Calderdale and Huddersfield NHS Foundation Trust

# Council of Governors

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| **Schedule** | Thursday 21 May 2026, 14:00 — 16:00 BST |
| **Venue** | Rooms 3 & 4, Acre Mills Outpatients |
| **Organiser** | Amber Fox |

## Agenda

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Joint Council of Governors / Board of Directors Workshop
Date: Tuesday 16 June 2026
Time: 1:00 – 4:00 pm
Venue: Room 3 & 4, Acre Mills Outpatients

Council of Governors Meeting
Date: Thursday 24 September 2026
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Rooms 3 & 4, Acre Mills Outpatients or Microsoft Teams (Hybrid)

To Note - Presented by Helen Hirst

# 1. Welcome and Introductions:

To Note

Presented by Helen Hirst

## 2. Apologies for absence:

Andrea McCourt, Company Secretary

Non-Executive Directors - Tim Busby, Peter Wilkinson, Nigel Broadbent

Governors – Christopher Button, Dr Sara Eastburn, Safyah Akhtar, Julie Pryce, Tom Ladlow

To Note

Presented by Helen Hirst

# 3. Declaration of Interests

To Receive

# 4. Minutes of the previous meeting held on 19 February 2026

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 THURSDAY 19 FEBRUARY 2026, ROOMS 3 & 4, ACRE MILLS OUTPATIENTS (HYBRID VIA MICROSOFT TEAMS)

**PRESENT:**

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| Helen Hirst | Chair |

**PUBLIC ELECTED GOVERNORS**

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|---|---|
| Lorraine Wolfenden (LW) | Public Elected, Skircoat and Lower Calder Valley (Lead Governor) |
| Marta Kovacs | Public Elected, (via MS Teams) |
| Pam Robinson | Public Elected, Lindley and the Valleys |
| Tony Wilkinson | Public Elected, North and Central Halifax |
| Robert Markless | Public Elected, Huddersfield Central |
| John Rushton | Public Elected, South Huddersfield |
| Isaac Dziya | Public Elected, South Huddersfield (via MS Teams) |

**STAFF GOVERNORS**

| | |
|---|---|
| Jonathan Drury | Staff Elected, Doctors/Dentists |

**APPOINTED GOVERNORS**

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| Izzy Worswick | South West Yorkshire Partnership Teaching NHS Foundation Trust (via MS Teams) |
| Cllr Diana Tremayne | Calderdale Metropolitan Council |
| Gary Gordon | Voluntary and Community (VAC) (via MS Teams) |
| Zain Naeem | Calderdale Huddersfield Solutions Ltd. (CHS) (via MS Teams) |

**IN ATTENDANCE:**

| | |
|---|---|
| Jonathan Hammond | Deputy Chief Executive |
| Lindsay Rudge | Chief Nurse |
| Gemma Berriman | Chief Operating Officer |
| Denise Sterling (DS) | Non-Executive Director |
| Vanessa Perrott (VP) | Non-Executive Director |
| Nigel Broadbent (NB) | Non-Executive Director |
| Jo-Anne Wass (JW) | Non-Executive Director (via MS Teams) |
| Andrea McCourt | Company Secretary |
| Amber Fox | Corporate Governance Manager |
| Toseef Ahmed | Patient Experience and Inclusion (Project Search) |
| Amanda McKie | Nurse Consultant, Learning Disabilities |

## 01/26 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Toseef Ahmed and Amanda McKie who were in attendance to share the work they are doing to improve the experience of people with learning disabilities.

## 02/26 APOLOGIES FOR ABSENCE

A number of apologies had been received; however, the meeting was declared quorate.

**Public Elected Governors:**
Safyah Akhtar, Public Elected, North and Central Halifax

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Sheila Taylor, Public Elected, Huddersfield Central
Christopher Button, Public Elected, Calder and Ryburn Valleys
Osman Chohan, Public Elected

**Staff Elected Governors:**
Julie Pryce, Staff Elected, Ancillary
Sarah Rothery Staff Elected, Management/Administration
Ali Akhtar, Staff Elected
Tom Ladlow, Staff Elected, Drs/Dentists

**Appointed Governors:**
Sara Eastburn, University of Huddersfield

**Non-Executive Directors:**
Tim Busby, Non-Executive Director
Peter Wilkinson, Non-Executive Director

**Invited Directors**
Rob Aitchison Chief Executive
Stuart Baron, Director of Finance
Anna Basford, Deputy Chief Executive/Director of Partnerships and Transformation
Victoria Pickles, Director of Corporate Affairs

**03/26 DECLARATIONS OF INTEREST**

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

**04/26 MINUTES OF THE LAST MEETINGS HELD ON 25 NOVEMBER 2025**

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

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

**05/26 Action Log and Matters Arising**

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

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

**06/26 <u>MY JOURNEY WITH PROJECT SEARCH INTO PAID EMPLOYMENT AT CHFT</u>**

A presentation was delivered by Toseef Ahmed, Patient Experience and Inclusion, supported by Amanda McKie, Nurse Consultant for Learning Disabilities.

Toseef Ahmed shared his personal and professional journey into paid employment at Calderdale and Huddersfield NHS Foundation Trust (CHFT) through the Project Search programme.

Toseef described joining the Trust initially as part of Project Search and outlined the range of placements he undertook during the programme. These included roles across stroke wards, housekeeping services, nutrition and catering, and volunteering within clinical environments. He explained how these placements supported the development of practical skills,

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confidence, and familiarity with hospital settings, ultimately leading to substantive employment within the Trust.

Amanda McKie outlined the reasonable adjustments that have been put in place to support Toseef in his role. These include structured diary support, reminder systems, and clear, planned communication to support information processing and workload management. It was emphasised that these adjustments enable Toseef to work effectively while maximising his strengths and contributions.

The presentation highlighted Toseef's progression into his current role within Patient Experience and Inclusion, where he now contributes to improving patient and carer experience across the organisation. His involvement in learning disability and autism awareness work was described, including supporting initiatives that promote inclusion, understanding, and reasonable adjustments for patients and staff.

Toseef shared his aspirations for the future, including continuing to develop his role, supporting patients with learning disabilities, and contributing to greater representation and inclusion for people with learning disabilities within the Trust.

Governors commented positively on Toseef's contribution, visibility, and impact across the Trust. A governor asked about Toseef's role in supporting patients with learning disabilities in acute settings. It was explained that Toseef will form part of a developing acute liaison function, supporting staff, patients, and carers, including work around hospital passports and reasonable adjustments.

Further questions were raised regarding the scalability of Project Search and opportunities for other individuals to progress into paid employment through similar routes. Examples were shared of other successful Project Search participants who have moved into substantive roles within CHFT. It was noted that Toseef provides informal peer support and encouragement to others progressing through Project Search, drawing on his own experience.

The Chair thanked Toseef Ahmed for an engaging, and impactful presentation, and for sharing his personal journey and contribution to the Trust.

**OUTCOME:** The Council of Governors **NOTED** the staff story and journey of Toseef Ahmed, highlighting his progression from Project Search into paid employment at CHFT and his ongoing contribution to patient experience, inclusion, and learning disability awareness.

**07/26** **CHAIR'S REPORT**

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.

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

**08/26** **GOVERNANCE - FEEDBACK FROM GOVERNORS**

Lorraine Wolfenden, Lead Governor provided an overview of recent governor engagement activity and key messages arising since the last meeting, including:

- **University of Huddersfield Daphne Steel membership engagement event** – Governors attended an engagement event with healthcare students at Daphne Steele,

which generated significant interest and positive discussion regarding healthcare careers and the role at the Trust.

- **Engagement Events and Site Visits** – Governors have continued to attend engagement events and site visits. A recent tour of the new Community Diagnostic Centre (CDC), located in the Emily Siddon building, was attended by Pam Robinson and Robert Markless. The facility was described as modern and state-of-the-art. Robert Markless highlighted that the building is approximately 10 minutes from the bus station and 5 minutes from the train station, with parking available on site. However, concerns were raised regarding accessibility and disabled access, specifically the lack of designated disabled parking. It was acknowledged that parking arrangements are managed by the University, but feedback regarding accessibility and parking for disabled patients was noted.
- **Observe and Act Programme:** Governors have continued to participate in Observe and Act visits, with positive feedback on staff engagement and patient experience. The Observe and Act Programme will continue for a further six months. Pam shared positive feedback from patients following last visits about the extended opening hours.
- **Youth Governors**: Updates were provided on work led by Youth Governors, particularly in relation to outpatient non-attendance and improving patient communications regarding the diabetes service.

Robert Markless asked for an update on the opening timeline of the Community Diagnostic Centre (CDC). The Deputy Chief Executive and Chief Nurse confirmed that regulatory sign-off had been received and it is ready to open, an opening date will be announced in the next few weeks.

Tony Wilkinson raised a concern about a patient who received two complex, duplicated A&E summary letters. Gemma Berriman, Chief Operating Officer explained that when a patient attends A&E, the GP is automatically notified. In some circumstances, patients may also receive copies, particularly if they are not registered with a GP. The Chief Operating Officer asked if a copy of the letter could be provided to support further review.

**Wayfinding and Signage**
A call was made for governors to support upcoming wayfinding and signage work at Calderdale Royal Hospital on Thursday 5 March between 10:00 and 12:00.
Pam Robinson confirmed she would attend.

Tony Wilkinson commented that following national changes to Healthwatch England, Healthwatch will no longer exist in its current form and suggested that a centralised regional organisation for patient voice may be beneficial in the future and that this could be provided by the voluntary sector. The Chair acknowledged Gary Gordon, an appointed governor represented the voluntary sector. The Chief Nurse confirmed Healthwatch was a member of the Patient Experience and Involvement Group, remains active and recently submitted a report and strong patient voice remains through this group. The Patient Experience and Involvement Strategy is scheduled to be presented to the Quality Committee in early March 2026. The Chair commented on the move towards patient involvement for Governors as a transitional step should governors be removed under legislation. In summary, the Chair acknowledged that the patient voice remained important to the Trust and that we would seek to ensure something continued despite these national changes.

The Chief Nurse signposted governors to the Trust's library of digital stories available on the intranet, which showcase patient experiences across a range of services.

Councillor Diana Tremayne highlighted insights from Integrated Partnership Team meetings and discussions on outpatient non-attendance, noting the impact of transport and appointment timing, while the Deputy Chief Executive provided assurance on access, equity and health inequalities work, including the use of maternity travel passes to support improved attendance.

**Unpaid Carers and CQC Engagement**
Governors were reminded of upcoming unpaid carers' engagement activity taking place from 9 – 27 March 2026, with an information session taking place on Thursday 5 March.

**CQC Well-Led Focus Group**
Governors were reminded of the CQC Well-Led focus group, scheduled for Tuesday 3 March between 5:00 – 6:00 pm via Microsoft Teams.

**OUTCOME:** The Council of Governors **NOTED** the feedback provided by Governors, including recent engagement activity, site visit observations and patient experience themes.

**09/26 QUALITY PRIORITIES Q3 2025/26 PROGRESS UPDATE**
Lindsay Rudge, Chief Nurse presented an update on progress against the Trust's 2025/26 Quality Priorities for Quarter 3.

**Quality Priority: Deteriorating Patient**
An update was provided on work to improve the timely completion of patient observations. Performance in December 2025 showed improvement at 69.3%, although the Trust has not yet met the target of 90% due by October 2026. Key challenges include equipment availability, competing priorities such as mealtimes, and identified pinch-points during the day and night. A focused quality improvement project is underway in six trial areas, concentrating on four-hourly observations, with all trial areas demonstrating sustained improvement. The aim of the trial is to have 75% of patients on 4 hourly observations completed on time by March 2026. Successful interventions include improved equipment availability, clearer accountability, workflow adjustments, and digital enhancements. Learning from this work will be shared more widely to support further improvement and sustainability.

**Quality Priority: End of Life Care**
The update highlighted progress against the priority to improve recognition of patients in the last days of life and completion of Last Days of Life documentation. Performance in December 2025 was 56.8%, below the target of 74%, with variation largely attributed to late recognition and continued focus on active treatment rather than parallel planning. A quality improvement project is underway on the Acute Floor at Huddersfield Royal Infirmary, supported by specialist palliative care input. Audit work, staff engagement, and interviews with bereaved relatives are being undertaken to establish a baseline and identify areas for improvement, with findings to inform next steps.

**Quality Priority: Stroke**
Governors received an update on performance against the national standard for admission of stroke patients directly to an acute stroke unit within four hours. Performance in December 2025 was **67%**, within the expected range but below the 90% target. Challenges include high demand, limited HASU (hyper acute stroke unit) bed capacity, reduced therapy input affecting length of stay, and discharge delays linked to social care. Actions underway include revised

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referral pathways, business planning for an emergency department stroke triage trial, updated performance dashboards, and changes to data recording processes to support improvement.

