SFT & TG ICFT Council of Governors in Common - September 2026

Wednesday 2 September 2026, 14:30 - 16:15

Upper Ground Conference Room, Stopford House, Piccadilly, Stockport, SK1 3XE

NHS South East Sector Health Care Partnership

Agenda

14:30 - 14:30
0 min

1. Apologies for Absence

Information *David Wakefield*

14:30 - 14:30
0 min

2. Declaration of Interests

Information *David Wakefield*

14:30 - 14:35
5 min

3. Minutes of Previous Meeting - 17 June 2026

Decision *David Wakefield*

03 - SFT & TGICFT Council of Governors in Common Meeting Minutes - 17 June 2026.pdf (7 pages)

14:35 - 14:40
5 min

4. Action Log

Information *David Wakefield*

04 - CoG in Common Action Log - September 2026.pdf (2 pages)

14:40 - 14:50
10 min

5. Matters Arising - Update on key areas raised by Governors: - Stockport Hydrotherapy Pool - Outpatient Services in Buxton

Discussion *Karen James*

14:50 - 15:00
10 min

6. Joint Chair's Report

Discussion *David Wakefield*

06 - Joint Chair's Report - September 2026.pdf (5 pages)

15:00 - 15:20
20 min

7. Place & Neighbourhood Model Update

Discussion *Executive Director People & Neighbourhoods, Stockport MBC and Place Partnership Director Stockport, NHS Greater Manchester*

07 - Place and Neighbourhood Model Update.pdf (12 pages)

PERFORMANCE

15:20 - 15:40
20 min

8. Non-Executive Directors Report – including highlights from Joint Board Committees

Discussion *Board Committee Chairs*

- 08 - Non-Executive Directors Report - September 2026.pdf (2 pages)
- 08a - Joint Quality Committee AAA Report - June & July 2026.pdf (4 pages)
- 08b - Joint F&P Committee AAA Report July 2026.pdf (3 pages)
- 08c - Joint People Committee AAA Report July 2026.pdf (3 pages)
- 08d - SFT Audit Committee AAA Report - July 2026.pdf (3 pages)
- 08e - TGICFT Audit Committee AAA Report - July 2026.pdf (2 pages)
- 08f - Charitable Funds Committee in Common AAA Report - July 2026.pdf (1 pages)

GOVERNANCE

15:40 - 15:50
10 min

9. Council of Governors Arrangements & Trust Constitution Revision

Information *Rebecca McCarthy*

- 09 - Council of Governors Arrangements & Trust Constitution Revision - September 2026.pdf (6 pages)

ANNUAL REPORT & ACCOUNTS

15:50 - 16:00
10 min

10. Tameside & Glossop Integrated Care NHS Foundation Trust Annual Report & Accounts 2025/26

Information *David Wakefield*

- 10 - TG ICFT Annual Report & Accounts 2025-26 - Front Sheet.pdf (2 pages)
- 10 - TG ICFT Annual Report & Accounts 2025-26 Highlights - September 2026.pdf (3 pages)

16:00 - 16:10
10 min

11. Presentation of the Independent Auditor's Report to the Council of Governors of Tameside & Glossop Integrated Care NHS Foundation Trust

Information *External Auditor, Grant Thornton*

- 11 - Presentation of the Independent Auditors Report for TGFT Annual Members Meeting.pdf (12 pages)

16:10 - 16:15
5 min

12. Any Other Business

Discussion *David Wakefield*

PAPERS FOR INFORMATION

16:15 - 16:15
0 min

13. Corporate Calendar & Attendance

Information

- 13 - CoG SFT & TG ICFT Corporate Calendar 2026-27.pdf (2 pages)
- 13 - Council of Governors Attendance.pdf (2 pages)

16:15 - 16:15
0 min

14. Date and Time of Next Meetings: Governors Pre-Meet 15 December 2026, 13:00-13:45, Newton Suite, Hyde Town Hall Council of Governors 15 December 2026, 14:00-17:00, Newton Suite, Hyde Town Hall

Information

NHS
South East Sector
Health Care Partnership

Minutes of the Stockport NHS Foundation Trust (SFT) Council of Governors

Minutes of the Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Council of Governors

Held in common on 17 June 2026 at 3:00pm in the George Hatton Room, Dukinfield Town Hall

As part of the South East Sector Healthcare Partnership, the Council of Governors of Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust have agreed to meet in common, with a shared agenda and paperwork. Each Council of Governors each making its own decision following 'in common' discussion. All discussion is recorded in the Minutes.

Present:
David Wakefield, Joint Chair (Chair)
Howard Austin, Public Governor, SFT
Nicola Bruce, Public Governor, TG ICFT
Muni Coverley, Public Governor, TG ICFT
Dominic Hardwick, Public Governor, SFT
Keith Holloway, Public Governor, SFT
Linda Kent, Appointed Governor / Lead Governor, TG ICFT
Tad Kondratowicz, Public Governor, SFT
Melanie Lamb, Staff Governor, TG ICFT
Anthony McKeown, Appointed Governor, TG ICFT
William Moss, Public Governor, TG ICFT
Mike Ramsden, Public Governor, TG ICFT
Lesley Surman, Public Governor, SFT
Sarah Thompson, Public Governor, SFT
Steve Williams, Public Governor, SFT
Nicola Withington, Staff Governor TG ICFT

Apologies:
Sue Alting, Appointed Governor / Lead Governor, SFT
Peter Chadbourne, Public Governor, SFT
Mike Chantler, Public Governor, SFT
Val Cottam, Public Governor, SFT
Helen Foster-Grime, Appointed Governor, SFT
Tony Gosling, Public Governor, SFT
Paula Hancock, Staff Governor, SFT
Callum Kidd, Public Governor, SFT
Nigel Lenegan, Public Governor, TG ICFT
Victoria Macmillan, Public Governor, SFT
David McAllister, Staff Governor, SFT
Champak Mistry, Public Governor, TG ICFT
Neil Phillips, Public Governor, TG ICFT
Noreen Shahzad, Staff Governor, TG ICFT
Michelle Slater, Public Governor, SFT
Raja Swaminathan, Staff Governor, TG ICFT
Richard Umpleby, Public Governor, TG ICFT
Nicola Welland, Appointed Governor, TG ICFT
Eleanor Wills, Appointed Governor, TG ICFT
Alexander Wood, Public Governor, SFT

In attendance:
Peter Blythin, Non-Executive Director
Jacqui Burrow, Chief Nurse
David Coorey, Non-Executive Director
Michael Forrest, Non-Executive Director
David Jago, Non-Executive Director
Karen James, Chief Executive Officer
Alison Lever, Membership Governance Manager
Rebecca McCarthy, Director of Corporate Governance

Quoracy:
To be quorate the meeting requires:
SFT – 9 governors
TG ICFT – 6 governors

Quorate:
SFT – No
TG ICFT – Yes

The meeting for SFT Council of Governors was not quorate. As no items requiring a formal statutory decision were scheduled for consideration, members agreed to proceed with the meeting. Any matters requiring immediate attention would be communicated to all members following the meeting, as necessary.

No/Yr.	Item	Action Owner
01/26	**Apologies for Absence** In addition to apologies from the Council of Governors, other apologies were received from: Anthony Bell, Non-Executive Director; Amanda Bromley, Chief People Officer; David Curtis, Non-Executive Director / Senior Independent Director; John Graham, Chief Finance Officer; Farooq Hakim, Non-Executive Director; Jackie McShane, Director of Operations SFT; Jonathan O'Brien, Chief Operating Officer / Deputy Chief Executive Officer TG ICFT; Dilraj Sandher, Chief Medical Officer; Louise Sell, Non-Executive Director.	
02/26	**Declarations of Interest** There were no declarations of interest.	
03/26	**Minutes of Previous Meetings** The minutes of the previous meeting of the SFT Council of Governors held on 11 March 2026 were agreed as a true and accurate record. The minutes of the previous meeting of the TG ICFT Council of Governors held on 17 March 2026 were agreed as a true and accurate record, subject to the below. Lesley Surman, Public Governor SFT, felt that the wording of Item 06/26 on the TG ICFT minutes was unclear. The Membership Governance Manager would amend the minutes to clarify that there had been a reduction in patient falls resulting in harm.	**Membership Governance Manager**
04/26	**Action Log** The action log was reviewed and annotated accordingly.	

05/26	**Joint Chair Report** The Joint Chair's Report provided reflections on recent activities within the Trust and the wider health and care system. He noted that three long-serving TG ICFT governors, Champak Mistry, Raja Swaminathan and Richard Umpleby, had reached the end of their terms, and thanked them for their contribution. The Joint Chair added that he had attended the NHS ConfedExpo conference and had been advised that the NHS Health Bill 2026-27 was expected to be passed by Parliament by the financial year-end. This would result in the removal of both the Council of Governors and membership at Foundation Trusts. He noted that it remained unclear as to what would replace the Council of Governors as a mechanism to represent the patient voice. Howard Austin, Public Governor SFT, highlighted there was a clause in the draft Bill allowing Trusts to retain the Council of Governors in some format. The Joint Chair explained that the statutory duties of the Council of Governors would no longer exist and that the Department of Health & Social Care (taking on the responsibilities of NHS England upon their dissolution) planned to issue further guidance regarding patient engagement. The Councils of Governors were asked to await the outcome of this work, whilst continuing to carry out their statutory responsibilities. The Joint Chair reported that he had attended a number of sessions at the conference, including those focusing on artificial intelligence and neighbourhood working. He noted that, whilst there was a considerable amount of activity underway to develop neighbourhood-based models of care, there appeared to be limited clarity around how these arrangements would be funded and implemented in practice. Keith Holloway, Public Governor SFT, expressed his disappointment in this. He commented that neighbourhood working in Stockport, building on existing structures and partnerships, was beginning to deliver positive outcomes. He also expressed the view that a top-down approach to neighbourhood working would be unlikely to be as effective as models that evolve locally. Howard Austin, Public Governor SFT, suggested governors attend meetings at other relevant organisations to get a broader view on neighbourhood working. **The SFT Council of Governors and the TG ICFT Council of Governors received and noted the Joint Chair's Report.**	
06/26	**Non-Executive Directors Report – including highlights from Board Committees** 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 Joint Quality Committee, Joint Finance & Performance, SFT Audit Committee, TG ICFT Audit Committee, Charitable Funds Committee in Common and Joint People Committee. *Nicola Withington, Staff Governor TG ICFT, left the meeting* <u>Joint Quality Committee</u> Tad Kondratowicz, Public Governor SFT, asked whether the advisory note on ongoing risks related to clinical results raised by the Clinical Effectiveness Group	

	resulted in any patient harm. David Coorey, Non-Executive Director, confirmed that the note related to the availability of consultant staff. The Chief Executive Officer confirmed there had been no patient harm; the note concerned the Trusts not meeting target standards. Joint Finance & Performance Committee Lesley Surman, Public Governor (SFT), queried the number of Derbyshire patients at both Trusts who were recorded as having 'No Criteria to Reside' status. The Chief Executive Officer provided an update based on recent trends, noting that these figures are reported nationally and are shared with relevant external stakeholders. Lesley Surman advised that the reported numbers had been queried by colleagues in the Derbyshire locality, she would discuss the figures with neighbourhood colleagues and pursue further conversations as appropriate. Tad Kondratowicz, Public Governor SFT, requested continuing updates on the Cost Improvement Programme. David Jago, Non-Executive Director, confirmed that regular updates would be provided via the Finance & Performance Committee to the Councils of Governors. SFT Audit Committee Howard Austin, Public Governor SFT, asked whether the Fraud Bribery and Corruption Risk Assessment was likely to receive an improved rating for 2026/27. David Jago, Non-Executive Director, expressed confidence the assessment would improve to green status following the Fraud Risk Assessment, as reported to Audit Committee. TG ICFT Audit Committee Howard Austin, Public Governor SFT, asked about the Committee's assurance of its effectiveness over the year and compliance with its terms of reference. David Jago, Non-Executive Director, advised that the Committee was assured through self-assessment, noting that he was keen to learn from other audit chair colleagues. The Director of Corporate Governance reported that both internal and external auditors attended meetings and contributed to the assessment. Charitable Funds Committee in Common Howard Austin, Public Governor SFT, asked whether governors would receive detail of which SFT restricted and connected fund accounts were being closed. David Coorey, Non-Executive Director, advised that the accounts being closed were all low value and had been considered by the Committee. The Director of Corporate Governance assured governors that the closure policy initiated by the finance team was in line with Charity Commission guidance. Tad Kondratowicz, Public Governor SFT, enquired about how the charitable funds were distributed. The Chief Executive Officer confirmed that requests for funding were received directly from departments but occasionally the team would target funds into particular areas of the organisation. David Coorey, Non-Executive Director, noted that any items funded by the charities were above and beyond what NHS was obliged to provide. Joint People Committee Steve Williams, Public Governor SFT, asked for clarification of the medical price cap. Michael Forrest, Non-Executive Director, confirmed that the government sets a cap on what the Trusts should spend on bank/agency staff. Some specialisms were in short supply which impacted on spending, but bank and	

