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

Wed 17 June 2026, 15:00 - 17:15

George Hatton Room, Dukinfield Town Hall, King Street, Dukinfield, SK16 4LA

Agenda

15:00 - 15:00
0 min

1. Apologies for Absence

Information *David Wakefield*

15:00 - 15:00
0 min

2. Declaration of Interests

Information *David Wakefield*

15:00 - 15:05
5 min

3. Minutes of Previous Meetings

Decision *David Wakefield*

3.1. SFT - 11 March 2026

03.1 - Draft SFT Public CoG Meeting Minutes - 11 March 2026.pdf (6 pages)

3.2. TG ICFT - 17 March 2026

03.2 - Draft T&G Public CoG Meeting Minutes - 17 March 2026.pdf (5 pages)

15:05 - 15:10
5 min

4. Action Log

Information *David Wakefield*

04 - CoG in Common Action Log - June 2026.pdf (1 pages)

15:10 - 15:25
15 min

5. Joint Chair's Report

Discussion *David Wakefield*

05 - Joint Chair's Report - June 2026.pdf (5 pages)

PERFORMANCE

15:25 - 16:15
50 min

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

Discussion *Board Committee Chairs*

06 - Non-Executive Directors Report - June 2026.pdf (2 pages)
06a - Joint Quality Committee AAA Report - April & May 2026.pdf (4 pages)
06b - Joint F&P Committee AAA Report - May 2026.pdf (2 pages)
06c - SFT Audit Committee AAA Report - May 2026.pdf (2 pages)
06d - TGICFT Audit Committee AAA Report - May 2026.pdf (2 pages)
06e - Charitable Funds Committee in Common AAA Report - May 2026.pdf (2 pages)
06f - Joint People Committee AAA Report - May 2026.pdf (2 pages)

STRATEGY

16:15 - 16:30
15 min

7. Operational Planning 2026/27

Discussion *Karen James*

7.1. Operational Plan

07.1 - Operational Plan 2026-27.pdf (7 pages)

7.2. Corporate Objectives and Outcomes

07.2 - Corporate Objectives & Outcomes Measures.pdf (7 pages)

16:30 - 16:45
15 min

8. System Partnerships Report

Discussion *Karen James*

08 - System Partnership Report - June 2026.pdf (2 pages)

MEMBERSHIP & ENGAGEMENT

16:45 - 16:50
5 min

9. Membership Group Progress Report

Information *Howard Austin*

09 - Membership Group Progress Report - June 2026.pdf (3 pages)

16:50 - 16:55
5 min

10. Membership Group Terms of Reference

Decision *Howard Austin*

10 - Membership Group Terms of Reference - June 2026.pdf (2 pages)
10a - Membership Group ToR 2026.pdf (3 pages)

GOVERNANCE

16:55 - 17:00
5 min

11. TG ICFT Nominations Committee Membership

Information *Rebecca McCarthy*

11 - Nominations Committee in Common Membership - June 2026.pdf (4 pages)

17:00 - 17:05
5 min

12. Any Other Business

Discussion *David Wakefield*

PAPERS FOR INFORMATION

17:05 - 17:05
0 min

13. Council of Governors Elections Update

Information

13 - Council of Governors Elections Update.pdf (2 pages)

17:05 - 17:05
0 min

14. Draft Annual Members Meeting Agendas

Information

14.1. TG ICFT - 24 September 2026

14.1 - Draft TG ICFT AMM Agenda - 24 September 2026.pdf (1 pages)

14.2. SFT - 1 October 2026

14.2 - Draft SFT AMM Agenda - 1 October 2026.pdf (1 pages)

17:05 - 17:05
0 min

15. Corporate Calendar & Attendance

Information

15 - CoG SFT & TGICFT Corporate Calendar 2026-27.pdf (2 pages)
15a - Council of Governors Attendance.pdf (2 pages)

17:05 - 17:05
0 min

16. Date and Time of Next Meetings: 2 September 2026, Upper Ground Conference Room, Stopford House, Stockport. Governors Pre-Meet, 13:30-14:15, Council of Governors, 14:30-17:00.

Information

NHS Stockport NHS Foundation Trust

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Wednesday 11 March 2026 at 4pm in Pinewood Education Centre, Stepping Hill Hospital

Present:

Mr David Wakefield	Joint Chair
Mrs Sue Alting	Appointed Governor and Lead Governor
Mr Howard Austin	Public Governor
Mr Peter Chadbourne	Public Governor
Mrs Val Cottam MBE	Public Governor
Mr Tony Gosling	Public Governor
Cllr Dominic Hardwick	Public Governor
Mrs Paula Hancock	Staff Governor
Cllr Keith Holloway	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mrs Victoria Macmillan	Public Governor
Mrs Michelle Slater	Public Governor
Dr Lesley Surman	Public Governor
Mrs Sarah Thompson	Public Governor
Mr Steve Williams	Public Governor
Mr Alexander Wood	Public Governor

Apologies:

Mr Michael Chantler	Public Governor
Cllr Helen Foster-Grime	Appointed Governor
Professor Callum Kidd	Public Governor
Mr David McAllister	Staff Governor

In attendance:

Mr David Curtis MBE	Non-Executive Director
Mr John Graham	Chief Finance Officer
Mr David Jago	Non-Executive Director
Mrs Karen James OBE	Chief Executive
Mrs Alison Lever	Membership Governance Manager
Mrs Rebecca McCarthy	Company Secretary
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Ref	Item	Action
01/26	**Welcome & Apologies for Absence** The Joint Chair welcomed colleagues to the meeting. Apologies for absence from governors were noted as above. Apologies were also received from: Dr Samira Anane, Non-Executive Director Mr Anthony Bell, Non-Executive Director Mrs Amanda Bromley, Director of People & Organisational Development Mrs Nic Firth, Chief Nurse Mr David Hopewell, Non-Executive Director Mrs Jackie McShane, Director of Operations Mr Dilraj Sandher, Medical Director	
02/26	**Declaration of Interests** No declarations of interest.	

03/26	**Minutes of Previous Meeting** The minutes of the previous meeting held on 10 December 2025 were agreed as a true and accurate record of the meeting.	
04/26	**Action Log** The action log was reviewed and annotated accordingly. The Chief Executive reported that the new Trust website would launch soon. Governors had received a link to review the website, with comments to be sent to the Membership Governance Manager by 13 March.	
05/26	**Joint Chair's Report** The Joint Chair thanked the governors who attended the development session with governors from Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) in January. The outcomes from the session would be covered under agenda item 11. He noted that a board development session the previous week included a review of the proposed Trust Constitution together with ongoing work towards joint governance arrangements. Mrs Sarah Thompson, Public Governor, asked whether the Board had a view on how the Trust would engage with the public once the role of governors was removed (as per the NHS 10-year plan). The Joint Chair expressed his view that the Trust should seek to better understand the engagement mechanisms already in place across localities, potentially making use of existing community forums, while noting that future governance arrangements remain uncertain. The Chief Executive noted that neighbourhood work would be key. Mr Howard Austin, Public Governor, queried whether the decision on future structure would be dependent on individual Trusts. Mrs Sue Alting, Lead Governor, agreed that the current Council of Governors could contribute to any conversations. Cllr Keith Holloway, Public Governor, highlighted the potential risk of pressure groups coming to the fore if the new model was based upon patient experience, changing the emphasis of the engagement. The Joint Chair confirmed that any updates would be communicated to the Council of Governors as received. Mr David Kirk, Appointed Governor, informed the meeting that, in light of the proposed reforms, Healthwatch Stockport had decided to close at the end of March 2026 and that this would therefore be his final meeting as an Appointed Governor. The Joint Chair thanked him for his contribution. Cllr Dominic Hardwick, Public Governor, acknowledged the improvement with car parking on site whilst highlighting that local residents continued to raise complaints about parking in the wider area. He asked whether residents were consulted as part of the recent car parking changes. The Chief Executive confirmed that communications had taken place and were ongoing with a local residents forum and with Stockport MBC. The Joint Chair noted that two Non-Executive Directors, Dr Samira Anane and Mr David Hopewell, were standing down from their roles at the end of March 2026. He expressed his thanks to both for their contribution to the Board and the Council of Governors. **The 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 Finance & Performance, People Performance, and Quality Committee. <u>Finance & Performance Committee/People Performance Committee</u> Mrs Sue Alting, Lead Governor, asked about possible causes for the increase in non-elective admissions. Mr David Curtis, Non-Executive Director, reported a range of factors, patients arriving at the Emergency Department in a more acute phase of illness than seen previously. The Chief Executive echoed this comment and highlighted that demand was increasing in all areas, highlighting the development of a new tool to support in actively identifying members of the community most likely to attend the Emergency Department and provide support in advance, with the aim of proactively reducing attendance at A&E. Cllr Dominic Hardwick, Public Governor, queried the assumption that staffing levels would remain static despite thousands of new homes being built in the borough. Mr David Curtis, Non-Executive Director, confirmed that in line with NHS operational planning, there was a requirement to reduce whole time equivalent (WTE) for all trusts. <u>Quality Committee</u> Mr Steve Williams, Public Governor, sought further information regarding timely antibiotic administration. Dr Louise Sell, Non-Executive Director, confirmed that data was based on very small numbers, and that focussed work was taking place to address timely administration, noting this was an ongoing challenge. The Joint Chair reported that the issue was raised at the recent Board meeting and the Quality Committee had requested further work to provide assurance. Dr Tad Kondratowicz, Public Governor, asked if it was possible to determine increased mortality in patients in the three months after discharge from hospital. Dr Louise Sell, Non-Executive Director, confirmed that whilst there was a process to assess harms and mortality whilst patients were in the hospital, this specific data was not compared. Cllr Dominic Hardwick, Public Governor, asked whether complainants were routinely notified of a potential 8-week wait for responses to written complaints. The Chief Finance Officer highlighted the work being undertaken by the Complaints Team to resolve complaints on an informal basis within a shorter timeframe. The Chief Executive confirmed that the delays had been discussed at the recent Risk Management Committee, with a plan to recruit additional staff into the team, and that the automated response to initial contact from complainants would also be reviewed. Mr David Kirk, Appointed Governor, asked whether frail patients were being routinely catheterised due to long waits at the Emergency Department. Dr Louise Sell, Non-Executive Director, confirmed that any catheterisation was implemented purely on clinical need. **The Council of Governors received and noted the Non-Executive Directors Report.**	
07/26	**Joint Organisational Strategy** The Chief Executive reported that a draft version of the Joint Organisational Strategy was due to be presented to the Board before being circulated for further review. Feedback from c.200 key stakeholders, including staff and key stakeholders had been sought.	

