations felt that signposting around the site also needed improvement to support patients in accessing clinics.</p> <p>Mrs Michelle Slater, Public Governor, asked how widely the patient portal was used, noting that her family had recently had appointments at the Trust but were not aware of the portal. The Divisional Director-Clinical Support Services acknowledged the need to drive communications to increase uptake; with the portal featured on all routine correspondence.</p> <p><b>The Council of Governors received and noted the Patient Communication Report.</b></p>	
47/24	<p><b>Membership Development Group Report</b></p> <p>Mr Howard Austin, Public Governor and Chair of the Membership Development Group (MDG), presented the Membership Development Group report, detailing key discussions from the meeting on 25 November and key initiatives to support implementation of the Membership Strategy 2022-2025.</p> <p>The next Health Talk on 26 March 2025 was highlighted as an event for the governors to attend if possible.</p> <p><b>The Council of Governors received and noted the Membership Development Group Report.</b></p>	
48/24	<p><b>Nominations Committee</b></p> <p>The Interim Chair presented a report describing the roles and responsibilities of the Nominations Committee of the Council of Governors. 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 were asked to submit self-nominations to fill the position.</p> <p>The deadline for any governor to express an interest was 13 December 2024, with an outcome confirmed on 20 December 2024. This would also be confirmed at the next meeting of the Council of Governors on 19 March 2025.</p> <p>Furthermore, the Nominations Committee Terms of Reference were presented to the Council of Governors for approval. There were no changes proposed.</p>	

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	<b>The Council of Governors</b> <ul style="list-style-type: none"> <li>Reviewed and confirmed the membership of the Nominations Committee</li> <li>Reviewed and approved the Terms of Reference of the Nominations Committee</li> </ul>	
49/24	<b>Papers for Information</b> <ul style="list-style-type: none"> <li>Council of Governors' Calendar 2024/25 &amp; Attendance</li> <li>Council of Governors Calendar 2025/26</li> </ul> <p><b>The papers for information were received by the Council of Governors.</b></p>	
50/24	<b>Any Other Business</b> <p>Dr Tad Kondratowicz, Public Governor, expressed his congratulations on the results of the 9<sup>th</sup> annual National Emergency Laparotomy Audit (NELA) report in which the Trust was ranked in the top three acute trusts in the country and the top in Greater Manchester, in terms of survival rates for emergency laparotomies during the year 2022/23.</p>	
51/24	<b>Date, time, and venue of next meeting</b> <p>19 March 2025, 3:30pm, Pinewood Education Centre, Stepping Hill Hospital</p>	

Signed

Date

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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.  <b>Update:</b> Training rescheduled for 28 <sup>th</sup> 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.	Closed	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
01/25	9 December 2024	42/24	Action Log	Include outcome of Stroke Mortality Deep Dive in report from Quality Committee  Update: Update included in report from Quality Committee. Assurance provided.	Closed	Chair of Quality Committee
02/25	9 December 2024	43/24	Interim Chairs Report	Link to be circulated to the government's public engagement exercise, seeking views/suggesting ideas to help the development of the 10-year NHS plan.  Update: Link disseminated to governors as part of weekly email on 13/12.	Closed	Trust Secretary
03/25	9 December 2024	42/24	Non-Executive Director Highlight Report	Include update on the impact of new sepsis NICE guidance in report from Quality Committee	June 2025	Chair of Quality Committee

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Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
				Update: To be reported to Quality Committee in March.		

On agenda
Not due
Overdue
Closed
Closed at last meeting

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				<b>Agenda No.</b>	6
<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Confidential</b>	
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Chair's Report				
<b>Director Lead</b>	Dr Marisa Logan-Ward, Interim Chair	<b>Author</b>	Dr Marisa Logan-Ward, Interim Chair		

<b>Paper For:</b>	<b>Information</b>	X	<b>Assurance</b>		<b>Decision</b>	
<b>Recommendation:</b>	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 December 2024 including:</p> <ul style="list-style-type: none"> <li>- Reforming elective care for patients</li> <li>- Launch of Social Care Commission</li> <li>- The New Hospital Programme</li> <li>- NHS Pressures</li> <li>- NHS Greater Manchester</li> <li>- Trust Activities</li> </ul>
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## 1.0 Purpose of the Report

The purpose of this report is to inform the Council of Governors on matters of interest arisen since the last Council of Governors meeting held in December 2024.

## 2.0 National

### 2.1 Reforming elective care for patients

On 6 January 2025, the Prime Minister announced a new national plan published by NHS England (NHSE) setting out how the NHS will reform elective care for patients in England. The plan is intended to ensure recovery of the 18-week standard and reform elective care by March 2029.

The plan highlights focus on four areas: empowering patients, reforming delivery, delivering care in the right place, and aligning funding, performance oversight and delivery standards. A number of expectations for NHS elective care providers are highlighted under each area of focus, with every Trust required to deliver improvement against the 18 week referral to treatment standard by March 2026. The Trust is currently working through the requirements as part of its operational planning process.

### 2.2 Launch of Social Care Commission

In early January, the government announced the launch of a social care commission and actions to tackle short-term issues in social care. The commission, which is expected to begin in April 2025, is part of the government's Plan for Change for health and care services, starting with cutting waiting lists (as detailed above) and reforming the adult social care system to meet the current and future needs of the population.

Split over 2 phases, the commission will set out a vision for adult social care, with recommended measures and a roadmap for delivery. The first phase, reporting in 2026, will identify the critical issues facing adult social care and set out recommendations for effective reform and improvement in the medium term. The second phase, reporting by 2028, will make longer-term recommendations for the transformation of adult social care.

### 2.3 The New Hospital Programme

The Secretary of State for Health and the Chancellor has published the findings of their review of the New Hospital Programme (NHP). The review found that the NHP, launched the previous Government in 2020 with a commitment to deliver '40 new hospitals' by 2030 was 'behind schedule, unfunded and undeliverable'. An implementation plan has been now published and the NHP will be delivered through consecutive waves of investment.

### 2.4 NHS Pressures

Since the start of the new year, there has been widespread media coverage of winter pressures and critical incidents declared across the NHS. Across the country, demand for urgent and emergency services surged, with the cold weather at the start of the year and high levels of flu and other viruses increasing pressure on already stretched services.

I would like to thank all staff within our own Trust who continue to deliver high quality care under immense pressure.

## 3. NHS 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. Work continues to develop the NHS GM Sustainability Plan.

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## 4. Trust

### 4.1 Hospital Site / Estate Issues

Our Emergency and Urgent Care Campus is also progressing well and the build is expected to complete by the end of Spring 2025. Work continues at pace on the modular build for our new Outpatient facility, with all modules now safely in place. We are looking forward to restoring this area of the site.

Furthermore, we are very aware of the continued problems around on site parking with demand for hospital services increasing and our ongoing building work putting further pressure on parking spaces, and in the short term we are not able to build new car parks to accommodate this demand. Additionally, our decked car parks are nearing the end of their useful lives. We are considering a range of proposals to minimise the impact on patients and staff who need to park, with engagement sessions being held throughout March to gather views.

### 4.2 Council of Governors

In January, Kay Wiss, Director of Finance, led an online 'Finance' training session for governors, providing an overview of the NHS financial regime and financial structures within the Trust. The session was well received and provided valuable context to aid governors with their understanding of the financial aspects of the Council of Governors meetings.

In February, several governors attended an in-person workshop led by the Patient Experience Team. The lively conversation provided a great opportunity for governors to provide feedback and ideas to inform the new Patient, Family & Carer Experience Strategy.

### 4.3 New Joint Chair

Following approval by both Councils of Governors, Mr David Wakefield has been appointed as the new joint Chair of both Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust, commencing on 1<sup>st</sup> April 2025. Thank you to all governors who were part of this process.

It has been a real privilege to serve as Interim Chair for Stockport NHS Foundation Trust and as Interim Chair of the Council of Governors. I will of course continue to do so, as I return to my non-executive director and Deputy Chair role.