	agency spend was decreasing overall due to continuing recruitment into substantive roles. Howard Austin, Public Governor SFT, asked whether levels of sickness absence were decreasing. Michael Forrest, Non-Executive Director, confirmed that there was a significant reduction in long term absence, however short-term absence was slightly above trajectory at present. He noted a suite of wellbeing initiatives in place, supported by the People Department, to support staff wellbeing. Linda Kent, Appointed Governor and Lead Governor TG ICFT, commended the improving mandatory staff training figures. Nicola Bruce, Public Governor TG ICFT, asked what percentage of bank staff covered sickness absence were permanent staff, conscious of supporting all colleagues' wellbeing. Michael Forrest, Non-Executive Director, confirmed that the data was being analysed in conjunction with finance colleagues for review by the Committee. Muni Coverley, Public Governor TG ICFT, enquired whether specific departments suffered from higher rates of sickness absence. Michael Forrest, Non-Executive Director, advised that where departments exhibited higher rates of absence, representatives were invited to attend relevant Committee meetings to discuss any underlying issues and mitigating actions, with recent example being the Estates Department. He added that the People Committee maintained oversight of sickness absence trends and remained alert to emerging themes and areas of concern. **The SFT Council of Governors and the TG ICFT Council of Governors received and noted the Non-Executive Directors Report.**	
07/26	**Operational Planning 2026/27** The Chief Executive Officer provided a year-end overview of the delivery against the Trust's 2025/26 corporate objectives and a summary of the medium-term plan and corporate objectives for 2026/27. She confirmed that overall, strong progress had been made across most objectives during 2025/26, particularly in quality and safety improvements, delivery of joint strategic programmes (including the Electronic Patient Record (EPR) business case), and continued advancement of transformation, research, and partnership working. For the first year (2026/27) of the medium-term plan, she expressed confidence in delivering diagnostics and planned care targets in the coming year, with achievement of urgent care standards a risk. Financially, the Chief Executive Officer acknowledged the high-risk assumptions included medium term plan, and the challenging Cost Improvement Programme required to achieve savings. The Joint Chair highlighted that despite significant financial deficits both Trusts were in the top third of NHS national rankings, which was positive in terms of service provision. Howard Austin, Public Governor SFT, asked whether the level of reduction that had been achieved in temporary staffing was considered compliant. The Chief Executive Officer confirmed that the Trust had achieved its 5% reduction target and added that work undertaken through the Service Improvement Group was having a demonstrable positive impact on productivity. Tad Kondratowicz, Public Governor SFT, queried where funding would be sourced to try to reduce the number of patients coming into hospital. The Chief	

	Executive Officer reported that discussions with commissioners were ongoing regarding reducing demand due to there being no current funding stream for community work. Nicola Bruce, Public Governor TG ICFT, noted the positive work was underway in conjunction with primary care in Tameside, working on wider determinants, but that longer term aims needed to be considered. Muni Coverley, Public Governor TG ICFT, sought further information regarding the Stamford Unit and monitoring of the length of patient stays. The Chief Executive Officer confirmed that the unit was primarily used by patients requiring rehabilitation or those with complex needs requiring further assessment. Patients were reviewed daily to ensure discharge was timely and appropriate, with a small number of patients staying beyond for longer periods time. **The SFT Council of Governors and the TG ICFT Council of Governors received a summary of the final strategic plan narrative and noted the substantial progress made in delivering the agreed corporate objectives for 2025/26 and the approved 2026/27 key outcome measures.**	
08/26	**System Partnership Working Update** The Chief Executive Officer provided an update on system partnership working, including a high-level overview of the direction of travel and the scale of reform underway across Greater Manchester (GM) and at place level. Both Trusts were actively engaged in this work through system partnerships, governance structures and operational delivery. Anthony McKeown, Appointed Governor TG ICFT, queried whether there were divergences between the approaches of the GM and Derbyshire Integrated Care Boards. The Chief Executive Officer confirmed that the approaches were different, but positive engagement continued with both organisations. **The SFT Council of Governors and the TG ICFT Council of Governors received the System Partnership Working Update and noted further detail regarding the neighbourhood approach would be presented to the Councils of Governors at the next meeting.**	
09/26	**Membership Group Progress Report** Mr Howard Austin, Public Governor SFT, reported that he was appointed as Chair of the newly formed joint Membership Group at its recent meeting on 18 May 2026. He presented the Membership Group Progress Report, detailing key discussions from the meeting and key initiatives to support implementation of the SFT and TG ICFT Membership Strategies 2025-28. Public membership numbers were on target, and work would continue to maintain the membership until the future of the Councils of Governors and Membership was confirmed. The Joint Chair enquired whether the Membership Group had considered the implications of the NHS Health Bill changes on the upcoming governor vacancies at SFT and whether an election was justifiable. The Director of Corporate Governance would present a proposal to the Council of Governors, considering the need to have an operational Council of Governors against potential election costs. The proposal would also consider membership and the Membership Group. **The SFT Council of Governors and the TG ICFT Council of Governors received and noted the Membership Group Progress Report.**	**Director of Corporate Governance**

10/26	**Membership Group Terms of Reference** Mr Howard Austin, Public Governor SFT, presented the Terms of Reference for the Membership Group which outlined the formal responsibilities involved. **The SFT Council of Governors and the TG ICFT Council of Governors approved the Terms of Reference for the joint Membership Group, noting that a proposal regarding future of the Membership Group would be considered.**	
11/26	**TG ICFT Nominations Committee Membership** The Director of Corporate Governance reported to the TG ICFT Council of Governors that the term of office of one member of the Nominations Committee was coming to an end. Governors interested in joining the Committee were asked to submit self-nominations to fill the position via email to the Membership Governance Manager by 5 July 2026. **The TG ICFT Council of Governors noted the process for the appointment of a Nominations Committee Member.**	
12/26	**Papers for Information** – Council of Governors Elections Update – Draft Annual Members Meeting Agendas (TG ICFT 24 September 2026, SFT 1 October 2026) – Council of Governors Calendar 2026/27 – Council of Governors Attendance 2025/26 **The papers for information were received by the SFT Council of Governors and TG ICFT Council of Governors.**	
13/26	**Any Other Business** Melanie Lamb, Staff Governor TG ICFT sought an update on plans for the use of artificial intelligence (AI) and highlighted the opportunities presented by the new AI apprenticeships being introduced. The Chief Executive Officer agreed that AI had the potential to be transformational and advised that work was already underway to explore this across the Trusts, particularly in improving transactional processes. She further noted that additional national guidance on the use of AI within healthcare was anticipated.	
14/26	**Date and Time of Next Meeting** *Governors Pre-Meet* 2 September 2026, 13:30-14:15, Upper Ground Conference Room, Stopford House, Stockport *Council of Governors* 2 September 2026, 14:30-17:00, Upper Ground Conference Room, Stopford House, Stockport	

Motion for private session

The Chair moved, and it was Resolved, that members of the public be excluded from the consideration of the remaining items on the agenda, which related to individuals employed by the Trust and should properly be considered in private.

NHS
South East Sector
Health Care Partnership

Councils of Governors in Common Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
01/26	17 June 2026	**03/26**	Minutes of Previous Meetings	Amend TG ICFT minutes (ref 06/26) to clarify reduction in patient falls resulting in harm. **Update:** Minutes amended.	Closed	Membership Governance Manager
02/26	17 June 2026	**09/26**	Membership Group Progress Report	Present a proposal to the Councils of Governors re: options for the SFT 2026 governor elections and suggestions for re-focusing the aims of the Membership Group. **Update July:** Proposals discussed at the CoG Development Session on 17 July 2026, outcome distributed to governors via email and presented as agenda item 9.	On agenda	Director of Corporate Governance
	15 July 2026 (Joint Informal CoG and NEDs meeting)		Stockport Hydrotherapy Pool Closure	Further information requested regarding closure of the hydrotherapy pool (SFT). **Update August:** We have a dedicated page on the Trust website including frequently asked questions residents are likely to have. Webpage link provided for more information.	Closed	Chief Executive
	15 July 2026 (Joint Informal CoG and NEDs meeting)		Outpatient Services in Buxton	Further information requested regarding changes to outpatient services in Buxton. **Update August:** Work to understand the impact of the proposed permanent changes to outpatient services in Buxton is ongoing. We continue to work closely with NHS Derby and Derbyshire Integrated Care Board and NHS England. Our priority is patient safety and sustainability of services. Due to staffing challenges at Derbyshire Community Health	Closed	Chief Executive

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
				Services, we have had to temporarily relocated some appointments to Stepping Hill Hospital in Stockport to ensure safe delivery of these services.		

On agenda
Not due
Overdue
Closed

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

NHS
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Health Care Partnership

Agenda Item: 6

Report Title:	Joint Chair's Report
Presented to:	Council of Governors (In Common)
Date:	02/09/2026
Report Author:	David Wakefield, Joint Chair

Report Type:		
☒	**Joint Report**	This report provides an integrated overview across both Trusts.
☐	**Joint Summary with separate Trust Report**	The Executive Summary provides an overview for both Trusts, followed by a separate report for each Trust.
☐	**Separate Trust Report**	This report focuses on: ☐ Stockport NHS FT ☐ Tameside & Glossop Integrated Care NHS FT

Report for:		
☐ **Approval**	☒ **Assurance**	☐ **Discussion**
Recommendation(s):		
The SFT Council of Governors and the TG ICFT Council of Governors are asked to review the Joint Chair's Report and seek any clarification required.		

Link to Corporate Objectives:	
☒	Deliver personalised, safe and caring services
☒	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 our resources efficiently and effectively
☒	Develop our estate and digital infrastructure to meet service and user needs

Link to CQC KLOEs:			
☐	Safe	☐	Effective
☐	Caring	☐	Responsive
☒	Well-Led	☐	Use of Resources

Where issues are addressed in the report:	**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 report highlights key matters for the attention of the Council of Governors, covering national, regional and Trust matters.

1. Council of Governors in Common Changes

For TG ICFT Council of Governors, we welcome two new public governors: Annette Catterall (Ashton-under-Lyne) and John Ward (Stalybridge & Hyde). Howard Austin, has also been elected as the Rest of England & Wales constituency so now holds a dual role, also representing SFT's Tame Valley & Werneth constituency. We are looking forward to working with you all.

At the same time, a number of governors have come to the end of their tenures, Nigel Lenegan (Stalybridge & Hyde), Richard Umpleby (Stalybridge & Hyde), Champak Mistry (Ashton-under-Lyne) and Raja Swaminathan (Staff – Clinical). We thank all four for their contributions.

SFT public governor Peter Chadbourne (Marple & Hazel Grove) stepped down from his role in July. We thank him for his contribution to both the Council of Governors and Membership Group since his appointment in 2025.

Lastly, I would like to thank those Governors who attended the Governors' Development Session on 17 July focussed on the future of the council of governors. The session generated some valuable discussions around listening to the patient voice, recognising the many ways in which this is currently achieved and considering how this may evolve in the future. We had great discussion on how we can maintain an effective and functioning Councils of Governors while recognising the uncertainty and practical implications associated with the proposed disbanding of the governor and membership model, currently anticipated for March 2027. I feel we reached a sensible and pragmatic consensus on the way forward. These discussions, together with the decisions required, are addressed further under Agenda Item 11.

2. TG ICFT Nominations Committee Membership

In light of the term of office for one member of the TG ICFT Nominations Committee (Raja Swaminathan, Staff Governor) ending in June 2026, TG ICFT governors interested in becoming a member of the Committee were asked to submit self-nominations to the Membership Governance Manager by 5 July 2026.

One nomination was received from Howard Austin (currently also a member of the SFT Nominations Committee), who was appointed as member of the TG ICFT Nominations Committee for a 3-year term from 6 July 2026.

3. The NHS Modernisation Bill (Health Bill) 2026-27

The NHS Modernisation Bill (Health Bill) 2026-27 continued its passage through Parliament and has now completed Committee Stage scrutiny in the House of Commons. The Bill received its Third Reading in August before progressing to the House of Lords for further consideration. Subject to Parliamentary approval, it is anticipated that the legislation will complete its passage and receive Royal Assent by 31 March 2027.

Its central measure is the abolition of NHS England (NHSE) and the transfer of its functions to the Department of Health and Social Care, Integrated Care Boards and the Secretary of State. It would also introduce a Single Patient Record to improve information sharing across health services, alongside changes to patient safety and public involvement arrangements, including the abolition of Healthwatch and changes to existing patient safety bodies. Furthermore, as previously

mentioned, the Bill includes the removal of Foundation Trust membership and Council of Governors, alongside introduction of Advanced Foundation Trust status.

