Calderdale and Huddersfield NHS Foundation Trust

Council of Governors

Schedule	Thursday 24 September 2026, 14:00 — 16:00 BST
Venue	Rooms 3 & 4, Acre Mills Outpatients
Organiser	Amber Fox

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15:59	17.	DATE AND TIME OF NEXT MEETING: Council of Governors Meeting Date: Thursday 26 November 2026 (Chaired by Peter Wilkinson) 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	89

1. Welcome and Introductions:

To Note

Presented by Helen Hirst

2. Apologies for absence:

Non-Executive Directors – Tim Busby , Peter Wilkinson
Public Governors – Robert Markless
Staff Governors – Julie Pryce
Appointed Governors – Cllr Gill Floyd

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Receive

4. Minutes of the previous meeting held on 21 May 2026 and the Annual Members' Meeting held 10 September 2026

To Approve

Presented by Helen Hirst

CHAIR APPROVED MINUTES OF THE FOUNDATION TRUST PUBLIC COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 21 MAY 2026, ROOMS 3 & 4, ACRE MILLS OUTPATIENTS (HYBRID VIA MICROSOFT TEAMS)

PRESENT:

Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

Lorraine Wolfenden (LW)	Public Elected, Skircoat and Lower Calder Valley (Lead Governor)
Marta Kovacs (MK)	Public Elected, (via MS Teams)
Pam Robinson (PR)	Public Elected, Lindley and the Valleys
Tony Wilkinson (TW)	Public Elected, North and Central Halifax
Robert Markless (RM)	Public Elected, Huddersfield Central
John Rushton (JR)	Public Elected, South Huddersfield
Sheila Taylor (ST)	Public Elected, Huddersfield Central
Osman Chohan (OC)	Public Elected
Denise Dransfield (DD)	Public Elected

STAFF GOVERNORS

Sarah Rothery (SR)	Staff Elected, Management/Administration

APPOINTED GOVERNORS

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

IN ATTENDANCE:

Rob Aitchison	Chief Executive
Jo Hilton	Chief Nurse
Stuart Baron	Director of Finance
Neeraj Bhasin	Medical Director
Anna Basford	Deputy Chief Executive/Director of Partnerships and Transformation
Victoria Pickles	Director of Corporate Affairs
Vanessa Perrott (VP)	Non-Executive Director (via MS Teams – left after item 24/26)
Jo-Anne Wass (JW)	Non-Executive Director
Amber Fox	Corporate Governance Manager
Vicki Drummond	Senior Nurse (for item 25/26)

OBSERVERS

Rachel Anger	Newly elected public governor for East Halifax and Bradford (term effective from 25.07.26)

19/26 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Jo Hilton, the new Chief Nurse, Vicki Drummond, Senior Nurse, in attendance, to share an update on the experience of carers and Rachel Anger who was observing the meeting today as a newly appointed public governor who will take up her term from 25 July 2026.

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20/26 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
Christopher Button, Public Elected, Calder and Ryburn Valleys

Staff Elected Governors:
Julie Pryce, Staff Elected, Ancillary

Appointed Governors:
Dr Sara Eastburn, University of Huddersfield

21/26 DECLARATIONS OF INTEREST

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

22/26 MINUTES OF THE LAST MEETINGS HELD ON 19 FEBRUARY 2026

The minutes of the meeting held on 19 February 2026 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 19 February 2026 **APPROVED** as a correct record.

23/26 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.

24/26 FEEDBACK FROM FINANCE AND PERFORMANCE COMMITTEE

VP presented the Finance and Performance Committee Highlight Report from the meetings held on April and May 2026. The key points noted were:

- Trust achieved a £2m favourable year-end position, exceeding plan.
- Delivered £32m Cost Improvement Programme (CIP) in full.
  Deep dives completed on diagnostics and cancer performance (generally strong, with some pathway challenges)
- Move from a one-year financial plan to a three-year financial plan introduces £20m deficit ceiling and increased Cost Improvement Programme (CIP). It was noted that the Trust's initial submission to NHS England for 2026/27 was deemed non-compliant, as it did not meet the required financial planning parameters. Following further work and revisions, a second submission was accepted as compliant with national requirements.
- Need to improve recurrent savings, as prior delivery included significant non-recurrent elements.

RM requested further clarification on the deep dive into cancer performance, specifically in relation to health inequalities. He queried whether the data suggested that some minority or more deprived population groups may not be receiving the same level of services or experience, and emphasised the importance of understanding any variation in access, treatment or outcomes. VP advised that there are health inequalities are evident across cancer performance nationally and locally, and advised that the Trust is now utilising newly

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available data, which enables analysis to be matched more directly to cancer performance indicators, including progression through pathways and outcomes. This enhanced data is supporting better identification and understanding of inequalities within the Trust's population. RM noted that he would welcome further detailed analysis at a future meeting, particularly in relation to Kirklees population data, to better understand local variation and the impact on access, service delivery and outcomes.

The Chief Executive confirmed that there is a significant and ongoing programme of work underway across the Trust focused on addressing health inequalities, including improved use of data to inform service improvement and reduce variation. The Medical Director added that, while the Trust is progressing and developing in a number of areas, it remains conscious of the potential unintended impact, for example, digital exclusion. It was noted that the Trust is taking a proactive approach to ensure that service developments do not inadvertently widen health inequalities.

Action: Further information on health inequalities data, including analysis relating to Kirklees residents, to be presented at a future Governors meeting.

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

25/26 **EXPERIENCE OF CARERS**

Jo Hilton, Chief Nurse and Vicki Drummond, Senior Nurse presented an update on the Experience of Carers, summarising engagement activity and findings from recent work across the Trust. A video was shared on 'understanding person centred care at CHFT' informed by patients, carers and colleagues. It was noted that:

- Approx. 10,000 unpaid carers interact with CHFT annually.
- Nationally, around 6 million unpaid carers provide significant care contribution, reinforcing the importance of recognising and supporting this group
- Strong feedback was received in relation to:
    - The compassion, kindness and support provided by staff
    - Effective involvement of carers in care planning
    - Positive end-of-life support care experiences

Areas for improvement:

- Communication: Carers often chase information or repeat details and a desire for more proactive communication from clinical teams.
- Accessibility: Difficulties contacting teams, including delays on phone lines.
- Practical issues: Concerns around management of patient property and equipment such as hearing aids
- Discharge: Carer involvement in discharge planning currently at approximately 54%, with further improvement required

Actions and Developments

Key improvements already in progress include:

- Introduction of patient/carer bedside boards, designed to:
- Capture "what matters to me"
- Enable carers and patients to record questions for clinical teams
- Improve shared understanding and person-centred care

Development of targeted initiatives, including:

- A Carers Discharge Group to strengthen involvement in discharge planning
- Improved information materials and leaflets for carers

SR commended the strong leadership and visible passion demonstrated by Vicki Drummond, noting that this had been instrumental in progressing the work and ensuring effective rollout across the organisation. She asked that consideration was given to the impact on staff wellbeing, particularly those with caring responsibilities. Vicki advised that a staff carers network exists, although engagement remains limited. There are positive examples where staff have been signposted and supported to access the network.

RM asked about links with local voluntary organisations including Barnardos. Vicki confirmed strong links, including partnership working with Barnardos in Kirklees, with involvement in developing resources such as a young carers video. It was noted that there are well-established relationships across the voluntary sector.

LW highlighted the importance of asking "What matters to you?", expressing concern that this is not consistently asked of patients and carers, despite its value in shaping meaningful care. She shared an example demonstrating the impact and emotional significance of this approach.

The Chair sought assurance regarding patient confidentiality in relation to the bedside boards. Vicki confirmed that use of the boards is optional and patient-led and patients and carers are advised to only include information they are comfortable sharing, supported by standard operating procedures and guidance leaflets.

The Chair queried whether there were plans to introduce digital boards. Vicki advised that some elements are recorded within the electronic patient record (EPR). However, physical boards are currently preferred as they are accessible, flexible and easy to update. Patients can actively engage with and amend the boards as required. Vicki also added that support workers don't routinely access EPR and find the boards particularly valuable, enabling them to better understand individual patient needs.

