

SFT Council of Governors (Public)

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

Pinewood Education Centre, Stepping Hill Hospital



Stockport
NHS Foundation Trust

Agenda

10:00 - 10:00 **1. Welcome & Opening Remarks**

0 min

Information *David Wakefield*

10:00 - 10:00 **2. Apologies for Absence**

0 min

Information *David Wakefield*

10:00 - 10:00 **3. Declarations of Interests**

0 min

Information *All*

10:00 - 10:05 **4. Minutes of Previous Meeting held on 10 September 2025 (paper)**

5 min

Decision *David Wakefield*

04 - SFT Public CoG Meeting Minutes - 10 September 2025.pdf (6 pages)

10:05 - 10:05 **5. Action Log (paper)**

0 min

Information *David Wakefield*

05 - SFT CoG Action Log - 10 December 2025.pdf (1 pages)

10:05 - 10:25 **6. Joint Chair's Report (paper)**

20 min

Discussion *David Wakefield*

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

PERFORMANCE

10:25 - 11:05 **7. Non-Executive Directors Report - including highlights from Board Committees (paper)**

40 min

Discussion *Non-Executive Directors - Board Committee Chairs*

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

07a - Finance & Performance Committee AAA Report - Oct & Nov 2025.pdf (3 pages)

07b - People Performance Committee AAA Report - November 2025.pdf (3 pages)

07c - Quality Committee AAA Report - October 2025.pdf (2 pages)

07d - Quality Committee AAA Report - November 2025.pdf (3 pages)

07e - Audit Committee AAA Report - November 2025.pdf (2 pages)

07f - Charitable Funds Committee AAA Report - November 2025.pdf (3 pages)

GOVERNANCE

Lever, Alison
04/12/2025 13:36:00

11:05 - 11:25 **8. Stockport NHS Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Joint Corporate Governance Model (paper)**
20 min

Decision *David Wakefield*

 08 - Joint Governance Model - 10 December 2025.pdf (5 pages)

11:25 - 11:45 **9. Nominations Committee Report: Board Composition Review (paper)**
20 min

Decision *David Wakefield*

 09 - Nominations Committee Report - Board Composition Review - 10 December 2025.pdf (4 pages)

MEMBERSHIP & ENGAGEMENT

11:45 - 11:55 **10. Membership Development Group Report (paper)**
10 min

Discussion *Howard Austin*

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

DATE, VENUE & TIME OF NEXT MEETING

11:55 - 11:55 **11. 11 March 2026, 4pm, Pinewood Education Centre, Stepping Hill Hospital**
0 min

Information

PAPERS FOR INFORMATION

11:55 - 11:55 **12. Council of Governors Calendar 2025/26 & Attendance (papers)**
0 min

Information

 12 - SFT Governors Corporate Calendar 2025-26.pdf (1 pages)

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

11:55 - 11:55 **13. Minutes of the Annual Members' Meeting - 2 October 2025 (paper)**
0 min

Information

 13 - SFT Annual Members Meeting Minutes - 2 October 2025.pdf (3 pages)

Lever, Alison
04/12/2025 13:36:29

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Wednesday 10 September 2025 at 10am
in Pinewood Education Centre, Stepping Hill Hospital

Present:

Mr David Wakefield	Joint Chair
Mrs Sue Alting	Appointed Governor and Lead Governor
Mr Howard Austin	Public Governor
Mrs Val Cottam MBE	Public Governor
Mr Tony Gosling	Public Governor
Mrs Paula Hancock	Staff Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mr David McAllister	Staff Governor
Ms Ruth Perez-Merino	Staff Governor
Mrs Michelle Slater	Public Governor
Professor Chris Summerton	Public Governor
Mrs Sarah Thompson	Public Governor
Mr Steve Williams	Public Governor

Apologies:

Mr Michael Chantler	Public Governor
Cllr Helen Foster-Grime	Appointed Governor
Dr Yogalingam Ganeshwaran	Staff Governor
Professor Callum Kidd	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	Public Governor
Mr John Morris	Public Governor
Mr Adrian Nottingham	Public Governor
Mr Alexander Wood	Public Governor

In attendance:

Dr Samira Anane	Non-Executive Director
Mr David Curtis MBE	Non-Executive Director
Mr John Graham	Chief Finance Officer
Ms Katie Kingston	External Auditor, Forvis Mazars
Mrs Alison Lever	Membership Governance Manager
Dr Andrew Loughney	Medical Director
Mrs Rebecca McCarthy	Company Secretary
Ms Karen Murray	External Auditor, Forvis Mazars
Mr Waseem Nasir	Deputy Director of Quality Governance
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
29/25	Welcome & Apologies for Absence The Joint Chair welcomed everyone to the meeting. Apologies for absence from governors were noted as above. Apologies were also received from: Mr Anthony Bell, Non-Executive Director Mrs Amanda Bromley, Director of People & Organisational Development Mr Paul Buckley, Director of Strategy & Partnerships	

	<p>Mrs Nic Firth, Chief Nurse Mrs Beatrice Fraenkel, Non-Executive Director Mr David Hopewell, Non-Executive Director Mrs Karen James OBE, Chief Executive Mrs Jackie McShane, Director of Operations</p>	
30/25	<p>Declaration of Interests Dr Louise Sell, Senior Independent Director, declared an interest in agenda item 12. Mrs Sue Alting, Lead Governor, declared an interest in agenda item 13.</p>	
31/25	<p>Minutes of Previous Meeting The minutes of the previous meeting held on 18 June 2025 were agreed as a true and accurate record of the meeting.</p>	
32/25	<p>Action Log The action log was reviewed and annotated accordingly.</p> <p>Mr Tony Gosling, Public Governor, sought further information regarding travel plans and parking following the consultation in March. Mr David McAllister, Staff Governor, reported that a soft launch of the new plans had been agreed with the unions, with communications planned in late September.</p> <p>The Joint Chair noted the proposal to amend the Council of Governors' composition, specifically the University Appointed Governor, remained paused pending clarification of governor roles. Mr Howard Austin, Public Governor, acknowledged the uncertainty, albeit expressed view this was an important matter to progress.</p>	
33/25	<p>Joint Chair's Report The Joint Chair thanked Governors who had not stood for re-election in the current elections for their contribution and confirmed the results of the elections would be shared in the coming weeks, with new governors in place for the next Council of Governors meeting in December.</p> <p>The Joint Chair reported that Stockport NHS FT had been placed in Segment 3 by NHS England (NHSE), primarily due to the Trust's financial deficit. Furthermore, the Medical Director highlighted that the Emergency Department continued to be extremely busy, with average attendances approximately 40 more per day than pre-pandemic.</p> <p>The Joint Chair acknowledged the recent IT outage, noting this was not fully resolved and highlighted the fragility of the Trust's IT infrastructure. He noted that a procurement process for a new Electronic Patient Record system (EPR) underway, and due to be reviewed by the Board of Directors in the coming months. In relation to the EPR, Mrs Sarah Thompson, Public Governor, asked whether the tender process was robust and whether the Trust was considering using the same system as other local trusts and/or whether it would be compatible. The Medical Director confirmed that the financial envelope had excluded certain higher-cost options and that the preferred supplier was currently in use within the local health economy and had a strong track record and proven quality standards. He further emphasised that interoperability with other systems was a critical requirement and would be a consideration throughout the programme. Dr Louise Sell, Senior Independent Director, noted that the final business case had not yet been scrutinised by the Non-Executive Directors, noting this would take place in due course. Mr David Kirk, Appointed Director, highlighted that the Trust had previously encountered challenges in procuring an EPR system, and sought assurance that lessons had been</p>	

Lever, Alison
04/12/2025 13:36:25

	<p>learned. The Medical Director expressed confidence in the current approach. He confirmed the robustness of the procurement process, and highlighted preparatory work being carried out by the digital team, with connectivity with other systems a key prerequisite. The Chief Finance Officer confirmed that lessons from the previous process had been learnt and that the current IT issues demonstrated the need for a new EPR and compatible systems. Mrs Sue Alting, Lead Governor, emphasised the importance of connectivity and compatibility with GP and community records. Dr Samira Anane, Non-Executive Director, agreed that interoperability was a key issue and would be considered.</p> <p>The Joint Chair highlighted that the Trust would promote the flu vaccination campaign again this winter, with a target of improving on last year's uptake by staff by a minimum of 5%.</p> <p>Finally, the Joint Chair highlighted the ongoing work to establish joint governance arrangements with Tameside & Glossop Integrated Care NHS Trust (TG ICFT) and confirmed the Council of Governors would be informed of progress, with discussion at forthcoming joint development sessions.</p> <p>The Council of Governors received and noted the Joint Chair's Report.</p>	
<p>34/25</p>	<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, Audit, People Performance, and Quality Committees.</p> <p><u>Finance & Performance</u> In response to Mrs Sue Alting, Lead Governor, asking whether the reduction in Discharge to Assess Beds was a Local Authority decision, the Chief Finance Officer confirmed this was correct and that monthly meetings with the local ICB were ongoing as it was a concern for the Trust.</p> <p>Mr Richard King, Public Governor, expressed concern about pharmacy wait times. Dr Samira Anane, Non-Executive Director, confirmed that pharmacy colleagues tracked waiting times, with a focus on patient experience, noting average wait time was less than 20 minutes for approximately 80% of patients.</p> <p>Mr Tad Kondratowicz, Public Governor, queried the reduction in virtual ward utilisation. The Medical Director acknowledged variation in usage across the Trust and confirmed that engagement with Manchester University NHS Foundation Trust, who demonstrated higher utilisation, had taken place to identify opportunities for improvement where appropriate.</p> <p>Mr Howard Austin, Public Governor, raised concerns regarding the provision of adult audiology services, citing personal experience. Louise Sell, Non-Executive Director, confirmed that the Quality Committee continued to maintain oversight of paediatric audiology, acknowledging the ongoing concerns, and would remain attentive to any issues relating to adult audiology services.</p> <p><u>People Performance</u> Mr Tad Kondratowicz, Public Governor, queried whether elements of mandatory staff training could be streamlined to improve efficiency. Mr</p>	

