

SFT Council of Governors (Public)

Wed 18 June 2025, 16:00 - 17:40

Pinewood Education Centre, Stepping Hill Hospital

Agenda

16:00 - 16:00 1. Welcome & Opening Remarks
0 min
Information David Wakefield

16:00 - 16:00 2. Apologies for Absence
0 min
Information David Wakefield

16:00 - 16:00 3. Declarations of Interests
0 min
Information All

16:00 - 16:05 4. Minutes of Previous Meeting held on 9 December 2024 (paper)
5 min
Decision David Wakefield
📄 04 - SFT Public CoG Meeting Minutes - 19 March 2025.pdf (8 pages)

16:05 - 16:05 5. Action Log (paper)
0 min
Information David Wakefield
📄 05 - CoG Action Log - June 2025.pdf (2 pages)

16:05 - 16:15 6. Joint Chair's Report (paper)
10 min
Discussion David Wakefield
📄 06 - Joint Chair's Report - June 2025.pdf (5 pages)

PERFORMANCE

16:15 - 16:30 7. Non-Executive Directors Report - including highlights from Board Committees (paper)
15 min
Discussion Non-Executive Directors - Board Committee Chairs
📄 07 - Non-Executive Directors Highlight Report - 18 June 2025.pdf (2 pages)
📄 07a - Finance & Performance Committee AAA Report - April & May 2025.pdf (3 pages)
📄 07b - People Performance Committee AAA Report - May 2025.pdf (2 pages)
📄 07c - Quality Committee AAA Report - April and May 2025.pdf (4 pages)
📄 07d - Audit Committee AAA Report - May 2025.pdf (3 pages)

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16:30 - 16:45 **8. National Staff Survey Report (paper)**

15 min

Discussion Karen James

- 08a - National Staff Survey 2024 - Front Sheet.pdf (2 pages)
- 08b - National Staff Survey 2024.pdf (13 pages)

STRATEGY & PLANNING

16:45 - 16:55 **9. Operational Plan, Objectives and Outcome Measures**

10 min

Discussion Paul Buckley

9.1. Summary Operational Plan 2025/26 (paper)

Discussion Paul Buckley

- 09.1 - Summary Operational Plan 2025-26 - June 2025.pdf (3 pages)

9.2. Trust Corporate Objectives & Outcome Measures 2025/26 (paper)

Discussion Paul Buckley

- 09.2 - Corporate Objectives 2024-25 & 2025-26.pdf (13 pages)

16:55 - 17:15 **10. Developing a Joint Quality Strategy (paper)**

20 min

Discussion Paul Buckley

- 10 - Developing a Joint Quality Strategy - front sheet.pdf (2 pages)
- 10b - Quality Strategy Development - Engagement Slides.pdf (13 pages)

MEMBERSHIP & ENGAGEMENT

17:15 - 17:25 **11. Membership Development Group Reports (paper)**

10 min

Information Howard Austin

- 11 - Membership Development Group Reports - 18 June 2025.pdf (2 pages)

11.1. Membership Development Group Progress Report (paper)

Information Howard Austin

- 11.1 - Membership Development Group Progress Report - 18 June 2025.pdf (5 pages)

11.2. Membership Strategy 2025-2028 (paper)

Decision Howard Austin

- 11.2 - Membership Strategy 2025-2028.pdf (4 pages)

11.3. Membership Development Group Terms of Reference (paper)

Decision Howard Austin

- 11.3 - Membership Development Group ToR.pdf (3 pages)

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GOVERNANCE

17:25 - 17:30 12. Nominations Committee Report: Appointment of Non-Executive Director (paper)
5 min

Decision David Wakefield

📄 12 - Appointment of Non-Executive Director.pdf (5 pages)

17:30 - 17:35 13. Council of Governors Standards of Business Conduct (paper)
5 min

Information Rebecca McCarthy

📄 13 - Council of Governors Standards of Business Conduct.pdf (7 pages)

DATE, VENUE & TIME OF NEXT MEETING

17:35 - 17:35 14. 10 September 2025, 10am, Pinewood Education Centre, Stepping Hill Hospital
0 min

Information

PAPERS FOR INFORMATION

17:35 - 17:35 15. Council of Governors Calendar 2025/26 & Attendance (papers)
0 min

Information

📄 15 - CoG Calendar 2025-26.pdf (1 pages)

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

17:35 - 17:35 16. Council of Governors Elections Briefing Note (paper)
0 min

Information

📄 16 - 2025 Governor Elections - Briefing Note.pdf (1 pages)

17:35 - 17:35 17. Draft Annual Members Meeting Agenda, 2 October 2025 (paper)
0 min

Information

📄 17 - Draft AMM Agenda - 2 October 2025.pdf (1 pages)

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STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Wednesday 19th March 2025 at 3.30pm
in Pinewood Education Centre, Stepping Hill Hospital

Present:

Dr Marisa Logan-Ward	Interim Chair
Mrs Sue Alting	Appointed Governor and Lead Governor
Mr Howard Austin	Public Governor
Mr Michael Chantler	Public Governor
Mrs Val Cottam	Public Governor
Dr Yogalingam Ganeshwaran	Staff Governor
Mr Tony Gosling	Public Governor
Cllr Keith Holloway	Appointed Governor
Mr Callum Kidd	Public Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	Public Governor
Mr Adrian Nottingham	Public Governor
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:

Mr Alan Gibson	Public Governor
Mrs Carol Greene	Public Governor
Mrs Paula Hancock	Staff Governor
Mr David McAllister	Staff Governor
Mr John Morris	Public Governor
Ms Ruth Perez-Merino	Staff Governor

In attendance:

Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & Organisational Development
Mrs Nic Firth	Chief Nurse
Mr John Graham	Chief Finance Officer
Mrs Alison Lever	Membership Governance Manager
Dr Andrew Loughney	Medical Director
Mrs Rebecca McCarthy	Company Secretary
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
01/25	Welcome & Apologies for Absence The Chair welcomed everyone to the meeting. Apologies for absence from governors were noted as above. Apologies were also received from: Dr Samira Anane, Non-Executive Director Paul Buckley, Director of Strategy & Partnerships	

	<p>Mrs Beatrice Fraenkel, Non-Executive Director Mr David Hopewell, Non-Executive Director Mrs Karen James, Chief Executive Jackie McShane, Director of Operations Mrs Mary Moore, Non-Executive Director</p>	
02/25	<p>Amendments to Declaration of Interests No declarations of interest.</p>	
03/25	<p>Minutes of Previous Meeting The minutes of the previous meeting held on 9 December 2024 were agreed as a true and accurate record of the meeting.</p>	
04/25	<p>Action Log The action log was reviewed and annotated accordingly.</p> <p>Mrs Val Cottam, Public Governor, requested that travel plans and parking be added to the action log as ongoing items for consideration at future meetings.</p>	Membership Governance Manager
05/25	<p>Interim Chair's Report The Interim Chair presented the Interim Chair's Report, providing reflections on recent activities within the Trust and the wider health and care system.</p> <p>The Interim Chair noted significant external developments since writing of the report, with the announcement of the abolishment of NHS England. She confirmed that governors would be informed of any updates as the Trust received them, in what was expected to be a period of uncertainty and change.</p> <p>Mr Howard Austin, Public Governor, asked for an update on the role of the Chair at the recent NHS England and NHS Providers Roundtable. The Interim Chair reported that the conversation had focused on the challenge in recruiting to Chair's roles nationally, lack of diversity, and potential reasons for this in light of the required time and remuneration for such roles with significant accountability in a challenging environment.</p> <p>The Interim Chair noted that Mr David Wakefield would commence in his role as new Joint Chair from 1 April. She thanked the Council of Governors for their support during her time as Interim Chair and confirmed that she would return to the role of Vice Chair from April until the end of her term in July.</p> <p>The Council of Governors received and noted the Interim Chair's Report.</p>	
06/25	<p>Non-Executive Directors Report The Non-Executive Director Chairs of the Board Committees provided updates on high-level metrics and key assurance reports considered at Finance & Performance, People Performance, and Quality Committees. The Chair noted the introduction of 'Alert, Advise & Assure' (AAA) reports into the meeting pack and welcomed feedback. Mrs Sue Alting, Lead Governor, reported that there had been differing views on the AAA reports from the Council of Governors, noting that they were not as detailed as previous reports and minutes presented to the Board. The Company</p>	

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Secretary confirmed that Committee minutes would continue to be produced, albeit these did not go to Board, and that the AAA reporting approach supported an efficient and timely way of bringing key matters to the Board's attention. Mr Anthony Bell, Non-Executive Director, noted that the AAA report system was widely used across other organisations.

Finance & Performance

The Council of Governors were advised that there were no matters to alert from the Committee meeting.

The Council of Governors were informed that as per the papers, at Month 9 2024/25 the Trust financial position was a deficit of £3.2m, an adverse variance of £1.8m. However, further to the report, as at Month 11, the Governors could be assured that the deficit was now reduced.

Performance against the Emergency Department trajectory had shown further improvement but was behind trajectory. Mrs Sarah Thompson, Public Governor, asked if there had been any progress since the report was written; Mr Anthony Bell confirmed that following deteriorating performance in December, there was significant improvement in February, with waiting times below the average for Greater Manchester.

Mrs Sue Alting, Lead Governor, expressed concern that the reports appeared out of date but acknowledged that this was due to meeting timings, and felt reassured following the verbal update.

Mr Tony Gosling, Public Governor, asked if there was an update on the Pharmacy Shop Board Report; Mr Anthony Bell, Non-Executive Director, confirmed that the Committee was waiting for an update from the Pharmacy Team at a future meeting.

People Performance

Mr Richard King, Public Governor, expressed concern about the low take-up of vaccinations amongst employees. The Director of People and OD reported that take-up numbers were low across both Greater Manchester and nationally. Cllr Keith Holloway, Appointed Governor, commented that this was at odds with the overall vaccination rates in the wider Stockport population, which were the highest in Greater Manchester. Mr Tony Moore, Public Governor, asked whether there was variance in take-up based on whether roles were public facing. The Director of People & OD confirmed take up was lower than previously across all employee groups. Mrs Sue Alting, Lead Governor, asked whether the vaccines were accessible. The Director of People & OD confirmed there had been a number of different ways colleagues could access vaccinations, including drop-in clinics running on site since October. Dr Yogalingam Ganeshwaran, Staff Governor, felt there may have been higher take-up if vaccines were administered directly on the wards. Dr Louise Sell, Senior Independent Director, noted that the board committees would give consideration and try to be innovative in how the vaccines would be offered this year.

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	<p><u>Quality</u></p> <p>Dr Louise Sell, Non-Executive Director, reported that the January meeting of the Quality Committee had been stood down at short notice due to the Trust going into Opel 4. However, meeting papers had been considered.</p> <p>Dr Tad Kondratowicz, Public Governor, asked whether there was an agreed protocol in terms of transferring patients from the Emergency Department (ED) to wards. The Medical Director reported that a recent piece of work had looked at ensuring specialist consultant advice was provided at the earliest opportunity in the ED. The work also looked at communications being more collaborative and centred on patient care, with medical responsibility identified from when the patients arrived, with clear lines of responsibility. The Chief Nurse noted that rigorous and robust processes were in place from a nursing perspective.</p> <p>Mr Howard Austin, Public Governor, asked whether there was protocol around the transfer of patients from ambulances to the ED. The Medical Director stressed that senior decision makers were utilised at the earliest opportunity to escalate patients as quickly as possible.</p> <p>Mrs Sue Alting, Lead Governor, asked whether the previous performance figures in the stroke mortality review were due to a shortfall in consultant workforce. The Medical Director highlighted that data included patients discharged who died elsewhere. He noted of the challenge in recruitment into specific roles, which may be resolved by recruiting into more general medicine positions.</p> <p>Mr Mike Chantler, Public Governor, noted that the positive review of the ED was a snapshot at a point in time, and asked whether the Governors could be assured of patient safety at all times. Dr Louise Sell, Non-Executive Director, described the suite of assurance based reports considered by Quality Committee, alongside internal audit processes, which provided confidence to Quality Committee that the positive review was indicative of a wider position.</p> <p>The Council of Governors received and noted the Non-Executive Directors Report.</p>	
<p>07/25</p> <p>Lever, Alison 11/06/2025 15:00:34</p>	<p>2025/26 Operational Plan Update</p> <p>The Chief Finance Officer presented an update on operational plan for 2025/26, including national priorities. He confirmed a draft submission was made on 7 March 2025, with the Board to meet the following week to give further consideration to the submission due to the requirement to deliver a revenue plan and capital within a control total, and the implications of reaching that figure. He confirmed monthly performance oversight meetings with the Greater Manchester Integrated Care Board (ICB) continued, however achieving the required cost improvement programme target would require a wider system approach. The Interim Chair acknowledged that there would be challenging decisions to be made by the Board in the forthcoming year.</p> <p>Cllr Keith Holloway, Appointed Governor, recognised the importance of strengthening the relationship between the Trust and the Local Authority to support achievement of national priorities, particularly in relation to adult</p>	

	<p>social care. The Chief Nurse highlighted that there were Stockport locality quality meetings established, alongside wider review with the GM ICS.</p> <p>Mr Tony Moore, Public Governor, asked whether any external financial review would be sought to help in identifying opportunities for productivity and efficiency and address the financial challenges. The Chief Finance Officer reported that PwC had carried out a piece of work considering systems and processes in place to ensure financial 'grip and control' alongside looking at benchmarking data and the drivers of the deficit. He highlighted work that continued with Tameside & Glossop Integrated Care NHS Foundation Trust to consider corporate costs and identify opportunity for further savings. The Director of People and OD noted that work to date had been largely opportunistic, for example the recent 6-month trial of recruitment being managed across both sites by a single team, however this will be further progressed. Utilising systems and automation across Greater Manchester were also being considered, with a view to becoming more efficient and reducing costs wherever possible.</p> <p>Mr Mike Chantler, Public Governor, highlighted the potential changes to local government structure within the High Peak, which may result in major changes to partnership working, especially in terms of social care. The Chief Finance Officer confirmed the Trust's ongoing commitment to partnership working with the GM ICB, and also in terms of current contracts with Derbyshire and Cheshire.</p> <p>Mr David Kirk, Appointed Governor, noted the anticipated tensions across a range of organisations, albeit there was a need for greater collaboration which may result in change to service delivery and asked how this will be discussed with patient organisations. The Chief Finance Officer noted that any decisions would be led by the GM ICB as commissioners of services and would involve consultation and go through formal processes.</p> <p>The Council of Governors received and noted the Operational Plan Update.</p>	
08/25	<p>Membership Development Group Report</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 28 February 2025 and key initiatives to support implementation of the Membership Strategy 2022-2025.</p> <p>He highlighted that the next Health Talk was on Digital Health on 26 March 2025 and highlighted this as an event for the Governors to attend if possible. In addition, membership flyers were distributed to the Governors to help them promote membership across their networks.</p> <p>The Council of Governors received and noted the Membership Development Group Report.</p>	
09/25	<p>Nominations Committee Reports</p> <p><u>Nominations Committee Membership</u></p> <p>The Interim Chair outlined the responsibilities of the Nominations</p>	

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<p>Lever, Alison 11/06/2025 15:00:31</p>	<p>Committee.</p> <p>She commented that, 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.</p> <p>The Council of Governors noted and confirmed the membership of the Nominations Committee.</p> <p><u>Non-Executive Director Succession Planning: Including Reappointment & Recruitment of Non-Executive Director</u></p> <p>The Interim Chair introduced the paper which described the position regarding Non-Executive Directors coming to the end of their term of office at the end of 2024/25 and the beginning of 2025/26.</p> <p>She confirmed that the Nominations Committee had supported the recommendation that the Board composition, at this time, would benefit from two Non-Executive Directors, recognising further collective consideration of Board composition would take place with the new Joint Chair in post. She highlighted that the skills/expertise for one position was agreed as financial expertise, recognising both the Trust and GM ICS are continuing to face significant financial challenges. She commented that, in this light, it was recognised that there were exceptional circumstances to recommend that Mr David Hopewell, Non-Executive Director, was reappointed for a further one-year term of office.</p> <p>The Council of Governors approved the reappointment of Mr David Hopewell as Non-Executive Director for a term of one year, commencing 1 July 2025.</p> <p>In addition, the Interim Chair noted that the Nominations Committee had 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. She confirmed that, in line with the Nominations Committee Terms of Reference, a further meeting had been held on 11 March to review and approve the job description and person specification, alongside a search and selection process.</p> <p>Mr Richard King, Public Governor, commented that the Nominations Committee had also spoken about a candidate with background in patient experience; the Interim Chair agreed that we would expect all applicants would have some experience of this based on background and requirements of the person specification.</p>	
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	<p>The Council of Governors noted that the recruitment process for a new Non-Executive Director had commenced w/c 17 March, with a recommendation regarding appointment anticipated to be presented to the Council of Governors meeting on 18 June 2025.</p> <p><u>Annual Review of Remuneration of Non-Executive Directors</u></p> <p>The Council of Governors received a report from the Nominations Committee including the outcome of the annual review of remuneration of Non-Executive Directors. The Interim Chair confirmed that the outcome and recommendation was based on the Nominations Committee consideration of current guidance from NHS England regarding remuneration structure for Non-Executive Directors, and the financial context in which the Trust was operating, alongside the Trust's ability to recruit to recent Non-Executive Director positions. In this light, it was recommended that there was no change to the Non-Executive Director remuneration.</p> <p>The Council of Governors reviewed the outcome of the annual review of remuneration of Non-Executive Directors and confirmed that there would be no change to the remuneration structure and terms of office of Non-Executive Directors.</p>	
10/25	<p>Process for the Appraisal of Interim Chair and Non-Executive Directors</p> <p>Dr Louise Sell, Senior Independent Director, presented the proposed process for the appraisal of the Interim Chair. She noted Dr Marisa Logan-Ward, Interim Chair, would stand down on 31 March 2025, and highlighted the adapted approach to the NHS England 'Framework for conducting annual appraisals of NHS provider chairs'.</p> <p>Mr Howard Austin, Public Governor, asked whether feedback would be invited from all Governors. Mrs Sue Alting, Lead Governor, confirmed she would provide an opportunity for all governors to respond and therefore provide an overall view of the Council of Governors.</p> <p>The Interim Chair presented the proposed appraisal process for the Non-Executive Directors which would include 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. She confirmed the approach would also incorporate assessment against the six domains of the NHS Leadership Competency Framework and provide a rating for Non-Executive Directors. The Interim Chair confirmed that she would work with the new Joint Chair to set objectives and complete the process.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> – Reviewed and confirmed the process for the appraisal of the Interim Chair and Non-Executive Directors – Noted the outcome of the Interim Chair and Non-Executive Director appraisals would be reported to the Nominations Committee, and subsequently the Council of Governors, in June 2025. 	