Tony Wilkinson asked how virtual wards were reflected within stroke data and performance reporting. It was clarified that figures for stroke include patients who are transferred from an inpatient ward into a virtual ward are included and that the target relates specifically to patients gaining timely access to stroke services. It was confirmed that SSNAP (stroke) data includes virtual ward activity. Lorraine Wolfenden added that virtual wards support the extension of services, enabling patients to continue receiving stroke care safely at home.

**OUTCOME:** The Council of Governors **NOTED** the Quarter 3 Quality Priorities update, including areas of improvement, ongoing challenges, and actions in progress across deteriorating patient care, end of life care, and stroke services.

**10/26 FINANCIAL PLANNING UPDATE 2026/27**

Stuart Baron had provided a briefing to the Governors prior to the meeting as he was unable to attend the main CoG. Therefore the Chair fed back on the Trust's financial position explaining that it was more challenging than in previous years, reflecting wider system pressures and changes to national planning assumptions. The Chair provided an overview of the new national planning regime, highlighting that:

- NHS England has set an expectation that the Trust's deficit for 2026/27 should not exceed £20m.
- The Trust's submitted plan currently shows a £28.5m deficit, which has been signed off by the Board.
- This plan is based on the Trust's long-term strategic assumptions, including reconfiguration and system change.
- The Board has been clear that it cannot deliver a more challenging financial plan and any reduction in the deficit would need to be accompanied by additional income, revised funding assumptions, or changes to national payment rules.

Pam Robinson asked whether the Trust's reconfiguration programme related to capital or revenue. The Chair confirmed that the current planning position relates primarily to revenue income and expenditure, rather than capital funding.

Robert Markless queried the implications of an expected 5–10% increase in A&E attendances and referrals, and how this growth was reflected within the plan. It was noted that Stuart Baron had explained that activity growth has been planned for within the Trust's assumptions, including impacts on Referral to Treatment Times (RTT). The plan assumes 2.4% activity growth is funded within the system. Activity growth above 2.4% would attract marginal payment at approximately 20% of tariff, meaning additional activity would not be fully funded.

Tony Wilkinson asked whether the financial gap would be addressed through service reductions or efficiency savings. It was emphasised that the route to long-term financial sustainability is reconfiguration, with the Trust expecting to deliver the benefits set out in the approved business case.

**OUTCOME:** The Council of Governors **NOTED** the planning update, including the financial challenges, planning assumptions, impact of the new national regime, and the Trust's position on reconfiguration and long-term sustainability.

**11/26** **GOVERNOR ELECTIONS 2026 – OPTIONS**

The Company Secretary presented the options for upcoming governor elections in 2026, taking account of recent national policy developments and emerging uncertainty regarding the future statutory role of governors.

It was confirmed that governor elections are set out in legislation, and legal advice has been sought. This advice confirmed that if elections are not held, the Trust would not be legally compliant. As such, elections must continue until legislation changes.

Three options were discussed, with a recommendation to proceed with elections but reduce promotional activity. Governors expressed support for maintaining compliance while managing cost and continuity.

The Council of Governors were advised of the current position:

- All staff governor posts are currently filled.
- From July 2026, there will be four public governor vacancies, of which three existing governors are eligible to stand for a second term.
- There will also be two staff governor vacancies, with one current staff governor indicating an intention to stand down.

It was noted that national uncertainty and the potential removal of statutory governor roles may lead to reduced interest in standing for election, particularly given that it can take up to a year for new governors to fully understand and become confident in the role.

Three options were outlined for consideration:

1. Proceed with elections as normal, including full promotional activity.
2. Proceed with elections but reduce the level of promotional activity, focusing on maintaining compliance, continuity, and managing cost.
3. Do not hold elections and allow governors to continue without voting rights (not legally compliant).

Governors discussed the importance of remaining legally compliant, while also recognising the need to manage costs of managing an election and continuity during a period of national uncertainty.

Izzy expressed support for the proposed approach, noting that Option 2 maintains legal compliance while also keeping election costs to a minimum.

The recommended option was Option 2 (reduced promotional activity) which was supported by the Council of Governors.

Lorraine Wolfenden raised concerns about the wider national position and what might happen to governors in future. She advised that there is active pushback nationally against the removal of governors and referenced an example letter shared by another Trust. Lorraine confirmed that a draft letter to MPs would be developed and shared with the Chair, highlighting the value of governors and concerns about disengagement during this period of uncertainty.

Tony Wilkinson asked what would happen if all constituencies were left unfilled and there were no governors putting themselves forward. The Company Secretary explained that the

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Trust is required to have a minimum of nine public elected governors, who must remain the majority, in order for the Council of Governors to be quorate and able to carry out its statutory duties.

The Company Secretary confirmed that a limited number of vacancies could be managed, and with the current number of public elected governors, the Council of Governors would remain quorate.

**OUTCOME:** The Council of Governors **APPROVED** the proposed approach to Governor Elections 2026, to proceed with option 2.

**12/26 COMPANY SECRETARY REPORT**

**a) Changes to the Trust Constitution**
The main change to note is the amended wording regarding the Deputy Chair being a Council of Governors appointment, not a Board appointment.

**b) Register of Council of Governors**
The current Register of Council of Governors as of 13 February 2026 was shared for information.

**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.

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

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

**OUTCOME:** The Council of Governors **APPROVED** the proposed constitutional changes and **NOTED** the current Register of Council of Governors and Declarations of Interest Register and Council of Governors meeting dates for 2026 and the current workplan.

**13/26 FEEDBACK FROM QUALITY COMMITTEE**

DS presented the Quality Committee Highlight Report from the meetings held on 2 December 2025, 6 January 2026 and 3 February 2026. The key points noted were:

- The midwifery vacancy rate continues to reduce, with a clear trajectory towards zero vacancies over the coming months.
- It was reported that between September and November 2025, there were no stillbirths or neonatal deaths, representing a positive period of performance.
- Neonatal staffing levels were confirmed as meeting national standards.
- A Consultant Midwife has been appointed with a specific focus on Equality, Diversity and Inclusion (EDI), strengthening leadership and oversight in this area.
- A Quality Summit has taken place in response to a Prevention of Future Deaths notice. The summit reviewed relevant pathways and processes to ensure services

meet the highest safety standards. Outcomes from the summit will be formally reported back to the Quality Committee for assurance and oversight.

- A safeguarding report was received, confirming that safeguarding remains a Trust priority. Strong cross-agency partnerships and stable staffing arrangements were noted. Recruitment to a substantive Head of Safeguarding post has been completed, strengthening leadership capacity. Level 3 safeguarding training compliance remains an area of focus, with an improvement plan in place and ongoing monitoring by the Committee.
- At the Committee's request, a report was received on the process for reviewing Cost Improvement Programme (CIP) schemes and projects. Evidence was presented that schemes are amended or rejected where quality risks are identified, providing assurance that financial efficiency is not progressed at the expense of patient safety or experience.

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

**14/26 FEEDBACK FROM AUDIT AND RISK COMMITTEE**

NB presented the Audit and Risk Committee Highlight Report from the meeting held on 27 January 2026. The key discussion points are noted below:

- An update was provided on the Trust's current and emerging use of Artificial Intelligence (AI). The Deputy Chief Executive confirmed that the Trust already uses Microsoft Copilot, which includes AI-enabled functionality. It was acknowledged that there is a risk of increasing and informal use of AI by staff as awareness and availability grows. To address this, a formal programme was launched during the previous week, supported by an external company based in Leeds with expertise in AI. The programme will explore the "art of the possible", identifying how AI can be used safely and effectively across the organisation. A new AI Board has been established, with a focus on digital opportunities, including AI and related technologies. NB advised that the role of the Audit and Risk Committee will be to ensure the organisation has robust governance arrangements in place for the use of AI. This will include oversight of risks, controls, and assurance that appropriate frameworks are established as AI use develops.
- **External Audit Arrangements -** Tony Wilkinson asked whether the transition to the Trust's new external auditors had been seamless. It was reported that the new auditors are taking a more detailed approach as they become familiar with the organisation. The transition is currently progressing reasonably well. It was noted that the effectiveness of the transition will become clearer as the Trust progresses through the first audit of accounts under the new arrangements.

**OUTCOME:** The Council of Governors **NOTED** the feedback from the Audit and Risk Committee.

**15/26 WELL LED**

**a) Feedback from the Well Led Development Review**

An externally commissioned Well-Led Development Review was undertaken in autumn 2025, in line with national expectations (every 3–5 years). The review used the CQC Single Assessment Framework, covering the eight Well-Led domains that the Trust will be assessed against during the CQC Well-Led inspection.

The full report was extensive (circa 100 pages) and had already been presented to the Board.

The review highlighted a number of positive areas, including:

- A clear, well-embedded vision and values
- Authentic and visible leadership from the senior leadership team
- A strong and monitored Trust strategy
- An engaged workforce and effective Freedom to Speak Up arrangements
- A strong learning and improvement culture
- Effective partnership working
- Clear commitment to health inequalities and the green agenda
- Positive feedback on governance openness and transparency

**Council of Governors – Specific Feedback**

The review specifically noted:

- Governors feel valued and supported in their statutory role
- Strong levels of governor involvement and engagement
- The Associate Youth Governor model as an example of good practice
- Governor visits and engagement activity as a strength
- Highlight reports and governance reporting as helpful

Areas for improvement raised by governors included:

- Strengthening the patient and community voice
- Managing the volume of papers
- Agenda structure and meeting flow
- Challenges for staff governor attendance due to operational pressures
- Clarifying the governor role when observing committees (observer vs contributor)

The Well-Led Development Review team noted that while governors attending committees can be helpful for insight and assurance, best practice (including NHS Providers' guidance) generally positions governors as observers only, rather than contributors. It was explained that the concern is that active participation by governors in committees can blur roles, particularly the distinction between:

- governors observing how Non-Executive Directors hold Executives to account, and
- governors themselves becoming part of the committee's discussion or challenge.

It was acknowledged that other organisations are more restrictive, with some not permitting governors to attend committees at all. The Trust has taken a pragmatic and proportionate approach, allowing governors to observe committees, recognising the value this brings, but with an understanding that:

- questions should generally be raised outside the meeting, or
- followed up with committee Chairs rather than during formal business.

Committee Chairs indicated they are open to governor feedback and questions but recognise that this should not be instead of effective challenge from non executives and executives in committees

The Trust has identified five priority areas for action:

- Strengthening staff voice mechanisms
- Enhancing Board development and succession planning
- Improving visibility of patient voice at committee level
- Reinforcing quality improvement capability
- Deepening partnership working with other Trusts

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The review provides strong internal assurance and supports preparation for the CQC Well-Led assessment.

**b) Responsive and Well-Led CQC Inspections**

The Chief Nurse provided an update on current CQC inspection activity, advising that Responsive inspections commenced in January 2026 and have included Urgent and Emergency Care and Medical Services at both Huddersfield Royal Infirmary and Calderdale Royal Hospital, as well as cross-site outpatient services. Further Responsive inspections of Community Services are expected, with a particular CQC focus on learning disability and autism, linked to learning from a Prevention of Future Deaths report. It was noted that maternity services are also expected to be inspected. Lindsay confirmed that the Well-Led inspection is scheduled to take place between 3 and 5 March 2026, with CQC observation to date limited to the Trust Board and Quality Committee. Assurance was provided that the Trust was well prepared for the Well-Led inspection, supported by the findings of the internally commissioned Well-Led Development Review.

**OUTCOME:** The Council of Governors **NOTED** the Well-Led Development Review, its findings, and the Trust's planned response and the update on the responsive and well led CQC inspections.

**16/26 Appraisal Process for the Chair and Non-Executive Directors**

The Council of Governors received and noted an update on the appraisal process for the Chair and Non-Executive Directors (NEDs) for 2025/26.

It was confirmed that the appraisal arrangements remain as previously and are being conducted in line with national guidance and established Trust processes. The Council of Governors will continue to play its statutory role in relation to the Chair's appraisal, with appropriate governor involvement and feedback informing the process. The Chair will, in turn, lead the appraisal process for the Non-Executive Directors, with governor input provided where required.

**OUTCOME:** The Council of Governors **NOTED** the appraisal arrangements for the Chair and Non-Executive Directors.

**17/26 <u>INFORMATION TO NOTE</u>**

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

**18/26 ANY OTHER BUSINESS**

The Council of Governors formally recorded their thanks to Lindsay Rudge, Chief Nurse, at her final meeting prior to retirement, recognising her significant contribution, leadership and sustained commitment to patient-centred care. The Chair paid tribute to Lindsay's clarity, compassion and professionalism, and thanked her for the positive impact she has made across the Trust.

