Calderdale and Huddersfield NHS Foundation Trust

Council of Governors

Schedule	Thursday 19 February 2026, 14:00 — 16:00 GMT
Venue	Rooms 3 & 4, Acre Mills Outpatients or Microsoft Teams (Hybrid)
Organiser	Amber Fox

Agenda

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1. Welcome and Introductions:

Toseef Ahmed, Patient Experience and Inclusion

Amanda Mckie, Nurse Consultant Learning Disabilities

To Note

Presented by Helen Hirst

2. Apologies for absence:

Julie Pryce, Staff Elected Governor

Sarah Rothery, Staff Elected Governor

Sheila Taylor, Public Elected Governor

Christopher Button, Public Elected Governor

Tim Busby, Non-Executive Director

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Receive

4. Minutes of the previous meeting held on 25 November 2025

To Approve

Presented by Helen Hirst

NHS
Calderdale and Huddersfield
NHS Foundation Trust

CHAIR APPROVED MINUTES OF THE FOUNDATION TRUST PUBLIC COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON TUESDAY 25 NOVEMBER 2025, ROOMS 3 & 4, ACRE MILLS OUTPATIENTS (HYBRID VIA MICROSOFT TEAMS)

PRESENT:

Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

Lorraine Wolfenden (LW)	Public Elected, Skircoat and Lower Calder Valley (Lead Governor) (via MS Teams)
Marta Kovacs	Public Elected, East Halifax and Bradford
Pam Robinson	Public Elected, Lindley and the Valleys
Christopher Button	Public Elected, Calder and Ryburn Valleys
Tony Wilkinson	Public Elected, North and Central Halifax
Robert Markless	Public Elected, Huddersfield Central
John Rushton	Public Elected, South Huddersfield
Osman Chohan	Public Elected, Skircoat and Lower Calder Valley
Sheila Taylor	Public Elected, Huddersfield Central
Denise Dransfield	Public Elected, Lindley and the Valleys (via MS Teams)

STAFF GOVERNORS

Sarah Rothery	Staff Elected, Management/Administration
Emma Karim	Staff Elected, Nurses/Midwives

APPOINTED GOVERNORS

Izzy Worswick	South West Yorkshire Partnership Teaching NHS Foundation Trust (via MS Teams)
Gary Gordon	Voluntary and Community (VAC) (via MS Teams)
Zain Naeem	Calderdale Huddersfield Solutions Ltd. (CHS) (via MS Teams)
Sara Eastburn	University of Huddersfield

IN ATTENDANCE:

Rob Aitchison	Chief Executive
Rob Birkett	Chief Digital and Information Officer
Gemma Berriman	Chief Operating Officer
Victoria Pickles	Director of Corporate Affairs
Vanessa Perrott (VP)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager
Nigel Broadbent (NB)	Non-Executive Director
Jo-Anne Wass (JW)	Non-Executive Director
Paula Flint	Deputy Chief Nurse
Kirsty Archer	Operational Director of Finance
Michael Folan	Director of Operations / Community Partnerships Kirklees
Helen Duke	Director of Operational Services, Locala (via MS Teams)
Rachel Millson	Senior Strategic Planning and Development Manager, Kirklees Integrated Care Board (ICB) (via MS Teams)

ChairApproved

56/25 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

Michael Folan, Director of Operations/Community Partnerships Kirklees, Helen Duke, Director of Operational Services for Locala and Rachel Millson, Senior Strategic Planning and Development Manager for the Kirklees ICB were in attendance to provide an update on the Kirklees Community Pathway Transformation.

Paula Flint, Deputy Chief Nurse was in attendance to present an update on Quality Priorities.

57/25 APOLOGIES FOR ABSENCE

Julie Pryce, Staff Elected, Ancillary
Safyah Akhtar, Public Elected, North and Central Halifax
Denise Sterling (DS), Non-Executive Director
Isaac Dziya, Public Elected, South Huddersfield
Kenneth Townend, Public Elected, North Kirklees
Tom Ladlow, Staff Elected, Drs/Dentists
Cllr Diana Tremayne, Calderdale Council

58/25 DECLARATIONS OF INTEREST

The Chair reminded governors to declare any interest on items on the agenda. No declarations of interest were made.

59/25 KIRKLEES COMMUNITY PATHWAY TRANSFORMATION

Michael Folan, Director of Operations/Community Partnerships Kirklees and Helen Duke, Director of Operational Services for Locala introduced the Kirklees community health pathway transformation and the presentation was circulated to governors after the meeting. The presentation focused on integrated neighbourhood health models and the aim to deliver care closer to home, improve access and outcomes, and ensure the sustainability of health and social care delivery through integrated working.

The model is structured around six core components: population health management, modernising general practice, standardising community health services, integrated multi disciplinary teams (MDTs), integrated intermediate care, and urgent neighbourhood services. The discussion emphasised the need for data integration, consistent service delivery, and proactive, holistic care planning.

It was noted that Rachel's team from Kirklees ICB had secured data-sharing agreements with all GP practices in Kirklees, enabling the integration of primary and secondary care data. This enables the identification of at-risk cohorts (frailty, end of life, children with complex needs, mental health) and supports targeted multi disciplinary teamwork in neighbourhoods.

Helen Duke described the mapping of services across West Yorkshire to identify any gaps and standardise community health services across West Yorkshire. Work includes piloting care co-ordinators, improving transitions from children to adult services, and supporting housebound patients with long-term conditions.

The transformation was part of a 5–10 year plan, but improvements (such as multidisciplinary team working (MDTs) and infrastructure) will be visible in the next one to three years and full maturity expected over several years. Some neighbourhoods were more advanced than others, and progress will be monitored and shared with governors.

Chair Approved

Osman Chohan asked about the priority groups for the transformation, specifically how overlap is managed such as children who also have mental health needs, and whether these overlaps increase an individual's priority for services. Osman also queried if the work with care homes extended to nursing homes and EMI (advanced dementia) care homes for admission avoidance and appropriate care. Michael explained that there was significant overlap between cohorts and the data systems were designed to identify and duplicate these overlaps to ensure targeted support. Regarding care homes, Michael noted the existence of the Kirklees and Calderdale Care Home Alliance, which provides a collective voice for residential, nursing, and EMI homes, and supports workforce development and Trust assessment models for admission avoidance. Helen Duke added that there were dedicated care home support teams, community nurses, and weekly multidisciplinary team meetings to support care home residents, with ongoing efforts to further integrate and improve these services.

Christopher Button asked about how personalised care plans were shared and kept up to date across multiple agencies, and whether multi-agency involvement can be rationalised so that patients receive fewer, more coordinated visits. Helen Duke responded that each Integrated Neighbourhood Team area will have a care co-ordinator, typically hosted by the local authority, who conducts holistic assessments and develops a personalised care and support plan for each patient. These plans are discussed and reviewed at weekly multidisciplinary team meetings. Helen mentioned that some Primary Care Networks (PCNs) use a shared SystmOne module to enable all relevant professionals to access and update the same care plan, and there is ongoing work to improve interoperability between SystemOne and other systems (such as Compass, used by the local authority).

Sarah Rothery asked how patients and families were supported in navigating the health and care system, what information was provided, and whether there was patient feedback on their experience navigating the new pathways. Michael explained that simplifying points of access was a key priority, with work underway to create a more seamless and coordinated entry points for planned and unplanned care, though a single point of access was not always feasible. Helen Duke added that care coordinators were established to support patients and carers, and regular patient and carer surveys were being conducted to gather feedback on their experiences, which will be used to improve system navigation and ensure the patient voice was central to ongoing service development.

The Chair asked for clarification on the transformation timeline, specifically when governors would see a newly designed, recognisable system operating in their areas, and asked for realistic expectations for when the transformation would be complete. Michael explained that the transformation was part of a 10-year plan, with the first year focused on identifying at-risk cohorts and establishing foundational structures, and that full, evidential multi-disciplinary team (MDT) working across all neighborhoods would likely be seen over five years. Helen Duke stated that Kirklees was progressing towards nine Integrated Neighbourhood Teams (INTs), with three expected to be operational by Christmas, five by April, and all nine by September. Each INT will include representatives from primary care, the local authority, nursing, therapy, mental health, and the voluntary sector, coordinated by a care co-ordinator. The initial focus will be adults, with plans to expand to children and young people once the groundwork is established. Both Helen and Rachel Millson emphasised that while some improvements, especially around admission avoidance and hospital discharge, will be seen sooner, the full transformation will be incremental, with ongoing development and evaluation over several years.

Chair Approved

Emma Karim, staff governor, working in an acute complex care, raised the importance of robust discharge planning for patients with multiple comorbidities. She asked if the transformation work with care homes includes all types (nursing, EMI), how patient groups overlaps were managed, and whether the transformation supports discharge planning or was limited to community care. Michael Folan responded that the transformation work addresses complexities involved in discharge planning, aims to avoid unnecessary admissions, involves the wider MDT in discharge planning for patients with complex needs, supporting holistic assessment and care planning for complex patients, including those in all types of care homes.

The Chair proposed inviting the transformation team back next year to present case studies that illustrate how pathway changes have made a difference to patient journeys as a result of the transformation.

Michael mentioned that a patient story had recently been shared at the Ageing Well Board, and Rachel Millson agreed to share this example with the governors, offering a practical example of how the new pathways are benefiting patients.
Action: Patient story to be shared with the governors.

OUTCOME: The Council of Governors **NOTED** the update on Kirklees Community Pathway Transformation.

60/25 MINUTES OF THE LAST MEETINGS HELD ON 25 SEPTEMBER 2025

The minutes of the meeting held on 25 September 2025 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 25 September 2025 **APPROVED** as a correct record.

61/25 Action Log and Matters Arising

The action log was reviewed, with updates provided on the closed action.

Robert Markless raised his previous suggestion of involving patients in Outpatient User Groups and sought an update on progress. The Chief Executive acknowledged the query and noted that the title 'Outpatient User Group' might be somewhat misleading, dependent on the groups purpose or scope. He agreed to follow up on this previous action with Gemma Berriman to clarify the context and provide an update to the next meeting.

Action: Chief Executive and Chief Operating Officer to follow up on the suggestion of having patients involved in Outpatient User Groups.

OUTCOME: The Council of Governors **NOTED** there were no outstanding actions on the action log.

62/25 <u>CHAIR'S REPORT</u>

The Chair presented the report which provided information about key issues and activities the Chair has been involved in over the past couple of months within the Trust, and within local systems, regionally and nationally.

Robert Markless asked about governors joining Non-Executive Director visits. The Chair confirmed that governors can participate and that invites can be arranged for areas of interest. As an example, it was noted a few governors recently attended a visit to the pharmacy robot at

Chair Approved

Calderdale Royal Hospital. Governors were encouraged to communicate their interests to the Corporate Governance Manager so that invitations can be sent for future visits.

Robert Markless noted that the "Observe and Act" initiative has been extended for another quarter, with ongoing review.

OUTCOME: The Council of Governors **NOTED** the Chair's Report.

63/25 GOVERNANCE - FEEDBACK FROM GOVERNORS

Lorraine Wolfenden, Lead Governor provided the following key messages:

- There are now three Youth Governors; all participated in a "15 steps" visit on ward 3 at Calderdale Royal Hospital with the Children and Young People Clinical Governance Lead.
- Several governors took part in the annual PLACE inspections at Calderdale and Huddersfield sites.
- An engagement event is scheduled at Huddersfield University (new Daphne Steele building) on Wednesday 26 November, open to governors, from 10:00 am to 2:00 pm.
- An event was held on 21 November at Kirklees College.
- The Membership and Engagement Working Group (MEWG) is currently on hold, but Lorraine met with the Company Secretary to update the year 3 membership and engagement action plan.

Robert Markless thanked the Company Secretary for organising the event on 21 November at Kirklees College to talk to social health care students, where he presented on the governor role and there was also a presentation on apprenticeships and volunteering. The event was attended by 60-70 students.

OUTCOME: The Council of Governors **NOTED** the feedback from Governors.

64/25 QUALITY PRIORITIES Q1/Q2 2025/26 PROGRESS UPDATE

Paula Flint, Deputy Chief Nurse presented the quarterly update on quality priorities.

Quality Priority: Care of the Acutely Ill Patient

The previous measure focused on patients with a NEWS2 score of 5+ and whether a patient's score increased during care. A new approach is to be taken from quarter 4, with a target of 70% of patients with a NEWS2 score of 5+ not having a higher score during their episode of care, set by the Deteriorating Patient Collaborative.

The identification and recording of deterioration, enables a swifter response, which will reduce the rate of preventable deaths, reduce the need for higher levels of care which will free up capacity particularly in ICU by avoiding admissions and reducing length of stay.

The proposed outcome measure relates to the percentage of observations on time for 4 hourly observations, as patients on 4 hourly observations are the most likely patient group to trigger NEWS ≥5 and timely observations form the foundation of all other responses.

Chair Approved

Sara Eastburn asked about the population for the qualitative audit being undertaken on acutely ill patients, what the audit aims to understand, and what sorts of questions would be asked. Paula responded that the audit covers between 50–100 adult patients each month, focusing on whether appropriate actions were taken after high NEWS2 scores, and that the audit would use clinical records, not direct patient interviews. Emma Karim asked how the audit information would be collected, and it was confirmed this was via a manual review of notes to check if actions are taken and documented after NEWS2 scoring. The outcomes will be reported into Clinical Outcomes Group which then reports into the Quality Committee. Paula explained there were plans to develop a digital solution for this audit in the future.

Quality Priority: <u>Stroke</u>
Stroke Care: The national standard is for 90% of stroke patients to be admitted to an acute stroke unit within 4 hours of hospital admission. The Trust achieved 63.8% in Q1 and 65% in Q2, which is above the national average of 47%, but still below the desired target. Capacity constraints and increasing admissions were noted as challenges. In Patients not on the stroke unit (i.e. on wards 8a and 8d) still receive care from the same Stroke consultants.

Ongoing actions include Working Together to Get Results (WTGR) actions which are now complete and will contribute to long-term sustainable performance improvement.

A new standard operating procedure (SOP) relating to stroke referral pathways for self presenting patients was being ratified which will directly impact this metric.

A new 4-hour HASU (hyper acute stroke unit) admission dashboard was in development for weekly data based on admission rates which now included demand detail.

A joint Calderdale, Kirklees and Wakefield WTGR session will take place in December.