The Chief Executive highlighted opportunities linked to the new hospital building, noting the value of visual, accessible tools such as the boards.

OUTCOME: The Council of Governors **NOTED** the Experience of Carers update, including the positive feedback received, areas for improvement, and the range of actions being implemented to enhance carer involvement and experience.

26/26 **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.

27/26 **GOVERNANCE - FEEDBACK FROM GOVERNORS**

The Director of Corporate Affairs shared a response to a question from a member of the public related to phlebotomy services in Calderdale. It was noted that, during a period of workforce challenges, phlebotomy provision in GP practices had been reduced, with services consolidated on hospital sites, including the community diagnostic centres. Recruitment has

progressed, enabling a return to increased provision within the community. It was reported that six GP practice clinics in Calderdale are due to be reinstated, with services expected to recommence in June.

Governors circulated correspondence, including responses from local Members of Parliament following letters sent by RM and LW. LW confirmed that a template letter was adapted and issued across local constituencies, and a meeting was held with Kate Dearden MP, which generated a mix of support and challenge. RM reported additional responses, including from Paul Davies MP (Colne Valley, covering HRI), reflecting the national policy direction, and noted further engagement with Harpreet Uppal MP.

Concerns were raised regarding the potential reduction of independent patient voice, particularly in relation to changes to governance arrangements, the role of governors and the future of Healthwatch. The importance of the Council of Governors as a forum for direct engagement with Trust leadership was emphasised. The Chair formally thanked RM and LW for their efforts in progressing this work.

ST provided feedback following attendance at a national Patient Association webinar relating to the future of planned care and increasing digital delivery of services. Proposed models include NHS-led services delivered via online platforms, initially across a small number of departments from October. She expressed concerns raised during the webinar related to confidentiality and privacy, particularly whether online consultations are conducted in appropriate, private environments, digital inclusion, including accessibility for older populations and the reliability of technology and connectivity during consultations. A further webinar is scheduled for 1 July 2026.

The Deputy Chief Executive/Director of Transformation and Partnerships acknowledged the concerns raised but highlighted that the Trust has experience of delivering remote consultations, including prior to the pandemic, with a focus on appropriate and sensitive use. It was noted that patient feedback has been positive in some cases, particularly where digital consultations remove the need for travel and parking and provide a more comfortable environment for young people or those with additional needs. The Medical Director added that confidentiality standards must mirror those of face-to-face consultations, with clinicians expected to conduct consultation in private, appropriate settings to maintain patient confidentiality.

LW provided an update on the continued activity of the Associate Youth Governors, noting they remain engaged in supporting areas of work across the Trust. This includes reviewing outpatient communications (e.g. diabetes clinic letters) and participating in “15 Steps” visits, with upcoming engagement planned with senior staff.

RM confirmed that he continues to undertake Observe and Act visits, providing governors with valuable insight into services from a patient perspective. However, uncertainty was raised regarding the future of the programme, specifically whether it may be integrated into a wider assurance framework. The Director of Corporate Affairs clarified that the activity is likely to continue, but that the reporting route will change, with feedback feeding into the Trust’s quality assurance processes.

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

28/26 **TRUST'S ONE YEAR STRATEGIC PLAN 2026-27**

The Deputy Chief Executive / Director of Transformation and Partnerships presented an update on the Trust's five-year strategy (2023–2028) and the associated one-year strategic plan for 2026/27. The Trust is now more than halfway through delivery of the five-year strategy, which sets out the organisation's long-term ambitions and priorities. The strategy focuses on achieving strong outcomes across four key areas:

1. Improving health outcomes and transforming services
2. Delivering the highest quality and safest care
3. Supporting, developing and sustaining the workforce
4. Making the best use of resources, including financial sustainability and productivity and environmental sustainability and green ambitions, including progress towards net zero

The one-year plan translates the long-term strategy into specific, deliverable objectives for 2026/27, ensuring continued progression towards the overall five-year goals. Each objective within the one-year plan has a named Executive Director lead, who is accountable for delivery and progress. Progress is regularly monitored and reported to the Trust Board, including both a RAG rating against delivery, and supporting narrative describing progress, risks and challenges. The approach ensures that delivery of the strategy remains focused, transparent and accountable, with a clear line of oversight through formal governance arrangements.

OUTCOME: The Council of Governors **NOTED** the Trust's One-Year Strategic Plan for 2026/27 and the progress made in delivering the wider five-year strategy.

28/26 **QUALITY PRIORITIES Q4 2025/26 PROGRESS UPDATE & END OF YEAR POSITION**

The Chief Nurse presented an update on progress against the Trust's 2025/26 Quality Priorities for Quarter 4. It was noted that all three priorities have shown progress and improvement over the course of the year, although performance remains below target, and therefore all three will continue as priorities into 2026/27.

Quality Priority: Deteriorating Patient

Performance has improved to approximately 72.6%, demonstrating progress against the priority. It was noted that further work is required to achieve the agreed target, including continued focus on timeliness of observations and responding to patient deterioration.

Quality Priority: End of Life Care

Performance has improved to approximately 66%, reflecting ongoing improvement.
Focus remains on early identification of patients approaching end of life and ensuring that appropriate care plans and meaningful conversations are in place and recorded.

Quality Priority: Stroke

Performance is approximately 69% against a target of 90%, remaining above the national average but below the Trust ambition. Improvement work continues, including focus on pathways, capacity and timely admission to appropriate stroke units.

TW raised concerns regarding consultant shortages within the palliative care team. The Chief Nurse confirmed that this is a short-term issue, with actions in place to address capacity. The Director of Corporate Affairs explained that the specialist palliative care team supports nursing teams, and although capacity is currently stretched, this remains a support function rather than a dependency for core care delivery. The Medical Director emphasised that this

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position does not impact patient pathways, and clinical decision-making around end of life care is not solely reliant on the specialist palliative care team.

DD highlighted the importance of partnership working and asked if the Trust works closely with external organisations such as Kirkwood Hospice and other charitable providers. The Chief Nurse confirmed that ongoing engagement is in place, including planned meetings with hospice leads to further strengthen collaborative working.

OUTCOME: The Council of Governors **NOTED** the Quarter 4 Quality Priorities update, including areas of improvement, ongoing challenges, and actions in progress across deteriorating patient care, end of life care, and stroke services.

28/26 FINANCIAL PLANNING UPDATE 2026/27

The Director of Finance provided an update on the Trust's financial plan for 2026/27, noting that the position is more challenging than in previous years, reflecting wider system pressures and national planning requirements. It was highlighted that the Trust's plan has now been assessed by NHS England as "compliant with conditions", with a £20m deficit position for 2026/27. Continued dialogue with NHS England has driven a focus on improving operational performance metrics, including delivery of an 81.1% RTT target, alongside requirements to strengthen future recovery plans, minimise unidentified CIP, and implement workforce and efficiency improvements.

The Chief Executive referenced opportunities to improve efficiency through the use of artificial intelligence, including within back-office functions and patient booking processes.

IW noted that the challenges faced by the Trust are consistent across West Yorkshire, including similar conditions around Cost Improvement Programme (CIP) targets and workforce reductions.

JW highlighted that sickness levels remain an important factor, with a direct impact on the Trust's ability to manage bank and agency usage.

TW asked about the position of the Trust's external auditors. The Director of Finance confirmed that Deloitte are undertaking the audit of the financial statements, working alongside the Trust and requesting information in a slightly different format to previous auditors. A meeting is scheduled with the auditors to ensure progress against required deadlines.

OC noted the scale of the financial challenge, particularly in the context of potential workforce reduction requirements, and emphasised the importance of clinical engagement. The Medical Director confirmed that this is being approached as an organisational response, with engagement through forums such as the Divisional Directors Forum. The need to work differently and improve productivity was emphasised, including examples such as digital dictation and voice recognition, enabling more efficient processes and faster communication with GPs.

The Deputy Chief Executive/Director of Transformation and Partnerships reflected on the Trust's strong track record of innovation, including new ways of working such as use of Community Diagnostic Centres, development of one-stop clinics and the importance of delivering these improvements at scale to maximise impact.