Lever, Alison
04/12/2025 13:36:29

	<p>David Curtis, Non-Executive Director, acknowledged that some modules could be tailored to specific roles rather than universally mandatory and noted that the HR team is reviewing training requirements in line with the National Statutory and Mandatory Training review. Dr Samira Anane, Non-Executive Director, noted that most mandatory training modules were statutory requirements.</p> <p>Mr Howard Austin, Public Governor, felt that the demographic differences between Stockport and Tameside & Glossop should be considered when putting together a joint EDI strategy. Mr David Curtis, Non-Executive Director, agreed that this would be considered.</p> <p><u>Quality</u> Mr Howard Austin, Public Governor, requested the Council of Governors have sight of the Annual Complaints Report. The Company Secretary confirmed that the complaints report was a publicly available document and would be shared with the Council of Governors (ACTION)</p> <p>Mr David Kirk expressed concern about the Trust's implementation of Martha's Rule as he felt there was a lack of visibility across the site. Dr Louise Sell, Non-Executive Director, reported that the Trust had a process in place to deliver referral requirements but agreed that it would be timely for Quality Committee to receive an update and report back to the Council of Governors (ACTION).</p> <p>The Council of Governors received and noted the Non-Executive Directors Report.</p>	<p>Company Secretary</p> <p>Dr Louise Sell</p>
<p>35/25</p>	<p>Quality Accounts 2024/25 Presentation The Deputy Director of Quality Governance presented headlines from the Quality Accounts 2024/25. In line with submission requirements, the Council of Governors were informed that the Quality Accounts had been submitted to NHS England and was publicly available via the Trust's website.</p> <p>Ms Ruth Perez-Merino, Staff Governor, highlighted that as a Learning from Deaths reviewer she was aware of the recurring theme of late recognition of dying, with further work required to improve the experience for patients, families and carers. The Medical Director acknowledged the challenge of embedding end-of-life care practices across the Trust and confirmed plans to prioritise improvements in acute care and the Emergency Department. Dr Louise Sell, Non-Executive Director advised that the Quality Committee is scheduled to receive an update on this matter.</p> <p>Mrs Sue Alting, Lead Governor, acknowledged the positive Summary Hospital-Level Mortality Indicator (SHMI) performance, seeking assurance that the Trust-wide measure did not obscure any areas of concern. The Medical Director confirmed there were no areas requiring escalation to the Council of Governors and provided reassurance that detailed data contributing to the SHMI is reviewed internally.</p> <p>The Council of Governors received and noted the Quality Accounts 2024/25.</p> <p><i>The Medical Director left the meeting</i></p>	
<p>36/25</p>	<p>Annual Report & Accounts 2024/25 The Company Secretary presented the Trust's Annual Report & Accounts 2024/25 which set out the Trust's key challenges and achievements for the year. The Joint Chair thanked all colleagues involved in the preparation of</p>	

Lever: Alison
 04/12/2025 13:36:29

	<p>the Annual Report & Accounts, which had been signed off by the Board of Directors and subsequently laid before Parliament.</p> <p>Mrs Sue Alting, Lead Governor, welcomed inclusion of details regarding the new Macmillan Support Centre opening in 2026.</p> <p>The Council of Governors received and acknowledged the Trust Annual Report & Accounts 2024/25.</p>	
37/25	<p>Presentation of the Annual External Audit 2024/25</p> <p>Ms Karen Murray, Forvis Mazars, presented the Independent Auditor's report in relation to the Annual External Audit 2024/25 to the Council of Governors.</p> <p>Ms Murray confirmed the positive working relationship with the Finance Team and the Audit Committee, the high quality of the draft accounts and that all deadlines for the year end audit process had been met without significant issues.</p> <p>Ms Murray confirmed an unqualified audit opinion had been issued on the financial statements and highlighted minor recommendations. With regards to the review your arrangements to deliver economy, efficiency and effectiveness, she highlighted one ongoing significant weakness identified in financial sustainability, acknowledging the notable cumulative financial deficit, that would require engagement with system partners to address.</p> <p>The Joint Chair queried whether there could be circumstances under which external auditors might no longer accept the accounts being prepared on a going concern basis. The external auditor outlined the public sector approach, confirming that accounts would continue to be prepared on this basis, noting that responsibility for service provision would transfer to another organisation should the Trust be unable to do so, thereby supporting the going concern assumption. The Chief Finance Officer acknowledged that many trusts were experiencing similar financial challenges.</p> <p>The Joint Chair thanked the Audit Committee and Finance Team on behalf of the Council of Governors.</p> <p>The Council of Governors received and noted the Independent Auditor's report.</p>	
38/25	<p>Membership Development Group Report</p> <p>Mr Howard Austin, Public Governor and Chair of the Membership Development Group (MDG), presented the Membership Development Group report, detailing key discussions from the meeting on 2 September and key initiatives to support implementation of the Membership Strategy 2025-2028. He thanked Mr Richard King, Public Governor, for his excellent contribution to the MDG since its inception.</p> <p>The Council of Governors received and noted the Membership Development Group Report.</p> <p><i>Dr Louise Sell, Senior Independent Director, left the meeting</i></p>	
39/25	<p>Deputy Chair Appointment</p> <p>The Joint Chair asked the Council of Governors to approve the appointment of Dr Louise Sell as Deputy Chair, effective immediately following the meeting.</p>	

Lever, Alison
04/12/2025 13:36:22

	<p>The Council of Governors approved the appointment of Dr Louise Sell to the position of Deputy Chair of Stockport NHS Foundation Trust, commencing on 10 September 2025.</p> <p><i>Dr Louise Sell, Senior Independent Director, rejoined the meeting</i></p> <p><i>Mrs Sue Alting, Lead Governor, left the meeting</i></p>	
40/25	<p>Lead Governor Appointment Process The Joint Chair presented a report detailing options to facilitate the appointment of a Lead Governor, based on current context.</p> <p>The Council of Governors reviewed the options available and agreed to extend the term of the current Lead Governor, Mrs Sue Alting, by one year, from 16 December 2025 to 15 December 2026.</p> <p><i>Mrs Sue Alting, Lead Governor, rejoined the meeting</i></p>	
41/25	<p>Nominations Committee Membership The Company Secretary reported that the terms of office of two members of the Nominations Committee were expiring before the end of the year. In addition, the term of office for a third member, Mrs Sue Alting, Appointed Governor and Lead Governor, also expired in December 2025. The Lead Governor was automatically a member of the Nominations Committee, therefore as Mrs Sue Alting had been re-appointed as Lead Governor for a second term, she would remain as a member of the Nominations Committee.</p> <p>The Company Secretary confirmed that, once current governor elections were concluded, self-nominations to become a member of the Nominations Committee would be sought from eligible governors in late September. The outcome would be reported at the next Council of Governors meeting on 10 December 2025.</p> <p>The Council of Governors received and noted the update on the membership of the Nominations Committee.</p>	
42/25	<p>Papers for Information</p> <ul style="list-style-type: none"> – Council of Governors Elections Briefing Note – Council of Governors Calendar 2025/26 – Council of Governors Attendance 2024/25 <p>The papers for information were received by the Council of Governors.</p>	
43/25	<p>Any Other Business No other business.</p> <p>On behalf of the Council of Governors, Mrs Sue Alting, Lead Governor, expressed appreciation and thanks to the Medical Director, for his valuable contributions to the Council of Governors meetings, noting this was his final meeting prior to leaving the Trust.</p>	
44/25	<p>Date, time, and venue of next meeting 10 December 2025, 10:00am, Pinewood Education Centre, Stepping Hill Hospital</p>	

Leah Alison
07/12/2025 13:36:29

Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
01/25	19 March 2025	04/25	Action Log	<p>Include Travel Plans and Car Parking update to the Council of Governors.</p> <p>Update: Results of car parking consultation in March 2025 shared with Governors in April 2025. Further updates to follow as plans progress.</p>	TBC	
02/25	18 June 2025	25/25	Council of Governors Standards of Business Conduct	<p>Review composition of Council of Governors and consider changing Greater Manchester University representative post to local college representation.</p> <p>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.</p>	TBC	Company Secretary
03/25	10 September 2025	34/25	Non-Executive Directors Report	<p>Share the Annual Complaints Report (a publicly available document) with the Council of Governors.</p> <p>Update: distributed with the Council of Governors meeting documents in advance of the December meeting.</p>	Closed	Company Secretary
04/25	10 September 2025	34/25	Non-Executive Directors Report	Quality Committee to receive an update on Martha's Rule implementation and report back to the Council of Governors	TBC	Chair of Quality Committee

On agenda
Not due
Overdue
Closed

Closed actions will be removed from the Action Log once confirmed by the Council of Governors.

Meeting date	10 December 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

This report highlights key matters for the attention of the Council of Governors, covering national, regional and Trust matters.

Lever, Alison
04/12/2025 13:36:29

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

We continue to develop our collaboration, with a further joint SFT and TG ICFT Board development session held in November.

The session was in three parts, firstly we spent time thinking about the impact of the Patient Safety Incident Response Framework (PSIRF) for our Trust.

Secondly, we focused on advancing our collaborative governance arrangements, receiving legal advice on our proposed new joint governance model and the proposed timeline for implementation. We reflected on the importance of inclusive leadership and effective assurance, recognising that the new model aims to enhance assurance and decision-making, reduce duplication, and ensure efficient use of resources. The outcome of our discussions was discussed at the Board meeting on 4th December, with an agreed way forward. This will be presented to the Council of Governors in a separate report at the meeting.

We also received training from NHS England (NHSE) as we embark on our journey to implement an Electronic Patient Record (EPR) across both Trusts.