### 4.4 Activities

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

- Chaired Consultant Interviews for Head and Neck Radiology Consultant
- Panel Member Blue StARS Accreditation
- Mid-Year Reviews with all Non-Executive Directors
- Attended Disability and Wellness Staff Network Meeting
- Met with Chief Executive and Head of Health Services of Life Leisure CIC
- Attended the One Stockport Health & Wellbeing Board
- Panel Member for the North West Anti-Racism Framework Assessments
- Met with Regional Head of Staff Experience Lead for Health & Wellbeing
- Attended GM Trust Chairs meeting
- Attended the NHS England and NHS Providers Roundtable to discuss the Chair Role

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<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Agenda Number</b>	7
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Non-Executive Directors Highlight Reports				
<b>Director Lead</b>	Non-Executive Directors	<b>Author</b>	Alison Lever, Membership Governance Manager		

<b>Paper For:</b>	<b>Information</b>		<b>Assurance</b>	<b>X</b>	<b>Decision</b>	
<b>Recommendation:</b>	The Council of Governors are asked to review the Non-Executive Directors Highlight Reports 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

One of the statutory duties of the Council of Governors is to hold the Board of Directors to account through the Non-Executive Directors. The Board of Directors has established a number of Board Committees, each chaired by a Non-Executive Director, carrying out work under delegation from the Board to help fulfil its wide-ranging governance/regulatory responsibilities, as well as its strategic and oversight role. The work plans of the Board Committees are aligned to the agreed Corporate Objectives for the year, and a report of key issues is routinely provided to the Board of Directors.

From the start of the new year, each Board Committee has adopted the 3As (Alert, Advise, Assure) reporting approach to the Board of Directors. This approach was developed by the Good Governance Institute and is largely recognised as an effective and efficient reporting approach for Committees, ensuring key discussions and decisions made at Committees are reported in a timely manner.

The following Alert, Assure, Advise reports were provided to the Board of Directors at its meeting in February 2025:

Finance & Performance Committee – January 2025

People Performance Committee – January 2025

Quality Committee – January 2025

To support governors in undertaking its duty to 'hold to account', governors are invited to consider the key issues reports from the Board Committees and raise any queries with the Non-Executive Directors. Governors are also invited to provide any feedback on the new approach of reporting from Non-Executive Directors to the Council of Governors.

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## ALERT, ADVISE & ASSURE (AAA) REPORT

<b>Name of Committee/Group</b>	Finance & Performance Committee
<b>Chair of Committee/Group</b>	Tony Bell, Non-Executive Director
<b>Date of Meeting</b>	16 January 2025
<b>Quorate</b>	Yes
The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:	

<b>1.</b>	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Finance Report – Month 9</li> <li>• Mersey Internal Audit Agency – Cost Improvement Plan Report</li> <li>• Pharmacy Shop Board Report</li> <li>• Procurement Programme &amp; Progress Report</li> <li>• Operational Performance Report – Month 9</li> <li>• Evaluation Metrics to Support Post-Implementation Appraisal of MR Scanning Service Transfer Business Case</li> <li>• Stepping Hill Site Development Strategy – Progress Report</li> <li>• Green Plan Contracting Requirements and Reporting</li> <li>• Digital Strategy Progress Report</li> <li>• Board Assurance Framework &amp; Aligned Significant Risks</li> <li>• Key issues Reports: <ul style="list-style-type: none"> <li>- Capital Programme Management Group</li> <li>- Digital &amp; Informatics Group</li> <li>- Estates Strategy Steering Group</li> </ul> </li> </ul>
<b>2.</b>	<b>Alert</b>	No matters from this meeting to alert to the Board of Directors.
<b>3.</b>	<b>Advise</b>	<p>The Committee received the Finance Report for Month 9 and noted:</p> <ul style="list-style-type: none"> <li>• Overall, the Trust position at month 9 is a deficit of £3.2m which is £1.8m adverse to plan. At this point the forecast for year-end is a deficit of £2.5m, which is in line with the annual plan for 2024/25 following the receipt of system funding from GM. The adverse variance to date relates to Elective Recovery Fund (ERF) under-performance, pay award pressure and enhanced care, offset by over-achievement of Stockport Trust Efficiency Programme (STEP) and grip and control actions.</li> <li>• The STEP Plan for 2024/25 is £24.6m (£12.3m recurrent). STEP of £20.3m (82%) has been actioned against this in-year target and year to date STEP is £0.1m favourable to plan, however only £6.1m (49%) of the recurrent target has been delivered. Focus continues on recurrent delivery.</li> <li>• The Trust has maintained sufficient cash to operate during December.</li> <li>• The Capital forecast for 2024/25 is £40.5m, which is £3.5m adverse to compliant plan.</li> </ul> <p>The Committee received a Pharmacy Shop Board Report, noting the Pharmacy Shop's financial performance for 2024/25 and potential developments going forward.</p> <p>The Committee received the Operational Performance Report for Month 9,</p>

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		<p>acknowledging the continued operational pressures and action being taken to improve performance.</p> <p>The Committee heard that the Trust continued to perform below the national target against some of the core operating standards, whilst improvement was being sustained particularly around elective and cancer care.</p> <p>Performance against the ED trajectory has shown a further improvement but is behind trajectory and benchmarks poorly against GM.</p> <p>The Committee reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of Directors in February 2025.</p>
4.	<b>Assure</b>	<p>The Committee received a Cost Improvement Programme (CIP) Internal Audit Report and noted substantial assurance provided on the Trust's CIP process. It was noted that 2 medium and 4 low recommendations had been agreed, which formed part of an action plan.</p> <p>The Committee received a report on Green Plan Contracting Requirements and Reporting and was assured that all associated recommendations were being progressed.</p>
5.	<b>Referral of Matters/Action to Board/Committee</b>	The Risk Management Committee to review the approach to gaps in risks, in terms of where we are, where we want to be and risk appetite, for articulation in future Board Assurance Framework reports.
6.	<b>Report compiled by:</b>	<b>Tony Bell, Non-Executive Director</b>
7.	<b>Minutes available from:</b>	<b>Soile Curtis, Deputy Company Secretary</b>

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## ALERT, ADVISE & ASSURE (AAA) REPORT

<b>Name of Committee/Group</b>	People Performance Committee
<b>Chair of Committee/Group</b>	Beatrice Fraenkel, Non-Executive Director
<b>Date of Meeting</b>	9 January 2025
<b>Quorate</b>	Yes
The People Performance Committee draw the following key issues and matters to the Board of Directors' attention:	

<b>1.</b>	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• People Integrated Performance Report</li> <li>• Organisational Development Plan</li> <li>• Statutory &amp; Mandatory Training Programme Update</li> <li>• Freedom to Speak Up</li> <li>• Employee Relations &amp; Exclusions Activity</li> <li>• GMC Annual National Trainee Survey</li> <li>• Sexual Safety Charter Update</li> <li>• Safer Care (Staffing) Report</li> <li>• Annual Nursing &amp; Midwifery Establishments</li> <li>• Board Assurance Framework &amp; Aligned Significant Risks</li> <li>• Key issues Reports: <ul style="list-style-type: none"> <li>- People, Engagement &amp; Leadership Group</li> <li>- Equality, Diversity &amp; Inclusion Group</li> <li>- Educational Governance Group</li> </ul> </li> </ul>
<b>2.</b>	<b>Alert</b>	No matters from this meeting to alert to the Board of Directors.
<b>3.</b>	<b>Advise</b>	<p>The Committee will continue to seek assurance in the following areas:</p> <ul style="list-style-type: none"> <li>• Flu and Covid Vaccinations – The Committee heard that cough/cold/flu is 14.2% of our staff sickness absence. The total % of staff having direct patient care having had the vaccination is 30% flu and 6% Covid.</li> </ul> <p>The Committee sought further understanding on the population and staff vaccination uptake and what the difference in uptake of vaccination has in severity of illness and impact on demand to the hospital, particularly Emergency Department (ED). The Committee requested that appropriate communication be developed for next year.</p> <ul style="list-style-type: none"> <li>• Equality, Diversity &amp; Inclusion (EDI) – Theme regarding racism highlighted as an area of concern through the Freedom to Speak Up Report. The Committee acknowledged mitigating actions progressed through the consolidated EDI action plan.</li> <li>• Productivity – understanding the transformational change required to service delivery and the right skill mix of staff to support delivery of care in the future.</li> </ul> <p>The Committee reviewed and approved the people related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of</p>