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11/25	<p>Papers for Information</p> <ul style="list-style-type: none">– Council of Governors Calendar 2025/26– Council of Governors Attendance 2024/25 <p>The papers for information were received by the Council of Governors.</p>	
12/25	<p>Any Other Business</p> <p>On behalf of the Council of Governors, Mrs Sue Alting, Lead Governor, thanked the Interim Chair for her excellent work to maintain and develop external relationships and the support she had provided to the Council of Governors whilst in post as Interim Chair. She also noted that Mrs Mary Moore, Non-Executive Director, was stepping down from her role, and thanked her, on behalf of the Council of Governors, for her excellent contribution whilst in post.</p>	
13/25	<p>Date, time, and venue of next meeting</p> <p>18 June 2025, 4:00pm, 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. Update: Training rescheduled for 28 th January 2025.	Closed	Company 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
05/24	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
06/24	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	Company Secretary
07/24	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 Update: To be reported to Quality Committee in March.	June 2025	Chair of Quality Committee

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
01/25	19 March 2025	04/25	Action Log	<p>Include travel plans and car parking as ongoing items for regular consideration at future meetings.</p> <p>Update: results of car parking consultation in March 2025 shared with governors in April 2025. Further updates to follow</p>	Not due	

On agenda
Not due
Overdue
Closed
Closed at last meeting

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Meeting date	18 June 2025	Public	X	Agenda Number	6
Meeting	Council of Governors				
Report Title	Joint Chair's Report				
Director Lead	Mr David Wakefield, Joint Chair	Author	Mr David Wakefield, Joint Chair		

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

This paper relates to the following Annual Corporate Objectives

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

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper-

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

Executive Summary

<p>This is the first report of the Joint Chair since commencing in role on 1st April, as Joint Chair of Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust. It highlights key matters for the attention of the Council of Governors, covering national, regional and Trust matters.</p>
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1. Introduction

This is my first report to the Council of Governors since I commenced in the role of Joint Chair of Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G ICFT) on 1st April 2025. I am both delighted and proud to take up this position as Joint Chair representing the two organisations, and a key next step in strengthening our collaboration in line with national NHS policy. In the relatively short time I have been in post, I have been made aware of the unrelenting pressures faced in Stockport and I have been impressed with the resilience and professionalism of all the staff.

2. Operating Environment 2025/26

At the end of 2024/25, plans to abolish NHS England (NHSE) and integrate its functions with the Department of Health & Social Care (DHSC) within two years were announced. This change aims to reduce duplication and bureaucracy, and save money, with the goal of returning resources to frontline services and delivery of better care. Specifically, the move is expected to lead to a reduction of around 50% in the combined size of NHSE and the DHSC.

In line with the above, in May 2025, we saw the first version of the Model Integrated Care Board (ICB) Blueprint. The blueprint sets out expectations for ICB's to deliver a 50% reduction in their running costs by the end of Q3 2025/26, whilst also setting out the refreshed role for ICBs as strategic commissioners. Meanwhile, Sir Jim Mackey, Chief Executive NHSE, has written to all NHS trusts requesting a reduction in corporate cost growth by 50% during Q3.

The NHS performance assessment framework for 2025/26 has been released, and all trusts and ICBs will be placed in segments ranging from 1 (high performing) to 4 (low performing) with an additional segment 5 to indicate the most intensive support requirement.

The Trust Board is very aware of the consequences of being placed in the worst tiers and we are ready to adapt to this evolving context to avoid this possibility and will ensure the Council of Governors remain appraised.

3. Collaboration with Tameside & Glossop Integrated Care NHS Foundation Trust

My role as Joint Chair, representing both SFT and T&G ICFT, was a key next step in strengthening collaboration between the two organisations. During my first month in post, I lead board development sessions with both Trust Boards, considering our top challenges, followed by our current collaboration and partnerships, and what the future strategy for our Trusts could look like.

As referenced above, we are all aware of the financial and operational challenges facing the NHS and the broader economic context we are working in. Both Trusts have submitted challenging operational and financial plans for 2025/26. While the Trusts remain as separate organisations, with several shared leaders, we must maximise the potential for joint working for the benefit of the local populations, patients and staff.

We will seek to do this going forward by bringing both Trust Boards together for future board development sessions. We will develop a clear vision on what will be achieved by working together through our joint organisational strategy. Concurrently, we must also consider formal collaborative/joint governance arrangements, that will allow us to maximise the benefits of closer working, whilst ensuring the statutory responsibilities of both Trusts are maintained. Many different collaborative/joint governance models have emerged up and down the country. Over the coming months we will begin to explore these different models, considering what

arrangements would work best to deliver our joint ambitions. Engagement with both Councils of Governors will also take place on these matters.

4. **Board of Directors – Fit & Proper Person Test**

The Council of Governors is asked to note the process undertaken for the review and approval of the Fit & Proper Persons requirements for the Board of Directors.

The NHS England Fit & Proper Person Test (FPPT) Framework supports compliance with the regulatory requirements. In summary, Trusts must not appoint a person to an executive or non-executive director level post unless they meet the criteria below, and must have in place systems to ensure on-going review of compliance:

- Are of good character
- Have the necessary qualifications, competence, skills and experience
- Are able to perform the work they are employed for after reasonable adjustments
- Have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement when providing a service.

An annual assessment of compliance with the Fit & Proper Persons requirement was undertaken in line with the Trust Fit & Proper Person Policy, and the outcome reviewed by the Interim Chair, and Senior Independent Director for the Chair.

In accordance with the FPPT Framework, confirmation has been made to NHS England for 2024/25.

5. **Council of Governors**

Since the last Council of Governors meeting, Alan Gibson, Public Governor for the Tame Valley & Werneth constituency, has stepped down from his role as governor due to work commitments. Sadly, Carol Greene, Public Governor for the Bramhall and Cheadle constituency, has also stepped down from her role as governor due to ill health.

In addition, Cllr Keith Holloway has recently stepped down as portfolio lead for Health & Adult Social Care, so will no longer be Stockport Council's nominee for membership of the Council of Governors. The new portfolio lead replacing him is Cllr Helen Foster-Grime, who we look forward to welcoming at a future meeting.

In May, Paul Buckley, Director of Strategy & Partnerships, led a training session for governors, providing an overview of partnership and system working at the Trust. The session was well received and provided valuable context to aid governors with their understanding of the complexities of the locality and integrated care system.

6. **Activities**

Since joining the Trust, I have undertaken a range of other activities and visited many of our wards and departments including A, B & C Wards, our Emergency Department, Same Day Emergency Care, Acute Medical Unit (AMU) and Intensive Care (ICU), along with Audiology and several Outpatient Areas. I have found these visits really helpful, as I look to grow my understanding of the issues faced by staff and patients alike. The visits also help to put our operational performance into context, and they have given me an opportunity to hear the staff voice.

I have also attended several national meetings/conferences where we heard from the new NHS England CEO, Sir Jim Mackey, reiterating the parlous state of NHS finances and outlining the requirement for every provider to break-even and to become financially sustainable. This message was repeated by a junior government minister at a Chairs meeting. The Trust has responded well to

the challenges posed and we have developed plans to achieve break-even, but we recognise the many risks in delivering them.

I attended a Greater Manchester Providers Chairs meeting where we each shared the pressures and challenges faced. It became apparent that we are not alone in having to make difficult decisions on how we meet the targets and the requirement to collaborate was crystallised if efficiencies in clinical pathways and support services are to be realised.

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Meeting date	18 June 2025	Public	X	Agenda Number	7
Meeting	Council of Governors				
Report Title	Non-Executive Directors Highlight Reports				
Director Lead	Non-Executive Directors	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is 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.

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

- Finance & Performance Committee – April & May 2025
- People Performance Committee – May 2025
- Quality Committee – April & May 2025
- Audit Committee – May 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.

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Tony Bell, Non-Executive Director
Date of Meeting	17 April 2025 and 15 May 2025
Quorate	Yes
<p>The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:</p>	

1.	Agenda	<p>In April, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Operational Performance Report • Finance Report – Month 12 • Operational Plan • Financial Plan (Revenue and Capital) • Mid-Year Implementation Appraisal of TIF Outpatients Business Case • Standing Committees: <ul style="list-style-type: none"> - Capital Programme Management Group: Key Issues Report and Terms of Reference and Work Plan 2025/26 (Approved) - Digital & Informatics Group: Terms of Reference and Work Plan 2025/26 (Approved) <p>In May, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Operational Plan • Opening Budgets • Finance Report – Month 1 • Productivity and Stockport Trust Efficiency Programme (CIP / STEP) • Annual Costing Submission • Annual Procurement Programme and Progress Report • Pharmacy Shop Opening Budgets • Operational Performance Report • Performance Framework • Theatre Late Start Deep Dive • Post Implementation Appraisal of Community Diagnostic Centre Business Case • Green Plan Progress Report • Key issues Reports: <ul style="list-style-type: none"> - Capital Programme Management Group - Digital & Informatics Group
2.	Alert	<p>Concerns regarding Stockport Trust Efficiency Programme (STEP) / Cost Improvement Plan (CIP) being £0.7m behind plan at month 1, with Committee noting consequent lack of assurance regarding year-end delivery. It was noted that the Trust was expected to identify the unidentified STEP gap by the end of June 2025.</p> <p>Concerns regarding paediatric audiology and the consequent adverse impact on the diagnostic target and future sustainability of the service. It was noted that the Quality Committee would undertake a deep dive on the issue at its June meeting.</p>

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<p>3.</p>	<p>Advise</p>	<p>The Committee received the Finance Report for Month 1 and noted:</p> <ul style="list-style-type: none"> • The Trust had delivered its Financial Plan 2024/25. • Overall, the Trust position at month 1 was a deficit of £1.2m which was line with the Financial Plan, and at this point the forecast for year-end was also in line with plan. • The STEP plan for 2025/26 was £29.2m (£20.5m recurrent). The Committee heard that STEP of £10.1m (35%) had been actioned against the in-year target, and year to date STEP was £0.7m behind the efficiency plan. • The Trust has maintained sufficient cash to operate during April. • The Capital forecast for 2025/26 was £35.4m, in line with plan. <p>The Committee received a report detailing a mid-year implementation appraisal of the TIF Outpatients Business Case. It was noted that the new outpatient facility was on track to be handed over to the Trust at the end of August 2025 within the capital envelope, providing a full restoration of all specialities.</p> <p>The Committee received a report providing a high level summary of the material changes in the Trust's final Operational Plan submissions. It was noted that a plan on a page summary of the final Operational Plan would be presented to the June Board meeting.</p> <p>The Committee received a report outlining the proposed budgets for 2025/26 and the budget setting approach. The Committee recommended the Opening Budgets 2025/26 to the Board of Directors for approval.</p> <p>The Committee received an Annual Procurement Programme and Progress Report and sought further clarity on a number of areas, including potential savings at GM level.</p> <p>The Committee received a report detailing the proposed Pharmacy Shop opening budgets for 2025/26 and the next steps in the budget setting process. The Committee heard that collaboration opportunities were being explored with Tameside & Glossop Integrated Care NHS Foundation Trust.</p> <p>The Committee received a report providing an update on the Trust's Performance Review Framework for 2025/26. The Committee queried if quarterly Performance Review meetings were regular enough and suggested exploring the merit of having external input to the challenge process to provide more rigour.</p> <p>The Committee received the Operational Performance Report for Month 1, acknowledging the continued operational pressures and action being taken to improve performance. 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 4-hour standard has remained consistent and whilst below the national standard, performance was above the April trajectory.</p> <p>The Committee received a report detailing the recent trends in the number of late starts seen in Theatres, focusing on the period September 2024 to March 2025. The Committee noted actions taken to mitigate late starts and maintain the improved position.</p>
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		<p>The Committee received a report detailing the post implementation review for the Community Diagnostic Centre (CDC). The Committee noted the planned versus actual delivery of associated targets and expressed concern regarding the lack of benefits realised. The Committee requested that a further update on mitigating actions be provided to the Committee.</p> <p>The Committee received a report providing an update on progress made against the delivery of the Trust Green Plan in 2024/25.</p>
4.	Assure	<p>The Committee acknowledged positive assurance regarding cancer performance, noting that all cancer standards have achieved the target and benchmark well nationally.</p> <p>The Committee received a Costing Submission 2024/25 – Pre-Submission Planning Report and confirmed the systems and processes in place as sufficient to provide assurance on the plan to complete the mandated costing submissions for 2024/25.</p>
5.	Referral of Matters/Action to Board/Committee	The Committee recommended the Opening Budgets 2025/26 to the Board of Directors for approval.
6.	Report compiled by:	Anthony Bell, Non-Executive Director
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Beatrice Fraenkel, Non-Executive Director
Date of Meeting	8 May 2025
Quorate	Yes
The People Performance Committee draw the following key issues and matters to the Board of Directors' attention:	

1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • People Integrated Performance Report • Sickness and Attendance Management Update • Workforce Race Equality Standard (WRES) Report • Workforce Disability Equality Standard (WDES) Report • Employee Relations & Exclusions Activity • Widening Participation • Freedom to Speak Up – Q4 2024/25 • Guardian of Safe Working – Q4 2024/25 • Safer Care (Staffing) Report • Subgroups' Terms of Reference and Work Plans 2025/26 for Approval: <ul style="list-style-type: none"> - Equality, Diversity & Inclusion Group - Educational Governance Group • Key issues Reports: <ul style="list-style-type: none"> - Joint Health & Wellbeing Group - Equality, Diversity & Inclusion Group - Educational Governance Group
2.	Alert	No matters from this meeting to alert to the Board of Directors.
3.	Advise	<p>The Committee received a Sickness and Attendance Management Update Report. A discussion took place regarding the impact of the NHS Professionals pay change on staff health and wellbeing and it was agreed to include further information about the Trust's approach in this area in the Safe Staffing Report to the Board.</p> <p>The Committee received and confirmed the Workforce Race Equality Standard (WRES) Report and Workforce Disability Equality Standard (WDES) Report which trusts were required to publish on an annual basis. The Committee noted the headlines, benchmarking information and actions agreed. The Committee acknowledged areas of improvement and noted that the Trust's Equality, Diversity & Inclusion (EDI) Strategy and Organisational Development Plan would continue to support improvements in WRES and WDES performance.</p> <p>The Committee approved the Terms of Reference and Work Plans 2025/26 of the following subgroups:</p> <ul style="list-style-type: none"> - Equality, Diversity & Inclusion Group - Educational Governance Group

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4.	Assure	<p>Positive assurance received around the following People metrics:</p> <ul style="list-style-type: none"> • Agency expenditure as a percentage of the total pay bill remained at 2.1%, which is below the target of 3.2%. • Time to hire (measuring the time between vacancy authorisation to start date booked) decreased in March to 66 days from 79 in February, however performance remains above the Trust's revised target of 56 days. • Role essential compliance at 94.19%, which is above target. • Turnover (adjusted) has decreased in March to 10.47%, from 10.66% in February and remains under the target of 12.5%. <p>The Committee received a Widening Participation Report and noted positive assurance regarding the widening participation and vocational learning offer, providing career opportunities for communities across Stockport, particularly from underrepresented and deprived areas.</p> <p>The Committee noted positive assurance regarding the growth of the Freedom to Speak Up initiative and associated learning.</p>
5.	Referral of Matters/Action to Board/Committee	-
6.	Report compiled by:	Beatrice Fraenkel, Non-Executive Director
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	22 April 2025 and 27 May 2025
Quorate	Yes
The Quality Committee draw the following key issues and matters to the Board of Directors' attention:	

<p>1. Agenda</p>	<p>In April, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Learning from Deaths – Q3 2024/25 • Quality & Safety Integrated Performance Report • Standing Subgroup Reports: <ul style="list-style-type: none"> - Patient Experience Group Key Issues Report - Patient Safety Group Key Issues Report • Quality Committee Subgroups – Review and approval of Terms of Reference and Work Plans for Subgroups: <ul style="list-style-type: none"> - Patient Experience Group - Health & Safety Joint Consultative Group - Clinical Effectiveness Group - Patient Safety Group • Deep Dive: Risk Mitigation in the Operational Plan <ul style="list-style-type: none"> - Quality Impact Assessments for Cost Improvement Plans and high risk decisions - Review of quality and safety risk appetite • Quality Committee Work Plan & Attendance 2025/26 <p>In May, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Quality Impact Assessment Deep Dive • Annual Quality Account • Patient Safety Quarterly Report • Maternity Services <ul style="list-style-type: none"> - Maternity Perinatal Quality Report - Ockenden / Kirkup Return - Presentation in response to the action in relation to smoking in pregnancy - Quarterly Perinatal Mortality Review Tool Report • StARS Quarterly Report • Complaints Policy (For Approval) • Quality & Safety Integrated Performance Report • Standing Subgroup Alert, Advise & Assure (AAA) Reports: <ul style="list-style-type: none"> - Patient Safety Group AAA Report - Health & Safety Joint Consultative Group AAA Report - Trust Integrated Safeguarding Group Key Issues Report - Patient Experience Group AAA Report • Quality Committee Subgroups – Review and approval of Terms of Reference and Work Plans for Subgroups: <ul style="list-style-type: none"> - Trust Integrated Safeguarding Group • Quality Committee Work Plan & Attendance 2025/26
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2.	Alert	<p><u>Patient Safety Group Key Issues Report – April and May</u></p> <p>The issues regarding paediatric audiology have been previously reported to the Board. The committee heard in April that out of area referrals by GPs were now being rejected, reflecting the lack of mutual aid. In May the position remained unresolved with plans for an interim provider awaiting national sign-off and funding uncertain.</p>
3.	Advise	<p><u>Quality & Safety Integrated Performance Report – April and May</u></p> <ul style="list-style-type: none"> • Performance in relation to pressure ulcers continues to be variable. The committee heard that we have a focus on improvement in the community and in undertaking harm free care reviews which enable us to understand where pressure ulcers are related to sub-optimal care and supports improvement activity. • The committee heard that waiting list validation continues and will develop further with the incentivised revalidation scheme. The committee sought assurance that this process will not further disadvantage already disadvantaged groups. Work is ongoing to segment waiting list data, and this will be reported through the Health Inequalities group. • The committee noted the risk of harm experienced in pressurised urgent and emergency care services (see below). The committee noted that current confidence in the measures to mitigate our no criteria to reside position is low. Work continues to address this at a system level. • Cancer targets were met in March with a drop off in 62 day performance in April. <p><u>Patient Safety Quarterly Report - May</u></p> <p>The committee received an initial report which aimed to triangulate ED pressures with incidents and complaints. Themes in complaints about waiting times, crowding and staff attitude are identified. Three safety incidents were identified. No direct causation of long waiting was identified in the learning from these incidents. Monitoring will continue.</p> <p><u>Learning from Deaths – Q3 2024/25 – April (and May action tracker)</u></p> <p>The committee heard that the Trust continues to review a significant proportion of deaths – 27% in this report against a national expectation of at least 10%. The report identified a shortfall in reviews undertaken in the surgical division and the Medical Director reported in May that this had been rectified. There were no outcome 1 review outcomes this quarter. The committee recognised the 9 reviews in which the review outcome was exemplary in addition to the 16 in which there was suboptimal care which was judged unlikely to have affected the outcome. The group has been asked to focus on learning from positive as well as negative reviews. Actions arising in the quarter are as follows;</p>