TB asked if the stroke quality measure should be improved, since patients not admitted to the stroke unit still receive specialist care, and whether there is a better measure for stroke care outcomes. Paula explained the national requirement to report the 4-hour admission metric but noted that other outcome and patient experience metrics were also tracked locally.

OUTCOME: The Council of Governors **NOTED** the Q1/Q2 update on the 2025/26 quality priorities.

65/25 UPDATE ON THE DIGITAL STRATEGY

Rob Birkett, Chief Digital and Information Officer presented an update on progress made within the Digital Health Strategy. The key points noted were:

- Major digital improvements since 2020, including Teams, Patient Portal, NHS App, and automation.
- Future focus: more care at home, single patient record, and expanded use of AI and automation.
- Priorities: strong digital infrastructure, digital inclusion, optimised clinical systems, and better access to services.
- Emphasis on prevention, innovation, and sustainability using digital health principles.
- Commitment to digital inclusion, ensuring everyone can access digital services.

Key Priorities:

- Maintain robust digital infrastructure and cyber security.
- Enhance digital capability and inclusion, with a digital first approach, ensuring no one is left behind.
- Optimise clinical systems and expand the use of AI and automation.

Chair Approved

- Improve access to information and services, including remote monitoring and digital front doors.
- Foster a culture of data science and self-service analytics.
- Drive clinical and operational excellence through technology, supporting both staff and patient needs.

PW left the meeting.

Pam Robinson acknowledged the developments in digital technology and raised the importance of cyber security. The Chief Digital and Information Officer explained that ISO standards and data security awareness training was used to protect sensitive information.

Osman Chohan commented on the ambition and risk-taking needed for AI and digital innovation. He asked what the HIMSS 6 score on digital maturity meant and whether it brought any funding. The Chief Digital and Information Officer clarified that digital maturity was a self-checking measure, not directly linked to funding, and focused on patient benefit rather than just use of technology. Two measures are used: NHS England's Digital Maturity assessment and HIMMS, noting the HIMMS assessment looked at use of real time data, how accessible it was to front line clinicians and how patient centred it was.

Marta Kovacs asked about digital ID and Multiverse and expressed concern about patient data privacy. The Chief Digital and Information Officer confirmed the data is kept within the organisation boundaries only; Multiverse is for colleagues to assess data and it is not published externally. The NHS England federated data platform (FDP) will hold some anonymised data. Marta asked if patients could opt out of sharing their data. The Chief Digital and Information Officer confirmed patients can opt out of data sharing, including the patient portal.

John Rushton asked if anyone is ensuring AI does not take over, flagging that AI can make mistakes and lacks the ability to handle ambiguity in decision making and highlighted the negative side of AI. The Chief Digital and Information Officer confirmed there was an AI governance group in place, with governance and policies being written to ensure ethical use and safety. AI will only look at data within the organisation. He emphasised it shouldn't stop the Trust from being ambitious but be cautious about keeping safe.

Izzy Worswick thanked Rob for the digital update and recognised all the work that takes place on developing digital and keeping the digital infrastructure safe. She recognised all the emerging opportunities and managing challenges around AI.

NB noted that the Audit and Risk Committee will conduct a deep dive on AI in the new year to look at the governance aspects and gain a level of assurance about how we use and control AI. The Chief Digital and Information Officer confirmed the Audit and Risk Committee already undertook a deep dive into cyber security earlier this year and this will be an additional deep dive on AI.

The Chief Executive stated that Rob's team was digitally mature internally and externally and can support other Trust's deliver EPR implementation, putting the organisation in a strong position for future digital developments.

OUTCOME: The Council of Governors **NOTED** the update on the Digital Health Strategy.

Chair Approved

66/25 PLANNING UPDATE

The Chief Executive informed governors that Gary Boothby, Director of Finance was taking a planned leave of absence for the next 2-3 months. Deputy arrangements, subject to Nominations and Remuneration Committee approval, was for Stuart Baron to be the Executive Director of Finance and Kirsty Archer the Operational Director of Finance. The arrangements ensure strong cover and continuity, with no concerns about stability during this period.

Kirsty Archer, Operational Director of Finance provided a verbal update on planning.

The key points noted were:

- Financial planning has shifted from a one year focus to a three to five year period. New guidance from NHS England in August has also brought some deadlines forward.
- A new national framework for strategic expectations was now in place, aligned with the NHS ten-year plan, with further detail on performance metrics (e.g., waiting times) provided in October.
- The Trust progressed with internal planning by establishing guiding principles and a confirm-and-challenge process, resulting in an overarching Trust-level plan that considers cost implications.
- Recent national technical planning guidance introduced significant changes to funding and set expectations for reducing the deficit over several years; the Trust is currently working through these changes.
- The first iteration of the plan (covering the first two years) is due by 17 December, with a longer-term three to five year plan expected by late January or early February 2026.
- The Trust is collaborating with ICB commissioning partners to form a collective plan.
- A more detailed update on plan content will be provided at a future meeting; currently, the focus is on process.
- Governors were assured that the Trust's planning process is robust, and NHS England has recognised the Trust as an exemplar, seeking to share its planning approach with other organisations.

Osman Chohan asked about the Trust's path to break even, focusing on the deficit plan and the timeline for achieving break even. He raised a question about the proportion of recurrent versus non-recurrent CIP (noting a 50% split). The Deputy Director of Finance confirmed the Trust's position was similar to last year regarding CIP recurrency, and benchmarking showed that other Trusts with higher recurrent savings had unique circumstances, and these savings were not applicable to CHFT. The Trust was planning earlier for next year's CIP, aiming to increase the proportion of recurrent savings and exploring more reconfiguration opportunities.

Christopher Button raised concerns about the risk of losing innovation when reducing costs. The Deputy Director of Finance explained that the Business Case Approvals Group looks at what each investment will bring in detail, with post implementation reviews to confirm delivery of benefits. She provided an example in the surgical robot investment which improved colleague recruitment, patient experience and financial outcomes. It is a less invasive form of surgery with shorter hospital stays and fewer beds needed. Post project evaluation has confirmed the benefits that this has been a good investment of technology.

The Chair stated she has been very impressed by the level of innovation at the Trust.

The Chief Executive stated that innovation helps close the gap around inflation and enables the Trust to grow in efficient, innovative ways.

Chair Approved

OUTCOME: The Council of Governors **NOTED** the planning update.

67/25 FEEDBACK FROM FINANCE AND PERFORMANCE COMMITTEE

VP presented the Finance and Performance Committee Highlight Report from the meetings held on 7 October and 4 November 2025. The key points noted were:

- The Trust was on track to deliver its financial plan, attributed to team efforts.
- Revised deficit plan of £3m with progress supported by additional funding.
- On track to deliver stretched CIP target of £32m, with a challenge to increase the proportion of recurrent savings (aiming for around 80%).
- NHS England has asked Trusts to focus on productivity: a Getting it Right First Time visit highlighted urgent Same Day Emergency Care (SDEC) as a source of pride. –
- Deep dives have been conducted on productivity, focused on planned Outpatients in October and unplanned care in November.
- There was some risk with deficit support funding although half had been received and quarter two looked likely. However, quarter four may be at risk as other Trusts have not met targets.

Pam Robinson commented positively on the Trust's strong performance.

OUTCOME: The Council of Governors **NOTED** the feedback from the Finance and Performance Committee.

68/25 FEEDBACK FROM WORKFORCE COMMITTEE

JW presented the Workforce Committee Highlight Report from the meeting held on 23 October 2025. The key points noted were:

- Time to hire rate is 57.1 days, nearly meeting the NHS England target and outperforming the national average.
- The WOD team is adopting technology and AI to improve efficiency, especially for operational HR tasks.
- Sickness absence was rising, with particular concern about anxiety, stress and depression, a deep dive is planned for the next meeting.
- The GMC trainee survey results were not good this year or last, though there were pockets of strength, a single action plan had been developed to address issues from the GMC survey and for resident doctors experience more generally.

Robert Markless noted strong student interest in healthcare support worker roles from Kirklees college, especially as a pathway from BTEC for 16-19 year olds. JW highlighted a good presentation was shared at the Workforce Committee about student pathways with the University.

Christopher Button asked if the GMC trainee survey results were national, JW confirmed this was a national survey but noted the Trust still performed poorly compared to others.

OUTCOME: The Council of Governors **NOTED** the feedback from the Workforce Committee.

69/25 UPDATE ON THE MEMBERSHIP AND ENGAGEMENT STRATEGY ACTION PLANS

Denise Dransfield, Osman Chohan and Izzy Worswick left the meeting as the meeting was overrunning.

Chair Approved

The Company Secretary provided an update on the Membership and Engagement Strategy progress report which outlined progress made against the year two action plan and proposed action plan for year three, which had been discussed with the lead governor. The key points noted were:

- Progress in year two and three with youth involvement through continued collaboration with Children and Young People's directorate, third Associate Youth Governor appointed in 2025 and events held / planned at Kirklees College and the University of Huddersfield in November 2025 with health and social care students.
- Focus on aligning governor activity with public and patient engagement opportunities.
- Engagement training session have been provided and will continue to be delivered to governors to support their involvement in patient experience activities.
- National Policy change: 10 year NHS Plan proposes removal of governors, which requires legislation (earliest April 2027), with Membership and Engagement Working Group stood down pending further NHS England guidance.
- Plan to explore cleanup of membership database, particularly for those with postal-only membership to improve engagement quality (expected reduction in numbers).
- Work was underway to develop one newsletter for members, volunteers and patient experience, with a plan for a newsletter in quarter 4.

OUTCOME: The Council of Governors **NOTED** the progress made to date against the action plan, **APPROVED** the action plan for Year Three, and **NOTED** the work that is ongoing and **NOTED** the current membership information.

70/25 COMPANY SECRETARY REPORT

a) Calendar of Council of Governors Meeting Dates 2026
The future meeting dates for the Council of Governors for 2026 was enclosed for information.

b) Council of Governors Workplan 2026
The Council of Governors workplan for 2026 was shared for information.

OUTCOME: The Council of Governors **NOTED** the Council of Governors meeting dates for 2026 and the current workplan.

71/25 NON-EXECUTIVE DIRECTORS' REPORTS
The following items were received for information:

1. Highlight report from Quality Committee
2. Highlight report from Audit and Risk Committee
3. Month 6 Finance Report
4. September Integrated Performance Report (IPR) for information

72/25 RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES
The following minutes from Committees were received for information:

a. Finance and Performance – 2 September 2025 & 7 October 2025
b. Quality Committee – 2 September 2025 & 7 October 2025
c. Workforce Committee – 21 August 2025
d. Audit and Risk Committee – 21 October 2025

Chair Approved

73/25 ANY OTHER BUSINESS

There was no other business.

DATE AND TIME OF NEXT MEETING:

Date: Thursday 19 February 2026
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Rooms 3 & 4, Acre Mills Outpatients

Attendance Log 2025/2026

✓	In attendance	22.05.25	25.09.25	25.11.25	19.02.26	Total
×	Apologies					
-	Did not attend					
	Not elected					
Members						
Helen Hirst (Chair)		✓	✓	✓		3/3
Sheila Taylor		✓	×	✓		2/3
Robert Markless		✓	✓	✓		3/3
Isaac Dziya		×	-	×		0/3
John Rushton		✓	✓	✓		3/3
Rabiya Ali		×	-	-		0/3
Lorraine Wolfenden		✓	✓	✓		3/3
Marta Kovacs		✓	✓	✓		3/3
Tony Wilkinson		✓	✓	✓		3/3
Denise Dransfield		✓	-	✓		2/3
Pam Robinson		×	✓	✓		2/3
Jonathan Drury		-	×	-		0/3
Sarah Rothery		✓	✓	✓		3/3
Julie Pryce		✓	×	×		1/3
Tom Ladlow		-	-	×		0/3
Emma Karim		×	✓	✓		2/3
Dr Sara Eastburn		×	-	✓		1/3
Cllr Diana Tremayne		✓	×	×		1/3
Zain Naeem		✓	×	✓		2/3
Izzy Worswick		×	✓	✓		2/3
Safyah Akhtar			×	×		0/2
Osman Chohan			✓	✓		2/2
Christopher Button			✓	✓		2/2
Hannah Doyle			-	-		0/2
Kenneth Townend			✓	×		1/2
Ali Akhtar			-	-		0/2
Non-Executive Director Attendance						
Nigel Broadbent		✓	✓	✓		3/3
Jo-Anne Wass		✓	✓	✓		3/3
Tim Busby		×	×	✓		1/3
Denise Sterling		×	✓	✓		2/3
Peter Wilkinson		×	×	✓		1/3
Vanessa Perrott		×	✓	✓		2/3

Chair Approved

5. Action Log and Matters Arising

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

Position as at 30.01.26

Red	Amber	Green	Blue
Overdue	Due this meeting	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
25.11.25	**Kirklees Community Pathway Transformation** Patient story to be shared with the governors.	Michael Folan	Patient story circulated to governors on 27.11.25 with the slides. Action closed.	31.12.25		27.11.25
25.11.25	**Outpatient User Groups** Chief Executive and Chief Operating Officer to follow up on the suggestion of having patients involved in Outpatient User Groups.	Rob Aitchison / Gemma Berriman	The term Outpatient user Groups is a term used that describes the users as being CHFT colleagues rather than patients, we accept that this can be a little misleading but was taken from and runs in line with the Theatre User groups that also describe the users as CHFT colleagues. These are in place so we can examine processes and pathways and make sure they are appropriate. The team are going to look at potentially changing the names, so it is clearer. There are other forums within the patient experience groups that take comments and reviews from patients into all these services.	19.02.26		30.01.26

6. My journey with Project Search into paid employment at CHFT

Presented by Toseef Ahmed, Patient Experience and Inclusion and Amanda Mckie, Nurse Consultant Learning Disabilities

To Note

Presented by Lindsay Rudge and Victoria Pickles

7. CHAIR’S REPORT

a. Update from Chair

To Note

Presented by Helen Hirst

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 15 January 2026
Meeting:	Board of Directors
Title:	Chair's Update
Author:	Helen Hirst, Chair
Sponsoring Director:	N/A
Previous Forums:	None
Purpose of the Report	To update the Board on the actions and activity of the Chair.
Key Points to Note	The enclosed report details information on key issues and activities the Trust Chair has been involved in over the past two months within the Trust, with local system partners and regional and national work.
Regulation	Regulation 17: Good governance
EQIA – Equality Impact Assessment	The attached paper is for information only and does not disadvantage individuals or groups negatively.
Recommendation	The Board is asked to **NOTE** the report of the Chair.