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OUTCOME: The Council of Governors **NOTED** the financial planning update, including the financial challenges, planning assumptions, CIP expectations, workforce considerations, and the Trust's position on reconfiguration and long-term sustainability.

29/26 NON-EXECUTIVE DIRECTOR FIT AND PROPER PERSONS TEST

The Director of Corporate Affairs presented the report on the Fit and Proper Persons Test (FPPT) relating to Non-Executive Directors. The same process is also undertaken for Executive Directors. There were no compliance issues identified in relation to any Non-Executive Directors. Additional scrutiny had been undertaken by the Care Quality Commission (CQC) during the year, which similarly did not identify any compliance issues.

OUTCOME: The Council of Governors **NOTED** the position in relation to the Fit and Proper Persons Test for Non-Executive Directors.

30/26 <u>COMPANY SECRETARY REPORT</u>

a) Update on 2026 Governor Elections

Ongoing vacancies from a stakeholder perspective.

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

Given the next formal meeting of the Council of Governors is in September, it is likely that the nomination process will be virtual, with the outcome formally confirmed at the Annual Members Meeting on 10 September 2026.

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

Governors were 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.

SR noted that public and stakeholder governors have higher attendance levels, with lower engagement from staff governors, potentially due to workload or rota pressures. It was agreed that further understanding of barriers is needed, and that a session will be arranged to explore how staff governors can be better supported to attend meetings and fulfil their role.

Action: Corporate Governance Manager to arrange a meeting with the Chair and staff governors to identify barriers to attendance and agree actions to improve engagement.

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 Microsoft Forms.

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 in Rooms 3 and 4, Acre Mills, Huddersfield Royal Infirmary.

f) Calendar of Council of Governors Meeting Dates 2026

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The future meeting dates for the Council of Governors for 2026 was enclosed for information.

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

OUTCOME: The Council of Governors **APPROVED** the Governors' attendance register for inclusion in the Annual Report and Accounts 2025/26 and **NOTED** the updates on governor elections, the lead governor and deputy lead governor nomination process, Chair and Non-Executive Director appraisal timescales and opportunities for input. the date of the Annual Members' Meeting and the future meeting dates and workplan for 2026.

31/26 FEEDBACK FROM WORKFORCE COMMITTEE

JW presented the Workforce Committee Highlight Report from the meeting held on 23 April 2026. The key points highlighted were:

- Ongoing industrial action and its impact across the NHS
- Staff survey results, with overall performance improved and a positive position reported
- The need to better understand and address the root causes of staff burnout and exhaustion
- Progress against the 10-point plan to improve the working lives of doctors
- Confirmation that the GMC national survey has recently closed, with results awaited

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

32/26 <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 Audit and Risk Committee
- Highlight Report from Quality Committee
- Month 12 Finance Report
- Performance Report (IPR) for information
- Minutes of Committee meetings

33/26 ANY OTHER BUSINESS

The Chair noted that this was Tony Wilkinson's final official Council of Governors meeting. A certificate of recognition was presented in appreciation of his contribution. The Chair highlighted that Tony has contributed brilliantly to the Council, consistently providing valuable input and challenge. Tony expressed his thanks and extended best wishes to the Trust in relation to the new hospital reconfiguration.

The Chair confirmed that the Board and COG Development Workshop will include discussion to consider how governors can transition into roles focused on patient experience given the proposals within the Health Bill. It was agreed that involving Stevie Cheesman in discussions regarding future volunteering opportunities would be beneficial.

<u>DATE AND TIME OF NEXT MEETINGS:</u>

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

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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)

Attendance Log 2026/2027

✓	In attendance
×	Apologies
-	Did not attend
	Not elected

	21.05.26	24.09.26	26.11.26	February 2027	Total
Helen Hirst (Chair)	✓				1/1
Sheila Taylor	✓				1/1
Robert Markless	✓				1/1
Isaac Dziya	-				1/1
John Rushton	✓				1/1
Rabiya Ali	-				0/4
Lorraine Wolfenden	✓				1/1
Marta Kovacs	✓				1/1
Tony Wilkinson	✓				1/1
Denise Dransfield	✓				1/1
Pam Robinson	✓				1/1
Jonathan Drury	-				0/1
Sarah Rothery	✓				1/1
Julie Pryce	×				0/1
Tom Ladlow	-				0/1
Emma Karim	-				0/1
Dr Sara Eastburn	×				0/1
Zain Naeem	✓				1/1
Izzy Worswick	✓				1/1
Safyah Akhtar	×				0/1
Osman Chohan	✓				1/1
Christopher Button	×				0/1
Hannah Doyle	-				0/1
Kenneth Townend	-				0/1
Ali Akhtar	-				0/1
Non-Executive Director Attendance					
Nigel Broadbent	×				0/1
Jo-Anne Wass	✓				1/1
Tim Busby	×				0/1
Denise Sterling	×				0/1
Peter Wilkinson	×				0/1
Vanessa Perrott	✓				1/1

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Calderdale and Huddersfield NHS Foundation Trust

Chair Approved Minutes of the Calderdale and Huddersfield NHS Foundation Trust Board of Directors and Council of Governors Annual Members Meeting held Thursday 10 September 2026 at 3.00 pm to 4.30 pm Rooms 3 and 4, 3rd floor, Acre Mills Outpatients

PRESENT (Speakers)

Helen Hirst	Chair
Lorraine Wolfenden	Lead Governor
Rob Aitchison	Chief Executive
Kirsty Archer	Operational Director of Finance
Nicola Wright	Partner, Deloitte
Jo Hilton	Chief Nurse
Neeraj Bhasin	Medical Director
Anna Basford	Deputy Chief Executive / Director of Transformation and Partnerships
Gemma Berriman	Chief Operating Officer

Board of Directors

Jonathan Hammond	Deputy Chief Executive
Denise Sterling	Non-Executive Director
Nigel Broadbent	Non-Executive Director
Victoria Pickles	Director of Corporate Affairs / Interim Director of Workforce and Organisational Development

Public Elected Governors

Sheila Taylor	Huddersfield Central
John Rushton	South Huddersfield
Robert Markless	Huddersfield Central
Pam Robinson	Lindley and the Valleys
Osman Chohan	Skircoat and Lower Calder Valley
Isaac Dziya	South Huddersfield
Denise Dransfield	Lindley and the Valleys

Appointed Governors

Dr Sara Eastburn	University of Huddersfield

In Attendance

Andrea McCourt	Company Secretary
Amy Campbell	Head of Communications
Amber Fox	Corporate Governance Manager
Alex Keaskin	Matron for Patient Experience
Lynsey Nicholson	Head of Patient Experience

In addition to the above, eight members of the public were in attendance.

Apologies

Rob Birkett	Chief Digital and Information Officer
Tim Busby	Non-Executive Director
Jo Wass	Non-Executive Director
Peter Wilkinson	Non-Executive Director
Vanessa Perrott	Non-Executive Director

Public Elected Governors

Marta Kovacs	East Halifax and Bradford
Rachel Anger	East Halifax and Bradford

Staff Elected Governors

Sarah Rothery	Management/Admin/Clerical
Julie Pryce	Ancillary

Appointed Governors

Cllr Gill Floyd	Kirklees Council
Izzy Worswick	South West Yorkshire Partnership NHS Foundation Trust
Zain Naeem	Calderdale and Huddersfield Solutions Ltd. (CHS)

1. WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the Annual Members' Meeting, introduced the speakers and outlined the agenda. The Chair advised that electronic copies of the 2025/26 Annual Report and Accounts, the External Auditor's Opinion, a highlights version of the Annual Report and all the presentations shared in this meeting were available on the Trust's website here Annual Reports and Annual Members' Meeting - Calderdale and Huddersfield NHS Foundation Trust.

2. OVERVIEW OF THE COUNCIL OF GOVERNORS' CONTRIBUTION 2025–2026 AND REFLECTIONS AS LEAD GOVERNOR

Lorraine Wolfenden, Lead Governor, provided an overview of the contribution made by the Council of Governors during 2025/26 and reflected on her role as Lead Governor. The presentation recognised the Governors' continuing contribution to the Trust and their engagement with its work.