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		<ul style="list-style-type: none"> • A bid has gone to the digital prioritisation scheme to develop electronic referrals for SALT services • Learning in relation to VTE care is highlighted in the relevant newsletter • The Patient Safety Group will receive a report into a review of progress since the previous deep dive into end of life provision, noting that this is a recurring theme. <p><u>StARS Quarterly Report</u></p> <p>The committee noted the ongoing embedding of good standards across in-patient and community services. The standards remain appropriate for the ED and CDU and work is ongoing to build on recent improvements in standards.</p> <p><u>Patient Experience Group Key Issues Report</u></p> <p>The committee noted work ongoing to ensure our response to complaints has service and clinical ownership and remains compassionate.</p>
4.	Assure	<p><u>Deep Dive: Risk Mitigation in the Operational Plan - Quality Impact Assessments for Cost Improvement Plans and high risk decisions</u></p> <p>This was initially discussed in April's meeting and the committee requested a further paper in order to seek assurance about the assessment of impact of quality, safety and experience. In May the committee reviewed the high-level plans for CIPs and other balancing actions which had been identified to achieve a 3% CIP, a 5% CIP and to control the remaining control total gap. The committee;</p> <ul style="list-style-type: none"> • Noted a number of schemes which had been rejected or discontinued because they presented an unacceptable risk to quality and safety • Noted that where a scheme does not yet have adequate mitigation it is not yet progressing. • Noted that NICE guidelines are not to the forefront in decision making but that compliance with NICE guidance is reviewed in a regular 3 yearly cycle. • Noted that a number of schemes were in effect a decision not to invest in planned improvements. These schemes are not predicted to result in a decline in quality and safety but to postpone planned improvements to quality, safety and patient experience. • Noted that a number of schemes carry risk as a result of impacting on our ability to manage flow through the in-patient services of the Trust. • Noted that the mitigation for a number schemes requires a strong focus on vacancy management, bank and agency authorisation and monitoring of safe staffing. This approach while carrying some risk also carries the opportunity to improve quality safety and experience for patients and staff through an increased proportion of services being provided by substantive staff. <p>The committee was assured about the implementation of the process to date. The committee discussed the ongoing surveillance of the approved schemes and the process of review of new schemes and schemes which are currently awaiting a final decision to progress. The committee will receive quarterly reports triangulating enacted schemes with reporting including incidents, complaints and</p>

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		<p>operational performance. On a monthly basis the high level plans for new schemes or newly progressing schemes will be reviewed in order to support Board decision making.</p> <p><u>Review of quality and safety risk appetite - April</u></p> <p>The committee received a paper which outlined the rationale behind our risk level and appetite, and confirmed that for Quality and Outcomes our risk level remains cautious and our risk appetite moderate.</p> <p><u>Quality & Safety Integrated Performance Report</u></p> <ul style="list-style-type: none"> • Mortality benchmarking within GM remains positive • Falls reduction improvement remains embedded <p><u>Maternity Perinatal Quality Report, Ockenden and Kirkup return and Quarterly Perinatal Mortality review Tool report - May</u></p> <p>The committee received these papers which provide assurance of our compliance with national and LNMS reporting.</p>
5.	Referral of Matters/Action to Board/Committee	<p><u>Patient Experience Group Terms of Reference and Workplan</u></p> <p>The committee noted that patient involvement in the group membership is limited to Healthwatch. Whilst Healthwatch provide a valuable to the work of the group including signposting to other relevant organisations, the committee reflected that there is no supporting organisational Patient Engagement Strategy and that this should be reviewed in the Board strategic development.</p>
6.	Report compiled by:	Dr Louise Sell (Chair of Quality Committee / Non-Executive Director)
7.	Minutes available from:	Mrs Soile Curtis (Deputy Company Secretary)

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	20 th May 2025
Quorate	Yes

The Audit Committee draw the following key issues and matters to the Board of Director's attention:

1. Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Risk Management Committee Key Issues Report • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Plan 2025/26 • Internal Audit Charter • Anti-Fraud Annual Report 2024/25 • Internal Audit Annual Report and Head of Internal Audit Opinion • Declaration of Interests Annual Review • Accounting Policies update • Review of Waivers • Standing Financial Instructions Breaches • Annual Self Certification: Continuity of Services • Review of NHS Code of Governance • Review of Draft Annual Report 2024/25 • Review of Draft Annual Governance Statement 2024/25 • Annual Accounts 2024/25 • Key Accounting Issues Report • Review of Going Concern Basis of Preparation 2024/25 • External Audit Strategy Memorandum 2024/25
2. Alert	No matters from this meeting to alert to the Board of Directors.
3. Advise	<p>The Committee received a Risk Management Committee Key Issues Report, following meetings held in February and March 2025, providing an overview of ongoing oversight of risk management and detailing the significant risks. The Committee discussed how emergent risks are tracked; having noted new risks with a 15 + score where none previously were recorded.</p> <p>The Committee reviewed the Internal Audit Plan 2025/26 and approved the final version. There will be an update with days added in the next Audit Committee report.</p> <p>The Committee received and noted the Anti-Fraud Annual Report 2024/25.</p> <p>The Committee received and noted the Internal Audit Charter.</p> <p>The Committee approved the updated Accounting Policies, subject to any subsequent updates during the audit of the Annual Accounts.</p> <p>The Committee received and noted the Review of Waivers and Standing</p>

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		<p>Financial Instructions Breaches reports.</p> <p>The Committee received draft versions of the following for 2024/25:</p> <ul style="list-style-type: none"> • Draft Annual Governance Statement; • Draft Annual Report; • Draft Annual Accounts; • Going Concern Basis of Preparation of Accounts <p>The Committee reviewed and noted the above reports and were asked to feedback any amendments or comments by the 23rd May 2025.</p> <p>The Committee received and noted the External Audit Strategy Memorandum for the 2024/25 Annual Accounts and Annual Report. The strategy is consistent in scope with previous years with four significant risks highlighted as revenue recognition, management override of controls, risk of fraud in revenue and expenditure and the valuation of property, plant and equipment.</p>
4.	Assure	<p>The Committee were assured that the Internal Audit Plan for 2024/25 was almost complete with five reports finalised (see below) and the Quality Spot Checks report at final stages with the Draft Report issued. Performance indicators all rated green.</p> <p>The Committee received the final reports for:</p> <ul style="list-style-type: none"> • ESR/Payroll – Substantial Assurance • EPPR Declaration – Substantial Assurance • Risk Management Core Control – High Assurance • Key Financial Systems – Position Statement • Board Assurance Framework Review <p>The Committee asked for assurance on the substantial ratings for ESR and EPPR when considering the follow up recommendations and were assured that these were judged securely as substantial in the overall process.</p> <p>The latter two reports were opinions and position statements and did not require an assurance rating. The Key Financial Systems statement provided assurance that recommendations from the last internal audit report were carried out.</p> <p>The following review are in progress and will conclude by the end of June:</p> <ul style="list-style-type: none"> • Quality Spot Checks • PSIRF Incident Management • Data Protection and Security Toolkit (DPST) <p>The Committee were assured that a detailed report on DPST will be presented to July Committee and will address the IT recommendations on the Follow Up tracker.</p> <p>The Committee received positive progress regarding follow up actions on previous internal audits.</p> <p>The Committee received the Internal Audit Annual Report and Draft Head of Internal Audit opinion. It reported that this will give substantial assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. There were</p>

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		<p>no concerns that this opinion will change once the final reports for Quality Spot Checks, PSIRF and DPST are issued.</p> <p>The Committee received a report of the Annual Review of Conflicts of Interest and received positive assurance of continued compliance with the completion of declarations of interest remaining at 98% in 2024/25.</p> <p>The Committee received a Key Accounting Issues report and considered and noted the significant points relating to the 2024/25 Accounts. Further assurance was provided in the meeting on the accounting treatment specifically related to the purchase of The Meadows land and building.</p>
5.	Referral of Matters/Action to Board/Committee	<p>In considering the Risk Management report the Committee also discussed if further review was required of the Trust's risk appetite. It was confirmed that this would be considered at the June 2025 Board meeting.</p> <p>The Committee received a report to consider the self-declaration on the availability of resources with respect to Continuity of Services. It considered the report and supported a recommendation to the Board of Directors that the Trust will have the required resources available noting specific risks surrounding this declaration.</p> <p>The Committee received a report on the Annual Review of the NHS Code of Governance. It was assured that the Trust complied with the Code's provisions with two exceptions: well led review and levels of remuneration for non-executive directors and explanations detailed for these. The Audit Committee recommend to the Board of Directors to approve.</p>
6.	Report compiled by:	David Hopewell, Chair of Audit Committee (Non-Executive Director)
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

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Meeting date	18 June 2025	Public	X	Agenda Number	8
Meeting	Council of Governors				
Report Title	National Staff Survey 2024				
Presented by	Karen James, Chief Executive	Author	Amanda Bromley, Director of People & Organisational Development		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is asked to note the Staff Survey Results 2024.					

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	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
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	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

This report provides an overview of the results of the National Staff Survey 2024 for Stockport NHS Foundation Trust, including any significant changes, our top and bottom performing areas and next steps.

Lever, Alison
11/06/2025 15:00:31

2024 Staff Survey Results

Council of Governors

18th June 2025

Our 2024 NHS Staff Survey

- The 2024 NHS national staff survey was open from 1st October until 29th November 2024.
- The overall response rate was 45.3% which was 1.8% higher than the previous year (43.5%).
- For the fourth consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise.
- We have improved scores for 1 of the 9 People Promise elements/themes (not statistically a significant change):
 - We work flexibly
- We have a decreased score for 8 of the 9 People Promise elements/themes (not statistically a significant change):
 - We are compassionate and inclusive
 - We each have a voice that counts
 - We are always learning
 - We are safe and healthy
 - We are recognised and rewarded
 - We are a team
 - Staff engagement
 - Morale

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Our 2024 NHS Staff Survey Response Rates



Stockport
NHS Foundation Trust

Division / Directorate	2023	2024	Change
Finance and Procurement	95%	91%	-4%
Chief Executive's Department	65%	94%	29%
Corporate Nursing	70%	68%	-2%
People & OD Directorate	73%	72%	-1%
IT & Information services	65%	79%	14%
Performance & Transformation	73%	74%	1%
Strategy & Planning	-	100%	N/A
Research & Innovation	87%	86%	-1%
Children's Services	41%	54%	13%
Clinical Support Services	52%	60%	8%
Integrated Care	45%	51%	9%
Estates and Facilities	42%	40%	-2%
Medicine	32%	31%	-1%
Surgery	34%	34%	0%
Urgent Care	36%	26%	-10%
Women's Services	40%	43%	3%
Overall	43%	45%	2%

Staff Group	2023	2024	Difference compared to last year
Administrative & Clerical	64%	69%	5%
Healthcare Scientists	51%	58%	7%
Add Prof Scientific & Technic	28%	32%	4%
Allied Health Professionals	54%	60%	6%
Estates and Ancillary	36%	34%	-2%
Nursing & Midwifery Registered	39%	40%	1%
Medical & Dental	37%	34%	-3%
Additional Clinical Services	28%	32%	4%
Overall	43%	45%	2%

Our 2024 NHS Staff Survey Results

People Promise Element / Theme	2022	2023	2024	Statistically significant change compared to last year?	2024 comparator group's average score	Difference to comparator group
We are compassionate & inclusive	7.23	7.41 ↑	7.34 ↓	Not significant	7.21	+0.13
We are recognised & rewarded	5.80	6.09 ↑	6.06 ↓	Not significant	5.92	+0.14
We each have a voice that counts	6.67	6.81 ↑	6.75 ↓	Not significant	6.67	+0.08
We are safe & healthy	5.86	6.18 ↑	6.09 ↓	Not significant	6.09	=Nil
We are always learning	5.39	5.72 ↑	5.71 ↓	Not significant	5.64	+0.07
We work flexibly	6.11	6.35 ↑	6.37 ↑	Not significant	6.24	+0.13
We are a team	6.73	6.94 ↑	6.90 ↓	Not significant	6.74	+0.16
Theme - staff engagement	6.75	6.94 ↑	6.87 ↓	Not significant	6.84	+0.03
Theme – morale	5.68	5.98 ↑	5.95 ↓	Not significant	5.93	+0.02

Our NHS People Promise Scores by demographics



Stockport

NHS Foundation Trust



We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



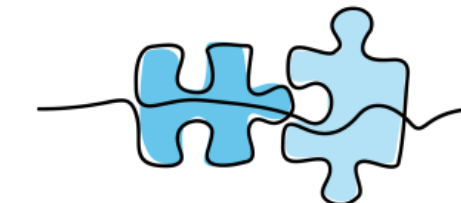
We are safe and
healthy



We are always
learning



We work flexibly



We are a team

Staff Engagement

Morale

Clinical	7.29	5.98	6.74	5.96	5.73	6.26	6.83	6.89	5.78
Non-Clinical	7.47	6.28	6.79	6.52	5.65	6.74	7.12	6.83	6.19
White	7.38	6.07	6.74	6.11	5.58	6.40	6.89	6.81	5.95
BME	7.27	6.17	6.86	6.22	6.33	6.43	7.06	7.19	6.08
Religion	7.49	6.28	6.95	6.21	6.02	6.56	7.11	7.12	6.13
No Religion	7.30	5.95	6.64	6.10	5.45	6.30	6.81	6.68	5.89
Long-Term Condition	7.06	5.68	6.38	5.55	5.27	6.11	6.62	6.50	5.57
No Long-Term Condition	7.44	6.21	6.88	6.33	5.86	6.51	7.02	7.00	6.10
Heterosexual	7.41	6.13	6.81	6.18	5.78	6.43	6.97	6.94	6.03
LGBTQI+	7.15	6.04	6.64	5.88	5.26	6.43	6.77	6.55	5.80
Male	7.37	6.19	6.78	6.31	5.85	6.34	7.01	6.79	6.01
Female	7.40	6.11	6.80	6.11	5.74	6.46	6.95	6.95	6.01

Our NHS People Promise Scores by demographics



Stockport

NHS Foundation Trust



We are
compassionate
and inclusive



We are recognised
and rewarded



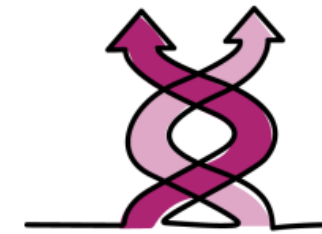
We each have a
voice that counts



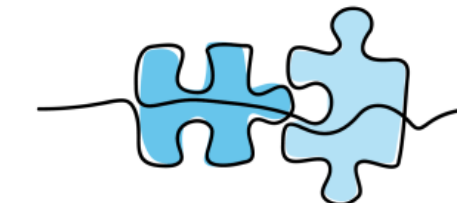
We are safe and
healthy



We are always
learning



We work flexibly



We are a team

Staff Engagement

Morale

16-20	No data available due to responses less than 10								
21-30	7.33	5.90	6.55	5.96	5.77	5.83	6.99	6.56	5.80
31-40	7.39	6.04	6.84	6.12	5.87	6.54	6.99	6.96	5.90
41-50	7.42	6.22	6.85	6.11	5.82	6.49	6.97	6.95	5.96
51-65	7.27	6.06	6.67	6.13	5.52	6.39	6.81	6.84	6.02
66+	7.45	6.29	6.88	7.09	5.58	6.67	6.92	7.16	6.83
Less than 1 year	7.70	6.53	6.94	6.65	5.07	6.47	7.29	7.13	6.42
1-2 years	7.38	6.17	6.78	6.34	6.12	6.49	7.04	6.94	6.11
3-5 years	7.36	6.12	6.75	6.06	5.95	6.30	6.95	6.89	5.89
6-10 years	7.24	5.86	6.65	5.91	5.45	6.24	6.79	6.76	5.76
11-15 years	7.27	5.93	6.68	6.06	5.68	6.34	6.74	6.80	5.87
More than 15 years	7.32	6.04	6.76	6.04	5.56	6.50	6.86	6.83	5.96
Up to 29 hours	7.30	6.00	6.59	6.27	5.40	6.76	6.75	6.74	5.97
30 hours or more	7.35	6.08	6.79	6.07	5.78	6.28	6.95	6.90	5.95

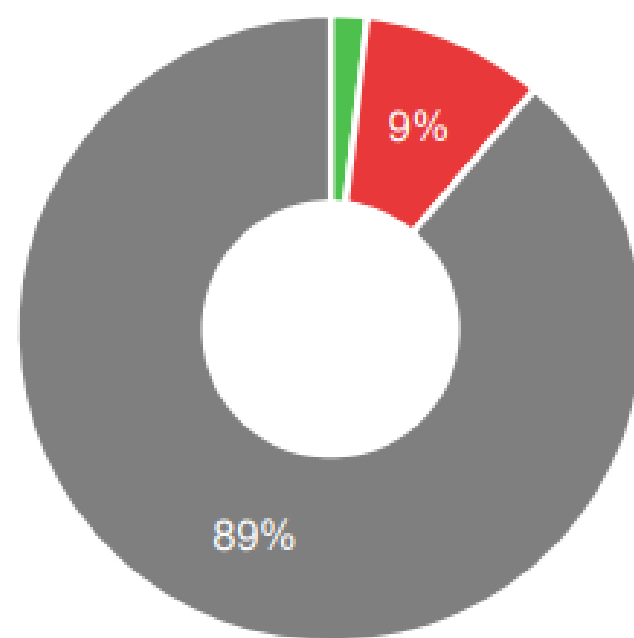
2024 Staff survey: Significant changes



Stockport
NHS Foundation Trust

Question	2023	2024	Difference
7e I enjoy working with the colleagues in my team.	84.9%	82.3%	-2.6%
7g In my team disagreements are dealt with constructively.	60.5%	57.7%	-2.8%
7h I feel valued by my team.	74.3%	71.3%	-3.0%
8b The people I work with are understanding and kind to one another.	77.0%	74.1%	-2.9%
8c The people I work with are polite and treat each other with respect.	78.1%	75.2%	-2.9%
13c In the last 12 months, I have personally experienced physical violence at work from other colleagues.	1.2%	1.9%	+0.7%
14c In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.	13.2%	16.8%	+3.7%
20a I would feel secure raising concerns about unsafe clinical practice.	74.0%	71.4%	-2.6%
25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	63.4%	60.7%	-2.7%
25f If I spoke up about something that concerned me I am confident my organisation would address my concern.	52.3%	48.9%	-3.3%