Chair's Report to the Board

This report provides information about key issues and activities I have been involved in over the past couple of months within the Trust, within local systems, regionally and nationally. These present me with opportunities to better understand the excellent work colleagues across the Trust do, the innovation and quality improvement that happens in services routinely, and the challenges faced by our teams. It also helps to develop understanding of where our Trust contributes to and is impacted by wider system working and decision making. This helps set the context for the discussions and decisions we make during Board meetings.

1. Trust activities

Council of Governors

The Council of Governors met on the 25 November where the agenda covered routine business such as governance matters, highlight reports from committees and the quality priorities. Michael Folan CHFT and Helen Duke, Locala gave a detailed presentation on the Kirklees Community Pathway Transformation work that was being developed to improve care in peoples own home in Kirklees.

I have had a few one to ones with Governors and more are in the diary over the next month.

Board business

Our Board Development session in December focused on our recent Well Led Review and the prioritisation of actions arising from it. We were pleased overall with the feedback but there are areas where we can make improvements and these will be picked up over the course of the next few months. We also discussed our partnership arrangements with Mid Yorkshire Hospitals Teaching Trust.

We held an Extra-Ordinary Board meeting to discuss our initial financial plans for the coming year ahead of submissions to be made to NHS England.

The recruitment of our new Chief Nurse, Jo Hilton, took place during December. We look forward to welcoming Jo in March.

I met with the new external auditors, Deloitte, for an introductory meeting.

We received our six monthly review from NHS Blood and Transplant which, once again, showed excellent performance – 100% referral rate and no missed opportunities - and consistency in Specialist Nurse involvement.

It has been a lighter period for organised NED service visits as the pressures at this time of year for operational colleagues are significant. Jo Wass, Peter Wilkinson and Tim Busby were involved in the recruitment of CHS Non-Executives.

Following a productive Transformation Programme Board which was held in person (as opposed to via MS Teams), I am reviewing with colleagues a return to some committees being in person.

Thank you to Nigel Broadbent who once again chaired the Charitable Funds Committee for me as I had a family commitment. The Committee was introduced to two new team members – Katie and Nina, heard about a pilot in grateful patient giving in cardiology and received updates in general fundraising as well as the Ray of Sunshine campaign. The Committee approved the charity accounts subject to some small amendments and these are attached.

2. Health and Care System

Calderdale Cares Partnership Board met at the end of November where we received an update on the ICB organisation change and an update on financial planning for the system as well as the more routine governance updates in the formal part of the meeting.

West Yorkshire Partnership Board was held on 18 November in Leeds where the main items of discussion we concerned with the ambitions for people with mental health conditions, learning disabilities and autism and the early diagnosis of cancer in West Yorkshire.

At the meeting of the West Yorkshire Community Provider Collaborative we heard from Elliot Howard-Jones who is leading a national specialist community provider group, discussed community services investments, received feedback from the community stocktake and heard two presentations of work one on rehabilitation and the other, from Michael Folan, CHFT, on reablement and intermediate care pathways.

Rob and I met with Brent Kilmurray and Keith Ramsay from Mid Yorkshire Hospitals Teaching Trust to continue our discussions about collaboration.

I am involved in the ICB Chair recruitment process and have been meeting candidates.

3. National/ Regional

I attended NHS Providers Annual Conference in November and provided a verbal update alongside Rob at our last Board meeting.

Helen Hirst
Chair
8 January 2026

8. GOVERNANCE

- Feedback from Governors

- Lead Governor Update

To Note

9. 2025/26 Quality Priorities quarter 3 Progress Update (October – December 2025)

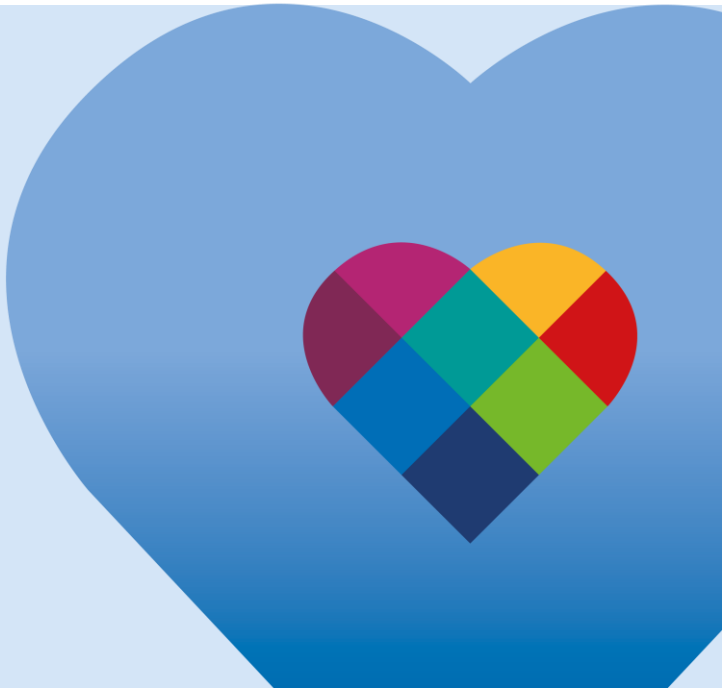
To Note

Presented by Lindsay Rudge

Calderdale and Huddersfield NHS Foundation Trust

Quality Priorities update for Council of Governors: 19 February 2026

2025/26 Quality Priorities Quarter Q3



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Quality Priority: Deteriorating Patient

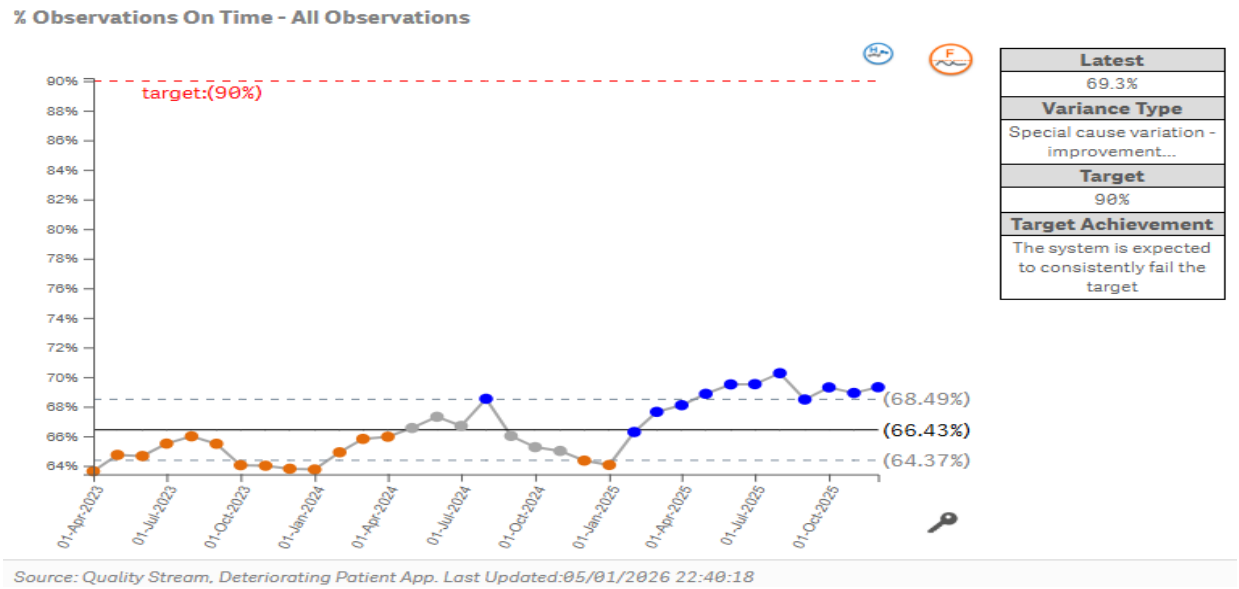
Calderdale and Huddersfield NHS Foundation Trust

Rationale:

The identification and recording of clinical deterioration, enables a swifter response, which should improve patient experience, safety and outcome, and, ultimately, reduce the rate of preventable deaths. Additionally, it should create critical care admission avoidance and reduce length of stay. The target allows for the patients who are unavailable for observations , e.g., having procedure, CT etc. This data excludes EOL group, patients on ICU, Maternity and Paediatrics group (who will be monitored via the DP collaborative).

Target:

90% of patients have all observations on time in line with the Trust Observation policy (by October 2026).



What does the chart show/context:

- Performance in December 2025 was 69.3% which is subject to special cause variation but indicates improvement.
- The Trust has not yet met the target of 90% (due October 2026).
- Performance can be expected to vary from 64% to 68%.

Underlying Issues:

- Process for monitoring timeliness of observations unclear.
- Lack of equipment - input devices (NerveCentre) and bedside kit (monitors).
- Competing priorities e.g. mealtimes.
- Pinch-points identified - in hours vs out of hours and at 11am, 3pm and 3am compliance.

Actions:

- NIC/staff nurses take control of observations on time.
- New equipment ordered - NerveCentre devices (arrived), observations machines (pending).
- Volunteer role to help with meal-times (in-progress).
- Understanding of pinch-points in progress; work underway to resolve (e.g. ensuring not all observations due concurrently, or during other ‘tasks’ – e.g. board round handover.

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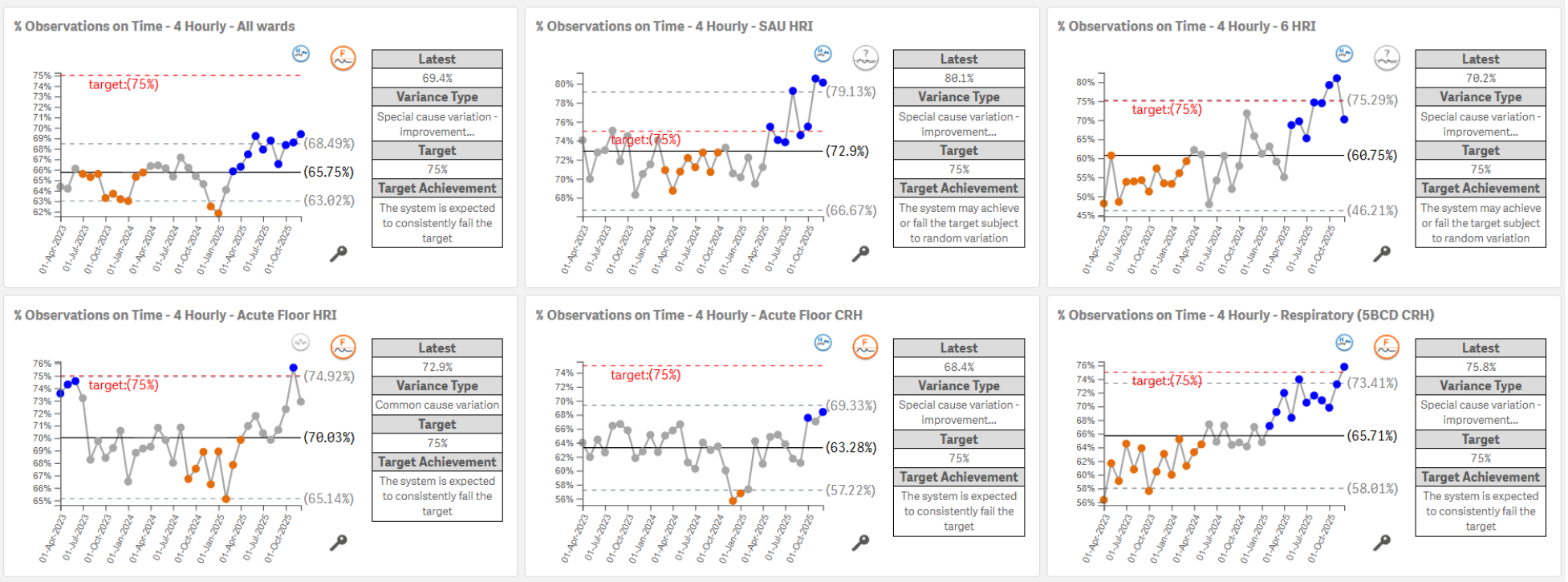
Quality Priority: Deteriorating Patient

Calderdale and Huddersfield NHS Foundation Trust

Quality Improvement Project (part of overarching deteriorating patient workstream)

Aim: 75% of patients on 4 hourly observations will have them completed on time by March 2026.

- Focus on 4 hourly obs to improve identification of deteriorating patient, rather than deteriorated patients but work expected to improve all frequencies.
- Quality Improvement work ongoing in 6 trial areas with a plan to roll out into 3 more in February 2026.
- All trial areas showing sustained improvements.