3. OUR COUNCIL OF GOVERNORS INCLUDING A FAREWELL TO OUTGOING GOVERNORS AND WELCOME TO NEW GOVERNORS

The Chair thanked all the Governors for their continued commitment to the Trust over the last 12 months. The Chair formally recognised which Governors had come to the end of their tenure and welcomed those newly appointed to the Council of Governors.

OUTGOING GOVERNORS

Public Elected

- Tony Wilkinson was thanked for his service as Public Governor for North and Central Halifax.

Staff Elected

- Emma Karim was thanked for her service as Staff Governor for Nurses and Midwives.
- Jonathan Drury was thanked for his service as Staff Governor for Allied Health Professionals, Healthcare Scientists and Pharmacists.

NEWLY ELECTED GOVERNORS

Public Elected

- Rachel Anger was welcomed as a newly appointed governor representing East Halifax and Bradford.

Appointed Governors

- Councillor Gill Floyd was welcomed as the newly appointed governor representing Kirklees Council.

4. OUR ANNUAL ACCOUNTS AND EXTERNAL AUDIT OPINION

4.1 OUR ANNUAL ACCOUNTS: APRIL 2025 TO MARCH 2026

Kirsty Archer, Operational Director of Finance presented the Trust's Annual Accounts for the period April 2025 to March 2026.

5.2 EXTERNAL AUDIT OPINION

Nicola Wright, Partner, Deloitte, presented the External Audit Opinion for 2025/26. She confirmed that an unqualified opinion had been issued on 30 June 2026 and that no improper accounting practices had been identified.

5. REVIEW OF 2025–2026

Rob Aitchison, Chief Executive, presented a review of the Trust's performance, activity and challenges during 2025/26 and outlined plans for the year ahead.

6. QUALITY AND PATIENT EXPERIENCE

Jo Hilton, Chief Nurse, and Neeraj Bhasin, Medical Director, presented an update on quality, safety and patient experience. Gemma Berriman, Chief Operating Officer provided an update on the National Oversight Framework. The presentation set out the findings from the 2026 CQC inspections, action being taken in response, learning from Never Events, priorities for effective care, patient involvement, maternity and neonatal services and the Trust's national oversight position.

A member asked for further information about the Trust's Digital Innovation Programme and what initiatives were being developed through the programme. The Deputy Chief Executive explained that the Trust had established the TIME (Transform, Improve, Maximise and Enable) Digital Innovation Programme to explore new technologies and innovative ways of working, including artificial intelligence, within a robust governance and assurance framework. The programme aims to reduce administrative burden and release more time for patient care. Examples of projects currently being tested include ambient voice technology, which can support the creation of clinical notes from patient consultations. Trials were taking place across Emergency Departments, outpatient and community services. It was emphasised that appropriate governance arrangements were in place to ensure patient safety, with clinical oversight maintained throughout the testing and implementation process.

The Deputy Chief Executive and Director of Transformation and Partnerships added that digital innovation formed an important part of the Trust's wider vision to provide state of the art facilities, buildings and technologies that support high quality care and improve the experience of patients and staff.

7. LOOKING AHEAD

Anna Basford, Deputy Chief Executive / Director of Transformation presented the Trust's priorities and major developments for 2026/27. She outlined the next stages of hospital reconfiguration, community service development, pathology changes, digital innovation and partnership working.

8. QUESTIONS AND ANSWERS

Members were invited to raise any further questions. The questions raised in advance of the Annual Members' Meeting are attached separately.

Q: A member asked, in relation to the Trust's strategic objectives, values and behaviours, how the organisation decides what its "must do" priorities are and how much influence the Trust has over determining those priorities. The member further asked whether external requirements placed too much pressure on the organisation.

A: The Chair and Executive Directors explained that many of the Trust's "must do" requirements are informed by national policy, legislation, regulatory requirements and evidence based best practice. Examples included NICE guidance, mandatory clinical audits, Martha's Rule and other national patient safety requirements. It was emphasised that such requirements are generally introduced for sound clinical or operational reasons and are supported by established evidence and research.

Executive Directors noted that, whilst some priorities are nationally mandated, the Trust retains responsibility for how requirements are implemented locally, monitored and embedded across the organisation. Compliance is reviewed through audit and assurance processes to identify opportunities for improvement. It was also noted that many of the measures within the National Oversight Framework are directly linked to patient safety and quality of care, and the Trust is proactive in responding to these requirements. The Chair concluded by stating that the focus is not simply on achieving targets, but on ensuring that improvements are delivered for the right reasons and result in better outcomes for patients.

Q: Denise Dransfield, Governor asked whether the Trust's current approach to delivering services through Community Diagnostic Centres and other local locations risked reversing the original rationale for service reconfiguration between Huddersfield Royal Infirmary and Calderdale Royal Hospital. The member noted that specialist services had previously been consolidated onto single hospital sites and queried whether providing diagnostics and other services across multiple locations could lead to services becoming fragmented.

A: The Deputy Chief Executive and Director of Transformation and Partnerships explained that Community Diagnostic Centres were designed to support outpatient and primary care services by providing diagnostic tests in community settings where this could be delivered safely and effectively, reducing the need for patients to attend an acute hospital site.

The Medical Director clarified that the planned move of microbiology services related to laboratory testing and processing rather than the relocation of consultant led clinical services. He also explained that acute and specialist services remained appropriately co-located where required, particularly for patients who may require urgent intervention or transfer to higher acuity care. The separation of elective and emergency pathways also helped reduce infection risks and protect planned care activity. It was emphasised that the Trust's reconfiguration programme was intended to ensure patients received the right care in the right place, whilst maintaining safe and effective clinical pathways.

9. CLOSING COMMENTS

The Chair thanked all speakers for their presentations and reflected positively on the Trust’s plans for the future, while recognising the challenges ahead. She thanked attendees for their contributions and questions.

The presentation is available on our Trust website here: Annual Reports and Annual Members' Meeting - Calderdale and Huddersfield NHS Foundation Trust

The meeting closed at approximately 4.32 pm.

Calderdale and Huddersfield NHS Foundation Trust

Annual Members' Meeting

Thursday 10 September 2026

Questions and Answers

The following questions were submitted in advance of the meeting.

LINDLEY GROUP PRACTICE / TRUST LAND SALES

Q: A member asked whether the Trust could support the development of improved premises for Lindley Group Practice and what role the Trust might play in facilitating or supporting future development opportunities.

A: The Trust has worked collaboratively with Lindley Group Practice and the Integrated Care Board (ICB) and have supported various developments over recent years, including supporting joint funding bids and contributing to feasibility studies to explore options for future development. The Trust values its strong partnership with both organisations and remains committed to working closely with them. Whilst decisions and funding for primary care premises sit outside the Trust's responsibility, we will continue to support future development opportunities wherever appropriate and within our capacity to do so.

CARBON FOOTPRINT AND ENVIRONMENTAL SUSTAINABILITY

Q: A member asked what further action the Trust was taking to reduce its carbon footprint and improve environmental sustainability, and what assessment had been made of the effect of the new multi storey car park on future carbon emissions.

A: The Trust recognised the need to accelerate carbon reduction through its Green Plan 2025-2028. Recent increases in the reported carbon footprint do not necessarily mean that the Trust has used significantly more energy or has become less efficient in its use of resources. The main reason for the increase is that the Trust made the CIP decision to stop purchasing Renewable Energy Guarantee of Origin certificates (REGOs) in April 2025. Previously, this electricity was reported as having near-zero carbon emissions but following the change in tariff, the same electricity use is now reported using standard grid emissions factors, resulting in a significant increase in the reported footprint.

Electricity consumption itself remains below the 2013/14 baseline. In 2026, two solar PV installation projects have taken place at HRI and CRH, which will allow the Trust to generate clean energy on site, and have already generated energy equivalent to 12 tonnes of CO_2 avoided since May 2026.

The Trust is also focusing further action on the largest scope 1 source of emissions: gas heating, alongside improving building efficiency, sustainable travel, waste reduction and embedding sustainability into capital investment decisions through the recently approved Sustainability Impact Assessment for business cases over £100k. The decarbonisation of Acre Mill outpatients and workforce buildings, which will be

complete by autumn 2026, is a major milestone towards net zero as the gas boilers will be removed and replaced with air source heat pumps in both buildings.