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		Directors in February 2025.
4.	<b>Assure</b>	<p>Positive assurance received around the following People metrics:</p> <ul style="list-style-type: none"> <li>• Performance against the 3.2% agency spend as a percentage of pay bill is below target at 2.3%.</li> <li>• Appraisal compliance increased from 88.96% in October to 89.50%. (Medical staff 94.5% / All other staff 89.32%)</li> <li>• Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in November to 62.07 days from 81.38 in October, and is below our target of 70 days.</li> <li>• Agency expenditure as a percentage of the total pay bill remained at 2.3%, which is below the target of 3.2%. There has been an overall reduction in bank and agency shifts compared to October.</li> <li>• Role essential compliance at 93.14%, which is above target</li> <li>• Turnover (adjusted) has slightly decreased in November to 11.69%, from 11.7% in October and remains within our tolerance targets (11.15% - 12.1%).</li> </ul> <p>Positive assurance regarding the growth of the Freedom to Speak Up initiative and associated learning.</p> <p>Positive assurance regarding recruitment, with the Committee acknowledging the significant work ongoing in this area.</p> <p>The Committee acknowledged the passion and commitment of our staff and thanked the teams for their continued support during significant operational pressures. The Committee highlighted the importance of ensuring that all staff are supported in the right way.</p>
5.	<b>Referral of Matters/Action to Board/Committee</b>	<p>Quality Committee to review the impact of the low uptake of Flu and Covid vaccines on staff members absenteeism and consequent impact on patient care.</p> <p>Board to have an understanding of public health metrics around vaccine uptake and impact on levels of community health leading to increased demands for beds in our hospital. Board to have oversight of all implications for our staff, our services and population, with a view to understanding how we might improve the situation going forward. The Board may wish to determine the role the Trust wishes to play in health improvements and public health, and set our own ambitions accordingly.</p>
6.	<b>Report compiled by:</b>	<b>Beatrice Fraenkel, Non-Executive Director</b>
7.	<b>Minutes available from:</b>	<b>Soile Curtis, Deputy Company Secretary</b>

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Mary Moore, Non-Executive Director
Date of Meeting	28 January 2024 (Meeting stood down)
Quorate	N/A
<p>The Quality Committee meeting on 28<sup>th</sup> January 2025 was stood down due to the Trust being in OPEL 4 escalation. The AAA Report is based on the consideration of papers by the Chair of Quality Committee and Chair Designate (Non-Executive Director). It is noted that the Chair of Quality Committee and Non-Executive Director met with the Divisional Director of Midwifery &amp; Nursing to discuss any queries regarding the CNST Board Declaration.</p> <p>The Quality Committee draw the following key issues and matters to the Board of Directors' attention:</p>	

1.	<b>Agenda</b> <p>This Committee was cancelled due to on site pressure at OPEL 4, 2 members of the Committee convened to review the below ahead of the Board sign off for CNST Submission:</p> <ul style="list-style-type: none"> <li>• Maternity Services Highlight Report</li> <li>• PMRT Q2 2024/25 Report</li> <li>• Ockenden and Kirkup Return</li> <li>• CNST Year 6 Submission</li> </ul> <p>The Chair of Quality Committee and Chair Designate (Non-Executive Director) considered papers on the agenda which included the following:</p> <ul style="list-style-type: none"> <li>• StARS Quarterly Report</li> <li>• Learning from Deaths Report</li> <li>• Outcome of Stroke-Related Mortality Deep Dive</li> <li>• Winter Resilience Report</li> <li>• GM ICB Visit Report: Safety in Emergency Department</li> <li>• Board Assurance Framework – Principal Risk</li> </ul> <p>This report is the output of that review notwithstanding each agenda item may be reviewed by Board or a subsequent Quality Committee.</p>
2.	<b>Alert</b> <p>Board Assurance Framework PR1.1 and Significant Quality Risks:  <i>There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards.</i></p> <p>The continued pressure and escalation of care areas features in a number of papers with a current risk of 15, consideration to be given to increasing score and reviewing mitigations at the next Quality Committee.</p> <p>A new significant risk has been added. <i>Risk Description:</i>  <i>There is a risk of GP's ceasing to support the delivery of Community Antenatal Clinics leading to patient harm.</i>            Midwifery delivered vaccinations in GP practices have had to be paused. Fewer pregnant patients may be vaccinated against flu, RSV and Pertussis leading to risk of harm/illness.</p>

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		Loss of community antenatal space due to some GP's serving notice to SFT which will lead to risk to the safe monitoring of pregnant patients and their babies.
3.	<b>Advise</b>	<p>CNST Submission - There were no specific concerns or queries raised with respect to the paper, noting ongoing update has been provided to Quality Committee throughout the year and full set of papers will be considered on Trust Board Agenda ahead of sign off and submission.</p> <p>There are many emerging and increasing Maternity and Neonatal areas of interest for consideration at Quality Committee and Board. Work is ongoing to ensure the Committee remains focused.</p> <p>In reviewing Winter Resilience Report it was noted that it requires an update to that presented to Finance &amp; Performance Committee in November 2024, to better reflect the impact of actions taken over recent months in light of increasing pressures on capacity and flow.</p> <p>The Learning from Deaths Quarterly Report, reports that some patients have to wait for a long time in the Emergency Department for a bed on the wards, following a decision to admit. There can be delays in specialties taking responsibility for those patients, leading to delays in transfer and clinical decision making.</p>
4.	<b>Assure</b>	<p>Learning from Deaths Quarterly Report A high level of LFD activity continues with around 38% of all in-hospital deaths receiving a review with effective processes in place. There were no Deaths graded as 1 (evidence of serious failings in care)</p> <p>Stroke Mortality Outlier Response On 11th March 2024, Professor Martin James from the Sentinel Stroke National Audit Programme (SSNAP) identified the Trust as an outlier based on data from April 2021 to March 2023. Patient Safety Group oversaw a deep dive into the relevant functions of the stroke service. A more recent review of the national SSNAP score shows that the Trust is amongst the best performing organisations in the country, with an overarching score of 90%.</p> <p>The Get It Right First Time (GIRFT) review as part of the deep dive identified a significant Consultant workforce shortfall providing Direct Clinical Care. An action plan is in place to resolve this.</p> <p>Greater Manchester Integrated Care Board Visit Report: Safety in Emergency Department No significant areas of concern were identified relating to quality of care and patient safety on the day of the visit. The report alerted the Trust of the separate documentation systems for ED and Pennine Care staff (Mental Health Provision) – this is a known risk.</p> <p>The StARS Quarterly Report provided positive assurance that the process is embedded and shows improvement across all areas, with the exception of Emergency Department and Clinical Decision Unit which are subject to increased focus.</p>

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5.	<b>Referral of Matters/Action to Board/Committee</b>	None at this time noting Maternity CNST report is on the Board agenda.
6.	<b>Report compiled by:</b>	Mary Moore (Quality Committee Chair / Non-Executive Director) Louise Sell (Quality Committee Chair Designate / Non-Executive Director)
7.	<b>Minutes available from:</b>	N/A

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**Stockport**  
NHS Foundation Trust

# 2025/26 Operational Planning

**Council of Governors**  
**19 March 2025**

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# Introduction

- This report provides a brief update on progress with operational planning for 2025/26.
- Since November, iterative submissions were made to NHS Greater Manchester (GM)
- A planning support pack has been issued by NHS GM, which includes a productivity and efficiency opportunities pack for each Trust.
- Reforming elective care guidance was published on 5 January 2025.
- National Planning Guidance was received on 30 January.