	Dr Lesley Surman, Public Governor, requested that High Peak community stakeholders be offered the opportunity to provide feedback. Contact details would be passed on to the Director of Strategy & Partnerships. Mrs Sue Alting, Lead Governor, asked what clinical collaboration was likely to be included in the strategy. The Chief Executive highlighted the agreed areas were being considered (radiology, pathology and gastroenterology) with the success of collaborative working being assessed prior to roll out across other specialities. Dr Tad Kondratowicz, Public Governor, expressed concerns about the poor pathology facilities at the Trust. The Chief Executive acknowledged that the current building was not fit for purpose, and that funding had been secured to replace facilities within the next three years. **The Council of Governors received and noted the Joint Organisational Strategy Update.**	**Chief Executive**
08/26	**Membership Development Group Report** Mr Howard Austin, Public Governor and Chair of the Membership Development Group (MDG), presented the Membership Development Group report, detailing key discussions from the meeting on 23 February 2026 and key initiatives to support implementation of the Membership Strategy 2025-2028. He reported that the MDG had noted the potential changes to the Foundation Trust governor model and had agreed to continue with the existing Membership Action Plan until the timeframe for change became clear. He also reported that the target to increase the number of younger members (age 16-21) by 100% had been achieved. Mr Peter Chadbourne, Public Governor, asked whether public membership was expected to continue following changes to the Foundation Trust governor model. The Company Secretary reported that as membership was part of the Foundation Trust governance model it was implied that it would also cease. **The Council of Governors received and noted the Membership Development Group Report.**	
09/26	**Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust: Joint Governance Model Update including Trust Constitution Approval** The Joint Chair confirmed the report provided an overview of the substantial work that had taken place to transition to new joint governance arrangements from 1st April 2026. He confirmed that this required the approval of a revised Trust Constitution, which had been developed with legal advice. The Joint Chair commented that considering the announcement regarding the closure of Healthwatch Stockport, the number of appointed governors would reduce to two (representing Age UK Stockport and Stockport MBC). Mr Howard Austin, Public Governor, requested a longer review period for such documents in future. **The Council of Governors received and noted the Joint Governance Model Update.**	

	The Council of Governors received and approved the Trust Constitution, subject to removal of the Appointed Governor, Stockport Health Watch. **Two governors, Mr Howard Austin and Dr Lesley Surman, abstained as they expressed view that more time was required to review the document.**	
10/26	**Council of Governors Arrangements 2026/27** The Company Secretary reported that following a joint session in January with governors from TG ICFT, a follow-up briefing note had been circulated to all governors for comment. Acknowledging the logistical challenges of meeting in common, there was general agreement at the session for formal meetings to operate in common and in person, with informal joint meetings taking place via MS Teams. There would also be joint training/development and communications. It was also suggested that the Membership Development Group could work collaboratively with the TG ICFT Membership Engagement Group. A draft calendar containing meeting dates for 2026/27 was included in the papers. **The Council of Governors approved the proposed joint arrangements for the Council of Governors in 2026/27.**	
11/26	**Approval of Appraisal Process – Non-Executive Directors and Joint Chair** The Company Secretary reported that the appraisal process was updated in 2025 by NHS England, with a new board member process covering both Non-Executive Directors and Chairs. **The Council of Governors reviewed and confirmed the process for the appraisal of the Joint Chair and Non-Executive Directors.** **The Council of Governors noted the outcome of the Joint Chair and Non-Executive Director appraisals would be reported to the Nominations Committee, and subsequently the Council of Governors, in June 2026.**	
12/26	**Nominations Committee Terms of Reference** The Company Secretary presented the Terms of Reference which had been reviewed to align them with the Terms of Reference at Tameside & Glossop Integrated Care NHS Foundation Trust. The main change to note was the reduction in membership to 4 governors, with a quorum of two. **The Council of Governors approved the updated Nominations Committee Terms of Reference.** *Mr David Curtis, Mr David Jago and Dr Louise Sell left the meeting.*	
13/26 Lever Alison 10/06/2026 14:15:35	**Appointment of Deputy Chair and Senior Independent Director** The Joint Chair highlighted the importance of aligned governance across the joint model; it was concluded that the Deputy Chair and Senior Independent Director roles should be aligned across both Trusts. Following discussions, and taking account of individual terms of office, it was proposed that: • Mr Michael Forrest be appointed as Deputy Chair for SFT, in addition to his current appointment at TG ICFT. His term of office at both SFT and	

	TG ICFT was to 31 March 2028, providing stability and consistency over the coming years. • Mr David Curtis be appointed by the Board as the Senior Independent Director for SFT, in addition to his appointment at TG ICFT. His term of office runs until 31 July 2028, again offering sustained continuity in this key role. Mrs Sue Alting, Lead Governor, expressed thanks to Dr Louise Sell for her contributions as both Senior Independent Director and Vice Chair, on behalf of the Council of Governors **The Council of Governors approved the appointment of Mr Michael Forrest as Deputy Chair of Stockport NHS Foundation Trust from 1st April 2026.** **The Council of Governors supported the recommendation to be approved by the Board to appoint Mr David Curtis as the Senior Independent Director for Stockport NHS Foundation Trust from 1st April 2026.**	
14/26	**Papers for Information** – Council of Governors Calendar 2026/27 – Council of Governors Attendance 2025/26 **The papers for information were received by the Council of Governors.**	
15/26	**Any Other Business** Mr Tony Gosling, Public Governor, asked for an update on the planned change to services in Derbyshire. The Chief Executive reported that whilst some services would be maintained in Buxton, the majority of outpatient follow-up activity would be delivered at the Stepping Hill site. She highlighted that a key aim of the NHS Plan was to reduce the number of follow-up appointments required by making them patient initiated. Outpatient services would be delivered in a different way, with remote consultations offered to patients.	
16/26	**Date, time, and venue of next meeting** Council of Governors Pre-Meet, Wednesday 17 June 2026, 2:00pm-3:00pm, George Hatton Room, Dukinfield Town Hall Council of Governors, Wednesday 17 June 2026, 3:00pm-5:30pm, George Hatton Room, Dukinfield Town Hall	

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held on Tuesday 17 March 2026, 2:00pm
in Silver Springs Board Room, Fountain Street, Ashton-under-Lyne and via MS Teams

Present:

Mr David Wakefield	Joint Chair
Mrs Nicola Bruce	Public Governor
Mrs Muni Coverley	Public Governor
Mrs Linda Kent	Appointed Governor / Deputy Lead Governor
Mr Champak Mistry	Public Governor
Mr Neil Phillips	Public Governor
Mr Mike Ramsden	Public Governor
Dr Noreen Shahzad	Staff Governor
Mrs Nicola Withington	Staff Governor

Apologies:

Miss Melanie Lamb	Staff Governor
Mr Nigel Lenegan	Public Governor
Cllr Anthony McKeown	Appointed Governor
Mr William Moss	Public Governor
Mr Richard Umpleby	Public Governor
Mr Raja Swaminathan	Staff Governor
Ms Nicola Welland	Appointed Governor
Cllr Eleanor Wills	Appointed Governor

In attendance:

Mr David Curtis MBE	Non-Executive Director/Senior Independent Director
Mr Michael Forrest	Non-Executive Director/Vice Chair
Mr John Graham	Chief Finance Officer
Mrs Karen James OBE	Chief Executive
Mr David Jago	Non-Executive Director
Mrs Alison Lever	Membership Governance Manager
Mrs Rebecca McCarthy	Company Secretary
Mr Jonathan O'Brien	Deputy Chief Executive Officer
Mr Dilraj Sandher	Medical Director

Observer:

Mr John Phillips	Lay Member of TG ICFT Charitable Funds Committee

Ref	Item	Action
01/26	**Welcome & Apologies for Absence** The Chair welcomed colleagues to the meeting. Apologies for absence from governors were noted as above. Apologies were also received from: Mrs Amanda Bromley, Director of People & Organisational Development (OD) Mrs Jacqui Burrow, Chief Nurse Dr Hina Khan, Non-Executive Director	
02/26	**Amendments to Declaration of Interests** No declarations of interest.	

03/26	**Minutes of Previous Meeting** The minutes of the previous meeting held on 11 December 2025 were agreed as a true and accurate record of the meeting.	
04/26	**Matters Arising and Action Log** There were no outstanding actions on the Action Log.	
05/26	**Joint Chair's Report** The Joint Chair thanked the governors who attended the session with governors from Stockport NHS Foundation Trust (SFT) in January. The outcomes from the session would be covered under agenda item 10. He noted that a board development session the previous week included a review of the proposed Trust Constitution together with ongoing work towards joint governance arrangements. The Joint Chair noted that Myles Kitchiner was no longer Staff Governor as he left the Trust in December 2025. Dr Fara Arshad, Non-Executive Director, had stepped down from her role in February 2026 and Dr Hina Khan, Non-Executive Director, was standing down from her role at the end of March 2026. He expressed his thanks to all for their contribution to the Council of Governors. **The Council of Governors received and confirmed 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. Key matters were noted from the Finance and Performance, Quality, Workforce, and Audit Committees. <u>Finance & Performance</u> The Joint Chair reported that the year-end target for 2025-26 was expected to be achieved. <u>Quality</u> The Joint Chair noted that infection prevention and control was an ongoing challenge at the Trust, but that that the improvement in patient falls, which had been highlighted as a concern earlier in the year, had seen improvement. <u>Workforce</u> Mr Micheal Forrest, Non-Executive Director, provided a further verbal update from the most recent Workforce Committee held in March. He acknowledged high demand across services, but that staff were continuing to engage with appraisals and training. He confirmed the Committee was seeking further assurance on sickness absence, which was slightly higher than expected. *Mr David Curtis, Senior Independent Director, and the Chief Finance Officer joined meeting* **The Council of Governors received and noted the Board Committee Reports.**	

07/26	**Joint Organisational Strategy** The Chief Executive reported that a draft version of the Joint Organisational Strategy was due to be presented to the Board before being circulated for further review. Feedback from c.200 key stakeholders, including staff and key stakeholders had been sought. **The Council of Governors received and noted the Joint Organisational Strategy Update.**	
08/26	**Membership Engagement Group Report** The Company Secretary presented the Membership Engagement Group report, detailing key discussions from the meeting on 2 March 2026 and key initiatives to support implementation of the Membership Strategy 2025-2028. Overall membership numbers were being maintained in line with objectives. The Joint Chair asked how the new younger members (aged 16-21 years) had been recruited; the Membership Governance Manager reported this was mainly from speaking with potential volunteers at a recent recruitment session on site. **The Council of Governors received and noted the Membership Engagement Group Report.**	
09/26	**Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT): Joint Corporate Governance Model Update including Trust Constitution Approval** The Joint Chair confirmed the report provided an overview of the substantial work that had taken place to transition to new joint governance arrangements from 1st April 2026. He confirmed that this required the approval of a revised Trust Constitution, which had been developed with legal advice. **The Council of Governors received and noted the Joint Governance Model Update.** **The Council of Governors received and approved the Trust Constitution.**	
10/26	**Council of Governors Arrangements 2026/27** The Company Secretary reported that following a joint session in January with governors from Stockport NHS Foundation Trust, a follow-up briefing note had been circulated to all governors for comment. Acknowledging the logistical challenges of meeting in common, there was general agreement at the session for quarterly formal meetings to operate in common and in person, with informal joint meetings taking place via MS Teams. There would also be joint training/development and communications. It was also suggested that the Membership Engagement Group could work collaboratively with the SFT Membership Development Group. A draft calendar containing meeting dates for 2026/27 was included in the papers.	

	The Council of Governors approved the proposed arrangements for the Council of Governors in 2026/27.	
11/26	**Deputy Chair & Senior Independent Director Appointment** The Joint Chair reported that given the agreed direction of travel and the need for coherent governance across the joint model, it was concluded that the Deputy Chair and Senior Independent Director roles should be aligned across both Trusts. **The Council of Governors noted the continuation of Mr Michael Forrest as Deputy Chair and Mr David Curtis as Senior Independent Director for Tameside & Glossop Integrated Care NHS Foundation Trust and noted that these appointments would be mirrored at Stockport NHS Foundation Trust with effect from 1 April 2026.**	
12/26	**Appraisal Process for Joint Chair and Non-Executive Directors** The Company Secretary reported that the appraisal process was updated in 2025 by NHS England, with a new board members process covering both Non-Executive Directors and Chairs. **The Council of Governors reviewed and confirmed the process for the appraisal of the Joint Chair and Non-Executive Directors.** **The Council of Governors noted the outcome of the Joint Chair and Non-Executive Director appraisals would be reported to the Nominations Committee, and subsequently the Council of Governors, in June 2026.**	
13/26	**Nominations Committee Terms of Reference** The Company Secretary presented the Terms of Reference which had been reviewed to align them with the Terms of Reference at Stockport NHS Foundation Trust. The main change to note was the reduction in membership to 4 governors with a quorum of two. **The Council of Governors approved the updated Nominations Committee Terms of Reference.** *The Medical Director joined the meeting*	
14/26	**External Auditor Appointment 2026/27** The Chief Finance Officer reported that the Audit Committee proposed that the Trust made a one-year direct award to the incumbent auditor, Grant Thornton LLP, to conduct the external audit for the 2026/27 financial year, via the NHS Shared Business Services Framework, Audit Services for Health. This route was confirmed by the Procurement Team as compliant and provided assurance regarding supplier capability and value for money. He noted that the contract for the coming year included an inflationary increase. He added that the Trust was operating in a period of organisational transition, including work to align contracts more broadly and transition to joint corporate governance arrangements with Stockport NHS Foundation Trust (SFT) from 2026/27 onwards. Therefore a further joint external auditor appointment process would commence in 2026/27.	

