

SFT Council of Governors (Public)

Wed 10 September 2025, 10:00 - 12:00

Pinewood Education Centre, Stepping Hill Hospital

Agenda

- 10:00 - 10:00
0 min

1. Welcome & Opening Remarks

InformationDavid Wakefield
- 10:00 - 10:00
0 min

2. Apologies for Absence

InformationDavid Wakefield
- 10:00 - 10:00
0 min

3. Declarations of Interests

InformationAll
- 10:00 - 10:05
5 min

4. Minutes of Previous Meeting held on 18 June 2025 (paper)

DecisionDavid Wakefield

📄 04 - SFT Public CoG Meeting Minutes - 18 June 2025.pdf (6 pages)
- 10:05 - 10:05
0 min

5. Action Log (paper)

InformationDavid Wakefield

📄 05 - CoG Action Log - 10 September 2025.pdf (1 pages)
- 10:05 - 10:15
10 min

6. Joint Chair's Report (paper)

DiscussionDavid Wakefield

📄 06 - Joint Chair's Report - 10 September 2025.pdf (5 pages)

PERFORMANCE

- 10:15 - 10:45
30 min

7. Non-Executive Directors Report - including highlights from Board Committees (paper)

DiscussionNon-Executive Directors - Board Committee Chairs

📄 07 - Non-Executive Directors Highlight Report - 10 September 2025.pdf (2 pages)

📄 07a - Audit Committee AAA Report - July 2025.pdf (3 pages)

📄 07b - Finance & Performance Committee AAA Report - June & July 2025.pdf (2 pages)

📄 07c - People Performance Committee AAA Report - July 2025.pdf (2 pages)

📄 07d - Quality Committee AAA Report - June and July 2025.pdf (4 pages)

ANNUAL REPORT & ACCOUNTS

- 10:45 - 11:00
15 min

8. Quality Accounts 2024/25 Presentation (paper)

DiscussionWaseem Munir, Deputy Director of Quality Governance

📄 08a - Quality Accounts 2024-25 - Front Sheet.pdf (2 pages)

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11:00 - 11:15
15 min

9. Stockport NHS Foundation Trust Annual Report & Accounts 2024/25 (paper)

Discussion *David Wakefield*

09 - Annual Report & Accounts 2024-25 - Front Sheet.pdf (2 pages)

11:15 - 11:30
15 min

10. Presentation of the Annual Accounts External Audit 2024/25 - Independent Auditor's Report to the Council of Governors of Stockport NHS Foundation Trust (paper)

Discussion *Karen Murray, Forvis Mazars (External Auditors)*

10 - Annual Accounts External Audit 2024-25 Independent Auditor's Report to the Council of Governors.pdf (8 pages)

MEMBERSHIP & ENGAGEMENT

11:30 - 11:35
5 min

11. Membership Development Group Report (paper)

Information *Howard Austin*

11 - Membership Development Group Report - 10 September 2025.pdf (7 pages)

GOVERNANCE

11:35 - 11:45
10 min

12. Deputy Chair Appointment (paper)

Decision *David Wakefield*

12 - Deputy Chair Appointment - 10 September 2025.pdf (3 pages)

11:45 - 11:50
5 min

13. Lead Governor Appointment Process (paper)

Decision *David Wakefield*

13 - Lead Governor Appointment Process - 10 September 2025.pdf (4 pages)

11:50 - 11:55
5 min

14. Nominations Committee Membership (paper)

Decision *David Wakefield*

14 - Nominations Committee Membership - 10 September 2025.pdf (5 pages)

DATE, VENUE & TIME OF NEXT MEETING

11:55 - 11:55
0 min

15. 10 December 2025, 10am, Pinewood Education Centre, Stepping Hill Hospital

Information

PAPERS FOR INFORMATION

11:55 - 11:55
0 min

16. Council of Governors Elections Briefing Note (paper)

Information

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

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Information

- 17 - SFT Governors Corporate Calendar 2025-26.pdf (1 pages)
- 17 - CoG Meeting Attendance 2024-25.pdf (1 pages)

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Wednesday 18th June 2025 at 4pm
in Pinewood Education Centre, Stepping Hill Hospital

Present:

Mr David Wakefield	Joint Chair
Mr Howard Austin	Public Governor
Mr Michael Chantler	Public Governor
Mrs Val Cottam MBE	Public Governor
Dr Yogalingam Ganeshwaran	Staff Governor
Mr Tony Gosling	Public Governor
Mrs Paula Hancock	Staff Governor
Professor Callum Kidd	Public Governor
Mr Richard King	Public Governor
Dr Tad Kondratowicz	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	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:

Mrs Sue Alting	Appointed Governor and Lead Governor
Mr David Kirk	Appointed Governor
Mr David McAllister	Staff Governor
Mr John Morris	Public Governor
Mr Adrian Nottingham	Public Governor
Ms Ruth Perez-Merino	Staff Governor

In attendance:

Dr Samira Anane	Non-Executive Director
Mr Anthony Bell	Non-Executive Director
Mr Paul Buckley	Director of Strategy & Partnerships
Ms Rebecca Simmons	Senior Strategy & Partnerships Manager
Mr David Hopewell	Non-Executive Director
Mrs Karen James OBE	Chief Executive
Mrs Alison Lever	Membership Governance Manager
Dr Andrew Loughney	Medical Director
Mrs Rebecca McCarthy	Company Secretary
Mrs Jackie McShane	Director of Operations
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
14/25	Welcome & Apologies for Absence The Joint Chair welcomed everyone to the meeting. Apologies for absence from governors were noted as above.	

	<p>Apologies were also received from:</p> <p>Mrs Amanda Bromley, Director of People & Organisational Development Mrs Nic Firth, Chief Nurse Mr John Graham, Chief Finance Officer Mrs Beatrice Fraenkel, Non-Executive Director Dr Marisa Logan-Ward, Non-Executive Director</p>	
15/25	<p>Amendments to Declaration of Interests No declarations of interest.</p>	
16/25	<p>Minutes of Previous Meeting The minutes of the previous meeting held on 19 March 2025 were agreed as a true and accurate record of the meeting.</p>	
17/25	<p>Action Log The action log was reviewed and annotated accordingly.</p> <p>Dr Louise Sell, Senior Independent Director, noted that the outstanding action on the impact of new sepsis NICE guidance was covered under the Quality Committee Report, Agenda Item 7, and would continue to be kept under review and reported to the Council of Governors as required via the Quality Committee report.</p>	
18/25	<p>Joint Chair's Report The Joint Chair thanked the Council of Governors for his appointment and presented his first Joint Chair's Report to the Council of Governors. He provided his reflections on activities within the Trust since he commenced in post at the beginning of April 2025, along with reflections on the wider health and care system.</p> <p>The Joint Chair acknowledged that the Trust continued to face significant operational challenges, with increasing demand for urgent & emergency care, alongside significant financial challenges. He highlighted work underway to across Greater Manchester, and specifically the collaboration opportunities being explored with Stockport NHS Foundation Trust (SFT), including exploration of governance arrangements that would enable the opportunities of collaboration to be maximised. He commented that governors would be engaged in these future discussions.</p> <p>The Joint Chair highlighted changes to the Council of Governors since the last meeting and thanked governors who had stepped down for their contribution: Mr Alan Gibson (Public Governor, Tame Valley & Werneth), Mrs Carol Greene (Public Governor, Bramhall & Cheadle) and Cllr Keith Holloway (Appointed Governor).</p> <p>The Joint Chair added, that since writing of the report, he and the Chief Executive had been invited to attend the unveiling of the NHS 10-year plan in July. In addition, the Joint Chair had recently attended the Health & Wellbeing Board meeting.</p> <p>Mr Howard Austin, Public Governor, referred to the work taking place to explore joint governance arrangements with TG ICFT, and queried of considered had also been given to Council of Governors. The Joint Chair commented that opportunities, where appropriate, to hold joint meetings and training and development would also be considered to support the collaboration.</p> <p>The Council of Governors received and noted the Joint Chair's Report.</p>	

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19/25	<p>Non-Executive Directors Report – including highlights from Board Committees</p> <p>The Joint Chair introduced the Alert, Advise, Assure (AAA) reports from the Board Committees. The Non-Executive Director Chairs of the Board Committees provided updates on high-level metrics and key assurance reports considered at Finance & Performance, Quality, and Audit Committees.</p> <p><u>Quality</u></p> <p>Mr Tad Kondratowicz, Public Governor, asked for further detail regarding the categorisation of incidents in terms of learning from deaths. Dr Louise Sell, Senior Independent Director, confirmed that the learning from deaths reviewers made the judgement regarding categorisation, with a serious incident process followed where required. The Medical Director provided further detail regarding the four gradings. He added that the Trust conducted a comparatively high number of learning from death reviews, with any sub-optimal clinical care fed back to teams to support learning.</p> <p><u>Finance & Performance</u></p> <p>Mr Howard Austin, Public Governor, voiced concern regarding the condition of the estate and queried whether a regular report to the Council of Governors could be introduced. The Joint Chair suggested that update was provided via the Finance & Performance Committee who had oversight of estates & facilities, with any significant risks highlighted to the governors.</p> <p>Mr Tony Gosling, Public Governor, asked for an update on the Pharmacy Shop Report. Mr Anthony Bell, Non-Executive Director, reported that a qualitative and quantitative report had been requested and would be presented to the Finance & Performance Committee in the coming month. Dr Samira Anane, Non-Executive Director, noted that the pharmacy was performing very positively in terms of patient experience.</p> <p>Mr David Hopewell, Non-Executive Director and Chair of the Audit Committee, noted that the Committee was due to meet the following week to finalise the annual report and accounts.</p> <p>The Council of Governors received and noted the Non-Executive Directors Report.</p>	
20/25	<p>National Staff Survey Report 2024</p> <p>The Chief Executive provided an overview of the National Staff Survey Results 2024 for Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT), including significant changes, top and bottom performing areas and next steps. The Chief Executive confirmed work was underway across all divisions to develop responses, noting the value of the qualitative comments to further understand actions required to support improvement.</p> <p>Mr Michael Chantler, Public Governor, highlighted three areas of particular concern, with staff reporting an increase in experiences of physical violence at work, an increase in experiences of harassment/bullying at work, and a fall in confidence that areas of concern raised would be dealt with by the Trust, and comprehensive discussion took place on this matter. The Joint Chair acknowledged these challenges and issues were reflected across the NHS more generally. He noted that the People Performance Committee and Board both considered these issues on a regular basis, with a substantial programme of work to encourage staff to speak up about concerns, and a quarterly Freedom to Speak Up Report presented to the Board. The Chief Executive acknowledged that there was still work to be</p>	