To promote low carbon travel, the MSCP at CRH includes 40 EV charging points to support the transition to zero emissions vehicles, alongside a secure cycle storage and maintenance area for up to 88 bikes. However, no specific or quantified assessment of the car park's impact on future carbon emissions has been undertaken as part of the Green Plan. Emissions from electricity use in the new MSCP will contribute to the overall carbon footprint at CRH, however projected energy use data is required to quantify this. This will be monitored once the facility is operational.

CHFT is due to join the GCA energy procurement framework from April 2027, as mandated by NHSE. Further details on the type of electricity tariff that will be provided under the framework have not yet been confirmed. If a 'green' tariff is provided then the Trust's reportable electricity emissions are expected to return to a level similar to those seen before 2025.

In terms of our carbon footprint, our estate has increased with the new A&E and CDC's, we will see an increase before reconfiguration, with a noticeable decrease once the decommissioning of estate commences in 2029/2030.

ARCHITECTURAL LIGHTING AT ACRE MILLS OUTPATIENTS

Q: A member asked whether the Trust would consider working in partnership with Kirklees Council to install two directional spotlights on the lamp posts at the corner of Acre Street and the Acre Mills car park entrance, to illuminate the Acre Mills Outpatients building.

A: Thank you for your suggestion regarding feature lighting for the Acre Mills building. The Trust has previously explored the possibility of architectural floodlighting in partnership with the local authority. However, the costs associated with the proposal were considered prohibitive.

Whilst we appreciate the potential aesthetic benefits and the comparison with the lighting of Lindley Clock Tower, the Trust is unable to commit funding to this project. The Trust continues to face significant financial pressures, and the limited capital funding available is prioritised towards addressing critical infrastructure and backlog maintenance requirements across our estate to ensure the safety and functionality of our services.

HERITAGE INFORMATION AT ACRE MILLS OUTPATIENTS

Q: A member asked whether the Trust would consider providing a heritage display or information board about the history and origins of Acre Mills Outpatients and its significance to the local area.

A: Yes. The Trust would be happy to explore the opportunity to provide a heritage display or information board highlighting the history of Acre Mills Outpatients and its significance to the local community. We understand that this was considered

previously in discussion with our Communications team; however, the proposal did not progress at that time, potentially due to funding constraints. We will revisit this suggestion as part of our ongoing commitment to recognising and celebrating the history of the site. Thank you for bringing it to our attention.

PATIENT GROUPS

Q: Could you provide a simple overview of the process for small local groups, that represent people who have conditions such as ME, to develop a relationship with the Calderdale and Huddersfield Trust, so they can work co-productively to improve hospital experiences for the people they represent?

A: Our approach is to work alongside patients, carers and community groups to understand what matters most to them and use their experiences to help improve our services. Local groups can contact the Patient Experience and Involvement Team via patientexperience@cht.nhs.uk to share the views of the people they represent and discuss opportunities to get involved in service improvement work.

If you would like to keep up to date with Trust news and opportunities to get involved, you can become a Trust Member and receive regular updates. If you're interested in a more active role, you may also wish to become an Expert by Experience, using your lived experience to help shape how services are planned, delivered and improved. More information about these opportunities is available on the Trust's Patient Experience and Involvement page.

Together, these opportunities help us build meaningful relationships with local groups and communities so that we can improve services with people, not just for them.

5. Matters Arising and Action Log

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

Position as at 01.09.26

Red	Amber	Green	Blue
Overdue	Due this meeting	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
21.05.26	**Staff Governors** Chair to offer staff governors an individual or group meeting to identify barriers to attendance and agree actions to improve engagement.	Chair / Amber Fox	Staff governors have been offered the opportunity to meet with the Chair, either individually or as a group, to discuss barriers to attendance and agree actions to improve engagement.	24.09.26		01.09.26
21.05.26	**Health Inequalities** Further information on health inequalities data, including analysis relating to Kirklees residents, to be presented at a future meeting.	Jonny Hammond	The launch of the Health Inequalities flag is on the agenda for November.	November meeting		

6. Quality: CQC Reports – service inspection and well-led reports

For Information

Presented by Jo Hilton

CARE QUALITY COMMISSION (CQC)

NHS
Calderdale and Huddersfield
NHS Foundation Trust

- The **Care Quality Commission (CQC)** is the independent regulator of health and adult social care services in England. Its role is to ensure that people receive safe, effective, compassionate and high-quality care.

- **CQC monitors, inspects and regulates services** including care homes, home care agencies, hospitals, GP practices and dental services, publishing its findings to support informed choices about care.

- CQC commenced inspection activity across **Calderdale and Huddersfield NHS Foundation Trust (CHFT) in January 2026**.

- Between January and March 2026, a total of **8** individual inspections were undertaken.

- Inspection activity covered both **Huddersfield Royal Infirmary, Calderdale Royal Hospital and several Community locations** in the Calderdale area.

- The Trust underwent **7** service-level inspections across the following four key services:

    - Urgent and Emergency Care
    - Medical Care (including Elderly Care)
    - Outpatients
    - Community Adult Services

- In addition, the Trust underwent an announced **Trust-wide Well-Led** inspection between 3 and 5 March 2026. This inspection focuses specifically on the **leadership, governance, culture, and management** of an NHS Trust, rather than on a particular service such as a ward, department, or clinic.

- Following receipt of the final CQC inspection reports, the Trust has developed a **comprehensive action plan** to address the findings, recommendations and regulatory requirements identified across the inspected services.

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CARE QUALITY COMMISSION (CQC)

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Overall Ratings for Services Inspected

Site and Service Inspected	Report Publication Date	Overall Service Rating
Huddersfield Royal Infirmary Urgent & Emergency Care	01st June 2026	Requires Improvement
	26th June 2026	Good
	29th June 2026	Good
	12th August 2026	Requires Improvement
	29th June 2026	Good
	Awaiting Final Report Expected Late August 2026	*TBC*
	25th June 2026	Good
	01st June 2026	Good

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CARE QUALITY COMMISSION (CQC)

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Findings from Inspection Reports

Urgent and Emergency Care

Positive Findings	Areas for Improvement
Care was Kind, Compassionate and Respectful	IPC: bare-below-the-elbow compliance
Patients and Families were Involved in Decisions about their Care	EST Compliance for Medical Staff
People were Supported to Raise Concerns	Compliance with Bed Rail Risk Assessments
Healthcare Professionals Worked Well Together, Strong Teamwork and Shared Commitment to Delivering Care	Delays in Patients being Reviewed by Speciality Doctors which Impact Delays in Department

Medical Wards

Positive Findings	Areas for Improvement
Positive Culture of Learning	Inconsistencies on the EPR
Care Delivered in Line with Evidence Based and National Standards	Environmental and Equipment Related Risks Across Medical Wards
Care was Responsive to Individual Needs and Respected Patients' Choices	Safeguarding EST Compliance
Worked with People and Healthcare Partners to Establish and Maintain Safe Systems of Care	Insufficient Safe and Effective staffing

Community Adult Services

Positive Findings	Areas for Improvement
Incidents were Investigated, Effective Risk Management, Learning from Incidents evidenced	Inconsistent Access to Clinical Supervision
Collaborative Working Across Agencies	Management of Anaphylactic Kits
Staff Assessed Patients' Needs and Care delivered in Line with Clinical Standards and Evidence-Based Guidance	Inconsistent Approach at Team Level to how Often Team Meetings Occurred
Services were designed to put people at the centre of their care, supporting them to make choices about treatment and responding in partnership to changes in their health needs	Holistic Risk Assessment Compliance

Outpatients Department

Positive Findings	Areas for Improvement
Staff enjoyed working, felt respected, appreciated and able to raise any suggestions or concerns	Environmental and Equipment Issues Across Clinics
Staff met patient's individual needs including offering emotional support and reducing anxiety	Access to Training, CPD and Upskilling was Limited
The service had improved continuity of care/outcomes for patients with dementia	Service's Clinics Did Not Always Run on Time
Managers listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice	FP10 Prescription Management