2. **Secretary of State Address to NHS Providers Conference**

On 12 November 2025, I attended the NHS Providers Conference, where the Secretary of State for Health and Social Care, Wes Streeting, set out a reform agenda aimed at improving patient care and restoring public confidence in the NHS. He identified key priorities including reducing bureaucracy, redirecting administrative savings to frontline services, and introducing greater transparency through performance league tables. He also announced plans for turnaround teams to support struggling trusts, alongside a commitment to reward high-performing organisations with increased freedoms. The overarching message was that the NHS must ensure strong financial discipline and transparent performance reporting, embrace honesty, efficiency, and innovation to become fit for the future.

3. **NHS England Advanced Foundation Trust (AFT) Programme**

NHS England (NHSE) recently published draft guidance for applicants for the Advanced Foundation Trust Programme, which is now open for consultation until 11 January 2026. As outlined in the 10-Year Health Plan, AFTs represent the next stage of development for providers, and the programme aims to reward and incentivise good performance, with the ambition that by 2035 all providers will have achieved AFT status.

The draft guidance sets out the proposed eligibility criteria and assessment process, alongside additional requirements for organisations seeking designation to hold an Integrated Health Organisation (IHO) contract. AFTs will benefit from greater freedoms and flexibilities, including strategic and operational autonomy, a capability-based regulatory approach, and enhanced financial flexibilities. These changes are intended to enable trusts to improve population health, support integration, shift resources from hospital to community, and tackle health inequalities.

This is an important opportunity to influence the development of the programme and ensure we are well positioned to take advantage of the freedoms and responsibilities it will bring.

Regarding the wider reform to the foundation trust governance model, the plan signalled a move away from the statutory Council of Governors model, replacing it with alternative engagement

Lever, Alison
04/12/2025 15:29:29

mechanisms for public and staff input. As yet, the legislative timetable for these changes has not been confirmed.

4. **Trust Activities**

Since the last Council of Governors meeting, I have attended several engagements at local, regional and national level. These included the North West System Leaders forum and the Trust Chairs meeting, which provided opportunities to contribute to discussions on system-wide priorities and leadership challenges. I also participated in the mid-year review with NHS England, focusing on performance, financial sustainability and winter planning.

In addition, I joined the HFMA development session on strengthening financial governance through Non-Executive Director engagement, reinforcing the importance of robust financial oversight, and attended a MIAA webinar on the corporate criminal offence of 'Failure to Prevent Fraud', underlining our commitment to compliance and governance standards.

Alongside these engagements, I have continued my programme of visits across the Trust to connect with staff and see services first-hand. Recent visits have included a full site infrastructure walkround with the Director of Estates & Facilities in early October, ward visits to A10, A11, E1, E2, and the Eye Centre, as well as attending the Neurodiversity Staff Network and Joint LGBTQ Network Meeting in November. These visits provide valuable insight into the operational pressures faced, and I am consistently impressed by the professionalism and dedication of our colleagues, despite the significant challenges they encounter every day.

5. **Board of Directors Changes**

Beatrice Fraenkel, Non-Executive Director and Chair of the People Performance Committee, will be leaving the Board at the end of December 2025. She has been with the Trust for three years and has made a significant contribution to the Trust's governance and assurance processes during her tenure. On behalf of the Council of Governors and the Board of Directors, I would like to formally thank Beatrice for her service and wish her the best in her future endeavours.

Following support by the Council of Governors Nominations Committee at SFT (and TG ICFT), recruitment has commenced for a new joint Non-Executive Director (see Nominations Committee Report for further details). This appointment is another important step in strengthening collaborative governance arrangements between the two organisations.

6. **Council of Governors Changes**

The election process for the Council of Governors was completed at the end of September, and we have since welcomed three new public Governors: Peter Chadbourne (Marple & Hazel Grove), Dominic Hardwick (Bramhall & Cheadle) and Lesley Surman (High Peak & Dales). Three current governors were re-elected: Val Cottam (Maple & Hazel Grove), Michelle Slater (Bramhall & Cheadle) and Sarah Thompson (Bramhall & Cheadle). We also welcome back Keith Holloway who stepped down as Appointed Governor for Stockport MBC earlier in the year and was successfully elected as a Public Governor for Bramhall & Cheadle. We are looking forward to working with you all.

Yogalingam Ganeshwaran has stepped down from his role as Staff Governor due to work commitments. We thank him for his contribution over the past 12 months.

Ruth Perez-Merino joins us for her last meeting as Staff Governor today as she is leaving the Trust at the end of the month. We send her our best wishes for the future and thank her for her contribution to both the Council of Governors and the Membership Development Group.

Lastly, thanks to Governors who attended the Annual Members' Meeting on 2 October. The Executives presentations were well received and a lively Q&A session provided plenty of opportunity for engagement with some of our members.

9. **Nominations Committee Membership**

In light of the term of office for one member of the Nominations Committee (Sarah Thompson, Public Governor), expiring in December 2025, and one member (Richard King, Public Governor) ending his final term as governor in September 2025, governors interested in becoming a member of the Committee were asked to submit self-nominations following the conclusion of the elections held in September.

Two nominations were received from Howard Austin and Sarah Thompson; both were appointed as members of the Nominations Committee for 3-year terms from 1 October 2025. The Council of Governors are asked to note the membership of the Nominations Committee.

Lever, Alison
04/12/2025 13:36:29

Meeting date	10 December 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 several 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 on 4 December:

- Finance & Performance Committee – October and November 2025
- People Performance Committee – November 2025
- Quality Committee – October and November 2025
- Audit Committee – November 2025
- Charitable Funds Committee – November 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.

Lever, Alison
04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Anthony Bell, Non-Executive Director
Date of Meeting	16 October 2025 and 20 November 2025
Quorate	Yes

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

1.	Agenda	<p>In October, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Finance Report • Annual Review of Treasury Management Procedures • Operational Performance Report • Winter Resilience Planning • Operational Planning 2026/27 • Electronic Patient Record Update • Estates & Facilities Steering Group: <ul style="list-style-type: none"> - Alert, Advise & Assure Report - Terms of Reference and Work Plan 2025/26 for Approval • Capital Programme Management Group Alert, Advise & Assure Report <p>In November, the Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Operational Performance Report • Winter Resilience Planning • Finance Report • Operational Planning 2026/27 • Annual Costing Submission • Procurement Update Report • Contracts for Approval • Post Implementation Appraisal of Community Diagnostic Centre – Update on benefits realised • Green Plan Progress Report • Electronic Patient Record Update • Capital Programme Management Group Alert, Advise & Assure Report
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 increased 12 hour waits, albeit acknowledging that no harm had been identified to date.</p> <p>Concerns regarding reduction in discharge to assess beds impacting on ED performance and flow, with the risk to winter performance acknowledged.</p> <p>Concerns regarding paediatric audiology and consequent adverse impact on children, the diagnostic target and future sustainability of the service. While the Committee noted that recovery was underway with a provider commissioned by</p>

Lever, Alison
04/12/2025 13:36:29

		<p>the Greater Manchester Integrated Care Board (GM ICB), it was acknowledged that exit criteria was still awaited and the impact of external support would take time to embed.</p> <p>Concerns regarding the risk of non-achievement of the Financial Plan given significant associated risks, including risks relating to income, cash, and ongoing unfunded cost of industrial action.</p>
<p>3.</p>	<p>Advise</p>	<p>The Committee received the Finance Report for Month 7 and noted:</p> <ul style="list-style-type: none"> • Overall, at Month 7 the Trust was reporting a £0.2m favourable variance against plan to date and a net deficit of £6.6m. 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. • The Stockport Trust Efficiency Plan (STEP) plan for 2025/26 was £29.2m (£20.5 recurrent). The Committee heard that the overall STEP plan had been delivered in full in year, however £16.6m of the £20.5m recurrent requirement had been delivered to date. • The Trust has maintained sufficient cash to operate during the month, however risk relating to the availability of support funding was acknowledged. • The Capital forecast for 2025/26 was £41.5m in line with plan. <p>The Committee received the Operational Performance Report for Month 7, 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. The Committee noted the loss of the Christie robotic capacity, acknowledging mitigations in this area.</p> <p>The Committee received updates on winter resilience performance and noted that Opel 3 had been sustained throughout October, with no elective cancellations reported due to site pressures.</p> <p>The Committee received updates on 2026/27 Operational Planning and noted approach being taken to joint operational planning with Tameside & Glossop Integrated Care NHS Foundation Trust (T&G). The Committee noted guidance received to date and acknowledged tight timelines for submissions.</p> <p>The Committee received and approved an updated Treasury Management Policy.</p> <p>The Committee received and approved the Annual Costing Submission.</p> <p>The Committee received a Procurement Programme Progress Report and noted continued work between SFT and T&G in this area.</p> <p>The Committee received a report providing an update on progress made against the delivery of the Joint Green Plan.</p> <p>The Committee received an update on the Electronic Patient Record Programme, noting ongoing activities in this area.</p> <p>The Committee reviewed a Trauma contract and recommended it to the Board of Directors for approval.</p>

Lever, Alison
 04/12/2025 13:36:29

4.	Assure	<p>The Committee acknowledged positive assurance regarding ED performance in month, with performance overachieving against the improvement trajectory, and improvements in Cancer 62-day and Referral to Treatment performance.</p> <p>The Committee acknowledged positive assurance regarding STEP delivery, albeit recognising a gap in recurrent delivery, and noted that the Trust compared favourably to GM peers in this area.</p>
5.	Referral of Matters/Action to Board/Committee	The Committee recommended the Trauma contract 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