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Quality Priority: Deteriorating Patient

Calderdale and Huddersfield NHS Foundation Trust

Quality Improvement Project

Successful interventions:

- New observation equipment, ear probes and thermometers
- Having an accountable member of staff each shift for ensuring obs are done
- Re-prioritising observations before busy times
- Ensuring observations are complete before handover period
- Extension of Zebra handheld device log off time from 2 to 10 minutes
- Silver service team to support wards to ensure everyone has Tap and Go set up
- Review of Wi-Fi signal issues at CRH
- Meal collation and catering support volunteer

Next steps:

- Learning pack shared to encourage other wards and departments to implement improvements in their areas based of the successful interventions of this project.
- Further equipment to be distributed
- Review of Nurse In Charge alerts on Zebra handheld device
- Development of alternative profiles within Nervecentre
- Focus on sustaining improvements, repeat listening events with staff

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Quality Priority: End of Life Care

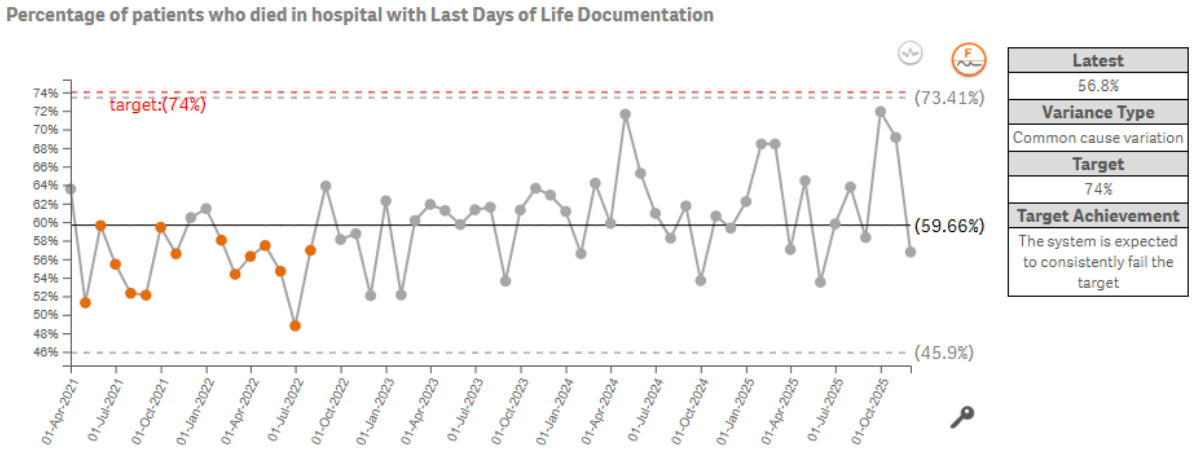
Calderdale and Huddersfield NHS Foundation Trust

Rationale:

EOLC strategy states a priority is improving the recognition of those individuals thought to be in the last days of life, ensuring symptoms are addressed and supporting these patients by increasing the use of the last days of life plan (ICODD + LDLD). Target is national average from NACEL audit.

Target:

74% of patients who died in hospital will have Last Days of Life Documentation completed.



What does the chart show/context:

- Performance was 56.8% in December 2025.
- Currently performance is subject to common cause variation.
- Performance can be expected to vary from 45.9% to 73.41%.

Underlying Issues:

- Late recognition of a deteriorating / dying patient due to continued primary focus on active treatment rather than parallel planning.
- Lack of engagement with patient and family to explore limitations of treatment options and reduced opportunity to offer alternative supportive care.

Actions:

- Quality improvement project commenced targeting one ward / specialty to increase awareness of patients' palliative diagnosis and prognostic indicators. (Acute Floor HRI)
- Specialist Palliative Care Team input to ward board round to support clinical teams.
- Scope of ward activity to get baseline data on DNA CPR decisions with ReSPECT form completion, compliance of use of LDLD care plan, staff survey on EOLC and patient / family feedback.
- Fortnightly meetings with ward clinical team, Palliative care team and QI coordinator to explore improvements made and how to transfer learning to other clinical specialties.

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Quality Priority: End of Life Care

Calderdale and Huddersfield NHS Foundation Trust

Quality Improvement Project

- Quality improvement project commended on the Acute Floor HRI in December 2025.
- Currently undertaking discovery work to understand where we need to focus the improvement work.
  - Audit of 49 patients currently being carried out to establish a baseline of performance against NACEL standards including
    - Completion of ReSPECT
    - Evidence of an assessment of spiritual/religious/cultural needs
    - Evidence of personalized care and advance care planning
    - Evidence of anticipatory medication being prescribed for symptom management
  - Conducting interviews with bereaved relatives to understand their experience and areas they feel we need to focus improvement, this will be structured around the same questions as the NACEL bereaved relative survey.
- Meeting arranged for early March to discuss findings of the audit and relatives voice and decide next steps.

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Quality Priority: Stroke

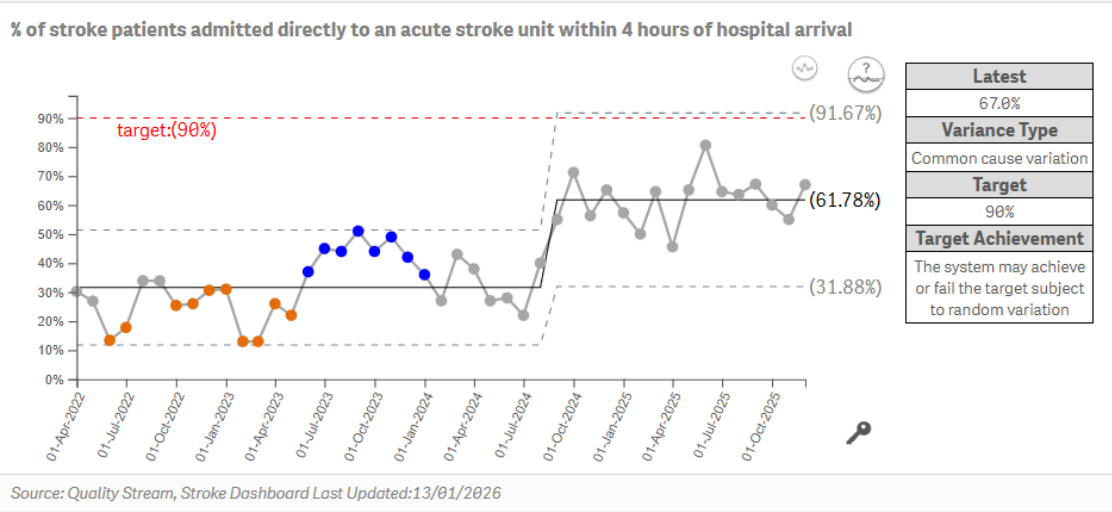
Calderdale and Huddersfield NHS Foundation Trust

Rationale:

This measure is looking at the % of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital admission. This is the national standard, with direct admission to a stroke unit within 4 hours being a large driver for patient outcomes.

Target:

90%.



Source: Quality Stream, Stroke Dashboard Last Updated:13/01/2026

What does the chart show/context:

- Performance was 67.0% in December 2025 which is in expected range.
- The Trust is unable to consistently meet the target of 90% and is showing a performance level that is shown to statistically fail this target with the current process.
- Currently performance can be expected to vary from 31.88% to 91.67%
- Where capacity dictates that a patients cannot be admitted to the Stroke Unit, they are reviewed by the stroke team and an appropriate treatment plan is put in place.

Underlying Issues:

- High level of demand.
- Direct correlation between demand increase and performance decrease.
- Main driver is lack of HASU bed availability.
- Level of therapy input has decreased impacting negatively on the length of stay (LoS) and delays discharge.
- Outliers across wards 8A & 8D impact ability to pull patients through effectively.
- ESD impacted by social services input.

Actions:

- WTGR actions now complete and will contribute to long-term sustainable improvement.
- SOP relating to stroke referral pathways for self presenting patients now live which should directly impact performance.
- Business planning underway for ED Stroke triage trial.
- Change in process for recording SSNAP clock start time in line with other WYAAT organisations from January which should improve performance.
- New 4-hour HASU admission dashboard live KP+ to give up to date performance data.
- Discussions had relating to joint Calderdale, Kirklees & Wakefield WTGR to be delivered in early 2026.

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10. Financial Planning Update 2026/27

To Note

Presented by Stuart Baron

11. Governor Elections 2026 – Options

To Approve

Presented by Andrea McCourt

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	Tuesday 19 February 2026
Meeting:	Council of Governors
Title of report:	Governor Elections 2026
Author:	Andrea McCourt, Company Secretary
Previous Forums	None
Purpose of the Report	This report present options for the 2026 Governor elections given national policy to remove the statutory powers of governors and recommends to the Council of Governors a preferred approach.
Key Points to Note	This paper sets out options for the 2026 Governor Elections in the context of national plans to remove statutory governor roles from April 2027 at the earliest. Although statutory duties remain in force, engagement in elections may decline. Legal advice confirms the Trust must continue to hold elections under the NHS Act 2006 to avoid legal and reputational risk. In July 2026, three public governors and two staff governors will complete their first tenure and must stand for re-election if they wish to continue. One public seat is currently vacant. The Trust must also maintain a majority of publicly elected governors. The paper enclosed considers three options and proposes a preferred approach to the Council of Governors.
Recommendation	The Council of Governors is asked to **APPROVE** Option 2, hold governor elections in 2026 with reduced promotional activity, as the recommended approach for the delivery of the 2026 Governor Elections.

Governor Elections for 2026

1. Purpose

To present options for the 2026 Governor elections given national policy to remove the statutory powers of governors and to recommend to the Council of Governors a preferred approach.

Three options are presented:

1. Business as usual – continue with elections for all governor roles where there are vacancies and / or governor has reached the end of their tenure

2. Hold governor elections with reduced promotional activity

3. Do not hold elections and co-opt those governors at the end of their first term who wish to continue.

2. Background

Statutory requirements under NHS Act 2006 Schedule 7 require governors to be re-elected after a three-year term. This is confirmed in the Trust Constitution.

The NHS 10 Year Plan has stated the intention to remove the requirement for Foundation Trusts to have governors. This will require the removal of Councils of Governors statutory powers via primary legislation. The earliest time this legislation is expected to be in place is April 2027. This national policy direction increases the risk of non-engagement in the nomination and election process for governors.

Given the expected timeline for legislative change and the likely short tenure of any newly elected governors, the Trust must consider a proportionate approach to the scale of election activity, balancing statutory compliance with prudent use of resources.

Legal advice has been sought on whether the Trust should hold elections and this has confirmed that, due to the statutory requirement in the NHS Act, elections must proceed or the Trust could face a legal challenge. This message is consistent with advice from NHS Providers that Trusts should continue to hold elections.

There has been no clear steer on governor elections from NHS England.

NHS Providers has indicated that they will be sharing advice for Boards and Council of Governors on working together over the coming period, though it is not expected that this will cover the issue of governor elections in any detail.

3. Current Position

Within the Trust's Constitution three different types of governor roles are described, two of which are elected roles:

- publicly elected governors
- staff elected governors
- appointed governors (not elected)

Public and staff governors are eligible for two tenure periods of three years each (six in total). Under the Constitution at the end of the first tenure, in July each year, a governor who wishes to continue for a second tenure must go through an election process.

A fundamental principle within the governor model is that there is a majority of public elected governors on the Council of Governors. This is currently the case for the Trust.

An overview of the current profile of governors and number of roles needing an election process in 2026 is given below:

Governor Type	Current Governor numbers	Position as at July 2026
Publicly Elected Governors	15 out of 16 public governors in post 1 vacancy East Halifax and Bradford	*Completed one tenure period and eligible for second tenure: 3* -Skircoat & Lower Calder Valley – Lorraine Wolfenden (lead governor) -Lindley and the Valleys – Pam Robinson (deputy lead governor) -North & Central Halifax – Tony Wilkinson* 1 vacancy East Halifax and Bradford
Staff Governors	6 (full complement)	*Completed one tenure period and eligible for second tenure: 2* - AHP – Jonathon Drury - Nurse – Emma Karim

3. Options Appraisal

Option 1 Business as Usual

Proceed with full elections in 2026 with usual promotion activity (normal cycle)

Benefits:	Disadvantages:
Legally compliant with NHS Act 2006 Avoids reputational risk Maintains democratic legitimacy	Risk of experienced governors eligible for second tenure not being appointed. Newly elected governors would be in the role only a short time until it is removed by legislation (April 2027 earliest). Cost implications of running elections and inducting new governors

Option 2 Elections with reduced promotional activity

Benefits:	Disadvantages:
Legally compliant with NHS Act 2006, thereby avoiding reputational risk Maintains democratic legitimacy Supports continuity and stability ahead of planned legislative change Increases potential for those governors eligible for second tenure to be uncontested and re-appointed, thereby ensuring continuity Proportionate use of public money – this option can reduce election costs if there are uncontested nominations, reflecting proportionate stewardship of public funds by minimising spend on an election process whose democratic lifecycle may be short due to the anticipated removal of statutory governor powers from April 2027. Reduces the pressure on members to stand for election during a period where clarity about the future role of governors is limited.	Reduced election campaign may be perceived as reducing transparency or limiting awareness of opportunities to stand Newly elected governors would be in the role only a short time until it is removed by legislation (April 2027 earliest). Some, though reduced, election costs, compared to Option 1.

Option 3 – Do not hold elections, co-opt Outgoing Governors

This option involves co-opting Governors whose first term is expiring, who wish to continue in the role and not holding elections for vacant governor roles.

Co-opting a governor means an outgoing governor continues to be involved as a governor but does not have any voting rights on the Council of Governors.

Benefits:	**Disadvantages:**
Retains experience of those governors who wish to continue in the role. Removes cost of running elections	Co-opted governors are not allowed to vote. Requires amendment to the Constitution before this could take place to enable outgoing governors to remain on the Council in a non-voting capacity. Potential for legal challenge as not legally compliant with NHS Act 2006. Reputational risk

Preferred Option

Of the three options outlined, the preferred option is Option 2, to hold elections with minimal promotional activity, reducing the scale of the election campaign. Given the absence of clear national direction from NHS England and the anticipated legislative change, this option strikes an appropriate balance between statutory compliance and proportionality.

Option 2 supports continuity where experienced governors are eligible. It allows those governors who are at the end of their first tenure, who are experienced and active governors, and wish to continue as a public governor to stand for election and if successful remain in a full public governor role on the Council of Governors with voting rights.

Option 2 best supports the continuation of skilled and engaged governors by maximizing the likelihood that eligible first term governors are returned uncontested, preserving knowledge and stability within the Council of Governors ahead of structural reform. Unlike Option 3, co-option, it ensures that all public governors retain full voting rights, preserving the democratic legitimacy of the Council of Governors during the final years of the statutory model.

Option 2 aims to minimise election costs. If there are no other nominations for seats, ie uncontested roles, this will reduce the cost of elections as voting by members would not be required. This reduces unnecessary expenditure on a larger scale election campaign that may deliver only a short-term benefit.

Given the risk of non-engagement in elections due to the national policy, there could be a minimum of one public governor vacancy even after elections are held, and up to a maximum of four vacancies, if governors do not wish to continue into a second tenure. In practice it is expected that if this option is taken forward, at least two of the four vacancies would be filled and there would be up to a maximum of two public governor vacancies after elections have been held, meaning 14 of 16 governor roles will be held by public governors,

with the Trust remaining in a position where it continues to have a majority of a public governors on the Council of Governors.

This option is preferred over Option 1 as it aims to reduce the cost of elections and spending of public money through a reduced election campaign and potentially through a reduction in the number of roles requiring voting by members if seats are uncontested.