CARE QUALITY COMMISSION (CQC)

Reporting Period June – August 2026

Calderdale and Huddersfield NHS Foundation Trust

Action Planning & Monitoring

- In line with CQC requirements, following publication of the final reports, the Trust is required to submit formal action plans in response to any regulatory breaches.
- These plans set out how identified concerns will be addressed, the actions to be taken, arrangements for monitoring delivery, and how improvements will be embedded to ensure sustainability in the longer term.
- Action plans have been submitted in within the required timeframe for:
  - HRI Urgent and Emergency Care
  - HRI Medical Care inc. Elderly Care
  - CRH Outpatients Department
  - HRI Outpatients Department
- No regulatory breaches were identified during the inspections of Community Adult Services or the Trust's Well-Led services. As a result, there was no requirement for the Trust to submit formal action plans to the CQC.
- The Trust is awaiting receipt of the regulatory breach action plan request relating to the CRH UEC report, including confirmation of the submission deadline.
- Following receipt of the final CQC inspection reports, the Trust has developed a comprehensive action plan to address the findings, recommendations and regulatory requirements identified across the inspected services.
- Divisional meetings within the Medical Division, including the Quality Oversight and Regulatory Assurance Meeting, have been established to monitor the implementation of actions arising from regulatory breaches and inspection findings across the Medical and Urgent and Emergency Care (UEC) services.
- The Trust CQC Response Group will reconvene in September 2026 once all inspection reports have been received. The Group's Terms of Reference have been revised to strengthen its role in providing oversight, support and monitoring of the Trust's response to CQC findings and associated improvement actions.

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7. Presentation on Q1 Quality Priorities 2026/27

Presented by Jo Hilton, Chief Nurse and Paula Flint, Deputy Chief Nurse

To Note

Presented by Jo Hilton

Quality Priorities 2026/27 – Q1 Update

Calderdale and Huddersfield NHS Foundation Trust

Metric	Measure (End of Q1)	Target (Apr '27)
Deteriorating Patient % of all observations on time	74.5%	90%
End of Life Care % of patients that die in hospital with Last Days of Life Documentation	67.7%	74%
Stroke % of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital admission	76%	90%

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Deteriorating Patient

Calderdale and Huddersfield NHS Foundation Trust

Quality Priority: <u>Deteriorating Patient</u>

Rationale:

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

Target:
Target (Apr 2027): 90% of adult patients have all observations on time in line with the Trust policy (interim target of 83% by October 2026)
.

Progress:

Target	Q1
90%	74.5%

% of observations on time – All observations

Progress:

- The Deteriorating Patient Group (DPG) oversees this Quality Priority with subgroups for paediatrics, adults and maternity
- The DPG reports into the Clinical Outcomes Group which is chaired by the Medical Director
- A QI approach has been taken to establish baseline and understand some of the underlying issues in relation to completing observations on time
- Since the start of the project, a number of issues have been identified and resolved. These include:
- Purchasing additional monitoring equipment
- Reviewing the times at which observations are due to stagger where possible
- Identifying additional support required to undertake other non-clinical tasks
- A phased approach has been taken to roll out quality improvements; this has been led by the CHFT Quality Improvement Lead
- In addition to the quantitative measure, a qualitative review is also being implemented to ensure that the right action is taken when clinical observations are undertaken. The first of these audits is due to be undertaken in Q2.
- Work to automate the escalation data-collection to create useful infographics is underway
- The Escalation policy under consideration by Divisional Directors and the Care of Acutely Ill Patients (CAIP) Group

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End of Life Care

Calderdale and Huddersfield NHS Foundation Trust

Quality Priority: **End of Life Care**

Rationale:
The End Of Life Care Strategy identifies a priority to improve the recognition of those individuals thought to be in the last days of life, ensuring symptoms are addressed and supporting these patients by increasing the use of the last days of life plan (Individualised Care of the Dying Document - ICODD + Last Days of Life Document - LDLD).
The target is the national average from National Audit of Care at the End of Life (NACEL audit).

Target
74%

Progress:

Target	Q1
90%	67.7%

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

Progress:

- The End of Life Care Group (EoLCG)oversees this quality Priority
- The EoLCG reports into the Clinical Outcomes Group which is chaired by the Medical Director
- Monthly meetings have been established with ward clinical teams, Palliative care team and Quality Improvement coordinator to explore improvements made and how to transfer learning to other clinical specialties
- A review has been undertaken to understand some of the issues impacting on completion of the last days of life plan
- The CHFT Quality Improvement Lead has been invited to the next EOLC Group to update on obstacles to improvement work.
- Each Divisional lead has been asked to report on compliance and associated actions required in bi-monthly Assurance report.
- We have seen improvements in compliance where targeted support is in place – there is Palliative Consultant in reach in stroke and a dedicated Palliative Specialist Nurse in Respiratory care.
- The Champions training programme supports our EOL champions to provide care and also participate in EOL discussions with the MDT.
- Work is ongoing through the QI activity to understand the length of time that patients are on the LDLD pathway to ensure optimum support from this plan of care.
- The community team are scoping further work to improve their understanding of barriers to ICODD completion to support QI plans – currently performance is variable.
- The result of the latest NACEL audit are expected imminently and will also support understanding and identification of QI work.

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Stroke

Calderale and Huddersfield NHS Foundation Trust

Quality Priority: **Stroke**

Rationale:

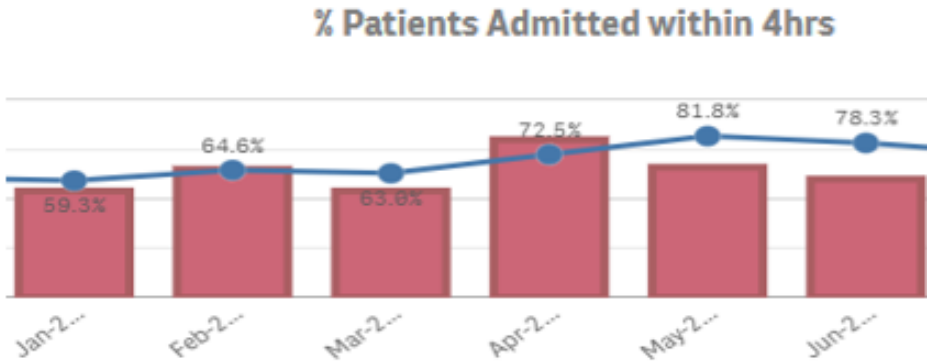
This measure is looking at the % of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital admission. This is the national standard, with direct admission to a stroke unit within 4 hours being a large driver for patient outcomes.

Target: 90%

Progress:

Target	Q1
90%	76.0%

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



Progress;

- The Stroke Collaborative oversees this quality Priority
- The Collaborative reports into the Clinical Outcomes Group which is chaired by the Medical Director
- Following focused pathway work, performance has improved substantially from around 50% in August 2025 to almost 77%. Improvement noted in two key priority areas:

- Percentage of acute stroke patients receiving CT scan within one hour
- Percentage of patients admitted to stroke ward within 4 hrs of ED attendance

- No agency Locum consultants within stroke medicine (one consultant remains on long-term Trust Bank contract) from April 26 – we are the only trust within W Yorkshire to achieve this
- Successful recruitment of our first acute Stroke ACP (due to start Nov 26) and second trainee Stroke ACP

1. Planned rollout of 24/7 thrombectomy (from 8am to 4pm service previously) for W Yorkshire from 3rd of August - achieved by collaborative working involving Stroke, ED and Radiology directorates and supported by Exec team

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8. Feedback from Audit and Risk Committee

To Note

Presented by Nigel Broadbent

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent
Date(s) of meeting:	28/07/2026
Date of Board meeting this report is to be presented:	10/09/2026
Regulation	Regulation 17: Good Governance
ASSURE	The Committee received the external audit annual report from Deloitte which confirmed that no significant weaknesses had been identified in the Trust's arrangements for securing VFM. ARC received assurance that significant progress has been made against COSHH audit recommendations, with June actions completed and remaining actions on track. This would be validated by internal audit and it is likely that COSHH will be re-audited at a later stage. ARC also received assurance that work continues to strengthen the Trust's risk management framework, including development of a new Risk Strategy with a draft expected by the end of August/September and further embedding of InPhase. The risk management policy was approved subject to agreed changes around the relationship with CHS, the responsibilities of committees, and the BAF processes. Assurance was provided regarding strengthened health and safety governance arrangements, including the further development of the Resilience and Safety Group and supporting sub-groups. ARC received assurance that all Counter Fraud Functional Standard requirements have been met and agreed the local counter fraud annual report for 2025/26.
ADVISE (INCLUDES ACKNOWLEDGE)	ARC approved the Health and Safety Annual Report for onward submission to the Board, subject to minor amendments. The Board Development Session in August should be used to further consider risk appetite, strategic risk management and horizon scanning for emerging risks (including review of board and committee papers).