Lever, Alison
04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Beatrice Fraenkel, Non-Executive Director (Committee Chair)
Date of Meeting	13 November 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 • Attendance Management Update • Joint Equality, Diversity & Inclusion Strategy • Request or Action on Racism Including Antisemitism – Letter from NHS England • Improving Resident Doctors Working Lives • Chaplaincy Report • Health & Wellbeing • Freedom to Speak Up – Q1 & Q2 • Guardian of Safe Working – Q2 • Staff Survey • Widening Participation • Safer Care (Staffing) Report • Maternity Bi-Annual Workforce Staffing Report • Nursing & Midwifery Establishments • Fit & Proper Persons Internal Audit • Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Joint Health & Wellbeing Group - Equality, Diversity & Inclusion Group - Educational Governance Group
2.	Alert	No matters from this meeting to alert to the Board of Directors.
3.	Advise	<p>The Committee will continue to seek assurance in areas below trajectory including:</p> <ul style="list-style-type: none"> • Sickness absence – Increased in September and is above target at 5.67% (target: 5.50%) • Appraisals – Overall appraisal compliance in September was 83.55%, an increase from 80.57% in August (target: 95%) • Agency expenditure – Performance against the 1.5% agency spend as a percentage of pay bill is slightly above target at 1.51%, albeit improved position from August was noted. <p>Ongoing improvement actions relating to the above metrics were acknowledged.</p> <p>The Committee received a report providing an overview of sickness absence levels within the Trust, noting that stress/anxiety/depression remained the most common reason for sickness absence. The Committee heard that the Trust's sickness absence rate remained slightly above target but compared favourably</p>

Lever, Alison
04/12/2025 13:36:29

		<p>with peers. Mitigating actions were noted, with a compassionate, person-centred approach to attendance management acknowledged.</p> <p>The Committee reviewed a draft Joint Equality, Diversity & Inclusion (EDI) Strategy 2026-29 between Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G). The Committee recommended the joint strategy to the Board of Directors for approval, acknowledging pending divisional actions.</p> <p>The Committee received a letter sent by NHS England (NHSE) to all NHS Trusts, calling for action to strengthen efforts against racism, antisemitism, Islamophobia and all forms of discrimination across the NHS. The Committee endorsed the actions outlined in the letter.</p> <p>The Committee received a report providing an update on the Trust's Health & Wellbeing Programme, aiming to support staff's mental and physical wellbeing, improve retention and enhance patient care. The Committee noted that the Trust's wellbeing initiatives were delivering strong engagement and improvements in staff wellbeing, with continued focus on proactive health management, inclusive support and data-driven planning acknowledged.</p> <p>The Committee received a report providing an update on this year's Staff Survey process, including current completion rates and ongoing actions to encourage participation.</p> <p>The Committee received a Safer Care (Staffing) Report, which provided assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks.</p> <p>The Committee received a report providing an update on the Trust's midwifery and neonatal workforce for the period April to September 2025. The report provided assurance that safe staffing standards were being met in line with the National Quality Board and NICE guidance for maternity settings. Furthermore, the report supported compliance with Safety Action 5 of the NHS Resolution Maternity Incentive Scheme (Year 7), which requires robust midwifery workforce planning. The Committee noted staffing data for midwifery, obstetric and maternity anaesthetic teams, acknowledging systems in place to ensure safe staffing and safe, continuous care for women, birthing people and babies across all settings.</p> <p>The Committee approved the Biannual Nurse Staffing review (full report available within the People Performance Committee meeting papers). The Committee heard that while staffing levels were sufficient in most areas, the review had identified some areas requiring further review of nursing levels. Another review to take place in early 2026 and be presented to the Board.</p>
<p>4.</p>	<p>Assure</p> <p><i>Lever, Alison 04/12/2025 13:36:29</i></p>	<p>Positive assurance received around the following People metrics:</p> <ul style="list-style-type: none"> • Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in September to 57 days from 29 in August, and meets the overall Trust target of 57 days. • Mandatory training compliance at 96.03%, which is above target of 95%. • Turnover (adjusted) remains compliant at 10% and is below target of 11.5%.

		<p>The Committee received a report providing an update on progress being made against NHSE's 10 Point Plan to improve working conditions for resident doctors. The Committee heard that the Trust was on track to deliver the NHSE 10 Point Plan, with clear governance, engagement and monitoring mechanisms in place.</p> <p>The Committee received a report providing an overview of the work, achievements and challenges of the Trust's Chaplaincy and Spiritual Care Team. The Committee welcomed the strong, inclusive pastoral care and acknowledged the vital role of the Chaplaincy Team in supporting staff and patient wellbeing across the Trust.</p> <p>The Committee noted positive assurance regarding the growth of the Freedom to Speak Up initiative and associated learning.</p> <p>The Committee received a report providing an overview of the Guardian of Safe Working activity between 1 August 2025 and 31 October 2025. The Committee heard that no immediate safety concerns had been identified and noted forthcoming changes to the reporting system.</p> <p>The Committee received a Widening Participation Report and noted positive assurance regarding the widening participation and vocational learning offer, providing career opportunities for communities across Stockport.</p> <p>The Committee received a report detailing the outcome of the Fit & Proper Persons Internal Audit. The Committee noted the outcome of 'Substantial Assurance', confirming strong compliance and control measures. The Committee heard that implementation of actions was scheduled from October 2025 to April 2026, with several already underway or completed. Furthermore, it was noted that a Joint Fit & Proper Person Policy for SFT and T&G was being produced.</p>
5.	Referral of Matters/Action to Board/Committee	The Committee recommended the Joint Equality, Diversity & Inclusion Strategy 2026-29 between SFT and T&G to the Board of Directors for approval, acknowledging pending divisional actions.
6.	Report compiled by:	Beatrice Fraenkel, Non-Executive Director
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

Lever, Alison
 04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	28 October 2025
Quorate	Yes

The Quality 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"> • Paediatric Audiology Update • Mersey Internal Audit Agency Spot Checks Review Update • Infection Prevention & Control Report & CDiff Deep Dive • Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews • NHS England QIA Framework • Quality & Safety Integrated Performance report • Winter Resilience Planning • Annual National In-Patient Survey • Standing Subgroup Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Patient Safety Group - Clinical Effectiveness Group - Patient Experience Group • Quality Committee Work Plan & Attendance 2025/26
2.	Alert	<p>Concerns regarding paediatric audiology and consequent adverse impact on children, the diagnostic target and future sustainability of the service. While the Committee noted that recovery was underway with a provider commissioned by the Greater Manchester Integrated Care Board (GM ICB), it was acknowledged that the impact of external support would take time to embed.</p> <p>Mersey Internal Audit Agency (MIAA) Spot Checks Review – Concerns regarding issues identified regarding fundamentals of care. The Committee noted and supported the associated mitigating actions.</p>
3.	Advise	<p>The Committee received a bi-annual Infection Prevention & Control (IPC) update report and a CDiff Deep Dive report, following a review of year-on-year increased cases. The Committee welcomed an improved CDiff performance.</p> <p>The Committee received an Alert, Advise & Assure Report providing an update on winter resilience performance. It was noted that the monthly report would be provided to Quality Committee and Finance & Performance Committee over the winter period.</p> <p>The Committee received a report outlining the key findings from the Adult Inpatient Survey 2024 and noted that the lowest scoring areas would be addressed with the divisions.</p>

Leaver, Alison
 04/12/2025 13:36:29

		The Committee acknowledged opportunity for further refinement of Committee reporting through joint governance arrangements.
4.	Assure	<p>Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews – The Committee continues to have oversight of proposed schemes. Furthermore, the Committee received a report providing a gap analysis from the recommendations to the QIA Framework guidance published by NHS England. The Committee agreed to receive the finalised QIA process for approval.</p> <p>Quality & Safety Integrated Performance Report – The Committee welcomed the improvements in pressure ulcer performance, cancer faster diagnosis and Referral to Treatment recovery.</p>
5.	Referral of Matters/Action to Board/Committee	No matters referred
6.	Report compiled by:	Mr David Curtis (Acting Chair of Quality Committee / Non-Executive Director)
7.	Minutes available from:	Mrs Soile Curtis (Deputy Company Secretary)

Lever, Alison
 04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	25 November 2025
Quorate	No.

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

<p>1. Agenda</p>		<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Quality & Safety Integrated Performance Report • Winter Resilience Planning • CIP QIA Reviews <ul style="list-style-type: none"> - Newly Progressing and Newly Developed CIP High Level Plans - Quarterly Review of Quality and Safety Impact of CIPs and Other Savings • Patient Safety Report – Q2 • Learning from Deaths: <ul style="list-style-type: none"> - Learning from Deaths Report – Q1 - Outcome of End of Life Data Review • Mental Health: <ul style="list-style-type: none"> - Update on Executive Level Escalation with Pennine Care - Updated Iteration of Draft Mental Health Plan • Maternity Services: <ul style="list-style-type: none"> - Maternity Perinatal Quality Report - Quarterly Perinatal Mortality Review Tool (PMRT) Report – Q2 - Claims Score Card Q1 and Q2 - One to One Care in Labour Action Plan • StARS Progress Report • Standing Subgroup Alert, Advise & Assure Reports: <ul style="list-style-type: none"> - Patient Safety Group - Trust Integrated Safeguarding Group - Health & Safety Joint Consultative Group - Patient Experience Group • Quality Committee Work Plan & Attendance 2025/26
<p>2. Alert</p>		<p>Winter Resilience Planning – The committee heard that there was a significant pressure on the plans to mitigate 12 hour delays. External pressure came from delays in placement to pathway 3 and 4 due to the spot purchase, and delays to assessment and admission of patients presenting with mental health crises. These are being escalated at the locality group and with executive colleagues at Pennine Care. An internal speciality escalation event was effective and will be repeated.</p>
<p>3. Advise</p>		<p>Quality & Safety Integrated Performance Report – Infection Prevention – rates of clostridium difficile remain with target, and there were no methicillin resistant staphylococcus aureus cases in October. A deep dive into elevated rates of</p>

Never Alike
 04/12/2025 13:36:29

Escherichia Coli has identified several samples as the result of re-testing of known positive community cases, and has noted the impact on rates of the Trust being a major urology specialist centre.

The committee received assurance that although we continue to deliver antibiotics later than expected, no resultant harm has been identified. A sepsis transformation project report has been delayed until January.