I attended an NHS Alliance meeting for Foundation Trust Chief Executive and Non-Executive Directors on 11 August, where the intention was to discuss what effective local engagement and accountability might look like, in order to share views with NHS England and inform future guidance. My understanding is that further guidance is expected by October/November. As a result, we will stand down the scheduled governor development session on 16 September until we receive further information.

The Councils of Governors and Board will continue to receive any updates as the legislation progresses.

4. NHS England Correspondence

Over recent weeks, I (and Executive Directors) have received several communications from NHSE regarding national priorities and areas where enhanced Board and Executive oversight is expected. These communications have covered a range of issues, including maternity services, mortuary services, patient experience standards for planned care, quality, cyber security, access to patient information, staffing standards, leadership and management development, winter planning, and other areas requiring organisational assurance and governance. The expectations associated with these communications vary, both in terms of timescales and the nature of the assurance required. In some cases, NHSE has requested explicit board assurance statements, while in others the focus is on ensuring that local strategies, governance arrangements and improvement plans are appropriately aligned with national requirements and expectations.

The Joint Board has endorsed an approach whereby oversight is delegated to the relevant Joint Board Committee to support effective scrutiny, assurance and monitoring. Where issues are primarily operational in nature, the relevant Committee may determine that oversight is best exercised through existing management structures, with escalation and reporting to the Board Committee and Joint Board as necessary.

5. North West System Strategic Priorities

Karen and I attended the North West System Leaders Meeting on 2 July, where discussions reinforced national expectations around the delivery of medium-term plans and the development of detailed delivery plans to support the next phase of NHS transformation. Particular emphasis was placed on accelerating progress against the three strategic shifts set out in the NHS 10 Year Health Plan: moving care closer to home through neighbourhood health models, harnessing the opportunities presented by digital transformation, and strengthening prevention and early intervention. There was also a continued focus on transforming outpatient services, urgent and emergency care, and mental health services to improve access, outcomes and productivity.

Across both organisations, work is continuing to support these priorities through exploration of collaborative service redesign, digital innovation and further partnership working across our local health and care systems. The further development of robust delivery plans over the coming months will be critical to we are well positioned to deliver these ambitions and demonstrate measurable progress against national expectations.

6. Trust Activities

Since the last Council of Governors meeting, I have continued my programme of national, system and local engagement across both organisations. At a system level, I attended the Greater Manchester (GM) Trust Chairs meeting, providing an opportunity to discuss key priorities and challenges across the region and support ongoing collaboration across the GM system.

Alongside the Chief Executive, I visited Team Up Derbyshire, based at Cavendish Hospital in Buxton, to observe their neighbourhood hub arrangements and learn more about their approach to community-based service delivery.

At the end of July I also visited the Hospital at Home Service, in Crickets Lane Health Centre, Ashton Under Lyne. The service is designed to provide care at home as an alternative to hospital admission and also to support earlier discharges. During my visit, facilitated by Paula Bell, Matron for the service, I spoke with every department, met individual team members and saw how effective and professional the service is. I was impressed by the collegiate team working on display, the passion for finding the right solutions for patients and with their commitment to doing everything possible to deliver care in the patients' home. Their partnership with social care was a model for the future development of neighbourhood working and I was really encouraged by the results they deliver daily. I was struck by how their success often goes unnoticed and I intend for the Board to have greater visibility of services delivered in the community in future.

Across TG ICFT, I participated in a walkaround of the Antenatal Clinic and Women's Health Unit and visited a number of clinical areas including the Emergency Department (ED), Ward 41, Discharge Lounge, Fracture Clinic, Children's Outpatients, Orthopaedic Unit, Acute Cardiology and the Acute Medical Unit. At SFT, I visited the ED, Acute Frailty Unit, Audiology, and Wards A3, B3, C3 and B4. I remain grateful to colleagues across both organisations for the openness and professionalism demonstrated during these visits, especially during the exceptionally hot weather.

STOCKPORT
LIVE WELL

Happy healthy lives for everyone

Stockport Foundation Trust Governors

Chris McLoughlin – Executive Director People and Neighbourhoods
Philippa Johnson - Deputy Place Lead Stockport

Wednesday 2nd September 2026

STOCKPORT LIVE WELL

Working with communities
We work with communities – enabling and empowering community led action to reduce health inequalities.

One Team
Collaborating as one team with communities and colleagues in neighbourhoods.

Neighbourhood approach
Responding to the needs and priorities of each neighbourhood based on data, insight and intelligence.

Relentless prevention
Prevention flows through everything we do. Live Well offers ensure people can live well independently.

ONE STOCKPORT

Delivered through One Stockport ways of working: shared values and culture; community insight and collaboration, neighbourhood data and intelligence.

Working as part of the Greater Manchester Family

We are proud of the work we do with GM neighbours to lead the way nationally on public service reform, regeneration and devolution.

We are one of four GM authorities leading the **Prevention Demonstrator Programme – with one clear proposition;**

"Can integrated, place-based prevention reduce escalation and create a better use of public money, enabled by deeper devolution? "

Stockport Live Well is how we will deliver this; building on strong foundations for neighbourhood working and fully complements our **shared GM Live Well** ambitions

Stockport at a glance

The economy of Stockport is one of the fastest growing in the North West

Overall unemployment levels are low but are higher for under 25 year olds

52.3% of Stockport is green space but this varies across our Neighbourhoods

House prices are above the North - West average

High Urgent and Emergency Care use with rising demand across most conditions

Most deprived LSOA in GM. Life expectancy differences are linked to deprived areas

-8.5 years -8.8 years

Our population is ageing with a higher proportion of residents over 65 than GM

19% 0-15 years old

60.9% 16-64 years old

20.1% 65+ years old

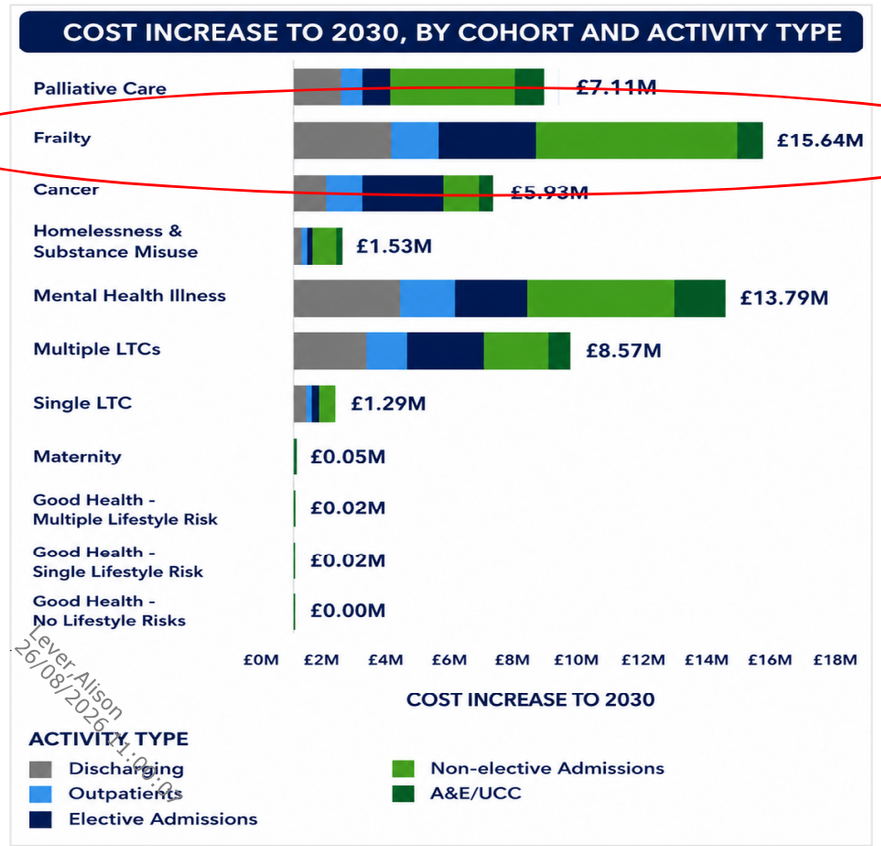
We are becoming more diverse, with 16.6% of residents from non-white British ethnicities

Many children achieve well in school but there are gaps in educational attainment for the most disadvantaged

Mental Health is a major factor in urgent and emergency care. 30% of attendances and admissions involve patients with depression

Stockport Population Profile: Costs and Core20

As recognised by the ***Casey Commission***, longer lives are a success story, but demographic change is also driving increasing frailty and complexity of need, creating growing pressures across the health and care system



£45.1m
Frailty, Mental Health Illness, Multiple LTCs, and Palliative Care account for approximately **£45.1m** of total expenditure.

NEL
Non-elective admissions (**NEL**) is the **dominant cost driver** across all four cohorts.

1. FRAILTY £15.6m

2. MENTAL HEALTH ILLNESS £13.8m

3. MULTIPLE LTCS £8.6m

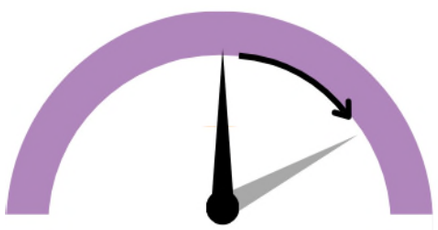
4. PALLIATIVE CARE £7.1m

CORE20 – PATIENTS LIVING IN THE 20% MOST DEPRIVED AREAS

AREA	NUMBER	% OF CORE20	% BAR
Tame Valley	26,391	45.25%	45.25%
Heatons	13,258	11.77%	11.77%
Victoria	10,840	7.36%	7.36%
Bramhall & Cheadle Hulme	3,941	6.73%	6.73%
Stockport East & South	3,479	5.86%	5.86%
Cheadle	2,271	6.47%	6.47%

Demand and Impact – shifting the dial left through neighbourhoods

Great neighbourhoods where people can live well

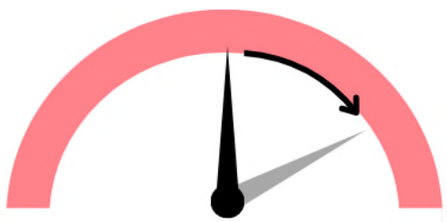


Neighbourhoods where people feel safe, connected and able to live well. Access to parks and open spaces with accessible transport connections

Residents are more financially resilient

Stable careers and a growing Stockport economy build residents' financial resilience.

More children in stable, loving homes

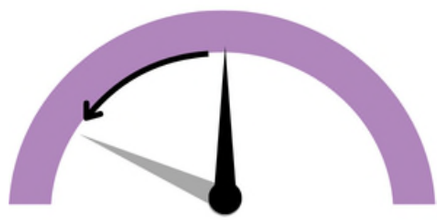


Children and young people are happy, healthy and supported by family networks in their neighbourhoods.

More people living independently close to home

Care is delivered close to home, preventing or delaying long-term care and keeping support community-based.

Reducing avoidable acute demand



Improve outcomes, experience and equity through proactive, person-centred neighbourhood care.

Shift from reactive, crisis-led services to preventative, place-based, community-led support — targeting demand, cost and resources where they improve outcomes most.