This option is preferred over Option 3 as it ensures that all public governors have voting rights on the Council of Governors and ensures the Trust remains legally compliant with the NHS Act 2006. It is in line with the Trust Constitution and means that no amendments to the Constitution are required.

Recommendation

The Council of Governors is asked to **APPROVE** Option 2, hold governor elections in 2026 with reduced promotional activity, as the recommended approach for the delivery of the 2026 Governor Elections.

Andrea McCourt
Company Secretary

12. COMPANY SECRETARY REPORT

a. Changes to the Trust Constitution

b. Register of Council of Governors

c. Council of Governors Register of Interests

d. Calendar of Council of Governors Meeting Dates 2026

e. Council of Governors Workplan 2026

To Approve

Presented by Andrea McCourt

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 19 February 2026
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	This report brings together the following items for receipt, noting and approval by the Council of Governors: a. Changes to the Trust Constitution b. Register of Council of Governors c. Council of Governors Register of Interests d. Calendar of Council of Governors Meeting Dates 2026 e. Council of Governors Workplan 2026
Key Points to Note	**a) Changes to the Trust Constitution** The Trust Constitution sets out the powers and functions of the Trust and is reviewed periodically. Any amendments to the Constitution require approval of both the Board of Directors and the Council of Governors. A number of anomalies within the Trust Constitution have been identified and a summary of the changes is detailed at Appendix F2 for approval by the Council of Governors, following Board approval at their meeting on 15 January 2026. The main change to note is the amended wording regarding the Deputy Chair being a Council of Governors appointment, not a Board appointment. A full copy of the amended Constitution will be added to the Trust website in the Trust Governance documents section once the amendments have been considered by the Council of Governors. **RECOMMENDATION:** The Council of Governors is asked to **APPROVE** the amendments to the Constitution. **b) Register of Council of Governors** The current Register of Council of Governors as of 13 February 2026 is attached at Appendix F3 for information. The Council of Governors is asked to **RECEIVE** and **NOTE** the Register of Council of Governors as of 13 February 2025. **c) Council of Governors Register of Interests** The Council of Governors declarations of interest register is attached at Appendix F4 for review. All governors must ensure

	they make an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager, including request form to submit a new declaration. The Council of Governors is asked to **RECEIVE** and **NOTE** the current Council of Governors Declarations of Interest. **d) Calendar of Council of Governors Meeting Dates 2026** The meeting dates for the Council of Governors for 2026 is enclosed at Appendix F5. The Council of Governors is asked to **RECEIVE** and **NOTE** the Council of Governors meeting dates for 2026. **e) Council of Governors Workplan 2026** The Council of Governors meeting workplan for 2026 is attached at Appendix F6 for information. The Council of Governors is asked to **RECEIVE** and **NOTE** the Council of Governors workplan for 2026.
Recommendations	The Council of Governors is asked to: • **APPROVE** the amendments to the Trust Constitution. • **NOTE** the current Register of Council of Governors • **NOTE** the Council of Governors Declarations of Interest Register and to **NOTIFY** any changes to the Corporate Governance Manager • **NOTE** the Calendar of Council of Governors meeting dates for 2026 • **NOTE** the Council of Governors workplan for 2026

Appendix F2 – Proposed Amendments to the Trust Constitution

Section	Issue and Amendment
1.1 Definitions Health and Social Care Act 2022	Incorrect reference Amend to *Health and Care Act 2022*
1.4 Definitions	Text not fully inclusive. Amend to *Words importing one gender shall include all genders*
3.1 Head Office 3.2 Website	3.1 Acre Mills added to address. 3.2 Remove text re: website being determined by Council of Governors; amend to confirm this is a matter for the Board.
7.5 Staff Membership: Staff Governor Type	Inconsistency with Appendix 2 Addition at 7.5.5 of ancillary staff
11 Council of Governors - Composition	Incorrect reference to Appendix 6, amend reference to *Appendix 2*.
25.2 Board of Directors	Amend wording to confirm deputy Chair shall be appointed by Council of Governors, not Board of Directors, as per Code of Governance for NHS Provider Trusts (C2 Provision of FT Board appointments)
44.1.2 Amendments to the Constitution	Ambiguity re: which Board members can vote to amend the Constitution. Inclusion of more definitive wording to confirm only Board members with voting rights can approve amendments.
Reference to Standing Orders of the Council of Governors and Board of Directors Section 20 Council of Governors Section 31 Board of Directors	Constitution does not detail quorum for Board of Directors and Council of Governor meetings. Addition of explicit reference that meeting quorum requirements can be found in the Standing Orders for the respective meetings.

Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS

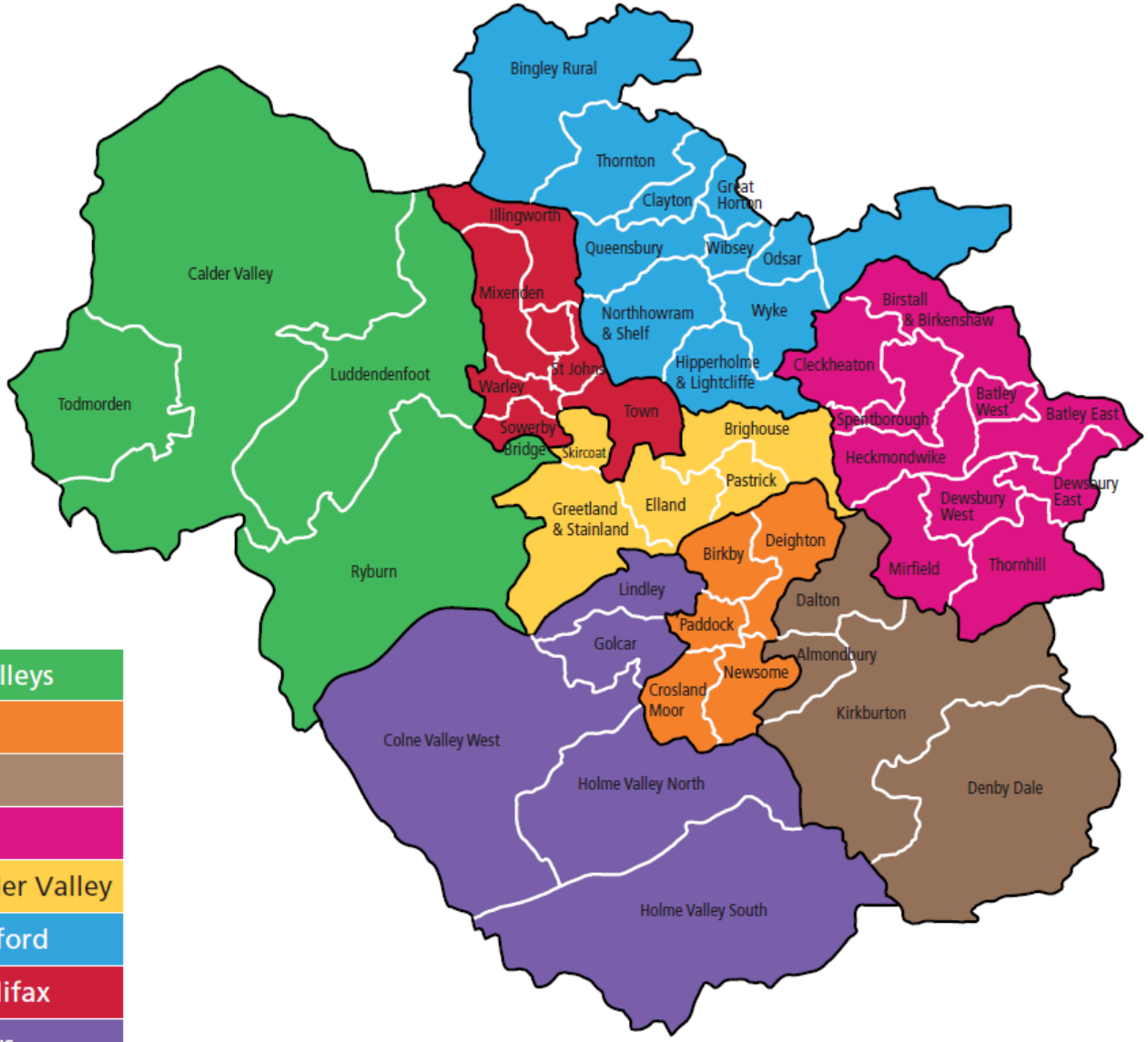
REGISTER

AS AT SEPTEMBER 2025

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Christopher Button	22.07.25	3 years	2028
1 – Calder and Ryburn Valleys	Hannah Doyle	22.07.25	3 years	2028
2 – Huddersfield Central	Sheila Taylor	18.07.24	3 years	2027
2 – Huddersfield Central	Robert Markless	28.07.21 18.07.24	3 years 3 years	2024 2027
3 – South Huddersfield	Isaac Dziya	28.07.21 18.07.24	3 years 3 years	2024 2027
3 – South Huddersfield	John Rushton	18.07.24	3 years	2027
4 – North Kirklees	Rabiya Ali	18.07.24	3 years	2027
4 – North Kirklees	Kenneth Townend	22.07.25	3 years	2028
5 – Skircoat and Lower Calder Valley	Lorraine Wolfenden	25.07.23	3 years	2026
5 - Skircoat and Lower Calder Valley	Osman Chohan	22.07.25	3 years	2028
6 – East Halifax and Bradford	Marta Kovacs	18.07.24	3 years	2027
6 – East Halifax and Bradford	**VACANT SEAT**			
7 – North and Central Halifax	Safyah Akhtar	22.07.25	3 years	2028
7 – North and Central Halifax	Tony Wilkinson	25.07.23	3 years	2026
8 - Lindley and the Valleys	Denise Dransfield	18.07.24	3 years	2027
8 – Lindley and the Valleys	Pam Robinson	25.07.23	3 years	2026
STAFF – ELECTED				
9 - Drs/Dentists	Ali Akhtar	22.07.25	3 years	2028
10 – AHPs/HCS/Pharmacists	Jonathan Drury	25.07.23	3 years	2026

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
11 - Mgmt/Admin/ Clerical	Sarah Rothery	18.07.24	3 years	2027
12 – Ancillary	Julie Pryce	18.07.24	3 years	2027
13 – Nurses/Midwives	Tom Ladlow	18.07.24	3 years	2027
13 – Nurses/Midwives	Emma Karim	25.07.23	3 years	2026
APPOINTED GOVERNORS				
University of Huddersfield	Dr Sara Eastburn	02.08.22	3 years	2025
Calderdale Metropolitan Council	Cllr Diana Tremayne	02.08.24	3 years	2027
Calderdale Huddersfield Solutions Ltd (CHS)	Zain Naeem	18.07.24	3 years	2027
South West Yorkshire Partnership NHS FT	Izzy Worswick	01.02.25	1 year	2026
Kirklees Metropolitan Council	**TO BE APPOINTED**			
Voluntary Sector (VAC)	Gary Gordon	18.09.25	3 years	2028

KEY:-
Green – Newly elected
Red – Tenure ceasing
Blue – Vacant posts



- Calder and Ryburn Valleys
- Huddersfield Central
- South Huddersfield
- North Kirklees
- Skircoat & Lower Calder Valley
- East Halifax and Bradford
- North and Central Halifax
- Lindley and the Valleys

DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 12 FEBRUARY 2026

The following is the current register of the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Corporate Office who keeps a copy of the original signed declaration forms. These are available for inspection by contacting the office on 01484 355933.

PUBLIC ELECTED GOVERNORS

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIPS	LOYALTY INTERESTS (INC. ANY POLITICAL AFFILIATIONS)	OWNERSHIP/PART OWNERSHIP OF PRIVATE COMPANIES AND BUSINESSES / SHAREHOLDINGS AND OTHER OWNERSHIP	POSITION OF AUTHORITY IN A CHARITY / VOLUNTARY BODY IN THE FIELD OF HEALTH AND SOCIAL CARE	ANY CONNECTION WITH VOLUNTARY OR ORGANISATION CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGANISATIONS
11.02.26	Safyah AKHTAR	Public Elected – North and Central Halifax	Trustee / Director of The Crossley Heath School Trust.		Owner of Oneness Consulting Ltd – Digital Marketing services.	-	-	Head of Paid Media Organisation: Hallam
13.08.25	Rabiya ALI	Public Elected – North Kirklees	Director – Margalla Research Ltd		-	-	-	-
11.02.26	Christopher BUTTON	Public Elected – Calder and Ryburn Valleys	-		-	-	-	Nursing and Midwifery Council Registered General Nurse (retired)
10.02.26	Osman CHOHAN	Public Elected – Skircoat and Lower Calder Valley	-	1) My wife is a staff member of the pharmacy department at CHFT. 2) As a Chief Pharmacist at a neighbouring	-	-	Yes – Bradford Teaching Hospitals NHS Trust	Job Title: Chief Pharmacist Organisation: Bradford Teaching Hospitals NHS Foundation Trust

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIPS	LOYALTY INTERESTS (INC. ANY POLITICAL AFFILIATIONS)	OWNERSHIP/ PART OWNERSHIP OF PRIVATE COMPANIES AND BUSINESSES / SHAREHOLDINGS AND OTHER OWNERSHIP	POSITION OF AUTHORITY IN A CHARITY /BODY IN THE FIELD OF HEALTH AND SOCIAL CARE	ANY CONNECTION WITH A VOLUNTARY OR ORGANISATION CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGANISATIONS
				NHS Trust, I have regular meetings/ contact and attend forums alongside my counterpart at CHFT and other colleagues from the CHFT pharmacy department.				General Pharmaceutical Council
25.08.25	Hannah DOYLE	Public Elected - Calder and Ryburn Valleys	-		-	-	-	Student Nurse (Childrens) Bradford University
25.07.24	Denise DRANSFIELD	Public Elected - Lindley and the Valleys	-		-	-	Locala (voluntary)	Kirkwood Hospice Shops
26.08.21	Isaac DZIYA	Public Elected - South Huddersfield	Isaacs Cons Trading Ltd		Isaacs Cons Trading Ltd	Board Member Housing Kirklees Council	-	Calderdale Council
02.02.26	Marta KOVACS	Public Elected – East Halifax and Bradford	-	-	-	-	-	-
28.01.26	Robert MARKLESS	Public Elected - Huddersfield Central	-	Secretary, Huddersfield Labour Party Secretary, Greenhead Branch Labour	-	-	-	-