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# National Priorities

- **Reduce the time people wait for elective care**
  - improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
  - systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026
- **Improve A&E waiting times and ambulance response times**
  - compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026.
  - category 2 ambulance response times should average no more than 30 minutes across 2025/26
- **Improve patients' access to general practice**
  - improving patient experience, **and improve access to urgent dental care**, providing 700,000 additional urgent dental appointments
- **Improve patient flow through mental health crisis and acute pathways**
  - reducing average length of stay in adult acute beds,
- **and improve access to children and young people's (CYP) mental health services,**
  - to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

# National Priorities

- **Drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future**
  - reducing demand through developing [Neighbourhood Health Service models](#) with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
  - making full use of digital tools to drive the shift from analogue to digital
  - addressing inequalities and shift towards secondary prevention
- **Live within the budget allocated, reducing waste and improving productivity**
  - ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity
- **Maintain our collective focus on the overall quality and safety of our services**
  - paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of 'Three year delivery plan', and continue to address variation in access, experience and outcomes

# Key areas within our draft submission

- **Workforce**

- Anticipate small growth in staffing levels, which are offset by efficiency schemes
- Aim to reduce sickness absence and turnover rates

- **Performance**

- Commitment to deliver most national standards, with exception of 4hr ED standard and delivery of some elective standards

- **Finance**

- Planned deficit of £68.9m, against a Trust control total of £43.2m
- A 3% efficiency target
- Capital plan is based on schemes with a high risk score

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# Summary

- A draft submission was made on 7 March 2025.
- A final submission will be made on 19 March 2025.
- Subject to any further feedback or submissions, a summary of our operational plans will be published at the end of April 2025

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# 2025/26

# Corporate Objectives and Key Outcome Measures

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# Corporate objectives and priorities

- We are developing detailed outcome measures against our objectives for 2025/26. Our overarching Trust objectives will remain the same for the year ahead.
- The detailed outcome measures are developed to show where improvements are being, that focus on both national and local priorities.
- These will be presented to the next Council of Governors meeting along with a review of progress made with the outcome measures for 2024/25.
- Initial views and questions from governors on the Trust priorities for the year ahead are welcomed.

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<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Agenda Number</b>	9
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Membership Development Group Report				
<b>Presented by</b>	Howard Austin, Public Governor & Chair of Membership Development Group	<b>Author</b>	Alison Lever, Membership Governance Manager		

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

**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 28 February 2025. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Sue Alting, Appointed Governor and Lead Governor
- Richard King, Public Governor
- Tony Moore, Public 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). Key headlines are highlighted below.

### 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. It was noted that due to the narrow 16-21 age bracket, annual targeted activity will be required to retain the number of members in this group once an appropriate number has been achieved.

	1 June 2024	1 October 2024	1 February 2025
Overall Membership Number	10,220	10,133	10,073
Age 16-21	50	48	54

### Events for Membership & Public

The next Health Talk is Wednesday 26 March 2025, 2:30pm-4:00pm in Pinewood House Education Centre, Stepping Hill Hospital, on the topic of Digital Health. The talk will be conducted by colleagues

from the Digital Team, and local organisations who support digital inclusion across the borough will be invited to attend. Governors are asked to put the date in their diaries as the talk will offer an opportunity for members to meet with governors and provide feedback.

### **Staff Networks**

Exploring opportunities for staff governors to attend staff network meetings during the course of the year to engage with colleagues and promote the work/role of the Council of Governors.

*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](mailto:alison.lever@tgh.nhs.uk) or 07385 689992*

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## Membership Action Plan September 2024 – September 2025

*Items in red – updates since last MDG meeting (November 2024)*

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<b>Aim: To maintain a sizeable membership that is representative of the communities the Trust serves</b>				
<b>Recruitment</b>				
Explore if information about membership can be included as part of inpatient surveys.	Corporate Affairs / Corporate Nursing Team	Q4 2024/25	Membership information included in survey/s.	To be explored with Corporate Nursing Team (30/01)
<b>Social Media</b> 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 / June  TBC	Maintain overall membership number (minimum membership number of 2.5% of the eligible membership, corresponding to 7,370 members)	Current overall membership numbers at February 2025 = 10,073  Social media messaging took place in September and December 2024, advertising CoG meetings.
<b>Targeted Recruitment</b> 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"> <li>Stockport College – Health &amp; Social Care Courses</li> <li>Cadets</li> </ul>	Corporate Affairs Team / Governors / Organisational Development Team	Sept 2025	Increase number of members in targeted demographic group (age 16-21) by +100%  Age 16-21 (March 2023) = 14 Age 16-21 (June 2024) = 50 Age 16-21 (Dec 2024) = 48  Age 16-21 (Feb 2025) = 54	Contact with Stockport College in Jan 2025 and email recruitment. Introductory emails sent to all 6 <sup>th</sup> form colleges in Stockport.  Date to be confirmed to attend face to face talk with Cadets.
<b>Aim: To develop an active and engaged membership</b>				

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				
<b>Newsletters and other email contact with members</b> Include Governor Section in Stepping Up Newsletter, including: <ul style="list-style-type: none"> <li>- Meet your Council of Governors</li> <li>- Governor activity</li> <li>- How to contact your governors</li> <li>- Council of Governors meetings</li> </ul>	Communications / Corporate Affairs / Membership Development Group	Winter 2024 Spring 2025 Summer 2025	3 x Stepping Up Newsletters including Governor Section	Stepping Up Winter 2024 replaced with 'Seasons Greetings' message from Chair, which included mention of Council of Governors.  NHS 10-year plan survey emailed to members 24/01 – Summary of responses will be sent to governors once collated.
<b>Health Talks</b> 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.
<b>Annual Members' Meeting</b> 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	Completed. Attendance: 28 members + 12 governors and 13 Trust representatives
<b>Volunteers</b> Annual 'Meet with Volunteers' session with governors and volunteers.	Corporate Affairs Team / Governors / Volunteers	Annually  30 October 2024	Annual 'Meet with Volunteers' session  Attendance at Volunteer Service organised 'long service awards'	Membership recruitment promoted through Volunteer Induction.  Completed. 5 governors attended the event at the Trust, where c.40 volunteers and Trust representatives were in attendance.

<b>Action Required</b> <i>Overview of actions to be taken</i>	<b>Responsible</b>	<b>Target Date</b>	<b>Key Performance Indicator</b>	<b>Progress against KPI</b> (Monitored by Membership Development Group)
<b>Staff Networks</b> 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. Awaiting confirmation of meeting dates.
<b>Website</b> Review Governor & Membership section of SFT website and revise content to ensure opportunity to become a member is clear & accessible.  Draft Membership & Governor Content reviewed at the MDG in December 2022.  User engagement in the website design process to be undertaken ahead of 'go live' – date TBC.	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 in 2025.

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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				<b>Agenda No.</b>	10.1
<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Confidential</b>	
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Nominations Committee Membership				
<b>Director Lead</b>	Marisa Logan-Ward, Interim Chair	<b>Author</b>	Alison Lever, Membership Governance Manager		

<b>Paper For:</b>	<b>Information</b>	X	<b>Assurance</b>		<b>Decision</b>	X
<b>Recommendation:</b>	The Council of Governors is asked to note and confirm the membership 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	All
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"><li>• The identification and nomination of Non-Executive Directors, including the Chair</li><li>• Consideration of appropriate succession planning for Non-Executive Directors</li><li>• Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors</li><li>• Managing the process for any removal of the Chair and other Non-Executive Directors</li></ul> <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 were asked to submit self-nominations to fill the position at the Council of Governors meeting held in December 2024.</p> <p>One nomination was received from Professor Chris Summerton, who was therefore re-appointed as member of the Nominations Committee for a further 3-year term from December 2024. The Council of Governors are asked to note and confirm the membership of the Nominations Committee.</p>
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## 1. Purpose

- 1.1 The purpose of this report is to confirm the membership of the Nominations Committee.