GM Neighbourhood Health Delivery Model

Our Delivery Model

We will deliver the ambition of the National Neighbourhood Health Framework and go further through Live Well – bringing together a single neighbourhood approach that combines health and care integration, proactive care, prevention, public service reform and community connection

Our approach will be to build from our strong foundations but to go much further and faster - backed by the publication of the National Neighbourhood Health Framework and developing our distributed leadership model to strengthen accountability for delivery

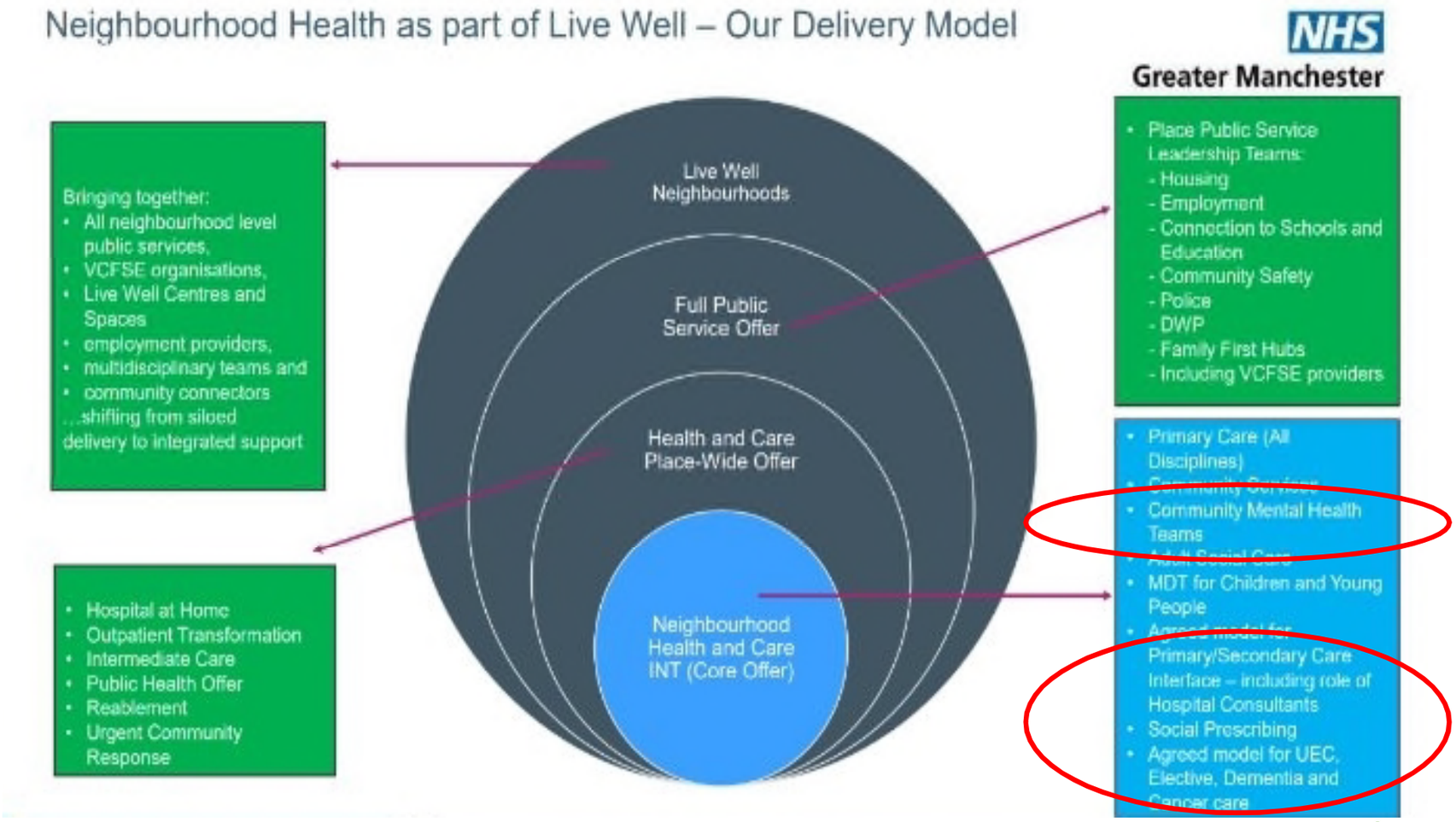
GM Strategic Commissioning Framework: INTs delivering neighbourhood health and care

GM Strategic Commissioning Framework

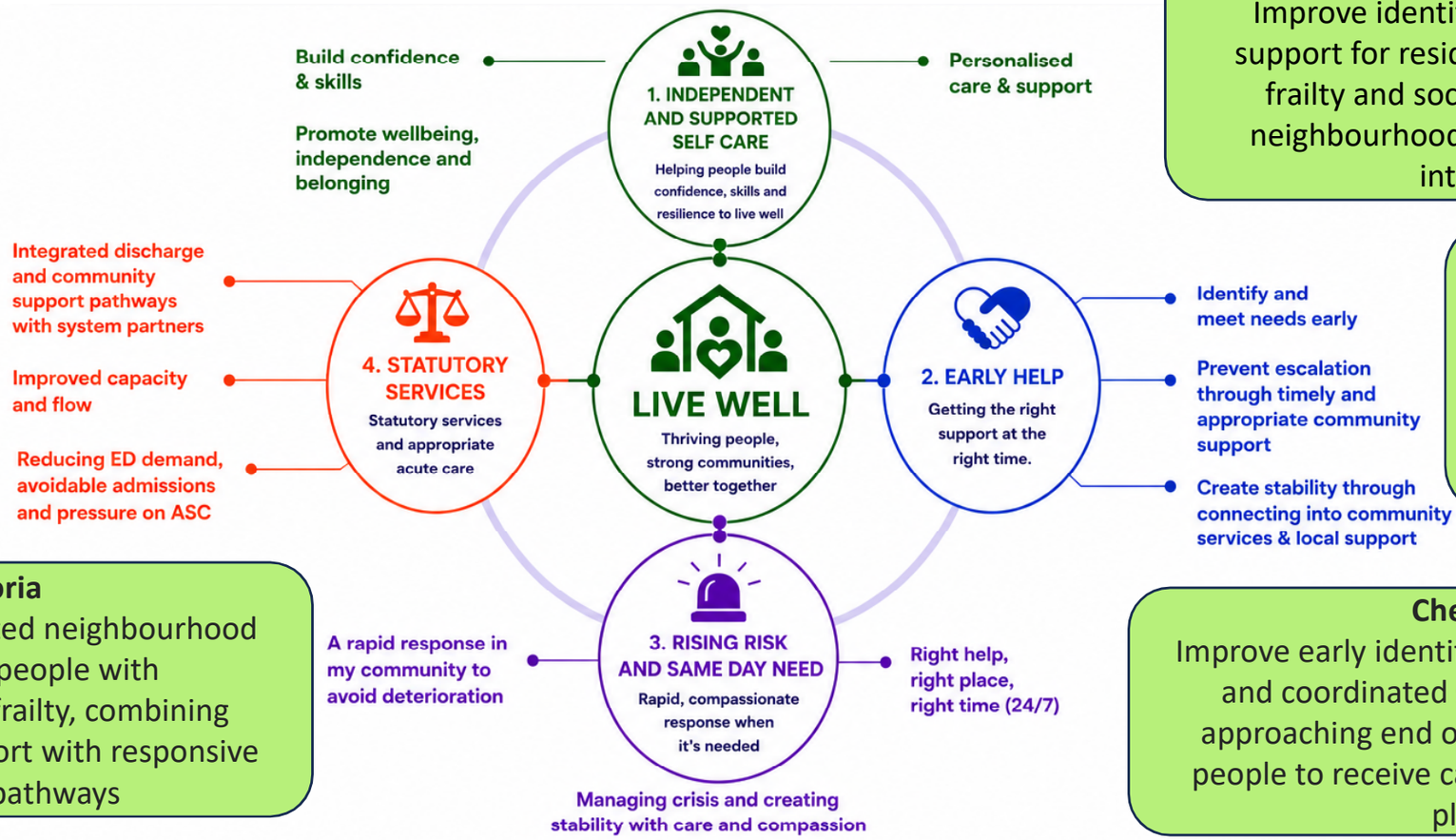
…place as driving the delivery of integrated models of care

…GM-wide soft launch of ***Integrated Neighbourhood Teams in all 10 places from the start of Q3*** *(Aug/Sept)*

…rebalancing our health and care system to a more preventative, proactive model – improving population health, meeting need in a different way, ***reducing costs and slowing the rate of demand on acute services***



Neighbourhood Health and Care: Stockport NNHIP and emerging INTs



Bramhall & Cheadle Hulme
Improve identification and proactive support for residents experiencing pre-frailty and social isolation, through neighbourhood prevention and early intervention

Stockport East & South
Develop a proactive neighbourhood approach to pre-frailty and falls prevention, identifying people earlier and supporting them to age well before deterioration

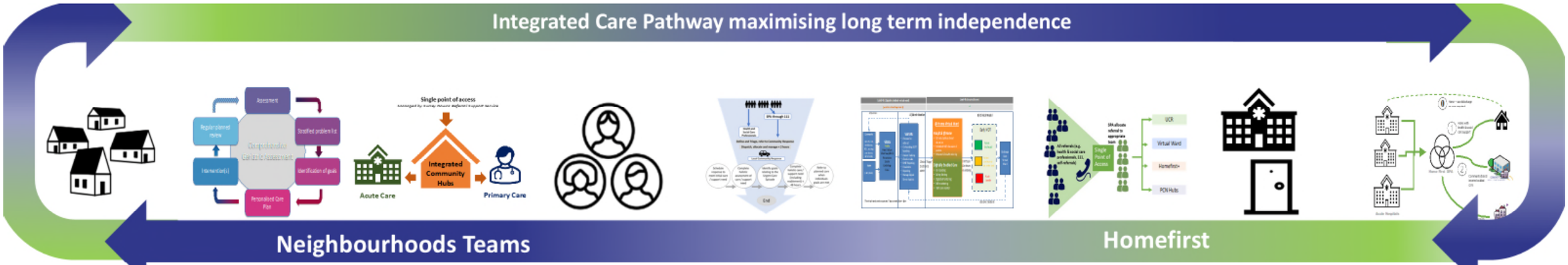
Victoria
Develop a coordinated neighbourhood response for people with moderate/severe frailty, combining proactive MDT support with responsive and crisis pathways

Cheadle
Improve early identification, care planning and coordinated support for people approaching end of life, enabling more people to receive care in their preferred place

Heatons
Reduce falls and avoidable hospital conveyances through prevention, proactive care home support and stronger community falls prevention

Tame Valley
Improve early identification, diagnosis, care planning and coordinated support for people living with dementia, including stronger community and crisis support

Neighbourhood health and care: An acute perspective



Neighbourhood Boards	Pro-active care	Long Term Condition Planned care	Same Day Urgent Care	Urgent Community Response	Virtual Wards	Single Point of Access	Urgent Care Front Door	Homefirst
Local teams, residents and VCSEs co-design services, tackle inequalities, and build community wellbeing.	Population health data identifies risk early; MDTs deliver tailored support to keep people well at home.	Integrated pathways for LTCs ensure care is continuous, personalised, and close to home.	Primary care clinics offer rapid assessment and response, avoiding unnecessary A&E attendance.	Integrated Two-hour crisis support at home for people at risk of admission, stabilising and planning next steps.	Hospital-level care delivered at home, reducing acute stays and improving patient experience.	One central hub coordinates referrals, directing people to the right urgent care service first time.	ED-based triage and redirection to community care, easing hospital pressure and improving flow.	Safe, supported discharge with ongoing assessment and care in the person's own home.

Integrated Care Pathway maximising long term independence

Next phase of neighbourhood health and care: Scaling INTs for Impact

A 90-minute engagement session was held with SFT and NNHIP/ICB colleagues to take stock, identify opportunities and barriers, and agree priorities for the next phase of neighbourhood working in Stockport, aligned to both the national and GM expectations and direction of travel.

EMERGING THEMES
Stockport has the right building blocks, but not yet fully operating as a coordinated system.
Frailty should be the organising focus, bringing together prevention, proactive care, urgent response, dementia, falls and end-of-life care.
We need to move beyond small pilots and implement proven approaches at scale.
The greatest immediate opportunity is admission avoidance at the hospital front door, with acute, primary, community and social care working as one team.
Integrated Neighbourhood Teams and Area Leadership Teams need clearer purpose, authority, accountability and shared ownership.
Duplication across assessments, care plans, referrals and handovers is creating unnecessary work and a poorer resident experience.
Strong clinical leadership, shared governance, aligned resources and better use of data will be critical to delivery.

STOCKPORT
LIVE WELL

Happy healthy lives for everyone

Stockport Foundation Trust Governors

Chris McLoughlin – Executive Director People and Neighbourhoods
Philippa Johnson - Deputy Place Lead Stockport

Wednesday 2nd September 2026

NHS
South East Sector
Health Care Partnership

Agenda Item: 8

Report Title:	Non-Executive Directors Report – including highlights from Board Committees
Presented to:	Council of Governors (In Common)
Date:	02/09/2026
Report Author:	Alison Lever, Membership Governance Manager

Report Type:		
☒	**Joint Report**	This report provides an integrated overview across both Trusts.
☐	**Joint Summary with separate Trust Report**	The Executive Summary provides an overview for both Trusts, followed by a separate report for each Trust.
☐	**Separate Trust Report**	This report focuses on: ☐ Stockport NHS FT ☐ Tameside & Glossop Integrated Care NHS FT

Report for:		
☐ **Approval**	☒ **Assurance**	☐ **Discussion**
Recommendation(s):		
The SFT Council of Governors and the TG ICFT Council of Governors are asked to review the Non-Executive Directors Reports and request any further clarification.		

Link to Corporate Objectives:	
☒	Deliver personalised, safe and caring services
☒	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 our resources efficiently and effectively
☒	Develop our estate and digital infrastructure to meet service and user needs

Link to CQC KLOEs:			
☒	Safe	☒	Effective
☒	Caring	☒	Responsive
☒	Well-Led	☒	Use of Resources
Where issues are addressed in the report:		**Section of paper where covered**	
Equality, diversity and inclusion impacts			

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

Executive Summary

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 and 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, Advise, Assure Reports were provided in June/July:

- Joint Quality Committee, 16 June and 21 July
- Joint Finance & Performance Committee, 18 June and 23 July
- Joint People Committee, 23 July
- SFT Audit Committee, 14 July
- TG ICFT Audit Committee, 16 July
- Charitable Funds Committee in Common, 16 July

There were no meetings in August.