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	<p>done, noting this may require different actions in different divisions/departments of the Trust. She highlighted that all divisions were developing actions in response to the survey results.</p> <p>Mr Tony Gosling, Public Governor, asked whether any action was planned to try to increase the overall response rate from 45.3%. The Chief Executive reported that the Trust had previously tried to incentivise staff to complete the survey, with mixed results, and was looking at Trusts with higher response rates to try to learn from them.</p> <p>Mrs Michelle Slater, Public Governor, voiced concern about the sexual safety of staff, particularly in the Urgent Care Team, and asked whether there was sufficient security on site. The Chief Executive reported that security officers were on site to support the team. The Director of Operations highlighted the installation of a new and visible security office in the new Urgent Care building.</p> <p>Mr Tony Moore, Public Governor, asked whether support for staff was in place to help them after they experienced an assault. The Chief Executive confirmed a debrief took place after any such event, including consideration of support requirements, to ensure learning.</p> <p>The Council of Governors received and noted the National Staff Survey Report 2024.</p>	
21/25	<p>Summary Operational Plan 2025/26 The Director of Strategy & Partnerships presented the plan, outlining a summary of the Trust's commitments.</p> <p>Trust Corporate Objectives & Outcome Measures 2025/26 The Director of Strategy & Partnerships presented a report on the Trust Corporate Objectives and Outcome Measures for the coming year. The Joint Chair noted that objectives and outcome measures presented a balance of operational and strategic matters.</p> <p>Mr Tony Gosling, Public Governor, asked for an update on the wayfinding strategy. The Chief Executive noted that there had been a delay due to the ongoing building works on site, however the project was now underway and would engage an external company to engage with patients and staff, with the aim of completion by the end of the financial year. The activity of the volunteers would be extended to include additional information points across the site, with some volunteers carrying out roaming roles.</p> <p>The Council of Governors received and noted the Summary Operational Plan 2025/26 and Trust Corporate Objectives & Outcome Measures 2025/26.</p>	
22/25	<p>Developing a Joint Quality Strategy The Senior Strategy and Partnerships Manager presented a report regarding the developing a Joint Quality Strategy between TG ICFT and SFT, as agreed by both Quality Committees. She confirmed the strategy would align with national and Greater Manchester quality drivers, alongside key areas of focus for the Trusts. She highlighted initial areas for consideration and invited comments from governors to inform the strategy.</p> <p>The Council of Governors received and noted the development of a Joint Quality Strategy.</p>	
23/25	<p>Membership Development Group Reports</p>	

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	<p><u>Membership Development Group Progress Report</u> 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 9 June 2025 and key initiatives to support implementation of the Membership Strategy 2022-2025.</p> <p>He highlighted the recent successful Health Talk for members on MRI developments at the Trust and governor attendance at student induction sessions to promote membership.</p> <p>The Council of Governors received and noted the Membership Development Group Progress Report.</p> <p><u>Membership Strategy 2025-2028</u> Mr Howard Austin, Public Governor, noted that the current Membership Strategy ran to July 2025. A refreshed Membership Strategy for 2025-2028, as reviewed by the MDG, was included for Council of Governors approval.</p> <p>The refreshed Membership Strategy was a simplified version to ensure it was accessible and meaningful, with the sections covering 'Context' and 'Our journey' removed and condensed into a new 'Purpose & Aims' section.</p> <p>The Council of Governors approved the Membership Strategy 2025-2028.</p> <p><u>Membership Development Group Terms of Reference</u> Mr Howard Austin, Public Governor, presented the Terms of Reference for the Membership Development Group to the Council of Governors for approval.</p> <p>There was a change to the Terms of Reference from the previous version, regarding frequency of review. This had been updated to at least every three years, aligning with review of the Membership Strategy. In addition, the Chair of the MDG would be reviewed annually.</p> <p>The Council of Governors approved the Membership Development Group Terms of Reference.</p>	
24/25	<p>Nominations Committee Report: Appointment of Non-Executive Director</p> <p>The Company Secretary presented the report from the Nominations Committee, reporting that the Nominations Committee had undertaken a thorough recruitment and selection process to identify a candidate for a Non-Executive Director position. The Nominations Committee's recommended candidate was Mr David Curtis, to be appointed as a Non-Executive Director from 1 August 2025.</p> <p>The Council of Governors approved 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.</p>	
25/25	<p>Council of Governors Standards of Business Conduct The Company Secretary presented the Council of Governors Register of Interest for annual review, with one governor still to confirm, and confirmed all governors had signed the code of conduct and annual 'fit and proper</p>	

	<p>person' self-declaration in line with the Trust's Licence and Constitution. She noted that the remaining declaration of interests would be followed up.</p> <p>Mr Howard Austin, Public Governor, asked for an update on the current vacancy within the Appointed Governor. The Company Secretary confirmed that the Greater Manchester university representative post had been vacant for some time, noting that it may be appropriate to review the composition the Council of Governors and consider changing this position to local college representation (ACTION).</p> <p>The Council of Governors reviewed and confirmed the Register of Interest of the Council of Governors and, to the best of their knowledge, that all governors remained eligible to continue in their roles in line with the Stockport NHS Foundation Trust Constitution and Licence.</p>	Company Secretary
26/25	<p>Papers for Information</p> <ul style="list-style-type: none"> – Council of Governors Calendar 2025/26 – Council of Governors Attendance 2024/25 – Council of Governors Elections Briefing Note – Draft Annual Members Meeting Agenda, Thursday 2 October 2025 <p>With regards to Council of Governor elections, Mr Steve Williams, Public Governor, noted that some of the seats up for election in 2025 were for a 2-year period rather than the usual 3-year period. The Company Secretary confirmed that this was planned to stagger appointments and support recruitment, stability and continuity on the Council of Governors, rather than all governors standing down at one time.</p> <p>The papers for information were received by the Council of Governors.</p>	
27/25	<p>Any Other Business</p> <p>No other business.</p>	
28/25	<p>Date, time, and venue of next meeting</p> <p>10 September 2025, 10:00am, Pinewood Education Centre, Stepping Hill Hospital</p>	

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Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
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: Covered in Quality Committee update to Council of Governors June meeting.	Closed	Chair of Quality Committee
01/25	19 March 2025	04/25	Action Log	Include Travel Plans and Car Parking update to the Council of Governors. Update: Results of car parking consultation in March 2025 shared with Governors in April 2025. Further updates to follow as plans progress.	TBC	
02/25	18 June 2025	25/25	Council of Governors Standards of Business Conduct	Review composition of Council of Governors and consider changing Greater Manchester University representative post to local college representation. Update: Following publication of 10 Year Plan, stating the requirement for FTs to have governors would be removed, pause further review of the composition of the Council of Governors (and associated revision to the Trust Constitution) until further detail is announced.	TBC	Company Secretary

On agenda
Not due
Overdue
Closed
Closed at last meeting

on
2025 11:47:06

Meeting date	10 September 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 highlights key matters for the attention of the Council of Governors, covering national, regional and Trust matters.</p>
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1. **Fit for the Future: 10 Year Health Plan for England**

At the beginning of July, the Government launched its 'Fit for the Future: 10 Year Health Plan for England' (10 YHP). The plan focuses on three big shifts: analogue to digital, hospital to community and sickness to prevention, with the introduction of neighbourhood health services. It is anticipated that each of the shifts will be fundamental to securing financial sustainability.

To realise the ambition of the 10 YHP, the Government intends to reform the NHS operating model. This includes the previously announced abolition of NHS England (NHSE) and the revised role of Integrated Care Boards (ICBs) as strategic commissioners of local healthcare services. The plan also seeks to introduce a system of earned autonomy for providers and a support regime for those underperforming.

It was announced that the NHS foundation trust (FT) model was to be reinvented, with opportunity for the best performing FTs to hold the whole health budget for a defined local population as an integrated health organisation (IHO). It is anticipated that a small number of these IHOs would be designated in 2026, with a view to becoming operational in 2027. The plan also stated that the requirement for FTs to have governors would be removed and more 'dynamic arrangements' to take account of patient, staff and stakeholder insight would be introduced.