DRAFT

**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

## 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) | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Sheila Taylor | | ✓ | × | ✓ | × | 2/4 |
| Robert Markless | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Isaac Dziya | | × | - | × | ✓ | 1/4 |
| John Rushton | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Rabiya Ali | | × | - | - | - | 0/4 |
| Lorraine Wolfenden | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Marta Kovacs | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Tony Wilkinson | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Denise Dransfield | | ✓ | - | ✓ | - | 2/4 |
| Pam Robinson | | × | ✓ | ✓ | ✓ | 3/4 |
| Jonathan Drury | | - | × | - | ✓ | 1/4 |
| Sarah Rothery | | ✓ | ✓ | ✓ | × | 3/4 |
| Julie Pryce | | ✓ | × | × | × | 1/4 |
| Tom Ladlow | | - | - | × | × | 0/4 |
| Emma Karim | | × | ✓ | ✓ | × | 2/4 |
| Dr Sara Eastburn | | × | - | ✓ | × | 1/4 |
| Cllr Diana Tremayne | | ✓ | × | × | ✓ | 2/4 |
| Zain Naeem | | ✓ | × | ✓ | ✓ | 3/4 |
| Izzy Worswick | | × | ✓ | ✓ | ✓ | 3/4 |
| Safyah Akhtar | | | × | × | × | 0/3 |
| Osman Chohan | | | ✓ | ✓ | × | 2/3 |
| Christopher Button | | | ✓ | ✓ | × | 2/3 |
| Hannah Doyle | | | - | - | - | 0/3 |
| Kenneth Townend | | | ✓ | × | - | 1/3 |
| Ali Akhtar | | | - | - | × | 0/3 |
| | | | | | | |
| **Non-Executive Director Attendance** | | | | | | |
| Nigel Broadbent | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Jo-Anne Wass | | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Tim Busby | | × | × | ✓ | × | 1/4 |
| Denise Sterling | | × | ✓ | ✓ | ✓ | 3/4 |
| Peter Wilkinson | | × | × | ✓ | × | 1/4 |
| Vanessa Perrott | | × | ✓ | ✓ | ✓ | 3/4 |

DRAFT

# 5. Matters Arising

To Note

Presented by Helen Hirst

# 6. Feedback from Finance and Performance Committee

To Note

Presented by Vanessa Perrott

Calderdale and Huddersfield NHS Foundation Trust

# CHAIR'S HIGHLIGHT REPORT
# to the Board of Directors

| | |
|---|---|
| **Committee Name:** | Finance and Performance |
| **Committee Chair:** | Vanessa Perrott |
| **Date(s) of meeting:** | 9/04/2026 and 5/5/2026 |
| **Date of Board meeting this report is to be presented:** | 14/05/2026 |
| **Regulation** | Regulation 17: Good Governance |
| **ASSURE** | The Committee approved the Financial report from the respective months. At year end, the Trust reported a year-to-date deficit of £1m. This was £2m favourable to the revised planned deficit of £2.9m. All of the planned CIP of £32m was delivered in the year. The year end accounts remain subject to external audit at present.<br><br>The Committee reviewed the feedback and outputs from its annual effectiveness review. Areas of focus for 2026/2027 were chosen and topics for Deep dives were agreed.<br><br>At April's meeting the Committee noted the Treasury management activity report. The Trust were successful in receiving additional capital cash support of £23m before NHSE reinstated the Q4 deficit support funding.<br><br>In April, the Committee received an update on the NOF scores in Quarter 3. There was a discussion about the alignment / overlap and intent behind reporting the NOF targets against the IPR reporting. |
| **ADVISE (INCLUDES ACKNOWLEDGE)** | The Committee approved the Integrated Performance Report and also noted the quarterly Recovery Report in April and the inclusion of Inequality data in May. The Trust continues with strong performance when benchmarked against peers and nationally – achieving particularly well against the ED standards. The proportion of patients who no longer meet the criteria to reside remains high, and this impacts on flow. The Committee discussed the oversight and actions against tackling this. A deep dive into Planned and Unplanned care will explore this further.<br><br>The Committee approved the Turnaround executive CIP progress report. The 2025/2026 CIP was delivered |

| | |
|---|---|
| | in full. However, 50% of this was non-recurrent. Plans for 26/27 against a target are ongoing.<br><br>In April, the Director of Operations for FSS presented a deep dive into Diagnostics. She outlined which elements of Diagnostics were included within diagnostic standards and focussed on those. She highlighted the complexity and costs related to equipment as well as the challenges of skills shortages nationally in some diagnostic roles (such as Sonography). Investment into new scanners, and the CDCs has increased capacity and offered staff more attractive working conditions.<br><br>May's Deep dive focussed on Cancer performance. The Lead cancer manager outlined the areas of success and challenge and explained some ideas for future plans and further improvement. Specific actions to address health inequalities were also relayed to the Committee. |
| **ALERT (FORMERLY AWARE)** | In April, KA delivered a verbal update on the 3 year medium term financial plan. The initial plan submitted in February was non-compliant as the Trust was outside the deficit limit set by NHS England. The revised plan was accepted as the Trust were able to reduce the deficit to £20m through additional income, increased CIP and adjustments. It was noted that many of the measures ensuring the plan is compliant in year 1 are non-recurrent. It was also noted that currently years 2 and 3 of the plan are non-compliant.<br><br>Out of the 2026/27 CIP target of £36.9m, 29% is classed as unidentified. Extensive work is being undertaken to identify possibilities, and to drive recurrent cost improvements. Recurrency level for 26/27 is currently 72% under the assumption that all unidentified CIP will be recurrently delivered. |

# 7. Experience of Carers

Presented by Jo Hilton, Chief Nurse and Vicki Drummond, Senior Nurse

To Note

# 8. CHAIR’S REPORT

## a. Update from Chair

To Note

Presented by Helen Hirst

| | |
|---|---|
| **Date of Meeting:** | Thursday 21 May 2026 |
| **Meetings:** | Board of Directors – 14 May 2026<br>Council of Governors – 21 May 2026 |
| **Title:** | Chair's Update |
| **Author:** | Helen Hirst, Chair |
| **Sponsoring Director:** | N/A |
| **Previous Forums:** | None |
| **Purpose of the Report** | To update the Board and the Council of Governors 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 Council of Governors 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 hasn't met since the last Board meeting. The next meeting is on 21 May. I meet with the lead governor each month. Thanks to the governors who have been involved in engagement activities including those who came on some of the unpaid carer's visits.

It is election time for our Council of Governors. We have four public governor vacancies and the closing date for nominations is 15 May.

### Board business

We postponed the planned Board Development session in April and will re-arrange when we receive the draft Well Led Review report from the Care Quality Commission. We all attended an afternoon's training on Cyber Security.

A number of Board members and senior managers have been engaging in unpaid carer's visits across a range of services in the community, Calderdale Royal Hospital and Huddersfield Royal Infirmary. Feedback from these visits is being collated and will be fed back to improve how we support unpaid carers. There was a specific focus on young carers this year. Thanks to Vicki Drummond for supporting us all with this.

Other visits have included:

- Vanessa Perrott – Local Maternity and Neonatal System assurance visit, NHS Providers NED network, Maternity Safety Champions meeting, external speaker at a regional event for new NEDs and Chairs. Vanessa is providing oversight for the resident doctors' ten-point plan and has met with the Board representative and resident doctors' representative.
- Jo Wass is providing oversight of our improvement activity for our patients with a learning disability or neurodiversity. She has met with Amanda McKie to discuss this role.
- Nigel Broadbent has attended two Audit conferences covering audit reform, fraud, cyber and AI and the Calderdale Cares Partnership Board development session in April.

We held a Board-to-Board discussion with Mid Yorkshire NHS Teaching Hospitals (MYTT) Trust to consider the scope of our current collaboration and potential opportunities to strengthen these.

As referenced in my last report, thanks to Neeraj, for helping to set this up, a team of us attended the Huddersfield Town match on 17 March to raise awareness of organ and tissue donation. It was a fun evening. Thanks in particular to Jacqui Booth who organised us all and a special shout out to Sarah McMahon, Finance Manager who came along with her whole family to help on the evening.

Along with colleagues, I attended the Order of St John service in Leeds which remembers those who have donated their organs. It is a moving event where the families of those who have died receive recognition of their loved one's gift of life.

I attended a consultant drop-in session at CRH. The next one, in Huddersfield, is on 14 May. These informal gatherings, organised by Neeraj, provide a great opportunity to chat informally with consultants and specialty doctors.

Rob and I met two members of Myles Scriven's family to discuss the learning and improvements we have made and continue to work on following the Coroner's Learning from Deaths report last year.

**2. Health and Care System**

West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common (CiC) met online with a reduced agenda last week. As well as sharing information from the regional and national network meetings, members shared feedback from their Trusts and place partnerships, and we received an update on the WYAAT programmes. I have taken on the CiC Chair role for this and the next meeting.

West Yorkshire Community collaborative met in April to discuss the workplan and updates around funding and governance.

I attended the launch of the Health Business Innovation Centre based at the University of Huddersfield's National Health Innovation Campus in the Emily Siddon Building.
I have been supporting Keith Ramsay, Chair of MYTT, to recruit a new NED.

**3. National/ Regional**

Rob and I attended a North East and Yorkshire regional roadshow event where the main speakers were Jim Mackey, NHSE Chief Executive, Fiona Edwards Regional Director and Bill McCarthy, Regional Chair. Individual Trusts, including CHFT, were invited to present on areas of good practice.

I supported a two-day assessment centre for the next Aspiring Chairs programme

**Helen Hirst**
**Chair**
**6 May 2026**

# 9. GOVERNANCE

## - Feedback from Governors

## - Lead Governor Update

To Note

# 10. Trust’s One Year Strategic Plan 2026-27

To Note

Presented by Anna Basford

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| | |
|---|---|
| **Date of Meeting:** | Thursday 21 May 2026 |
| **Meeting:** | Public Council of Governors |
| **Title:** | 2026-27 Annual Strategic Objectives |
| **Author:** | Anna Basford, Deputy Chief Executive & Director of Transformation and Partnerships |
| **Sponsoring Director:** | Rob Aitchison, Chief Executive |
| **Previous Forums:** | Trust Board Workshop 12 February 2026<br>Public Board of Directors – 12 March 2026 |
| **Purpose of the Report** | The Council of Governors is asked to note the strategic annual objectives for the year ahead 2026-27. |
| **Key Points to Note** | CHFT is half-way through delivery of its 5-year Strategy (2023-28). Each year annual objectives to support achievement of the Trust's five-year strategic ambitions are approved by the Trust Board and updates on progress subsequently reported to the Board.<br><br>The 2025-26 year-end progress report has confirmed that all objectives for the previous year are on track and RAG rated green.<br><br>The annual strategic objectives for 2026-27 that are aligned to the Trust's 5 Year Strategy were approved by the Board of Directors on 12 March 2026. |
| **EQIA – Equality Impact Assessment** | For each annual objective a Lead Director is responsible for ensuring that Quality and Equality Impact Assessment is undertaken and where possible that this follows best practice to involve patients, public and colleagues in the process of assessment and any actions required to mitigate risks or potential negative impact. |
| **Recommendation** | The Council of Governors is asked to **NOTE** the Trust's Strategic Annual Objectives for 2026-27. |

Calderdale and Huddersfield NHS Foundation Trust

# 2026/27 Annual Strategic Objectives

## (Approved by Trust Board – 12 March 2026)

## Council of Governors – 21 May 2026

## 1. Background

In 2023, the Trust Board approved a five-year strategic plan confirming ambitions to:

- Transform services and population health outcomes
- Ensure delivery of best quality and safety of care
- Support an inclusive workforce and local employment
- Achieve financial, economic and environmental sustainability

Each year, annual objectives are agreed to support achievement of the five-year ambitions, with quarterly updates on progress reported to the Trust Board. The 2025-26 year-end progress report confirmed that all objectives were achieved and RAG rated green.

## 2. Purpose

The Trust Board approved the 2026/27 annual strategic objectives on 12 March 2026. Prior to approval, the draft objectives were considered at a Trust Board Development workshop held on 12 February 2026, which included reflection on achievements in the previous year and ensured alignment with national planning priorities and the key themes included in the NHS 10-Year-Plan.

## 3. Approved 2026-27 Annual Strategic Objectives

### 3.1 Transform Services and Population Health Outcomes

- We will open the new Multi-storey Car Park at CRH and commence construction of the new clinical building.
- We will deliver a 12-month programme in line with the Digital Data and Technology Strategy (2025-30) This will include use of Intelligent Automation.
- We will implement the Health Equity strategy to embed the inequalities flag into clinical systems and practice, target interventions in maternity, and deliver a learning programme.
- We will continue to expand our research portfolio through collaboration with partners and the Commercial Research Delivery Centre.