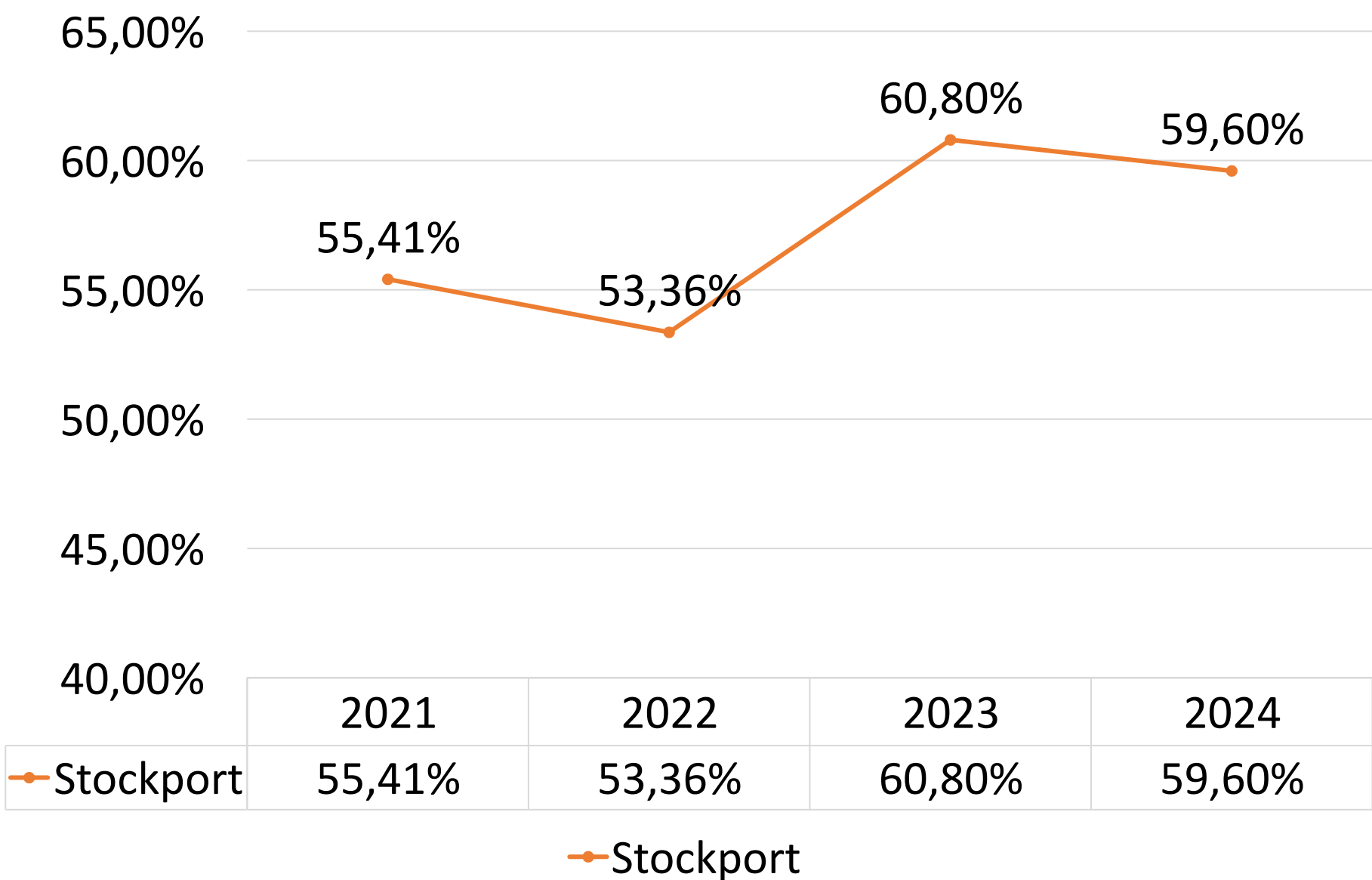
Question	2023	2024	Difference
3i There are enough staff at this organisation for me to do my job properly.	30.0%	32.9%	+3.0%
23a In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	84.8%	87.8%	+3.0%



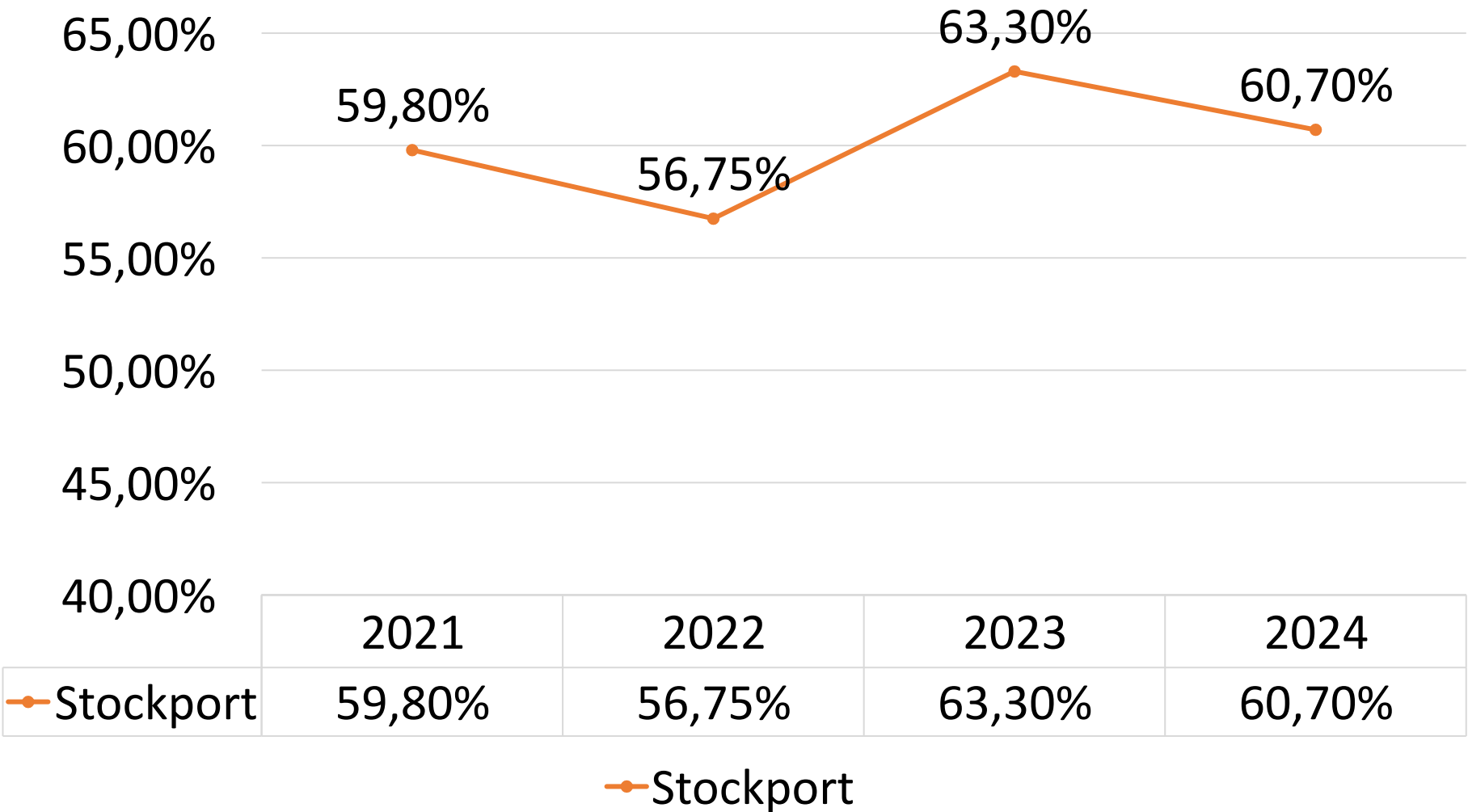
- 2 (2%) question(s) have shown significant improvements since 2023
- 10 (9%) question(s) have shown significant declines since 2023
- 95 (89%) question(s) have shown no significant movements since 2023 or score is suppressed

Staff friends and family test

I would recommend my organisation as a place to work. (Agree/Strongly Agree)



If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly Agree).



2024 Staff survey: Top/Bottom 10 results

Most improved

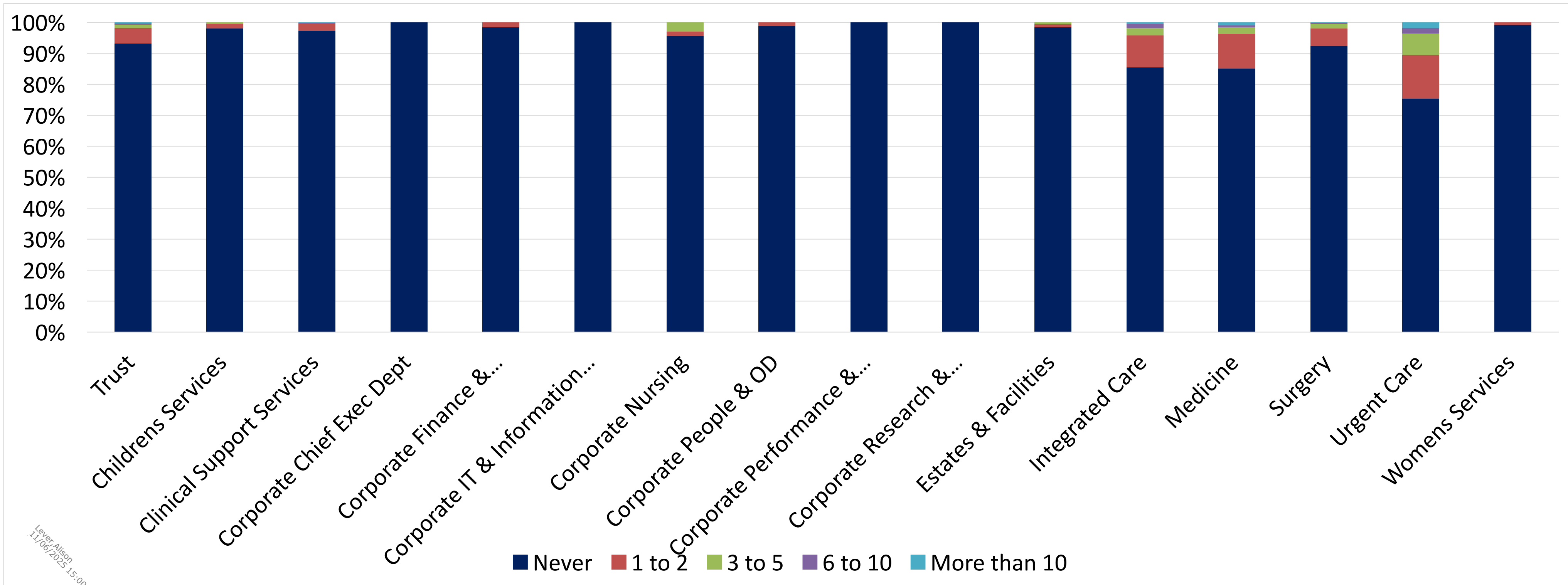
On what grounds have you experienced discrimination? Other	Staff not selecting	+4.4%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Staff selecting Yes	+3.2%
I can eat nutritious and affordable food while I am working.	Staff selecting Often/Always	+2.8%
There are enough staff at this organisation for me to do my job properly.	Staff selecting Agree/Strongly agree	+2.8%
On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Staff selecting 0 hours	+2.6%
I have a choice in deciding how to do my work.	Staff selecting Often/Always	+2.4%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	Staff selecting Yes	+1.9%
The opportunities for flexible working patterns.	Staff selecting Satisfied/Very satisfied	+1.5%
I can approach my immediate manager to talk openly about flexible working.	Staff selecting Agree/Strongly agree	+1.4%
My organisation takes positive action on health and well-being.	Staff selecting Agree/Strongly agree	+1.1%

Most declined

I am able to access the right learning and development opportunities when I need to.	Staff selecting Agree/Strongly agree	-2.7%
The people I work with are polite and treat each other with respect.	Staff selecting Agree/Strongly agree	-2.8%
In my team disagreements are dealt with constructively.	Staff selecting Agree/Strongly agree	-2.8%
The people I work with are understanding and kind to one another.	Staff selecting Agree/Strongly agree	-2.9%
I feel valued by my team.	Staff selecting Agree/Strongly agree	-3.1%
On what grounds have you experienced discrimination? Gender	Staff not selecting	-3.2%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	Staff selecting Agree/Strongly agree	-3.3%
In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Staff selecting Never	-3.5%
On what grounds have you experienced discrimination? Disability	Staff not selecting	-3.5%
The last time you experienced physical violence at work, did you or a colleague report it?	Staff selecting Yes	-5.5%

2024 Staff survey: Sexual safety

17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from *patients / service users, their relatives or other members of the public*?



Lever Alison
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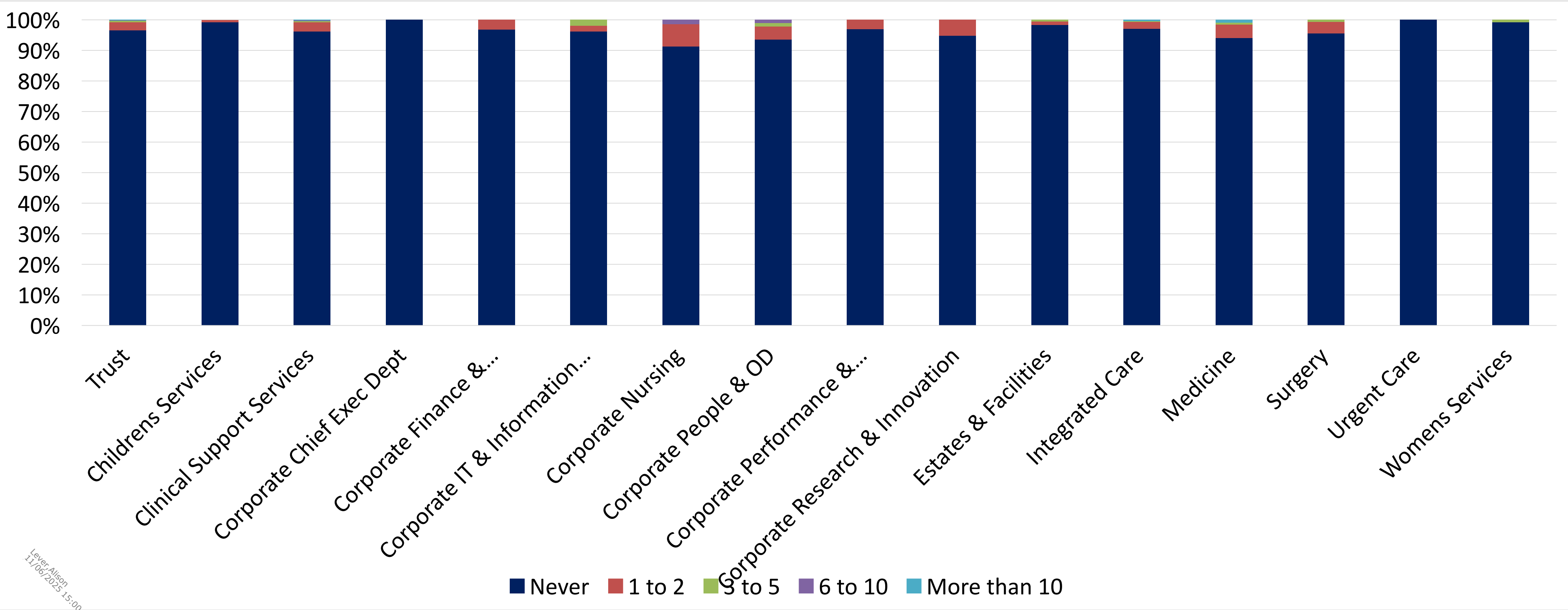
2024 Staff survey: Sexual safety



Stockport

NHS Foundation Trust

17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from *staff / colleagues*?



Lever Alison
11/06/2025 15:00:31

Key headlines

- There was no significant movement across the Trust for People Promise Scores: We work flexibly saw the only increase. Urgent Care scored the lowest on all the themes.
- Significant differences between clinical and non-clinical respondents, most notably in safe and healthy scores, we work flexibly and moral scores.
- Staff with a long-term condition were less positive across all the People Promise themes.
- BME staff were generally more positive than white staff, except for the we are compassionate and inclusive score.
- Staff with a religion were more positive than staff without a religion or belief.
- Healthcare Scientists & staff with 3-10 years service feel less positive about working at the Trust.

Next steps...

- Key Governance Groups will receive a detailed analysis of specific results during March and April
- Free text shared with our Executive Management Team and management teams within divisions
- The OD Service have worked with the Communications Team to devise a high-impact communication plan which will help to celebrate and translate our results both internally and externally. This provides a further opportunity to demonstrate to our employees that we listen and act upon their feedback and we continue to be fully committed to being a great place to work.
- The OD Service have supported divisions with interpreting and cascading their results, facilitating designing and facilitating action planning sessions, facilitating the sharing of learning across divisions/directorates, etc.
- Planning for this year's survey (2025) has already commenced.

Meeting date	18 June 2025	Public	X	Agenda Number	9.1
Meeting	Council of Governors				
Report Title	Summary Operational Plan 2025/26				
Presented by	Paul Buckley, Director of Strategy & Partnerships	Author	Andy Bailey, Deputy Director of Strategy & Partnerships Angela Dawber, Head of Strategy & Partnerships		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors are asked to note the summary operational plan for 2025/26.					

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
X	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

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

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
X	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
X	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities

X	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
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
X	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
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X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	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 Council of Governors were provided with details of the Trust's Operational Planning submission at the last meeting.

The purpose of this report is to provide a summary of the final annual operational plan submission.

Lever, Alison
11/06/2025 15:00:31

Reducing Waiting Times

- Reduce the waiting list by **6,657**
- Nobody waiting over 52 weeks
- **65%** seen within 18 weeks
- **67%** for first appointment
- **85%** day case rate
- **85%** theatre utilisation
- **<5%** diagnostics over 6 weeks

Improving Emergency Care

- **78%** seen in ED within 4 hrs by Mar 2026
- Reduce 12 hour waits to **10.5%**
- Average ambulance handover 27 mins – none over 45 minutes
- Over **70%** urgent community responses within 2 hours

Improving Quality

- Surpass national cancer standards
 - **80%** diagnosed in 28 days
 - **75%** seen in 62 days
 - **91%** treated in 31 days
- Reduce length of stay
- **£35.4m** Capital Programme

Improving Productivity

- Balanced financial position
- Deliver **£29.2m** Trust Efficiency Programme
- Cap agency spend at **£6.3m**
- Cap bank spend at **£30.9m**
- DNA rate target of less **6.3%**
- Increase PIFU rates to **5%**

Supporting our Workforce

- Improve staff retention to **11.5%**
- Reduce sickness rates to **5.5%**
- **1%** reduction in WTEs via Trust Efficiency Programme
- **11%** reduction in bank staff
- **31%** reduction in agency staff

Reducing Inequality

- **80%** virtual ward occupancy
- No community waits over 52 weeks



Meeting date	18 June 2025	Public	X	Agenda Number	9.2
Meeting	Council of Governors				
Report Title	Corporate Objectives and Key Outcome Measures End Year Outcome 2024/25 and Outcome Measures 2025/26				
Presented by	Paul Buckley, Director of Strategy & Partnerships	Author	Matt Edwards, Strategy & Partnerships Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is asked to; a) Note the end-of-year progress against the key outcome measures for 2024/25. b) Note the key outcome measures for 2025/26.					

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
X	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

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

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		NHS Trust
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Executive Summary

This paper provides a summary report on progress against the Trust's annual corporate objectives key outcome measures for 2024/25 and the outcomes measures 2025/26.

The Council of Governors are asked to note the year end position for 2024/25 (**Appendix 1**). Out of the 50 objectives, there were 7 recorded as red, 12 recorded as Amber, 31 recorded as green.

The 2025/26 corporate objectives remain the same. However, the outcome measures have been updated (**Appendix 2**) to reflect:

- New/updated outcomes in line with the national planning guidance for 2025/26
- Continuation of measures from 2024/25 where relevant
- Updates received from Executive Directors

Further detail on all objectives and a narrative report is included in the public Board papers.