On a practical note, with respect to the governance of FTs, we know that legislation will need to be changed to enact elements of the plan, and further work to implement the change will be needed. We will continue to review the detail as it emerges to determine how it impacts upon the Trust and is incorporated into our existing plans and forthcoming Joint Organisational Strategy.

2. **Independent review of patient safety across the health and care landscape**

The Government commissioned review, led by Dr Penny Dash, Chair of NHS England, was also published in early July. The review looked at 6 bodies and how they work within the wider health and care landscape, with a particular focus on patient safety. These were the Care Quality Commission (CQC), National Guardian's Office, Healthwatch England and the Local Healthwatch network, Health Services Safety Investigations Body (HSSIB), Patient Safety Commissioner and NHS Resolution.

The review highlighted the complexity and duplication, alongside existing gaps, in the regulatory and oversight system for patient safety, and made a series of recommendations, summarised as:

- Revamp and enhance the role of the National Quality Board (NQB). The review suggests that the NQB will provide a new quality strategy by March 2026 and provide a single determination of quality.
- Rebuild the CQC with a clear remit and responsibility.
- Continue the Health Services Safety Investigation Body's role as a discrete branch within the CQC and centre of excellence for investigations.
- Transfer the Patient Safety Commissioner functions around medicines and medical devices to the Medical and Healthcare Products Regulatory Agency (MHRA), and broader patient safety work to a new directorate for patient experience within NHSE, transferring to the Department of Health & Social Care (DHSC).
- Bring together the work of local Healthwatch, and the engagement functions of integrated care boards (ICBs), to ensure patient and wider community input into the planning and design of services.
- Streamline functions relating to staff voice.
- Reinforce the responsibility and accountability of commissioners and providers in the delivery and assurance of high-quality care.

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- Technology, data and analytics to play a more significant role in supporting the quality of health and social care.
- There should be a national strategy for quality in adult social care.

In addition, the review includes a series of next steps to support implementation, with several areas highlighted in the 10 YHP. As with the 10 YHP, legislation will need to be changed to enact several of the recommendations.

3. **Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration**

As I commenced in post in April, both Trust Boards spent time thinking about its key challenges and opportunities for the future, acknowledging the importance of working together to maximise opportunities for our local populations, patients and staff.

In July, we held our first joint TG ICFT and SFT board development session, to develop a clear vision on what will be achieved by working together and initiated the development of our Joint Organisational Strategy. This discussion was the start of a period of broader stakeholder engagement over the coming year. We also started to consider how our governance arrangements can support the delivery of our joint ambitions. We reflected on different options available and the range of joint governance arrangements already in place across the country.

We will be discussing these matters again at our second joint board development session on 4 September. And subsequently sharing ideas and discussing this with governors at the joint governor's development session on 29 September.

4. **Update on Electronic Patient Record**

At the Board of Directors meeting on 7th August, we received update regarding the Trust's major digital ambition of a new EPR (Electronic Patient Record) solution with TG ICFT. This has been an area of interest for governors.

Following approval of the Outline Business Case in December 2024, the SFT and TG ICFT Digital Teams have continued to work on the preparation activities for the formal procurement and implementation of a joint EPR solution. Formal procurement commenced in April this year, with system demonstrations held in August for staff to evaluate. At the end of this process, it is hoped that one provider will be identified as the preferred bidder.

5. **Council of Governors**

Elections are currently in progress for Bramhall & Cheadle, High Peak & Dales, Marple & Hazel Grove and Tame Valley & Werneth.

Adrian Nottingham (Bramhall & Cheadle), John Morris (Marple & Hazel Grove) and Tony Moore (Marple & Hazel Grove) have decided not to stand for re-election, so their terms of office will come to an end on 30 September 2025. We thank them all for their contribution over the past three years.

In addition, Richard King reaches the end of his third 3-year term at the end of September; we thank him for his excellent contributions as public governor for Marple & Hazel Grove and as a member of the Nominations Committee and the Membership Development Group.

Cllr Helen Foster-Grime is our newly appointed governor representing Stockport Metropolitan Borough Council, having been selected for the role at the Council's Cabinet in June.

6. Trust Activities

I have continued my visits throughout the Trust, developing my understanding of the services provided and hearing the views of our colleagues. Over recent months I have visited some of areas of our most challenged estate including Beech House (IT services), along with the Emergency Department, Clinical Decision Unity (CDU), Treehouse, Fracture Clinic and Audiology. I was pleased to attend the opening of the Acute Frailty Unit (AFU) Therapy Garden and Treehouse Celebration Event, both supported by the Trust Charity.

I attended my first Stockport Health & Well Being Board in June and have met with the Chief Executive of Stockport Metropolitan Borough Council (SMBC), Michael Cullen, to discuss the opportunities of our place-based partnership.

7. System & National Activities

I have also attended several national and regional meetings, hearing from NHS England CEO, Sir Jim Mackey, regarding the launch of the 10 YHP. As part of these meetings, I have discussed the options available for securing the capital required for the development of both Tameside & Glossop and Stockport sites and am hopeful that we will see some progress in the coming months. I have also met with the ICB Chief Executive, Mark Fisher, to discuss our operational and financial risks and the potential mitigations and help required. In addition, I continue to attend the Greater Manchester (GM) Providers Chairs meeting with discussion focused on opportunities and challenges we face as a system.

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Meeting date	10 September 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 August:

- Audit Committee – July 2025
- Finance & Performance Committee – June and July 2025
- People Performance Committee – July 2025
- Quality Committee – June and July 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	Audit Committee
Chair of Committee/Group	David Hopewell, Non-Executive Director
Date of Meeting	15 th July 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"> • Update Report on Data Protection Security Toolkit • Audit Committee Annual Review including ToR, Workplan & Effectiveness • Risk Management Committee Key Issues Report, ToR and Workplan • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Plan 2025/26 • Anti-Fraud Progress Report 2024/25 • Auditors Annual Report • Review of Losses and Special Payments • PAS System Risk • CliniSys Change Control Notice and Quotation
2.	Alert	<p>The Committee received and noted the update report on the Cyber Assessment Framework - Data Protection Security Toolkit for ongoing discussion.</p>
3.	Advise	<p>The Committee received a Risk Management Committee Key Issues Report, following meetings held in May and June 2025, providing an overview of ongoing oversight of risk management and detailing the significant risks. The Committee discussed the scoring of risk for individual Divisions not meeting recurrent CIP targets and how this aligned cumulatively for all divisions at a corporate level.</p> <p>The Committee were advised by MIAA that new fraud legislation comes into force on the 1st September 2025 which introduces a new 'failure to report' offence for organisations. MIAA will issue a client briefing on the necessary requirements, update the Fraud Policy and there will be webinars for the Senior Leadership Team and non-executives to attend.</p>
4.	Assure	<p>The Committee received the Audit Committee Annual Review and were assured that its terms of reference had been reviewed and updated as required on an annual basis. The Committee discussed its self- assessment of the effectiveness of the Committee. An action has been taken to review the answers for disagree/unable to answer to isolate those that Committee members could not be expected to have the knowledge to answer and inform the next annual review.</p> <p>The Committee approved the Audit Committee Annual Review, Terms of Reference and 2025/26 Annual Work Plan and recommended to the Board of Directors for approval.</p> <p>The Committee were assured that the Internal Audit Plan for 2024/25 was almost</p>

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<p>Lever, Alison 03/09/2025 11:47:06</p>	<p>complete with the Quality Spot Checks report at final stages and the Draft Report issued. Performance indicators all rated green.</p> <p>The Committee received the 2024/25 final reports for:</p> <ul style="list-style-type: none"> • Patient Safety and Incident Response Framework – Substantial Assurance • Cyber Assessment Framework/Data Security & Protection Toolkit <p>The Committee received an update on the remaining 2024/25 audit to be completed:</p> <ul style="list-style-type: none"> • Quality Spot Checks - draft report issued. <p>The Committee were assured that the receipt of all reports relating to 2024/25 were in line with the Head of Internal Opinion issued.</p> <p>The Committee received assurances that the 2025/26 Internal Audit Plan was on track. The following audits are in progress:</p> <ul style="list-style-type: none"> • Fit and Proper Persons Review • Recruitment and Onboarding <p>The Committee asked for assurance on the follow up recommendations for IT and for separation of overdue follow ups from in progress or partially complete in future monthly reports.</p> <p>The Committee received the Anti-Fraud Report for July 25 and an update on the status of current investigations.</p> <p>The Committee received assurance that the Counter Fraud Functional Standard Return was submitted to the 31st May 2025 deadline.</p> <p>The Committee were given assurance that the Trust had not incurred any financial losses on Fraud Prevention notices issued during May and June 25 to date.</p> <p>The Committee received and noted the final version of the Auditors Annual Report for 2024/25 and were assured that the content was largely submitted in the Auditors Completion Report at the June Committee and re-iterated the unqualified rating on the Trust Annual Accounts for 2024/25, the Trust consolidation schedules were consistent with the audited financial statements and the ratings assigned to the Value for Money arrangements. The report has been submitted to NHSE by the Trust.</p> <p>The Committee received and noted a report received a report from on Losses and Special Payments to the 31st March 2025. It was informed that an insurance claim was ongoing for recovery of the loss incurred on IT equipment damage.</p> <p>The Committee was given verbal assurances on mitigations for the risks surrounding the Trust's PAS system with a scheduled functional update timetabled for the 12th August 2025.</p> <p>The Committee received a report on plans for the rollout of the Pathology LIMS system; lessons learnt on the project implementation and mitigations for future</p>
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		risks. It provided assurance on the costs to be incurred by the Trust in 2025/26 for the system implementation. It was assured that no future costs were to be charged to achieve the full update and that the scheduled go-live dates were on track.
5.	Referral of Matters/Action to Board/Committee	<p>The Committee received and noted the update report on the Data Protection Security Toolkit for ongoing discussion.</p> <p>The Committee approved the Audit Committee Annual Review, Terms of Reference and 2025/26 Annual Work Plan and recommended to the Board of Directors for approval.</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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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Tony Bell, Non-Executive Director
Date of Meeting	19 June 2025 and 17 July 2025
Quorate	Yes
The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:	