Rates of hospital acquired pressure ulcers remain below target and community acquired ulcers show a non-significant 6 month reducing trend. The committee sought assurance about the nature of lapses in care.

CIP QIA Reviews – The committee reviewed the newly approved QIAs and gained assurance about the rationale for decision making. The QIA high level reports do not contain information on the EIA but the committee was informed that the process behind the summary documents includes EIA and that this will be more explicit in the revised documentation due following NHSE guidance. The committee received updates on the outcome of previously transacted schemes, noting that one scheme had resulted in 8 incident reports, classed as no harm. It was noted that while one scheme had carried a risk of poor staff morale, the outcome, albeit anecdotally was an improvement in morale.

Patient Safety Report – the rate of all incidents and patient safety incidents remains within process limit controls. The rate of incidents associated with moderate harm remains steadily increased since April 2025 and the reason for this will be subject to further analysis. Duty of candour was applied in all appropriate cases. Patient safety learning responses and safety actions were undertaken in line with PSIRF. Liaison with the coroner is ongoing to ensure alignment between PSIRF requirements as set out by NHSE and requirements for inquests. Three Prevention of Future Death notifications were received in the quarter.

The PALS teams ability to resolve concerns by early engagement has been reduced by sickness in the team, leading to a 6 week delay. The committee heard that a mitigation plan is now in place with a member of staff recruited to focus on clearing the backlog. The quarterly complaints timely response rate has also been impacted, standing at 89.3%. Most common themes remain communication and clinical treatment and the committee reviewed lessons learned from complaints.

Learning from Deaths – the process remains embedded. One outcome 1 case occurred in the quarter, 6 outcome 2 cases, 95 outcome cases and 20 outcome 4. Learning was shared appropriately. The committee received the National Audit of Care at the End of Life report and noted ongoing progress in improving patient experience in the hospital and community. Work with partners to ensure death occurs in the most appropriate setting requires ongoing focus.

Mental Health – the committee received and commended the draft mental health plan and requested a further update on implementation and resource requirements.

Leaver, Alison
04/12/2025 13:36:29

<p>4.</p>	<p>Assure</p>	<p>Winter Resilience Planning – The target to increase staff flu vaccination rates by 5% has been achieved, albeit this was an unambitious target and so all measures are continuing to maximise the final position.</p> <p>Quality & Safety Integrated Performance Report – The Trust continues to report a Standardised Hospital Mortality Index within the expected range.</p> <p>Maternity Services – the committee received papers which provide assurance that the Trust remains on track to achieve compliance with the 10 safety actions for CNST year 7. The committee sought information about training compliance in non-consultant locally employed doctors and assurance that they are supported to access training. The Board has previously received information about an elevated 3rd and 4th degree tear rate and work to improve this is focusing on births in the birthing pool. The services continue to submit evidence to the Local Maternity and Neonatal System oversight panel and to develop eventual exit criteria from enhanced surveillance. The committee sought assurance about how well the red flag system is working and heard that the management team continue to ensure that all appropriate incidents are identified as such and reported. The committee commended good progress in providing continuity of care to people in deprived areas through the deployment of Assistant Practitioners, with a second area planned.</p> <p>StARS Progress Report – the Trust is on track to achieve targets to maintain blue and green status rates and to have no more than 25 % red outcomes overall. Maintaining two scheduled assessments each week is not always possible due to operational pressures or key individual unavailability, however 28 of 30 planned were carried out. The committee heard about recent improvement in 2 clinical teams who have found it most challenging to move out of the red status and noted a range of actions for improvement. They noted that the standards performing least well aligned with the recent MIAA quality spot check, confirming the effectiveness of internal controls. The committee agreed the proposed changes to the standards (subject to ratification at a quorate committee).</p>
<p>5.</p>	<p>Referral of Matters/Action to Board/Committee</p>	<p>None</p>
<p>6.</p>	<p>Report compiled by:</p>	<p>Dr Louise Sell (Chair of Quality Committee / Non-Executive Director, Senior Independent Director, Deputy Chair)</p>
<p>7.</p>	<p>Minutes available from:</p>	<p>Mrs Soile Curtis (Deputy Company Secretary)</p>

Lever, Alison
04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	18 November 2025
Quorate	Yes

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

1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Risk Management Committee Key Issues Report – November 2025 • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Follow Up Report November 2025 • Anti-Fraud Progress Report November 2025 • External Audit Progress Report • Board Assurance Framework Mid-Year Review • Review of Waivers April to September 2025 • Standing Financial Instructions (SFI) Breaches April to September 2025
2.	Alert	<p>The Committee noted continued delays in implementing IT actions from the MIAA Follow-Up Report. The Chief Finance Officer confirmed that a Standard Operating Procedure will be developed, reviewed by the Executive Team, with any changes to risk status or completion dates must be approved by the Executive Team and Audit Committee with supporting rationale.</p>
3.	Advise	<p>It was agreed that the 2026/27 Internal Audit Plan will include a focus on digital resilience and cyber security – including consideration of a joint review with Tameside & Glossop Integrated Care NHS Foundation Trust. Recommended to undertake the audit in Q2 to include learnings from the Cyber Assessment Framework (DSPT) review.</p> <p>The Committee were made aware of a small number of overpayment matters. The Director of Finance and Associate Director of Finance will investigate root cause and associated opportunity to strengthen internal controls and link findings to the risk register if considered necessary.</p> <p>The Committee received a Risk Management Committee Key Issues Report, following its November 2025 meeting, providing an overview of ongoing oversight of risk management and significant risks on the corporate risk register. Discussion regarding risk of delayed or missed cancer diagnosis due to follow-up processes discussed, including specific actions and broader review of follow up appointments.</p> <p>Discussion regarding the remaining 2025/26 programme and 2026/27 Internal Audit Plan. Review of the Electronic Patient Record management case to be intertied into Q4 2025/26 or 2026/27. The draft Internal Audit Plan for 2026/27 will be presented to the Audit Committee in February.</p> <p>Following on from the mid-year review of the Board Assurance Framework</p>

Lever, Alison
04/12/2025 13:36:29

		<p>(BAF), the Committee acknowledged the differential in scoring between the digital risk score on the BAF, and several significant operational digital risks, noting this would be considered at next review.</p> <p>The Committee requested a briefing note outlining the governance arrangements for the Quality Control North West (QCNW) pharmacy arrangement.</p>
4.	Assure	<p>The Committee were assured on progress of the Internal Audit Plan for 2025/26 Performance indicators all rated green.</p> <p>The Committee received the Anti-Fraud Report for November 25 and an update on the status of current investigations.</p> <p>The Committee were presented with the mid-year review of the Board Assurance Framework 2025/26 and assured that no significant control issues were identified and systems were working appropriately.</p> <p>The Committee received and noted the Review of Waivers and Standing Financial Instructions Breaches Reports.</p>
5.	Referral of Matters/Action to Board/Committee	No matters to refer.
6.	Report compiled by:	David Hopewell, Chair of Audit Committee (Non-Executive Director)
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

Lever, Alison
 04/12/2025 13:36:29

				Agenda No.	15
Meeting date	4 December 2025	Public		Confidential	X
Meeting	Corporate Trustee				
Report Title	Charitable Funds Committee Key Issues Report				
Director Lead	David Hopewell, Chair of Charity Committee	Author	Rebecca McCarthy, Company Secretary		

Paper For:	Information		Assurance	X	Decision	X
Recommendation:	The Corporate Trustee is asked to receive the key matters and decisions from the Charitable Funds Committee meeting held on 18 November 2025.					

This paper relates to the following Annual Corporate Objectives

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

This paper relates to the following CQC domains

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

Where issues are addressed in the paper

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

Executive Summary

The Board of Directors of Stockport NHS Foundation Trust acts as the Corporate Trustee (the Trustee) of the Stockport NHS Foundation Trust Charitable Fund.

A summary is provided for the Corporate Trustee of the key matters and decisions from the Charitable Funds Committee meeting held on 18 November 2025, which included the Annual Report and Accounts 2024/25 for approval.

Lever, Alison
04/12/2025 13:36:29

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Charitable Funds Committee	
Chair of Committee/Group	David Hopewell, Chair of Charitable Funds Committee	
Date of Meeting	18 November 2025	
Quorate	Yes	
<p>The Charitable Funds Committee draws the following key issues and matters to the Corporate Trustee for attention:</p>		
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> - Financial Performance Report - Fundraising Target and Budgets - Fundraising Report - Charity Annual Report and Accounts 2024/25
2.	Alert	No matters from this meeting to alert to the Corporate Trustee.
3.	Advise	<p>The Charitable Funds Committee received and recommended for approval to the Corporate Trustee the Charity Annual Report and Accounts 2024/25.</p> <p>The Committee approved a funding application for a Radiology Point of Care Ultrasound Machine.</p> <p>The Committee supported an annual fundraising target for the Charity based on benchmarking data.</p> <p>The Committee requested additional information on data security in relation to a proposal to launch a public lottery for the Charity prior to considering for approval.</p>
4.	Assure	<p>Positive assurance received regarding the continuing progress being made by the Charity Team via the Fundraising Update.</p> <p>The Committee approved a 3-year agreement with an organisation to produce a bespoke magazine for the Trust, at no cost to the Trust.</p> <p>The Committee noted the positive financial position of the Charity as presented in the Finance Report, which provided clarity and assurance on current and projected funds.</p>
5.	Referral of Matters/Action to Corporate Trustee	The Charitable Funds Committee reviewed the Charity Annual Report and Accounts 2024/25 and recommended approval of the Corporate Trustee to support submission of the same to the Charity Commission for England and Wales.
6.	Report compiled by:	David Hopewell, Chair of Charitable Funds Committee
7.	Minutes available from:	Rebecca McCarthy, Company Secretary

Meeting date	10 th December 2025	Public	X	Agenda No.	8
Meeting	Council of Governors				
Report Title	Stockport NHS Foundation Trust (SFT) & Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT): Joint Governance Model				
Director Lead	David Wakefield, Joint Chair Karen James, Chief Executive	Author	Paul Buckley, Director of Strategy & Partnerships Rebecca McCarthy, Company Secretary		

Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Confirm support for the decision by both SFT and TG ICFT Boards to implement joint governance arrangements from 1 April 2026, including the establishment of a Joint Board with maximum delegation from each statutory Board. • Acknowledge initial discussions on how Councils of Governors may operate under this approach have taken place, with further proposals to be agreed at the next joint development session and presented to the Council of Governors in March 2026.
------------------------	--

This paper relates to the following Annual Corporate Objectives

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

The paper relates to the following CQC domains

	Safe	Effective
	Caring	Responsive
X	Well-Led	Use of Resources

This paper relates to the following Board Assurance Framework risks

--	--

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A

Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and have committed to deepening collaboration at both an operational and strategic level. This commitment was reinforced by the appointment of a Joint Chair in early 2025/26, with subsequent joint development sessions focused on creating a unified organisational strategy and aligning governance arrangements.