	The Board may wish to consider how health and safety performance indicators and trends can be more routinely reported and monitored. ARC noted progress on the review of processes for raising concerns, including how intelligence from Freedom to Speak Up, HR processes and other staff feedback channels is triangulated and acted upon. The outputs from this work will be reviewed with the incoming Director of Workforce and OD before any formal proposals are developed.
ALERT (FORMERLY AWARE)	Internal audit has finalised a limited assurance report on the violence prevention and reduction arrangements within the Trust and progress against the recommendations will be reviewed at the October committee meeting. Violence and aggression remains an area of concern, having been identified as an issue through the staff survey. Workforce pressures continue to form the majority of the operational risks within the high level risk register. Sickness absence also continues to be recognised as a risk within the Board Assurance Framework (BAF). Cyber security remains a key strategic risk, with a deep dive planned for October. It was agreed that the brief for the deep dive would include a question about assurance that the specific cyber risk referred to in the high level risk register is not replicated across other areas of the Trust. The Committee identified the need to consider whether sufficient focus is being given to the prevention of staff mental health risks, alongside existing wellbeing support arrangements. Attendance at Counter Fraud awareness programmes and masterclasses should continue to be promoted to ensure appropriate staff engagement and awareness across the organisation.

9. Feedback from Quality Committee

To Note

Presented by Denise Sterling

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling
Date of meeting:	1 September 2026
Date of Board meeting:	10 September 2026
Regulation	Regulation 17: Good Governance
ASSURE	**Maternity and neonatal report:** The Committee approved the Maternity and Neonatal Report and NHS England Board Assurance return, noting that the initial 10-point plan declaration is due by 25 September 2026. Assurance was received on ongoing recruitment and sustained safety performance; despite two stillbirths across June and July 2026, both in-month and 12-month rolling rates remain below the MBRRACE benchmark (3.22 per 1,000 births), with zero neonatal deaths in July and no MOSS alerts year-to-date in 2026. **Safer staffing:** It was confirmed that staffing remained safe, effective and sustainable through daily risk assessment, twice daily staffing meetings and established escalation arrangements. Reduced care hours per patient day had not correlated with deterioration in nurse sensitive quality indicators. Committee informed of the development of an enhanced early warning dashboard that will combine workforce, quality and safety indicators to identify emerging risks at an earlier stage. **Divisional Patient Safety and Quality Board Reports** **Surgery:** Report evidenced strong processes in place to manage incidents, complaints, and Freedom to Speak Up concerns. Patient feedback scores consistently reaching the high 90% range for the Friends and Family Test and 15 Steps checks. Following four Never Events over the past year, the division established a single learning program that consolidates 19 safety actions—focused on reducing distractions, into five assurance workstreams tracked through divisional oversight. Additionally, targeted improvement actions regarding National Hip Fracture outlier status are showing positive progress. **Community:** Community – Good progress continues across the five CQC improvement areas from the January 2026 inspection. Following a GIRFT review, a dedicated task and action group is taking forward recommendations to strengthen the Hospital at Home model. In roads have been made in addressing device calibration concerns now increased to 76% with continued oversight of outstanding high risk devices. A new divisional quality priority has been introduced to standardise outcome measures and personalised patient goals across therapy services. **Medicine:** There are two high-level risks on the risk register, with two further 15+ risks being added for EST/RST regulatory compliance and oncology service fragility. Oncology action plans are in place and under governance oversight. Following three unannounced CQC inspections identifying 13 regulatory breaches a dedicated Quality Oversight and Regulatory Assurance (QORA)forum has been established to track the 45 resulting actions. **Legal services:** Claims management received Significant Assurance from Internal Audit, with no major findings and no Prevention of Future Death reports in the reporting period. The Committee noted a significant increase in legal activity,

	including 75 new inquests in six months and a growing portfolio of clinical negligence claims, particularly relating to maternity, delayed diagnosis and surgical management. **Quality Report:** Four PSIIs closed during June and July with progress towards the six-month completion standard. Actions from the five previously reported Never Events are progressing through the quality summit programme, with a further summit planned in December to review completed investigations and evidence that learning is embedded. Committee acknowledged positive ratings achieved in Outpatients, Adult Community Services, HRI Medicine and Well-Led domains. Following CQC inspections earlier in the year **Integrated Performance Report:** The Committee noted strong performance across key operational and workforce measures**,** but highlighted ongoing capacity and flow pressures**,** including high bed occupancy 98.4%, ED and ambulance delays, patients awaiting discharge, and diagnostic performance. Health inequalities also remain a concern, particularly in cancer diagnosis performance for patients with learning disabilities, maternity booking and outpatient DNAs A new health equity strategy group. The new Health Equity Strategy Group will oversee targeted action.
ADVISE	**Premises Assurance Model (PAMS) Annual Assessment Results** **Report 2025/26:** The return reported good compliance across all domains assessed as good. The priority is completion of realistic, owned and costed action plans to inform capital and maintenance decisions. Committee approved for submission on behalf of the Trust. **Quality Strategy:** The strategy defines high-quality care through three core domains, safety, effectiveness and experience: Committee informed that there is strong alignment between the National Quality Strategy and existing Trust programmes and governance. A self-assessment against the ten enablers will inform an action plan and implementation. **NICE guidance and policies:** Improved categorisation will distinguish full, partial and agreed noncompliance and identify patient or organisational risk. Work is under way to address guidance awaiting assessment. **Patient experience:** Complaints and PALS demand remained high and complaints received exceeded those closed during June and July. Work continues to resolve concerns earlier and improve reporting of PALS impact.
ALERT	**Operational pressure** remains significant, including 98.4% bed occupancy increased 12-hour Emergency Department waits, ambulance handover delays and **delayed** discharges. Oncology workforce pressures and other service fragility risks require continued oversight. **Maternity Incentive Scheme** compliance risks persist around workforce targets and the maternal care bundle. Concerns have been escalated through regional maternity networks and awaiting national clarification continued Board oversight required. ***Barrett's Surveillance Review:*** *A*n endoscopy audit identified patients who may not have received surveillance in line with recommended intervals. Approximately 1,600 patients are being reviewed, around 40 potential surveillance concerns had been identified at one stage of the review, no cancers had been found, and a full update will be provided once the review is completed. **Policies:** A concern raised are the 33 overdue policies there is the need to ensure overdue policies are reviewed and brought back into compliance as son as possible. A recovery plan is in place.

10. CHAIR’S REPORT

a. Update from Chair

To Note

Presented by Helen Hirst

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	Thursday 24 September 2026
Meeting:	Public Council of Governors
Title:	Chair's Update
Author:	Helen Hirst, Chair
Sponsoring Director:	N/A
Previous Forums:	Public Board of Directors - Thursday 10 September 2026
Purpose of the Report	To update 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 couple of 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, 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 Nominations and Remuneration Committee met in July to approve the Chair and Non-Executive Director (NED) appraisals and the recruitment process for two new NEDs.

Following the latest recruitment of new Governors, we welcomed Rachel Anger as a new Governor for East Halifax and Bradford as she observed the meeting. Andrea McCourt, Company Secretary and I met with Rachel to start her induction.

The Board and Council of Governors held their annual joint workshop where we discussed the implications of the Health Bill and future possibilities for Governors who wished to remain involved. Anna Basford updated on the next steps for reconfiguration and we discussed the ongoing communication needs as the plans become reality.