1. Agenda	<p>In June, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> Operational Performance Report Finance Report – Month 2 Board Assurance Framework and Aligned Significant Risks Standing Committees Alert, Advise & Assure Reports: <ul style="list-style-type: none"> Capital Programme Management Group Digital & Informatics Group <p>In July, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> Operational Performance Report Finance Report – Month 3 Productivity and Stockport Trust Efficiency Programme / Cost Improvement Programme (STEP / CIP) (Verbal update) Pharmacy Shop Update Stockport Children's Therapy Services – Tender Outcome Stockport Community IV Therapy Tender Bid Contracts for Approval Review of New Joint Green Plan to Recommend to Board Digital Strategy Progress Report Standing Committees Alert, Advise & Assure Reports: <ul style="list-style-type: none"> Capital Programme Management Group
2. Alert	<p>Concerns regarding the delivery of the 78% Emergency Department (ED) 4-hour trajectory by year-end, given historical performance in this area and the need for system flow improvement, as stated in the Trust's Operational Plan submission.</p> <p>Concerns regarding paediatric audiology and the consequent adverse impact on children, the diagnostic target and future sustainability of the service.</p> <p>Concerns regarding reduction in discharge to assess beds which is anticipated to impact on ED performance and flow, with the risk to winter performance acknowledged.</p> <p>Concerns regarding the risk of non-achievement of the Financial Plan given significant associated risks. Concerns also regarding Stockport Trust Efficiency Programme (STEP) / Cost Improvement Plan (CIP) year-end delivery.</p>
3. Advise	<p>The Committee received the Finance Report for Month 3 and noted:</p> <ul style="list-style-type: none"> Overall, at month 3 the Trust was reporting a break-even position against

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		<p>plan to date and a net deficit of £4.1m. At this point the forecast for year-end was in line with plan, however there are some key risks in the plan which will be monitored throughout the year.</p> <ul style="list-style-type: none"> • The STEP plan for 2025/26 was £29.2m (£20.5m recurrent). The Committee heard that STEP of £17.6m (60%) had been actioned against the in-year target, and year to date STEP was £0.3m behind the efficiency plan. • The Trust has maintained sufficient cash to operate during June. • The Capital forecast for 2025/26 was £37.4m, in line with plan. <p>The Committee received a verbal update regarding Productivity and STEP/CIP, with a written report to be presented to the September Committee meeting.</p> <p>The Committee received a Pharmacy Shop update report and noted qualitative and quantitative benefits of the service, including improved patient experience.</p> <p>The Committee received the Operational Performance Report for Month 3, 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>The Committee reviewed and recommended the new Joint Green Plan to the Board of Directors for approval.</p> <p>The Committee reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2025/26 to the Board of Directors in August 2025.</p>
4.	Assure	The Committee acknowledged positive assurance regarding ED performance in month, with performance overachieving against the trajectory, and improvements in Referral to Treatment performance.
5.	Referral of Matters/Action to Board/Committee	The Committee reviewed and recommended the new Joint Green Plan 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	10 July 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 • Organisational Development Plan • Equality, Diversity & Inclusion Strategy • Staff Survey • Safer Care (Staffing) Report • Temporary Staffing • Subgroups' Terms of Reference and Work Plans 2025/26 for Approval: <ul style="list-style-type: none"> - Joint Health & Wellbeing Group • Board Assurance Framework and Aligned Significant Risks • Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Joint Health & Wellbeing Group - Equality, Diversity & Inclusion Group - Educational Governance Group
2.	Alert	<p>The Committee expressed concern regarding mandatory training compliance, specifically in relation to training relating to patient safety. The Committee heard of mitigating actions in this area, noting that the Executive Team were considering an options appraisal of consequences, and a further update would be provided to the next meeting of the Committee.</p> <p>The People Performance Committee requested that the Quality Committee review the impact of non-compliance of mandatory training from a quality and safety perspective.</p>
3.	Advise	<p>The Committee received an Equality, Diversity & Inclusion (EDI) Strategy Update Report and noted the proposed priorities for the next 6 months, including the development of a joint EDI strategy with Tameside & Glossop Integrated NHS Foundation Trust (T&G).</p> <p>The Committee received a Staff Survey Report, noting actions being taken to address areas of concern highlighted in the latest Staff Survey. It was noted that planning was underway for this year's Staff Survey, which was expected to launch in September 2025, and the Committee highlighted the importance of demonstrating to colleagues the action taken in response to their feedback.</p> <p>The Committee received a Temporary Staffing Report and heard about continued work to explore alternatives to the use of bank and agency staff.</p> <p>The Committee reviewed and approved the people related principal risks to be</p>

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		<p>presented as part of the Board Assurance Framework 2025/26 to Board of Directors in August 2025.</p> <p>The Committee approved the Joint Health & Wellbeing Group Terms of Reference and Work Plan 2025/26.</p>
4.	Assure	<p>Positive assurance received around the following People metrics:</p> <ul style="list-style-type: none"> • The in-month sickness rate for May is 5.46%, which is a reduction from April of 0.45% and is below the target of 5.5%. • Agency expenditure as a percentage of the total pay bill is 2%, which is below the target of 2.1%. • Role essential compliance at 94.5%, which is above target. • Turnover (adjusted) has decreased in May to 10.37%, from 10.68% in April and remains below the target of 11.5%. <p>The Committee noted positive assurance regarding the delivery of the Organisational Development (OD) Plan and acknowledged further work required to measure the impact of the OD programmes of work.</p>
5.	Referral of Matters/Action to Board/Committee	<p>Quality Committee to review the impact of non-compliance of mandatory training from a quality and safety perspective.</p>
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	24 June 2025 and 22 July 2025
Quorate	Yes

The Quality Committee draw the following key issues and matters to the Board of Directors' attention:

1.	Agenda	<p>In June, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Board Assurance Framework 2025/26: Draft Principal Risks • Paediatric Audiology Service Update • CQC Update Report • Quality Strategy Progress Report • Quality & Safety Integrated Performance Report • Newly Progressing and Newly Developed CIP High Level Plans • Annual Research, Development & Innovation Report 2024/25 • Annual Health & Safety Report • Clinical Audit Annual Report 2024/25 and Forward Programme 2025/26 • Annual Infection Prevention Control Report 2024/25 • Standing Subgroup Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Patient Safety Group - Patient Experience Group • Revised Quality Committee Work Plan & Attendance 2025/26 <p>In July, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Matters Arising: <ul style="list-style-type: none"> - Paediatric Audiology – Update regarding exit criteria • Learning from Deaths – Q4 • Trust Health Inequalities Report • Quality & Safety Integrated Performance Report • Newly Progressing and Newly Developed CIP High Level Plans • Annual Complaints Report • Annual Safeguarding Report • Standing Subgroup Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Trust Integrated Safeguarding Group - Patient Safety Group - Patient Experience Group - Clinical Effectiveness Group • Quality Committee Work Plan & Attendance 2025/26
2.	Alert	<ul style="list-style-type: none"> • Paediatric Audiology Service Update <p>In June the committee received assurance that the Chief Nurse is engaged with the Integrated Care Board (ICB) and regional colleagues in resolving this issue. Achievement of the national standards requires investment and a request to allow the expenditure is with the ICB. A request has gone to the ICB for clarity on the exit criteria from the pause to referrals. Arrangements are in place for a</p>