Following consideration of different joint governance models and legal advice, both Boards have agreed to implement joint governance arrangements, effective from 1 April 2026, including:

- Establishing a Joint Board (Joint Committee) with maximum delegation from each statutory Board.
- Creating joint committees for Quality, People, and Finance & Performance.
- Operating Remuneration and Charitable Funds Committees in common, while Audit Committees remain separate but aligned.
- Developing a Collaboration Agreement to set out shared vision, principles, and governance processes.

This approach is designed to simplify reporting, eliminate duplication, and align governance with our new strategic priorities, ultimately driving improved performance for the populations we serve.

The Councils of Governors have been regularly updated by the Joint Chair, both through formal reports and informal discussions, including recent joint development sessions covering governance arrangements for both the Boards and the Councils of Governors. Legal advice confirms that while each Trust must retain its own Council of Governors, meetings may be held ‘in common’.

Initial discussions with Governors highlighted potential benefits of holding formal Council meetings in common - such as improved alignment, collaboration, and strategic focus - alongside challenges like maintaining local accountability and managing logistics. There was initial broad support to meeting ‘in common’, complemented by informal Trust-specific meetings to preserve local engagement. Next steps include a joint development session in February 2026 to confirm proposals, with implementation planned from April 2026.

Lever, Alison
04/12/2025 13:36:29

1. Introduction

- 1.1 Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) have worked collaboratively for several years, looking at ways to align both corporate and clinical services.
- 1.2 A firm commitment to deepen collaboration at both operational and strategic levels was demonstrated through the appointment of a Joint Chair at the start of 2025/26. Since then, the Boards have actively advanced the partnership by holding a series of joint development sessions focused on shaping a unified organisational strategy and aligning governance arrangements.
- 1.3 The Councils of Governors have been kept informed through the Joint Chairs Report to the Council of Governors meetings and joint development sessions, including those held in September and November 2025.
- 1.4 This report summarises progress to date and confirms the joint governance proposals supported by both Boards in November (TG ICFT) and December (SFT). It also outlines initial considerations of how the Councils of Governors may operate in line with the new joint governance arrangements.

2. New Joint Governance Model

- 2.1 At the start of the year, the Boards supported the consideration of joint governance arrangements and decision-making that would:
- Ensure the retention of organisational sovereignty and accountability.
 - Enhance the effectiveness of both Trust's corporate governance arrangements and decision-making and deliver high quality assurance.
 - Where possible, allowing streamlined and single reporting internally and externally on relevant issues.
 - Provide ease of understanding for internal and external stakeholders of governance & decision-making structures.
 - Reduce duplication and bureaucracy including the number of meetings and time spent in meetings - ensure effective and efficient use of resources.
 - Aligning with both Trust's strategic ambitions, ultimately enhancing the organisation's performance for the benefit of the populations served.
- 2.2 A range of joint governance models used by NHS provider trusts across the country were reviewed. Although, no single blueprint, they all typically have:
- A shared/joint leadership team
 - Some form of committee structure for strategic decision-making – Committees in Common and / or Joint Committee
- 2.3 Legal advice was sought on the preferred model which confirmed:
- The preferred joint committee model (vs. committee in common) is a legally sound option. The legal basis for this is the Health and Care Act 2022 (Sections 65Z5 & 65Z6 of NHS Act 2006).
 - A joint committee is an appropriate vehicle for joint decisions to be taken by the two Trusts, reducing bureaucracy, increasing efficiency and enabling discussions to be held and decisions to be taken in the interests of both Trusts and the populations they serve collectively.
 - The Boards of each Trust must remain as separate Boards (legally required as each Trust remains a sovereign legal entity), but with maximum delegation given to the joint committee (known as the Joint Board), which would, insofar as possible, exercise the functions of the Trust Boards. Statutory guidance outlines excluded functions.

- Documentation required Joint Committee Terms of Reference, Aligned Scheme of Reservation & Delegation of Powers, Trust Constitutions. Optional Collaboration Agreement.
- Other non-statutory committees may be joint committees e.g. finance and performance, quality, people.
- Trust's must retain independent statutory board committees e.g. Audit, Remuneration and Charitable Funds Committees, but these can operate 'in common'.

2.4 Subsequently in November (TG ICFT) and December (SFT) both Boards supported, with effect from 1st April 2026:

- The establishment of a Joint Committee between TG ICFT and SFT to be known as the Joint Board, with maximum delegation from each statutory Board.
- The establishment of Joint Committees between TG ICFT and SFT for Quality, People and Finance & Performance.
- The TG ICFT and SFT Remuneration Committee and Charitable Funds Committee to operate in common.
- The TG ICFT and SFT Audit Committees to remain as separate committees for 2026/27, with standardised work plans.
- The development of a Collaboration Agreement setting out shared vision, principles, governance, information sharing, and escalation processes.
- The assessment of options for pooled funds to drive and fully implement made by the Joint Committees.

2.5 Furthermore, recognising that implementing a new governance system is complex and requires careful oversight, a set of go/no go criteria were supported by the Boards to assess readiness for transition. One criterion is that engagement has taken place with the Council of Governors, with support for the proposed changes.

3. Councils of Governors

3.1 At the joint development session in November 2025, legal advice on how the Councils of Governors may operate under the proposed joint governance model was also shared.

3.2 The legal position is:

- Each Trust must retain its own Council of Governors; they cannot form a joint committee. However, meetings can be held "in common."
- Non-Executive Director appointment processes must remain separate, though they can operate in common.
- Under Schedule 7, paragraph 27A of the NHS Act 2006, each Trust must hold its own annual members' meeting, as statutory documents are Trust-specific.

3.3 With the Boards agreeing to meet and operate as a Joint Board, it is natural to consider whether formal Council meetings should be held in common. This approach has both advantages and disadvantages.

Council of Governors in Common	
Pros	Cons
<p>Improved Alignment and Oversight Governors can better understand and scrutinise decisions made jointly by the Joint Board.</p> <ul style="list-style-type: none"> • Promotes transparency and consistency across organisations. 	<p>Dilution of Local Accountability</p> <ul style="list-style-type: none"> • Perceived risk that individual Trusts' unique needs and communities may be overlooked. • Governors may feel their voice is less influential in a larger forum.

Leveraged from 04/12/2025 13:06:30

<p>Enhanced Collaboration</p> <ul style="list-style-type: none"> • Encourages cross-organisational learning and relationship-building. • Governors can share best practices and insights. 	<p>Complexity in governance</p> <ul style="list-style-type: none"> • Decision-making authority may be unclear or unevenly distributed.
<p>Stronger Strategic Focus</p> <ul style="list-style-type: none"> • Supports a unified approach to system-wide priorities (e.g. integrated care, workforce planning). • Facilitates a more coherent response to regional or national directives. 	<p>Reduced Engagement</p> <ul style="list-style-type: none"> • Larger meetings can be less interactive, making it harder for governors to contribute meaningfully. • Some governors may feel disengaged or overshadowed.
<p>Public Confidence</p> <ul style="list-style-type: none"> • Demonstrates joined-up governance, which may reassure stakeholders and the public. 	<p>Logistical Challenges</p> <ul style="list-style-type: none"> • Coordinating schedules, venues, and agendas across multiple organisations can be difficult.

3.5 A summary of discussion at the joint development session concluded that, despite some logistical challenges, holding Council meetings in common would provide benefits by aligning with the Joint Board structure and fostering system-wide collaboration and learning. Governors also recommended retaining informal Trust-specific meetings with the Joint Chair and Non-Executive Directors to maintain local connections and enable feedback.

3.6 A further joint development session is scheduled for 10 February 2026 to progress discussions and confirm the way forward, with any proposal for change to be presented to the Councils of Governors meetings in March, and implementation from 1 April 2026.

4. Recommendations

4.1 The Council of Governors is asked to:

- Confirm support for the decision by both TG ICFT and SFT Boards to implement joint governance arrangements from 1 April 2026, including the establishment of a Joint Board with maximum delegation from each statutory Board.
- Acknowledge initial discussions on how Councils of Governors may operate under this approach have taken place, with further proposals to be agreed at the next joint development session and presented in March 2026.

Lever, Alison
04/12/2025 13:36:29

Meeting date	10 th December 2025	Public	X	Agenda No.	9
Meeting	Council of Governors				
Report Title	Nominations Committee Report: Board Composition Review				
Director Lead	David Wakefield, Joint Chair	Author	Amanda Bromley, Director of People & Organisational Development Rebecca McCarthy, Trust Secretary		

Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Approve the recommendation from Nominations Committee to move to a joint Non-Executive Director model, where individuals will serve on both statutory Boards, starting 1 April 2026. • Subject to the above, note that the SFT and TG ICFT Nominations Committees will meet in common to: <ul style="list-style-type: none"> - Finalise the skills and experience profile for joint Non-Executive Directors; and - Review current Non-Executive Director appointments and make recommendations regarding appointments or confirm of any stand-downs or new recruitment required. • Acknowledge the current recruitment underway for a joint Non-Executive Director with financial expertise.
------------------------	--

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

--	--

Leverage
04/12/2025 13:56:29

Where issues are addressed in the paper

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

Executive Summary

This paper follows the paper regarding the joint governance model for Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT). Legal advice supports the creation of a Joint Board (Joint Committee), comprising all Executives and Non-Executive Directors (NEDs) from both statutory Boards to ensure comprehensive oversight and accountability.