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIPS	LOYALTY INTERESTS (INC. ANY POLITICAL AFFILIATIONS)	OWNERSHIP/ PART OWNERSHIP OF PRIVATE COMPANIES AND BUSINESSES / SHAREHOLDINGS AND OTHER OWNERSHIP	POSITION OF AUTHORITY IN A CHARITY /BODY IN THE FIELD OF HEALTH AND SOCIAL CARE	ANY CONNECTION WITH A VOLUNTARY OR ORGANISATION CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGANISATIONS
				Party				
15.09.25	Pam ROBINSON	Public Elected - Lindley and the Valleys	Non-Executive Director – Private Company		-	-	-	-
07.02.25	John RUSHTON	Public Elected - South Huddersfield	-		-	-	Member of Locala Membership Council	-
10.02.26	Sheila TAYLOR	Public Elected - Huddersfield Central	-		-	Secretary of the Huddersfield Branch of the NHSRF	Secretary of the Huddersfield Branch of the NHSRF	-
25.08.25	Kenneth TOWNEND	Public Elected – North Kirklees	-		-	-	Assisted CQC as Care Registered Manager	-
09.02.26	Lorraine WOLFENDEN	Public Elected - Skircoat and Lower Calder Valley	-	My husband is owner/director of a joinery and building contractors and some of his current contracts are in care homes. He has in the past done work in NHS hospitals but isn't currently.	-	-	-	Ward-based volunteer, CHFT Care Club Befriender, Calderdale MBC

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13.09.25	Tony WILKINSON	Public Elected - North and Central Halifax	-		-	Trustee Healthwatch Kirklees who hold contracts with Kirklees & Calderdale Family member holds GP contract	Trustee Healthwatch Kirklees who hold contracts with Kirklees & Calderdale	Retired Pharmacist - Formerly member RpharmS Retired Boots Employee and member of pension scheme

STAFF ELECTED GOVERNORS

28.01.26	Ali AKHTAR	Staff Elected – Drs/Dentists	-	-	-	-	-	Plastic surgeon Organisation: MediNet GMC Royal College of Surgeons of England
28.01.26	Jonathan DRURY	Staff Elected – AHPs/HCS/ Pharmacists	-	-	-	-	ACP (Orthoptist)	The Health and Care Professions Council (HCPC) registration
25.09.25	Emma KARIM	Staff Elected – Nurses / Midwives	-		-	-	-	Registered with the Nursing and Midwifery Council (NMC) Member of the Royal College or Nursing (RCN)
24.07.24*	Tom LADLOW	Staff Elected – Nurses / Midwives	-		-	-	-	Registered with the Nursing and Midwifery Council (NMC)

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIPS	LOYALTY INTERESTS (INC. ANY POLITICAL AFFILIATIONS)	OWNERSHIP/ PART OWNERSHIP OF PRIVATE COMPANIES AND BUSINESSES / SHAREHOLDINGS AND OTHER OWNERSHIP	POSITION OF AUTHORITY IN A CHARITY /BODY IN THE FIELD OF HEALTH AND SOCIAL CARE	ANY CONNECTION WITH A VOLUNTARY OR ORGANISATION CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGANISATIONS
								Registered with the Royal College of Nursing (RCN)
28.01.26	Julie PRYCE	Staff Elected – Ancillary	-	-	-	-	-	-
04.02.26	Sarah ROTHERY	Staff Elected – Admin / Management	-	-	-	-	-	-

APPOINTED GOVERNORS

28.01.26	Sara EASTBURN	University of Huddersfield	-	-	-	Acting Head of Department of Allied Health Professions, Sport and Exercise, University of Huddersfield	Registered with the Health and Care Professions Council Registered with the Chartered Society of Physiotherapy	
09.10.25	Gary GORDAN	Voluntary Sector (VAC)	-	-	-	-	VAC has a contract to deliver infrastructure support to the VCSE and this is funded mainly via ICB funding.	-
16.07.24*	Zain NAEEM	Calderdale and Huddersfield Solutions Ltd.	-		-	Deputy Head of Clinical Engineering, Calderdale and Huddersfield Solutions Ltd.	Register of Clinical Technologist (RCT)	Deputy Head of Clinical Engineering, CHS

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIPS	LOYALTY INTERESTS (INC. ANY POLITICAL AFFILIATIONS)	OWNERSHIP/ PART OWNERSHIP OF PRIVATE COMPANIES AND BUSINESSES / SHAREHOLDINGS AND OTHER OWNERSHIP	POSITION OF AUTHORITY IN A CHARITY /BODY IN THE FIELD OF HEALTH AND SOCIAL CARE	ANY CONNECTION WITH A VOLUNTARY OR ORGANISATION CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGANISATIONS
09.02.26	Cllr Diana TREMAYNE	Calderdale Metropolitan Council	-	Labour and Co-operative Party member and councillor	-	Ward councillor for Todmorden Lead Member for Adult Services and Wellbeing, Calderdale MBC Labour and Co-operative Party councillor	-	Senior Lecturer, Leeds Beckett University
29.01.26	Izzy WORSWICK	South West Yorkshire Partnerships NHS Foundation Trust	Partner works as Director of Services for Northpoint who deliver some services working with the NHS.	Partner works as Director of Services for Northpoint who deliver some services working with the NHS.	-	Assistant Director of Corporate Governance, South West Yorkshire Partnership NHS Foundation Trust	-	-

CALENDAR OF MEETINGS FOR GOVERNORS
For the period January – December 2026

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Meeting Type	Date	Time	Venue
Council of Governors Meeting	Thursday 19 February 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)
Council of Governors Meeting	Thursday 21 May 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 6 & 7, Learning Centre, Calderdale Royal Hospital Or via Microsoft Teams (Hybrid)
Joint Council of Governors and Board of Directors Workshop	Tuesday 16 June 2026	1:00 – 4:00 pm	Rooms 3 & 4, Acre Mills Outpatients
Council of Governors Meeting	Thursday 24 September 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)
Joint Council of Governors and Board of Directors Workshop	Tuesday 20 October 2026	1:00 – 4:00 pm	Rooms 3 & 4, Acre Mills Outpatients
Council of Governors Meeting	Thursday 26 November 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)
Council of Governors (Only) Workshop	Tuesday 15 December 2026	1:00 – 4:00 pm	Rooms 3 & 4, Acre Mills Outpatients

***Date of the Annual Members Meeting to be confirmed in 2026.**

Calderdale and Huddersfield NHS Foundation Trust

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2026

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
Under National Health Service Act 2006:	**Under Health and Social Care Act 2012:**
• To appoint and, if appropriate, remove the Chair • To appoint and, if appropriate, remove the other non-executive directors • To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs • To approve the appointment of the Chief Executive • To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor • To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.	• To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of the members of the Trust as a whole and of the public • To approve "significant transactions" as defined within the constitution • To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution • To decide whether the FT's private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions • To approve any proposed increase in private patient income of 5% or more in any financial year Jointly with the Board of Directors, to approve amendments to the FT's constitution.

	19 Feb 2026	21 May 2026	ANNUAL MEMBERS MEETING – TBC	24 Sept 2026	26 Nov 2026	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓		✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest	
Minutes of previous meeting	✓	✓		✓	✓	

	19 Feb 2026	21 May 2026	ANNUAL MEMBERS MEETING – TBC	24 Sept 2026	26 Nov 2026	COMMENTS
Matters arising	✓	✓		✓	✓	
Ad hoc Topic / Story	✓	✓		✓	✓	
Chair's Report	✓	✓		✓	✓	
Update from Governors	✓	✓		✓	✓	*Opportunity for Governors to feedback on their constituencies.
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register	✓ Receive Register		✓ Receive updated Register of CoG	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – **Audit and Risk Committee** – **Finance and Performance Committee** – **Quality Committee** – **Workforce Committee** – **Nomination and Remuneration Committee** – **Transformation Programme Board**	✓ Receive update from Non-Executive Directors - Quality - ARC - F&P – to receive - Workforce – to receive	✓ Receive update from Non-Executive Directors - F&P - Workforce - ARC – to receive - Quality – to receive		✓ Receive update from Non-Executive Directors - ARC - Quality - Workforce – to receive - F&P – to receive	✓ Receive update from Non-Executive Directors - F&P - Workforce - Workforce – to receive - ARC – to receive	<u>Private meetings:</u> • Feedback from Transformation Programme Board • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive and approve Annual Accounts	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	

	19 Feb 2026	21 May 2026	ANNUAL MEMBERS MEETING – TBC	24 Sept 2026	26 Nov 2026	COMMENTS
Integrated Performance Report (Quality)	✓ Receive as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report		✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	
Strategic Plan & Quality Priorities	✓ Receive update	✓ Including confirmation of 26/27 Quality priorities detail Year end 25/26 quality priorities - Q4		✓ Quality priorities 26/27 – quarter 1	✓ Quality priorities 26/27 – quarter 2	Review as required
Updated Council of Governors Calendar	✓ Receive			✓ Receive	✓ Receive	
REGULAR ITEMS						
Election Process	✓ Review timetable for election and progress on elections report			✓ Ratify appointment of newly elected members		
Nominations and Remuneration Committee of Council of Governors	✓Receive update on tenures (as required)	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom and Rem Committee Meeting	Receipt of minutes of NRC CoG as required post meeting
Appointment of Chair / extension of tenure – when required						
ANNUAL ITEMS						
Annual Plan Submission	✓ Annual Plan Discussions	✓ Receive Annual Plan				

	19 Feb 2026	21 May 2026	ANNUAL MEMBERS MEETING – TBC	24 Sept 2026	26 Nov 2026	COMMENTS
Appointment of Lead Governor		✓ Paper to be presented to discuss election process	✓ Appointment confirmed			
Chair/Non-Executive Director Appraisal	✓ Approve Chair & Non-Executive Directors appraisal process			✓ Receive informal report		May – Approve process September – Receive report
Non-Executive Directors Fit and Proper Persons Test		✓ Confirm FPPT position for NEDs				Annually April
Terms of Reference of Nominations and Remuneration Committee of Council of Governors		✓Approve reviewed Terms of Reference				
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AMM to present findings from External Audit and Quality Accounts			✓ Receive presentation from audit on Accounts			
Future Council of Governors Meeting Dates	✓ meeting dates shared	✓ meeting dates shared			✓ future meeting dates shared	
Council of Governors Sub Committees					✓ Review allocation of members on all Committees following elections NB – Chairs to be reviewed annually	

	19 Feb 2026	21 May 2026	ANNUAL MEMBERS MEETING – TBC	24 Sept 2026	26 Nov 2026	COMMENTS
Council of Governors Self Appraisal of Effectiveness		✓				✓ Self-Appraisal process to commence March/April 2026 – report in May
Review Annual Council of Governors Meetings Workplan (this document)	✓ Review	✓ Review			✓ Review any amendments / additions	Review as required
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Review details of 2025/26 Annual Members Meeting		✓ Review May				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						As required
Appointment of Auditors		✓				Re-tendering of external auditors to be reviewed in 3 years
Review progress with annual plan for Membership Strategy		✓ Refreshed engagement strategy – alongside patient engagement strategy			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors						Next review date February 2027.

13. Feedback from Quality Committee

To Note

Presented by Denise Sterling

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Jo-Anne Wass
Date of meeting:	Monday 2 December 2025
Date of Board meeting:	Thursday 15 January 2026
Regulation	Regulation 17: Good Governance

ASSURE	• **Medicines Management Committee (MMC) Annual Report (October 2024 to October 2025):** The majority of business over the last 12 months related to guidelines, policies and NICE technology appraisals. An immunoglobulin shortage was managed safely, and a risk relating to out of date patient group directions had been added to the risk register (mitigation was in place, and process redesign underway). MMC has achieved good multi-disciplinary attendance. However, to date, there have been two ICB colleagues (representing both Calderdale and Kirklees). We approved an amended terms of reference which reduces this to one in future, in recognition of ICB structural change. Senior nursing representation has also been strengthened. We asked for next year's report to include sections on the impact of the MMC on both sustainability and emerging neighbourhood health models.
	• **Clinical Outcomes Group (COG) Biannual Report (period to August 2025):** The COG reported significant improvements, including:
	  ○ sepsis management, due to the introduction of live dashboards;
	  ○ the 30-day mortality rate for patients with acute kidney injury;
	  ○ dementia screening, due to the appointment of a lead nurse in February 2025;
	  ○ four-hour stroke performance.
	• **Maternity and Neonatal Report:** We were assured that:
	  ○ the medical workforce for neonates meets the BAPM (perinatal care) standards.
	  ○ the 90% compliance for PROMPT training for maternity care professionals was achieved on time;
	  ○ midwifery vacancy rate is now around 3% (NB it was 30% in August 2023) and we are on track to achieve 0 vacancies by March 2026;
	  ○ there were no still births or neonatal deaths in September, October, or November 2025;
	  ○ a consultant midwife, with responsibility for health inequalities and public health, was appointed in November 2025;
	  ○ mandatory training compliance has significantly approved and was now on target.

ADVISE	• NHS England was about to introduce a **daily maternity/neonatal "sitrep"** (situation report), starting on 8 December 2025. • We discussed the Trust's **annual strategic objective relating to quality** for 2026/27 and shaped this prior to its presentation to the Board of Directors. • We discussed and signed off an **end-of-life quality priority** measure. It was acknowledged that finding a proxy measure for good end of life care was difficult, but it was agreed that the percentage of individuals with a "last days of life plan" would be used to measure progress. A target of 74% was agreed. • We discussed and signed off a new **deteriorating patient priority** measure. It was acknowledged that there were limitations in the way we have previously reported this. In future, we will track "observations on time" against a target of 90%, alongside a quarterly report looking at responses to observations. • We are transitioning to a new **quality governance structure,** which should help to streamline the work of the Quality Committee, allow update on key strategies and more focus on, for example, community services. A governance framework showing routes to assurance on all quality and safety issues will be completed by the end of the year. • **Performance issues:** a cervical screening transcription error led to a never event; a spike in pressure ulcers is being picked up through a thematic review in January; C Difficile incidence is above threshold by 4 cases.
ALERT	• The COG reported that there is a 15-hour gap in **physical stroke consultant coverage** overnight. We were assured that this was not impacting on patient outcomes, as the consultant is non-resident on-call, just not physically on site, and is available to give remote advice. To achieve a physical consultant presence would involve job plan adjustments. • The COG also reported that the **nutrition** nurse specialist has left and this has led to limited cover. This has been added to the risk register. • Saving Babies Lives compliance: although this has improved slightly, there are still problems in meeting **scanning times following a presentation with reduced fetal movement**. A readvertisement for a midwifery sonographer has been posted. • **Consultant recruitment** to support a split in the obstetrics and gynaecology rota was unsuccessful. A readvertisement is being prepared. • A Prevention of Future Deaths report has been issued relating to **homebirths**, following an incident in Greater Manchester. All maternity units are now being asked by NHS England to assure the quality of their home birthing service. A quality summit is therefore being arranged. • **Internal audit of PSIRF:** This reported "limited assurance". An action plan has been produced which includes standardising divisional panels; improving timeliness; understanding user issues with InPhase; and richer narrative reporting to Quality Committee.