		<p>response to urgent referrals at another provider and communication has gone to GPs to direct routine referrals elsewhere. Support is being given to the team in terms of professional development and well-being. 1700 people remain on our list, consisting of follow up and new non-urgent referrals received before the list closed. 400 cases need to be reviewed by another provider. To date 30 have been completed. Harm is assessed according to NHSE harm guidance. This process identified 14 children where there was a level of harm and 16 where there was no harm. Children who have suffered harm are being supported via schools, specialist voluntary sector agencies and speech and language therapy (SLT). Further work is ongoing to assess the increased demand on SLT as this cohort of children grow up. Duty of Candour has been applied in all cases. The committee requested an update on progress with the actions to resolve the issue, to identify and to mitigate the harm. The committee recognised and sincerely regret the significant impact on this cohort of children.</p> <p>In July some elements of the service had been restarted but the exit criteria to fully restart the service were still awaited, the request for funding of a senior post had been rejected and only a further 3 children had undergone a harm review. The committee recommended that the Board receive an update at its next meeting, which includes a risk / benefit assessment of the full range of options available to us as an organisation to make acceptable and timely progress on this matter.</p> <ul style="list-style-type: none"> • Annual Research, Development & Innovation Report 2024/25 The committee received this report which gave a clear account of excellent work in delivering good quality and clinically relevant research activity. However the committee noted significant red flags including high levels of long term sickness and dependence on commercial and research network funding to maintain the team. There is a need for tangible organisational support to ensure our research activity remains resilient. The committee recommend that further work is undertaken to enable collaboration between SFT and T&G within the Trusts' strategic collaboration. • Quality & Safety Integrated Performance Report and Quality Strategy Progress Report Pressure ulcers remain an area of under-performance. The committee heard that this remains a focus in the current quality strategy and that a programme of work is underway focussing on cultural attitudes, nutrition and hydration, community services and support to care homes. • Quality & Safety Integrated Performance Report The committee noted the ongoing pressure on bed occupancy and the plans to replace commissioned discharge to assess beds with a spot purchasing arrangement. The committee refers this to the Finance & Performance Committee and notes that this position will inform our winter planning process.
3.	Advise	<ul style="list-style-type: none"> • Annual Infection Prevention Control Report 2024/25 The committee noted the ongoing work to prevent and manage outbreaks of infection. The committee discussed the unhelpfully low rates of flu and covid vaccination in the community and in staff groups. We are engaged with public health colleagues and await national guidance on vaccination protocols. The committee requested that we take an active approach in Stockport on all fronts, starting as soon as possible, given what is known about vaccination clinical effectiveness in reducing morbidity and mortality and about cost effectiveness of

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		<p>vaccination. The committee has requested an update and has referred the staff ambition to the People Performance Committee. The committee has agreed changes to the monthly reporting of infections to increase the visibility of our performance against the new improvement trajectory. Rates of E Coli infection are above target and improvement is expected from implementation of a new urinary catheterisation policy.</p> <ul style="list-style-type: none"> • Board Assurance Framework 2025/26: Draft Principal Risks The committee reviewed the document and welcomed the amendment to separate safety, experience and effectiveness. The target risk scores were confirmed after discussion and the committee requested some redrafting to ensure gaps in controls or assurance were matched with actions and vice versa. • Trust Health Inequalities Report The committee noted ongoing work to progress the action plan. Much of the work revolves around ensuring that operational teams have the correct data to drive decision making and that Board has visibility of this. The group will align the use of data with that available from GM. There is a need to ensure the health inequalities work continues to be led at an executive level and to have the right resource to play our part alongside partners, in the reduction of health inequalities. • Annual Complaints Report The committee noted a maintenance of response rates despite increased activity. There was comprehensive analysis of themes and a planned action by the deputy director of nursing and deputy medical director to improve communication about treatment. The committee agreed changes to the monthly reporting and requested further information about the organisational response to this rich source of information. • Quality & Safety Integrated Performance Report Performance remains below target for antibiotic administration. The committee received assurance that no harm had occurred and noted that the transformation work continues. • Standing Subgroup Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Patient Safety Group reported that noise at night remains an issue and the committee requested that consideration is also given to the use of headphones with patient entertainment systems.
4.	Assure	<ul style="list-style-type: none"> • CQC Update Report The committee were assured that we have good systems and processes to manage CQC requests and engagement. There were no matters not already covered in our workplan. • Annual Health & Safety Report The committee commended the clarity of this report along with the evidence of year on year improvement in our compliance with health and safety requirements. Notwithstanding the risk to health and safety which arises from our aging estate, this report provides assurance about the monitoring and preventative processes which are within our control.

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		<ul style="list-style-type: none"> • Clinical Audit Annual Report 2024/25 and Forward Programme 2025/26 The committee noted this comprehensive report and paper which gives good assurance about our audit programme which is focussed on national requirements / expectations and local work linked to the agenda of this committee. • Annual Safeguarding Report The report gives assurance about our compliance with statutory responsibilities and a comprehensive account of a broad range of activity. We continue to engage actively as an organisation to mitigate unintended adverse consequences from the GMP "Right Care Right Person" initiative. We engage in system reviews leading to learning and improvement. • Learning from Deaths – Q4 The committee remains assured that we have a robust process and that themes identified are addressed through the appropriate governance routes. • Quality & Safety Integrated Performance Report Our mortality data continues to report a positive benchmarked position. • Quality Impact Assessment deep dive In July the committee received two newly progressing schemes and was assured about the rationale for the decisions made.
5.	Referral of Matters/Action to Board/Committee	<p>Audiology - The committee recommended that the Board receive an update at its next meeting, which includes a risk / benefit assessment of the full range of options available to us as an organisation to make acceptable and timely progress on this matter.</p> <p>Vaccination - The committee has referred the request for assurance that we have active, early and local forward planning to improve vaccination rates to the People Performance Committee.</p> <p>Patient flow - The committee has referred the ongoing pressure on bed occupancy and the plans to replace commissioned discharge to assess beds with a spot purchasing arrangement to the Finance & Performance Committee, requesting that this committee seeks assurance about the adequacy of provision.</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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Meeting date	10 September 2025	Public	X	Agenda Number	8
Meeting	Council of Governors				
Report Title	Quality Accounts 2024/25				
Director Lead	Nic Firth, Chief Nurse Andrew Loughney, Medical Director	Author	Nic Firth, Chief Nurse Andrew Loughney, Medical Director		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is asked to receive highlights from the Stockport NHS Foundation Trust Quality Account 2024/25 focussed on delivery of priorities for improvement and seek any further clarification required.					

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

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

X	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
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
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	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 service improvement programmes
X	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

Executive Summary

All NHS provider trusts are required to produce a Quality Account under the Health Act 2009 and subsequent Health and Social Care Act 2012. A Quality Account is a report about the quality of services offered by the provider; it is published on an annual basis and is an important way for local NHS services to report on quality and show improvements in services they deliver to local communities and stakeholders.

The Stockport NHS Foundation Trust Quality Account 2024/25 has been produced in the line with NHS England requirements and has been reviewed and approved by the Quality Committee and Board of Directors.

This presentation provides highlights from the Quality Account 2024/25 focussed on delivery of priorities for improvement:

- Start Well – Improve the first 1,000 days of life
- Live Well – Reduce avoidable harm
- Age Well – Reduce avoidable harm
- Die Well with Dignity – Improve the last 1,000 days of life

In line with submission requirements, the document has been submitted to NHS England and is publicly available via the Trust's website. The full document can be viewed [here](#).

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Stockport
NHS Foundation Trust

Quality Accounts 2024/25

Council of Governors, 11th September 2025

Mr Waseem Munir – Deputy Director of Quality Governance

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Priorities for Improvement

Quality Strategy

- The Quality Strategy introduced in 2021 has been extended to 2025.
- Aim: Deliver quality improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.
 - Start Well – Improve the first 1,000 days of life
 - Live Well – Reduce avoidable harm
 - Age Well – Reduce avoidable harm
 - Die Well with Dignity – Improve the last 1,000 days of life
- Progress monitored via Quality Committee and Board of Directors.
- Plans are currently underway for the development of the next iteration of the Quality Strategy which will see a joint strategy between Stockport and Tameside.

- The maternity service continually monitors and reviews our service against national maternity programmes and workstreams.
- Our maternity services were inspected by the CQC in September 2023. The inspection report published in May 2024 reported both the Safe and Well Led domains of care as 'Requires Improvement'.
- The Trust has developed an action plan in response to three Must Do recommendations, and four Should Do recommendations. The action plan was overseen by the Quality Committee.

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Pressure Ulcers

- Over the last two years, we have steadily reduced the number of pressure ulcers in the acute setting and aim to continue this trend.
- In the Community setting, our quality improvement work has enhanced patient engagement, empowerment, and safety at home.
- With further advancements in digital record-keeping and training modules, we hope to deepen our understanding of why pressure ulcers occur and develop stronger, longer-lasting prevention strategies.

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Live Well & Age Well

Falls

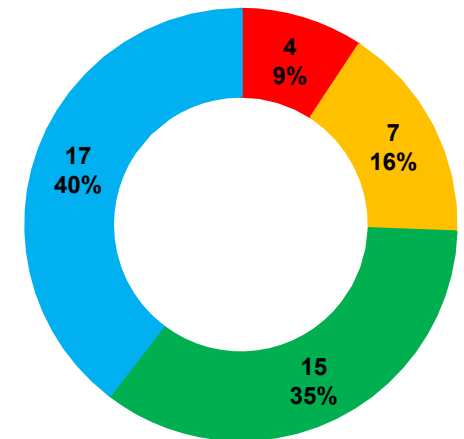
Aims:

- 5% reduction in overall number of falls – achieved with a 4.96% reduction.
- 5% reduction in those causing moderate and above harm (compared to 2023/24) – achieved by remaining the same.
- Local monitoring of 10% reduction in Emergency Department (ED) falls – unfortunately, we did not meet target, seeing a 15.71% increase. This remains an area of focus into 2025/2026.
- 10% reduction in lapses in care/areas of concern – reduction seen of 31.61% from the previous year.
- A range of initiatives have continued to support falls prevention work, including:
 - Ongoing compliance of monitoring L&S BP using monthly Quality Metric audits.
 - All falls documentation now available electronically on Patientrack.
 - Overarching Falls Action Plan for each Division, monitored at Quality Safety Improvement Strategy Group.