### 3.2 Keeping the Base Safe - Ensure delivery of best quality and safety of care

- We will embed PSIRF, implement recommendations from the National Maternity and Neonatal Review, achieve compliance with the Maternity Incentive Scheme, and maintain a CQC GOOD rating.
- We will meet key constitutional standards for urgent and emergency care, planned care, and cancer and within the resources available work towards a NHS Oversight Framework rating of 2.
- We will implement actions from our CQC Well Led assessment.
- We will work with partners to develop the structures and governance for Integrated Neighbourhoods and Provider Collaboratives.

- We will Involve patients and families in decisions about their care, build and nurture partnerships with people and communities, use feedback for improvement and learning.

### 3.3 Support an Inclusive Workforce and Local Employment

- We will improve colleague engagement by fostering a culture of recognition, voice, and meaningful development.
- We will equip leaders and managers with the skills and tools to lead confidently and consistently via One Culture of Care. This will reduce absence through proactive wellbeing, compassionate management, and smarter use of digital technology.
- We will strengthen inclusive employment pathways and enhance local employability through targeted development and recruitment.
- We will simplify and standardise people management systems, policies, and procedures to reduce bureaucracy and transactional activity required.

### 3.4 Achieve Financial, Economic & Environmental Sustainability

- We will deliver the NHSE approved financial plan and agree a medium-term financial plan that supports CHFT journey to financial balance through service reconfiguration.
- We will benchmark favourably against national productivity metrics
- We will deliver the objectives in our 2025-28 Green Plan to enable: an 80% reduction of direct and indirect carbon emissions by 2032 and 2039, respectively
- We will work with partners to report on delivery of the social value plan for the new clinical build construction at CRH

## 4. Next Steps

The 2026-27 strategic objectives will be monitored through regular progress reports to the Trust Board, including defined key metrics of success for each objective to inform RAG ratings.

## 5. Recommendation

The Council of Governors is requested to **NOTE** the approved 2026/27 Trust annual strategic objectives.

Appendix 1 sets out the initial draft strategic objectives and Appendix 2 contains the final ‘plan on a page’ version that will be published on the Trust’s website and intranet to support CHFT teams and colleagues in setting their annual objectives.

Calderdale and Huddersfield NHS Foundation Trust

**Appendix 1**

# 2026-27 raft Strategic Objectives - Plan on a Page

## Transform services and population health outcomes

- We will open the new MSCP at CRH, and commence construction of the new clinical building
- We will deliver a 12 -month programme in line with the Digital Data and Technology Strategy (2025 -30) This will include use of Intelligent Automation
- We will implement the Health Equity strategy to embed the inequalities flag into clinical systems and practice, target interventions in maternity, and deliver a learning programme
- We will continue to expand our research portfolio through collaboration with partners and the Commercial Research Delivery Centre

## Ensure delivery of best quality and safety of care

- We will embed PSIRF, implement recommendations from the National Maternity and Neonatal Review, achieve compliance with the Maternity Incentive Scheme, and maintain a CQC GOOD rating
- We will meet key constitutional standards for urgent and emergency care, planned care, and cancer and within the resources available work towards a NHS Oversight Framework rating of 2
- We will implement actions from our CQC Well Led assessment.
- We will work with partners to develop the structures and governance for Integrated Neighbourhoods and Provider Collaboratives
- We will Involve patients and families in decisions about their care, build and nurture partnerships with people and communities, use feedback for improvement and learning.

## Support an inclusive orkforce and local employment

- We will improve colleague engagement by fostering a culture of recognition, voice, and meaningful development
- We will equip leaders and managers with the skills and tools to lead confidently and consistently via One Culture of Care. This will reduce absence through proactive wellbeing, compassionate management, and smarter use of digital technology
- We will strengthen inclusive employment pathways and enhance local employability through targeted development and recruitment
- We will simplify and standardise people management systems, policies, and procedures to reduce bureaucracy and transactional activity required

## Achieve financial, economic, and environmental sustainability

- We will deliver the NHSE approved financial plan and agree a medium - term financial plan that supports CHFT journey to financial balance through service reconfiguration.
- We will benchmark favourably against national productivity metrics
- We will deliver the objectives in our 2025 - 28 Green Plan to enable: an 80% reduction of direct and indirect carbon emissions by 2032 and 2039, respectively
- We will work with partners to report on delivery of the social value plan for the new clinical build construction at CRH

# Strategic Objectives 2026/27

**The table below summarises our strategic objectives for 2026/27**

## Our vision:

**Together with partners we will deliver outstanding compassionate care to the communities we serve.**

## Our values and behaviours:

- We put patients and people first
- We go see
- We work together to get results
- We do the 'must dos'
- We care for ourselves and each other in the same way we care for our patients through 'one culture of care'

## Our goals and results:

### Transforming services and population health outcomes

We will open the new Multi-storey Car Park at CRH and commence construction of the new clinical building.

We will deliver a 12-month programme in line with the Digital Data and Technology Strategy (2025-30) This will include use of Intelligent Automation.

We will implement the Health Equity strategy to embed the inequalities flag into clinical systems and practice, target interventions in maternity, and deliver a learning programme.

We will continue to expand our research portfolio through collaboration with partners and the Commercial Research Delivery Centre.

### Keeping the base safe best quality and safety of care

We will embed PSIRF, implement recommendations from the National Maternity and Neonatal Review, achieve compliance with the Maternity Incentive Scheme, and maintain a CQC Good rating.

We will meet key constitutional standards for urgent and emergency care, planned care, and cancer and within the resources available work towards a NHS Oversight Framework rating of 2.

We will implement actions from our CQC Well Led assessment.

We will work with partners to develop the structures and governance for Integrated Neighbourhoods and Provider Collaboratives.

We will involve patients and families in decisions about their care, build and nurture partnerships with people and communities, use feedback for improvement and learning.

### Inclusive workforce and local employment

We will improve colleague engagement by fostering a culture of recognition, voice, and meaningful development.

We will equip leaders and managers with the skills and tools to lead confidently and consistently via One Culture of Care. This will reduce absence through proactive wellbeing, compassionate management, and smarter use of digital technology.

We will strengthen inclusive employment pathways and enhance local employability through targeted development and recruitment.

We will simplify and standardise people management systems, policies, and procedures to reduce bureaucracy and transactional activity required.

### Financial, economic and environmental sustainability

We will deliver the NHSE approved financial plan and agree a medium-term financial plan that supports CHFT journey to financial balance through service reconfiguration.

We will benchmark favourably against national productivity metrics.

We will deliver the objectives in our 2025-28 Green Plan to enable: an 80% reduction of direct and indirect carbon emissions by 2032 and 2039, respectively.

We will work with partners to report on delivery of the social value plan for the new clinical build construction at CRH.

# 11. Presentation on Year End Position on 2025/26 Quality Priorities and 2026/27 Position

To Note

Presented by Jo Hilton

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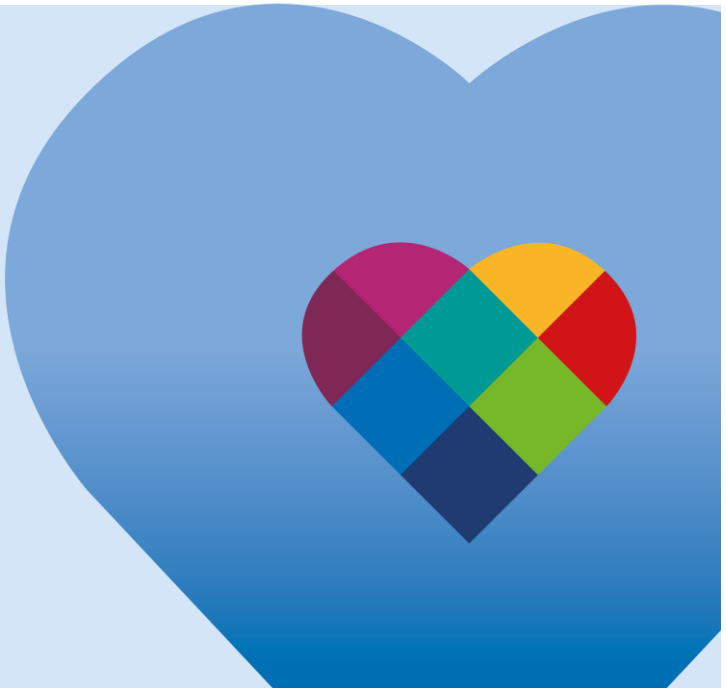
# Quality Priority Update Q4 26/27



one culture of care

# Quality Priorities:

| Metric | Latest Month | Measure | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|---|---|---|---|---|---|---|---|---|
| Deteriorating Patient<br>% of all observations on time | March 2026 | 72.6% | 90% | | | 69.5% | 66.9% | 72.01% |
| End of Life Care<br>% of patients that die in hospital with Last Days of Life Documentation | March 2026 | 66.0% | 74% | | | 60.1% | 45.9% | 74.3% |
| Stroke<br>% of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital admission | March 2026 | 69.0% | 90% | | | 62.0% | 36.8% | 87.2% |

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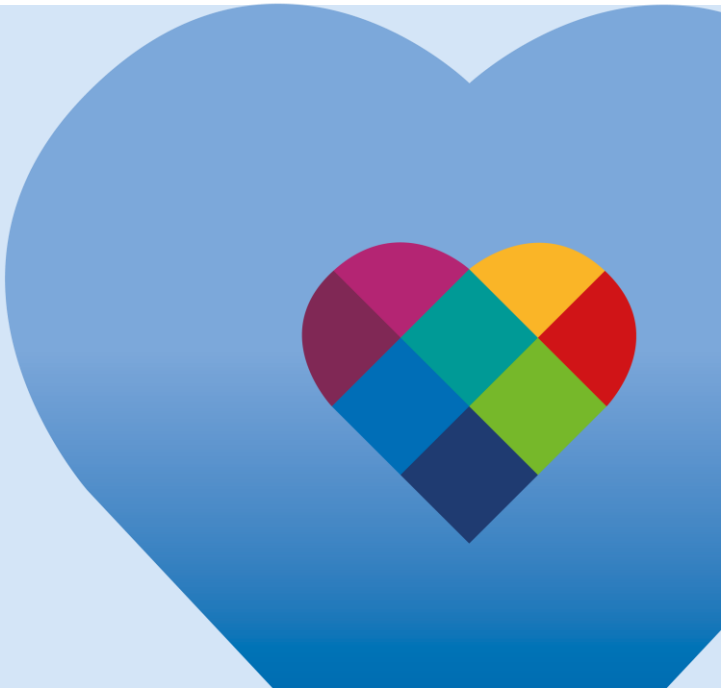
# Quality Priority - Deteriorating patient



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**Target:** To improve outcomes for patients by ensuring early identification of deterioration, we will increase compliance of observations completed on time in line with observation policy. An improvement trajectory will ensure 90% compliance by April 2027 across all inpatient areas.