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling
Date of meeting:	Tuesday 6 January 2026
Date of Board meeting:	Thursday 15 January 2026
Regulation	Regulation 17: Good Governance
ASSURE	• **Safeguarding Bi-Annual Report:** The team provided assurance that safeguarding remains a trust priority, with stable staffing and ongoing cross-agency work. Progress has been made on policies, partnership working, and training, with plans in place to address Level 3 training compliance. Recruitment for the Head of Safeguarding is underway, and interim arrangements are in place. • **Maternity and Neonatal Report:** Positive performance maintained in medical and midwifery staffing, with vacancies reduced to around 3%. Stillbirth and neonatal death rates remain below national benchmarks, with no stillbirths or neonatal deaths reported since September. • **Research and Development:** The Trust has exceeded annual NIHR recruitment targets, commercial research activity is growing, and collaborations with regional partners are progressing. The new research strategy focuses on embedding research into everyday care. • **Assessing the Impact of Proposed Cost Improvement Programmes:** The report outlined the robust, executive-led process that is in place to assess the quality and equality impacts of the CIP schemes. There is regular panel scrutiny providing effective challenge; evidence of approved, rejected and revised schemes was shared and demonstrated that the process is operating as intended to safeguard quality • **Quality Report**: Updates were provided on PSII Learning Response Reports (Aug 2024–Nov 2025); internal audits on deteriorating patients and delegated consent are commencing, quality improvement plans are in place for the deteriorating patient. There are 13 overdue Trust policies which continue to be regularly monitored and escalated to Executive Leads.

ADVISE	• **Safeguarding Level 3 training compliance** for children and adults remains below target, but improvement plans are in place and monitored. The independent domestic violence advisor (IDVA) post has ended, but training and some functions have been absorbed by the team. • **Maternity and Neonatal Report:** Qualified in specialty (QIS) compliance remains below the 70% target (65% overall; 57% in-post), reflecting recent unqualified starters, with mitigation in place through a rolling training programme and roster controls to ensure at least one QIS-trained nurse per shift. Recruitment for additional consultant posts is ongoing, with plans to appoint senior trainees. The directorate will be triangulating the CQC survey, staff survey, and complaints data to target improvement work. • **Research and Development:** The new NIHR funding model from April 2026 will require strict adherence to a 150-day setup metric for clinical trials. Work is ongoing to tighten processes and ensure compliance. • Received and ratified Clinical Outcomes Group Terms of Reference.
ALERT	• **Safeguarding**: The SLA with Southwest Yorkshire Partnership for safeguarding services expired last March and is still under review, though service provision continues. Governance risk is being monitored. • **Maternity and Neonatal:** In response to a National Prevention of Future Deaths (PFD) notice, a local quality summit is being held to address home birth safety. Following NHSE instruction to cease use of the Intergrowth21 chart by March 2025, a multidisciplinary task group has been established to review and action the required change. • **Research and Development:** The pathology reconfiguration presents a risk to research delivery, particularly for commercial studies with strict blood-sampling requirements. This risk has been identified and is escalated to the Board for oversight and mitigation.

14. Feedback from Audit and Risk Committee

To Note

Presented by Nigel Broadbent

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent
Date(s) of meeting:	27/01/2026
Date of Board meeting this report is to be presented:	12/03/2026
Regulation	Regulation 17: Good Governance
ASSURE	ARC received assurances on progress with actions agreed in response to recommendations in limited assurance audit reports on the Valproate Safety Alert, Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and Attendance Management. The Committee requested that progress on the Valproate and ReSPECT actions be reported into Quality Committee and that the reporting system on audit recommendations be updated and revised target dates be set if any actions are likely to become overdue. Progress with the recommendations on attendance management would be followed up through Workforce Committee. ARC undertook a deep dive into Information Governance and received good assurance about areas of improvement during the year (including high assurance on the Data Security and Protection Toolkit audit) and areas for improvement and priorities during the coming year. ARC reviewed and approved an updated version of the Standing Orders for Board submission including the feedback from the well led review. The Conflicts of Interests and Standards of Business Conduct Policy was also approved including the implications of the introduction of the Procurement Act 2023. The timetable for the Trust's annual report and accounts were agreed and the Committee ensured they were consistent with the timetable presented by Deloitte for the external audit. ARC agreed additional areas that they would want to the existing workplan for the committee including a review of the governance processes around AI, a follow up on the new processes introduced last year

	governing the clinical audit programme, and an update on cyber security risks and the new requirements on failure to prevent.
ADVISE (INCLUDES ACKNOWLEDGE)	The third update of the Board Assurance Framework (BAF) was agreed for presentation to Board including a new Standard Operating Procedure describing the Trust's process for the closure of BAF risks. The Committee were pleased to see that the latest internal audit of the BAF and benchmarking information had resulted in a high level of audit assurance. It was agreed that ARC would review (positive) lessons learned from the BAF audit and any potential best practice identified by the benchmarking. As part of the discussion on this item it was agreed that the Committee would give further consideration to how it would take a view on forecasts of risk exposure and undertaking more horizon scanning for future risks.
ALERT (FORMERLY AWARE)	Audit Yorkshire reported that additional follow up processes are in place to monitor progress with recommendations leading up to the Head of Internal Audit opinion. There are 24 audit recommendations with deadlines before the end of March (at the time of writing this report) and this number will increase as further audit reports are completed and issued this year. There was only one new limited assurance audit report this quarter which was in relation to PSIRF and the Director of Nursing will be invited to the next committee meeting in April to provide assurances about progress with the recommendations.

15. Well Led

a. Feedback from the Well Led Development Review

b. Responsive and Well-led CQC inspections

To Note

Presented by Andrea McCourt and Victoria Pickles

Calderdale and Huddersfield
NHS Foundation Trust

Well Led Development Review Autumn 2025

Summary findings for Council of Governors
19 February 2026

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Well-Led Development review of the Trust

Calderdale and Huddersfield NHS Foundation Trust

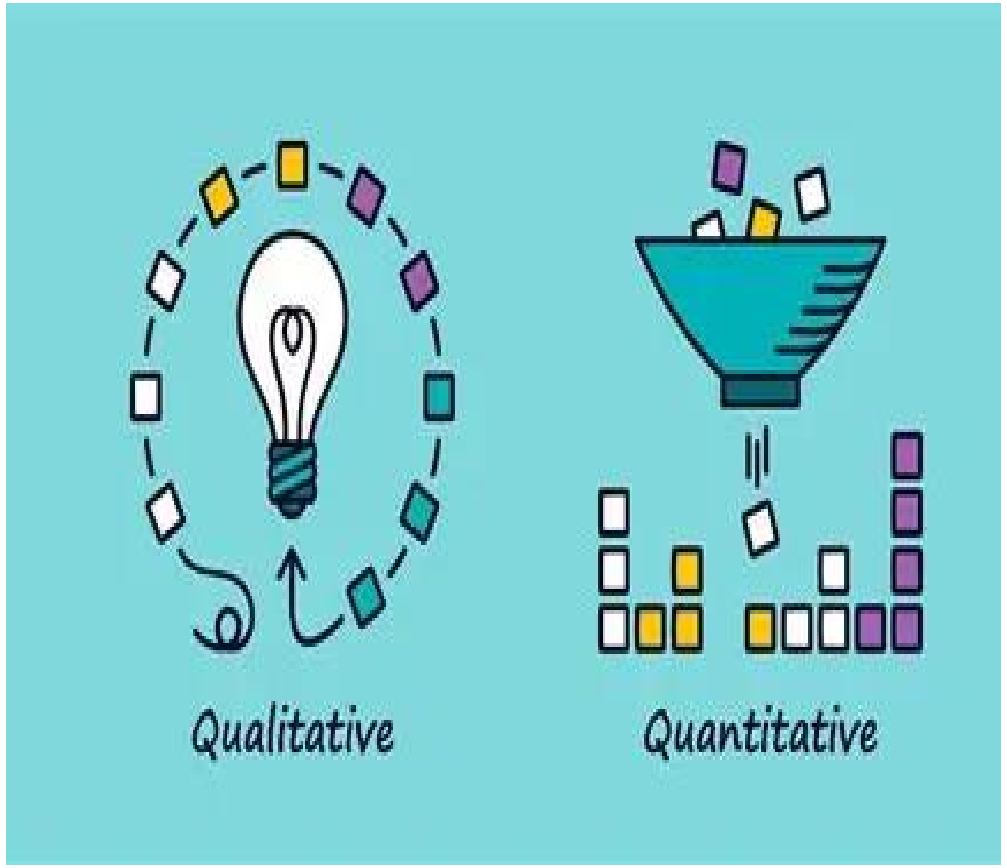
Aim: Assessment of the leadership and governance of the Trust as described in the CQC Single Assessment Framework.

Outcome: Report with recommendations to inform development/ continuous improvement.

Covered the 8 eight domains of the CQC Well-Led framework:

1. Shared direction and culture
2. Capable, compassionate and inclusive leaders
3. Freedom to speak up
4. Workforce equality, diversity and inclusion
5. Governance, management and sustainability
6. Partnerships and communities
7. Learning, improvement and innovation
8. Environmental sustainability

Evidence collected by reviewers



Categories of evidence :

Qualitative :

Feedback from service users/carers

feedback from staff

feedback from governors

feedback from partners

Feedback from Board and senior leaders

Meeting observations

Quantitative:

Documentation review

Survey results

Findings from Well Led Development Review

Calderdale and Huddersfield NHS Foundation Trust

Good practice

- A strong, well embedded culture, vision and values
- Strong leadership, considered open and authentic
- Good overall strategy with clear ambitions, aligned to national priorities
- Good governance of strategy, performance and finance
- Workforce engagement and commitment to well being
- Learning culture and innovation
- Freedom to speak up well embedded
- Partnership working and established as an anchor partner
- Commitment to health inequalities
- Good practice on the green and sustainability agenda

Where we could develop

- Strengthen oversight and depth of enabling strategies
- Board level assurance on culture
- Service user / patient input to the Board and feedback mechanisms
- Risk management at board
- Oversight of community relative to acute
- Skills matrix, succession planning and diversity of board
- Executive input to committees
- Divisional governance
- Capacity for quality improvement

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Findings from Well Led Development Review specific to the Council of Governors

Calderdale and Huddersfield NHS Foundation Trust

Good practice

- Governors feel valued and supported in their statutory duties.
- Strong culture of active involvement
- Commitment to achieving more representative membership - innovative associate youth governor roles.
- Governor visits across the Trust
- **Meeting papers:**

- NED highlight reports support governors in holding NEDs to account
- Comprehensive governance report
- Quality account priorities report gives focus on quality for governors
- Openness and transparency

Where we could develop

- Governors welcome more support to bring patient and community voice.
- Large volume of papers
- Agenda order could better prioritise NED highlight reports earlier.
- Attendance issues noted, particularly staff governors
- Observations of Committees helpful, governors should be observers only.

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Trust Response to Well Led Development Review findings

Calderdale and Huddersfield NHS Foundation Trust

5 focus areas agreed at Board workshop on 11 December 2025

1. Greater cultural assurance at Board level
2. A more structured Board Development Programme
3. Strengthening links between patient experience data and Board / Committee level reporting
4. Quality Improvement
5. Partnerships

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Calderdale and Huddersfield NHS Foundation Trust

CQC Inspection – Responsive – as @ 12.02.26

- Unannounced inspection started Monday 12 January at HRI; returned Monday 2 February to CRH and HRI
- Inspected
  - Urgent and Emergency Care and Medicine at HRI
  - Urgent and Emergency Care and Medicine at CRH
  - Outpatients at both sites
- Four days on site during both inspections observing patient interactions; environments; speaking to staff and patients; reviewing records; interviewing key clinical staff
- Hundreds of documents requested and supplied
- Early findings: staff are ‘lovely’, witnessed kindness and compassion for patients and each other; positive patient feedback; good examples of innovation and quality improvement; positive and supportive culture; strong teamwork
- Inspection window remains open, and we anticipate further responsive service level inspections

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Trust well led inspection – as @ 12.02.26

Calderdale and Huddersfield NHS Foundation Trust

- Currently planned for 3-5 March 2026
- Have observed Board of Directors and Quality Committee – not notified of any other committee observations
- Focus groups:
  - Wednesday 18 February HRI and CRH face to face with AFC Bands 2 – 8
  - Monday 16 February MS Teams, resident doctors, consultants, community staff
- Well Led Provider Information Request: 86 lines of documents required
- Awaiting interview schedule

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16. Appraisal Process

- Chair
- Non-Executive Director

To Approve

Presented by Andrea McCourt

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 19 February 2026
Meeting:	Council of Governors
Title of report:	Chair Appraisal Process 2025/26
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	The purpose of this paper is to outline the annual appraisal process for the Chair for 2025/26. Appendix 1 details statements from the NHS England Leadership Competency Framework that are included within the appraisal process.
Key Points to Note	The Trust is required to ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and report the outcome of these reviews, initially to the Nominations and Remuneration Committee of the Council of Governors with a summary of the appraisal and outcome to the Council of Governors on an annual basis. The enclosed paper sets out the proposed appraisal process for the Chair relating to the financial year 2025/26, which follows the NHS England Board Appraisal Framework and Chair appraisal guidance. The appraisal process includes seeking feedback from governors. The timetable is detailed in the paper and the appraisal is scheduled for completion by 30 June 2026, with the outcome reported initially to the Nominations and Remuneration Committee of the Council of Governors and then the Council of Governors meeting (via an extra-ordinary meeting).
Equality Impact Assessment	The attached paper is for information only. Where this information is used to inform changes to services, policies or procedures, an Equality Impact Assessment will first be completed to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.
Recommendation	The Council of Governors is asked to **APPROVE** the Chair's appraisal process for 2025/26 as outlined in the paper.