Live Well & Age Well

Stockport Accreditation and Recognition Scheme - StARS

- Our StARS ward accreditation programme continued to shine a light on quality care, with more of our wards securing and sustaining their 'blue' status.
- 69 accreditations across 43 clinical areas completed during 2024/25 in Theatres, Paediatrics, Maternity, the Emergency Department and in Community settings.
- The Trust surpassed its targets for 2024/25, achieving 35% 'green' and 39% 'blue' accreditation outcomes, against a 50% target, and 9% 'red' accreditation outcomes against a target of no more than 25%.
- All Blue areas maintained their 'blue' status, with 17 areas now awarded a 'blue' StARS status.



Accreditation Outcome for all Clinical Areas 2024/25

Die Well with Dignity

Mortality & Learning From Deaths

- The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who have died following hospitalisation in the Trust and the expected number based on average figures for England, given the characteristics of the patients treated in the Trust.
- During 2024/25, the Trust's SHMI was reported within the 'expected range', reporting slightly lower than the national median.
- Learning from Deaths review - 499 case record reviews (37%) carried out in relation to 1356 deaths.
- 9.8% of the total number of cases, 49 cases, were initially rated to as outcome 1 and outcome 2.
- These cases were therefore referred to Mortality & Morbidity for further review.
- All reviews completed by the Trust are disseminated for clinical learning by the Learning from Deaths Lead.

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Die Well with Dignity

Key messages from quarterly LFD newsletters include:

- Regular senior review of patients is needed to direct care and prevent long stays in hospital that are proven to lead to excess morbidity and mortality.
- Cross-speciality theme of late recognition of dying and hence delayed palliative care.
- Lack of continuity of care, and lack of effective handover when patients are moved between wards, particularly moves taking place during the night.
- Transfer of care within and across specialties. All departments should review communication processes and where this can be improved.
- Issues with patient notes being mislaid in ED and on transfer from ED to wards.
- Reviews of deaths occurring in ED have shown good care overall. However, it is noted the numbers of patients presenting as critically unwell now dying in the department, rather than a more peaceful appropriate setting.

Clinical Audit & Research

- During 2024/25, 58 national clinical audits covered relevant health services provided by the Trust. We participated in 88% of those we are eligible to participate in. Additionally, 36 local forward programme clinical audits were reviewed in 2024/25, and the Trust aims to enhance healthcare quality through the production of a comprehensive report and action plan, as needed, for each audit.
- The 2022/23 National Emergency Laparotomy Audit (NELA) report, published in October 2024, placed the Trust in the top 3 acute Trusts and top in GM for survival rates, with mortality rates less than half the national average.
- Our results for the National Prostate Cancer Audit are the best in Manchester and consistently above the national average.
- The Trust is committed to research, development, and innovation (RD&I) as a driver for improving the quality of care provided to our patients.
- 2024/25 saw the maintenance of an extensive study portfolio across 21 specialities, with 89 research studies open. Introduction of 29 new studies, including commercial and non-commercial sponsored work, interventional and observational projects. Significant success in delivering 'snapshot' studies.
- The RD&I team have really focused on staff and patient engagement with clinical research throughout 2024/25, effectively using patient stories to highlight the variety of work being undertaken.

Statement from Greater Manchester ICB

“NHS Greater Manchester (NHS GM) welcomes the comprehensive and transparent annual Quality Account submission for 2024/25. The Stockport NHS Foundation Trust’s submission presents a clear review of achievements over the past twelve months, along with priorities and plans for the year ahead. NHS GM welcomes this opportunity to reflect on progress, offer shared feedback, and outline how we will continue to work together to enhance quality, safety, and outcomes for the local population.”

“The Trust’s ongoing Quality Improvement (QI) focus on reducing pressure ulcer harm in both acute and community settings is commendable.”

“The reported reduction in falls demonstrates meaningful progress. The Trust’s detailed data tracking, monthly audits, education modules, and multi-forum learning culture illustrate a robust QI approach. Continued focus on ED falls prevention will be important.

“Exceeding targets for 2024/25 - achieving 74% green/blue outcomes across 69 accreditations in 43 areas - reflects strong commitment to evidence-based, patient-centred care and continuous improvement. The expansion of Blue StARS status and planned reviews of community and outpatient standards further strengthen assurance of high-quality care across settings.”

“Participation in 88% of eligible national audits, and rigorous local audit programmes demonstrate governance and willingness to act on findings.”

“We look forward to continuing our partnership: sharing insights across GM, aligning resources, and supporting Stockport NHS Foundation Trust in delivering safe, effective, and equitable care for the residents of Stockport and Greater Manchester.”

Meeting date	10 September 2025	Public	X	Agenda Number	9
Meeting	Council of Governors				
Report Title	Stockport NHS foundation Trust Annual Report & Accounts 2024/25				
Director Lead	David Wakefield, Joint Chair Karen James, Chief Executive	Author	Rebecca McCarthy, Company Secretary		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is asked to receive the Stockport NHS Foundation Trust Annual Report & Accounts 2024/25.					

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
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

X	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
X	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
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

NHS Foundation Trusts must publish an Annual Report & Annual Accounts under the Health & Social Care Act 2006 to allow scrutiny of the year's operations and outcomes.

The Annual Report 2024/25 was prepared in line with reporting requirements issued by NHS England, and provides a comprehensive overview of the year's performance, including analysis of operational, quality and financial performance, alongside information regarding the Trust's people, and the key governance arrangements of the Trust. The Annual Accounts were prepared in line with the detailed financial reporting requirements issued by NHS England, with both documents subject to external audit where required.

The Board of Directors reviewed and approved the audited Annual Report & Accounts 2024/25 at its meeting on 25 June 2025, confirming that 'the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.'

Subsequently, the Annual Report & Accounts 2024/25 were submitted to NHS England and have been laid before Parliament. The document is publicly available on the Trust's website and can be found at: http://www.stockport.nhs.uk/page_136 (*Latest Plans*)

In line with the statutory roles and responsibilities of governors, the Council of Governors is asked to receive the NHS foundation trust's annual report and accounts (via the above link) and any report of the auditor on them.

Lever, Alison
03/09/2025 11:47:06



Annual Audit 2024/25

Stockport NHS Foundation Trust

Issued by Alison
09/09/2025 11:47:06

September 2025

Introduction

Our **Auditor's Annual Report** summarises the key messages arising from our work as the Trust's external auditor.

A copy of our Auditor's Annual Report was presented to the Audit Committee in July and is published on the Trust's website.

Lever, Alison
03/09/2025 11:47:06

Our audit responsibilities



External Audit outputs

Opinion on the financial statements	Report on VFM arrangements	Comments to management	NAO template reporting schedules
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Outcomes in 2024/25

Unqualified	One significant weakness in financial sustainability	Two unadjusted misstatements, three adjusted misstatements, four internal control recommendations	‘Consistent’ Conclusion
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Lever, Alison
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What we found: overall conclusions

Audit the financial statements

Unqualified audit opinion

- We delivered our external audit in by the national deadline.
- We continued to develop our excellent working relationships with the Director of Finance, the Trust's finance team, and the Audit Committee.
- The Trust's staff offered great assistance throughout our audit, making the year end audit process as smooth as possible, allowing us to meet the deadlines without significant issues.
- The draft accounts were of a good quality.
- We reported one significant internal control recommendation relating to the Trust holding assets of nil net book value. We reported three other internal control recommendations relating to journals authorisation, land and buildings floor areas and credit losses allocated against intra NHS receivables.
- We reported two unadjusted misstatements, relating to accruals and assets held at nil net book value. We reported three adjusted misstatements.

What we found: overall conclusions

Review your arrangements to deliver economy, efficiency and effectiveness

One audit recommendation

- The outcome from our 2024/25 Value for Money audit work was reported to the Audit Committee in our Auditor's Annual Report.
- The significant weakness we identified 2021/22 remains in place for 2024/25, regarding the Trust's significant cumulative deficit and lack of plans to address underlying annual deficits without additional funding. The Trust should continue to work collaboratively with its Greater Manchester ICS partners and NHS England to explore and agree sustainable, long term plans to bridge its funding gaps and identify achievable saving.

Lever, Alison
03/09/2025 11:47:06

What we found: overall conclusions

Review your Annual Report and Annual Governance Statement
Report to the NAO on your consolidation schedules

Comments provided to enhance the Report and Statement

Comments provided to enhance the Report and Statement

- The draft Annual Report and Annual Governance Statement were mostly compliant with requirements, our challenge comments enabled the Trust to include additional elements to meet all the disclosure requirements.
- We completed the NAO required work programme and reported that the Trust’s whole of government accounts consolidation schedules were consistent with the financial statements.

Lever, Alison
03/09/2025 11:47:06

Concluding remarks

We are grateful for the Trust taking a positive and constructive approach to our audit. We wish to thank all the staff for their support and cooperation during the year.

We look forward to continuing to work with the Trust to deliver our external audit in 2025/26.

Lever, Alison
03/09/2025 11:47:06

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Meeting date	10 September 2025	Public	X	Agenda Number	11
Meeting	Council of Governors				
Report Title	Membership Development Group Report				
Presented by	Howard Austin, Public Governor & Chair of Membership Development Group	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors is asked to: <ul style="list-style-type: none"> Review and confirm the current position against the Membership Action Plan September 2025-September 2026. 					

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 2 September 2025. The following governors were in attendance:

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

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

The MDG considered the following items at the meeting:

- Membership Action Plan – Progress Report (Appendix 1). Key headlines are highlighted below.