	The Council of Governors supported the Audit Committee's recommendation to award a one-year contract to Grant Thornton LLP to undertake the external audit for the 2026/27 financial year, at a contract value of £135,000.	
15/26	**Lead Governor Appointment** As part of the recent review of the Trust Constitution (presented under Agenda Item 9), the eligibility criteria for the Lead Governor role had been broadened, aligning with the Stockport NHS Foundation Trust Constitution. Any governor, irrespective of constituency, may now be appointed to the position. It was proposed that Mrs Linda Kent, the current Deputy Lead Governor, be appointed as Lead Governor for a three-year term. Mrs Kent had confirmed her willingness to undertake the role. **The Council of Governors confirmed the appointment of Mrs Linda Kent as the Lead Governor for a three-year term from 1 April 2026.**	
16/26	**Any Other Business** Mrs Linda Kent, Appointed Governor, reported that the Patient Network Group visit to the Community Diagnostic Centre (CDC) in Denton last week had been cancelled. The Membership Governance Manager would confirm the governors visit to the CDC next week and circulate details to attendees.	**Membership Governance Manager**
17/26	**Date and Venue of Next Meetings** Council of Governors Pre-Meet, Wednesday 17 June 2026, 2:00pm-3:00pm, George Hatton Room, Dukinfield Town Hall Council of Governors, Wednesday 17 June 2026, 3:00pm-5:30pm, George Hatton Room, Dukinfield Town Hall	

Council of Governors in Common Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
08/25	10 December 2025	**SFT** 55/25	Any Other Business	Confirm date of Trust website launch and whether public engagement had taken place. Update April 2026: new website shared with governors for comments prior to go live date in Spring 2026. Website live 21 April 2026.	Closed	Membership Governance Manager
01/26	11 March 2026	**SFT** 07/26	Joint Organisational Strategy	High Peak community stakeholders to be given the opportunity to provide feedback on the Joint Organisational Strategy. Update May 2026: The Director of Strategy & Partnerships discussed with Lesley Surman and attended the High Peak Alliance, with agreement to do so again as part of the engagement when it reaches that point.	Closed	Chief Executive
02/26	17 March 2026	**TG ICFT** 17/26	Any Other Business	Confirm the governors visit to the Denton CDC on 24 March and circulate details to attendees. Update April 2026: 4 governors attended the site tour	Closed	Membership Governance Manager

On agenda
Not due
Overdue
Closed

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

Agenda Item: 5

Report Title:	Joint Chair's Report
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
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 note the Joint Chair's Report.

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
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

I am pleased to welcome everyone to our first meeting of the Stockport NHS Foundation Trust (SFT) and Tameside & Glossop integrated Care NHS Foundation Trust (TG ICFT) Council of Governors being held in common.

Today is also the last meeting for two long serving TG ICFT governors who have both been in post for 3 consecutive terms – Champak Mistry (Ashton-under-Lyne) and Raja Swaminathan (Staff – Clinical). I'd like to thank them both for their commitment and service. A briefing on elections at TG ICFT to fill these upcoming vacancies can be found under agenda Item 13.

2. Changes to Council of Governors – Health Bill

I recently received a letter from NHS England regarding the future of the Council of Governors, following proposals outlined in the 10-Year Health Plan published in July 2025. The letter confirmed that any changes affecting governors are dependent on the government and Parliament introducing new legislation.

At present, the Health Bill (also known as the NHS Modernisation Bill), which contains these proposals, received its first reading in the House of Commons on 14 May 2026, followed by its second reading on 1 June 2026. The Bill is expected to complete its passage by April 2027.

I understand that NHS England is currently developing guidance on future expectations in relation to the patient voice following the proposed removal of governors. We will share further updates as they become available.

I appreciate that governors will wish to discuss these developments. There will be an opportunity for this at the joint training and development session on 17 July at Werneth House, Tameside Hospital, from 9:30 to 12:00. The session will also include 'Core Skills for Governors' and will be followed by an informal social opportunity to get to know one another.

3. South East Sector Healthcare Partnership

The collaboration between SFT and TGICFT has now formally progressed under the South East Sector Healthcare Partnership, providing a collective identity for both organisations.

Since 1 April 2026, both Trusts have transitioned to the agreed joint governance arrangements. This marks an important milestone, building on the significant work undertaken to establish a robust and effective governance framework.

The first Joint Board and Joint Board Committees have also been held, and our focus remains on embedding joint working, with clear roles, responsibilities and decision-making processes across all governance structures.

Importantly, the partnership enables closer alignment across services, leadership and corporate functions, reducing duplication, improving consistency and strengthening delivery. In this context, work is progressing on the Joint Organisational Strategy, supported by engagement across clinical and operational teams.

As we move through 2026/27, our priority is to embed our joint governance arrangements, progress our strategic ambitions and deliver against operational and financial plans. There is a strong foundation in place, and I am encouraged by the commitment across both organisations to collaborative working for the benefit of patients, staff and communities.

4. Board of Directors Changes

Several changes have taken place across the Boards of both organisations in support of the transition to joint governance arrangements.

Peter Blythin, David Coorey and Farooq Hakim have been appointed as joint Non-Executive Directors across both trusts. In addition, Michael Forrest has joined the SFT Board, having previously been a member of the TGICFT Board. Anthony Bell and Louise Sell have joined the TGICFT Board, having previously served on the SFT Board. These changes further strengthen shared leadership across both organisations and support the development of a consistent and aligned Joint Board approach.

5. Trust Activities

Since the last Council of Governors meetings, I have continued my programme of national, system and local engagement across both organisations. At a system level, I attended the North West System Leaders event in Manchester and engaged with regional partners, supporting ongoing collaboration across the Greater Manchester system.

Across TGICFT, I have undertaken a series of visits including the Stroke Ward, Elderly Care Ward, Orthopaedic Ward and Ward 45, engaging directly with staff and patients. I also undertook a detailed walk-round of the Tameside General Hospital estate, including urgent care and Accident & Emergency (A&E) infrastructure, which provided valuable insight into the condition of the estate and areas requiring continued focus.

At SFT, I welcomed the NHS Regional Chair to the site, providing an opportunity to showcase services and discuss both operational challenges and areas of good practice. I also visited a number of clinical areas, including Wards A3, B3, C3 and B4, Paediatric Outpatients, Audiology and Paediatric Same Day Emergency Care (SDEC). These visits provided valuable insight into the day-to-day pressures facing teams, alongside the consistently high standards of care and professionalism demonstrated by colleagues.

I also had the opportunity to attend the SFT Long Service Awards, recognising and celebrating the significant contribution of staff across the organisation. As always, I remain grateful to colleagues across both organisations for their openness during these visits and for their continued commitment to delivering high-quality care in a challenging environment.

5. Strategy and Planning Update

Both TG ICFT and SFT have received confirmation of acceptance of their 2026/27 Operational Plans from NHS England, following agreement of key planning assumptions with the Greater Manchester Integrated Care Board. The Chief Executive will provide further update on this during the meeting. This provides a clear framework for delivery over the coming year, with a continued focus on financial recovery, operational performance and delivery of efficiency programmes.

Both Trusts successfully delivered a breakeven financial position for 2025/26, supported by system funding. However, it is recognised that underlying financial challenges remain as we move into 2026/27. The wider NHS continues to operate in a highly challenging financial and operational

environment, with increasing expectations on delivery alongside constrained resources. This reinforces the importance of our continued focus on productivity, transformation and collaborative working across both organisations.

NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Agenda Item: 6

Report Title:	Non-Executive Directors Report – including highlights from Board Committees
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
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 Report 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/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 April/May: • Joint Quality Committee, 21 April and 19 May • Joint Finance & Performance Committee, 23 April and 21 May • SFT Audit Committee, 12 May • TG ICFT Audit Committee, 14 May • Charitable Funds Committee in Common, 14 May • Joint People Committee, 21 May 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.

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	21 April 2026 & 19 May 2026
Quorate	Yes

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

Agenda	In April 2026, the Committee considered an agenda which included the following: • Patient Story • Joint Clinical Strategy • Learning from Deaths Quarterly Report • StARS / TaG StARS Report – Q4 • Review and Approve Joint Quality Committee Subgroup Terms of Reference and Annual Work Plans • 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 May 2026, the Committee considered an agenda which included the following: • SFT & TG ICFT Quality Dashboards • Patient Safety Report – Q4 • Joint Clinical Strategy • Maternity Services Report: - SFT: ○ Perinatal Quarterly Report ○ PMRT Quarterly Report ○ CNST Scorecard - TG ICFT: Perinatal Quality Oversight Model • Equality / Quality Impact Assessment Process • SFT & TG ICFT Annual Quality Accounts • 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	• SFT & TG ICFT Quality Dashboards – the committee noted that the quality dashboards are markedly different in terms of metrics, timescale and presentation. It heard that there is an expectation of a refreshed approach in two months' time but requested a meeting with executive colleagues to gain further assurance that the new approach will enable the joint committee to carry out its role across the broad agenda of the two Trusts.
Advise	The Committee/Group wishes to advise that:

	• SFT Quality Dashboard – the May committee was alerted to an increase in moderate harm incidents. The overall position is skewed by the timing of reporting of harm from the paediatric audiology lookback exercise and the committee has requested that this data is identified separately to ensure clarity of the underlying current position and has requested a separate report updating the harms identified and the work planned to mitigate the harms. • SFT Quality Dashboard – the May committee was alerted to cessation in automated FFT reporting at SFT and is due to receive a report on actions taken in June. • TG ICFT Quality Dashboard – the May committee was alerted to an increase in hospital infections and received a detailed explanation of the challenges faced and the actions being undertaken to improve the situation. • TG ICFT Quality Dashboard – the May committee noted the inclusion of corridor care metrics in reporting with an improved position of no incidents reported in March. • Joint Clinical Strategy – the April meeting of the committee was asked to comment on the draft document. The committee welcomed the work to date and the overarching ambitions. It asked that further work be done to include information about how this strategy will deliver prevention, care closer to people's homes, improvements in health inequalities and how it will take account of the roles of other acute trusts, social care, the third sector and mental health trust. It sought clarity on how the strategy will fit with the other enabling strategies and the trusts' joint strategy. Reassurance was given that key assumptions underlying the strategy are identified and documented elsewhere, and that detailed resource implications and delivery plans will be developed. The May committee reviewed the changes made and asked that the strategy should be scrutinised and approved by the Joint Board with a decision about the roles for each board sub-committee in gaining assurance as the strategy is finalised and delivered. • Learning from Deaths Quarterly Report – the April committee received a report with separate sections for each trust. Each trust has to date reported in a different way. The committee accepted that future reports will demonstrate a single approach to the assessment of quality of care and a refreshed assurance about overall compliance with the 2017 National Quality Board guidance. It recognised that while some identified themes have an obvious line of sight for tracking progress (e.g. sepsis), others may require specific reports back to the committee (e.g. communication between professionals and end of life care). • StARS / TaG StARS Report – Q4 – April the committee welcomed the summary paper taking an overview of the work in both trusts. The paper highlights an increase in red rated areas and the work being done to improve several fundamental standards of care. The committee noted workforce and capacity constraints to the ongoing delivery of the programme. The committee took assurance that the programme remains effective at identifying and managing patient risks and will monitor the timeliness of the resolution of risks. The committee accepted that the next quarterly report will incorporate each trust's data in a combined report. • Patient Safety Report – Q4 – the May committee received assurances about the Trusts' processes for managing incidents, inquests, claims and