Lever, Alison
11/06/2025 15:00:31

Appendix 1 - Key Outcome Measures 2024/25

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
Deliver national waiting time / performance requirements, including: <ul style="list-style-type: none"> 78% seen within 4hrs in ED by March 25 	R	The Trust put forward a trajectory of 65.0% for the end of March 2025, which was over-achieved with a performance of 69.0%. This includes both T1 and T3 activity, T3 includes SHH and Community UTC
<ul style="list-style-type: none"> 92% bed occupancy for G&A, Paeds and Adult Critical Care across 2024/25 	G	Average bed occupancy for the total G&A bed base YTD stands at 93.1% which is in line with trajectory. However, broken down by area sees a higher occupancy across the adult bed base of 93.5%, and lower occupancy in paediatric and critical care areas (Paediatric G&A 60.3%, Adult Critical Care 67.7%)
<ul style="list-style-type: none"> Maintain zero waits of over 65 weeks for elective care by Sep 24 	G	The position at the end of March-25 was 34 patients waiting over 65 weeks. Many of these remaining patients were due to patient choice or complexity factors. This represents a 94.9% reduction over the past year.
<ul style="list-style-type: none"> Reduce waits of over 52 weeks for elective care by end of Mar 25 	G	The position at the end of March-25 was 1644 patients waiting over 52 weeks. This represents a 45.4% reduction over the past year.
<ul style="list-style-type: none"> 77% performance against cancer faster diagnosis standard by Mar 25 	G	The Trust delivered and remained ahead of its improvement trajectory throughout the year, exceeding the 77% national target for 8 out of 12 months. Forecast end of March-25 position is 82.2%
<ul style="list-style-type: none"> 70% performance against cancer 62 day waits standard by Mar 25 	G	The Trust delivered and remained ahead of its improvement trajectory throughout the year, exceeding the 70% national target for 8 out of 12 months. Forecast end of March-25 position is 73.2%.
<ul style="list-style-type: none"> 95% performance diagnostic tests in under 6 weeks by Mar 25 	A	The position at the end of March-25 was 76.7%. A pause in the paediatric audiology service has been the primary driver for this deteriorated position. Challenges are also being experienced in MR scanning, Endoscopy and Echocardiography. Recovery plans are in place for those areas and the Trust continues to increase activity internally and through the Community Diagnostic Centre
<ul style="list-style-type: none"> Improve access to virtual wards by ensuring utilisation is consistently above 80%, with a focus on frailty, acute respiratory infection, heart failure and CYP. 	R	The position at the end of March-25 was 56.45% utilisation of the 50 available Virtual Ward beds: a deterioration from December position. (73.48% of the beds utilised were attributed to admission avoidance and 26.52% step down.) Deep Dive is being undertaken to understand the reasons for the drop in referrals.
<ul style="list-style-type: none"> 85% Theatre Utilisation 	A	Stockport CTTU is 80.1% which is above the national average. Specialty level analysis is being undertaken with trajectories and action plans in place. Booked utilisation increased to 107%. Hospital on the day cancellations reduced by 30%. Average late starts time decreased to 35 minutes, (below national average). A review of procedure times and coding is being undertaken.
<ul style="list-style-type: none"> Proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 	R	Stockport rate is 43.3% for 24/25, lower than the national requirement and slightly lower than the 44% submitted operational plan. Stockport is in the second quartile and benchmarks against a national rate of 44.7% and GM Peers 43.3%. An electronic

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
		clinic outcome system (CLIO) has been developed and implemented alongside a review of coding of procedures being undertaken in outpatient clinics.
To ensure the new Patient Safety Incident Response Framework (PSIRF) is embedded across the organisation.	G	PSIRF related processes were trialled and tested in 2023/24 with a formal launch and full transition completed on 1st April 2024. Throughout 2024/25 the way in which the Trust responds to patient safety incidents has been in line with the new national requirements and work to embed the changes across all areas of the Trust has been ongoing. Trust has developed a Patient Safety Incident Response Plan. The Trust is currently reviewing the ongoing training requirements for the organisation relating to PSIRF and related learning responses including patient safety incident investigations (PSII), After action review (AAR), multi-disciplinary team responses (MDT), SWARM huddles etc. This will be a key priority for 2025/26 for the organisation to ensure that skills are embedded across the organisation.
To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2024/25.	G	<p>Progress towards objectives is regularly communicated to Quality Committee, which includes.</p> <ul style="list-style-type: none"> • Being on Track with progress against implementation of Saving Babies Lives Care Bundle Implementation Plan v3 as detailed in CNST - Year 6 successfully achieved • Smoking At Time of Delivery National Target 4.0%- At end of March 2025, the Trust is on an upward trajectory, currently 7.14%. There is an action plan in place • Transition for young people to adult services continues to be a priority. NHS E has extended funding for a further year to ensure the TYA project for Diabetes can continue this vital work for the transition of young people into adult services. • Target of 5% Reduction in overall number of falls per 1000 bed days (BD) = Ratio 2.68 per 1000 BD. Current 598 = 2.64 per 1000 BD. • 90% target for Timely recognition of Sepsis. Currently at 96% (rolling 12 month performance).
Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition. <i>Lever Alison 11/06/2025 15:00:31</i>	G	<p>Quarterly submissions provided to LMNS shows progress being on track for full implementation of all 4 themes of the plan. Trust is fully compliant with all ten safety actions for CNST year 6. CNST year 7 launched on 2 April 2025.</p> <p>Joint LMNS and Regional team visit on 15th October 2024 to review Maternity & Neonatal collaborative working, final report received December 2024 with recommendations for areas to be focused on, action plan in place to be monitored through divisional & regional governance processes. Next annual visit is November 2025. Neonatal - Fi Care re- accreditation completed in November 2024, have sustained Green. Neonatal team remain compliant with all but one BAPM standard, which relates to tier 1 medical cover, business case is with the Specialist Commissioner for review and decision.</p>

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To continue the roll out of the StARS Accreditation Programme, improving the number of areas achieving 'green' and 'blue' status.	G	As of March 2025, 17 areas attained Blue StARS status, increase of 7 from previous year. 6 areas successfully retained their Blue StARS status, with 1 area pending panel attendance. This reflects established quality, and safety practices and demonstrates full team engagement with the StARS accreditation programme. All targets set for 2024/2025 were exceeded. With more areas now achieving green and blue status, frequency of assessments has been reduced, allowing for potential expansion of the program. Collaboration ongoing with colleagues from Clinical Scientific Services to develop StARS standards for outpatient areas.

2 - Support the health and wellbeing needs of our community and colleagues		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To support the Health & Wellbeing of our colleagues through a range of Health & Wellbeing initiatives, reducing sickness and absence levels.	A	Our March 2025 end of year rolling sickness level was 5.83% against a target of 5.5%. This is split by 1.87% short term and 3.96% long term absence. In March 2024 our overall sickness rate was at 4.92% this sickness rate increased to 6.28% in July 2024 and to 6.42% in December 2024 and has been reduced to 5.51%. This is slightly higher than the previous year which has seen a higher level of Noro virus. Long term sickness levels have returned to their lowest levels in 12 month (3.38% from a height of 4.32% in July 2024). We continue to deliver a range of health and wellbeing initiatives, to support staff to remain in work, reduce absence length and return to work as soon as possible, with reasonable adjustments in place.
To take an active role in the delivery of Locality Provider Collaborative programmes to improve primary/secondary health and wellbeing outcomes through evidence-based interventions.	G	Trust is fully engaged in a range of collaborative programmes of work across the locality. Trust has progressed the planned review of the current priorities and also the role of the provider partnership group, which is due to complete in Q1 2025.
The Trust Strategy is refreshed during Q4 following the appointment of a new chair	R	Initial engagement has taken place with the Board and a revised strategic framework supported. Timeline and process are due to be considered by the Board in Q1 2025 that will see a new joint organisational strategy being developed with Tameside & Glossop ICFT a planned timescale for completion is the end of Q1 2026/27.
The Trust Planning round is undertaken and completed in Q3-Q4 2024/25.	G	A joint Planning Executive oversight group is now in place as is a planning team to oversee the planning round both externally and internally. The Trust is engaged with the GM planning hub and the locality to ensure plans are robust and aligned. A summary operational plan is being developed.

3 -Develop effective partnerships to address health and wellbeing inequalities.

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.	G	Each Director has identified areas that have been the subject to Executive Team review and update to the Board that demonstrate what has been and what will be done in support of corporate/non-clinical integration.
To develop joint working opportunities for collaboration between Tameside & Glossop and Stockport within the priority clinical services identified; Gastroenterology & Radiology.	G	The joint Clinical Service Partnerships Group continues to oversee this work and has seen progress within Radiology, Gastroenterology and more recently Pharmacy services. All Divisional Strategies have been completed and the final work to draw the outputs of this into a new joint Clinical Strategy with Tameside & Glossop ICFT is in progress and due to complete at the end of Q1 2025/26.
To monitor the benefits of collaboration between Tameside & Glossop and Stockport	G	Process is in place to identify and monitor the anticipated benefits associated with the collaborative work between both Trusts. This will be brought to the Executive Team for review and reported to the Board thereafter in the next scheduled update in October 2025.
To increase participation and awareness of the wider partnership agenda across locality and GM collaborative programmes e.g. GM Sustainability Plan	G	Reports covering pertinent matters from within the locality was presented to the Board in October and April. Relevant matters within GM have been covered with various reports to the Board. A new GM update is to be provided in October 2025. The Trust was engaged in the development of the locality sustainability plan.
Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	G	The Trust has completed a self-assessment, held a Board Development Session and established an internal multidisciplinary Health Inequalities Group. A Health Inequalities workplan is in place
Support the locality vision for development of an intermediate care facility ensuring it supports the needs of the Trust and Community Patient Population.	A	Trust continues to work with the local authority on the St Thomas' development in order to resolve to the queries following a review by the Board of the Outline Business Case. Continued discussions taking place to determine the final operational arrangements, which will determine the Trust's role in the provision of services

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To continue with the OD, Talent and Leadership Plan, strengthening leadership and management approaches, fostering and improving working relationships within teams and across the organisation.	G	Continue to strengthen our approach to developing positive working relationships across the Trust, evidenced in our 2024 staff survey scores – moving from a score of 6.71 in 2022 to 6.90 in 2024. Key achievements include: <ul style="list-style-type: none"> Enhanced our leadership & management development offer through introduction of coaching skills training course, 1-day introduction to compassionate & inclusive leadership course, appraisals with impact training, inclusive recruitment training etc. Designed and launched new multi-disciplinary 'Leading with Impact'

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
		<p>Development Programme. To date 30 individuals on band 8A and above, including Medical Consultants and Clinical Directors have started the programme.</p> <ul style="list-style-type: none"> • Provided OD consultancy support to help improve working relationships. • Designed and launched the new C.A.R.E. values & behaviours and introduced the new Let's Talk Conversation Toolkit to help improve appraisal and 121 discussions. • Delivered phase 1 of the Trust's Civility Saves Lives Programme – 48% of the workforce attended the CSL awareness session. This is now being followed by phase 2 of the programme. • Delivered a sexual safety pilot training programme between October and December 2024. Pilot has been evaluated and informed a roll-out plan starting in Q1 2025-26.
To develop workforce plans that builds on the future workforce requirements, new roles, apprenticeships and is in line with the NHS Long Term Workforce Plan.	G	<p>Workforce approach has been to develop plans to fill our vacancies, reducing reliance on temporary staffing. Maximising our grow our own priorities creating internal career pathways with 58 ACPs with a further 9 in September. We have supported development of nursing and AHP colleagues through apprenticeships; we increased the number of live apprentices to 196 across 36 distinct apprenticeship programmes aiding workforce development.</p>
Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and improving colleague experience.	A	<p>The Trust continues to implement the EDI Strategy 2022-25. In the last 12 months, we have had a specific focus on the following areas to help accelerate the progress of our EDI journey:</p> <ul style="list-style-type: none"> • <u>Inclusive recruitment</u>: The target was to reduce the score to under 1.5, however a score of 1.61 shows a worsening position. • <u>Becoming an anti-racist organisation</u>: We have been accredited as Bronze by the NW BAME Assembly, Anti-Racism Framework. 2 other Trusts within Greater Manchester are bronze award holders. • <u>Bullying and harassment</u>: BAME staff reporting bullying is 15.32%. This is above target but an improvement in the previous 12 months. Disability/long-term health condition was 16.81%, a worsening position on the previous 12 months. (Target=<10%; currently 16.81%)
Continue to build the Place-Based collaborative working partnership with the Local Authorities within Tameside & Stockport, working with colleges in both localities to co-create and deliver employment opportunities for our residents of Stockport and Tameside.	G	<p>Strengthened collaboration with partners inc: Stockport MBC, Department for Work and Pensions, Trafford and Stockport College Group, Manchester College, UCEN Manchester college and the King's Trust. Offering opportunities for work experience and pre-employment programmes for Young Care Leavers, long term unemployed, and young people not in employment, education or training (NEET). Increased the number of T levels by 80% from 100 and led the way in GM to expand placement opportunities to include areas such as maternity. 24 Pre-Employment Placements have taken place (inc NEETS & Young Care Leavers)</p>

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
		with 14 individuals gaining employment post programme. We have facilitated 184 Work Experience placements.
To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.	A	The Trust Workforce Efficiency Group (WEG) continues to focus on temporary staffing expenditure. In March 2025, 1.93% of total pay bill related to agency usage, below the 2024/25 target of 3.2%, Agency price cap compliance increased to 63% in March 2025 which is above NW NHSE target of 60%. Revised medical bank rates, agreed across GM, to be implemented from May 2025.
Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions	G	Turnover rate in March 2025 was 10.84% - below our target of 12.5%, and a decrease of 0.07% compared to Feb 2025. In April 2024 this was 11.4%. Turnover saw a notable decrease between October 2024 and January 2025. A career progression task group has been established for delivering specific EDI actions. Our grow our own initiatives have supported Health Care Support Workers to progress onto funded Student Nursing Associate and Degree Nurse Apprenticeships – 6 qualified in July 2024 with a further 20 on programme due to qualify in 2025.
To respond proactively to staff survey feedback to demonstrate improvements.	G	The overall response rate was 45.3% which was 1.8% higher than the previous year (43.5%). Improved scores for 1 of the 9 People Promise elements/themes (not statistically a significant change): We work flexibly. Showed a decreased score for 8 of the 9 People Promise elements/themes (though not statistically a significant change). 2 (2%) questions showed a significant improvement. 10 (9%) showed a significant decline. 95 (895) of the questions showed no significant movement. Stockport's results were the second highest in GM amongst peer provider organisations. Utilising the 2024 staff survey results to target particular interventions such as reasonable adjustment training, big conversation sessions, and promoting phase two of the CSL Programme which are 'Having the Conversation' sessions.

5 - Drive service improvement through high quality research, innovation and transformation.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
Develop locality-wide research programmes through facilitation of system wide trials.	A	For 2024/25: 29 new studies opened at Stockport across 14 specialities, compared to 39 new studies across 17 specialities in 2023/24. This decrease if predominantly due to studies coming into the portfolio with increased complexity compared to the previous year as well as more limited staffing in the RD&I office to support the project management around an increased volume of new study set-

5 - Drive service improvement through high quality research, innovation and transformation.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
		up opportunities.
To implement the Trust Research and Development Strategy objectives for 2024/25.	A	Strategic delivery of the 5-year RD&I strategy is coming to its mid-point at the end of 2024/25 with ~70-75% on target: Key areas to work on continue to be: Improving the research infrastructure and development of a full quality management system across the 2 sites to provide consistency and efficiency in research delivery, as well as focussing on increasing our commercial portfolios for income generation to sustain our current and future research delivery workforce. .
To implement the Trust Transformation & Service Improvement strategy objectives for 2024/25.	G	SFT Transformation Team have supported with 21 different improvement schemes throughout the year. We developed a joint Continuous Improvement Strategy, aligned to the NHS IMPACT Framework. Completed year one of our implementation plan, with plans commencing for year 2.
To deliver, in partnership, the Community Diagnostic Centre, to the agreed specification by Q3 2024/25.	G	CDC opened on 1st August 2024. Provision of MR/CT/Dexa scanning & ECHO with over 10,000 patients seen in the first six months. Full IT integration work progressing. Addition of Ultrasound completed in March 2025.
To complete an update of the Trust's website.	R	Work has continued but a revised completion date is now October 2025.

6 - Use our resources efficiently and effectively.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To deliver the Trust's Financial, Revenue and Capital Plan.	G	The Trust ended the financial year 2024/25 £16.9m adverse to plan. This is £0.4m favourable to plan for GM ICB system reporting purposes, which is the agreed out-turn position.
To deliver the Trust's financial efficiency programme (STEP/CIP).	G	The Trust delivered the full £24.6m savings target in 2024/25. Recurrently £7.1m was delivered, which is a £5.2m shortfall for 2025/26.
To complete the final accounts for the year end which receive a compliant audit report.	G	Final accounts completed and external audit review underway. On track to deliver as planned.
To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.	G	Trust performance report encompasses the following metrics (Theatre Productivity/ utilisation, Patient per list, Outpatient utilisation, Remote attendances, DNA rates, PIFU rates, Utilisation of A&G and LOS – Elective & non-elective) to help improve operational and clinical productivity. The Trusts internal GIRFT 'Further Faster' programme is well embedded and has supported improved performance against several metrics through identifying areas of opportunity and best practice, benchmarking using model health system data, and shared learning. Trust is in the top quartile nationally for PIFU and A&G and has made gradual improvement on theatre utilisation and DNA rates

7 - Develop our Estate and Digital infrastructure to meet service and user needs.

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
To complete the Emergency Department (ED) expansion scheme.	A	The ED expansion scheme is now due to be completed in May 2025 following delays within the programme.
To complete the Meadows PFI hand back process.	G	The Meadows PFI hand back process has completed in September 2024. A further piece of work has been taken forward on the facility being transferred to Pennine Care NHS FT which is planned to complete in May 25.
To complete the EPR Business Case and recruitment process across both Tameside and Stockport	A	The OBC was passed by national EPRIB (EPR Investment Board) on December 11th, 2024. The Trust published ITT (Invitation to Tender) on the 3rd of April 2025. Contract Award Decision expected August 2025.
The rollout of the new digital Laboratory Information System is completed.	A	Cellular pathology & Microbiology due to go live in June 2025. Biochemistry, Haematology & Blood Transfusion implementation due September 2025, following analyser replacement programme completion
To agree a plan for the replacement or refurbishment of the Beech House datacentre to mitigate significant issues with cooling equipment.	R	Feasibility study completed and initial options generated, which are being reviewed to ensure any solution is both affordable and delivered in a shorter timeframe. Updated business case will be produced with a view that an approved scheme will be taken forward in 2026/27. Mitigations in place are reflected in updated business continuity plan.
To develop and implement a Way Finding Strategy.	R	There has been a series of workshops held with multiple stakeholders to look at the development of a way finding strategy which commenced in April 2025.
To deliver the Trust's Green Plan objectives for 2024/25	G	<p>Joint Green Plan in development to be presented to board in summer of 2025. Over the past 12 months, Trust has made positive progress to promote Net Zero Clinical Transformation.</p> <p>Other key projects delivered this year include:</p> <ul style="list-style-type: none"> • 8 large trees planted on site to improve nature and greenspace • Staff travel survey completed • Improved waste segregation • Your Medicine Matters encouraging patients to bring their own medicine into hospital • 10% social value included in tenders to understand suppliers commitment to net zero • Continued to review the restaurant and patient menu and introduced lower carbon dishes
To continue to engage key stakeholders in the development of the new hospital OBC and to complete a transition plan for the hospital site to address the poor capital stock.	A	Strategic Outline Business Case for new hospital has been completed. Existing property stock within the Trust is being managed within current constraints. Priorities will be reevaluated and further updates provided after commencement of new Executive Director of Estates and Facilities across both trusts in June 25.
To develop a business continuity plan for Pathology services to address the fragility of the estate.	G	Outline scheme has been developed with estates for the minimum requirement for an on-site Pathology service that supports acute services. Capital funding not

7 - Develop our Estate and Digital infrastructure to meet service and user needs.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	End of Year Progress
		available at present to support further progression. Work ongoing to identify alternative options in the event of building failure.
To progress the revised TIF scheme to build a new Outpatient facility subject to NHSE approval.	G	Business case approved. Building is being progressed at pace following the completion of the re-design. Building is scheduled to be completed at the end of August so will be operational in September 2025.