Membership Recruitment

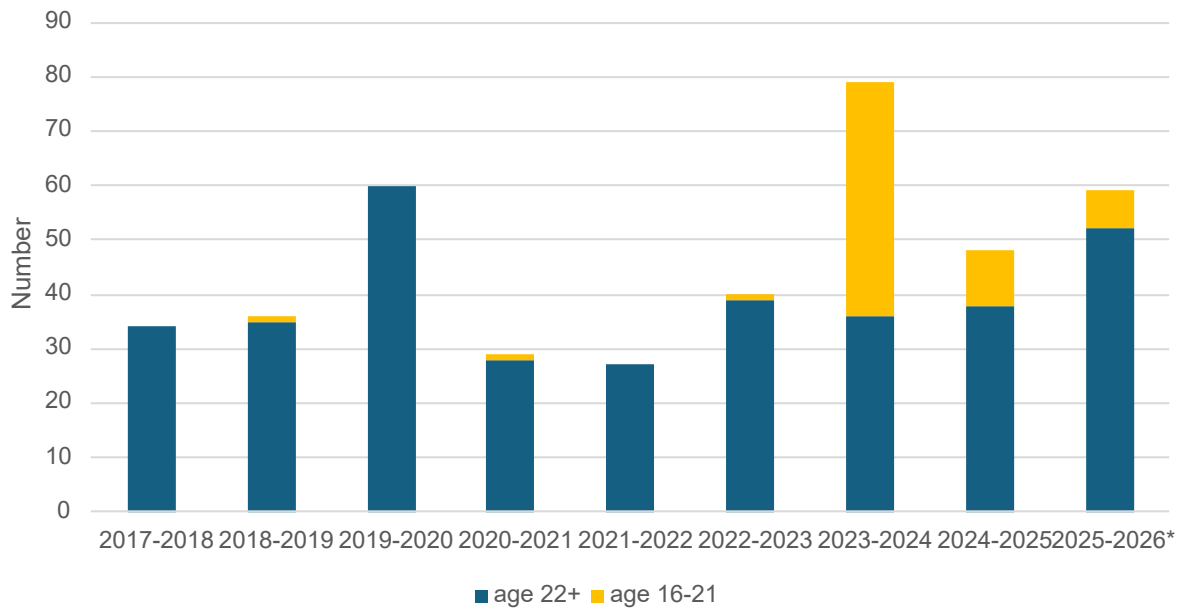
The current Membership Action Plan (September 2025 – September 2026) set an aim to maintain an overall membership number and increase the number of members in the 16-21 age group by +100% in year.

	1 February 2025	1 June 2025	1 September 2025
Overall Membership Number	10,073	10,010	10,001
Age 16-21	54	57	62

In the period June 2025 – August 2025 the Civica data cleanse reported the removal of 55 deceased members. The recent governor elections across 4 constituencies have also prompted a number of people to end their membership.

Lever, Alison
03/09/2025 11:47:06

Stockport NHS Foundation Trust Membership Recruitment



Events for Membership & Public

The Annual Members Meeting is on Thursday 2 October 2025, 5:00pm-6:30pm in Pinewood House Education Centre, Stepping Hill Hospital. Governors are asked to attend if possible as this is one of the key opportunities during the year for members to meet with governors.

Staff Networks

Ruth Perez-Merino, Staff Governor, recently attended meetings of the Carers Network and DAWN (Disability and Wellbeing) Network where she introduced herself to colleagues and promoted the work/role of the Council of Governors.

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

Lever, Alison
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Membership Action Plan September 2

Lever, Alison
03/09/2025 11:47:06

September 2025 – September 2026

Items in red – updates since last MDG meeting (June 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	Community team now include membership information in new patient packs and circulate flyers at clinics.	Completed. Patient experience team to share hard copies of membership flyer with community teams for inclusion in new patient packs. Link to the membership section of the website will be included in future editions of the patient experience and chaplaincy newsletters and on the patient experience microsite.
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 health talks.	Communications / Membership Team Communications / Membership Team	September / December / March / June March / June	Maintain overall membership number (minimum membership number of 2.5% of the eligible membership, corresponding to 7,879 members) Total public membership number, September 2025 =	September CoG meeting promoted via social media channels

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
			10,001	
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 2025 – September 2026. Targeted recruitment activities to include: Presentation and/or Email recruitment promotion (dependent on most appropriate method) to: <ul style="list-style-type: none"> Colleges – Health & Social Care Courses Cadets/ student inductions – fortnightly 	Membership Team / Governors / Organisational Development Team	Sept 2026	Increase number of members in targeted demographic group (age 16-21) by +100% Age 16-21 (June 2025) = 57 Age 16-21 (September 2025) = 62	Howard Austin , Richard King and Membership Governance Manager attended fortnightly student inductions June-August to promote membership, resulting in 40+ new members
Aim: To develop an active and engaged membership				
Engagement				
Newsletters and other email contact with members Include Governor Section in Stepping Up Magazine, including: <ul style="list-style-type: none"> Meet your Council of Governors Governor activity How to contact your governors Council of Governors meetings 	Communications / Membership Team / Membership Development Group	Summer 2025 Winter 2025 Spring 2026	3 x Stepping Up Newsletters including Governor Section	Stepping Up Summer 2025 Magazine published and circulated to 3,053 members via email, 16/07. Included details on the elections
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	Membership Team Governors	Q4 2025/26 Q2 2026/27	2 x Members Health Talks	Next talk scheduled 25 February 2026
Annual Members' Meeting Open forum prior to Annual Members' Meeting as an opportunity for governors to seek feedback from members/public/staff	Governors	2 October 2025, 4:15pm (AMM starts at 5:00pm)	Annual Members' Meeting	Draft agenda noted at 18 June CoG meeting
Volunteers Annual 'Meet with Volunteers' session with governors and volunteers.	Membership Team / Governors /	Annually	Annual 'Meet with Volunteers' session / attendance at	Volunteer Manager to share an email with all

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
	Volunteers		Volunteer Service organised 'long service awards'	current volunteers promoting membership
Staff Staff governor attendance at staff network forums to allow opportunity to seek feedback from staff.	Membership Team / Staff Governors	Ongoing	Staff governor attendance at each staff network at least annually	Ruth Perez-Merino attended Carers and DAWN staff network meetings in July to promote membership and the role of the staff governors
Website User engagement in the website design process to be undertaken ahead of 'go live' – date TBC.	Membership Development Group / Membership Team / Communications	TBC Go live in line with new Trust website launch	New website live	Awaiting information from Comms team about user engagement sessions.

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.

Lever Alison
03/09/2025 11:47:06

Meeting date	10 September 2025	X	Public		Confidential	Agenda item
Meeting	Council of Governors					12
Title	Deputy Chair Appointment					
Lead Director	Mr David Wakefield, Joint Chair					
Author	Mrs Rebecca McCarthy, Company Secretary					

Recommendations made/ Decisions requested

The Council of Governors is asked to conform the appointment of Dr Louise Sell, Non-Executive Director, as Deputy Chair.

This paper relates to the following Strategic 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, effectively and sustainably
	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 is related to these BAF risks	N/A
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Where issues are addressed in the paper-

Level: Alison
03/09/2024 11:47:06

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

Lever, Alison
03/09/2025 11:47:06

1. Purpose of Report

The purpose of this report is to seek the Council of Governors support for the appointment of Dr Louise Sell as Deputy Chair.

2. Current Position

Dr Marisa Logan-Ward, previous Deputy Chair, stood down as Non-Executive Director on 31st July 2025.

The Deputy Chair will support the Chair and deputise when the Chair is unavailable, potentially chairing meetings where the Chair has a conflict of interest and ensuring the Council's effective functioning.

The Joint Chair has discussed the opportunity with current Non-Executive Director/Senior Independent Director, Dr Louise Sell. Dr Sell has expressed a willingness to undertake the role of Deputy Chair.

In line with the Trust's Code of Governance there is no limitation on the Senior Independent Director undertaking the role of Deputy Chair.

As the Trust continues to develop its collaboration with Tameside & Glossop Integrated Care NHS Foundation Trust, including the development of joint governance arrangements, further consideration of the board composition will take place, including review of statutory roles and responsibilities for Non-Executive Directors.

3. Recommendation

The Council of Governors is asked to approve the appointment of Dr Louise Sell as Deputy Chair, effective immediately following the meeting.

Lever, Alison
03/09/2025 11:47:06

Meeting date	10 September 2025	X	Public		Confidential	Agenda item
Meeting	Council of Governors					13
Title	Process for Appointment of Lead Governor					
Lead Director	Mr David Wakefield, Joint Chair					
Author	Mrs Rebecca McCarthy, Company Secretary					

Recommendations made/ Decisions requested

The Council of Governors is asked to review the options in relation to the appointment of the Lead Governor and confirm the preferred way forward from the following:

- Extend the term of office of the current Lead Governor, Mrs Sue Alting, by 1 year, subject to any further detail being announced, providing continuity and stability during the forthcoming transition period.
- Run a standard appointment process, noting the currently appointed Lead Governor may seek re-appointment.