	complaints. It noted ongoing pressure on PALS and complaints services including the likely use of AI and requested future updates on approaches to effectively respond to lengthy and detailed complaints. The committee requested further detail in future reports on what is meant by "embedding" of a learning response. • Maternity Services Reports for SFT and TGICFT – the May committee received assurance of effective governance of maternity services, and positive engagement with external scrutiny and oversight. In SFT an improvement in 3rd and 4th degree tears was noted, key risks were clearly outlined with actions focussed on postpartum haemorrhage, digital delivery and training compliance. In TGICFT an overall improving position was noted following investment in people during the previous year. Focussed improvement includes category 1 caesarean section time to delivery and training compliance. The committee noted the outcome and actions planned in response to deep dives into maternal readmissions and neonatal readmissions. • Joint Patient Safety, Quality & Experience Group AAA Report – TGIC Mortuary Assurance Report – the April committee received an alert that an inspection by the Human Tissue Authority resulted in 21 findings, with 2 red areas at risk of missing the completion timeframe. The committee were informed of the mitigations in place, the commencement of a new Designated Individual and appointment of a new Mortuary Manager. • Joint Patient Safety, Quality & Experience Group AAA Report – the April committee were alerted to the withdrawal of ADHD services by Pennine Care NHS Foundation Trust. Recognising that this is a commissioning issue the committee requested oversight by the Joint Finance and Performance Committee, and an update to this committee on any harms arising as a result of the action taken. • SFT Clinical Effectiveness Group AAA Report and TG ICFT Clinical Effectiveness Group AAA Report. The April committee received these reports which contained information about activity undertaken and findings. The committee noted that further work is required in order to develop reports which provide, triangulated information, assurance and escalation of key issues, and requested that this is reflected in the next report from the groups. • SFT Clinical Effectiveness Group AAA Report – the May committee received an alert about compliance with NICE guidance on chronic heart failure and were advised that recruitment is in place to address the risk. • SFT Clinical Effectiveness Group AAA Report – the May committee received an alert about ongoing risk related to clinical results governance and heard about the continuing work of the clinical interface group to mitigate this risk. • TG ICFT Clinical Effectiveness Group AAA Report – the May committee received an alert about deteriorating SHMI performance and the work being undertaken to focus on identified clinical areas of poor performance.
Assure (& Applaud) 	The Committee/Group wishes to provide assurance that: • Review and Approve Joint Quality Committee Subgroup Terms of Reference and Annual Work Plans – the committee received these papers and applauds the considerable work that has gone into delivering them. The committee noted that the final edit will address typographical errors and matters of consistency of use of role titles. The committee requested

	that future reports from the Patient Safety, Quality and Experience Group give good visibility to patient experience and engagement. The draft terms of reference and workplans were approved. • Equality / Quality Impact Assessment Process – the May committee approved the alignment of the EQIA process for SFT and TGICFT and agreed quarterly reporting going forward. • SFT & TG ICFT Annual Quality Accounts – the May committee received the Quality Accounts and recommended approval by the Trust Board
Action for Board/Committee	The Joint Committee requests the Joint Board to; • Review and approve the joint clinical strategy • Review and approve the Annual Quality Accounts for each Trust The Joint Committee requests the Joint Finance and Performance Committee to: • Oversee assurance about timely and effective commissioning of ADHD services for young people in Stockport and Tameside and Glossop.
Report compiled by:	Dr Louise Sell, Non-Executive Director
Minutes available from:	Mrs Soile Curtis, Deputy Company Secretary

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	23 April and 21 May 2026
Quorate	Yes

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

Agenda	In April, the Committee considered an agenda which included the following:
	• Finance Report - M12
	• Opening Budgets
	• Electronic Patient Record (EPR) Programme
	• Post-implementation appraisal of CDC
	• Business Cases/Contracts
	  • MR Maintenance Contract
	  • RTT Funding Proposals
	  • Insourcing of Security Services
	• Estates Strategy
	• Estates & Facilities Assurance
	• SFT Capital Programmes Management Group AAA Report / TG ICFT Capital Programmes Group AAA Report
	• SFT Digital & Informatics Group AAA Report/ TGICFT Digital & Informatics Group AAA Report
	• Review and Approval Review and Approval - Joint Finance & Performance Committee Subgroup Terms of Reference & Annual Work Plans
	  • SFT Capital Programmes Management Group
	  • TG ICFT Capital Programmes Group
	  • SFT Digital & Informatics Group
	  • TG ICFT Digital & Informatics Group
	
	In May, the Committee considered an agenda which included the following:
	• Finance Report - M1
	• Operational Performance Reports
	• Operational Plan
	• Annual Costing Submission
	• Annual Procurement Programme & Progress Report
	• Paediatric ADHD AAA Report
	• SFT Capital Programmes Management Group AAA Report / TG ICFT Capital Programmes Group AAA Report

Alert	The Committee wishes to alert to: • Significant risk to delivery of the 2026/27 financial plan and associated cash position across both Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT), driven by an insufficiently risk assessed Cost Improvement Programme (CIP). A material proportion of savings remains unidentified, limiting confidence in the deliverability of the plan and creating exposure to an in-year deficit support

	funding (DSF) clawback and reduced financial flexibility across both Trusts. • Sustained No Criteria to Reside (NCTR) at SFT continues to present a significant risk to patient flow, capacity and quality, directly contributing to A&E performance remaining below trajectory. The scale and persistence of the issue indicate it is unlikely to be resolved within existing arrangements and requires system-level intervention.
Advise	The Committee wishes to advise that: • SFT and TGICFT achieved delivery of their 2025/26 financial plans, supported in part by system funding. This enabled delivery of the year-end position, however, the Committee recognised the underlying structural challenge and noted that a number of assumptions underpinning the financial plans will require further review, particularly in relation to the scale and timing of recurrent savings and workforce reduction. • SFT and TGICFT achieved delivery of their 2025/26 financial plans, supported in part by system funding. This enabled delivery of the year-end position, however, the Committee recognised the underlying structural challenge and noted that a number of assumptions underpinning the financial plans will require further review, particularly in relation to the scale and timing of recurrent savings and workforce reduction. • Urgent and Emergency Care performance continues to present an operational challenge across both Trusts. At TGICFT, performance remains challenged by high demand and sustained bed occupancy, which continue to constrain patient flow and impact delivery of planned trajectories. Actions are in place to improve flow and stabilise performance, and the position will continue to be closely monitored. • Contractual discussions with Derbyshire are still ongoing, with escalation routes being pursued. The position remains under close review across both Trusts. • Emerging financial pressures associated with industrial action across both Trusts were noted. These pressures are currently being managed, and the position will continue to be monitored given the potential for further disruption.
Assure (& Applaud)	The Committee wishes to provide assurance that: • Performance across both SFT and TGICFT against elective, diagnostics and cancer standards has remained stable despite sustained operational pressures. The Committee recognised the continued focus and effort of operational teams in maintaining delivery in these areas. • Compliance with agency ceilings and strengthened workforce controls continues across both Trusts, demonstrating sustained progress in managing workforce expenditure and delivering in-year efficiencies.
Action for Board/Committee	The Committee/Group requests the Board/Committee to: • N/A
Report compiled by:	**Anthony Bell, Non-Executive Director**
Minutes available from:	**Nonye Izu-Obi, Deputy Trust 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	12/05/2026
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: • Conflicts of Interest Annual Review • Audit Committee Annual Review 2025/26 • Audit Committee Work Plan and Attendance 2026/27 • Internal Audit Plan 2026/27 • Internal Audit Progress 2025/26 & Follow Up Report • Internal Audit Charter • Internal Audit Annual Report 2025/26 • Head of Internal Audit Opinion 2025/26 • MIAA External Quality Assessment • Anti-Fraud Annual Report 2025/26 • Digital Resilience & Cyber Security Review Draft Terms of Reference • Recruitment & Onboarding Audit update • External Audit Strategy Memorandum 2025/26 • Draft Annual Accounts 2025/26, including: • Draft Annual Accounts 2025/26 • Key Accounting Issues • Final Annual Accounts Process and Timetable • Review of Going Concern • Draft Annual Governance Statement 2025/26 • Draft Annual Report 2025/26 • Annual Review of Provider Licence Self Certification: CoS7 • Annual Review of Code of Governance for NHS Provider Trusts • Review and Approval of Risk Management Group Terms of Reference and Work Plan • Risk Management AAA Report April 2026
Alert	• The number and age of outstanding internal audit recommendations require remediation. Continued concerns specifically exist around the long standing IT recommendations. A formal process for executive oversight of internal audit outstanding recommendations and escalation of high risk recommendations will be presented to the Committee in July 2026, ensuring clear accountability.
Advise	The Committee wishes to advise that: • Emerging fraud risks across the NHS including prescription fraud, mandate fraud and phishing e-mails, working while sick and timesheet fraud were identified.

	• Stockport FT received an amber rating in the Counter Fraud Annual Report for access and completion to training. It emerged that Stockport FT and Tameside IGFT have different mandatory training requirements for Counter Fraud. The Committee wishes to advise that this approach will be unified and SFT brought into line with the Tameside standard. • The Trust also received an amber rating for Fraud Bribery and corruption risk assessment. This will be addressed by a full Fraud Risk assessment in 2026/27 and is expected to move to green following this action. • The following papers were supported/approved: – Risk Management Group Report Terms of Reference and Work Plan – Draft Internal Audit Plan 2026/27 – Anti-Fraud Annual Report 2025/26 – Draft Annual Governance Statement – External Audit Strategy Memorandum 2025/26
Assure (& Applaud)	The Committee wishes to provide assurance that: • Substantial Assurance was received from the draft Head of Internal Audit Opinion for 2025/26, albeit concern was raised regarding the number outstanding recommendations (as above). • Assurance was received that standards were met in the Board Assurance Framework review • Limited Assurance was received from the Quality Spot Checks – Consent review. A follow up report will be required and Audit Committee attendance of the Medical Director to present. • Positive Conflicts of interest compliance continued at 97% in 2025/26 (98% in 2024/25). • Assurance was received that follow up recommendations had been addressed from the Recruitment and Onboarding audit. The Committee applauded the update report on Recruitment and Onboarding from the Chief People Officer and how it set the standard for future follow up reports to Limited Assurance opinions.
Action for Board/Committee	The Committee requests that the Joint Board of Directors approve the following: • Self-Certification: Continuity of Services 7 (CoS7) Licence Condition • Annual Review of Provider Trust Code of Governance • Declaration on Going Concern Status The Committee requests that the Joint Board: • Support the positive outcome of the SFT Audit Committee Annual Review 2025/26 (Appendix 1)
Report compiled by:	**Lisa Byers, Associate Director of Finance – Financial Services**
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	14/05/2026
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:
	• Conflicts of Interest Annual Review
	• Audit Committee Annual Review 2025/26
	• Internal Audit Plan 2026/27
	• Internal Audit Progress 2025/26 & Follow Up Report
	• Internal Audit Charter
	• Head of Internal Audit Opinion 2025/26
	• External Quality Assessment
	• Counter Fraud Plan 2026/27
	• External Audit Plan & Fees
	• Annual Accounts 2025/26, including:
	  • Draft Annual Accounts 2025/26
	  • Key Accounting Issues
	  • Final Annual Accounts Process and Timetable
	• Review of Going Concern
	• Draft Annual Governance Statement 2025/26
	• Draft Annual Report 2025/26
	• Review of Provider Licence Self Certification: CoS7
	• Review of Code of Governance for NHS Provider Trusts
	• Review and Approval of Risk Management Group Terms of Reference and Work Plan

Alert	The Committee wishes to alert that: • The number and age of outstanding internal audit recommendations require remediation. The Committee expects all high-risk and longstanding recommendations to be addressed by September 2026, or a clear rationale to be provided where recommendations have been superseded and should now be closed. A formal process for executive oversight of internal audit actions will be presented to the Committee in July 2026, ensuring clear accountability.