## 2. Introduction

- 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 Membership

- 3.1 As stated in s2.3 of the Nominations Committee Terms of Reference (reviewed and approved by the Council of Governors in December 2024), 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.
- 3.2 In light of the term of office for one member of the Nominations Committee (Professor Chris Summerton, Public Governor), expiring on 29 December 2024, a paper was presented to the Council of Governors at its meeting on 9 December, and governors interested in becoming a member of the Committee were asked to submit self-nominations to fill the position.
- 3.3 One nomination was received before the closing date was from Professor Chris Summerton, who was therefore confirmed as a member of the Nominations Committee for a further 3-year term from December 2024.
- 3.4 The Council of Governors is asked to note the confirmed membership of the Nominations Committee is as follows:

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 2024	29 December 2027

\*Dependent on governors remaining in post during this time period.

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#### **4. Recommendation**

4.1 The Council of Governors is asked to:

- Note and confirm the membership of the Nominations Committee

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<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Agenda No</b>	10.2
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Non-Executive Director Succession Planning including: <ul style="list-style-type: none"> <li>- Reappointment of Non-Executive Director</li> <li>- Recruitment of Non-Executive Director</li> </ul>				
<b>Director Lead</b>	Dr Marisa Logan-Ward, Interim Chair	<b>Author</b>	Rebecca McCarthy, Company Secretary		

<b>Paper For:</b>	<b>Information</b>	<b>Assurance</b>	<b>Decision</b>	X
Recommendation:	<b>The Council of Governors is asked to:</b> <ul style="list-style-type: none"> <li>- <b>Approve the reappointment of Mr David Hopewell as Non-Executive Director for a one year term of office commencing on 1<sup>st</sup> July 2025</b></li> <li>- <b>Note the commencement of a recruitment process to appoint a Non-Executive Director with skills/expertise in clinical transformation, preferably within a nursing/midwifery/allied health professional/healthcare scientist role, with a recommendation regarding appointment to be made to the Council of Governors in June 2025.</b></li> </ul>			

#### This paper relates to the following Corporate Annual 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	X	Use of Resources

#### Executive Summary

The Council of Governors holds statutory responsibility for the appointment and reappointment of the Chairman and other Non-Executive Directors. A Nominations Committee has been established to consider such matters in detail and to make recommendations to the Council of Governors. In doing so, the committee is to consider succession planning, taking recommendation from the Board's Remuneration

& Appointments Committee regarding the structure, size, and composition of the Board, required to address the challenges and opportunities facing the Trust.

During 2025, 2 Non-Executive Directors terms of office come to an end, Mr David Hopewell (30 June 2025) and Dr Marisa Logan-Ward (31 July 2025). Furthermore, Mrs Mary Moore, Non-Executive Director has confirmed that she will stand down as a Non-Executive Director on 31<sup>st</sup> March 2025.

In this light, the Nominations Committee met on 11<sup>th</sup> February to consider Non-Executive Director succession planning, informed by recommendation from the Board's Remuneration & Appointments Committee, having undertaken a Non-Executive Director skills audit (excluding the above Non-Executive Directors) and considered the Trust's future challenges and opportunities.

The Nominations Committee supported the recommendation that the Board composition, at this time, would benefit from two Non-Executive Directors, recognising further collective consideration of Board composition (Structure, size, skills & expertise) would take place with the new Joint Chair in post.

With respect to one position, it was agreed that the Board composition would benefit from a Non-Executive Director with financial skills/experience, recognising both the Trust and GM ICS are continuing to face significant financial challenges. In this light, it was recognised that there were exceptional circumstances to recommend that Mr David Hopewell, Non-Executive Director, (who will have served 7 years at the end of his current term) is reappointed for a further one year term of office. This acknowledges both the importance of Mr Hopewell's skills and financial experience gained in a large and complex organisation, alongside a level of stability this would provide to the Board of Directors with two longstanding Non-Executive Directors standing down in 2025, a new Joint Chair commencing in post from 1<sup>st</sup> April 2025 and proposed appointment of one new Non-Executive Director, as described further below.

In addition, the Nominations Committee agreed that the Board composition would benefit from a Non-Executive Director with skills and experience in clinical service transformation, ideally from a nursing/midwifery/allied health professional/healthcare scientist background, aligning with the Trust's corporate objective regarding collaboration and anticipated transformation required at a Trust, locality and system level. In line with the Nominations Committee Terms of Reference, a further meeting was held on the 11<sup>th</sup> March to review and approve the job description and person specification, alongside a search and selection process.

A recruitment process will commence w/c 17<sup>th</sup> March, enabling a recommendation regarding appointment to be presented to the Council of Governors meeting on 18<sup>th</sup> June 2025. It is anticipated a new Non-Executive Director will commence in post no later than 1<sup>st</sup> August 2025.

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## **1. Introduction & Purpose**

- 1.1 The Council of Governors holds statutory responsibility for the appointment and reappointment of the Chair and other Non-Executive Directors. A Nominations Committee has been established to consider such matters in detail and to make recommendations to the Council of Governors.
- 1.2 In doing so, the Nominations Committee is to consider succession planning, taking recommendation from the Board's Remuneration & Appointments Committee regarding the structure, size, and composition (including the skills, knowledge, experience and diversity) of the Board, required to address the challenges and opportunities facing the Trust.
- 1.3 This paper confirms the outcome of the Nominations Committee's considerations regarding Non-Executive Director succession planning and presents recommendation to the Council of Governors.

## **2. Non-Executive Director Succession Planning**

- 2.1 The Nominations Committee met on 10<sup>th</sup> February to consider Non-Executive Director succession planning in light of the term of office for Mr David Hopewell and Dr Marisa Logan-Ward coming to an end on 30 June and 31<sup>st</sup> July 2025 respectively, and Mrs Mary Moore standing down as a Non-Executive Director on 31<sup>st</sup> March 2025.
- 2.2 The Nominations Committee review took account of information and guidance regarding Non-Executive Directors appointments/re-appointments, namely the Code of Governance for NHS Provider Trusts.
- 2.3 In addition, the Nominations Committee review took account of the Board's Remuneration & Appointment Committee recommendation, having undertaken a Non-Executive Director skills audit (excluding Non-Executive Directors referred to above) to identify the skills and expertise available to the Board, and consideration of the future challenges, risks and opportunities facing the Trust, and the balance of skills and expertise required within the Board to meet them.
- 2.4 The outcome of the Non-Executive Director skills audit, alongside consideration of the Trust's future challenges and opportunities, suggested the Board composition, at this time, required two Non-Executive Directors – resulting in a composition from 1<sup>st</sup> April 2025 of six Non-Executive Directors and the Joint Chair. This also recognised further collective consideration of Board composition, structure and size would take place in due course, with the new Joint Chair in post.

## **3. Non-Executive Director Skills & Expertise**

### **3.1 Position 1: Non-Executive Director**

- 3.1.1 The Nominations Committee confirmed that the Board composition would benefit from further financial expertise for one Non-Executive Director position. This recognised both the Trust and GM Integrated Care System (ICS) are experiencing significant financial

challenges. Specifically, the Trust has a financial deficit and is required to develop, with partners, a multi-year financial recovery plan to address organisational financial sustainability.

- 3.1.2 In this light, the Nominations Committee supported a recommendation that Mr David Hopewell was reappointed for a further one-year term of office, acknowledging David's appointment was based on financial experience gained within a large and complex organisation and has a comprehensive understanding of the drivers of the Trust's financial deficit, and the challenges that must be met going forward.
- 3.1.3 The Nominations Committee noted that David would have served seven years as a Non-Executive Director at the end of his current term of office and that provisions within the Code of Governance for NHS Provider Trusts (the Code), in relation to reappointment of Non-Executive Directors, set out that any term beyond six years should be subject to particularly rigorous review and should consider the need for progressive refreshing of the Board.
- 3.1.4 The Nominations Committee noted that the appointment of a new Joint Chair, alongside the appointment of at least one Non-Executive Director during 2025 (see below), will bring fresh ideas to the Board. However, with two long-standing Non-Executive Directors, Mrs Mary Moore and Dr Marisa Logan-Ward, stepping down in March and July 2025 respectively, the reappointment would provide a level of stability both to the Board and Board Committees, whilst the new Joint Chair and new Non-Executive Director are established in post.
- 3.1.5 Furthermore, the Nominations Committee confirmed that David continued to make a sustained and effective contribution to the Board, as evidenced by most recent appraisal and noted that David had confirmed he remained able to commit the required time to the Non-Executive Director role.