**Milestones:** April 2026 75%, November 2026 85%, April 2027= 90%

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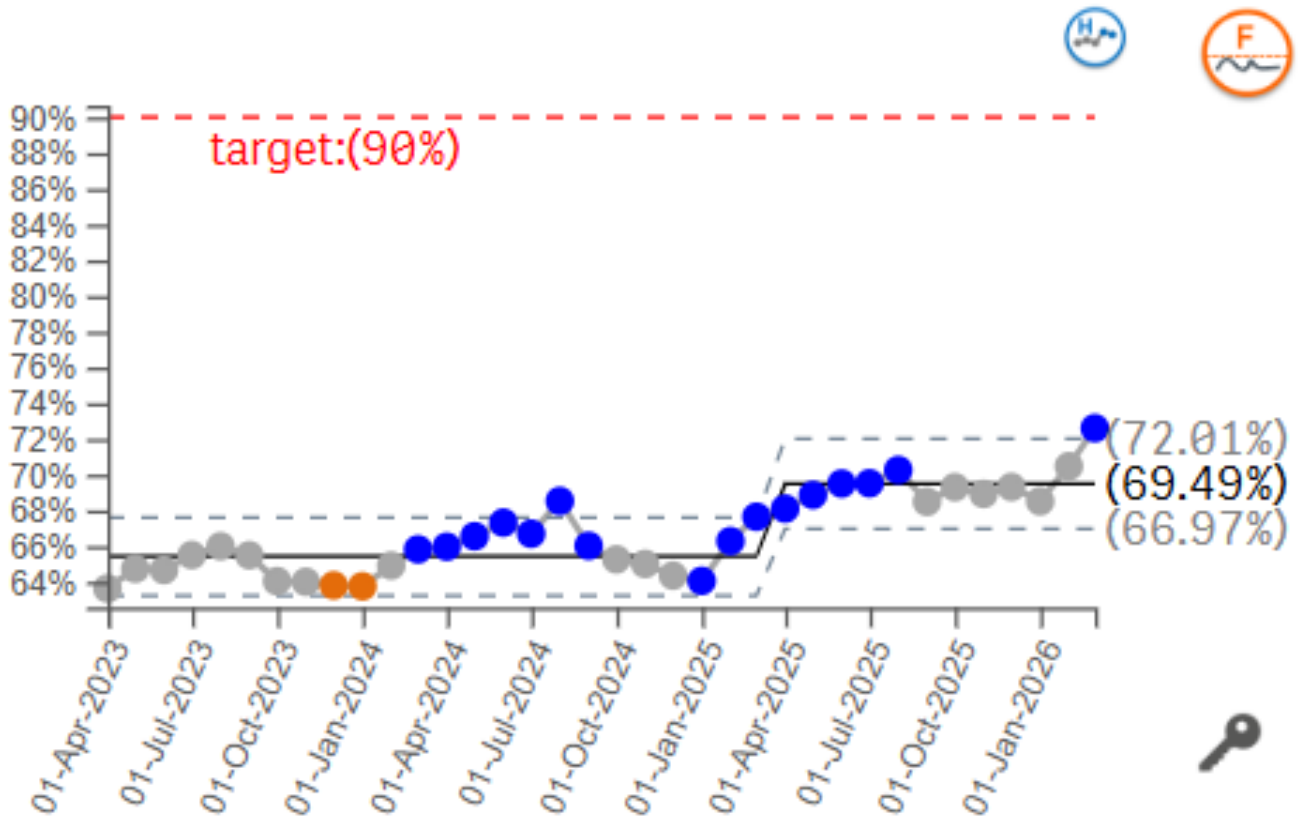
**Progress:**

- Using structured Quality Improvement (QI) methodology, six ward areas with high acuity were selected to initiate the project; prioritised as they offered the greatest opportunity for immediate impact on patient safety.
- Improvement work focussed on specific areas identified by staff groups during listening events e.g. availability of equipment, timing of other processes, understanding of compliance data, capacity to undertake when multiple observations due simultaneously. A weekly, action-focused meeting was established and consistently well attended by key stakeholders; teams increasingly took ownership of the change.
- Following successful early outcomes, the improvement work has now been expanded to other specialities, including stroke and respiratory. Sepsis quality improvement work also adds to overall improvement of Deteriorating patients
- This phased approach is ensuring that learning is transferred effectively and each new ward receives support based on what has already worked well.
- As a result of the above work, by the end of Q4, compliance was 73% against the trajectory target of 75%.
- The next key milestone is in November 2026 when the target for compliance is 90%.

# % Observations On Time - All Observations




| Latest |
| --- |
| 72.6% |
| **Variance Type** |
| Special cause variation - improvement... |
| **Target** |
| 90% |
| **Target Achievement** |
| The system is expected to consistently fail the target |

*Source: Quality Stream, Deteriorating Patient App. Last Updated:09/04/2026 22:45:22*

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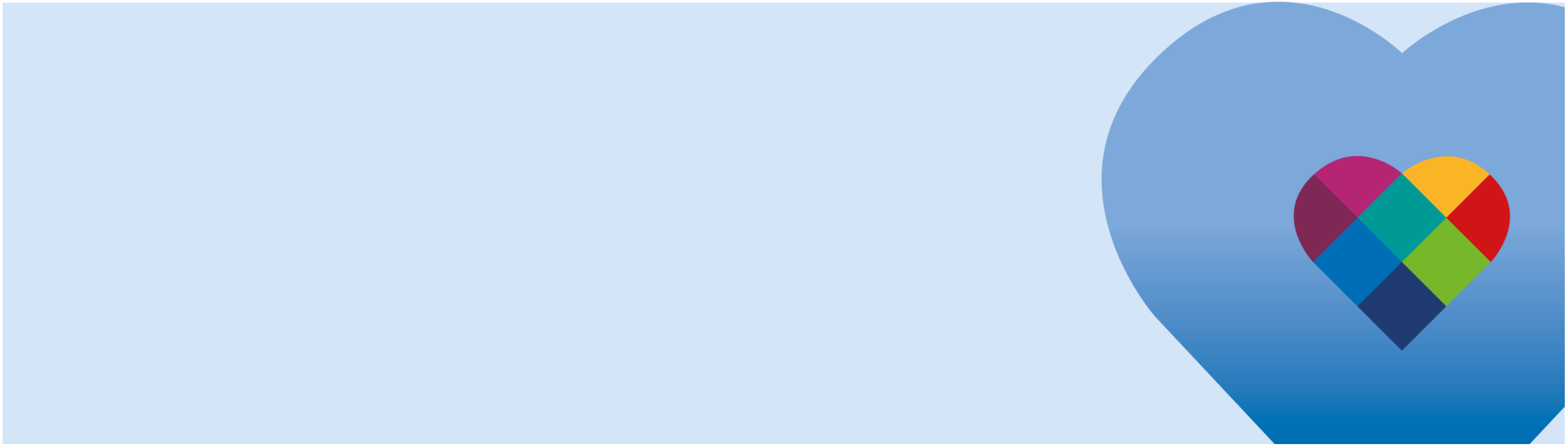
# Quality Priority - End of Life Care



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**Target**: High quality care for patients in the last days of life is essential for ensuring a peaceful and dignified death. By March 2027, 74% of patients who die in a CHFT hospital will have had the Last Days of Life Documentation

**Milestone:** November 2026 70% (LDLD) completed.

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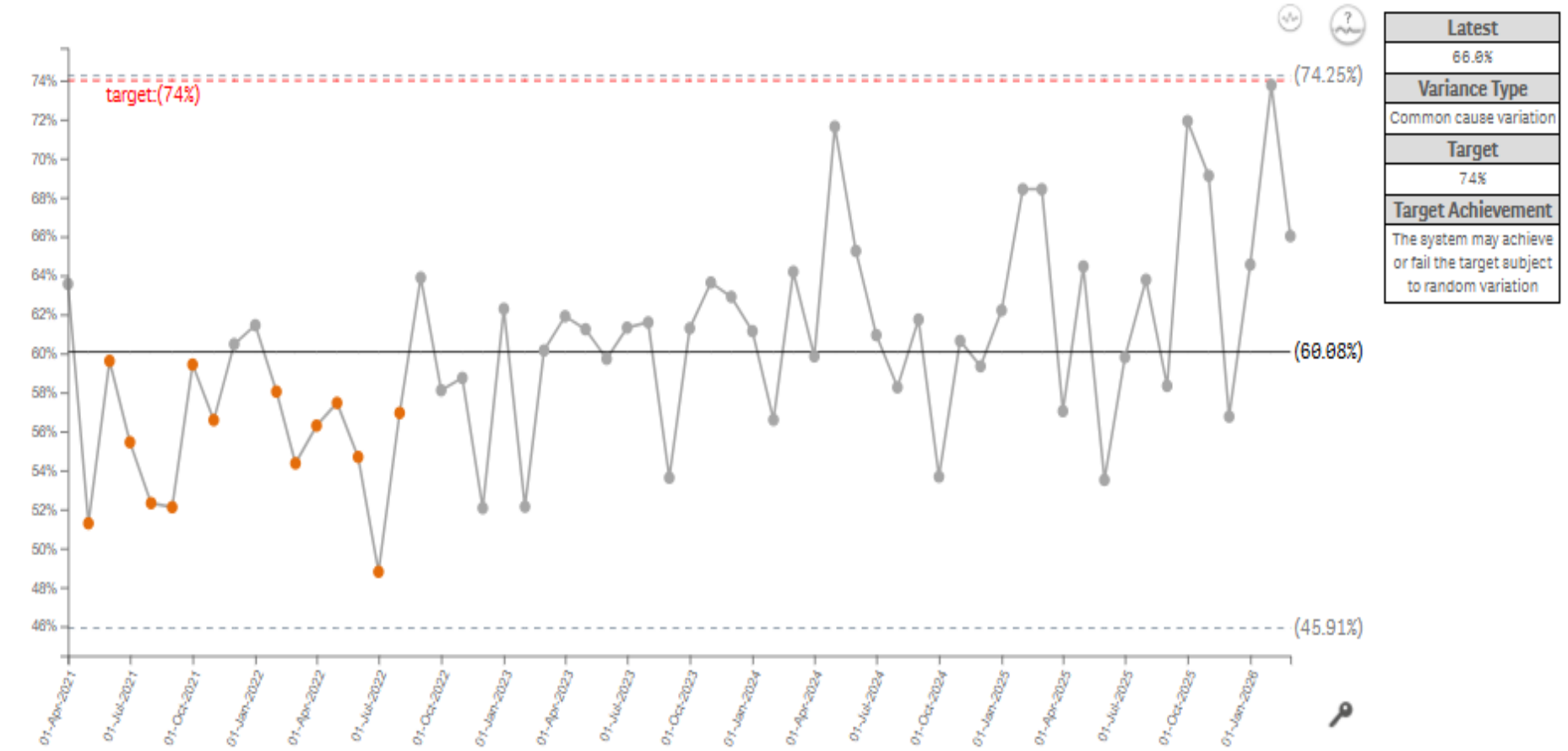
Progress:

- In December 2025, the Trust set a new target to improve the recognition of, and patient experience in, the last days of life; measured by the percentage of patients commenced on the last days of life documentation – both in the acute and community setting.
- Using structured Quality Improvement (QI) methodology, colleagues began a period of discovery work which included an audit of 42 patients notes and discussions with bereaved relatives to better understand the issues and where to focus improvement efforts. Key themes identified were; late recognition of a dying patient (on average 1 day between LDLD being commenced and death) and communication with patients and relatives.
- By the end of March 2026, performance had started to improve although fluctuated during Q4 between 46% and 74.%.
- Work on this Quality priority is being led by the End of Life group which reports in to the Quality Assurance Group.
- An interim target has been agreed - 70% completion by November 2026

Next steps:

- Team to establish change ideas
- Testing of change ideas using PDSA cycles

Percentage of patients who died in hospital with Last Days of Life Documentation




| Latest |
| --- |
| 66.0% |
| **Variance Type** |
| Common cause variation |
| **Target** |
| 74% |
| **Target Achievement** |
| The system may achieve or fail the target subject to random variation |

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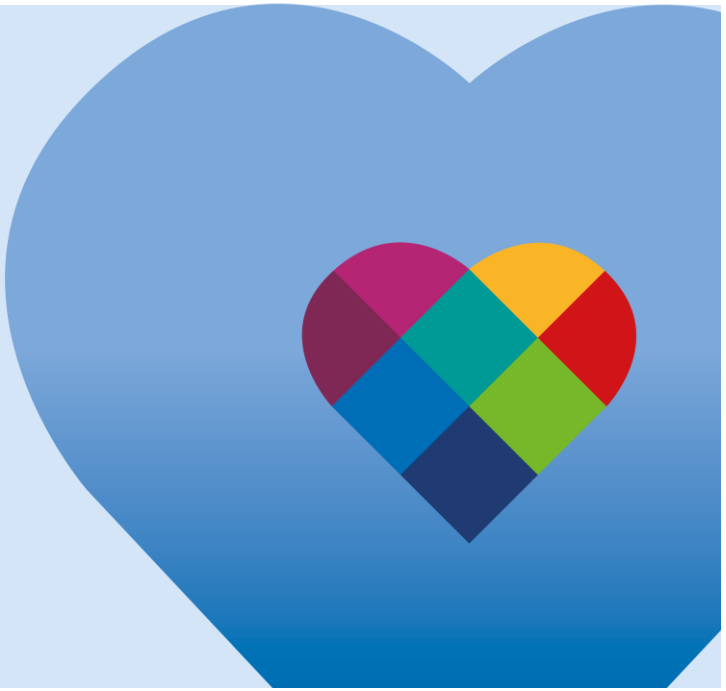
# Quality Priority - Stroke



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**Target:** Patients should be admitted directly to an acute stroke unit within four hours of hospital arrival.

Calderdale and Huddersfield NHS Foundation Trust

## Update

- There is a national standard for admission of stroke patients directly to an acute stroke unit within four hours. As previously described, there are a number of challenges in CHFT achieving this target (described below) however the overall compliance trajectory showed consistent improvement throughout 2025/26 and performance reached 69% in March 2026, which sits within the expected range for this measure.