Advise	The Committee wishes to advise that:
	• Emerging fraud risks across the NHS including mandate fraud, recruitment and identity fraud, and the increasing use of AI in applications, were highlighted. The Committee supported continued development of counter-fraud activity and organisational awareness.
	• The following papers were supported/approved:
	  – Risk Management Group Report Terms of Reference and Work Plan
	  – Internal Audit Plan 2026/27

	– Counter Fraud Annual Report 2025/26 – Counter Fraud Annual Plan 2026/27 – Draft Annual Governance Statement – External Audit Plan & Fees
Assure (& Applaud)	The Committee wishes to provide assurance that: • Substantial Assurance was received from the draft Head of Internal Audit Opinion for 2025/26, albeit concern was raised regarding the number outstanding recommendations (as above). • Actions arising from procurement fraud work have been fully implemented, and critical infrastructure risks (including power supply to NICU and maternity theatres) have been effectively mitigated. • Conflicts of interest compliance improved to 93% in 2025/26 from 88% for 2024/25. • Through the annual review, the Committee was assured of its effectiveness over the year and compliance with its terms of reference and confirmed that this would be reflected in the narrative of the Trust's Annual Report.
Action for Board/Committee	The Committee requests that the Joint Board of Directors approve the following: • Self-Certification: Continuity of Services 7 (CoS7) Licence Condition • Annual Review of Provider Trust Code of Governance • Declaration on Going Concern Status The Committee requests that the Joint Board: • Support the positive outcome of the Audit Committee Annual Review 2025/26 (Appendix 1)
Report compiled by:	**David Jago, Non-Executive Director**
Minutes available from:	**Nonye Izu-Obi, Deputy Trust Secretary**

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	14/05/2026
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 Progress Reports • Charity Governing Documents • SFT: Review of Restricted and Inactive Funds Balances • SFT: Accounting, Banking & Audit Arrangements • Funding Applications Requiring Approval • Charitable Funds Strategy Development
Alert	No matters from this meeting to alert to the Corporate Trustee.
Advise	The Committee wishes to advise that: • Policies relating to charity income and expenditure, with supporting information for the use of charitable funds, will be presented to the Committee for review at the July 2026 meeting. • 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. • Approved the closure of certain SFT restricted and connected funds, noting that divisional directors and fundholders will be engaged before final implementation, with wider corporate communications support provided where appropriate. • The proposed SFT authorised signatories for investment funds were recommended for approval by the Corporate Trustee. • Charity Strategies with aligned structures would be developed for both Trusts before a first draft being presented and reviewed by the Committee at the July 2026 meeting.
Assure (& Applaud)	The Committee wishes to assure that: • Continuing progress is being made by the Charity Teams, as highlighted in the Charity Progress Reports. • 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.
Action for Board/Committee	The proposed SFT authorised signatories for investment funds were recommended and referred to the SFT Board of Directors as the Corporate Trustee for approval.

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

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	21/05/2026
Quorate	Yes

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

Agenda	The Committee/Group considered an agenda which included the following: • People Dashboard • Workforce Race Equality Standard (WRES) Report • Workforce Disability Equality Standard (WDES) Report • Staff Survey Narrative Analysis • Freedom to Speak Up Report – Q4 • Stockport NHS Foundation Trust (SFT) / Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Guardian of Safe Working Report – Q4 • 10 Point Plan: Getting the Basics Right for Resident Doctors • Safer Care (Staffing) Report • Joint People Committee Subgroups Terms of Reference and Annual Work Plans • SFT Educational Governance Group Alert, Advise & Assure (AAA) Report • TG ICFT Educational Governance Group Alert, Advise & Assure (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 Board of Directors.
Advise	The Joint People Committee will continue to seek assurance in areas below trajectory, including: • Mandatory training – TG ICFT. Compliance at 93.8% (below 95% target) following reporting changes. The Committee reaffirmed continued focus on mandatory training compliance across both Trusts, particularly in relation to safeguarding and resuscitation training. • Temporary staffing measures – price cap compliance (new NHS England metric) – SFT and TG ICFT. Medical price cap compliance is below the 30% target in both organisations (SFT 20.4%, TG ICFT 5.0%). Agenda for change compliance is below the 90% target in TG ICFT (74%), having previously been compliant under earlier measures. • Turnover – SFT. Performance is above target (12.2% vs 11%), reflecting methodology changes rather than underlying deterioration. • Sickness absence – SFT and TG ICFT. Sickness absence remains above target in both organisations, with pressure driven primarily by mental health-related absence. • Appraisal compliance – SFT and TG ICFT. Given that the appraisal window opened on 1 April 2026, the Committee acknowledged that performance was expected to remain below target at this point in the year.

	Ongoing improvement actions relating to the above metrics were acknowledged. The Committee received the WRES and WDES Reports and approved the publication of the associated data. The Committee noted the headlines, benchmarking information and agreed actions. The Committee acknowledged areas of improvement, and areas of focus, including staff survey responses from BAME staff in relation to their lived experience of working at TG ICFT. The Committee heard that the Equality, Diversity & Inclusion (EDI) and Organisational Development Plan would continue to support improvements in WRES and WDES performance. The Committee will continue to seek assurance in relation to the mandated priority areas from the staff survey (three from each Trust). The Committee approved the Terms of Reference and Work Plans 2026/27 of the following subgroups: - SFT Educational Governance Group - TG ICFT Educational Governance Group - Joint Health and Wellbeing Group - Joint Equality, Diversity & Inclusion Group
Assure (& Applaud)	The Committee received assurance that overall people performance across SFT and TG ICFT remains stable and generally well controlled, particularly in relation to temporary staffing, recruitment and establishment control. It was noted that 11 of the 15 workforce indicators at SFT and 10 of 15 at TG ICFT were meeting target. The Committee reviewed the Staff Survey narrative analysis, noting positive responses in relation to patient care, peer and team support and individual managers. The Committee heard about mitigating actions in place, including those being progressed through the Organisational Development Plan, Executive Big Conversations, and other relevant improvement initiatives. The Committee received a report from the Freedom to Speak Up (FTSU) Guardian and noted positive assurance regarding the use of the FTSU as a route for raising concerns. The Committee received reports from the SFT and TG ICFT Guardians of Safe Working, noting both areas of improvement and mitigating actions in place to address identified challenges. It was noted that a review of rota gaps would be undertaken to assess any associated risks. The Committee noted positive progress being made with the implementation of the 10 Point Plan for improving working lives for resident doctors.
Action for Board/Committee	No matters to refer to the Board or other Committees.
Report compiled by:	**Michael Forrest, Deputy Chair / Non-Executive Director**
Minutes available from:	**Soile Curtis, Deputy Company Secretary**

Agenda Item: 7.1

Report Title:	Final Operational Plan 2026/27
Presented to:	Council of Governors (In Common)
Date:	17 June 2026
Accountable Executive Director:	Paul Buckley, Executive Director of Strategy & Partnerships
Report Author:	Andy Bailey, Deputy Director of Strategy & Partnerships
Previously consider by:	Joint Executive Team Finance & Performance Committee 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**	☒ **Assurance**	☐ **Discussion**

Recommendation(s):

The Council of Governors are asked to receive a summary of the final strategic plan narrative.

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 risks

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	Appendix 1
Financial impacts if agreed/not agreed	Appendix 1
Regulatory and legal compliance	Appendix 1
Sustainability (including environmental impacts)	Appendix 1

Executive Summary

This report provides a summary version of the updated strategic plan narrative that reflects the final submission made on 26th March 2026.

At the Board of Directors meeting on 4 June 2026, the full narrative and details of the necessary actions outlined in the Medium-Term Plan (MTP) acceptance letters received by both Trusts on 22nd April 2026 was presented.

Appendix 1 - Strategic Plan Narrative

Medium Term Operational Plan 2026/27 to 2028/9

Stockport NHS Foundation Trust & Tameside & Glossop Integrated Care NHS Foundation Trust

1. Introduction & Strategic Vision

Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TGICFT) work in close partnership within the Greater Manchester Integrated Care System (ICS). Together, we serve a vibrant but complex population characterised by an aging demographic, rising medical needs, and significant health inequalities.

- **Stockport NHS Foundation Trust (SFT)** provides acute hospital and community services across seven neighbourhoods in the Stockport metropolitan borough, as well as supporting patients from Eastern Cheshire and the High Peak areas of Derbyshire.

- **Tameside & Glossop Integrated Care NHS Foundation Trust (TGICFT)** delivers acute hospital services from its main site in Ashton-under-Lyne and community services across four neighbourhoods in Tameside and Glossop.

To meet our shared challenges, our organisations have established and now operate under a joint leadership structure, including a shared Chair, Chief Executive, and Executive Team. Starting April 1, 2026, a new Joint Board will govern both Trusts. Throughout 2026/27, we will launch a unified Organisational, Clinical, and Quality Strategy.

2. Key Operational Commitments (2026–2029)

Both Trusts have rigorously reviewed internal capacity, regional demand, and community transformation metrics to establish an ambitious but realistic delivery roadmap.

Urgent and Emergency Care (UEC)

Our top operational priority is ensuring safe, timely care. Both Trusts are committed to achieving compliance with the national 4-hour Emergency Department (ED) standard by March 2027.

- **Stockport Approach:** We are expanding community-based Urgent Treatment Centres (UTCs) to stream 45–50 patients per day away from the ED. Concurrently, localised community initiatives aim to reduce No Criteria to Reside (NCtR) delays by 23 patients per day. By 2027/28, the Bluebell Ward will transition into a dedicated community frailty service to improve patient flow.

- **Tameside & Glossop Approach:** Our urgent care infrastructure is significantly impacted by an acute bed deficit. The Greater Manchester Integrated Care Board (ICB) and NHS England (NHSE) have committed to resolving this bed deficit by Q4 of 2026/27. Long-term, the Trust has developed a business case for two new hospital wards by late 2027, subject to securing external capital funding.

Elective Care & Diagnostics

- **Referral to Treatment (RTT):** Both organisations have outlined clear, data-driven pathways to achieve a 7% improvement in elective wait times. Realising this target is dependent on securing definitive ICB contract income (£3.7m for Stockport; £2.5m for Tameside).
- **Diagnostics:** Both Trusts meet national diagnostic planning guidelines. Stockport has initiated a targeted recovery plan to address early-year capacity delays in Audiology, aiming for full compliance with the 6-week diagnostic standard by Q3 of 2026/27. Continuous delivery relies on adequate funding for extra MRI capacity.

3. Financial Sustainability & Efficiency

The health economies of Stockport and Tameside & Glossop have historically faced intense financial pressures. TGICFT, as the smallest acute hospital in Greater Manchester, experiences high fixed overhead costs due to a heavy reliance on unplanned care.

Entering the 2026/27 financial year, the Trusts face baseline deficits of £49.9m (SFT) and £51.5m (TGICFT). Both organisations are in receipt of Deficit Support Funding (DSF) and are working toward a state-backed target of a break-even financial position by the end of 2030/31 (Year 5).

Our 3-Year Recovery Strategy
Our financial plan projects meeting organisational financial control totals by Year 3 2028/29) through several key mechanisms:

Financial Lever	Strategy & Implementation
Cost Improvement Programmes (CIP)	A recurrent **5% annual efficiency target** across all operating expenditures, focused heavily on boosting operational productivity.
Income Correction	Transitioning away from restrictive "block contracts." The plan assumes the phased receipt of fair-value, activity-based funding for out-of-area patients (totalling £15m for TGICFT and £9.3m for SFT by 2028/29).
Temporary Staffing Reductions	A rigorous effort to reduce reliance on expensive agency and bank staff, achieving full compliance in Year 1.

Capital Infrastructure Priorities

To ensure safe estates and modern delivery environments, our medium-term capital investments prioritise:

- Implementing a joint Electronic Patient Record (EPR) system via national frontline digitisation funding.
- Upgrading operating theatres at both hospital sites.
- Constructing a replacement Pathology Laboratory at Stockport.
- Developing new inpatient wards at Tameside.
- Investing in green technologies to meet NHS Net-Zero carbon mandates.