### 3.2 Position 2: Non-Executive Director

- 3.2.1 In considering alignment of skills/expertise to support achievement of the Trust's corporate objectives/strategy and the wider operating environment, the Nominations Committee confirmed a Non-Executive Director with skills and experience in clinical service transformation, ideally from a nursing/midwifery/allied health professional/healthcare scientist background would be of benefit to the Board composition at this time. This acknowledged the anticipated transformation required at both Trust, locality and system level.
- 3.3 In line with the Nominations Committee Terms of Reference, a further Nominations Committee was held on 11<sup>th</sup> March to review and approve the job description and person specification, alongside a search and selection process for the Non-Executive Director position.

- 3.4 Subsequently, the position will be advertised w/c 17<sup>th</sup> March, with Stakeholder Group and Interview Panel to be held on 16<sup>th</sup> May 2025, enabling a recommendation regarding appointment to be presented to the Council of Governors meeting on 18<sup>th</sup> June 2025. It is

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anticipated a new Non-Executive Director would commence in post no later than 1<sup>st</sup> August 2025.

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<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Agenda No</b>	10.3
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Annual Review of Remuneration of Non-Executive Directors				
<b>Director Lead</b>	Amanda Bromley, Director of People & Organisational Development	<b>Author</b>	Rebecca McCarthy, Company Secretary		

<b>Paper For:</b>	<b>Information</b>	<b>Assurance</b>	<b>Decision</b>	X
Recommendation:	<p>The Council of Governors is asked to approve the recommendation from the Nominations Committee as follows:</p> <ul style="list-style-type: none"> <li>- There is no change to Non-Executive Director remuneration and terms &amp; conditions structure for 2025/26. However, should further guidance be issued by NHS England, the Nominations Committee will review and make further recommendation to the Council of Governors regarding the Non-Executive Director remuneration</li> </ul>			

### This paper relates to the following Corporate Annual 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	X	Use of Resources

### Executive Summary

<p>In November 2019, NHS England (NHSE) published a '<i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>' to address significant disparities between the remuneration of chairs and non-executive directors of NHS trusts and NHS foundation trusts.</p> <p>Notwithstanding the statutory duty of the Council of Governors to determine the remuneration for chairs and non-executive directors, NHS foundation trusts were required to consider the structure and adopt an alignment approach or explain why it would be inappropriate to do so.</p>
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As recommended by the Nominations Committee, the Council of Governors previously agreed the following:

- The Trust to adopt NHSE's approach to aligning non-executive directors' remuneration for newly appointed non-executive directors.
- Existing non-executive directors, who are reappointed for a further term of office, will remain at the level of remuneration to which they were originally appointed, subject to a robust performance appraisal and confirmation that performance continues to be effective and is making a positive impact on the Board.
- Supplementary payments of £1,000 per annum to non-executive directors undertaking the duties of Vice-Chair, Senior Independent Director and Chair of Audit Committee.

The Nominations Committee met on 11<sup>th</sup> March to conduct an annual review of remuneration for Non-Executive Directors. Considering no further guidance regarding non-executive director remuneration being issued by NHSE, the Trust's financial position being particularly challenged and the Trust continuing to successfully attract and recruit to new Non-Executive Directors, the Nominations Committee supported a recommendation to the Council of Governors that no increase is applied to the remuneration levels for the year 2025/26, and that terms and conditions of non-executive directors remain unchanged. However, should further guidance be issued during 2025/26, the Nominations Committee would review and make further recommendation to the Council of Governors, including remuneration regarding the Chair.

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## 1. Introduction & Purpose

- 1.1 The Council of Governors holds statutory responsibility for deciding, among other matters, the remuneration paid to the Chairs and Non-Executive Directors. A Nominations Committee has been established with responsibility to consider this matter in detail and make recommendation to the Council of Governors.
- 1.2 This paper confirms the outcome of the annual review of remuneration for Non-Executive Directors undertaken by the Nominations Committee and makes recommendation to the Council of Governors. The remuneration for the new Joint Chair has recently been approved by the Council of Governors and is not included as part of this paper.

## 2. Previous Review of Remuneration

- 2.1 In November 2019, NHS England (NHSE) published a '*Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts.*' The purpose was to address longstanding issues associated with significant disparities between the remuneration of chairs and non-executive directors of NHS Trusts and NHS Foundation Trusts.
- 2.2 The structure proposed a single uniform rate of £13,000 for Non-Executive Directors, with local discretion to award supplementary payments of up to £2000 per annum in recognition of designated extra responsibilities, such as chairing principal board committees and undertaking the duties of senior independent director or vice-chair.
- 2.3 Whilst accepting the discretion afforded to Foundation Trusts, it was anticipated that NHS Foundation Trusts would adopt the approach with the new remuneration structure or explain why it would be inappropriate to do so.
- 2.4 In February 2022, the Council of Governors approved recommendation from the Nominations Committee as follows:
  - The Trust adopts NHSE's approach to aligning Non-Executive Directors' remuneration for newly appointed Non-Executive Directors.
  - Existing Non-Executive Directors who are reappointed for a further term of office will remain at the level of remuneration to which they were originally appointed, subject to a robust performance appraisal and confirmation from the Chair that performance continues to be effective and is making a positive impact on the board.
  - Supplementary payments of £1,000 per annum to non-executive directors undertaking the duties of Vice-Chair, Senior Independent Director and Chair of Audit Committee.
- 2.5 The basis for the recommendation was as follows:
  - The Trust was financially challenged and would require a compelling reason for determining remuneration and supplementary payments above that of the national structure.
  - Benchmarking information confirmed remuneration would be largely comparable with other provider Trusts.
  - The Trust had been successful in attracting and appointing a high calibre of candidates for recent Non-Executive Director positions; it was not anticipated that alignment with the NHSE remuneration structure would pose a significant risk to successfully recruiting to future Non-Executive Director positions.

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2.6 Based on no further update to the NHSE guidance, and the rationale on which the current remuneration has been based remaining applicable, the Nominations Committee, and subsequently the Council of Governors, have supported no further changes to remuneration for Non-Executive Directors during 2023/24 and 2024/25.

2.7 The current remuneration for Non-Executive Directors is as follows:

Non-Executive Directors (Appointed post-March 2022)	Non-Executive Directors (Appointed pre-March 2022)
£13,000	£14,164

2.8 Supplementary payments of £1000 in place for Non-Executive Directors undertaking the duties of Vice-Chair, Senior Independent Director and Chair of Audit Committee.

**3. Annual Review of Remuneration 2025/26**

3.1 The Nominations Committee met on 11 March 2025 to undertake an annual review of remuneration for non-executive directors.

3.2 The Nominations Committee determined that the rationale on which the current remuneration is based remained applicable, and with no further guidance issued by NHSE, recommended that there is no change to the remuneration levels or terms and conditions for the year 2025/26. However, should further guidance be issued during 2025/26, the Nominations Committee will review and make further recommendation to the Council of Governors acknowledged there had been no change to remuneration for a number of years.

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<b>Meeting date</b>	19 March 2025	<b>Public</b>	X	<b>Agenda No.</b>	11
<b>Meeting</b>	Council of Governors				
<b>Report Title</b>	Process for the Appraisal of the Interim Chair and Non-Executive Directors				
<b>Director Lead</b>	Dr Marisa Logan-Ward, Interim Chair Dr Louise Sell, Senior Independent Director	<b>Author</b>	Rebecca McCarthy, Company Secretary		

<b>Paper For:</b>	<b>Information</b>		<b>Assurance</b>		<b>Decision</b>	X
<b>Recommendation:</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Review and confirm the process for the appraisal of the Interim Chair and Non-Executive Directors</li> <li>Note the outcome of the Interim Chair and Non-Executive Director appraisals will be reported to the Nominations Committee, and subsequently the Council of Governors, in June 2025.</li> </ul>					

**This paper relates to the following Annual Corporate Objectives**

	1	Deliver personalised, safe and caring services
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	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'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

#### Where issues are addressed in the paper

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

#### Executive Summary

This paper sets out background and the proposed process for the appraisal of the Interim Chair and Non-Executive Directors of Stockport NHS Foundation Trust.