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Appendix 2 - Key Outcome Measures 2025/26

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>		Executive Director Lead(s)
1 - Deliver personalised, safe and caring services		
Deliver national waiting time / performance requirements, including:		
• Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026		JMcS/JOB
• Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026		JMcS/JOB
• Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026		JMcS/JOB
• Improve performance against the headline 62-day cancer standard to 75% by March 2026		JMcS/JOB
• Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026		JMcS/JOB
• Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25		JMcS/JOB
To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2025/26.		NF/JB
Develop a joint quality strategy in Q3 2025/26.		PB
Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition.		NF/JB
To continue the roll out of the StARS Accreditation Programme, improving the number of areas achieving 'green' and 'blue' status.		NF/JB
2 - Support the health and wellbeing needs of our community and colleagues		
To support the Health & Wellbeing of our colleagues through a range of Health & Wellbeing initiatives, reducing sickness and absence levels.		AB
Develop a new joint operational planning process and complete in Q4 2025/26.		PB
Develop a new joint organisational strategy by the end of Q1 2026/27.		PB
3 - Develop effective partnerships to address health and wellbeing inequalities.		
To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.		All
Develop a new joint clinical strategy by Q2 2025/26.		PB
To develop joint working opportunities for collaboration between Tameside & Glossop and Stockport within the priority clinical services identified; Gastroenterology, Radiology, Pathology and Pharmacy.		PB
Implement the health inequalities action plan and progress each of the underpinning actions within each of the five priorities.		DS/AL
Support the locality vision for development of an intermediate care facility in Stockport ensuring it supports the needs of the Trust and Community Patient Population.		JMcS/PB
4 - Develop a diverse, talented and motivated workforce to meet future service and user needs		
To continue with the OD, Talent and Leadership Plan, strengthening leadership and management approaches, fostering and improving working relationships within teams and across the organisation.		AB
To develop workforce plans that builds on the future workforce requirements, new roles, apprenticeships and is in line with the NHS Long Term Workforce Plan.		AB
Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and improving colleague experience.		AB
Continue to build the Place-Based collaborative working partnership with the Local Authorities within Tameside & Stockport, working with colleges in both localities to co-create and deliver employment opportunities for our residents of Stockport and Tameside.		AB

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>		Executive Director Lead(s)
	To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.	All
	Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions.	AB
	To respond proactively to staff survey feedback to demonstrate improvements.	All
5 - Drive service improvement through high quality research, innovation and transformation.		
	To implement the Trust Research and Development Strategy objectives for 2025/26.	DS/AL
	To implement the Trust Transformation & Service Improvement strategy objectives for 2025/26.	KJ
	To complete an update of the Trust's website.	PN
6 - Use our resources efficiently and effectively.		
	To deliver the Trust's Financial, Revenue and Capital Plans.	All
	To deliver the Trust's financial efficiency programmes.	All
	To complete the final accounts for the year end which receive a compliant audit report.	JG
	To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.	DS/AL
7 - Develop our Estate and Digital infrastructure to meet service and user needs.		
	To complete the EPR Business Case by January 2026 and recruitment process across both Tameside and Stockport by March 2026.	PN
	The rollout of the new digital Laboratory Information System is completed. T&G - October 2025 – Blood Transfusion; February 2026 - Microbiology SFT - June / July – Microbiology and Cellular Pathology; September / October – Biochemistry, Haematology and Blood Transfusion.	JOB JMcS
	To develop and implement a Way Finding Strategy.	GH
	To deliver the Trust's Green Plan objectives for 2025/26	GH
	To continue to engage key stakeholders in the development of the new hospital OBC for Stockport and to complete a transition plan for the hospital site to address the poor capital stock.	GH
	To develop a business continuity plan for Pathology services to address the fragility of the estate.	JMcS/JOB
	To develop a car parking strategy for Stockport and implement year one of the agreed changes.	GH
	To develop a site rationalisation plan for Stockport by March 2026.	GH

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				Agenda No.	10
Meeting date	18 June 2025	Public	X	Confidential	
Meeting	Council of Governors				
Report Title	Development of Joint Quality Strategy				
Director Lead	Paul Buckley Director Strategy and Partnerships	Author	Rebecca Simmons Senior Strategy and Partnership Manager		

Paper For:	Information	x	Assurance		Decision	
Recommendation:	The Council of Governors are asked to note the contents of the presentation and provide feedback.					

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
	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

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	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

Where issues are addressed in the paper	Section of paper where covered
Equality, diversity and inclusion impacts	-
Financial impacts if agreed/not agreed	-
Regulatory and legal compliance	-
Sustainability (including environmental impacts)	-

Executive Summary

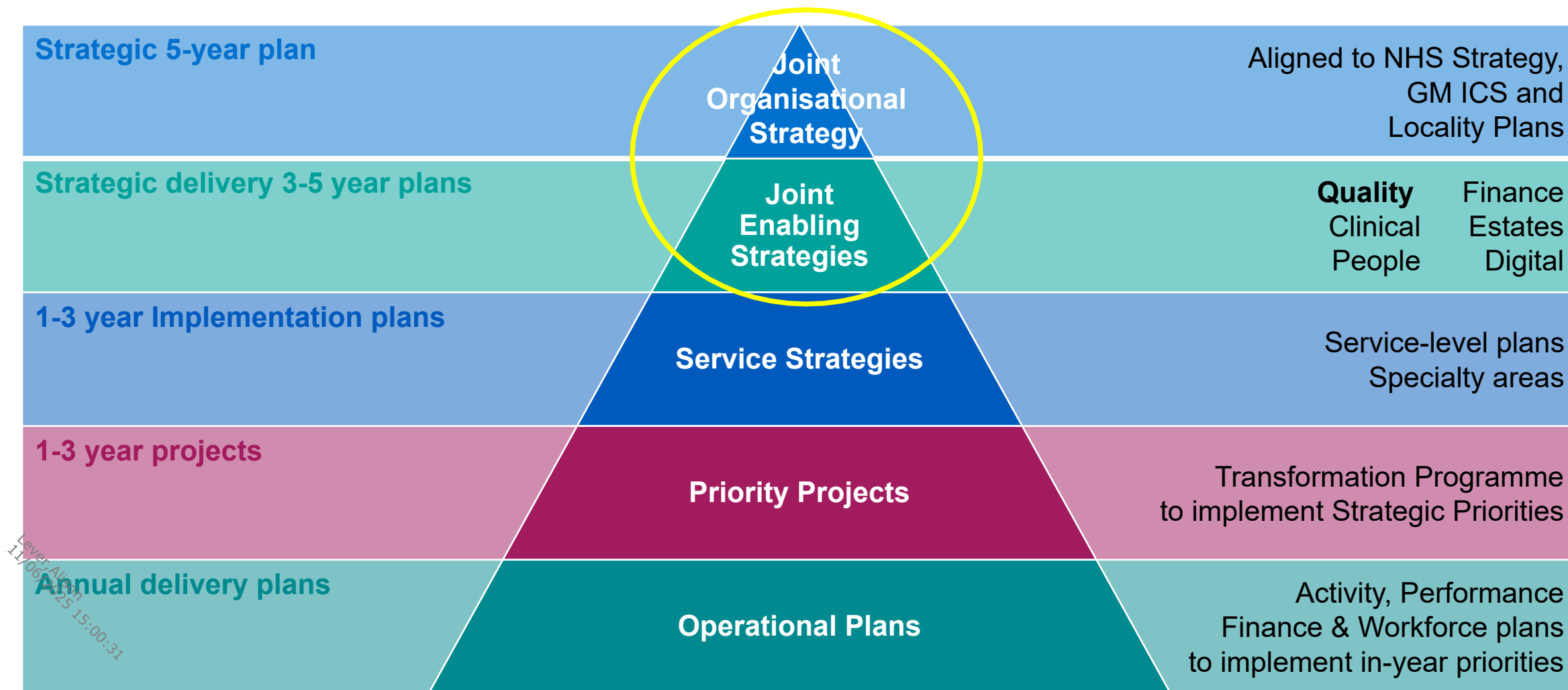
<p>The Trust is currently developing a joint Quality Strategy with Tameside and Glossop Integrated Care Trust.</p> <p>The purpose of this presentation is to engage with colleagues across the organisations to ensure the strategy reflects the quality priorities.</p>
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Development of a Joint Quality Strategy

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Trust's Strategic Framework



Quality Strategies

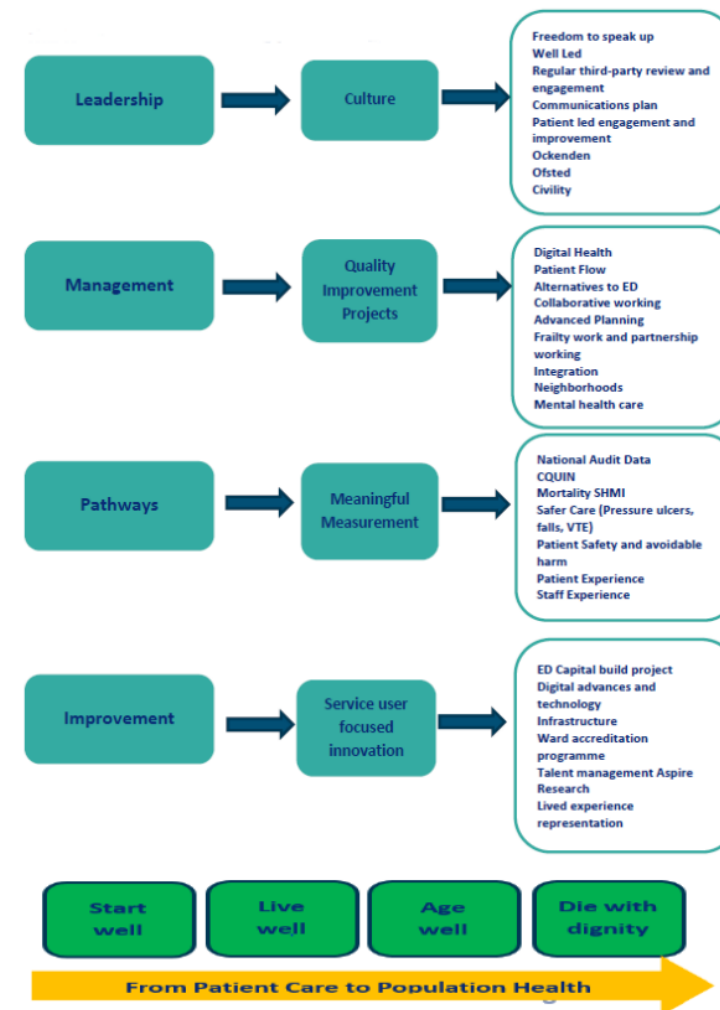
- Stockport's current Quality Strategy was 2021 -2024
- Tameside & Glossop's strategy runs until 2026
- Developing a refreshed joint strategy will involve internal and external key stakeholders and will be supported by the Strategy and Partnerships Team.
- The Chief Nurse(s) and Medical Director(s) are the Senior Responsible Officers for development and oversight of the Strategy via the Trust governance processes.
- It is important that we engage with colleagues and patient's in the development of this strategy to ensure it reflects the vision of organisation and patients needs

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Current Quality Strategies

Currently both Quality Strategies have four key aims for improvement with numerous metrics that sit under each area:

- Aim 1 – Start well – Improve first 1,000 days of life
- Aim 2 – Live well – Reduce avoidable harm
- Aim 3 – Age well – Reduce avoidable harm
- Aim 4 – Die well with dignity – Improve last 1,000 days of life



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Quality Accounts 23/24

Some areas of focus for the 23/24 Quality Accounts across both organisations were:

- Falls
- Pressure Ulcers
- Sepsis
- Maternity and Neonatal service
- Mortality reviews
- TaGSTARS/STARS programmes (Accreditation & Recognition Scheme)
- Health inequalities

Stockport – Trust Board April 2025

Integrated Performance Report Scorecard



	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Dec-23 to Nov-24	≤ 100		↑	93	●	●
Sepsis: Antibiotic administration	Jan-24 to Dec-24	≥ 90%		→	76.6%	▲	▲
Sepsis: Timely recognition	Jan-24 to Dec-24	≥ 90%		↑	97.9%	●	●
C.diff infection rate	Mar-24 to Feb-25	≤ 32.75		↓	42.96	▲	▲
Covid-19 infection rate	Mar-24 to Feb-25			→	1.26	●	●
E. coli infection rate	Mar-24 to Feb-25	≤ 31.41		→	34.74	▲	▲
MRSA infection rate	Mar-24 to Feb-25	≤ 0		↓	0.91	▲	▲
Stroke: Overall SSNAP Level	Sep-24	≥ C		→	A	●	●
Falls causing moderate+ harm	Feb-25	≤ 22	4	↓	2	▲	●
Falls due to lapses in care	Feb-25	≤ 425	174	→	18	●	●
Falls rate	Feb-25	≤ 3.51	2.82	→	3.06	●	●
Pressure Ulcers: Community, Cat 2	Feb-25	≤ 114	119	↓	20	▲	▲
Pressure Ulcers: Community, Cat 3&4	Feb-25	≤ 38	52	→	7	●	●
Pressure Ulcers: Hospital, Cat 2	Feb-25	≤ 79	54	→	3	●	●
Pressure Ulcers: Hospital, Cat 3&4	Feb-25	≤ 8	16	→	0	●	▲
Complaints: Timely response	Feb-25	≥ 95%	93.7%	→	96.9%	●	●
Complaints: Written Complaints Rate	Feb-25	≤ 7.9	9.27	→	7.71	●	●
Never Event Incidence	Feb-25	≤ 0	1	→	0	●	●
Patient Safety Alerts	Feb-25	≤ 0	14	↑	0	●	●
Patient Safety Incident Investigatio...	Feb-25		26	→	3	●	●
Patient Safety Incident Rate	Sep-24 to Feb-25			→	93.68	●	●
Early Neonatal Deaths	Feb-25	≤ 0	2	→	0	●	●
Maternity Diverts	Feb-25	≤ 0	4	→	0	●	●
Registrable Stillbirth Rate	Feb-25	≤ 0	4	→	4.69	▲	▲
Registrable Stillbirths	Feb-25	≤ 0	10	→	1	▲	▲
Smoking In Pregnancy	Feb-25	≤ 4%	4.5%	→	5.8%	▲	▲

Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

Current Period

- target achieved
- ▲ target not achieved

6-month Trend

- ↑ strong improvement
- improvement
- no significant change
- ↓ deterioration
- ↓ strong deterioration

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Feb-25	≥ 72.7%	63.2%	→	69.5%	▲	▲
Patients in department over 12hrs	Feb-25	≤ 2%	12.3%	→	10%	▲	▲
No criteria to reside (NCTR)	Feb-25	≤ 45	804	→	84	▲	▲
Adult G&A Bed Occupancy	Feb-25	≤ 96.2%	94.2%	→	94.9%	●	●
Diagnostics: 6 Week Standard	Feb-25	≤ 8.1%	19.5%	→	21.2%	▲	▲
62-day standard	Feb-25	≥ 71.1%	71.5%	→	68.8%	▲	▲
Patients waiting 63 days and over	Feb-25	≤ 49		↑	44	●	●
28-day standard (FDS)	Feb-25	≥ 76.2%	78.8%	→	81.4%	●	●
14-day standard (2VVV)	Feb-25	≥ 93%	97.3%	→	98.1%	●	●
Incomplete pathways 18-week %	Feb-25	≥ 92%		→	54.3%	▲	▲
52-week breaches	Feb-25	≤ 960		→	1637	▲	▲
65-week breaches	Feb-25	≤ 0		→	35	▲	▲
Virtual Ward Utilisation	Feb-25	≥ 80%	76.8%	→	58.5%	▲	▲
Urgent Community Response	Jan-25	≥ 70%		→	97.6%	●	●
Outpatient DNA rate	Feb-25	≥ 6.3%	7.8%	→	7.3%	▲	▲
Outpatient clinic utilisation	Feb-25	≥ 90%	94.2%	→	96.1%	●	●
Patient initiated follow up (PIFU)	Feb-25	≥ 4.3%	5.1%	→	5.4%	●	●
Capped Touch Time Utilisation	Feb-25	≥ 85%	76.9%	→	77.8%	▲	▲
OP First Attend and Procedure	Feb-25	≥ 43.8%	43.3%	→	42.8%	▲	▲

Workforce Scorecard

Substantive Staff-in-Post	Feb-25	≥ 90%	93%	→	94.3%	●	●
Sickness Absence: Monthly Rate	Feb-25	≤ 5.5%	5.9%	→	6%	▲	▲
Workforce Turnover	Feb-25	≤ 12.7%	12.5%	↑	12%	●	●
Staff Retention Rate	Feb-25	99%		→	99.3%	●	●
Appraisal Rate: Overall	Feb-25	≥ 95%	89.9%	↓	88.4%	▲	▲
Mandatory Training	Feb-25	≥ 95%	94.7%	↓	94.2%	▲	▲
Agency Costs %	Feb-25	≤ 3.2%	2.7%	→	1.9%	●	●

Finance Scorecard

Capital Expenditure	Feb-25	≤ 10%		→	-18.7%	●	●
Cash Balance	Feb-25			→	31	●	●
CIP Cumulative Achievement	Feb-25	≥ 0%		→	3%	●	●
Financial Controls: I&E Position	Feb-25	≤ 0%		→	-21.9%	●	●

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Tameside & Glossop – Trust Board March 2025