4. Workforce Transformation

Our staff are our greatest asset. Aligning with the **NHS Long Term Workforce Plan**, we are pivoting our workforce strategy from traditional hospital-based models to predictive, community-based care.

The Three Strategic Shifts

- **From Hospital to Community:** Training staff for neighbourhood and preventative care models.
- **From Analogue to Digital:** Implementing AI, automation, and Robotic Process Automation (RPA) to reduce administrative burdens and give clinicians more time with patients.
- **From Sickness to Prevention:** Designing multidisciplinary roles focused on proactive, personalised health coaching.

Through an analytical review of historical staffing trends, vacancy hotspots, and retirement risks, we are expanding our local recruitment pipelines, maximising apprenticeships, and prioritising staff well-being based on National Staff Survey insights.

5. The "ADOPT" Continuous Improvement Model

To ensure efficiencies translate into better patient experiences rather than reduced access, the Joint Executive Team has introduced the **"ADOPT" Continuous Improvement Strategic Model**.

Align
to our strategic ambitions

Develop
a continuous improvement culture

Organisational Partnerships
to deliver sustainable change

People
placed at the heart of our plans and engagement

Train
our people to deliver improvement

Immediate Transformation Priorities

- **Emergency Departments:** Improving triage, navigation, and streaming patients into Same Day Emergency Care (SDEC) to prevent long waits.
- **Outpatients:** Expanding "Advice & Guidance" channels and deploying Patient-Initiated Follow-Ups (PIFU) to eliminate unnecessary appointments.
- **Cancer Services:** Enhancing pathways to meet and exceed the national Faster Diagnosis Standard.

6. Managing Strategic Risks

Progress requires managing complex, interlocking risks. Both Boards utilise a structured Board Assurance Framework (BAF) to continuously monitor and mitigate threats to our strategy.

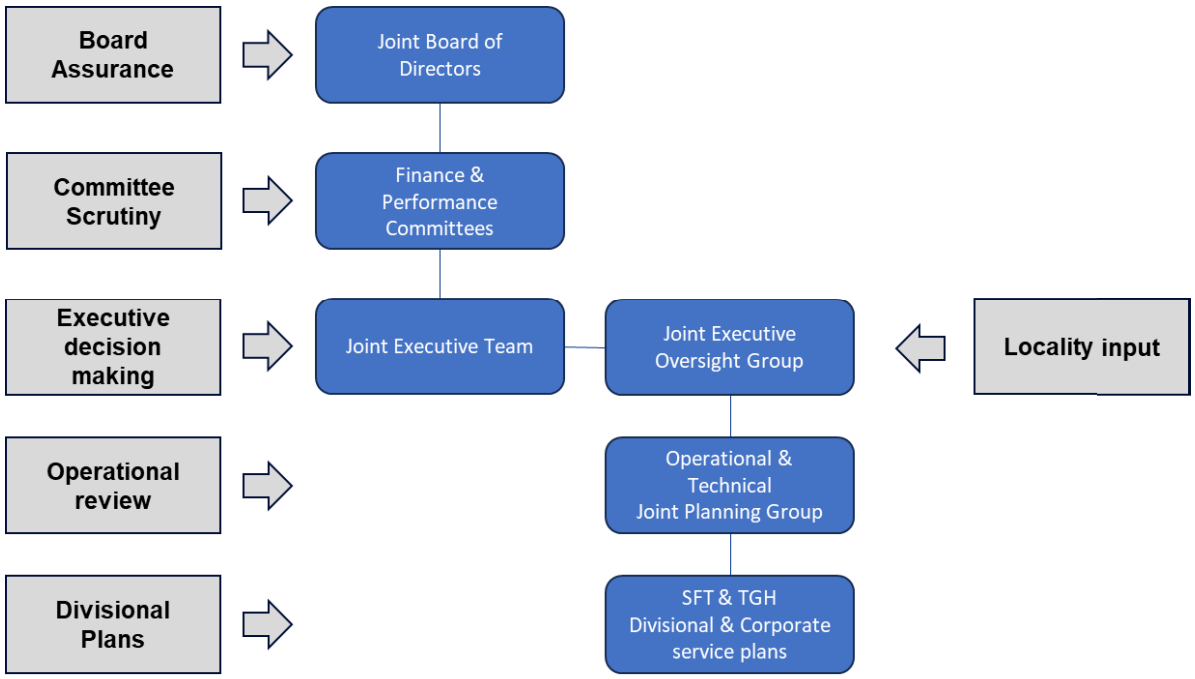
- **Financial Sustainability:** Meeting a 5% efficiency target while managing baseline deficits is an ultra-high risk. Mitigation includes rigorous executive-led productivity portfolios, monthly progress audits with the ICB, and long-term service reconfigurations.

- **Operational Delivery:** Exceptionally high bed occupancy rates (historically exceeding 98%) frequently disrupt patient flow. We are mitigating this via localised system partnerships to safely accelerate complex patient discharges and reduce intermediate care delays.
- **Quality of Care:** High operational pressures must never compromise patient safety. The Trusts actively triangulate efficiency targets against clinical outcomes through robust "ward-to-board" governance, ensuring quality and safety remain at the heart of everything we do.

5. Monitoring and Reporting

Development, assurance and approval of our plan submissions is reported and monitored via established governance arrangements. A Joint Executive Oversight Group for planning is established across the two Trusts.

The diagram below represents the governance arrangements in place to monitor and report on both development and delivery of our plan.



Supporting this at both organisations is a performance framework to ensure accountability and support of the clinical and operational divisions. A monthly cycle of meetings is established to ensure monitoring of all key metrics across quality, performance, finance and workforce with specific sessions on CIP, productivity & efficiency.

Agenda Item: 07.2

Report Title:	Corporate Objectives 25/26 Year End Report & 2026/27 Outcome Measures
Presented to:	Council of Governors (In Common)
Date:	17 June 2026
Accountable Executive Director:	Paul Buckley, Director of Strategy and Partnerships
Report Author:	Matthew Edwards, Strategy and Partnerships Manager
Previously consider by:	Joint Executive Team

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 Council of Governors are asked to note the substantial progress made in delivering the agreed corporate objectives for 2025/26 and the approved 2026/27 key outcome measures.

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:

- 1.1, 1.3, 1.4 – Quality, safety and performance standards
- 2.1 – Workforce wellbeing and attendance

- 3.1, 3.2 – Partnership working and health inequalities
- 4.1, 4.2 – Workforce capacity and inclusion
- 6.1, 6.2 – Financial delivery and sustainability
- 7.1, 7.2, 7.3, 7.4 – Digital infrastructure, estates resilience and strategic estate development

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 provides a year-end overview of the delivery against the Trust's 2025/26 corporate objectives, developed jointly between both Trusts. It is presented to provide assurance on progress and performance.

Overall, strong progress has been made across most objectives, 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. These achievements demonstrate strengthened system collaboration and improved foundations for future service delivery.

Some key pressures remain, notably in urgent and emergency care performance, and elements of the estate and infrastructure programme. These areas present ongoing operational and strategic risks and will require continued focus.

For SFT, at year end, most objectives have been delivered, out of 40 objectives there are 31 rated Green, 8 Amber and 1 Red.

For TGICFT, at year end, most objectives have been delivered, out of 36 objectives there are 29 rated Green, 6 Amber and 1 Red.

For the purposes of the 2026/27 objectives, which currently remain the same, a set of key outcome measures have included from Executive Directors appraisals that have been approved by the Board of Directors.

1. Introduction

This report provides a year-end assessment of the delivery against the Trust's 2025/26 corporate objectives and associated key outcome measures and includes measures for 2026/27.

2. Background

Following approval by the Trust Boards to maintain the same overarching corporate objectives for 2025/26, a set of key outcome measures were developed. These allow the Joint Executive Team and Board to monitor key programmes of work, enabling both Trusts to meet their statutory obligations and deliver their strategic plans.

3. Progress Update

Key outcome measures were established to enable the Board to monitor progress across priority programmes of work, with performance assessed using a Red, Amber, Green (RAG) rating system.

At year end, most objectives have been delivered, out of 40 objectives at SFT there are 31 rated Green, 8 Amber and 1 Red. At year end, most objectives have been delivered, out of 36 objectives at TGICFT there are 29 rated Green, 6 Amber and 1 Red, providing an overall view of performance against the agreed objectives. There are a number of acronyms used multiple times within the report, which are highlighted below:

- **EDI** – Equality, Diversity and Inclusion
- **EPR** – Electronic Patient Record
- **GIRFT** – Getting It Right First Time
- **LoS**: Length of Stay
- **NHSE**- NHS England
- **PSIRF** – Patient Safety Incident Response Framework

The corporate objectives are jointly agreed across both Trusts and flow from national guidance, regional and locality plans. These are reflected in the Executive Directors' objectives and underpin delivery of shared strategic priorities for 2025/26.

4. Objectives & Outcome Measures for 2026/27

Executive Directors have now completed their appraisals and the outcome measures associated with them have been approved by the Board of Directors. At the point of the half year review, any changes resulting from the new joint Organisational Strategy will be considered.

5. Recommendations

The Council of Governors are asked to note the substantial progress made in delivering the agreed corporate objectives for 2025/26 and the approved 2026/27 key outcome measures.

Appendix 1 – Key Outcome Measures 2025/26

Key Outcome Measures *How will we know we will have achieved our objectives?*	RAG Rating
1 - Deliver personalised, safe and caring services	
Deliver national waiting time / performance requirements, including: • Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026	G
• Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026	G
• Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	G
• Improve performance against the headline 62-day cancer standard to 75% by March 2026	G
• Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	G
• Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	A - SFT R - TGICFT
To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2025/26.	A - SFT G
Develop a joint quality strategy in Q3 2025/26.	G
Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition.	G
To continue the roll out of the StARS Accreditation Programme, improving the number of areas achieving 'green' and 'blue' status.	A - SFT G
2 - Support the health and wellbeing needs of our community and colleagues	
To support the Health & Wellbeing of our colleagues through a range of Health & Wellbeing initiatives, reducing sickness and absence levels.	A
Develop a new joint operational planning process and complete in Q4 2025/26.	G
Develop a new joint organisational strategy by the end of Q1 2026/27.	G
3 - Develop effective partnerships to address health and wellbeing inequalities.	
To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.	A
Develop a new joint clinical strategy by Q2 2025/26.	G
To develop joint working opportunities for collaboration between Tameside & Glossop and Stockport within the priority clinical services identified; Gastroenterology, Radiology, Pathology and Pharmacy.	G
Implement the health inequalities action plan and progress each of the underpinning actions within each of the five priorities.	A
Support the locality vision for development of an intermediate care facility in Stockport ensuring it supports the needs of the Trust and Community Patient Population.	G

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs	
To continue with the OD, Talent and Leadership Plan, strengthening leadership and management approaches, fostering and improving working relationships within teams and across the organisation.	G
To develop workforce plans that builds on the future workforce requirements, new roles, apprenticeships and is in line with the NHS Long Term Workforce Plan.	G
Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and improving colleague experience.	G
Continue to build the Place-Based collaborative working partnership with the Local Authorities within Tameside & Stockport, working with colleges in both localities to co-create and deliver employment opportunities for our residents of Stockport and Tameside.	G
To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.	G
Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions.	G
To respond proactively to staff survey feedback to demonstrate improvements.	G
5 - Drive service improvement through high quality research, innovation and transformation.	
To implement the Trust Research and Development Strategy objectives for 2025/26.	G
To implement the Trust Transformation & Service Improvement strategy objectives for 2025/26.	G
To complete an update of the Trust's website.	G
6 - Use our resources efficiently and effectively	
To deliver the Trust's Financial, Revenue and Capital Plans.	G
To deliver the Trust's financial efficiency programmes.	G
To complete the final accounts for the year end which receive a compliant audit report.	G
To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.	G
7 - Develop our Estate and Digital infrastructure to meet service and user needs	
To complete the EPR Business Case by January 2026 and recruitment process across both Tameside and Stockport by March 2026.	G
The rollout of the new digital Laboratory Information System is completed. T&G - October 2025 – Blood Transfusion; February 2026 - Microbiology SFT - June / July – Microbiology and Cellular Pathology; September / October – Biochemistry, Haematology and Blood Transfusion.	G A - TGICFT
To develop and implement a Way Finding Strategy.	A
To deliver the Trust's Green Plan objectives for 2025/26	G
To continue to engage key stakeholders in the development of the new hospital OBC for Stockport and to complete a transition plan for the hospital site to address the poor capital stock.	R
To develop a business continuity plan for Pathology services to address the fragility of the estate.	G
To develop a car parking strategy for Stockport and implement year one of the agreed changes.	G
To develop a site rationalisation plan for Stockport by March 2026.	A