Since March 2020, the NHS England '*Framework for conducting annual appraisals of NHS provider Chairs*' has been adopted by the Council of Governors. Recognising Dr Marisa Logan-Ward, Interim Chair will stand down on 31<sup>st</sup> March 2025, it is proposed that a slightly adapted approach is taken forward, whilst still in line with the principles of the framework.

As in previous years, it is proposed the appraisal process for Non-Executive Directors comprises one to one discussion between the Chair and each Non-Executive Director to reflect on their activities and performance during the year and establish any areas for development over the next 12 months. The approach for 2024/25 will also incorporate assessment against the six competencies of the NHS Leadership Competency Framework and provide a rating for Non-Executive Directors.

Following approval, the appraisal processes will commence in line with the timetable outlined and the outcome of both the Interim Chair and Non-Executive Directors appraisals presented to the Nominations Committee, and subsequently to the Council of Governors in June 2025.

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## 1. Introduction & Purpose

- 1.1 The Council of Governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This duty can be exercised in many ways, including receipt of performance information for the chair and other non-executive directors as part of a robust appraisal process.
- 1.2 The purpose of this report is to advise, and seek approval from the Council of Governors, regarding the process for the annual appraisal of the Interim Chair and Non-Executive Directors.

## 2. Background

- 2.1 In August 2023, NHS England issued the Fit and Proper Person Test (FPPT) Framework for board members. Included within this was the introduction of a set of competencies for all board directors, and the requirement to use the annual appraisal process to assess those competencies.
- 2.2 The NHS Leadership Competency Framework for board members supports the FPPT Framework, setting out the six competency domains all directors should be able to meet, and by which they can be assessed, these are:
  - Driving high-quality and sustainable outcomes
  - Setting strategy and delivering long-term transformation
  - Promoting equality and inclusion, and reducing health and workforce inequalities
  - Providing robust governance and assurance
  - Creating a compassionate, just and positive culture
  - Building a trusted relationship with partners and communities
- 2.3 NHS England's '*Framework for conducting annual appraisals of NHS provider Chairs*' was updated in March 2024 to align with the NHS Leadership Competency Framework. The framework provides a standardised approach to the annual appraisal of the chair, informed by multi-source feedback.
- 2.4 It was proposed that a board member appraisal proforma would also be published ahead of the 2023/2024 appraisal process to align with the NHS Leadership Competency Framework; however, this has not yet been published and is anticipated in spring 2025.

## 3. Interim Chair's Appraisal Process 2024/25

- 3.1 Since March 2020, the Council of Governors has adopted NHS England's '*Framework for conducting annual appraisals of NHS provider Chairs*.' In conducting the 2023/24 appraisal, acknowledging that Dr Logan-Ward had only been the Interim Chair for 3 months, a slightly adapted approach was taken forward.
- 3.2 Albeit Dr Logan-Ward will be standing down as Interim Chair on 31<sup>st</sup> March 2025, it is prudent to undertake an appraisal to conclude her time as Interim Chair - a position she held for the duration of 2024/25. Given this context, an adapted approach is again proposed as described below:
  - It is intended to seek feedback from internal and external stakeholders to inform the Chairs appraisal, through a modified multi-source assessment questionnaire (Appendix 1), based on the six competencies within the NHS Leadership Competency Framework. The modified questionnaire covers all six competencies, yet reduces the number of questions from over 60, as contained within the NHS England '*Framework for conducting annual appraisals of NHS provider Chairs*', to just over 10 summary statement, to increase response rate from stakeholders.
  - The appraisal process will conclude with an appraisal discussion to determine the performance of the Interim Chair during the year. Again, recognising that the Interim Chair will stand down at

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the end of March 2025, a modified Chair Appraisal Reporting template (Appendix 2) will be utilised.

### 3.3 Stages of the process are proposed as follows:

Stage	Overview	Timeline
Stage 1: Appraisal preparation	<p>The Interim Chair and the Senior Independent Director (SID) agree internal and external stakeholders to be invited to complete the multi-source assessment questionnaire:</p> <p>Internal stakeholders:</p> <ul style="list-style-type: none"> <li>- All Executive Directors</li> <li>- All Non-Executive Directors</li> <li>- Lead Governor</li> </ul> <p>External stakeholders:</p> <ul style="list-style-type: none"> <li>- Greater Manchester Integrated Care Board (GM ICB) Chair</li> <li>- Pennine Care NHS Foundation Trust, Deputy Chair</li> <li>- Stockport MBC Chair of Health &amp; Well Being Board</li> <li>- Sector 3 Stockport, Chief Executive</li> </ul>	Complete
Stage 2: Stakeholder feedback	<p>The SID will disseminate the multi-source assessment questionnaire to internal and external stakeholders and request completion.</p> <p>The Company Secretariat will ensure governors have opportunity to feed views to the Lead Governor in advance of the timeline for completion.</p> <p>At the same time the Interim Chair will complete a self-assessment using the questionnaire.</p>	2 <sup>nd</sup> – 16 <sup>th</sup> April 2025
Stage 3: Pre-appraisal preparation	<p>The SID will collate information from the stakeholder feedback and share a summary with the Interim Chair using the Appraisal Reporting Document – Part 1.</p> <p>The Interim Chair will complete the Appraisal Reporting Document – Part 2, reflecting on the summary of themes from the stakeholder feedback and own self-assessment, and share with the SID.</p>	<p>By 2<sup>nd</sup> May 2025</p> <p>By 9<sup>th</sup> May 2025</p>
Stage 4: Appraisal discussion and output	<p>The Interim Chair and SID will meet to hold an appraisal discussion to determine the performance of the Interim Chair during the year.</p> <p>The key points arising from the appraisal discussion will be formally recorded by the SID and agreed with the Interim Chair using the Appraisal Reporting Document – Part 3 and 5.</p> <p>Confirmation of assessment against the NHS England FPPT Framework will be provided to the SID by the Trust Secretary ahead of the appraisal discussion to support completion of the Appraisal Reporting Document – Part 4.</p>	By 16 <sup>th</sup> May 2025

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Stage 5: Review by Nominations Committee	The outcome of the appraisal will be summarised and presented to the Nominations Committee by the SID.	4 <sup>th</sup> June 2025
Stage 6: Review by Council of Governors	The outcome of the appraisal and any relevant discussion from the Nominations Committee will be summarised and presented to the Council of Governors by the SID.	18 <sup>th</sup> June 2025
Stage 7: Submission to NHS England	A copy of the appraisal will be sent to NHS England: <a href="mailto:england.chairsappraisal@nhs.net">england.chairsappraisal@nhs.net</a>	

#### 4. Non-Executive Directors Appraisal Process

- 4.1 In the absence of the new board member appraisal proforma, the appraisal process and Non-Executive Director Appraisal Document (Appendix 3) previously implemented by the Trust will be utilised, with the additional introduction of high-level assessment against the six competencies of the NHS Leadership Competency Framework. In addition, the ratings utilised by NHS England will be incorporated.
- 4.2 The appraisal process will comprise one to one discussion between the Deputy Chair (the Interim Chair during 2024/25) and each Non-Executive Director, reflecting on their activities and performance during the year and, along with input from the new Joint Chair, establishing any areas for development and objectives for the next 12 months.
- 4.3 The process proposed for the Non-Executive Directors' appraisal for 2024/25 includes the following key stages:

Stage	Overview	Timeline
Stage 1	Each Non-Executive Director will prepare a Non-Executive Director Appraisal Document (Appendix 3) ahead of the one-to-one appraisal discussion meeting	In advance of appraisal meeting
Stage 2	The Deputy Chair, Joint Chair and each Non-Executive Director discuss performance and professional / personal development at appraisal discussion meetings, reflecting on their activities and performance in 2024/25 and any areas for development over the next 12 months.  An agreed set of objectives and a personal development plan are identified for the year ahead.	By 16 <sup>th</sup> May 2025
Stage 3:	The Interim Chair and Joint Chair present the outcome of each Non-Executive Directors' appraisal to the Nominations Committee.	4 <sup>th</sup> June 2025
Stage 4:	The outcome of the Non-Executive Director appraisals and any relevant discussion from the Nominations Committee will be summarised and presented to the Council of Governors by the Deputy Chair and Joint Chair.	18 <sup>th</sup> June 2025

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## Part 1: Responses to statements relating to the NHS Leadership Competency Framework

The following themed statements relate to the interim chair's impact and effectiveness in their role during the year 2024/25.