To support governors in undertaking its duty to ‘hold to account’, governors are invited to consider the key issues reports from the Board Committees, as reported to the Joint Board, and raise any queries with the Non-Executive Directors.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Joint Quality Committee
Chair of Committee/Group	Dr Louise Sell, Non-Executive Director
Date of Meeting	16 June 2026 and 21 July 2026
Quorate	Yes
The Joint Quality Committee draw the following key issues and matters to the Joint Board's attention:	

Agenda	In June 2026, the Committee considered an agenda which included the following: • Patient Story • Paediatric ADHD Services – Response from Joint Finance & Performance Committee • CQC Report • Mental Health Plan • Review of Controls Relating to Consent and Capacity Assessments • Clinical Audit Forward Programme 2026/27 - SFT & TG ICFT • Infection Prevention Control Annual Report • Annual Complaints Report • Annual Health & Safety Report • Joint Patient Safety, Quality & Experience Group AAA Report • SFT Clinical Effectiveness Group AAA Report • TG ICFT Clinical Effectiveness Group AAA Report • Joint Quality Committee Work Plan & Attendance In July 2026, the Committee considered an agenda which included the following: • Patient Story • Briefing on Recent Maternity Reports • NHSE Request for Assurance on Mortuary Services • Board Assurance Framework 2026/27: Draft Principal Risks • Quality Dashboard • Maternity Services Report (SFT and TG ICFT) • Learning from Deaths Report – Q4 • StARS / TAG StARS Report – Q1 • Research & Innovation Report • Clinical Audit Annual Report • Annual Safeguarding Report (SFT and TG ICFT) • Joint Patient Safety, Quality & Experience Group AAA Report • SFT Clinical Effectiveness Group AAA Report • TG ICFT Clinical Effectiveness Group AAA Report • Joint Quality Committee Work Plan & Attendance
Alert	The Committee has no matters to alert to the Board.
Advise	The Committee/Group wishes to advise that: June

	• CQC Report – the committee were assured that engagement is good, despite frequent personnel change at the CQC. No unresolved enquiries were highlighted. Given the level of activity the committee requested an update at six months and requested that future reports also cover Well-Led preparedness. • Mental Health Plan – the committee welcomed the ambition of this draft report and its alignment with the long term plan. It requested further updates to cover a gap analysis and strategic partners' alignment with the plan • Infection Prevention Control Annual Report - the committee received the reports and approved them for publication, noting strong performance at SFT for rates of Clostridium Difficile with learning and expertise shared with TGICFT. Both trusts continue to face a challenging environment in which to eliminate healthcare associated infections and the committee has requested more scrutiny and learning from areas where the physical environment is conducive to good performance. • Annual Complaints Report – the committee received the reports and approved them for publication, with an amendment to the introduction regarding governance arrangements. The committee noted with concern the increasing volume of complaints, the high rate of partially upheld complaints and the persistent theme of poor communication and will continue to monitor these areas. • Work plan – Cognisant of the ongoing work to identify CIPs the committee requested an update by exception at the next meeting to provide a briefing on any risks associated with schemes approved. This is ahead of the planned quarterly review in September. In July the committee was given assurance through the Joint Patient Safety, Quality & Experience Group AAA Report that no high risk schemes have been approved to date. July • Briefing on Recent Maternity Reports – the committee received this briefing and approved reporting of the 10 point plan in bimonthly maternity updates • NHSE Request for Assurance on Mortuary Services – the committee received further assurance regarding our work to date and requested an updated representation of the position prior to submission to NHSE. • Quality Dashboard – the committee received reassurance that the dashboard will be fully populated for both Trusts at the next meeting, and will contain proposals for key mental health quality metrics. • Quality Dashboard – sepsis antibiotic administration - the committee requested an update on the analysis of workforce options to address sepsis antibiotic adminstration, and ongoing scrutiny of the outcome in cases where administration was delayed. • Quality Dashboard – the committee noted positive performance on infection prevention and control at SFT and deterioration at TGICFT. • Quality Dashboard – the committee discussed a never event at SFT and received assurance that it didn't reflect lack of learning from previous events • Quality Dashboard – work continues to rectify the adverse position for duty of candour and response to national patient safety alerts at SFT. • Maternity Services Report (SFT and TG ICFT) - reporting compliant with NHSE Perinatal Quality Oversight model – the committee noted increasing focus on listening to patients, families and staff and noted the open culture within the divisions. JQC will undertake a review of the maternity reporting dashboard to support future reporting. • StARS / TAG StARS Report – Q1 – the process remains embedded and the

	committee received assurance about the actions taken to support and manage areas rated red. • Clinical Audit Annual Report – the committee noted the position at each Trust, with TGICFT reporting limited until the AMAT system implementation is complete. The committee approved onward distribution of the reports and requested a six month position update to close the gap of those audits for which the assurance level is not yet determined.
Assure (& Applaud)	The Committee/Group wishes to provide assurance that: June • Review of Controls Relating to Consent and Capacity Assessments – the committee was assured that the Trusts' have robust policies in place for consent and capacity assessment, which are subject to audit. It noted a proposal for consent training to become mandatory at TGICFT and planned improvement in essential MCA training compliance across both organisations. • Clinical Audit Forward Programme 2026/27 - SFT & TG ICFT – the committee noted the comprehensive audit plans which are compliant with national requirements (NCAPOP, NCEPOD, Quality Accounts) It heard that assessment of the relevance of nationally released audits is confirmed at the CEGs and none have been rejected this year. • Annual Health & Safety Report – the committee received the reports and approved them for publication, with assurance that appropriate governance, reporting and monitoring arrangements are in place. It noted the learning between Trusts with Health and Safety in Quality Assurance Rounds and an executive led group to reduce unwanted behaviours. July • Board Assurance Framework 2026/27: Draft Principal Risks – the committee agreed the draft risk scoring and requested inclusion of further detail underscoring positive assurance in the next iteration of the framework. • Learning from Deaths Report – Q4 – the committee received assurance that there are no trends of deaths within individual departments. Issues in care identified have informed educational activity for junior resident doctors. • Research & Innovation Report – the committee received this report and recommended approval by the Board • Annual Safeguarding Report (SFT and TG ICFT) – the committee received these reports and commended the work reflected in them.
Action for Board/Committee	The Committee requests the Board to approve the: - Infection Prevention Control Annual Report - Annual Complaints Report - Annual Health & Safety Report - Research & Innovation Report The Committee requests the People Committee to monitor the planned improvement in consent and capacity training. The Committee requests the Audit Committee to note the AAA which will be provided in respect of the Clinical Audit Annual Report
Report compiled by:	Dr Louise Sell, Non-Executive Director

Minutes available from:	Mrs Soile Curtis, Deputy Company Secretary

NHS
South East Sector
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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Joint Finance & Performance Committee
Chair of Committee/Group	Anthony Bell, Non-Executive Director
Date of Meeting	18 June and 23 July 2026
Quorate	Yes

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

Agenda	In June, the Committee considered an agenda which included the following:
	• Finance Report M2 including CIP Delivery
	• Performance Framework
	• Green Plan
	• Business Cases/Contracts
	  • Laundry and Linen Contract
	  • Contract Award for Microsoft licences
	  • Contract Award for Microsoft SQL licences
	• Winter Plan Debrief
	• Terms of Reference and Workplan for Joint Capital Management Group
	• Terms of Reference for Estates Strategy Steering Group
	• SFT Capital Programmes Management Group AAA Report / TG ICFT Capital Programmes Group AAA Report
	• SFT / TGICFT Digital & Informatics Group AAA Report
	• Estates Strategy Steering Group AAA Report
	
	In July, the Committee considered an agenda which included the following:
	• Finance Report M3
	• Productivity Report
	• SFT Pharmacy Shop Board
	• Operational Performance Reports
	• Annual Review of Treasury Management Procedures
	• Business Cases/Contracts
	  • Stamford Unit Lease
	  • SFT Hips and Knees Contract
	  • TGICFT Hips and Knees Contract
	• Winter Plan Debrief
	• Paediatric ADHD Update
	• BAF & Aligned Significant Risks Q1
	• Work Plan for Estates Strategy Steering Group
	• Joint Capital Management Group AAA Report

Alert	The Committee wishes to alert the Board to: • Continued significant risk to delivery of the 2026/27 financial plans across SFT and TGICFT due to the scale, phasing and deliverability of the Cost Improvement Programmes (CIP). Delivery remains on plan at this stage of the

	year, albeit with a substantial proportion of savings remaining backloaded, particularly at TGICFT, and limited quantified mitigations identified should planned savings not materialise. The Committee noted that further work is required to develop and quantify mitigations and requested that an update be presented to the September meeting. • Ongoing exposure relating to Deficit Support Funding (DSF). While both Trusts secured Q2 DSF, funding remains contingent upon continued progress against financial plans and operational expectations. Deterioration in performance could have a material impact on both revenue and cash positions. • Delivery of the national urgent and emergency care (UEC) standards, particularly the four-hour and twelve-hour performance measures, remain a significant challenge across both Trusts. High demand and patient flow constraints, including delays associated with patients who no longer meet criteria to reside, continue to affect performance and represent a significant risk to achievement of year-end targets.

Advise	The Committee wishes to advise that:
	• Financial performance remained on plan during the reporting period. Enhanced scrutiny continues in relation to CIP delivery, productivity improvement and the identification of recurrent savings opportunities to support delivery of the year-end financial position.
	
	• Demand continues to exceed planning assumptions in several operational areas, particularly elective services and diagnostics. The Committee noted ongoing actions to reduce waiting lists, improve patient flow and support delivery against national performance standards.
	
	• Progress continues towards greater alignment of reporting, performance monitoring and assurance arrangements across both Trusts in support of the wider joint working agenda.
	
	• The Committee reviewed and recommended the following contracts for Board approval:
	  • Laundry and Linen Contract
	  • Contract Award for Microsoft licences
	  • Stamford Unit Lease
	  • SFT Hips and Knees Contract
	  • TGICFT Hips and Knees Contract
	
	The Committee also received assurance that procurement teams across both organisations continue to align contract end dates and procurement activity to maximise opportunities for joint procurement, economies of scale and improved value for money.
	
	• In accordance with its delegated authority, the Committee approved the contract award for Microsoft SQL Licences.

Assure (& Applaud)	The Committee wishes to provide assurance that: • The Committee reviewed the Q1 Board Assurance Framework and received assurance that principal risks assigned to the Finance & Performance Committee continue to be monitored through established governance arrangements, with ongoing review of controls, assurances and mitigating actions. • Strong controls over temporary staffing expenditure continue across both organisations, supported by ongoing management of agency and bank spend. • The Committee received assurance that lessons identified from the 2025/26 winter period are informing planning for winter 2026/27 and that preparations are already underway across both Trusts and system partners. • Positive progress continues against sustainability and Green Plan objectives, including delivery of decarbonisation initiatives and environmental improvement programmes across SFT and TGICFT.
Action for Board/Committee	The Committee requests the Joint Board to approve the: • Laundry and Linen Contract • Contract Award for Microsoft licences • Stamford Unit Lease • SFT Hips and Knees Contract • TGICFT Hips and Knees Contract
Report compiled by:	**Anthony Bell, Non-Executive Director**
Minutes available from:	**Nonye Izu-Obi, Deputy Trust Secretary**

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Joint People Committee
Chair of Committee/Group	Michael Forrest, Deputy Chair / Non-Executive Director
Date of Meeting	23 July 2026
Quorate	Yes
The Joint People Committee draw the following key issues and matters to the Joint Board's attention:	