Appendix 2 – Key Outcome Measures 2026/27

	Key Outcome Measures *How will we know we will have achieved our objectives?*	
1 - Deliver personalised, safe and caring services		
	Improve urgent and emergency care performance to achieve compliance with the 4-hour ED standard (82%) by March 2027.	JMcS/JOB
	Improve elective performance, including delivery of a minimum 7% improvement in RTT performance by March 2027 (67% SFT and 80.3% TGH).	JMcS/JOB
	Deliver a compliant cancer plan, maintaining focus on national cancer standards, including the Faster Diagnosis Standard (80%), 31-day (94%) and 62-day (80%) standard.	JMcS/JOB
	Deliver diagnostic planning requirements, including a 2% improvement in the percentage of patients receiving a diagnostic test or procedure within 6 weeks.	JMcS/JOB
	Improve the safety and quality of care across both Trusts with full preparation completed for CQC inspection and eradication of corridor care by March 2027.	JB
	Lead delivery of the Maternity Improvement Programme across both Trusts and ensure exit from enhanced oversight by January 2027.	JB
	Improve patient experience and strengthen patient voice across both Trusts, increasing Blue Star-rated areas across services by March 2027.	JB
2 - Support the health and wellbeing needs of our community and colleagues		
	To support the health & wellbeing of our colleagues through a range of targeted initiatives to reduce sickness absence levels (SFT 5.40% and 5.30% T&G).	AB
	Improve staff survey scores in key People Promise themes (e.g. health & wellbeing, work-related stress and line manager support), with year-on-year improvement against baseline.	AB
3 -Develop effective partnerships to address health and wellbeing inequalities.		
	To progress further integration of all remaining corporate functions across both Trusts by March 2027.	All
	Complete phases 2 (systematic review of the best clinical model) (September 2026) and 3 (implications on clinical leadership and organisational structures) within the new joint clinical strategy (March 2027).	PB
	Implement the health inequalities action plan and progress each of the underpinning actions within each of the five priorities.	DS
4 - Develop a diverse, talented and motivated workforce to meet future service and user needs		
	Achieve mandatory training compliance of 95% and appraisal compliance of 92% across both Trusts.	AB
	Strengthen workforce planning and temporary staffing controls, including achievement of bank (10% reduction), agency (30% reduction) and price cap requirements.	AB
	Refresh and deliver a People Strategy that strengthens workforce sustainability, improves staff experience, and supports delivery of organisational objectives, aligned to the NHS People Promise	AB
5 - Drive service improvement through high quality research, innovation and transformation.		
	To implement the Trust Research and Development Strategy objectives for 2026/27.	DS
	To implement the Trust Transformation & Service Improvement Strategy objectives for 2026/27.	KJ
6 - Use our resources efficiently and effectively.		
	To deliver the Trust's financial plans (including meeting the control totals) and capital plans by March 2027.	All

	Key Outcome Measures *How will we know we will have achieved our objectives?*	
	To deliver the Trust's financial efficiency programmes by March 2027.	All
	To complete the final accounts for the year end, which receive a compliant audit report.	JG
	To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.	DS
7 - Develop our Estate and Digital infrastructure to meet service and user needs.		
	To progress the implementation of the approved EPR Business Case.	PN
	The rollout of the new digital laboratory information system at TGICFT by March 2027 for blood transfusion & microbiology.	JOB
	To deliver the Trust's green plan objectives for 26/27.	GH
	To develop a strategic estates vision by March 2027.	GH

Agenda Item: 8

Report Title:	System Partnerships Report
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
Executive Director Lead:	Karen James, Chief Executive

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 Councils of Governors is asked to receive the update on system partnerships work and note further detail regarding the neighbourhood approach will be presented to the Councils of Governors at the next meeting.

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

Across Greater Manchester (GM), the health and care system continues to evolve in response to national reform, with increasing emphasis on partnership working.

Integrated Care Board (ICB) reforms are focused on a transition towards strategic commissioning, alongside the development of a 10-locality operating model. The development of more standardised approach to for each of the 10 localities is seeing a particular focus on the following components: Place Teams, Place Funding, Place Outcomes Framework and Place Partnership Agreement. Together, these are intended to bring greater consistency across GM while still allowing for flexibility to reflect local population needs. Specifically, the Place Outcomes Framework is being developed to establish a common set of measures across all localities. These will support improved oversight of performance and outcomes, including areas such as demand management for urgent and planned care, which will need to align with the assumptions within Trust plans.

Live Well is Greater Manchester's flagship neighbourhood-based prevention and public service reform programme, led by communities and backed by GMCA, NHS GM, the 10 GM local authorities and the VCFSE sector. It aims to ensure great everyday support is available in every neighbourhood, shifting the system from crisis response to prevention. Aligned to this programme is the investment in the voluntary, community faith and social enterprise organisations, developing a Live Well workforce and Live Well Centres as spaces, which connect everyday support across public services and community and voluntary groups.

Neighbourhoods are being established across both localities (seven in Stockport and four in Tameside & Glossop), aligned where possible with primary care and wider public service footprints. National guidance reinforces that neighbourhood health extends beyond clinical care, focusing on joined-up support across health, social care and wider determinants of health, such as housing, employment and social isolation.

This paper provides a high-level overview of the direction of travel and the scale of reform underway across GM and at place level. Both Trusts are actively engaged in this work through system partnerships, governance structures and operational delivery.

A further, more detailed update on the development of neighbourhood working will be provided at the next meeting of the Council of Governors, including a presentation from the Deputy Place-Based Lead for Stockport, to support a deeper understanding of how this approach will be implemented.

Agenda Item: 09

Report Title:	Membership Group Progress Report
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
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 and confirm the current position against the Membership Action Plans.**

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

In March 2026, both Councils of Governors agreed that the respective membership groups should operate jointly to oversee implementation of the Membership Strategies & Action Plans. The first joint Membership Group meeting was held on 18 May 2026. The following governors were in attendance:

- Howard Austin, Public Governor SFT
- Peter Chadbourne, Public Governor SFT
- Muni Coverley, Public Governor TG ICFT
- Linda Kent, Appointed Governor and Lead Governor TG ICFT
- Mike Ramsden, Public Governor TG ICFT
- Lesley Surman, Public Governor SFT

The meeting was supported by the Director of Corporate Governance and Membership Governance Manager.

Howard Austin was appointed as Chair of the Membership Group for a 12-month period to 31 May 2027.

The Membership Group considered the following items at the meeting:

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

Membership Recruitment

The current SFT Membership Action Plan (September 2025 – September 2026) sets an aim to maintain an overall public membership number, with a minimum of 7,897 members, and increase the number of members in the 16-21 age group by +100% in year.

Stockport NHS Foundation Trust				
	01/09/25	**01/12/25**	**01/03/26**	**11/05/26**
Total Public Membership	10,001	9,883	9,914	9,968
Membership Age 16-21	62	78	121	155

In the period Sept 2025 – April 2026 the Civica data cleanse reported the removal of 242 members.

The current TG ICFT Membership Action Plan (June 2025 – June 2026) sets an aim to maintain an overall public membership number, within 1% of the starting total (target total in the range of 2,041-2,083) and increase the number of members in the 16-21 age group by +100% in year.

Tameside & Glossop Integrated Care NHS Foundation Trust				
	01/09/25	**01/12/25**	**01/03/26**	**11/05/26**
Total Public Membership	2,078	2,079	2,087	2,096
Membership Age 16-21	10	10	14	18

In the period Sept 2025 – April 2026 the Civica data cleanse reported the removal of 30 members.

Key activities undertaken during the quarter included:

- Promotion of Council of Governors meetings and Trust membership via posts on the Trust's respective social media accounts and via external e-bulletins.
- Launch of the TG ICFT governor elections. Information was shared via the Trust website and social media channels.
- Attendance at fortnightly SFT student induction sessions resulting in 53 new members since March.
- Attendance at the Healthwatch Tameside Health & Wellbeing Event in March to engage with attendees and promote membership.
- Promotion of membership to current volunteers.

An overview of progress against other actions within the two Membership Action Plans was also considered by the Membership Group.

It was noted that the SFT Health Talk scheduled for May 2026 had been cancelled due to staff availability. A proposed member's event as part of the Annual Members Meetings will be explored.

Next Steps
The Membership Group agreed that the current Membership Action Plans be merged, creating a joint Action Plan to run from September 2026. The joint Action Plan will be presented to the Membership Group for consideration and approval at the August meeting before being recommended for approval to the meeting of the Council of Governors in Common in September.

The Membership Group noted that the current Foundation Trust governor model was proposed to cease in March 2027, and membership would also cease at that point. It was agreed to continue with the Group until further clarity was received on timeframes and new approach.

There are currently five SFT governors and three TG ICFT governors on the Membership Group; if any more governors wish to join meetings (even on an ad hoc basis), please contact Alison Lever, Membership Governance Manager, on alison.lever@tgh.nhs.uk or 07385 689992

Agenda Item: 10

Report Title:	Membership Group Terms of Reference
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
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 approve the Terms of Reference for the joint Membership Group.

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
To review progress against the current SFT and TG ICFT Membership Strategies 2025-28 and associated Action Plans, it was agreed to establish a joint subgroup of the two Council of Governors – the Membership Group. In addition to oversight of implementation of the Action Plans, the group would also support development of future plans and keep under review pertinent matters to the membership. Terms of Reference for the Membership Group outline the formal responsibilities involved.

MEMBERSHIP GROUP

TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Council of Governors of Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust hereby resolve to appoint a Group, to be known as the Membership Group.

1.2 The Membership Group shall have terms of reference and is subject to such conditions, such as reporting to the Councils of Governors, in accordance with any legislation, regulation or direction issued by the Trusts.

1.3 The Membership Group is constituted as a working group of both Councils of Governors to assist in ensuring the Councils of Governors (CoG) meet their duty to represent the interests of the members of Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust and of the wider public and contribute to the development and implementation of the Membership Strategies.

2. PURPOSE OF THE GROUP

The overarching purpose of the Membership Group is to:

2.1 Set out key actions and initiatives to be undertaken each year to support implementation of the Membership Strategies, by developing annual plans that include membership recruitment and engagement initiatives

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

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

- Reviewing membership data and considering how best this can be understood and utilised.
- Using this information to identify areas where more members should be recruited.
- Identifying relevant links with community groups / forums and use these to recruit and engage members.
- Ensuring appropriate mechanisms are in place to record feedback received by governors, providing evidence of governors fulfilling their statutory duty to represent members and the public.

3. COMPOSITION & CONDUCT OF THE GROUP

3.1 Membership

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

3.2 Chair

3.2.1 A governor will be elected by members of the Membership Group as Chair on an annual basis.

3.3 Quorum

3.3.1 Quorum will be two governors from Stockport NHS Foundation Trust and two governors from Tameside & Glossop Integrated Care NHS Foundation Trust.

3.4 Frequency of meetings

3.4.1 The Membership Group shall meet quarterly.

3.5 Conduct of Meetings

3.5.1 Members of the Membership Group will be expected to uphold the seven principles for standards in public life enumerated by the Nolan Committee (see Code of Conduct for Governors) and the Trust values.