Calderdale and Huddersfield NHS Foundation Trust

Chair's Appraisal Process 2025/26

An NHS Trust Chair has a pivotal role in creating the conditions for the Board's effectiveness in maintaining a focus on strategy, performance, behaviour and values, stakeholders and accountability and in fostering effective relationships between Non-Executive Directors and the Executive team and between the Board and its internal and external partners.

The Trust will undertake the Chair's appraisal for 2025/26 in line with the NHS England guidance on conducting chair's appraisal. A Board appraisal framework was issued by NHS England on 1 April 2025 which set out a number of "what" principles, which focused on what the appraisal should contain, and "how" principles focussed on how the appraisal should be undertaken. The guidance can be found here: NHS England » Board member appraisal guidance.

The Trust appraisal process below aligns with the principles within the guidance.

Annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a Chair's impact and effectiveness. It ensures continuous and supportive dialogue and objective feedback, relating to personal impact and effectiveness and enabling potential support and development needs to be recognised and fully considered. It also reviews progress against agreed objectives and considers objectives for the forthcoming 12 months. The framework is aligned with the NHS Leadership Competency Framework and informed by multi-source feedback.

The Trust process is based on the NHS England 2024 Chair Appraisal Framework for conducting annual appraisal of NHS provider chairs based on an NHS Leadership Competency Framework, which contains six domains and supports the Fit and Proper Person assessment for individual Board members. The six domains are:

1. Driving high-quality, and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting for equality and inclusion, and reducing health inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities

Further detail on these competencies can be found in Appendix 1.

The Chair's appraisal takes place annually, is a face-to-face discussion and will be informed by self-evaluation and stakeholder feedback using an Microsoft Teams survey using the questions in the Leadership Competency Framework. It will enable identification of a Chair's strengths and any opportunities to increase impact and effectiveness. Governors, Executive Directors, Non-Executive Directors and stakeholders will be invited to contribute to the Chair's appraisal.

The Chair's appraisal process will be undertaken by Denise Sterling, Senior Independent Non-Executive Director, referred to as the appraisal facilitator in the NHS England documentation. As a key stakeholder the lead governor will be asked to undertake assessment of the Chair.

The key stages of the appraisal process are similar to the process used for the 2025/26 appraisal process and includes the following four stages:

1. Appraisal Preparation
2. Gathering information – assessment of Chair's effectiveness by a range of stakeholders and completion of self-assessment by Chair
3. Appraisal evaluation of collated stakeholder assessments by Senior Independent Non-Executive Director
4. Appraisal output – appraisal discussion, recording, agreement and submission Following the completion of all four stages there will be a formal reporting of the appraisal outcome to the Nominations and Remuneration Committee of the Council of Governors and a summary of the outcome to the Council of Governors.

The flowchart below summarises the key steps and proposed timetable.

Chair's Appraisal Proposed Timeline – 2025/26

Step 1 Appraisal Preparation 30 April 2026	Chair and Senior Independent Non-Executive Director meet with Company Secretary and Corporate Governance Manager to discuss assessment area, areas of focus, stakeholder input and timetable.
Stage 2 Gathering Information May 2026	Survey to seek stakeholder input sent (MS Forms). Chair undertakes self-assessment.
Stage 3 Evaluation Early June 2026	Senior Independent Non-Executive Director (SINED) evaluates stakeholder information, seeks any further information and reviews alongside Chair self-assessment.
Stage 4 Appraisal Meeting Mid-June 2026	Appraisal meeting SINED and Trust Chair. 2025/26 objectives and areas for personal development agreed. Appraisal documentation completed and signed by appraiser and appraisee
Stage 5 – Communicating the results externally 30 June 2026	Completed appraisal paperwork submitted to NHS England
Stage 6 - Communicating the results to Nominations and Remuneration Committee (Council of Governors) By early July 2026 at the latest	SINED provides feedback to governors on outcome of appraisal at the meeting.
Stage 6 - Communicating the results to Governors 24 September 2026	SINED provides verbal feedback to governors on outcome of appraisal at a Council of Governors meeting.

Appendix 1: Statements relating to the NHS Leadership Competency Frameworks

The following themed statements relate to the chair's impact and effectiveness in their role.

Domain 1: Driving high quality, sustainable outcomes
Competencies
I contribute as a leader:
to ensure that my organisation delivers the best possible care for patients
to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation
I assess and understand:
the performance of my organisation and ensure that, where required, actions are taken to improve
the importance of efficient use of limited resources and seek to maximise: i. productivity and value for money **ii.** delivery of high quality and safe services at population level
the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements
I recognise and champion the importance of:
attracting, developing and retaining an excellent and motivated workforce
building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles
retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate
I personally:
seek out and act on performance feedback and review, and continually build my own skills and capability
model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

Appendix J2

Domain 2: Setting strategy and delivering long term transformation

	Competencies
1	**I contribute as a leader to:**
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
1b	ensure there is a long-term strategic focus while delivering short-term objectives
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same
2	**I assess and understand:**
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans
3	**I recognise and champion the importance of long-term transformation that:**
3a	benefits the whole system
3b	promotes workforce reform
3c	incorporates the adoption of proven improvement and safety approaches
3d	takes data and digital innovation and other technology developments into account
4	**I personally:**
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

Domain 3: Promoting equality and inclusion, and reducing health inequalities

1	**I contribute as a leader to:**
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups
2	**I assess and understand:**
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)
3	**I recognise and champion:**
3a	the need for the board to consider population health risks as well as organisational and system risks
4	**I personally:**
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities

Appendix J2

Domain 4: Providing robust governance and assurance
Competencies
I contribute as a leader by:
working collaboratively on the implementation of agreed strategies
participating in robust and respectful debate and constructive challenge to other board members
being bound by collective decisions based on objective evaluation of research, evidence, risks and options
contributing to effective governance and risk management arrangements
contributing to evaluation and development of board effectiveness
I understand board member responsibilities and my individual contribution in relation to:
financial performance
establishing and maintaining arrangements to meet statutory duties, national and local system priorities
delivery of high quality and safe care
continuous, measurable improvement
I assess and understand:
the level and quality of assurance from the board's committees and other sources
where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks
I recognise and champion:
the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement
I personally:
understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

Appendix J2

Domain 5: Creating a compassionate, just and positive culture	
	Competencies
1	**I contribute as a leader:**
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise
1d	to ensure there is a safe culture of speaking up for our workforce
2	**I assess and understand:**
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture
3	**I recognise and champion:**
3a	being respectful and I promote diversity and inclusion in my work
3b	the ability to respond effectively in times of crisis or uncertainty
4	**I personally:**
4a	demonstrate visible, compassionate and inclusive leadership
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

Domain 6: Building trusted relationships with partners and communities
Competencies
I contribute as a leader by:
fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest
I assess and understand:
the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners
I recognise and champion:
management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
open and constructive communication with all system partners to share a common purpose, vision and strategy

Date of Meeting:	Thursday 19 February 2026
Meeting:	Council of Governors
Title of report:	Non-Executive Director Appraisal Process 2025/26
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	The purpose of this paper is to outline the annual appraisal process for the Chair for 2025/26. Appendix 1 details statements from the NHS England Leadership Competency Framework that are included within the appraisal process.
Key Points to Note	The purpose of this paper is to: • Set out a process for the annual appraisal of the Non-Executive Directors (NEDs) for approval by the Council of Governors; • Confirm the timeline for the 2025/26 appraisal of the NEDs. The Leadership Competency Framework from NHS England for NEDs is also relevant for Non-Executive Directors. The enclosed paper sets out the proposed appraisal process for the Non-Executive Directors for the financial year 2025/26, which follows the NHS England Board Appraisal Framework and national guidance. The timetable is detailed in the paper and the appraisal is scheduled for completion by 30 June 2026, with the outcome reported initially to the Nominations and Remuneration Committee of the Council of Governors and then a summary of the appraisal outcome to the Council of Governors meeting.
Equality Impact Assessment	The attached paper is for information only. Where this information is used to inform changes to services, policies or procedures, an Equality Impact Assessment will first be completed to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.
Recommendation	The Council of Governors is asked to **APPROVE** the Non-Executive Director appraisal process for 2025/26 as outlined in the paper.

ANNUAL APPRAISAL PROCESS OF THE NON-EXECUTIVE DIRECTORS 2025/26

1. PURPOSE OF THIS PAPER

The purpose of this paper is to:

- Set out a process for the annual appraisal of the Non-Executive Directors (NEDs) for approval by the Council of Governors;
- Confirm the timeline for the 2025/26 appraisal of the NEDs.

The paper includes the following appendices:

- Appendix 1 – NED Appraisal template (2025/26)*
- Appendix 2 - NHS England Leadership Competency Framework

*Subject to any further guidance issued by NHS England

2. INTRODUCTION

Appraisal is an important cornerstone of continuous and supportive dialogue and objective informal feedback, relating to personal impact, contribution and effectiveness. Governors of the Trust have a duty to agree the process for evaluating / appraising Non-Executive Directors (NEDs).

The NHS England Code of Governance for NHS Providers, Section C: Composition, Succession and Evaluation states that, for NHS Foundation Trusts, the Council of Governors should take the lead on agreeing a process for the evaluation of the Chair and Non-Executive Directors (NED). The outcome of the appraisals is shared with the Council of Governors.

NHS England issued a Board member appraisal framework on 1 April 2025 which included a number of “what” principles in relation to appraisal content, and principles about how the appraisal should be undertaken, including including input to appraisals from a range of stakeholders. The appraisal process is similar to that undertaken in 2024/25 and will be structured around NHS England’s competency domains in the Leadership Competency Framework for Board members at Appendix 2. It is based on six domains, each with a range of competencies. For each domain there is a description of what good looks like as well as an optional scoring guide to help with self-assessment and development which can be accessed at: NHS England » NHS leadership competency framework for board members. The aim of this framework is to support the appraisal process and ongoing development of individuals and the Board as a whole.

The Trust appraisal season for 2025/26 takes place from 1 April 2026 reflecting on the previous 12 months, financial year 2025/26. Within the Trust's annual report, confirmation is required that NED appraisals have been conducted.

The appraisal of the NEDs is undertaken by the Trust Chair with the assistance of the Company Secretary. The process includes input to the appraisal process from the Lead Governor, as in previous years.

NHS England has requested that NHS Foundation Trusts share the summary outcome of the NED appraisals with their appointments team to support learning and development of Non-Executive Directors regionally and nationally.

Principles: The appraisal process will be guided by the following principles:

- the appraisal process and documentation should be clear, simple and straightforward to administer;

- The appraisal should be based on reliable evidence about performance since the last appraisal;

- where a NED has been in post for more than 6 months but less than 12 months at the time of the appraisal process, in place of the full appraisal process, the Chair will undertake a general review of progress within the first months of the NED appointment;

- the performance of Non-Executives should be appraised against:
  - their role as a member of the Board
  - specific roles that they occupy, e.g. serving on a Committee of the Board
  - attendance record
  - specific objectives that have been agreed for the year in question.
  - the principles of NHS England's Leadership Competency Framework for Board members (2024) will also be taken into account when undertaking NED appraisals (see Appendix 3)

- the appraisal process will set new objectives, taking into account the future strategic organisational needs;

- appraisees will receive constructive feedback on their performance, build on strengths, identify any areas for learning and development relevant to their role and agree any support required for improvement;

- where there is not agreement regarding the appraisal, or aspects of the appraisal, the Trust Chair will discuss the outcome with the Lead Governor

and where appropriate the Chair's assessment will stand with the Non-Executive Director's disagreement noted.

3. NON-EXECUTIVE DIRECTOR'S (NED) APPRAISAL PROPOSED TIMELINE – 2025/2026

Step 1 NED Appraisal Process 19 February 2026	Council of Governors agree Non-Executive Director appraisal process.
Step 2 Gathering Information From lead governor and Executives by mid-June 2026	NEDs to self-assess against the core and individual 2025/26 objectives in preparation for discussion with the Trust Chair. Chair seeks input from governors via the lead governor and Executive Directors.
Step 3 Appraisal Meetings June 2026	Individual appraisal meetings with Trust Chair and each NED. Review 2025/26 objectives Agree 2026/27 objectives and personal development plan agreed for each NED Chair and Lead Governor to send letter to NED following appraisal conversation Confirmation in annual report that Board member appraisal is undertaken
Step 4 – Completion 30 June 2026	Completion of appraisal paperwork and feedback to lead governor
Step 5 Communicating the results By July 2026 at the latest	Summary feedback to the Nominations and Remuneration Committee of the Council of Governors Chair to confirm completion of appraisal to Council of Governors 24 September 2026

4. RECOMMENDATION

The recommendation is that the Council of Governors approve the appraisal process for the Non-Executive Directors as outlined in the paper.

Andrea McCourt, Company Secretary, 9 February 2026

Appendix 1

NED appraisal summary

Name	
Organisation	
Year	**2025/26**

1. Overall assessment of performance

The performance of the individual has been assessed as *(indicate with an 'x')*

Strong performance	Fully competent	Needs development	Poor performance

2.Assessment of performance against agreed objectives

3. Specific strengths and aspirations (including LCF)

4. Learning and development needs (including LCF)

5. Any further comments, including any actions agreed to improve performance

6. Suitability for appointment

The appraisee has confirmed they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details.

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

This form should be completed annually and copies provided to keely.howard1@nhs.net.

Appendix 2

Leadership Competency Framework for Board members – NHS England

The six leadership competency domains

2.1 Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

2.2 Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

2.3 Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

2.4 Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

2.5 Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

2.6 Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

17. INFORMATION TO NOTE

The following set of papers can be found within our Board of Directors papers on our website here: Board of Directors Meeting Dates and Papers - CHFT

- Highlight Report from Finance and Performance Committee
- Highlight Report from Workforce Committee
- Month 4 Finance Report
- Performance Report (IPR) for information
- Minutes of Committee meetings

For Information

18. Any Other Business

For Comment

19. DATE AND TIME OF NEXT MEETING:

Date: Thursday 21 May 2026
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Rooms 6 & 7, Learning Centre, Calderdale Royal Hospital (CRH)

To Note

Presented by Helen Hirst