Tameside and Glossop Integrated Care FT Quality Account 2024/25

Key Performance Indicators	Target 24/25	Actual YTD	4 month Trend	Actual Month	Current Period	1 month Forecast
Quality						
Mortality						
SHIM (rolling 12 months-to October 2024)	≤ 100	103.76	→	NA	▲	NA
Infection Prevention and Control						
MRSA - actual cases (YTD)	0	4	→	NA	●	▲
C. difficile - actual cases (YTD)	< 59	106	→	NA	●	▲
E. coli (YTD)	< 119	197	→	NA	●	▲
MSSA (YTD)	< 46	53	→	NA	●	▲
Patient Safety and Experience						
Re-admissions within 30 days (January 2025)	≤ 12%	11.8%	→	12.8%	▲	▲
Serious Incidents Confirmed	> 1	7	→	0	●	●
Pressure Ulcers: hospital-acquired (category 3 and 4)	NA	63	→	4	-	-
Never Events	0	3	→	0	●	●
Number of falls with harm incidents reported	< 16	37	→	2	●	●
Falls With Harm (rate per 1000 bed days)	NA	NA	→	0.16	-	-
Medication Incidents With Harm	0	3	→	2	●	-
FFT positive responses (all)	≥ 95%	89.9%	→	89.7%	●	▲
Complaints Responded within agreed timescale	≥ 90%	95.6%	→	96.7%	●	●
Stroke						
SSNAP Grading	B	NA	→	A	●	NA
Emergency Department						
Trolley waits in ED (>12 hrs)	0	3610	→	327	●	●
Notify to Handover → 60mins	≤ 10	681	→	35	●	●
Maternity						
Early Neonatal Deaths (≥24weeks)	0	0	→	0	●	●
Number of Stillbirths	NA	6	→	1	-	-
Stillbirths- rate per 1000	3.85 per 1000	NA	→	5.3	●	●
Smoking at time of delivery	4.5%	6.4%	→	4.9%	▲	▲
Diverts- Number of occasions (January 2025)	≤ 3	34	→	2	●	●
Neonates With a diagnosis of HIE (Grade 2 and 3) ≥ 37 weeks	1 per 1000	NA	→	12.2	●	▲
Regulatory						
CQC Rating*	-	Good	-	-	-	-

* Governance indicators, which appear in the Single Oversight Framework

1-month forecast	4-month trend
The one-month forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence and historical trends.	
● on target	▲ strong improvement
▲ below target	→ improvement
● not performing	→ no significant change
	▲ deterioration
	● strong deterioration

Key Performance Indicators	Target 24/25	Actual YTD	4 month Trend	Actual Month	Current Period	1 month Forecast
Operational						
Emergency Department						
4-hour wait (Type 1 and Type 3 activity)	≥ 78%	85.7%	→	67.1%	●	●
12-hour waits in Emergency Department	≤ 2%	10.9%	→	11.5%	●	●
Waiting Times						
RTT waits over 65 weeks (incomplete)	0	0	→	0	●	●
Diagnostic- six-week-wait target	≤ 5%	6.66%	→	0.28%	●	●
Cancer						
Cancer waits over 104 days	0	9	→	9	●	●
Cancer FDS (provisional position) (January 2025)	≥ 75%	NA	→	81.2%	●	●
Cancer waits over 62 days	0	45	→	45	●	●
Cancer- 62-day standard (January 2025)	≥ 85%	78.9%	→	83.3%	●	●
Efficiency						
Outpatient slot utilisation	≥ 92%	93.8%	→	92.5%	●	●
Outpatient DNA rate	≤ 7%	7.0%	→	6.61%	●	●
Theatre utilisation (capped)	≥ 85%	83.5%	→	83.9%	▲	▲
Adult Bed Occupancy	92-95%	97.2%	→	95.6%	●	▲
Patient Flow and Demand Management						
UCR 2-hour response	≥ 70%	88.6%	→	87.2%	●	●
PIFU (% of patients on PIFU)	> 5%	NA	→	3.75%	●	●
Advice & Guidance (rate per 100)	16 per 100	NA	→	39	●	●
Long Length of Stay (21+ days)	≤ 88	93	→	93	●	●
No Criteria To Reside	< 32	55	→	55	●	●
Community						
Community Services (>52-week waits)	tbc	0	→	0	NA	NA
Workforce						
People						
Mandatory training (overall) (January 2025)	≥ 95%	NA	→	91.6%	▲	▲
All Staff Turnover	≤ 12.6%	NA	→	11.0%	●	●
Staff Sickness	≤ 5.23%	NA	→	5.4%	▲	▲
Appraisals (January 2025)	≥ 90%	NA	→	87.8%	▲	▲
Safe Staffing						
RNRM hrs on shift (% of planned)	> 86%	99.0%	→	99.7%	●	●
HCA hrs on shift (% of planned)	> 86%	116.8%	→	123.4%	●	●

QUALITY ACCOUNT: March 2025 Board (February 2025 performance)

Engagement so far

There have been a number of engagement sessions completed to date. Common themes so far have included:

- Neighbourhood model
- Acute and Emergency
- Medical Education
- Caring for older people and End of Life Care
- Reducing Inequalities

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Engagement questions

- Are the areas of focus from the last strategy still relevant?
- Are there any areas of learning from the last strategy?
- What areas are important for the quality strategy to focus on?
- What external factors/developments might we need to consider?

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Early Considerations

- The NHS England Quality strategy development will, among others, use the framework for developing quality set out by Lord Darzi
- Darzi Review highlights quality of care chapter focused on:
 - Maternity and newborn
 - Mental health
 - Long-term conditions
 - Dementia
 - Planned care
 - Urgent and emergency care
 - End of life care
 - Avoidable deaths
- The independent Review into the operational effectiveness of the Care Quality Commission (CQC), by Dr Dash (2024).

GM Strategy & Forward Plan

We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.



Everyone has an opportunity to live a good life



Everyone experiences high quality care and support where and when they need it



Everyone has improved health and wellbeing



Health and care services are integrated and sustainable

Timelines

- February to April – Engagement workshops
- July – First draft complete
- July & August – Review and amendments
- September/October – Executive Team review and Quality Committee sign off
- November/December - Trust Board(s) sign off

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Engagement

- We want to engage with colleagues across both organisations
- Any thoughts/feedback on the strategy can be sent to rebecca.simmons@stockport.nhs.uk

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Meeting date	18 June 2025	Public	X	Agenda Number	11
Meeting	Council of Governors				
Report Title	Membership Development Group Reports				
Presented by	Howard Austin, Public Governor & Chair of Membership Development Group	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Review and confirm the current position against the Membership Action Plan September 2024-September 2025 Review and approve the Membership Strategy 2025-2028 Review and approve the Membership Development Group Terms of Reference 					

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 9 June 2025. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Richard King, Public Governor
- Tony Moore, Public Governor
- Steve Williams, Public Governor

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

The MDG reviewed the following items at the meeting, which the Council of Governors is asked to review and approve:

- Membership Action Plan – Progress Report (agenda item 11.1)
- Membership Strategy 2025-2028 (agenda item 11.2)
- Membership Development Group Terms of Reference (agenda item 11.3). Two minor changes to note (highlighted in blue) – the Chair will be elected annually and the review of the Terms of Reference will be at least every three years to bring it in line with the Membership Strategy.

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Membership Development Group Progress Report

The MDG considered the following items at the meeting on 9 June 2025:

- 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	1 June 2025
Overall Membership Number	10,220	10,133	10,073	10,028
Age 16-21	50	48	54	57

Targeted recruitment of young members

Governors, Howard Austin and Richard King, attended student induction sessions in April and May to speak with new students about the role of governors and to encourage them to sign up to become members of the Trust. Governors and the Membership Governance Manager have been invited to attend future monthly inductions.

Events for Membership & Public

A Health Talk entitled, 'Digital Care Revolution: Enhancing Your Health in Stockport', took place on Wednesday 26 March 2025 in Pinewood House Education Centre, Stepping Hill Hospital. The talk was conducted by colleagues from the Digital Team, with local organisations who support digital inclusion across the borough in attendance. 6 governors attended and took the opportunity to talk with members. Almost 50 people were in attendance, with positive feedback received.

A second Health Talk of 2025 was scheduled to take place on 11 June entitled, 'You, I and MRI!' again at Pinewood House and conducted by colleagues from Radiology.

Staff Members

A document detailing staff membership has been shared with the Colleague Experience Manager for inclusion in a new staff reference pack. The pack will be distributed by the recruitment team as part of the induction process for new starters. The document outlines the benefits of membership, how to become more involved and stand for election as a staff governor, and a note about how family and friends can become members. It also includes information about how to opt out of being a member (all staff are automatically members unless they advise us otherwise).

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

Membership Action Plan September 2024 – September 2025

Items in red – updates since last MDG meeting (February 2025)

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Aim: To maintain a sizeable membership that is representative of the communities the Trust serves				
Recruitment				
Explore if information about membership can be included as part of inpatient surveys.	Corporate Affairs / Corporate Nursing Team	Q4 2024/25	Membership information included in new patient packs and membership flyers circulated at clinics.	Completed. Patient Experience team shared hard copies of membership flyer with community teams for inclusion in new patient packs. Links to the membership pages of the new website will be included in future editions of the patient experience and chaplaincy newsletters.
Social Media Messaging to advertise Council of Governors' meetings and promote membership to be shared on social media ahead of CoG meetings. 2 x membership recruitment campaigns (members' week) via the Trust's social media channels to encourage member recruitment and showcase governors, to be aligned to member seminars.	Communications / Corporate Affairs Communications / Corporate Affairs	September / December / March / June TBC	Maintain overall membership number (minimum membership number of 2.5% of the eligible membership, corresponding to 7,370 members) Total public membership number 19 August 2024 = 10,198 31 March 2025 = 10,040	Current overall membership numbers at 31 May 2025 = 10,028 Social media messaging took place in December 2024, March 2025, and June 2025 advertising CoG meetings. Health Talks and broader membership messages were also posted.

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Targeted Recruitment Following review of membership demographics, the MDG and CoG agreed to focus on the 16-21 age group for targeted recruitment during September 2024 – September 2025. Targeted recruitment activities to include: Presentation and/or Email recruitment promotion (dependent on most appropriate method) to: <ul style="list-style-type: none"> • Stockport College – Health & Social Care Courses • Cadets/ student inductions 	Corporate Affairs Team / Governors / Organisational Development Team	Sept 2025	Increase number of members in targeted demographic group (age 16-21) by +100% Members age 16-21 31 March 2023 = 14 31 March 2025 = 54	Current membership age 16-21 at 31 May 2025 = 57 Contact with Stockport College in Jan and April 2025 and email recruitment. Introductory emails sent to all 6 th form colleges in Stockport in Jan. Governors attended student induction session at Stepping Hill in April and May to promote membership and have been invited to attend future fortnightly induction sessions. Slides about membership and governors now included in new student induction presentations.
Aim: To develop an active and engaged membership				
Engagement				
Newsletters and other email contact with members Include Governor Section in Stepping Up Newsletter, including: <ul style="list-style-type: none"> - Meet your Council of Governors - Governor activity - How to contact your governors - Council of Governors meetings 	Communications / Corporate Affairs / Membership Development Group	Winter 2024 (replaced with Christmas message from Interim Chair) Spring 2025 Summer 2025	3 x Stepping Up Newsletters including Governor Section	Stepping Up Spring 2025 currently in production Invitations to Health Talks in March and June emailed to 3,252 members

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Health Talks Facilitate 2 x face to face health talks for members and the public. Governor attendance at health talks to promote governors and allow opportunity to seek feedback from members/public/staff	Corporate Affairs Governors	Q4 2024/25 Q1 2025/26	2 x Members Health Talks	Completed. Health Talk 26 March 2025 (Digital Care), c50 members, governors and community representatives in attendance. Health Talk 11 June 2025.
Annual Members' Meeting Open forum prior to Annual Members' Meeting as an opportunity for governors to seek feedback from members/public/staff	Governors	25 September 2024	Annual Members' Meeting	Completed. Attendance: 28 members + 12 governors and 13 Trust representatives
Volunteers 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.
Staff Networks Staff governor attendance at staff network forums to allow opportunity to seek feedback from staff.	Corporate Affairs Team / Staff Governors	Ongoing	Staff governor attendance at each staff network at least annually.	Staff governors to be informed of dates for staff networks and explore viability/ attendance. Information about staff membership/ governors included as part of the staff reference pack to be circulated by HR to new starters.

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<p>Website Review Governor & Membership section of SFT website and revise content to ensure opportunity to become a member is clear & accessible.</p> <p>Draft Membership & Governor Content reviewed at the MDG in December 2022.</p> <p>User engagement in the website design process to be undertaken ahead of 'go live' – date TBC.</p>	Membership Development Group / Corporate Affairs / Communications	TBC Go live in line with new Trust website launch	New website live	<p>Refreshed membership and governors content (as previously reviewed by the MDG) shared with the Comms team in March 2025 as they start the process of building the new website.</p> <p>Awaiting information from Comms team about user engagement sessions.</p>

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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MEMBERSHIP STRATEGY

2025 - 2028

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Purpose & Aims

As an NHS Foundation Trust, Stockport NHS Foundation Trust is locally accountable to its members. Members are the local people, patients and staff who wish to take an interest in their local hospital and community services and/or make a further contribution to how the Trust develops now and in the future. Members elect the majority of the Council of Governors, who have a statutory duty to represent the interests of members and the public.

The Council of Governors, supported by the Corporate Affairs team, wish to establish and maintain a representative membership with which to engage. The Membership Strategy sets out how, together, we will do this and how we monitor how effective our plans have been.

Our guiding principles for our approach to membership are:

- Membership activities should be of value to members of the Trust, the public and the organisation
- To ensure achievability within the time and resources available membership activities should be prioritised.

Our aims are:

- To maintain a sizeable membership that is representative of the communities the Trust serves
- To develop an active and engaged membership

Our Membership Community

Our members are our staff and members of the public from the diverse communities we serve both locally and beyond

Since its establishment in 2004, the Trust has built a membership with a combined public and staff membership of over 16,000 members.

Public members

Public constituencies ensure that the Trust's membership is open to all residents, aged 16 and above, of Stockport and the High Peak. As the Trust cares for patients that live outside these areas, membership is also open to people aged 16 and above from any other area in England.

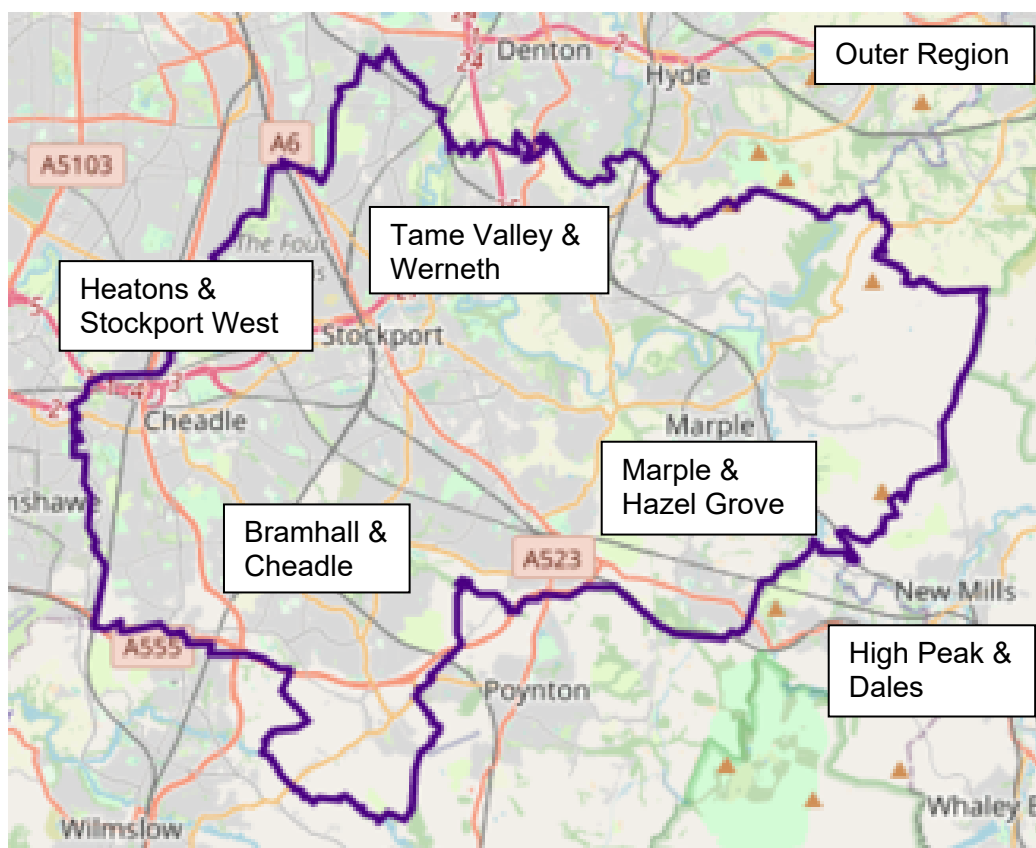
Staff members

All Trust staff who have a permanent employment contract or who have worked for the Trust for at least 12 months will automatically become members unless they choose to 'opt out'.

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Members constituencies

The Trust membership is made up of the following constituencies:



Membership Recruitment & Engagement

In addition to geographical representation, we recognise the value of a membership community that is representative of the diverse populations we serve. Therefore, we are committed to analysing our membership demographics annually to understand its composition and identify any groups that may be under-represented.

We will aim to recruit a representative public membership through a range of activities including continued promotion of membership on the Trust's hospital and community sites and online communication channels.

We will explore and develop targeted initiatives to recruit members from the least well represented groups.

New staff will be informed of membership via the Trust's induction and made aware that their interests are represented by staff governors.

It is the role of the Council of Governors to represent the interests of members and the public. The composition of the Council of Governors reflects the constituencies and members from each of the constituencies can vote for, or stand as, a governor to represent their constituency on the Council of Governors.

We recognise that there will be wide variation in terms of the level of engagement that members wish to have. Through meaningful engagement, members should feel both informed about the Trust and

supported to engage in issues affecting the future of the Trust should they so wish. An engaged membership will help to support governors in representing the interests of members and the public.

To engage members, the Trust will continue to implement a number of methods/opportunities.

- Members' newsletters
- Social media
- Internet / Intranet
- Annual Members' Meeting
- Members' seminars / events
- Established links to Patient Interest Groups / Patient Participation Groups / partner organisations

Governors will have the opportunity to engage and gather the views of members via the methods identified in this strategy and we will continue to promote the work of the Trust's governors as representatives of members. Governors will feed this information back to the Trust via the Council of Governors.

Delivering & Evaluating our Membership Strategy

Implementation

To achieve our aims of the Membership Strategy, a Membership Development Group, including governors and the Membership team, will develop an annual plan. This plan will include specific actions to be taken in year with respect to both membership recruitment and engagement, alongside key outcome measures.

All members of the Council of Governors will be encouraged to be involved in the implementation of the strategy and will be supported in this by the Membership team.

Evaluating Success

Progress against the delivery of the strategy will be monitored by the Membership team on a quarterly basis and reported to the Membership Development Group and the Council of Governors.

In addition, progress against the strategy will be included in the Trust's annual report including plans for the year ahead.

The principal ways in which we will evaluate success of the strategy will include:

- Profile of the Trust's membership and comparison of the demographics against the local population
- Membership attendance at engagement activities
- Membership feedback
- Council of Governors electoral performance

Feedback

To provide feedback on the Strategy or request further information, please contact the Membership Team on Tel: 0161 419 5166 or email: membership@stockport.nhs.uk

You can also find further information regarding membership and the Council of Governors on the Trust's website: <https://www.stockport.nhs.uk/> - Membership & Governors

MEMBERSHIP DEVELOPMENT GROUP

TERMS OF REFERENCE

1. CONSTITUTION

- 1.1. The Council of Governors hereby resolves to appoint a Group, to be known as the Membership Development Group.
- 1.2. The Membership Development Group shall have terms of reference and is subject to such conditions, such as reporting to the Council of Governors, in accordance with any legislation, regulation or direction issued by the Trust.
- 1.3. The Membership Development Group is constituted as a working group of the Council of Governors to assist in ensuring the Council of Governors (CoG) meets its duty to represent the interests of the members of Stockport NHS Foundation Trust and of the wider public and contribute to the development and implementation of the Membership Strategy.