Please respond to as many of the statements as possible.

Domain 1: Driving high quality, sustainable outcomes					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Domain 2: Setting strategy and delivering long term transformation					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Demonstrates the skills that need to be employed in strategy development and planning and ensures a system wide view.					
Understands the use of intelligence from quality, performance, finance and workforce measures to feed into strategy development.					
Domain 3: Promoting equality and inclusion, and reducing health inequalities					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Understands the need and demonstrates the importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.					
Domain 4: Providing robust governance and assurance					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Demonstrates system of leadership accountability and the behaviours, values and standards that underpin the work of Trust leaders.					
Understands the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.					
Domain 5: Creating a compassionate, just and positive culture					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Demonstrates the skills and behaviours needed to develop great team and organisation cultures.					

Ensures all staff and service users are listened to and heard, is respectful and challenges inappropriate behaviours.					
Domain 6: Building trusted relationships with partners and communities					
Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
Understands and promotes the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce.					
Strengthening relationships and develops collaborative behaviours that are key to the integrated care environment.					

Part 2: Strengths and opportunities

Reflecting on your responses to the above competency statements, please highlight the interim chair’s particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Strengths: What does the interim chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the interim chair’s conduct, impact and effectiveness in their role.

Additional commentary

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Interim Chair Appraisal Reporting Document

Stockport NHS Foundation Trust	
Name of Chair:	Dr Marisa Logan-Ward
Name and role of appraisal facilitator:	Dr Louise Sell, Senior Independent Director
Appraisal period:	2024/25

Part 1: Stakeholder feedback outcomes (for completion by Senior Independent Director)

a. Summary of significant emergent themes from stakeholder feedback:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by Interim Chair)

Summary of self-reflection on stakeholder feedback:

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Part 3: Summary of Interim Chair Performance (for completion by Interim Chair and Senior Independent Director)

Summary of Chair Performance:

Part 4: Suitability for appointment (for completion by Senior Independent Director further to information from Trust Secretary)

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a ‘fit and proper person’ as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)
YES/NO – If NO please provide details.

Part 5: Overall Assessment Rating and Confirmation (for completion by Senior Independent Director and Interim Chair)

- Assessment ratings:
- 1) Satisfactory (they met their formal expectations)
  - 2) Cause for concern (they did not meet their formal expectations and will be formally logged and addressed)

Confirmation of overall assessment rating and confirmation (please indicate with X and sign below)		
1) Satisfactory	<input type="checkbox"/>	2) Cause for concern <input type="checkbox"/>
Confirmed by	Signature	Date
Interim Chair		
Senior Independent Director		

Confirmation of key outcomes of appraisal discussion		
Confirmed by	Signature	Date
Interim Chair		
Senior Independent Director		

Non-Executive Directors Annual Appraisal

Name	
Position inc. additional roles	
Review Year	
Date of Review	

Part 1. Self-assessment of achievement against the competency domains of the [NHS Leadership Competency Framework](#) (For completion by Non-Executive Director)

Please provide a brief overview of how you demonstrate competence against the 6 domains, displaying the requisite skills, knowledge and behaviours in your role and provide at least one example for each.

**Driving high-quality and sustainable outcomes**

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

**Setting strategy and delivering long-term transformation**

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

**Promoting equality and inclusion, and reducing health and workforce inequalities**

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

**Providing robust governance and assurance**

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

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<b>Creating a compassionate, just and positive culture</b> The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours and demonstrating the Trusts values.
<b>Building a trusted relationship with partners and communities</b> The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

**Part 2. Self-assessment of performance against objectives for 2024/25**

<b>Role objectives</b>
<b>Personal objectives</b>
<b>Other contributions (e.g. Committee work)</b>

**Part 3. Chair’s Overall Comments (for completion by Interim Chair)**

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The performance of the individual has been assessed as *(indicate with an ‘x’)*

Strong performance	Fully competent	Needs development	Poor performance

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Part 5. Objectives for 2025/26

In line with NHS England’s [Equality Diversity and Inclusion \(EDI\) Improvement Plan](#), this should include a SMART objective regarding EDI which will be assessed as part of the annual appraisal process.

Role objectives
Personal objectives
Personal development

Part 6. Suitability for appointment (for completion by Interim Chair further to information from Trust Secretary)

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a ‘fit and proper person’ as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details
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Part 7. Confirmation

Appraiser		Appraisee	
Signed		Signed	
Name		Name	
Date		Date	

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
<b>Board of Directors (Public)</b> <b>(1st Thursday)</b>	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	
<b>Council of Governors</b> (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 10:00-12:00  Pre-meeting for governors 9:00-10:00			11th 4.00-6.00  Pre-meeting for governors 3.00-3.45
<b>Informal Council of Governors &amp; Chair/Non-Executive Directors Meeting</b> (virtual)	28th 11.00-12.00			21st 11.00-12.00			20th 11.00-12.00			19th 11.00-12.00		
<b>Chair &amp; Lead Governor Meeting</b>		8th 1:00-2:00			4th 11:00-12:00		29th 1.30-2.30			tba		
<b>Nominations Committee</b> (virtual)			4th 9.30-10.30								25th 2:00-3:00	
<b>Membership Development Group</b> (virtual)			9th 12.30-1.30		26th 12.30-1.30			24th 12.30-1.30			23rd 12.30-1.30	
<b>Governor Training</b>		12th 10.00-12.00 virtual (GM locality/ systems working)				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												
<b>Annual Members Meeting</b> (Pinewood Lecture Theatre)							2nd 5.00-6.30					
<b>Health Talks</b> (Pinewood Lecture Theatre)			11th 10.00-12.00								25th 10.00-12.00	
<b>Volunteers Event</b>			TBC									

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Council of Governors 2024/25 Meeting Attendance

Name	Constituency	May-24	Jun-24	Sep-24	Dec-24	Feb-25	Mar-24
Paula Hancock	Staff	A	✓	A	A	A	
David McAllister	Staff	A	A	A	A	A	
Adam Pinder	Staff	✓	✓				
Karen Southwick	Staff	A	A	A			
Ruth Perez-Merino	Staff				✓	A	
Yogalingam Ganeshwaran	Staff				A	A	
Adrian Nottingham	Bramhall & Cheadle	✓	✓	✓	✓	✓	
Carol Greene	Bramhall & Cheadle	✓	A	A	A	✓	
Michelle Slater	Bramhall & Cheadle	✓	✓	✓	✓	A	
Sarah Thompson	Bramhall & Cheadle	A	✓	✓	✓	✓	
Howard Austin	Tame Valley & Werneth	✓	A	✓	✓	✓	
Alan Gibson	Tame Valley & Werneth	A	A	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	✓	✓	✓	A	A	
John Morris	Marple & Hazel Grove	✓	✓	A	A	✓	
Janet Browning	High Peak & Dales	✓					
Lance Dowson	High Peak & Dales	✓	A	A			
Mike Chantler	High Peak & Dales				✓	A	
Tony Gosling	High Peak & Dales				✓	✓	
Muhammad Rahman	Outer Region	A	✓	A			
Callum Kidd	Outer Region				A	A	
Keith Holloway	Stockport MBC	✓	✓	A	A	✓	
Sue Alting	Age UK Stockport	✓	A	✓	✓	✓	
David Kirk	Healthwatch Stockport	✓	✓	✓	✓	✓	
Was Meeting Quorate (Y/N)		Y	Y	Y	Y	Y	
Key							
✓	= Present						
A	= Apologies						
D	= Attended as Deputy						

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