To prepare for this, a review of current statutory Board composition is underway to define the skills and experience needed for the future, while maintaining an effective and manageable size for the Joint Board. This process is led by the Remuneration Committees and Nominations Committees of both Trusts, operating in common.

Both Trusts already share a largely joint executive team and a Joint Chair, with Mr David Curtis, now also serving as a NED on both Boards. Building on this, the Nominations Committees of both Trusts have endorsed transitioning to a formal joint NED model – where individuals serve on both statutory Boards – from 2026/27, with benefits such as consistent oversight, optimised expertise, resource efficiency, and alignment with recognised governance models. Risks such as conflicts of interest will be mitigated through robust governance & appointment processes.

Furthermore, the Nominations Committees supported immediate action to recruit a joint NED with financial experience to comply with NHS Code of Governance and address upcoming vacancies at each Trust. Interviews for the new joint NED with financial expertise are scheduled for 7 January, with extraordinary Councils of Governors meetings planned for 21 January to approve the appointment and consider broader Board composition recommendations.

Lever, Alison
04/12/2025 13:36:29

1. Introduction

- 1.1 Legal advice confirms that the proposed Joint Board (Joint Committee) should ideally include all Executives and Non-Executive Directors (NEDs) from both statutory Boards, ensuring comprehensive oversight and accountability across both organisations.
- 1.2 To prepare for this, a detailed review of current statutory Board composition was initiated. The review aimed to define the skills and experience required to address future challenges, risks, and opportunities facing the Trusts and ensure the Joint Board remains effective and of a manageable size.
- 1.3 This process is being led by both Trusts' Remuneration Committees operating in common (who have responsibility for reviewing the Board's structure, size, and composition, including its skills, knowledge, experience, and diversity) and the Councils of Governors' Nominations Committees operating in common (who have responsibility for making recommendations to the Council of Governors on the appointment and reappointment of NEDs).

2. Transition to Joint Non-Executive Director Role

- 2.1 Joint director-level appointments are now widely adopted in NHS partnerships. Both Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) already share a largely joint executive team and a Joint Chair. Recently, Mr David Curtis was appointed as a NED for SFT, in addition to his existing NED role at TG ICFT, demonstrating the viability of this approach.
- 2.2 Moving to a formal joint NED model – where individuals serve on both statutory Boards – supports the proposed Joint Board arrangements from 2026/27.
- 2.3 On 7 November 2025, the Councils of Governors Nominations Committees met in common, and supported the transition to a joint NED model, noting the following benefits:
 - Consistency of oversight - Ensures both organisations are held equally accountable.
 - Optimised expertise - Reduces duplication and applies skills, challenge and scrutiny consistently across Boards.
 - Resource efficiency - More cost-effective and efficient than maintaining separate roles, particularly for specialist skills.
 - Recognised governance model – Builds on precedents from other NHS organisations that have successfully implemented joint governance models.
 - Risk management – Potential risks, such as conflicts of interest or reduced diversity of thought can be mitigated through robust governance and appointment processes.
- 2.4 While the appointment of NEDs remains the responsibility of the Council of Governors, both Boards have endorsed this approach.

3. Next Steps

- 3.1 Subject to Councils of Governors support, the Nominations Committees will meet (in common) to:
 - Finalise the collective skills and experience profile for joint NEDs.
 - Review current NEDs' tenure, time availability, and suitability for the joint NED roles, making recommendation for appointment to the relevant Council of Governors as required, and confirm any stand-downs
 - Identify recruitment needs and commence action immediately.

3.2 Immediate Recruitment

- 3.2.1 Notwithstanding the above, the Nominations Committees have agreed to proceed with the immediate recruitment of a joint NED with strong financial credentials. This decision ensures compliance with the NHS Code of Governance, which requires each Audit Committee to include at least one member with such experience.
- 3.2.2 Rationale for immediate action: Across the two Trusts, three NED terms will end between January and June 2026, including both Audit Committee Chairs. All have confirmed they do not intend to seek reappointment:
- Andrea Bennett (TG ICFT) – Term ends 2 January 2026; currently Chair of Audit Committee; appointed for financial expertise.
 - Beatrice Fraenkel (SFT) – Term ends 3 January 2026; appointed for expertise in people and organisational development.
 - David Hopewell (SFT) – Term ends 30 June 2026; Chair of Audit Committee; appointed for financial expertise.
- These departures create an immediate and medium-term gap in financial expertise required to chair Audit Committees at both Trusts.
- 3.2.3 The proposed approach is that the joint NED will be appointed to both statutory Boards by the Councils of Governors, assuming the TG ICFT Audit Committee Chair role immediately and the SFT Audit Committee Chair role upon conclusion of David Hopewell's term.
- 3.2.4 The Nominations Committees have initiated a joint recruitment process, with interviews planned for the 7th January.
- 3.2.5 Extraordinary Councils of Governors meetings are planned for 21st January, via Teams, to approve the Nominations Committees' recommendation and formally appoint the successful candidate. This meeting will also consider recommendations arising from the broader Board Composition Review. Meeting invites will be sent to all Governors following the meeting.

Lever, Alison
04/12/2025 13:36:29

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

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors 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 24 November 2025. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Val Cottam, Public Governor
- Peter Chadbourne, Public Governor
- Lesley Surman, Public Governor
- Steve Williams, Public Governor

The meeting was supported by the 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.

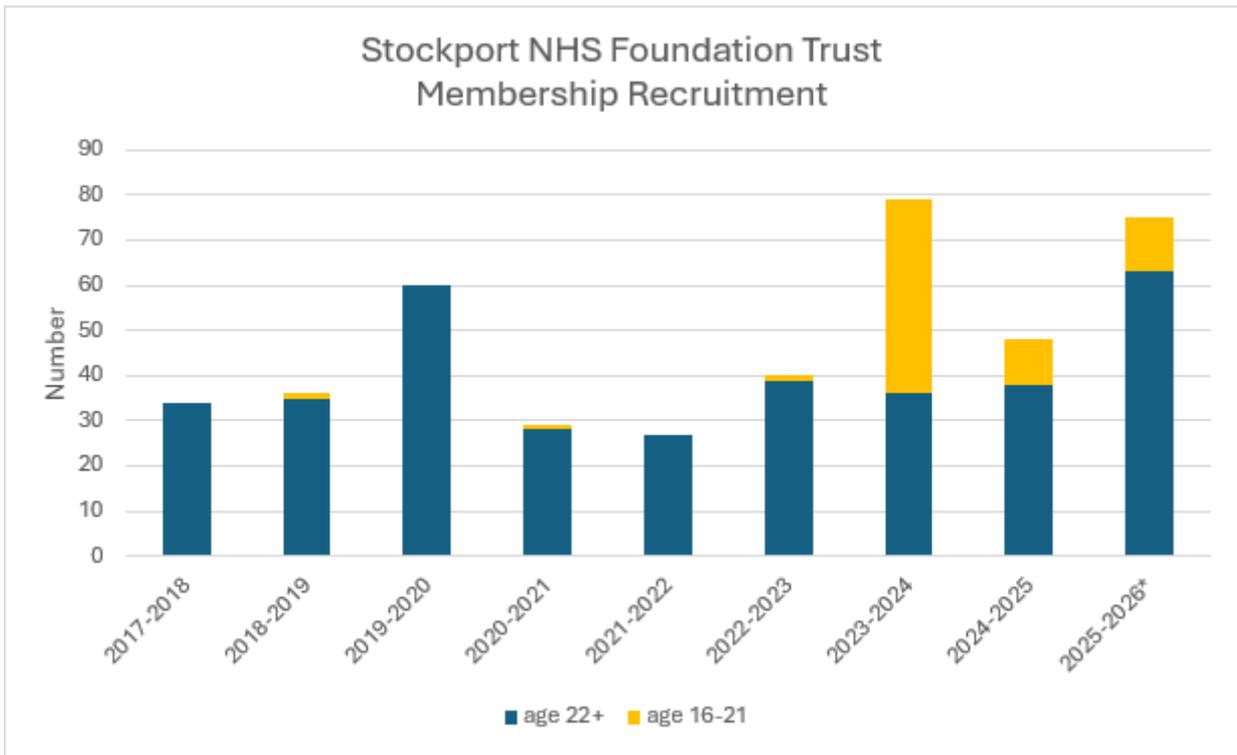
Membership Recruitment

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 June 2025	1 September 2025	24 November 2025
Overall Membership Number	10,010	10,001	9,867
Age 16-21	57	62	66

In the period August 2025 – October 2025 the Civica data cleanse reported the removal of 51 deceased members.

In addition, the governor elections in September prompted the removal of 131 members from the database due to having no valid postal address or email address.



Membership Engagement

The Annual Members Meeting took place on Thursday 2 October 2025, in Pinewood House Education Centre, Stepping Hill Hospital. The meeting was advertised via the Trust website and social media accounts, via Healthwatch and Sector 3 online newsletters, and in the late summer edition of Stepping Up magazine. The Comms team shared the notice via the Stockport Express, Stockport Nub and In Your Area. In addition, all members with active emails (3,006) were sent an email invitation from the Joint Chair. 15 Governors attended and had the opportunity to speak directly with members. Total attendance was comparable with last year with 47 public and staff members engaging in a lively question and answer session.

Chair Appointment and Membership

Howard Austin was unanimously elected as Chair of the Membership Development Group for a 12-month period from 1 December 2025. It was noted that Sue Alting had recently stepped down as a member; Peter Chadbourne, Val Cottam and Lesley Surman all agreed to become permanent members of the Membership Development Group.