Agenda	The Committee considered an agenda which included the following: • NHS Standards and Leadership & Management Framework • People Dashboard • Gender Pay Gap Report • Bi-Annual Nursing Establishments • People & Organisational Development Plan • Lord Mann Review • Fit & Proper Person Internal Audit Follow Up • Advancing Levels of Attainment E-Rostering and Job Planning • National Band 5 Nursing Job Profile Review • Board Assurance Framework and Aligned Significant Risks • Stockport NHS Foundation Trust (SFT) Educational Governance Group Alert, Advise & Assure (AAA) Report • Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Educational Governance Group AAA Report • Joint Health & Wellbeing Group AAA Report • Joint Equality, Diversity & Inclusion Group AAA Report • Joint People Committee Work Plan and Attendance
Alert	No matters from this meeting to alert to the Joint Board.
Advise	The Joint People Committee will continue to seek assurance in areas below trajectory, including: – **Mandatory training – TG ICFT**. While improvement was acknowledged, performance remains below the 95% target (94.7%). The Committee reaffirmed continued focus on mandatory training compliance across both Trusts, particularly in relation to safeguarding, resuscitation and infection & prevention control training. – **Temporary staffing measures and price-cap compliance – SFT and TG ICFT**. Medical agency price-cap compliance remains below the 30% in both organisations (SFT 14.19%; TG ICFT 1.99%), reflecting ongoing recruitment challenges in senior medical specialties and the need to maintain safe staffing levels. Agenda for Change compliance is below the 90% target at TG ICFT (86.36%). – **Turnover – SFT and TG ICFT**. Performance has improved but remains above the 11% target in both organisations (SFT 11.7%; TG ICFT 11.32%), with

	continued pressures within healthcare support worker, administrative and selected clinical workforce groups. Workforce retention remains a principal strategic risk. – **Sickness absence – SFT and TG ICFT**. Sickness absence remains above target in both organisations (SFT 5.33% against target of 4.78%; TG ICFT 5.71% against target of 5.03%). At SFT the increase is primarily attributable to higher levels of short term absence, whereas TG ICFT has seen an increase in long term sickness absence. – **Appraisal compliance – SFT and TG ICFT**. Compliance remains below the 92% target (SFT 82.86%; TG ICFT 71.01%), requiring continued management focus and recovery action. The Committee received an update on the publication of the new NHS Staff Standards and Leadership & Management Framework and acknowledged that organisational performance against the standards would be incorporated into national oversight and assurance arrangements. The Committee agreed to defer consideration of the Bi-Annual Nursing Establishment Review to the September meeting to ensure sufficient scrutiny and discussion in the presence of the Chief Nurse, who was unable to attend the July meeting. The Committee received the Joint People & Organisational Development Plan which highlighted the progress delivered through the previous plan and sought endorsement of the updated Joint People & OD Plan 2026–2028 which provides an outcome-focused approach aligned to national priorities, including the NHS 10-Year Plan and the NHS People Promise. The Committee received a briefing on the Lord Mann Review, noting that the Committee will oversee implementation of the associated action plan, including strengthened anti-racism arrangements, enhanced accountability, staff support mechanisms and leadership development. The Committee reviewed and approved the people related principal risks to be presented as part of the Board Assurance Framework 2026/27 to the Joint Board in August 2026.
Assure (& Applaud)	The Committee received assurance that overall people performance across SFT and TG ICFT remains stable and generally well controlled. It was noted that 11 of 15 workforce indicators at SFT and 10 of 15 at TG ICFT were meeting target, with strong performance noted particularly in relation to recruitment timescales, establishment control and overall agency expenditure. The Committee received assurance that all actions arising from the Fit & Proper Person Internal Audits have been completed, including approval of the new Joint Fit & Proper Person Policy and strengthened governance controls across both Trusts. The Committee received assurance that the Trusts remain on track to meet the requirements of the National Band 5 Nursing Job Profile Review.

	The Committee received the Gender Pay Gap Report and approved it for publication on the government portal and the Trusts' websites. The Committee noted actions in place through the Joint Equality, Diversity & Inclusion (EDI) Strategy to address structural causes of the pay gap.
Action for Board/Committee	
Report compiled by:	**Michael Forrest, Deputy Chair / Non-Executive Director**
Minutes available from:	**Soile Curtis, Deputy Company Secretary**

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Jago, Non-Executive Director (Chair of Audit Committee)
Date of Meeting	14/07/2026
Quorate	Yes
The Audit Committee draw the following key issues and matters to the Trust Board of Directors' attention:	

Agenda	The Committee considered an agenda which included the following: • Internal Audit Progress Report • External Quality Assessment Results - MIAA Action Plan • Anti-Fraud Progress Report • Counter Fraud Functional Standard Return 2025/26 • Final 2025/26 Auditor's Annual Report • Process for the Escalation of Outstanding High-Risk Recommendations • Review of Waivers • Review of Losses and Compensation • Review of Breaches of Standing Financial Instructions • Risk Management Group Alert, Advise & Assure Report • Key Issues and Risks for the Board of Directors • Informal Review of Meeting Effectiveness • Audit Committee Work Plan & Attendance
Alert	The Committee were alerted to: • Outstanding audit recommendations remain a key Board assurance issue. The Committee noted that a number of recommendations remain outstanding, including 10 high-risk items. Members discussed the need for stronger escalation arrangements to support more timely closure of overdue actions. • The fraud report noted that there were 1,407 outstanding National Fraud Initiative (NFI) creditor matches to be resolved as part of the current year's exercise. The Committee requested clearer evidence/logging of Trust consideration and response to Fraud Prevention Notices, learning reports and quick guides. • The Risk Management Group update highlighted ongoing risks requiring Board awareness, including paediatric audiology, sustainability of the PICC line service, and IM&T data centre resilience at Aspen House.
Advise	The Committee wishes to advise that: • MIAA reported progress on reports. The Risk Management Core Controls received Substantial Assurance. Draft reports are in progress for Discharge

	Planning, Estates and Facilities – Procurement, and Data Security and Protection Toolkit (DSPT). • The External Quality Assessment action plan for MIAA was received. The Committee welcomed the Generally Conforming assessment and asked that, where appropriate, future audit reports identify value for money implications or monetary values to support triangulation with financial sustainability challenges. • The Counter Fraud Functional Standard Return was submitted ahead of the 31 May 2026 deadline and achieved an overall green rating, with one Amber component relating to the Fraud Risk Assessment. • The final 2025/26 Auditor's Annual Report was received for completeness as the public-facing report. Forvis Mazars confirmed that the audit opinion was issued on 25 June 2026 and the work programme will be updated to show consideration of the final report. • The Committee considered the proposed Policy for the Management Acceptance, Follow-up and Monitoring of Recommendations Arising from Formal Reports. Members supported the proposed framework subject to amendments to strengthen controls over revised implementation dates, clarify the escalation of persistent overdue recommendations and provide a mechanism to review the effectiveness of the arrangements following implementation. • Waivers increased to 53 in the six-month period, with £3.8m value. The Committee requested a three-year analysis of waiver volumes and categories, to be added to the action tracker rather than waiting for the next six-month report.
Assure (& Applaud)	The Committee wishes to provide assurance that: • The Committee received assurance from the Substantial Assurance Risk Management Core Controls review, noting good practice around risk management policy, committee oversight, risk registers and the Board Assurance Framework. Further assurance on detailed risk review timeliness will be strengthened in the 2026/27 audit approach. • The Committee received assurance that anti-fraud work is progressing, including the implementation of mandatory Anti-Fraud training and ongoing fraud awareness initiatives. Members noted that training compliance and delivery of the Counter Fraud work programme will continue to be monitored through established governance arrangements. • The Committee received assurance on losses and compensation processes, including strengthened controls over salary overpayments through divisional performance reviews, the Staffing Approval Group and the updated overpayment policy. • The Committee welcomed the transparency of the SFI breach report. No significant SFI breaches were identified in the period, and members commended the combination of challenge, support and training being provided by Finance and Procurement teams. A possible temporary increase in issues during new ledger implementation was noted as a managed risk. • The Committee also applauded MIAA's Investors in People Gold accreditation and thanked the Finance and external audit teams for achieving completion of the 2025/26 audit process.
Action for Board/Committee	The Committee requests that the Joint Board of Directors note the following:

	• Board to note the heightened focus on timely closure of audit recommendations and the Committee's expectation that the new recommendations policy will reduce the risk of long-standing overdue actions. • Audit Committee to receive in September: the deferred Consent Audit update and a further review of progress against long-standing audit recommendations and the recommendations escalation process. • Action tracker to include: waiver trend analysis over three years; formal logging/evidence of Trust actions on fraud prevention notices and learning reports; and progress on clearing NFI creditor matches. • The recommendation escalation policy to be updated to meet policy requirements, include approval of revised timescales, and include a six-month effectiveness checkpoint before Board ratification/finalisation as appropriate.
Report compiled by:	**Paul Sandiford, Chief Financial Accountant**
Minutes available from:	**Soile Curtis, Deputy Company Secretary**

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Jago, Non-Executive Director (Chair of Audit Committee)
Date of Meeting	16/07/2026
Quorate	Yes

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

Agenda	The Committee considered an agenda which included the following: • Risk Management Group Key Issues Report • Audit Recommendations Process • Internal Audit Recommendations Update • Internal Audit Progress & Follow Up Report • Internal Audit Service External Quality Assessment – Action Plan • Counter Fraud Progress Report • Review of Waivers and Breaches of Standing Financial Instructions • Review of Losses & Compensation
Alert	No matters from this meeting to alert to the Board of Directors.
Advise	The Committee wishes to advise that: • Following concerns previously raised regarding the number and age of outstanding Internal Audit recommendations, the Committee reviewed and approved the Policy for the Management Acceptance, Follow-up and Monitoring of Recommendations Arising from Formal Reports. The policy strengthens executive accountability and governance arrangements for the implementation, monitoring and closure of recommendations arising from formal reports. The Committee noted progress in reducing outstanding recommendations, with 14 recommendations closed since the previous update, and will receive a further update in September 2026 on the remaining historic recommendations. • Further work will be undertaken to strengthen pharmacy stock management arrangements and reduce avoidable losses, including the identification of opportunities for shared learning and alignment of pharmacy processes across TGICFT and SFT. • Ongoing work to align governance and risk management arrangements across both organisations, including the standardisation of risk management processes, methodologies and reporting to support greater consistency in the identification, assessment and oversight of organisational risks. • The Committee discussed a number of risks awaiting review and discussion took place on risk management training for colleagues. • The consent audit recommendations progress report was deferred to September.

	• With regards to Losses & Compensation report the People Committee would discuss the key issues surrounding an Employers Liability case.
Assure (& Applaud)	The Committee wishes to provide assurance that: • Positive assurance was received regarding the Trust's Counter Fraud arrangements. The Trust achieved an overall Green rating in the Counter Fraud Functional Standard return, all National Fraud Initiative creditor matches have been completed, and anti-fraud training compliance has increased to 65.7%. • The Committee received assurance that procurement governance and compliance with Standing Financial Instructions remain subject to effective oversight, with continued work underway to standardise good practice across both organisations. • Note MIAA achieved IIP Gold accreditation. • Strong performance on the NFI Payroll to Payroll matches and NFI Creditor matches.
Action for Board/Committee	The Committee requests that the Joint Board of Directors: • Ratify the Policy for the Management Acceptance, Follow-up and Monitoring of Recommendations Arising from Formal Reports.
Report compiled by:	**David Jago, Non-Executive Director**
Minutes available from:	**Nonye Izu-Obi, Deputy Trust Secretary**

NHS
South East Sector
Health Care Partnership

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Charitable Funds Committee in Common
Chair of Committee/Group	David Coorey, Non-Executive Director
Date of Meeting	16/07/2026
Quorate	Yes

The Charitable Funds Committee in Common draws the following key issues and matters to the Corporate Trustee's attention:

Agenda	The Committee considered an agenda which included the following: • Finance Performance Reports • Charity Strategy documents • New Charity Officer role • Funding Applications Requiring Approval
Alert	No matters from this meeting to alert to the Corporate Trustee.
Advise	The Committee wishes to advise that: • A first draft of both Trust Charity Strategies with aligned structures covering Market/Situational analysis and Objectives for 2026/2027 was reviewed by the Committee and approved. Next update will be presentation of full strategy including Strategy Implementation and Metrics will be reviewed by the Executive Team at the next meeting prior to passing to the Trust Boards for approval. • The recruitment of a shared Charity Officer position across both Trusts was approved for an initial 12-month period to cover maternity leave of the charity officer at Tameside. The position is forecasted to be cost neutral. • Investment Performance of invested funds will be benchmarked and presented at the next committee meeting.
Assure (& Applaud)	The Committee wishes to assure that: • Continuing progress is being made by the Charity Teams. • The Committee noted the positive financial position of the Charities as presented in the Finance Performance Reports, which provided clarity and assurance on current and projected funds. • Policies relating to charity income and expenditure, with supporting information for the use of charitable funds, will be presented to the Committee for review in November. • Charity governing documents will be aligned for both Trusts and formal legal review will be undertaken before both documents are presented to the Committee for review in November.
Action for Board/Committee	
Report compiled by:	David Coorey, Non-Executive Director, Chair of SFT and TG ICFT Charitable Funds Committee
Minutes available from:	Alison Lever, Membership Governance Manager

NHS
South East Sector
Health Care Partnership

Agenda Item: 9

Report Title:	Council of Governors Arrangements and Trust Constitution Revision
Presented to:	Council of Governors (In Common)
Date:	02/09/2026
Report Author:	Rebecca McCarthy, Director of Corporate Governance

Report Type:		
☒	**Joint Report**	This report provides an integrated overview across both Trusts.
☐	**Joint Summary with separate Trust Report**	The Executive Summary provides an overview for both Trusts, followed by a separate report for each Trust.
☐	**Separate Trust Report**	This report focuses on: ☐ Stockport NHS FT ☐ Tameside & Glossop Integrated Care NHS FT

Report for:		
☒ **Approval**	☐ **Assurance**	☐ **Discussion**

Recommendation(s):

The SFT Council of Governors is asked to:

- **Support the proposal to not to proceed with the scheduled SFT Governor elections in October 2026.**
- **Co-opt governors whose term of office concludes in October 2026, and who wish to continue.**
- **Approve the singular change to the Trust Constitution, prior to presentation to the Board of Directors: ~~Nine Governors~~ One third of Governors in post shall form a quorum.**
- **Support the pause of proactive membership engagement activity and the Membership Group**
- **Note that a working group will be established once further guidance and proposals are published by the Department of Health and Social Care and NHS England, to consider future arrangements for engagement.**

The TG ICFT Council of Governors is asked to:

- **Approve the singular change to the Trust Constitution, prior to presentation to the Board of Directors: ~~Nine Governors~~ One third of Governors in post shall form a quorum.**
- **Support the pause of proactive membership engagement activity and the Membership Group**
- **Note that a working group will be once further guidance and proposals are published by the Department of Health and Social Care and NHS England, to consider future arrangements for engagement.**

Link to Corporate Objectives:	
☐	Deliver personalised, safe and caring services
☐	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 our resources efficiently and effectively
☐	Develop our estate and digital infrastructure to meet service and user needs

Link to CQC KLOEs:			
☐	Safe	☐	Effective
☐	Caring	☒	Responsive
☒	Well-Led	☐	Use of Resources

Where issues are addressed in the report:	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 NHS Modernisation Bill (Health Bill) 2026-27 is expected to become law by 31 March 2027 and includes the proposed abolition of Foundation Trust membership and Councils of Governors. Until legislative changes take effect, both Trusts must continue to operate in accordance with their Constitutions and statutory responsibilities.