This paper relates to the following Strategic 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, effectively and sustainably
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 is related to these BAF risks	N/A
--	-----

Where issues are addressed in the paper-

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

Executive Summary

<p>The Council of Governors’ appointed Mrs Sue Alting as Lead Governor on 15 December 2023 for a two-year period, ending on 15 December 2025. Therefore, this paper describes options to facilitate the appointment of a Lead Governor which will conclude at the Council of Governors’ meeting on 10 December 2025.</p> <p>As stated within the Stockport NHS Foundation Trust Lead Governor role specification, the Lead Governor may be a Public, Staff or Appointed Governor, and the currently appointed Lead Governor may seek re-appointment.</p> <p>In July, the Government published the ‘Fit for the Future: 10 Year Health Plan for England’, which stated that the requirement for FTs to have governors would be removed. Since publication, there has been no further detail regarding this matter, and it is unclear how this will be delivered. Considering this uncertainty, two possible courses of action regarding the Lead Governor are proposed:</p> <ol style="list-style-type: none">1. Extend the term of office of the current Lead Governor, Mrs Sue Alting, by 1 year, subject to any further detail being announced, providing continuity and stability during the forthcoming transition period. Mrs Sue Alting has confirmed she is willing to continue in the role for this period.2. Run a standard appointment process (see below), noting the currently appointed Lead Governor may seek re-appointment. <p>Should Option 2 be the Council of Governors preferred choice, any interested governors would be asked to submit a Nomination Form (Appendix 1) for the role of Lead Governor to Alison Lever, Membership Governance Manager (alison.lever@tgh.nhs.uk) no later than Friday 3rd October. Nominations should include confirmation of two governors supporting the nomination. Governors would be informed of nominations received.</p> <p>The appointment process would be completed at the Council of Governors meeting on 10 December 2025. Where there is a single nomination, that nominee will be appointed as Lead Governor unopposed. Where there are two or more nominations, arrangements for election by secret ballot by the Council of Governors would be put in place, and the successful candidate would be appointed by the Council of Governors.</p>
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Lever, Alison
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Council of Governors Lead Governor Role Specification

1. The Role

1.1 The Lead Governor will:

- Be appointed by the Council of Governors from amongst the Public Governors, Staff Governors or Appointed Governors in accordance with Annex 5 of the Trust's Constitution.
- Usually be appointed for a two year period and may seek re-appointment at the end of that period.
- Act as a contact point for Governors with NHS England should the need arise.
- Work with the Chair of the Board of Directors to ensure that the Council of Governors is working effectively.
- Meet with the Senior Independent Director and provide input to the Chair's annual appraisal on behalf of the Council of Governors.
- Meet routinely with the Chair to plan and prepare the agenda for Council of Governors meetings.
- Work with individual Governors who need advice or support to fulfil their role as a Governor.
- Represent the Council of Governors at Trust or other events when appropriate.
- Meet with members of the Council of Governors at least once a year.

1.2 The Lead Governor should take steps to understand NHS England's role, and the basis on which NHS England may take regulatory action, in order to communicate more widely with other Governors.

2. The Person

2.1 To be able to fulfil the role effectively, the Lead Governor will:

- Have the confidence of Governor colleagues and of members of the Board of Directors.
- Have the ability to influence.
- Be able to present well-reasoned arguments on behalf of the Council of Governors.
- Be committed to the success of Stockport NHS Foundation Trust.
- Be able to meet the necessary time commitment (experience shows that, on average, this will amount to approximately 1.5 days per month in addition to the time already spent in the role of governor).

Lever, Alison
03/09/2025 11:47:06

Lead Governor Nomination Form

Full Name		
Position (Please Tick)	Public	
	Staff	
	Appointed	
General Statement (In no more than 100 words) Describe how you believe you have the required values, qualities and ability to represent the Council of Governors as Lead Governor		
Signature	
Date	
Supported by:		
Governor Name:	
Governor Name:	

Lever, Alison
03/09/2025 11:47:06

Meeting date	10 September 2025	Public	X	Agenda No.	14
Meeting	Council of Governors				
Report Title	Nominations Committee Membership				
Director Lead	David Wakefield, Joint Chair	Author	Alison Lever, Membership Governance Manager		

Paper For:	Information	X	Assurance		Decision	
Recommendation:	The Council of Governors is asked to note that the term of office of two/three members of the Nominations Committee is coming to an end, and that following conclusion of the current election process and Lead Governor appointment process, communication will be sent to governors to submit self-nominations to fill the positions.					

This paper relates to the following Annual Corporate Objectives

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

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of

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

Where issues are addressed in the paper

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

Executive Summary

<p>A Nominations Committee of the Council of Governors has been established with responsibility for:</p> <ul style="list-style-type: none"> • The identification and nomination of Non-Executive Directors, including the Chair • Consideration of appropriate succession planning for Non-Executive Directors • Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors • Managing the process for any removal of the Chair and other Non-Executive Directors <p>The Nominations Committee makes recommendations to the Council of Governors regarding the above.</p> <p>The terms of office of two members of the Nominations Committee are expiring before the end of the year (Mr Richard King, Public Governor, October, and Mrs Sarah Thompson, Public Governor, December). In addition, the term of office for a third member, Mrs Sue Alting, Appointed Governor and Lead Governor, also expires in December 2025. The Lead Governor is automatically a member of the Nominations Committee, therefore should Mrs Sue Alting be appointed as Lead Governor for a second term following consideration by the Council of Governors at the meeting in September 2025, she will remain as a member of the Nominations Committee.</p>

Once the Lead Governor appointment process and current elections process has concluded in September, a communication will be sent to governors, and eligible governors interested in becoming a member of the Nominations Committee will be asked to submit a self-nomination.

In line with the Nominations Committee terms of reference, governors on the Committee shall have served a minimum of one year or be considered to have the relevant experience. All classes of governor (Public, Staff and Appointed) may become a member. Governors who have previously been members of the Nominations Committee are able to re-stand, as long as they remain a governor.

Should more governors than required wish to become a member of the Nominations Committee, discussion will take place between the Company Secretary, Joint Chair and Lead Governor to determine membership, taking account of relevant context.

The outcome will be communicated to any governor that has submitted an interest and will also be confirmed at the next meeting of the Council of Governors on 10 December 2025.

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1. Purpose

- 1.1 The purpose of this report is to review the membership of the Nominations Committee in light of the term of office for three members of the Nominations Committee (Sue Alting, Richard King and Sarah Thompson) expiring in 2025.

2. Introduction / Background

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

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

3. Nominations Committee Membership

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

- 3.2 The membership of the Nominations Committee currently includes:

Name	Appointed	Expiry
Sue Alting	Lead Governor	21 December 2025
Sarah Thompson	5 December 2022	4 December 2025
Richard King	5 December 2022	30 September 2025
Michelle Slater	4 January 2024	3 January 2027
Chris Summerton	30 December 2025	29 December 2028

- 3.3 The terms of office of three governor members of the Committee, Mrs Sue Alting, Mr Richard King and Mrs Sarah Thompson, expire in 2025, therefore self-nominations are sought from governors to fill the vacancies. The term of office is for a period of three years and is subject to individuals continuing to hold the office of governor.

- 3.4 Any interested governor/s will be invited to submit an expression of interest, briefly highlighting their suitability to the position, in writing to Alison Lever, Membership Governance Manager (alison.lever@tgh.nhs.uk), date to be confirmed.

- 3.5 Where there are nominations equal to the number of vacancies, those nominees will be appointed as members unopposed. Where there are more nominations than vacancies, a discussion will take place between the Joint Chair, Company Secretary and the Lead Governor considering the nominations, alongside current

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membership of the Committee and the context in which the Nominations Committee is operating.

- 3.6 The outcome will be communicated to any governor that has expressed an interest and confirmed at the next meeting of the Council of Governors on 10 December 2025.

4. Recommendation

- 4.1 The Council of Governors is asked to:
- Review the membership of the Nominations Committee
 - Submit self-nominations to fill the vacant member position to the Membership Governance Manager at a date to be confirmed following the conclusion of the Lead Governor and elections processes.

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Council of Governor Elections 2025 – Briefing Note

An election process is underway for the following constituencies:

- 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)

With 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)

Nominations Received

The number of nominations received by closing date, 1 August 2025 were as follows:

- Bramhall & Cheadle – 6 (4 seats)
- Marple & Hazel Grove – 3 (4 seats)
- Tame Valley & Werneth – 0 (2 seats)
- High Peak & Dales – 1 (1 seat)

Consequently, nominees in Marple & Hazel Grove and High Peak & Dales constituencies are elected unopposed.

The timetable for the voting stage of the election process for the Bramhall & Cheadle candidates is detailed below:

ELECTION STAGE	TIMETABLE
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

The Council of Governors will be advised of the results. All new governors will commence in post on 1 October 2025.

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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			2nd 11:00-12:00		24th 12.30-1.30			23rd 12.30-1.30	
Governor Training		12th 10.00-12.00 virtual				29th 10.00-12.00 virtual		10th 9.30-3.30 Joint SFT & T&G Core Skills & Holding to Account, Room LG03, Werneth House, Tameside			10th 10.00-12.00 virtual (Finance)	
NHS Providers Training: Dates to be disseminated to governors as scheduled												
Annual Members Meeting (Pinewood Lecture Theatre)							2nd 5.00-6.30					
Health Talks (Pinewood Lecture Theatre)			11th 10.00-12.00								25th 10.00-12.00	
Volunteers Event			TBC									

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Council of Governors 2024/25 Meeting Attendance

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

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