2. PURPOSE OF THE GROUP

The overarching purpose of the Membership Development Group is to:

- 2.1 Set out key actions and initiatives to be undertaken each year to support implementation of the Membership Strategy, by developing an annual plan that sets out how the Membership Strategy will be implemented in practice.

This will include specific action to be taken in year with respect to both membership recruitment and engagement, alongside key outcome measures.

- 2.2 To keep under review the Membership Strategy and revise and update as appropriate.

- 2.3 The work of the group will include but will not be limited to:

- Undertaking a review of membership data and consideration of how best this can be interpreted and utilised
- Providing evidence base for targeted areas for appropriate membership recruitment
- Identifying relevant established links with community groups / forums and opportunity for recruitment of members and engagement
- Reviewing mechanisms for engaging with members and the public
- Ensure appropriate mechanisms are in place to record feedback received by governors, thus providing evidence of governors fulfilling their statutory duty to represent members and public.

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3. COMPOSITION & CONDUCT OF THE GROUP

3.1 Membership

- 3.1.1 Any governor may become a member of the Membership Development Group, however, if the membership of the group exceeds ten governors, it may be at the discretion of the Chair, membership of the group be regarded as closed until a vacancy arises.

3.2 Chair

- 3.2.1 A governor will be elected by members of the Membership Development Group as Chair [on an annual basis](#).

3.3 Quorum

- 3.3.1 Quorum will be three governors.

3.4 Frequency of meetings

- 3.4.1 The Membership Development Group shall meet quarterly.

3.5 Conduct of Meetings

- 3.5.1 Members of the Membership Development Group will be expected to uphold the seven principles for standards in public life enumerated by the Nolan Committee (see Code of Conduct for Governors) and the Trust's values: We care, We respect, We listen.

- 3.5.2 The meetings will follow the following format:

- Apologies for absence
- Action notes of the previous meeting
- Matters arising
- Items relating to the Membership Plan
- Items for discussion and decision
- Any other business
- Date and time of next meeting

4. RELATIONSHIP WITH THE COUNCIL OF GOVERNORS

- 4.1 The Membership Development Group will report on their work and achievements to meetings of the Council of Governors.

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5. REVIEW

- 5.1 The Membership Development Group will review its terms of reference and membership [regularly \(at least every three years\)](#) and recommend any changes to the Council of Governors for approval.
- 5.2 The Council of Governors will review the performance of the Membership Development Group against the stated definition and purpose annually.

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Meeting date	18 June 2025	Public	X	Agenda No	12
Meeting	Council of Governors				
Report Title	Nominations Committee Report: Appointment of Non-Executive Director				
Presented by	Rebecca McCarthy, Company Secretary	Author	Rebecca McCarthy, Company Secretary		

Paper For:	Information		Assurance		Decision	X
Recommendation:	<p>The Council of Governors is asked to support the Nominations Committee recommendation to:</p> <ul style="list-style-type: none"> Approve the appointment of Mr David Curtis to the position of Non-Executive Director of Stockport NHS Foundation Trust, commencing on 1 August 2025, for an initial term of office of three years. 					

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		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

Executive Summary

This report advises the Council of Governors of the outcome of a recruitment and selection process led by the Nominations Committee to identify a candidate for a Non-Executive Director position.

It seeks the Council of Governors' approval for the Nominations Committee's preferred candidate, Mr David Curtis, to be appointed as a Non-Executive Director from 1st August 2025.

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1. Introduction

- 1.1 This report confirms the outcome of the recruitment and selection process led by the Nominations Committee to identify a candidate for a future Non-Executive Director post, and to seek the Council of Governors' approval for the Nominations Committee's preferred candidate to be appointed.

2. Background

- 2.1 The Council of Governors is responsible for the appointment of Non-Executive Directors. It has established a Nominations Committee with responsibility for the identification of Non-Executive Directors, including the Chair. The Nominations Committee is to make subsequent recommendation to the Council of Governors.
- 2.2 A Non-Executive Director vacancy will arise when Dr Marisa Logan-Ward completes her term of office on 31 July 2025.
- 2.3 At its meeting on 10 February 2025, the Nominations Committee considered and supported the recommendation that the composition of the Board would benefit from a Non-Executive Director with clinical transformation, particularly from a nursing, midwifery or allied health professional background.
- 2.4 The Nominations Committee supported an internal search and selection approach to be undertaken to identify potential candidates for the roles.

3. Outcome of Recruitment & Selection Process

- 3.1 The recruitment process attracted a field of 23 candidates in total.
- 3.2 Of the applications, 45% Black & Minority Ethnic (BAME), 45% were white and 9% chose not to declare their ethnicity. The proportion of BAME candidates was higher than the previous years recruitment where just 8% were BAME candidates. 82% were male and 18% were female. 91% stated they were heterosexual, whilst 9% preferred not to state their sexuality.
- 3.3 Of the Equal Opportunities Monitoring, the age profile of applicants ranged from 36-45 (27%) to 65+ (9%). The age group were more evenly spread than in previous years with 27% being aged 36-45 and 27% 46-55 and 27% 56-65. This clearly demonstrates the age profiles of Non-Executive Directors is changing with younger individuals showing an interest in Non-Executive roles and individuals choosing portfolio careers.
- 3.4 91% of candidates were non disabled with 9% of those applying declaring a disability.
- 3.5 The number of "not stated" or chose not to declare was lower than in previous years with the exception of declarations relating to sexuality.

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- 3.6 The Director of People & Organisational Development conducted a preliminary interview with all candidates who met the specified criteria of being '*a clinician or have been a clinician specifically Nursing/Midwifery/Allied Health Professional or Healthcare Scientist who has experience of transformation, including bringing organisations and cultures together*'. She explored their understanding of governance, the Non-Executive Director role and motivation for applying for the role and why Stockport NHS FT. In addition, she explored what experience/lived experience the candidates felt they could bring to the Board at Stockport NHS FT.
- 3.7 Subsequently, the Nominations Committee met on 1 May 2025 to consider a proposed shortlist based on the summary provided by the Director of People & Organisational Development and applications received.
- 3.8 The Nominations Committee confirmed a shortlist of 4 candidates.
- 3.9 Interviews were held on 16 May 2025. A formal interview panel was constituted in accordance with the Nominations Committee Terms of Reference, comprising:

Voting Members

- Mr David Wakefield, Joint Chair
- Mrs Sue Alting, Appointed Governor and Lead Governor
- Dr Tad Kondratowicz, Public Governor (Co-opted Nominations Committee member)
- Ms Michelle Slater, Public Governor

Non-Voting Members:

- Mrs Karen James, Chief Executive
- Ms Carol Stubley, Director of Commissioning Finance – NHS North West Region

Mrs Amanda Bromley, Director of People & Organisational Development attended in an advisory capacity.

- 3.10 Three candidates were interviewed, as one candidate withdrew their application at short notice.
- 3.11 Following considered deliberation, the Nominations Committee determined the following:
- Mr David Curtis should be recommended for appointment to the position of Non-Executive Director with expertise in clinical transformation to commence on 1 August 2025, for an initial term of three years, subject to the satisfactory completion of all pre-employment checks and checks in line with the Fit and Proper Person Regulations.
- 3.12 Subsequently, all fit and proper persons checks have been undertaken and confirmed by the Joint Chair.

4. Recommendation

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The Council of Governors is asked to support the Nominations Committee recommendation to:

- **Approve the appointment of Mr David Curtis to the position of Non-Executive Director with expertise in clinical transformation to commence on 1 August 2025, for an initial term of three years.**

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Meeting date	18 June 2025	Public	X	Agenda No	13
Meeting	Council of Governors				
Report Title	Council of Governors Standards of Business Conduct: <ul style="list-style-type: none"> - Governor Register of Interests - Fit and Proper Persons - Code of Conduct 				
Presented by	Rebecca McCarthy, Company Secretary	Author	Rebecca McCarthy, Company Secretary Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance		Decision	X
Recommendation:	The Council of Governors is asked to: <ul style="list-style-type: none"> – Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution. 					

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
	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

Executive Summary

This report presents the Council of Governors Register of Interests for annual review and confirms to the best of the Trust's knowledge, following self-declaration, that all governors are considered a 'fit and proper person' in line with the Trust's Licence. Furthermore, the report confirms all governors have reviewed and signed the Code of Conduct.

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1. Introduction

- 1.1 There is a legal requirement for the Trust to maintain a Register of Governors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution. Members of the Council of Governors are required to declare any interests they have which are relevant and material to their role.
- 1.2 In addition, Governors must self-certify as part of the election process, that they are a fit and proper person in line with the Stockport NHS Foundation Trusts' (SFT) Licence and Trust Constitution. The Trust should make arrangements that no person who is an 'unfit' person may continue as a governor.

2. Register of Interests

- 2.1 The Register of Governors' Interests is maintained by the Trust Secretary and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up-to-date register is always available. It is considered good practice for the Council to complete a formal review on an annual basis to ensure currency and accuracy of register content.
- 2.2 The current Register of Governors' Interests is included for reference at Appendix 1 to this report.
- 2.3 Governors are requested to review the Register of Interests and confirm that current content is accurate and up to date.

3. Fit & Proper Persons

- 3.1 As part of the governor election process, governors are required to self-certify that they are eligible to become a member of the Council of Governors in line with the Trust's Licence and Constitution and are not:

15.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

15.1.2 a person in relation to whom a moratorium period under a debt relief order applies under Part 7A of the Insolvency Act 1986;

15.1.3 a person who has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

(Stockport NHS Foundation Trust - Constitution)

- 3.2 Appendix 1 provides confirmation that governors in post have self-declared in year that they are not an 'unfit' person and eligible to continue as a member of the Council of Governors.

- 3.3 Ruth Perez-Merino, Staff Governor, confirmed her eligibility and submitted declarations of interest when she commenced in post in November 2024. Due to a period of absence at the time of writing the report, the position will be confirmed as Ruth returns and the Council of Governors will be informed should there be any changes.

4. Code of Conduct for Stockport NHS Foundation Trust Directors and Governors

- 4.1 A Code of Conduct for Directors and Governors is in place, setting out the standards and behaviours that Stockport NHS Foundation Trust expects from its Directors and Governors (individually and collectively) when acting on behalf of, or representing, the Trust. The Code of Conduct complements the Trust's Constitution.
- 4.2 Appendix 1 provides confirmation that all governors have signed the Code of Conduct and will adhere to the highest standards of conduct in the performance of their duties.

5. Recommendation

The Council of Governors is asked to:

- Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution.

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Appendix 1: Council of Governors Register of Interests

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Sue Alting	Appointed – Age UK Stockport	<ul style="list-style-type: none"> Chair – Age UK Stockport Chair – Step Out Stockport Director – Pebble Enterprises Limited Member – Healthwatch Stockport Member – Parochial Church Council of St Martin's Norris Bank Volunteer Heaton's Dementia Friendly Drop-in 	Yes	Yes
Howard Austin	Public – Tame Valley & Werneth	<ul style="list-style-type: none"> Nil 	Yes	Yes
Michael Chantler	Public – High Peak & Dales	<ul style="list-style-type: none"> Nil 	Yes	Yes
Val Cottam	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> Nil 	Yes	Yes
Yogalingam Ganeshwaran	Staff	<ul style="list-style-type: none"> Nil 	Yes	Yes
Tony Gosling	Public – High Peak & Dales	<ul style="list-style-type: none"> Nil 	Yes	Yes
Paula Hancock	Staff	<ul style="list-style-type: none"> Nil 	Yes	Yes
Keith Holloway	Appointed – Stockport MBC	<ul style="list-style-type: none"> Nil 	Yes	Yes
Callum Kidd	Public – Outer Region	<ul style="list-style-type: none"> Director of ACM Partnership – Training Consultancy in Aerospace and Defence Member of Council of Institute of Engineering and Technology (IET) Board member of Privy Council and Governance Committee, Engineering Council Member of Council of British Computer Society (BCS) 	Yes	Yes

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Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Richard King	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> • Treasurer – Friends of Torkington Park • Treasurer – Cheshire & North Wales Orchid Society • Secretary – Stockport Greenspace Forum • Treasurer – Hazel Grove Carnival • Member – Torkington Allotment Association • Member – Sale Photographic Society 	Yes	Yes
David Kirk	Appointed – Stockport Healthwatch	<ul style="list-style-type: none"> • Member of Healthwatch Stockport 	Yes	Yes
Tad Kondratowicz	Public – Heaton & Stockport West	<ul style="list-style-type: none"> • Nil 	Yes	Yes
Victoria MacMillan	Public – Heaton & Stockport West	<ul style="list-style-type: none"> • Engage with the Trust in my role as Senior Lecturer in Nursing at the University of Salford 	Yes	Yes
David McAllister	Staff	<ul style="list-style-type: none"> • Unison • Member of Labour Party • Member of Co-operative Party 	Yes	Yes
Tony Moore	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> • Financial Adviser, includes private medical insurance 	Yes	Yes
John Morris	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> • Previously Regional Director for Health and Social Care and Emergency Response (British Red Cross). Retired Feb 2021. • Currently Specialist Professional Advisor for CQC (Adults) 	Yes	Yes
Adrian Nottingham	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> • As the Business Development Manager for Community Computers, a Stockport based not for 	Yes	Yes

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Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
		profit ITAD operating under the registered charity Renewal North West, I am currently in discussions with the FT regarding the recycling of their redundant IT equipment. Once data has been securely sanitised, some of this equipment may be suitable for refurbishment and could then be used to help under resourced households gain digital access.		
Ruth Perez-Merino	Staff	<ul style="list-style-type: none"> Nil 		Yes
Michelle Slater	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Nil 	Yes	Yes
Christopher Summerton	Public – Heatons & Stockport West	<ul style="list-style-type: none"> Director, Renew Stockport Ltd Shareholder, Hope Citadel CIC Charity Trustee: REACH Stockport, Chelwood Plus, Heart of the Health Service, Christian Medical Fellowship, PCC of St Martin's Heaton Norris Memberships and Fellowships: Royal College of Physicians of London, Royal College of Physicians of Edinburgh, British Association for the Study of the Liver 	Yes	Yes
Sarah Thompson	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Nil 	Yes	Yes
Steven Williams	Public – Heatons & Stockport West	<ul style="list-style-type: none"> Nil 	Yes	Yes
Alexander Wood	Public – Tame Valley & Werneth	<ul style="list-style-type: none"> Director of Companies Jeffersons Sales & Lettings Ltd and Jefferson Property Ltd 	Yes	Yes

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Stockport NHS Foundation Trust												
	apr-25	mai-25	jun-25	jul-25	aug-25	sep-25	okt-25	nov-25	des-25	jan-26	feb-26	mar-26
Board of Directors (Public) (1st Thursday)	3rd 9.30-12.30		5th 9.30-12.30		7th 9.30-12.30		2nd 9.30-12.30		4th 9.30-12.30		5th 9.30-12.30	
Council of Governors (Pinewood Lecture Theatre, pre-meetings in Oak House Committee Room)			18th 4.00-6.00 Pre-meeting for governors 3.00-3.45			10th 10.00-12.00 Pre-meeting for governors 9.00-9.45			10th 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
Informal Council of Governors & Chair/Non-Executive Directors Meeting (virtual)	28th 11.00-12.00			21st 11.00-12.00			20th 11.00-12.00			19th 11.00-12.00		
Chair & Lead Governor Meeting		8th 1:00-2:00			4th 11:00-12:00		29th 1.30-2.30			tba		
Nominations Committee (virtual)			4th 9.30-10.30								25th 2:00-3:00	
Membership Development Group (virtual)			9th 12.30-1.30		26th 12.30-1.30			24th 12.30-1.30			23rd 12.30-1.30	
Governor Training		12th 10.00-12.00 virtual (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												
Annual Members Meeting (Pinewood Lecture Theatre)							2nd 5.00-6.30					
Health Talks (Pinewood Lecture Theatre)			11th 10.00-11.30								25th 10.30-12.00	
Volunteers Event												

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Council of Governors 2024/25 Meeting Attendance

Name	Constituency	May-24	Jun-24	Sep-24	Dec-24	Feb-25	Mar-25
Paula Hancock	Staff	A	✓	A	A	A	A
David McAllister	Staff	A	A	A	A	A	A
Adam Pinder	Staff	✓	✓				
Karen Southwick	Staff	A	A	A			
Ruth Perez-Merino	Staff				✓	A	A
Yogalingam Ganeshwaran	Staff				A	A	✓
Adrian Nottingham	Bramhall & Cheadle	✓	✓	✓	✓	✓	✓
Carol Greene	Bramhall & Cheadle	✓	A	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	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	✓	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	Y
Key							
✓	= Present						
A	= Apologies						
D	= Attended as Deputy						

Lever, Alison
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Council of Governor Elections 2025 – Briefing Note

The terms of office for a number of current governors will come to an end in October 2025 and consequently elections will be held in the following constituencies:

Public

- Bramhall & Cheadle (2 seats, 2-year term of office)
- Bramhall & Cheadle (2 seats, 3-year term of office)
- Marple & Hazel Grove (2 seats, 2-year term of office)
- Marple & Hazel Grove (2 seats, 3-year term of office)

We are also holding by-elections for the following constituencies:

- Tame Valley & Werneth (2 seats, 1-year term of office)
- High Peak & Dales (1 seat, 1-year term of office)

The timetable for the election is detailed below:

ELECTION STAGE	TIMETABLE
Notice of Election / nomination open	Friday, 4 July 2025
Nominations deadline	Friday, 1 August 2025
Summary of valid nominated candidates published	Monday, 4 August 2025
Final date for candidate withdrawal	Wednesday, 6 Aug 2025
Notice of Poll published	Friday, 22 August 2025
Voting packs despatched	Tuesday, 26 August 2025
Close of election	Thursday, 18 September 2025
Declaration of results	Friday, 19 September 2025

Governors are reminded that individuals whose term of office is due to expire, and who have served six years or less as a governor, have the option to choose to stand for re-election and must submit a nomination form.

Governors are not able to re-stand if they have served, or another term of office would mean that they have served, more than nine (9) consecutive years in total. If any governors would like confirmation as to whether they can re-stand, please contact Alison Lever, Membership Governance Manager, alison.lever@tgh.nhs.uk

Governors are requested to assist in notifying members and the public of the election process wherever possible.

Lever, Alison
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Annual Members' Meeting

Thursday 2 October 2025

5.00pm – 6.30pm

**Pinewood House Education Centre
Poplar Grove
Stockport SK2 7JE**

Agenda

4.15pm	Sign In & Refreshments	
	Opportunity to meet your governors and share feedback.	
5.00pm	Welcome and Opening Remarks	Mr David Wakefield, Joint Chair
5.15pm	Outcome of Governor Elections 2025	Mr David Wakefield, Joint Chair
5.20pm	Review of the Year 2024/25 and Looking Ahead	Karen James OBE, Chief Executive
5.40pm	Annual Accounts 2024/25	John Graham, Chief Finance Officer
5.55pm	Question & Answer Session	Mr David Wakefield, Joint Chair
6.15pm	Closing Remarks	Mr David Wakefield, Joint Chair
6.20pm	Meeting Close	

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