At a joint Governors' Development Session held on 17 July 2026, Governors considered how the Councils of Governors could continue to operate effectively and pragmatically during the transition period. Discussions focused on Council composition and elections, membership arrangements and the constitutional changes required to support continued effective governance.

For Stockport NHS Foundation Trust, Governors supported a proposal not to proceed with the scheduled Governor elections in October 2026, recognising the cost of running elections and the likelihood that newly elected Governors would serve for only a limited period. To maintain representation and continuity, it was proposed that Governors whose terms of office expire in October 2026 be invited to continue in a co-opted capacity, subject to their agreement. As co-opted Governors would not count towards quorum or hold voting rights, a consequential amendment to the Trust Constitution was supported to revise the quorum requirements for meetings of the Council of Governors, thereby ensuring the Council remains able to discharge its statutory responsibilities.

Furthermore, to support the continued operation of both Councils through to March 2027, it was proposed that the Constitutions of both Trusts are amended so that the quorum for meetings of the Council of Governors is defined as one-third of Governors in post.

Governors also considered the future of Foundation Trust membership arrangements. Given the anticipated abolition of the membership model, it was proposed that proactive membership recruitment and engagement activity, together with Membership Group meetings, are paused. Governors would continue to engage as normal with local communities through existing routes, and future arrangements for engagement would be developed once further guidance is issued by the Department of Health and Social Care and NHS England.

This report seeks approval of the proposed Council of Governors arrangements, constitutional amendments and membership proposals to ensure both Trusts remain compliant with their statutory obligations while adopting a proportionate and practical approach during the transition period.

1. Context: The NHS Modernisation Bill (Health Bill) 2026-27

1.1 The NHS Modernisation Bill (Health Bill) 2026-27 is expected to become law by 31 March 2027 and will abolish Foundation Trust membership and Councils of Governors. Until legislation changes, both Trusts must continue to operate fully in accordance with their Constitutions and statutory requirements.

1.2 At the Governors' Development Session on 17 July 2026, Governors considered how both Councils could continue to operate effectively and pragmatically during the transition period. This report presents the outcome of these considerations.

2. Council of Governors Composition and Elections

2.1 Tameside and Glossop Integrated Care NHS Foundation Trust (TG ICFT)

2.1.1 TG ICFT has an established composition of 19 Governors. At the time of reporting, 15 governor positions were filled, with 4 vacancies. The quorum for meetings is six Governors.

2.1.2 The next scheduled Governor elections are due to take place in June 2027, when seven Governor positions are due for election.

2.2 Stockport NHS Foundation Trust (SFT)

2.2.1 SFT has an established composition of 26 Governors. At the time of reporting, 19 Governor positions were filled**,** with 7 vacancies**.** The quorum for Council meetings is nine Governors.

2.2.2 The next scheduled Governor elections are due to take place in October 2026**,** when seven Governor positions are due for election.

2.2.3 Issue identified: If the next scheduled elections are not held, the number of Governors in post would reduce to 12, with 14 vacancies. Whilst meeting still be quorate, the reduction in governor numbers would make this challenging based on recent experience and it would affect representation across constituencies.

2.2.4 Agreed proposal:

- Do not to proceed with the scheduled SFT Governor elections in October 2026 as this would incur significant cost and could result in the appointment of several new governors who may serve for a short period.
- Co-opt Governors whose terms expire in October 2026, and who wish to continue, to help preserve representation across constituencies
- As co-opted Governors would not be eligible to count towards quorum, amend the Constitution to change the quorum for meetings of the Council of Governors to one third of governors in post to support the Council to conduct business.

3. Trust Constitution Amendment

3.1 Albeit no immediate issues were identified for TG ICFT, to support the continued operation of both Councils during the transition period, it was proposed that the Constitutions of both Trusts be amended.

3.2 The changes for approval would be as follows:

Trust Constitution	Section	Change
Stockport NHS Foundation Trust	Annex 8 – Standing Orders for the Council of Governors Item 4 - Meetings of the Council of Governors **(page 86)**	4.4.1 ~~Nine Governors~~ One third of Governors in post shall form a quorum.
Tameside & Glossop Integrated Care NHS Foundation Trust	Annex 8 – Standing Orders for the Council of Governors Item 4 - Meetings of the Council of Governors **(page 76)**	4.4.1 ~~Six Governors~~ One third of Governors in post shall form a quorum.

4. Co-Opted Governors

4.1 Subject to approval, SFT Governors whose terms of office expire in October 2026 will be formally invited to continue as co-opted Governors.

4.2 Co-opted governors would attend meetings and participate in discussions and the work of the Council as normal but would not hold voting rights or count towards quorum.

4.3 The SFT Governors who may be co-opted are as follows:

Name	Constituency	Indicated wish to continue as a co-opted governor
Paula Hancock	Staff	Yes
Callum Kidd	Rest of England & Wales	Yes
Victoria Macmillan	Heatons & Stockport West	Yes
David McAllister	Staff	tbc
Lesley Surman	High Peak	Yes
Steve Williams	Heatons & Stockport West	Yes

4.4 Further communications will be made with governors who have not yet confirmed their position before the end of their term, and the outcome communicated to governors.

5. Membership Recruitment & Engagement

5.1 Governors considered the continued value of investing resources in proactive membership recruitment and engagement activity given the anticipated abolition of Foundation Trust membership by March 2027. It was proposed that:

- Proactive membership activity is paused with immediate effect
- Membership Group meetings are paused
- Governors continue to engage as normal with local communities through their existing routes
- A working group is established once further guidance is issued by Department of Health & Social Care and NHS England regarding future engagement arrangements.

5.2 Annual Members' Meetings will continue as planned as these remain a statutory requirement.

NHS
South East Sector
Health Care Partnership

Agenda Item: 10

Report Title:	Tameside & Glossop Integrated Care NHS Foundation Trust Annual Report and Accounts 2025/26
Presented to:	Council of Governors (In Common)
Date:	02/09/2026
Presented by:	David Wakefield, Joint Chair
Previously considered by:	This matter has previously been considered by the TG ICFT Audit Committee and Board of Directors

Report Type:		
☐	**Joint Report**	This report provides an integrated overview across both Trusts.
☐	**Joint Summary with separate Trust Report**	The Executive Summary provides an overview for both Trusts, followed by a separate report for each Trust.
☒	**Separate Trust Report**	This report focuses on: ☐ Stockport NHS FT ☒ Tameside & Glossop Integrated Care NHS FT

Report for:			
☐ Approval	☐ Decision	☒ Assurance	☐ Discussion
Recommendation(s):			
The TG ICFT Council of Governors is asked to receive the TG ICFT Annual Report and Accounts 2025/26.			

Link to Corporate Objectives:	
☒	Deliver personalised, safe and caring services
☒	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 our resources efficiently and effectively
☒	Develop our estate and digital infrastructure to meet service and user needs

Link Board Assurance Framework Principal Risk/s:
This report links to the following Principal Risk/s: All

Link to CQC KLOEs:			
☐	Safe	☐	Effective
☐	Caring	☐	Responsive

☒	Well-Led	☐	Use of Resources

Where issues are addressed in the report:	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

Under the Health and Social Care Act 2006, NHS Foundation Trusts are required to publish an Annual Report and Annual Accounts to enable scrutiny of the Trust's activities and performance.

The Trust's Annual Report and Accounts for 2025/26 were prepared in accordance with NHS England reporting requirements and provide an overview of the Trust's operational, quality and financial performance, together with information on its workforce and governance arrangements. Both documents were subject to external audit, where required.

Following scrutiny and recommendation from Audit Committee, the Board of Directors approved the audited Annual Report and Accounts on 25 June 2026, confirming that they presented and fair and balanced view and provided the information necessary for patients, regulators and stakeholders to assess the Trust's performance.

The Annual Report and Accounts have since been submitted to NHS England and laid before Parliament. They are available on the Trust's website at:
https://www.tamesideandglossopicft.nhs.uk/about-us/annual-reports

In accordance with governors' statutory responsibilities, the Council of Governors is asked to receive the Trust's Annual Report and Annual Accounts for 2025/26, together with any report of the external auditor.

TG ICFT Annual Report 2025-26 Highlights

NHS South East Sector Health Care Partnership

- Formalised relationship between TG ICFT and SFT, establishing a Joint Board and governance structure and the creation of the South East Sector Healthcare Partnership.
- Placed 43rd out of 134 providers at the end of quarter 4 in the national NHS Oversight Framework and classed as ‘high performing’ for access to services and effectiveness and experience of care.
- Performance against the referral-to-treatment target the best of all non-specialist providers in the North West.
- Met all national targets on cancer waiting times.
- Performed well in diagnostics, placed in the top 5% of trusts nationally, exceeding target.
- Improved performance against emergency department four-hour standard to 69% in March 2026.

TG ICFT Annual Report 2025-26 Highlights

NHS South East Sector Health Care Partnership

- Falls showed a downward trend, with some fluctuations. Further improvements anticipated as part of the NHS England Enhanced Therapeutic Observations and Care (ETOC) programme.
- Overall number of pressure ulcers remained stable, with outcomes following clinical review improving.
- Opening of new £5.5m maternity theatre in July.
- Opening of new £1.5m MRI scanner suite in November.
- £1.8m upgrade of Women's Health Unit.
- Completion of new laboratory information management system for hospital pathology services.
- Awarded £14.4m to replace the heating system and reduce carbon emissions.

TG ICFT Annual Accounts 2025-26 Highlights

NHS
South East Sector
Health Care Partnership

- Achieved the financial plan, with a year-end surplus of £16k (before revaluations and impairments) supported by £31.8m of non-recurrent deficit funding and £12.9m of additional non-recurrent income.
- The external auditors reported an unqualified opinion on the Trust's annual accounts for 2025-26.

External audit: Presentation to the Annual Members Meeting

Tameside and Glossop Integrated Care NHS Foundation Trust 2025-26 External Audit key findings

2 September 2026

Purpose of the session

1 Overview of the role of External Audit

2 Summary highlights of work performed in 2025-26:

- ✓ Accounts audit
- ✓ Use of Resources, Value for Money arrangements

What is the role of External Audit?