There are currently four governors who regularly attend 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
04/12/2025 13:36:29

Membership Action Plan September 2025 – September 2026

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

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
Aim: To maintain a sizeable membership that is representative of the communities the Trust serves				
Recruitment				
<p>Social Media Messaging to advertise Council of Governors’ meetings and promote membership to be shared on social media ahead of CoG meetings.</p> <p>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.</p>	<p>Communications / Membership Team</p> <p>Communications / Membership Team</p>	<p>September / December / March / June</p> <p>March / June</p>	<p>Maintain overall membership number (minimum membership number of 2.5% of the eligible membership, corresponding to 7,879 members)</p> <p>Total public membership number, November 2025 = 9,866</p>	<p>Annual Members’ meeting and membership promoted via social media channels in September.</p> <p>Also advertised externally via Healthwatch, Sector 2, In Your Area, Stockport Express and Stockport Nub.</p>
<p>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.</p> <p>Targeted recruitment activities to include presentation and/or email recruitment promotion (dependent on most appropriate method) to:</p> <ul style="list-style-type: none"> • Colleges – Health & Social Care Courses • Cadets/ student inductions – fortnightly 	<p>Membership Team / Governors / Organisational Development Team</p>	<p>Sept 2026</p>	<p>Increase number of members in targeted demographic group (age 16-21) by +100%</p> <p>Age 16-21 (August 2025) = 62</p> <p>Age 16-21 (November 2025) = 66</p>	<p>Governors and Membership Team attended fortnightly student inductions June - November to promote membership. Since September this has resulted in 20 new members</p>

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 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 3,054 members via email, 16/07. Included details on governor elections. New membership poster to feature in next edition, together with election results and how to contact governors
Health Talks Facilitate 2 x face to face health talks for members and the public. Governor attendance at health talks to promote governors and allow opportunity to seek feedback from members/public/staff	Membership Team Governors	Q4 2025/26 Q2 2026/27	2 x Members Health Talks	Next talk scheduled 3 March 2026, details tbc
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	Completed. Members invited to attend (via 3,006 valid email addresses) and advertised via Trust website and social media, plus Healthwatch and Sector 3 online newsletters. Also featured in Stockport Express, Stockport Nub and In

Lever Alison
 04/12/2025 13:36:29

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
				Your Area 47 members attended and had the opportunity to ask questions and speak with governors
Volunteers Annual 'Meet with Volunteers' session with governors and volunteers.	Membership Team / Governors / Volunteers	Annually	Annual 'Meet with Volunteers' session / attendance at Volunteer Service organised 'long service awards'	Volunteer Manager shared promotional membership email with all current volunteers in August. Chaplaincy Manager asked to share promotional membership email with all current volunteers in September.
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	December 2025 Go live in line with new Trust website launch	New website live – provisional launch date October 2025	Awaiting information from Comms team about user engagement sessions.

Prepared by Alison
 04/12/2025 13:36:29

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
04/12/2025 13:36:29

Stockport NHS Foundation Trust												
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-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	Extraordinary meeting 21st 9:00-9:30 MS Teams		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					7th 10:00-11:00	18th 12:00-13:30		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 Collaborative Working				29th 10.00-12.30 Fred Perry House, Stockport		10th 9.30-12.30 Joint SFT & T&G, Room LG03, Werneth House, Tameside			10th 9.30-12.30 Joint SFT & T&G, Room 1-A, Stopford House, Stockport	
Annual Members Meeting (Pinewood Lecture Theatre)							2nd 5.00-6.30					
Health Talks (Pinewood Lecture Theatre)			11th 10.00-12.00									3rd 10.00-12.00
Volunteers Event												

Lever, Alison
04/12/2025 13:36:29

Council of Governors 2024/25 Meeting Attendance

Name	Constituency	Sep-24	Dec-24	Feb-25	Mar-25	June-25	Sept-25
Paula Hancock	Staff	A	A	A	A	✓	✓
David McAllister	Staff	A	A	A	A	A	✓
Karen Southwick	Staff	A					
Ruth Perez-Merino	Staff		✓	A	A	A	✓
Yogalingam Ganeshwaran	Staff		A	A	✓	✓	A
Adrian Nottingham	Bramhall & Cheadle	✓	✓	✓	✓	A	A
Carol Greene	Bramhall & Cheadle	A	A	✓	A		
Michelle Slater	Bramhall & Cheadle	✓	✓	A	✓	✓	✓
Sarah Thompson	Bramhall & Cheadle	✓	✓	✓	✓	✓	✓
Howard Austin	Tame Valley & Werneth	✓	✓	✓	✓	✓	✓
Alan Gibson	Tame Valley & Werneth	A	A	A	A		
Alex Wood	Tame Valley & Werneth		✓	✓	✓	✓	A
Tad Kondratowicz	Heatons & Stockport West	✓	✓	✓	✓	✓	✓
Victoria MacMillan	Heatons & Stockport West	✓	A	✓	✓	✓	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	✓	✓	A
John Morris	Marple & Hazel Grove	A	A	✓	A	A	A
Lance Dowson	High Peak & Dales	A					
Mike Chantler	High Peak & Dales		✓	A	✓	✓	A
Tony Gosling	High Peak & Dales		✓	✓	✓	✓	✓
Muhammad Rahman	Outer Region	A					
Callum Kidd	Outer Region		A	A	✓	✓	A
Keith Holloway	Stockport MBC	A	A	✓	✓		
Sue Alting	Age UK Stockport	✓	✓	✓	✓	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						

Lever, Alison
04/12/2025 13:36:29

STOCKPORT NHS FOUNDATION TRUST

**Minutes of the Annual Members Meeting held
on 2 October 2025 at 5pm
Pinewood House Education Centre, Stepping Hill Hospital**

Attendance:

Mr David Wakefield	Joint Chair
Mr Anthony Bell	Non-Executive Director
Ms Amanda Bromley	Director of Workforce & Organisational Development (OD)
Mr David Curtis MBE	Non-Executive Director
Mr John Graham	Chief Finance Officer / Deputy Chief Executive
Mrs Karen James OBE	Chief Executive
Dr Louise Sell	Non-Executive Director

47 Public and Staff Members

	Item	Action
01	<p>Welcome and Opening Remarks</p> <p>The Joint Chair welcomed everyone to the Stockport NHS Foundation Trust Annual Members Meeting 2025. The Joint Chair highlighted the key challenges faced by the Trust, and the wider health and care system, during the year, and commended the many examples of great work by teams during the year.</p>	
02	<p>Outcome of Governor Elections 2025</p> <p>The Joint Chair presented the outcome of the governor elections 2025, congratulating all new governors and thanking those governors that had stepped down during the year including:</p> <ul style="list-style-type: none"> - Alan Gibson, Public Governor - Carol Greene, Public Governor - Cllr Keith Holloway, Appointed Governor (re-elected as Public Governor) - Richard King, Public Governor - John Morris, Public Governor - Tony Moore, Public Governor - Adrian Nottingham, Public Governor 	
03	<p>Review of the Year 2024/25 and Looking Ahead</p> <p>The Chief Executive presented a review of the year, including a showcase of key achievements during 2024/25. In addition, the Chief Executive described the Trusts objectives for 2025/26 and highlighted work taking place to:</p> <ul style="list-style-type: none"> - Deliver personalised, safe and caring services. 	

	<ul style="list-style-type: none"> - Support the health and wellbeing needs of our community and colleagues. - Develop effective partnerships to address health and wellbeing inequalities. - Develop a diverse, talented and motivated workforce to meet future service and user needs. - Drive service improvement through high quality research, innovation and transformation. - Use Trust resources efficiently and effectively. - Develop the Trusts estate and digital Infrastructure to meet service and user needs. 	
<p>04</p>	<p>Annual Accounts 2024/25 The Chief Finance Officer presented the Annual Accounts 2024/25. He confirmed the final financial position for 2024/25, including a breakdown of income and expenditure, and the financial plans for 2025/26. The Chief Finance Officer confirmed the Annual Accounts 2024/25 had been audited and an unqualified external audit opinion received.</p>	
<p>05</p>	<p>Question & Answer Session The Joint Chair welcomed questions from the public, including those submitted in advance. A summary of the matters raised, and responses is as follows:</p> <p>Elective Surgery Wait Times: The Trust is working towards the NHS target of fewer than 1% of elective patients waiting over 52 weeks by March 2026. Waiting times have already reduced by 57% in the past year, supported by investment to increase capacity.</p> <p>Specialised Orthoptics Service: A 12-month pilot (July 2024–August 2025) funded by NHS England’s SQulRe programme supported stroke patients with visual impairment. Continuation of the service is dependent on future funding and commissioning from the Trust’s commissioners.</p> <p>Terminology – ‘Heart Failure’: Whilst acknowledging concerns, the clinical term remains the standard internationally for accuracy and consistency.</p> <p>Constituency Query: Disley residents are part of the Outer Region. Patients generally have choice of provider, subject to service availability and restrictions.</p> <p>Older People Services: National focus is on population health and enabling supported living.</p>	

Lever, Alison
04/12/2025 15:36:28

	<p>Digital Security: Electronic Patient Record systems must meet national standards. Internal audits monitor compliance with standards.</p> <p>Other Key Points Raised:</p> <ul style="list-style-type: none">• Concerns raised regarding the commissioning of services in High Peak.• Greater visibility for community services in future meetings.• Intern schemes with Trafford College Group continue to provide workforce development opportunities.• Capital expenditure carry forward is protected by fixed contracts.• AI being explored for cost reduction and efficiency (e.g., automation).• Proactive health initiatives underway, including neighbourhood trials for prevention.• Joint working with Tameside & Glossop aims to improve efficiency and reduce duplication.• Preference for a nationally integrated Electronic Patient Record system.	
06	<p>Close The Joint Chair thanked all for attending, noting the date and time of the next meeting would be confirmed in due course.</p>	

Lever, Alison
04/12/2025 13:36:29