## Challenges:

- Demand:Capacity mismatch – high number of outliers
- Workforce - Reliance on agency locum consultants, Therapy provision, High frequency HASU rota, workforce expansion, service sustainability
- Fluctuating demand
- Overall bed position impacting HASU bed availability and ability to step down from HASU
- SSNAP performance fluctuated
- TIA waiting times have increased from 24hrs to ~7 days to appointment due to thrombectomy expansion taking priority and reduction of TIA capacity

## Progress: Despite the challenges described, progress has been made in a number of areas:

Calderdale and Huddersfield NHS Foundation Trust

### Flow
- Opening of 8A/D for stroke patients
- Implementation of process for early detection of patients who can outlie off the Stroke unit
- WTGR session completed re HASU bed availability and 4hr target
- Implementation of LoS review for >7 days

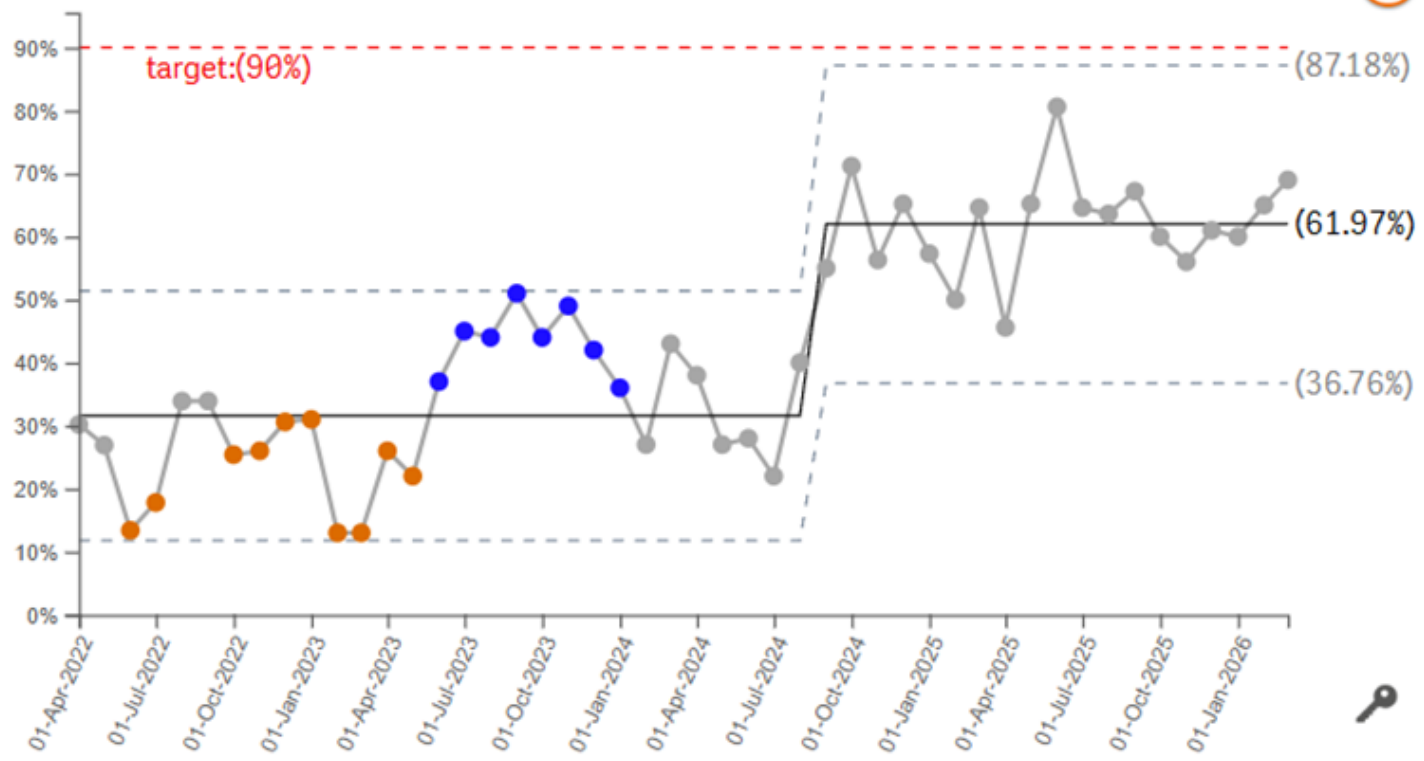
### Quality
- New process for family meetings
- Joint working with Frailty
- Palliative Care Consultant in-reach
- Improved 90% stay performance
- Improved 4-hour target performance
- Named rehab consultant for each ward
- Introduced a Clinical Educator

### Workforce – Nursing, AHP and medical
- Medical agency spend reduction
- Recruitment of substantive consultant
- Reintroduction of video fluoroscopy to improve turnover to rehab
- Changes to ward manager portfolios and addition of 8A/D ward manager
- Allocated porter to ED to support direct to scan for pre-alerts

**Work with CKW colleagues on stroke pathways continues.**

one culture of care

## % of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival




| Latest |
| --- |
| 69.0% |
| **Variance Type** |
| Common cause variation |
| **Target** |
| 90% |
| **Target Achievement** |
| The system is expected to consistently fail the target |

*Source: Quality Stream, Stroke Dashboard Last Updated:13/04/2026*

# 12. Financial Planning Update 2026/27

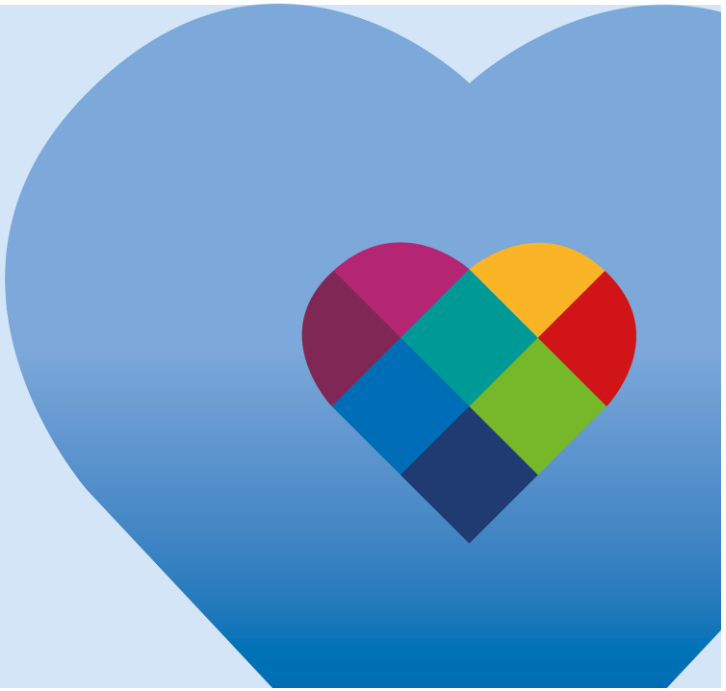
To Note

Presented by Stuart Baron

Calderdale and Huddersfield
NHS Foundation Trust

# Financial Planning

May 2026



one culture of care

# Operational Plan

Calderdale and Huddersfield NHS Foundation Trust

- Submission 2 of the Operational Plan, in line with Planning Guidance on 14th February 2026
- Movement to the Financial Planning Limit for 2026/27, a £20m deficit.
- Since submission we have had continued dialogue (and pressure) from NHSE to improve our Operational Plan Metrics
- Focus from NHSE on improvement of RTT, to move to a target of 81.1%

# Operational Plan Metric Headlines

Calderdale and Huddersfield NHS Foundation Trust

| | 2026/27 | 2027/28 | 2028/29 |
|---|---|---|---|
| Deficit | £20.0m | £26.5m | £24.5m |
| Distance from Financial Plan Limit * | Nil | £16.2m | £23.9m |
| CIP % | 5.5% | c.4.0% | c.4.0% |
| RTT | 81.1% (+5%) | 86.0% (+4.9%) | 92% (+6.0%) |
| Workforce WTE | 6,979 | 6,935 | 7,199** |
| Workforce Agency Reduction (30% target) Spend limit | £3.4m | £2.2m | £1.0m |
| Workforce Bank Reduction (10% target) Spend limit | £27.5m | £24.5m | £21.9m |

* Financial plan limit reduces by £9.7m per year, assuming greater efficiency requirement

**Workforce increase in year 3 includes movement of facilities management staff in house from PFI

# Operational Plan – NHSE Feedback

Calderdale and Huddersfield NHS Foundation Trust

- Plan determined as ‘COMPLIANT WITH CONDITIONS’
- Key feedback and conditions are:
  - Review required of Year 2 (2027/28) and Year 3 (2028/29) of our plans to develop recovery plans in Q1
  - RTT – Submission of a new plan to confirm compliance with target for Year 1
  - Unidentified CIP should be minimal at Month 1. Assurance will be required where unidentified is reported
  - Ambulance handover times should not exceed previous years delivery
- Other key points
  - A ‘Deep Dive’ into our workforce plans and alignment taken place – further work underway to review plans
  - Deficit support funding will be confirmed on a quarterly basis, linked to in year financial performance
  - Detailed workforce reduction plans are in place, reviewed by the Board to deliver recurrent reduction in workforce – further work underway to review plans

# Operational Plan Conclusion & Next Steps

Calderdale and Huddersfield NHS Foundation Trust

**Key Actions**

- A focus from the Trust on identifying and moving CIP through our Gateway process
- A strong focus to deliver on our targets

# 13. Non-Executive Director Fit and Proper Persons Test

To Approve

Presented by Victoria Pickles

| | |
|---|---|
| **Date of Meeting:** | Thursday 21 May 2026 |
| **Meeting:** | Council of Governors |
| **Title:** | Fit and Proper Person Annual Assurance 2025/26 for Non-Executive Directors |
| **Author:** | Andrea McCourt – Company Secretary on behalf of the Chair |
| **Sponsoring Director:** | Helen Hirst, Chair |
| **Previous Forums:** | Compliance for all Board members with the Fit and Proper Persons test was reported to the Board on 14 May 2026. |
| **Purpose of the Report** | To provide information to the Council of Governors, in line with the Trust's Fit and Proper Persons Policy, regarding the compliance of Non-Executive Directors with the Fit and Proper Persons Test (FPPT) for 2025/26. |
| **Key Points to Note** | In the context of good governance, this report confirms that, for the year 2025/26, assurance has been obtained regarding the compliance of all Non-Executive Directors, including the Chair, with the Care Quality Commission (CQC) Fit and Proper Person Test (FPPT) requirements. This includes adherence to the NHS England enhanced framework for fit and proper persons and the completion of the annual fit and proper person self-declaration process. This assurance demonstrates that the Trust is effectively applying the FPPT in line with regulatory expectations.<br><br>The following regulation / guidance requires Trusts to undertake such assessments:<br><br>• CQC - the Care Quality Commission (CQC) introduced requirements regarding the 'Fit and Proper Person Test' for Directors in November 2014, which became law from 1 April 2015 and forms part of Regulation 5: Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .The regulation requires NHS Trusts to seek the necessary assurance that Non-Executive Directors are suitable and fit to undertake the responsibilities of their role.<br><br>• NHS England's Code of Governance for NHS Trusts, section C4.1. which states: |

| | |
|---|---|
| | *"Directors on the Board of Directors and, for Foundation Trusts, governors on the Council of Governors should meet the 'fit and proper' persons test described in the provider licence."*<br><br>• NHS England's enhanced FPPT Framework for Board members (2023)<br><br>• the Trust's Fit and Proper Persons Policy, which confirms the need to report to the Council of Governors on Non-Executive Director compliance with FPPT.<br><br>FPPT information has been recorded on individual files of Non-Executive Directors and on their Electronic Staff Record (ESR). NHS England will be informed of the outcomes of the checks via an annual submission.<br><br>A paper on the Fit and Proper Persons Test (FPPT) was presented to the Board on 14 May 2026. This confirmed that there are no compliance issues in relation to Non-Executive Directors, including the Chair, with respect to the FPPT requirements.<br><br>The assurance submission report to NHS England for Non-Executive Directors evidencing compliance with the FPPT as of 31 March 2026 is enclosed at Appendix H2. |
| **EQIA – Equality Impact Assessment** | The content of this report does not adversely affect people with protected characteristics. |
| **Recommendation** | The Council of Governors is asked to **NOTE** that Fit and Proper Persons checks have been completed for all Non-Executive Directors for 2025/26, with no risks or compliance issues identified. |

# Annual NHS FPPT submission reporting template

| NAME OF ORGANISATION | NAME OF CHAIR | FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST: |
|---|---|---|
| Calderdale and Huddersfield NHS Foundation Trust | Helen Hirst | 2025/26 |