3.5.2 The meetings will follow the following format:

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

4. RELATIONSHIP WITH THE COUNCIL OF GOVERNORS

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

5. REVIEW

5.1 The Membership Group will review its terms of reference and membership regularly (at least every three years) and recommend any changes to the Council of Governors in Common for approval.

5.2 The Council of Governors in Common will review the performance of the Membership Group against the stated definition and purpose annually.

Agenda Item: 11

Report Title:	Nominations Committee in Common Membership
Presented to:	Council of Governors (In Common)
Date:	17/06/2026
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 TG ICFT Council of Governors is asked to note that the term of office of one member of the Nominations Committee is coming to an end and therefore interested governors are asked to submit self-nominations to fill the position via email to alison.lever@tgh.nhs.uk by 5 July 2026.

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

A Nominations Committee of the TG ICFT Council of Governors has been established with responsibility for:

- The identification and nomination of Non-Executive Directors, including the Chair
- Consideration of appropriate succession planning for Non-Executive Directors
- Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
- Managing the process for any removal of the Chair and other Non-Executive Directors

In line with the transition to joint corporate governance arrangements, the TG ICFT Nominations Committee generally operates 'in common' with the SFT Nominations Committee, who each make recommendations to the respective Councils of Governors regarding the above.

The term of office of one the TG ICFT members of the Nominations Committee expires at the end of June in line with his expiration as a governor: Mr Raja Swaminathan.

Eligible TG ICFT governors interested in becoming a member of the Nominations Committee are asked to submit a self-nomination. In line with the Nominations Committee Terms of Reference, governors on the Committee shall have served a minimum of one year or be considered to have the relevant experience. All classes of TG ICFT governor (Public, Staff and Appointed) may become a member. TG ICFT governors who have previously been members of the Nominations Committee are able to re-stand, as long as they remain a governor.

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

The outcome will be communicated to any governor who has submitted an interest and will also be confirmed at the next meeting of the Council of Governors in Common on 2 September 2026.

1. Purpose

1.1 The purpose of this report is to review the membership of the TG ICFT Nominations Committee in light of the term of office for one TG ICFT member of the Nominations Committee (Raja Swaminathan) expiring at the end of June 2026.

2. Introduction / Background

2.1 A Nominations Committee of the Council of Governors has been established with responsibility for:

- The identification and nomination of Non-Executive Directors, including the Chair
- Consideration of appropriate succession planning for Non-Executive Directors
- Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
- Managing the process for any removal of the Chair and other Non-Executive Directors.

In line with the transition to joint corporate governance arrangements, the TG ICFT Nominations Committee generally operates 'in common' with the SFT Nominations Committee, who each make recommendations to the respective Councils of Governors regarding the above.

3. Nominations Committee Membership

3.1 As stated in s2.1 of the Nominations Committee Terms of Reference, membership comprises four governors from each Trust (including the Lead Governor), and governors on the committee shall have served a minimum of one year or be considered to have the relevant experience.

3.2 The membership of the Nominations Committee currently includes:

Name	Expiry
Tameside & Glossop Integrated Care NHS Foundation Trust	
Linda Kent	End of Lead Governor term
Neil Phillips	30 March 2027
Raja Swaminathan	30 June 2026
Nicola Withington	30 June 2027

3.3 The term of office of one TGICFT governor member of the Committee, Raja Swaminathan, expires at the end of June 2026, therefore self-nominations are sought from TG ICFT governors to fill the vacancy. The term of office will be subject to individuals continuing to hold the office of governor.

3.4 Any interested TG ICFT governor/s are invited to submit an expression of interest, briefly highlighting their suitability to the position, in writing to Alison Lever, Membership Governance Manager (alison.lever@tgh.nhs.uk), by 5 July 2026.

3.5 Where there is a nomination equal to the number of vacancies, the nominee will be appointed as a member unopposed. Where there are more nominations than vacancies, a discussion will take place between the Joint Chair, Director of Corporate Governance and the TG ICFT Lead Governor considering the nominations, alongside current membership of the Committee and the context in which the Nominations Committee in Common is operating.

3.6 The outcome will be communicated to any governor that has expressed an interest and confirmed at the next meeting of the Council of Governors on 2 September 2026.

4. Recommendation

4.1 The TG ICFT Council of Governors is asked to:

- Review the membership of the Nominations Committee
- Submit self-nominations to fill the vacant member position to the Membership Governance Manager by 29 June 2026.

Council of Governor Elections 2026 – Briefing Note

1. Tameside & Glossop Integrated Care NHS Foundation Trust

An election process has been undertaken for the following TG ICFT constituencies:

- Ashton-under-Lyne (1 seat)
- Denton & Gorton (2 seats)
- Glossop (2 seats)
- Stalybridge & Hyde (1 seat)
- Rest of England & Wales (1 seat)
- Staff – clinical (1 seat)

Nominations Received

The number of nominations received by closing date, 13 May 2026 were as follows:

- Ashton-under-Lyne - 1 (1 seat)
- Denton & Gorton - 0 (2 seats)
- Glossop - 1 (2 seats)
- Stalybridge & Hyde - 2 (1 seat)
- Rest of England & Wales – 1 (1 seat)
- Staff – clinical – 0 (1 seat)

Consequently, nominees in Ashton-under-Lyne, Glossop and Rest of England & Wales constituencies are elected unopposed.

The timetable for the voting stage of the election process for the Stalybridge & Hyde candidates is detailed below:

ELECTION STAGE	TIMETABLE
Notice of Poll published	3 June 2026
Voting packs despatched	4 June 2026
Close of election	29 June 2026
Declaration of results	**30 June 2026**

The Council of Governors in Common will be advised of the results. All new governors will commence in post on 1 July 2026.

2. Stockport NHS Foundation Trust

The terms of office for several current SFT governors are due to end in October 2026.

However, in light of the clearer direction towards the cessation of the current Foundation Trust model, including the role of governors and membership, and with the Health Bill anticipated to pass by the end of March 2027, this would result in newly appointed governors serving for only around six months, attending approximately two formal meetings, and requiring induction during this period.

A review will therefore be undertaken to consider the implications of this position, including options being explored by other Trusts, alongside an assessment of those matters that must, under statutory requirements, be approved by governors during this period.

A further update will be provided to governors in due course.

Tameside & Glossop Integrated Care NHS Foundation Trust

Annual Members' Meeting

Thursday 24 September 2026
5:00pm – 6:30pm

Room LG03, Lecture Theatre,
Werneth House, Fountain Street,
Ashton-Under-Lyne, OL6 9RW

Agenda

4:30pm	Sign In & Refreshments Opportunity to meet your governors and share feedback.	
5:00pm	Welcome and Opening Remarks	David Wakefield, Joint Chair
5:15pm	Review of the Year 2025/26 and Looking Ahead	Karen James OBE, Chief Executive
5:35pm	Annual Accounts 2025/26	John Graham, Chief Finance Officer
5:50pm	Question & Answer Session	David Wakefield, Joint Chair
6:15pm	Closing Remarks	David Wakefield, Joint Chair
6:20pm	Meeting Close	

Stockport NHS Foundation Trust

Annual Members' Meeting

Thursday 1 October 2026
5:00pm – 6:30pm

Pinewood House Education Centre
Poplar Grove
Stockport SK2 7JE

Agenda

4:15pm	Sign In & Refreshments Opportunity to meet your governors and share feedback.	
5:00pm	Welcome and Opening Remarks	David Wakefield, Joint Chair
5:15pm	Review of the Year 2025/26 and Looking Ahead	Karen James OBE, Chief Executive
5:35pm	Annual Accounts 2025/26	John Graham, Chief Finance Officer
5:50pm	Question & Answer Session	David Wakefield, Joint Chair
6:20pm	Closing Remarks	David Wakefield, Joint Chair
6:25pm	Meeting Close	

Council of Governors SFT & TGICFT Corporate Calendar 2026/27

	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			17th 11:00-12:00			30th 1:00-2:00			22nd 1:00-2:00	
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 9:30-12:00 *Core skills* Room G38, Werneth House, Tameside		16th 2:00-4:00 Pinewood Lecture Theatres, Stockport		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

		13/03/2025	10/06/2025	03/09/2025	11/12/2025	21/01/2026	17/03/2026
Name	**Constituency**						
Muni Coverley	Ashton-Under-Lyne	Apologies	✓	✓	Apologies	✓	✓
Champak Mistry	Ashton-Under-Lyne	✓	✓	✓	✓	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	Apologies
Neil Phillips	Stalybridge & Hyde	Apologies	Apologies	Apologies	✓	✓	✓
Richard Umpleby	Stalybridge & Hyde	✓	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	✓	Apologies		
Melanie Lamb	Staff - non clinical	✓	✓	Apologies	✓	✓	Apologies
Nicola Withington	Staff - non clinical	Apologies	✓	✓	✓	Apologies	✓
Linda Kent (Lead Governor)	Healthwatch Tameside	✓	✓	✓	✓	✓	✓
Anthony McKeown	High Peak Borough Council	✓	Apologies	Apologies	✓	✓	Apologies
Nicola Welland	Tameside College	✓	Apologies	Apologies	✓	✓	Apologies
Eleanor Wills	Tameside MBC	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies
Meeting quorate?		**Yes**	**Yes**	**No**	**Yes**	**Yes**	**Yes**

		19/03/2025	18/06/2025	10/09/2025	10/12/2025	21/01/2026	11/03/2026
Name	**Constituency**						
Paula Hancock	Staff	Apologies	✓	✓	✓	Apologies	✓
David McAllister	Staff	Apologies	Apologies	✓	✓	✓	Apologies
Ruth Perez-Merino	Staff	Apologies	Apologies	✓	✓		
Yogalingam Ganeshwaran	Staff	✓	✓				
Carol Greene	Bramhall & Cheadle	Apologies					
Dominic Hardwick	Bramhall & Cheadle				✓	Apologies	✓
Keith Holloway	Bramhall & Cheadle				✓	✓	✓
Adrian Nottingham	Bramhall & Cheadle	✓	Apologies	Apologies			
Michelle Slater	Bramhall & Cheadle	✓	✓	✓	✓	Apologies	✓
Sarah Thompson	Bramhall & Cheadle	✓	✓	✓	✓	✓	✓
Howard Austin	Tame Valley & Werneth	✓	✓	✓	✓	✓	✓
Alan Gibson	Tame Valley & Werneth	Apologies					
Alexander Wood	Tame Valley & Werneth	✓	✓	Apologies	✓	✓	✓
Tad Kondratowicz	Heatons & Stockport West	✓	✓	✓	✓	Apologies	✓
Victoria MacMillan	Heatons & Stockport West	✓	✓	Apologies	Apologies	Apologies	✓
Chris Summerton	Heatons & Stockport West	✓	✓	✓	✓		
Steve Williams	Heatons & Stockport West	✓	✓	✓	✓	✓	✓
Peter Chadbourne	Marple & Hazel Grove				✓	Apologies	✓
Val Cottam	Marple & Hazel Grove	✓	✓	✓	✓	✓	✓
Richard King	Marple & Hazel Grove	✓	✓	✓			
Tony Moore	Marple & Hazel Grove	✓	✓	Apologies			
John Morris	Marple & Hazel Grove	Apologies	Apologies	Apologies			
Mike Chantler	High Peak & Dales	✓	✓	Apologies	✓	Apologies	Apologies
Tony Gosling	High Peak & Dales	✓	✓	✓	✓	✓	✓
Lesley Surman	High Peak & Dales				Apologies	✓	✓
Callum Kidd	Outer Region	✓	✓	Apologies	Apologies	Apologies	Apologies
Helen Foster-Grime	Stockport MBC			Apologies	Apologies	Apologies	Apologies
Keith Holloway	Stockport MBC	✓			✓	✓	✓
Sue Alting	Age UK Stockport	✓	Apologies	✓	✓	✓	✓
David Kirk	Healthwatch Stockport	✓	Apologies	✓	✓	✓	✓
Meeting quorate?		**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**