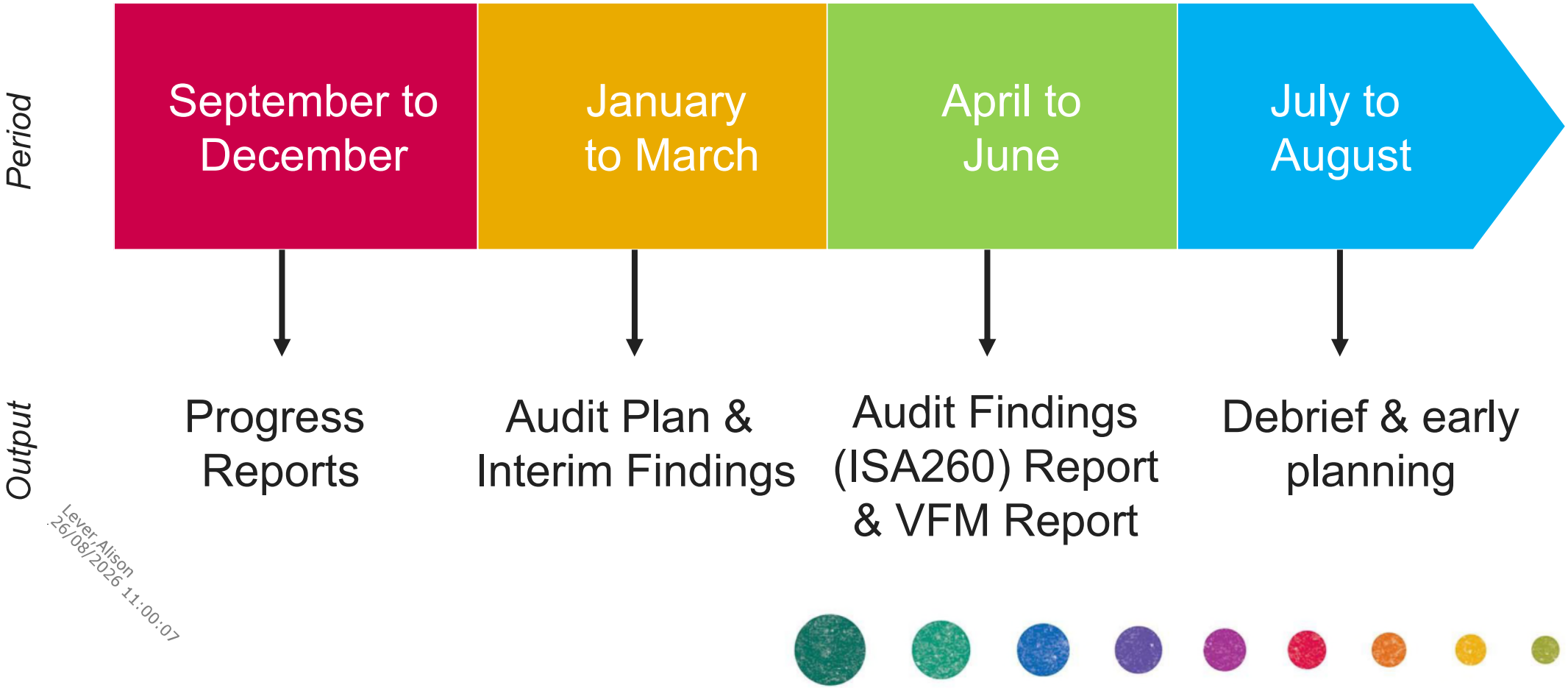
To provide independent assurance to the Council of Governors by:

- ✓ giving an opinion on the Trust's annual accounts
- ✓ 'true and fair' view of assets and liabilities at 31 March and financial performance in the year
- ✓ commentary on the Trust's arrangements for the use of resources

To consider the use of our special reporting powers if any issues of significant concern:

- ➢ referral to NHS England
- ➢ reports in the Public Interest

How do we perform our role?



Who considers our work?

Audit Committee

- ✓ considers our audit plan and reports
- ✓ considers our performance
- ✓ confirms our independence

Trust Board

- ✓ approves the audited accounts
- ✓ acts on audit recommendations
- ✓ considers non-audit work

Council of Governors

- ✓ appoints / removes external audit
- ✓ communication of significant issues
- ✓ approves non-audit work

NHSE

- ✓ receives our ISA260 report and opinion
- ✓ receives our report on VFM arrangements
- ✓ receives referrals and public interest reports

What were our key findings in 2025-26 – accounts?

- unqualified "clean" audit opinion issued by the statutory deadline
- working papers of a good standard, and good level of engagement from Foundation Trust colleagues throughout
- regular meetings held with the finance team during the audit
- no major weaknesses in financial systems
- **No audit adjustments** impacting on the Trust's reported outturn position or the primary statements – a good outcome for the Trust
- small number of presentational adjustments agreed – typical for an NHS audit of this size and timing

What were our key findings in 2025-26? – Value for Money

- review of the Trust's arrangements in 3 areas:
    1. Financial sustainability
    2. Governance
    3. Improving economy, efficiency and effectiveness – "the 3Es" (service delivery, performance and outcomes)
- for the second-year running, we reported no significant weaknesses in the Trust's arrangements – another good outcome for the Trust
- Three improvement recommendations were raised this year, which is in line with other provider trusts (2 x financial sustainability and 1 x governance)

Financial sustainability

- In 25-26, the Trust delivered its breakeven its breakeven plan (after £31.8m of deficit funding support)
- The Trust delivered its £25.3m of TEP savings (£17.1m in prior year) c6% of operating expenditure – a good achievement
- £16.2m was delivered recurrently – 64% (increase from 47% in the prior year)
- The Trust's Efficiency Programme target for 2026-27 is £20.6m, which represents 5.3% of operating expenditure. Of this target, £19.8m is targeted to be recurrent (96%)
- At the point of submission, £17.8m of the TEP was deemed an "opportunity" or "unidentified" (86%). This is a significant increase compared to the prior year (21%)
- The Trust has a good track record of delivering its TEP, however, it is noted that this is a highly challenging TEP target and that this is a key risk to delivery of the overall financial plan.

Financial sustainability (continued)

- Given the significant quantum of unidentified savings, the risk of under-delivery of the TEP in 2026-27 presents a material risk to the achievement of the Trust's overall financial plan.

- ***Improvement Rec 1:*** *The Trust should, as a matter of priority, identify additional savings schemes deliverable in the remainder of 2026-27 to address the current gap. This should include engagement with the Greater Manchester Integrated Care Partnership and wider stakeholders to drive progress where a system-level response is required. The Trust should also implement measures to mitigate the risk to delivery within its financial plan.*

- ***Improvement Rec 2:*** *The Trust should continue to engage with the system partners to agree a realistic and achievable trajectory toward a more sustainable position in the medium term, without the need for non-recurrent funding or cash support. Also update its financial sustainability plan and targets to reflect the consensus reached with the system on the extent to which it is expected to reduce its own deficit, versus those elements that are primarily within other organisations' control.*

Governance & 3Es:

- no significant weaknesses or key recommendations raised in these two themes
- one improvement recommendation raised in Governance:
  - Internal audit have raised a number of IT related recommendations over the last 2 years
  - Continued failure to address system weaknesses around security assurance, patching and computer capability and connectivity could leave the Trust vulnerable to more serious failings
  - ***Improvement Rec 3:*** *The Trust should address the long standing IT audit recommendations forthwith.*

Summary and Questions

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Council of Governors SFT & TG ICFT Corporate Calendar 2026/27

NHS
South East Sector
Health Care Partnership

	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Joint Board of Directors (observe via Teams)			4th 9.30-3.30 at SFT		6th 9.30-3.30 at T&G		1st 9.30-3.30 at SFT		3rd 9.30-3.30 at T&G		4th 9.30-3.30 at SFT	
Council of Governors in Common (in person only)			17th Pre-meet 2:00-3:00 Formal 3:00-5:30 George Hatton Room, Dukinfield Town Hall			2nd Pre-meet 1:30-2:30 Formal 2:30-5:00 Upper Ground Conference Room, Stopford House, Stockport			15th Pre-meet 1:30-2:30 Formal 2:30-5:00 Newton Suite, Hyde Town Hall			9th Pre-meet 1:30-2:30 Formal 2:30-5:00 Upper Ground Conference Room, Stopford House, Stockport
Joint Informal Council of Governors & Non-Executive Directors Meeting (Teams)	29th 10:00-11:00			15th 10:00-11:00			21st 10:00-11:00			27th 10:00-11:00		
Joint Chair & Lead Governors Meeting (Teams)		26th 1:00-2:00			4th 1:00-2:00			17th 1:00-2:00			9th 1:00-2:00	
Nominations Committees in Common (Teams)			2nd 10:00-11:00								16th 1:00-2:00	
Joint Membership Group (Teams)		18th 1:00-2:00						~~30th 1:00-2:00~~ (tbc)			~~22nd 1:00-2:00~~ (tbc)	
SFT Annual Members Meeting (in person)							1st 5.00-6.30 Pinewood Lecture Theatres, Stockport					
T&G Annual Members Meeting (in person)						24th 5.00-6.30 Werneth House Lecture Theatre, Tameside						

Joint Governor Training & Development (in person) *Including Trust forward plans and changes to governors*				17th The Future of the Council of Governors 9:30-12:00 Social 12:00-13:00 Room G38, Werneth House, Tameside		~~16th~~ ~~2:00-4:00~~ ~~Pinewood Lecture Theatres, Stockport (tbc)~~		18th 2:00-4:00 Werneth House Lecture Theatre, Tameside			17th 10:00-12:00 Pinewood Lecture Theatres, Stockport	

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

		10/06/2025	03/09/2025	11/12/2025	21/01/2026	17/03/2026	17/06/2026
Name	**Constituency**						
Muni Coverley	Ashton-Under-Lyne	✓	✓	Apologies	✓	✓	✓
Champak Mistry	Ashton-Under-Lyne	✓	✓	✓	Apologies	✓	Apologies
Mike Ramsden	Ashton-Under-Lyne	Apologies	Apologies	✓	✓	✓	✓
Nicola Bruce	Glossop	✓	✓	✓	✓	✓	✓
Lesley Surman	Glossop	✓	✓	✓			
Nigel Lenegan	Stalybridge & Hyde	✓	Apologies	Apologies	✓	Apologies	Apologies
William Moss	Stalybridge & Hyde	Apologies	Apologies	Apologies	Apologies	Apologies	✓
Neil Phillips	Stalybridge & Hyde	Apologies	Apologies	✓	✓	✓	Apologies
Richard Umpleby	Stalybridge & Hyde	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies
Noreen Shahzad	Staff - clinical	Apologies	Apologies	✓	Apologies	✓	Apologies
Raja Swaminathan	Staff - clinical	✓	Apologies	✓	✓	Apologies	Apologies
Myles Kitchiner	Staff - non clinical	Apologies	✓	Apologies			
Melanie Lamb	Staff - non clinical	✓	Apologies	✓	✓	Apologies	✓
Nicola Withington	Staff - non clinical	✓	✓	✓	Apologies	✓	✓
Linda Kent (Lead Governor)	Healthwatch Tameside	✓	✓	✓	✓	✓	✓
Anthony McKeown	High Peak Borough Council	Apologies	Apologies	✓	✓	Apologies	✓
Nicola Welland	Tameside College	Apologies	Apologies	✓	✓	Apologies	Apologies
Eleanor Wills	Tameside MBC	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies
Meeting quorate?		**Yes**	**No**	**Yes**	**Yes**	**Yes**	**Yes**

NHS
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		18/06/2025	10/09/2025	10/12/2025	21/01/2026	11/03/2026	17/06/2026
Name	**Constituency**						
Paula Hancock	Staff	✓	✓	✓	Apologies	✓	Apologies
David McAllister	Staff	Apologies	✓	✓	✓	Apologies	Apologies
Ruth Perez-Merino	Staff	Apologies	✓	✓			
Yogalingam Ganeshwaran	Staff	✓					
Dominic Hardwick	Bramhall & Cheadle			✓	Apologies	✓	✓
Keith Holloway	Bramhall & Cheadle			✓	✓	✓	✓
Adrian Nottingham	Bramhall & Cheadle	Apologies	Apologies				
Michelle Slater	Bramhall & Cheadle	✓	✓	✓	Apologies	✓	Apologies
Sarah Thompson	Bramhall & Cheadle	✓	✓	✓	✓	✓	✓
Howard Austin	Tame Valley & Werneth	✓	✓	✓	✓	✓	✓
Alexander Wood	Tame Valley & Werneth	✓	Apologies	✓	✓	✓	Apologies
Tad Kondratowicz	Heatons & Stockport West	✓	✓	✓	Apologies	✓	✓
Victoria MacMillan	Heatons & Stockport West	✓	Apologies	Apologies	Apologies	✓	Apologies
Chris Summerton	Heatons & Stockport West	✓	✓	✓			
Steve Williams	Heatons & Stockport West	✓	✓	✓	✓	✓	✓
Peter Chadbourne	Marple & Hazel Grove			✓	Apologies	✓	Apologies
Val Cottam	Marple & Hazel Grove	✓	✓	✓	✓	✓	Apologies
Richard King	Marple & Hazel Grove	✓	✓				
Tony Moore	Marple & Hazel Grove	✓	Apologies				
John Morris	Marple & Hazel Grove	Apologies	Apologies				
Mike Chantler	High Peak & Dales	✓	Apologies	✓	Apologies	Apologies	Apologies
Tony Gosling	High Peak & Dales	✓	✓	✓	✓	✓	Apologies
Lesley Surman	High Peak & Dales			Apologies	✓	✓	✓
Callum Kidd	Outer Region	✓	Apologies	Apologies	Apologies	Apologies	Apologies
Helen Foster-Grime	Stockport MBC		Apologies	Apologies	Apologies	Apologies	Apologies
Sue Alting	Age UK Stockport	Apologies	✓	✓	✓	✓	Apologies
David Kirk	Healthwatch Stockport	Apologies	✓	✓	✓	✓	
Meeting quorate?		**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**No**