## Part 1: FPPT outcome for board members including starters and leavers in period

| Role | Number Count | Confirmed as fit and proper? | | | Leavers only | |
|---|---|---|---|---|---|---|
| | | Yes | No | How many Board Members in the 'Yes' column have mitigations in place relating to identified breaches? * | Number of leavers | Number of Board Member References completed and retained |
| Chair/NED board members | 7 | 7 | 0 | 0 | | |
| Executive board members | 6 | 6 | 0 | 0 | 2 | 2 |
| Non-voting board members | 4 | 4 | 0 | 0 | | |
| Partner members (ICBs) | N/A | N/A | N/A | N/A | | |
| Total | 17 | 17 | 0 | 0 | 2* | 2 |

**** Leavers: Both leavers were confirmed as fit and proper with no breaches and are not included in the number count.***

**** See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.***

| | | |
|---|---|---|
| | This was used for the Chair's appraisal and will inform the Executive Director's appraisal. | Yes – see response |

## Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

| Reviewer / inspector | Date | Outcome | Outline of key actions required | Date actions completed |
|---|---|---|---|---|
| Internal Audit – Audit Yorkshire | 8 April 2026 | Audit was undertaken in March 2026.<br>High Assurance was given that the Trust has appropriate systems and processes in place to ensure compliance with NHS England's Fit and Proper Persons Test (FPPT) Framework for Board Members and that the Trust can demonstrate that all new and existing directors meet the FPPT standards, both at recruitment and whilst in post. | No recommendation were made. | N/A |

| | | | | |
|---|---|---|---|---|
| CQC Well Led Inspection | March 2026 | Awaiting formal outcome. Initial feedback obtained from CQC in relation to FPPT was the following, ‘Fit and Proper Persons checks were in place and continued to meet the requirements of the regulation.’ | | |

# Part 3: Declarations

| DECLARATION FOR Calderdale and Huddersfield NHS Foundation Trust 2023/24 | | | | |
|---|---|---|---|---|
| **For the SID/deputy chair to complete:** | | | | |
| FPPT for the chair (as board member) | Completed by Senior Independent Non-Executive Director | Denise Sterling | 12.04.26 | Fit and proper? Yes |
| | | | | |

| **For the chair to complete:** | | |
|---|---|---|
| Have all board members been tested and concluded as being fit and proper? | Yes | If 'no', provide detail: |
| | | |
| Are any issues arising from the FPPT being managed for any board member who is considered fit and proper? | No | If 'yes', provide detail: |
| | | |

*As Chair of Calderdale and Huddersfield NHS Foundation Trust, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.*

| | |
|---|---|
| Chair signature: | |
| Date signed: | 16.04.26 |
| **For the regional director to complete:** | |
| Name: | |
| Signature: | |
| Date: | |

# 14. COMPANY SECRETARY REPORT

a. Update on 2026 Governor Elections

b. Update on the Lead Governor/Deputy Lead Governor Nomination Process

c. Review Attendance Register for Council of Governors – Annual Report and Accounts

d. Annual Chair and Non-Executive Director Appraisal Process

e. Date of the 2026 Annual Members Meeting

f. Calendar of Council of Governors Meeting Dates 2026

g. Council of Governors Workplan 2026

To Approve

Presented by Victoria Pickles

| | |
|---|---|
| **Date of Meeting:** | Thursday 21 May 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:<br>a) Update on 2026 Governor Elections<br>b) Update on the lead governor / deputy lead governor nomination process<br>c) Date of the 2026 Annual Members Meeting<br>d) Review Attendance Register for Council of Governors – Annual Report and Accounts<br>e) Chair and Non-Executive Director Appraisal Process<br>f) Council of Governors Meeting Dates 2026<br>g) Council of Governors Workplan 2026 |
| **Key Points to Note** | **a) Governor Election Arrangements 2026**<br><br>The nomination process for governor elections opened on 28 April until 15 May, with the results being formally reported/announced at the Annual Members' Meeting in September 2026.<br><br>**Vacancies**<br>There are four governor vacancies in the following public constituencies, one vacancy per constituency below:<br><br>• North and Central Halifax<br>• East Halifax and Bradford<br>• Skircoat and Lower Calder Valley<br>• Lindley and the Valleys<br><br>Three of the four constituencies above have governors coming to the end of their first three-year term this year and therefore the incumbent governors are eligible to stand for a second tenure.<br><br>The election process is managed by an independent company which ensures the elections are run in line with model elections rules. Candidate nominations can be submitted online or by post. Where there is more than one nomination for a vacancy, a ballot will take place.<br><br>At the time of writing the Trust has had nominations for three of the four governor vacancies advertised.<br><br>Governors have previously been notified that there are two upcoming staff governor vacancies, one in nursing and one for Allied Healthcare Professionals, and that the Trust has decided not to hold elections for |

these roles. We continue to have one nurse staff governor as there are two governor roles for the nursing professional group. This approach aligns with a recent communication from NHS England (6 May 2026) which has advised that Foundation Trusts may consider their constitutions and whether they are able to pause elections while still ensuring a quorate council.

**Communications and Publicity**

As discussed, and agreed with governors at the meeting of 19 February, a proportionate approach to governor elections has been taken this year. This approach is in line with advice published by the NHS Alliance to support Foundation Trusts and governors during the transitional period between the national direction to remove governors from existing Foundation Trusts announced in the NHS 10 year plan and the passing of legislation to implement this proposal.

The briefing, linked below, sets out considerations for sustaining an effective Council of Governors through this period of uncertainty.

Navigating uncertainty around Councils of Governors

Our governor election / nomination website has information about the change in national direction regarding the governor role and confirms that the term of office of any governor elected is expected to be shorter than the usual three year term and will be aligned with the passing of legislation to remove the governor role.

**Timetable**

The election timetable is outlined below:

| Event | Date |
|---|---|
| Publication of Notice of Election | Tuesday 28 April |
| Deadline for Receipt of Nominations | Friday 15 May |
| Publication of Statement of Nominations | Tuesday 18 May |
| Deadline for Candidate Withdrawals | Tuesday 18 May |
| Notice of Poll/Issue of Ballot Packs | Tuesday 2 June |
| Close of Poll | Thursday 25 June |
| Declaration of Result | Friday 26 June |

The Council of Governors is asked to **NOTE** the arrangements and timetable for Governor elections for 2026.

**b) Update on the lead governor / deputy lead governor nomination process**

In line with the Trust Constitution there is currently a lead governor in place, Lorraine Wolfenden. There is also a deputy lead governor, Pam Robinson. Both governors reach the end of their first tenure in July 2026.

We await the outcomes of the 2026 governor elections before considering lead and deputy lead governor nominations for 2026/27. Given the next formal meeting of the Council of Governors is in September, it is likely that the nomination process will be a virtual one, with the outcome formally confirmed at the Annual Members Meeting.

The Council of Governors is asked to **NOTE** the future process for the nomination of the lead and deputy lead governor.

**c) Review Attendance Register of Council of Governors – Annual Report and Accounts**

The Council of Governors is asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 May 2026, following which they will be published in the Annual Report in June 2026. This is detailed at Appendix I2.

The Council of Governors is asked to **APPROVE** the Attendance Register of Council of Governors as of 31 March 2026.

**d) Annual Chair and Non-Executive Director Appraisal Process**

The Chair and Non-Executive Director appraisal process for 2025/26 has commenced in line with national guidance from NHS England.

Governors have been invited to provide their input for the Chair and Non-Executive Directors' appraisals via a Microsoft Form by Monday 18 May 2026.

The Chair's appraisal process timetable was shared with governors at the meeting of xx February and key dates given below 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.

| | |
|---|---|
| **Step 1 Appraisal Preparation** | 15 April 2026 |
| **Stage 2 Gathering Information from Stakeholders / Chair self-assessment** | 6 May – 18 May 2026 |
| **Stage 3 Evaluation by** Senior Independent Non-Executive Director (SINED) | From 18 May to 15 June 2026 |
| **Stage 4 Appraisal Meeting** SINED and Trust Chair, agreement 2026/27 objectives and completion of appraisal paperwork. | 16 June 2026 |
| **Stage 5 – Communicating the results to NHS England** | 30 June 2026 |

| | |
|---|---|
| **Stage 6 – SINED communicates appraisal outcome to Nominations and Remuneration Committee (Council of Governors)** | Early July 2026 |
| **Stage 6 – SINED communicates the appraisal outcome to Governors** | 24 September 2026 |

The Non-Executive Director's appraisal timeline is detailed below:

| | |
|---|---|
| **Step 1 NED Appraisal Process agreed by Council of Governors** | 20 February 2026 |
| **Step 2 Gathering Information** (governors, Non-Executive Directors and Executive Directors, NED self-assessment | 7 May - 4 June 2026<br><br>Deadlines for governor feedback as per emails – staggered from 15 May to 4 June 2026 |
| **Step 3 Individual NED Appraisal Meetings** | 15 May to 9 June 2026 |
| **Step 4 – Completion of appraisal paperwork and feedback to lead governor.** | 30 June 2026 |
| **Step 5 Communicating the results** to the Nominations and Remuneration Committee of the Council of Governors (NRC COG) and Council of Governors. | NRC COG July 2026 date tbc<br><br>Council of Governors 24 September 2026. |

The Council of Governors is asked to **NOTE** the Chair and Non-Executive Director appraisal process has commenced and governor feedback is being collected via a Microsoft Form and to **NOTE** the associated timelines.

**e) Date of the 2026 Annual Members Meeting**

The Council of Governors is advised that the joint Board of Directors/Council of Governors' Annual Members Meeting will be held in person on the afternoon of Thursday 10 September 2026. The event will take place at rooms 3 and 4, Acre Mills, Huddersfield Royal Infirmary.

The Council of Governors is asked to **NOTE** the date of the 2026 Annual Members Meeting.

**f) Council of Governors Meeting Dates 2026**

The current meeting dates for the Council of Governors for 2026 is enclosed at Appendix I3.

| | |
|---|---|
| | The Council of Governors is asked to **RECEIVE** and **NOTE** the Council of Governors meeting dates for 2026.<br><br>**g) Council of Governors Workplan 2026**<br><br>The Council of Governors meeting workplan for 2026 is attached at Appendix I4 for information.<br><br>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 Council of Governors Attendance Register for the Annual Report and Accounts 2025/26.<br><br>The Council of Governors is asked to **NOTE** the:<br><br>• Timetable for Governor elections for 2026<br>• The update regarding the lead and deputy lead governor nomination process<br>• Chair and Non-Executive Director appraisal timelines, i.e. that governor feedback is being collected via a Microsoft Form for the Chair by Monday 18 May 2026<br>• the date of the 2026 Annual Members Meeting<br>• Council of Governors meeting dates for 2026<br>• Council of Governors workplan for 2026 |

| Attendance | ✓ | Apologies | × | Not elected/in post | |
|---|---|---|---|---|---|
| | | | | Did not attend | |

# APPENDIX I2
# COUNCIL OF GOVERNORS ATTENDANCE AT COUNCIL OF GOVERNOR MEETINGS
# 1 APRIL 2025 – 31 MARCH 2026

| MEETING DATES | | 22.05.25 | AMM 22.07.25 | 25.09.25 | 25.11.25 | 19.02.26 | TOTAL |
|---|---|---|---|---|---|---|---|
| 1 – Calder & Ryburn Valleys | Katherine Pygott (until 25.07.2025) | × | | | | | 0 / 2 |
| | Christopher Button (from 25.07.2025) | | ✓ | ✓ | ✓ | × | 3 / 4 |
| | Hannah Doyle (from 25.07.2025) | | ✓ | | | | 1 / 4 |
| 2 – Huddersfield Central | Robert Markless | ✓ | ✓ | ✓ | ✓ | ✓ | 5 / 5 |
| | Sheila Taylor | ✓ | × | × | ✓ | × | 2 / 5 |
| 3 – South Huddersfield | Isaac Dziya | × | | × | × | ✓ | 1 / 5 |
| | John Rushton | ✓ | | ✓ | ✓ | ✓ | 4 / 5 |
| 4 – North Kirklees | Rabiya Ali | × | × | | | | 0 / 5 |
| | Kenneth Townend (from 25.07.2025) | | | ✓ | × | | 1 / 4 |
| 5 – Skircoat & Lower Calder Valley | Lorraine Wolfenden | ✓ | × | ✓ | ✓ | ✓ | 4 / 5 |
| | Osman Chohan (from 25.07.2025) | | ✓ | ✓ | ✓ | × | 3 / 4 |
| 6 – East Halifax & Bradford | Marta Kovacs | ✓ | × | ✓ | ✓ | ✓ | 4 / 5 |
| | **VACANT SEAT** | | | | | | |
| 7 – North and Central Halifax | Kate Wileman (until 25.07.2025) | × | ✓ | | | | 1 / 2 |
| | Tony Wilkinson | ✓ | ✓ | ✓ | ✓ | ✓ | 5 / 5 |
| | Safyah Akhtar (from 25.07.2025) | | ✓ | × | × | × | 1 / 4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **8 - Lindley & The Valleys** | | Pam Robinson | × | ✓ | ✓ | ✓ | ✓ | **4 / 5** |
| | | Denise Dransfield | ✓ | ✓ | | ✓ | | **3 / 5** |
| **TOTAL** | | | **7 / 12** | **9 / 16** | **9 / 15** | **10 / 15** | **7 / 15** | |
| **9 – Staff – Drs/Dentists** | | Ali Akhtar **(from 25.07.2025)** | | | | | × | **0 / 4** |
| **10 – Staff - AHPs/HCS/Pharmacists** | | Jonathan Drury | | | | | ✓ | **1 / 5** |
| **11 – Staff – Management / Admin** | | Sarah Rothery | ✓ | ✓ | ✓ | ✓ | × | **4 / 5** |
| **12 – Ancillary** | | Julie Pryce | ✓ | | × | × | × | **1 / 5** |
| **13 – Staff – Nurses / Midwives** | | Tom Ladlow | | | | × | × | **0 / 5** |
| **13 – Staff – Nurses / Midwives** | | Emma Karim | × | | | ✓ | | **1 / 5** |
| **TOTAL** | | | **2 / 5** | **1 / 6** | **1 / 6** | **2 / 6** | **1 / 6** | |
| **Stakeholder Governors (Appointed)** | **University of Huddersfield** | Dr Sara Eastburn | × | | | ✓ | × | **1 / 5** |
| | **Calderdale Metropolitan Council** | Cllr Diana Tremayne | ✓ | | × | × | ✓ | **2 / 5** |
| | **Calderdale and Huddersfield Solutions Ltd.** | Zain Naeem | ✓ | × | × | ✓ | ✓ | **3 / 5** |
| | **South West Yorkshire Partnership NHS Foundation Trust** | Izzy Worswick | × | ✓ | ✓ | ✓ | ✓ | **4 / 5** |
| | **Voluntary and Community (VAC) Sector** | Gary Gordon | | | ✓ | ✓ | ✓ | **3 / 3** |
| | **TOTAL** | | **2 / 4** | **1 / 4** | **2 / 5** | **4 / 5** | **4 / 5** | |

**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 21 May 2026 | 1:00 – 1:45 pm (Private)<br>2:00 – 4:00 pm (Public) | Rooms 3 & 4, Acre Mills Outpatients<br><br>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 |
| **Annual Members Meeting (AMM)** | Thursday 10 September 2026 | TBC | Rooms 3 & 4, Acre Mills Outpatients |
| **Council of Governors Meeting** | Thursday 24 September 2026 | 1:00 – 1:45 pm (Private)<br>2:00 – 4:00 pm (Public) | Rooms 3 & 4, Acre Mills Outpatients<br><br>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)<br>2:00 – 4:00 pm (Public) | Rooms 3 & 4, Acre Mills Outpatients<br><br>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 |

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<br>• To appoint and, if appropriate, remove the other non-executive directors<br>• To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs<br>• To approve the appointment of the Chief Executive<br>• To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor<br>• To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report<br><br>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<br>• To represent the interests of the members of the Trust as a whole and of the public<br>• To approve "significant transactions" as defined within the constitution<br>• To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution<br>• 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<br>• To approve any proposed increase in private patient income of 5% or more in any financial year<br><br>Jointly with the Board of Directors, to approve amendments to the FT's constitution. |

| | 19 Feb 2026 | 21 May 2026 | ANNUAL MEMBERS MEETING<br><br>10 Sept 2026 | 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 | |

| | 19 Feb 2025 | 22 May 2025 | ANNUAL MEMBERS MEETING 10 Sept 2026 | 24 Sept 2026 | 26 Nov 2026 | COMMENTS |
|---|---|---|---|---|---|---|
| **Minutes of previous meeting** | ✓ | ✓ | | ✓ | ✓ | |
| **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: -**<br>– **Audit and Risk Committee**<br>– **Finance and Performance Committee**<br>– **Quality Committee**<br>– **Workforce Committee**<br>– **Nomination and Remuneration Committee**<br>– **Transformation Programme Board** | ✓ Receive update from Non-Executive Directors<br>- Quality<br>- ARC<br>- F&P – to receive<br>- Workforce – to receive | ✓ Receive update from Non-Executive Directors<br>- F&P<br>- Workforce<br>- ARC – to receive<br>- Quality – to receive | | ✓ Receive update from Non-Executive Directors<br>- ARC<br>- Quality<br>- Workforce – to receive<br>- F&P – to receive | ✓ Receive update from Non-Executive Directors<br>- F&P<br>- Workforce<br>- Workforce – to receive<br>- ARC – to receive | <u>Private meetings:</u><br>• Feedback from Transformation Programme Board<br>• Feedback from private Board meetings<br>• Feedback from questions |
| **Finance Summary Report** | ✓ Receive an update as part of Finance and | ✓ Receive an update as part of Finance and | ✓ Receive and approve Annual Accounts | ✓ Receive an update as part of Finance and | ✓ Receive an update as part of Finance | |

| | 19 Feb 2025 | 22 May 2025 | ANNUAL MEMBERS MEETING 10 Sept 2026 | 24 Sept 2026 | 26 Nov 2026 | COMMENTS |
|---|---|---|---|---|---|---|
| | Performance Report | Performance Report | | Performance Report | and Performance Report | |
| **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** | | | | | | |

| | 19 Feb 2025 | 22 May 2025 | ANNUAL MEMBERS MEETING 10 Sept 2026 | 24 Sept 2026 | 26 Nov 2026 | COMMENTS |
|---|---|---|---|---|---|---|
| **Annual Plan Submission** | ✓ Annual Plan Discussions | ✓ Receive Annual Plan | | | | |
| **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<br>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 | | ✓Approve reviewed Terms of Reference | | |
| **Constitutional Amendments** | ✓ Review amendments | ✓ Review amendments | | ✓ Review 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 | |

| | 19 Feb 2025 | 22 May 2025 | ANNUAL MEMBERS MEETING 10 Sept 2026 | 24 Sept 2026 | 26 Nov 2026 | COMMENTS |
|---|---|---|---|---|---|---|
| **Council of Governors Sub Committees** | | | | | ✓ Review allocation of members on all Committees following elections NB – Chairs to be reviewed annually | |
| **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** | | | | | ✓ Review | Review post June 26 joint BoD/CoG workshop<br><br>Review as required and no less than every 3 years. |

| | 19 Feb 2025 | 22 May 2025 | ANNUAL MEMBERS MEETING 10 Sept 2026 | 24 Sept 2026 | 26 Nov 2026 | COMMENTS |
|---|---|---|---|---|---|---|
| **Review of Standing Orders – Council of Governors** | | | | | | Next review date February 2027. |

# 15. Feedback from Workforce Committee

To Note

Presented by Jo-Anne Wass

Calderdale and Huddersfield NHS Foundation Trust

# CHAIR'S HIGHLIGHT REPORT to the Board of Directors

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| **Committee Name:** | Workforce Committee |
| **Committee Chair:** | Jo-Anne Wass |
| **Date(s) of meeting:** | Thursday 23 April 2026<br>**Theme of this meeting: Equality, Diversity and Inclusion and Staff Survey** |
| **Date of Board meeting:** | Thursday 14 May 2026 |
| **Regulation** | Regulation 17: Good Governance |
| **ASSURE**<br>All data as at February 2026 | • **2025/26 Self Effectiveness Review, Annual Report and Terms of Reference:** Following our self-effectiveness review in March, we signed off areas of focus for 2026/27; our annual report; and amended ToR for approval by the Audit and Risk Committee and Board. Well-Led Review recommendations were incorporated.<br>• **Access Into Employment**: We took a look at CHFT's widening participation (WP) pathways, which support the diversity of CHFT's workforce. 74.9% of WP colleagues are from IMD 1 – 5. Martha Flanagan told us about her positive experience of Project SEARCH. We were impressed with this work and its ability to change lives.<br>• **Workforce metrics providing assurance: appraisal completion** 91.20% (target = 90%); **agency usage** £0.77m below plan year to date; **turnover** 6.20% (target = 8%). |
| **ADVISE (INCLUDES ACKNOWLEDGE)**<br>All data as at February 2026 | • We discussed **external developments and CHFT's readiness** to respond to these – for example:<br>○ Resident Doctors' dispute: The current BMA strike mandate lasts until June 2026, so more **industrial action** is likely. The BMA also plan to ballot consultants and SAS doctors. We reflected on the hard work that goes into planning and delivering services during industrial action and expressed thanks to all colleagues involved.<br>○ Reforms to the **apprenticeship system**, which shift resources to younger learners. From September 2026, higher level management apprentices will no longer be eligible for funding. We will discuss the impact of this in more detail at a future meeting.<br>○ Early April saw the soft launch of the **People Knowledge Hub and HR Assist** (part of the evolving digital front door approach to people related information and support at CHFT). Early user feedback is mostly positive. Full launch is planned for June 2026.<br>• **Vacancy rate** was up slightly to 5.85% (5.18% last highlight report), largely due to an establishment increase of 24.20 fte.<br>• **Essential safety training (EST)/role specific training (RST):** EST compliance overall = 93.62% (target = 90%). Safeguarding adults = 88.48%, safeguarding children above target. Six of the RST modules were below 85%, an improvement on the last report, but note one of these was safeguarding supervision at 74.57%. |

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| | • **Sexual safety**: CHFT's action plan was tested with colleagues at a Hot House session in March. Helpful suggestions for improvements are now being actioned.<br>• **Workforce Inclusion Group (WIG)**: We agreed to hold a dedicated meeting, together with potential WIG members, to discuss and agree the ToR and success measures for this reinstated subgroup of the committee. |
| | • **Staff Survey Results 2025:** We were pleased to see that the overall response rate and most of the scores had improved on the previous year. In response to the results, a trust-wide high impact action (HIA) plan had been prepared, focussing on thematic areas such as burnout/exhaustion, and discrimination and harassment (particularly, but not exclusively, from service users). We suggested that the HIA plan should explicitly link the survey results to the actions being proposed; incorporate a response to the "we work flexibly" results; and outline how we will tackle the root causes of burnout and exhaustion through effective work design and organisation. A specific youth advocacy survey has been implemented with some success to help us to reach the under 30s age group, who we can see are less engaged than others. We discussed potential "Go See" visits focussed on engaging younger colleagues. Divisional action plans in response to the staff survey are also being prepared. These focus on hot spot service areas (to note that three of these were also hotspots in 2024: pathology; pharmacy and out-patients/records). Jane Peacock and Bronwyn Edwards (Orthopaedics) presented their improved results and outlined the detailed, hard work which had gone into achieving them. Lis Street (Pharmacy) presented on similar efforts, which have started to bear fruit, with slightly improved results this year.<br>• **10 Point Plan to Improve Resident Doctors' Working Lives**: An update on progress. The 2026 GMC survey closes on 6 May. Tom Burns (Resident Doctor Peer Lead) said he had undertaken a preliminary "survey" and working environment issues were still prevalent. The 10PP states that Resident Doctors should never experience payroll errors as a result of rotation. Payroll services are provided to CHFT by Leeds Teaching Hospitals NHS Trust. There were 30 pay impacting errors between September 2025 and February 2026. 13 were due to late notification of changes.<br>• Rolling **sickness absence** had increased to an average of 5.10% (target = 4.30%). Both long- and short-term absence were above target. PMU had the highest absence rate in February (6.75%), followed by FSS (6.27%). |

16. INFORMATION TO NOTE

The following set of papers can be found within our Board of Directors papers on our website here: https://www.cht.nhs.uk/publications/board-of-directors-meeting-dates-and-papers

- Highlight Report from Audit and Risk Committee
- Highlight Report from Quality Committee
- Month 12 Finance Report
- Performance Report (IPR) for information
- Minutes of Committee meetings

To Receive

# 17. Any Other Business

18. DATE AND TIME OF NEXT MEETINGS:

Joint Council of Governors / Board of Directors Workshop
Date: Tuesday 16 June 2026
Time: 1:00 – 4:00 pm
Venue: Room 3 & 4, Acre Mills Outpatients

Council of Governors Meeting
Date: Thursday 24 September 2026
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Rooms 3 & 4, Acre Mills Outpatients or Microsoft Teams (Hybrid)
To Note
Presented by Helen Hirst