Board business

A Board strategy development session was held in August, focused on quality, including the national quality strategy and, following on from conversations at the Board, we took an in depth look at Learning from Deaths. Rob provided feedback on the NHS England oversight meeting, and we discussed changes we would like to see with regard to risk management and risk appetite.

The Organ and Tissue Donation Group met in July and discussed the annual performance report from NHS Blood and Transplant where we achieved a 100% referral rate and 100% Special Nurse presence. Our overall numbers of suitable donors and resulting transplants for 2025/26 were low, although we have seen an increase in donor activity in the first quarter. Learning from recent cases was shared with the group.

Organ Donation Week starts on 21 September and we discussed how we would publicise this. Please do what you can to promote Organ and Tissue Donation and take some cards with you.

The Charitable Funds Committee met in August where we reviewed progress on the strategy, noting that unrestricted income was ahead of target. The Charity Manager

updated on some new fundraising opportunities and on the Maternity Bereavement Appeal.

I attended interviews for oncology consultants with a successful outcome.

I also attended the long service awards ceremony. There were some fantastic 'grow your own' stories and some great examples of people who had undertaken further education in their 30s and 40s. The first cohort of Filipino nurses were collecting their 25 years service awards.

As well as the Transformation Programme Board, I attended a briefing for Finance and Performance Committee members and this last month's Workforce Committee.

Along with other non-executive and executive colleagues, we have been interviewed by Simon Worthington as part of a review of our financial position.

There have been a number of Board visits this last couple of months including:

- Integrated Flow Hub and Emergency Department at HRI (Jo W, Nigel, Jonny, Jo and Anna)
- Elderly care and orthopaedic outpatients at HRI (Nigel, Helen, Jonny and Vicky)
- CRH ED and Stroke ward (Nigel, Jonny, Gemma)
- Maternity and Pharmacy at CRH (Helen, Nigel, Denise, Gemma B, Anna, Jo H)

The visits prove useful in hearing from patient facing colleagues and enables board members to triangulate what is reported. A number of our visits took place during the heatwaves which were challenging for colleagues and patients alike. There was much trading of fans going on. Air conditioning is available in some older areas of the buildings is more by opportunity than by design.

Other non-executive activity includes:

Jo Wass attended the NHS Alliance NED briefing on 22 July.

Vanessa Perrott attended the NEY Regional Leadership Event deputising for me; a regional meeting of Finance Committee chairs with the Regional Chair and Regional Director of Finance.

Vanessa visited community maternity and CRH maternity services with Jo Hilton, Chief Nurse, meeting community midwives in Huddersfield and Halifax and observing clinics in the community setting; visiting several different areas from labour ward, maternity assessment centre (MAC), postnatal and gynaecology ward.

Vanessa and I had a pre-meet with Gemma Berriman and Renee Comerford to discuss a discharge planning visit that we would both like to do.

Denise Sterling met the Trust's Wellbeing Ambassadors and had an informative discussion on their roles, current challenges and learning from the recent wellbeing Hot House, which identified key areas for focus; including burnout and workload pressures, psychological safety, workplace culture, feeling valued and recognised and access to wellbeing support. The Ambassadors said they felt supported by the Trust.

2. Health and Care System

WYAAT Committee in Common was held in July. We were joined for the first hour by Bill McCarthy, Regional Chair. As well as our usual business items we reflected on the most recent maternity reports. We also discussed major infrastructure projects.

A number of us met with colleagues from Mid Yorkshire Teaching Hospitals NHST and South West Yorkshire FT (SWYFT) to share experiences of the CQC well led review.

Rob and I met with John Somers, Chair of Pennine GP Alliance and had a good discussion about the development of the Calderdale place arrangements and how we move to tangible action on service development and improvement over the coming months.

General catch ups with Sarah Jones and Sarah Armstrong to share thinking about the changes to FTs with the Health Bill; lunch with Jayne Brown, Chair of SWYFT.

3. National / Regional

I attended an online briefing with Penny Dash, NHSE Chair and Duncan Burton, Chief Nursing Officer about the outcomes from the Amos and Ockenden reviews.

Helen Hirst
Chair
3 September 2026

11. GOVERNANCE

- Feedback from Governors
- Lead Governor Update

To Note

12. Minutes of the Nominations and Remuneration Committee of the Council of Governors held on 29 July 2026

- Outcome of Chair’s Appraisal
- Outcome of Non-Executive Directors Appraisals

For Assurance

Presented by Denise Sterling

Date of Meeting:	Thursday 24 September 2026
Meeting:	Nominations and Remuneration Committee (Council of Governors)
Title:	Outcome of Chair's Appraisal 2025/2026
Authors:	Helen Hirst, Chair Denise Sterling – Senior Independent Non-Executive Director
Previous Forum:	Nominations and Remuneration Committee (Council of Governors) – 29 July 2026
Purpose of the Report	To confirm to the Council of Governors that the Non-Executive Directors and Chair's appraisal has been completed for 2025/26 and provide a summary of the process and outcome.
Key Points to Note	The Non-Executive Directors and Trust Chair is appraised annually. The Non-Executive Directors and Chair's appraisal process for 2025/26 was presented and approved by the Council of Governors at the meeting on 19 February 2026. The process aligns with the NHS England's appraisal framework for Chairs. The Chair's appraisal, led by the Senior Independent Non-Executive Director, has now been completed. A summary outlining the process, response rate and outcome is attached. NHS England were notified of the appraisal's completion by 30 June 2026. The appraisals of the other Non-Executive Directors appraisals have been completed by the Chair and a final summary of this was submitted to NHSE by the required deadline of 30 September 2025. A meeting of the Nominations and Remuneration Committee was held on 29 July 2026 (minutes included) where the Chair and the Chair and the SINED reported on the outcomes of the appraisals, all of which were satisfactory.
EQIA – Equality Impact Assessment	The content of this report does not adversely affect people with protected characteristics.
Recommendations	The Council of Governors is asked to **NOTE** the Non-Executive Directors appraisals for 2025/26 and the Chair's appraisal for 2025/26 has been completed and were satisfactory and **NOTE** that the outcomes have been submitted to NHS England.

Calderdale and Huddersfield
NHS Foundation Trust

CHAIR APPRAISAL OUTCOME 2025/2026

The Chair's appraisal has been completed and this report provides an overview of the process and the key outcomes for the Nomination and Remuneration Committee of the Council of Governors.

The primary objective of the appraisal is to ensure it is a valuable and meaningful and constructive exercise that offers an honest and objective evaluation of the Chair's impact and effectiveness. It also aims to identify any areas where further support or development may be beneficial.

The Calderdale and Huddersfield Foundation Trust (CHFT) process is based on the NHS England (NHS E) 2025 Chair Appraisal Framework for conducting annual appraisal of NHS provider chairs based on an NHS Leadership Competency Framework, which contains six domains and supports the Fit and Proper Person assessment for individual Board members. The six domains are:

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

In line with best practice as outlined in the NHS England 2025 Chair Appraisal Framework, the appraisal process was undertaken by the Senior Independent Non-Executive Director (SINED). The process was evidence based and covered the Chair's performance from 1 July 2025 to 30 June 2026.

The appraisal process gathered feedback from four key stakeholder groups: Governors, Non-Executive Directors (NEDs), Executive Directors, and West Yorkshire system stakeholders, including the Integrated Care Board. This was collected via a Microsoft Teams survey that incorporated questions from the Leadership Competency Framework and CHFT's organisational values

Feedback was overwhelmingly positive and the Chair is seen as an effective leader. An appraisal meeting between the Chair and the SINED took place on the 16 June 2026 and the appraisal conversation highlighted emergent themes, areas of strength and where there are opportunities to increase impact and effectiveness.

The Chair's agreed objectives have been submitted to NHS England by the deadline of 30 June 2026.

Response Rate

The appraisal process received a strong response with a total of twenty three responses. These included twelve from Board members, nine from the Council of Governors and two from external partners.

Chair Appraisal Outcome

Helen continues to provide exceptional and compassionate leadership as Chair of CHFT. Feedback from Directors, Governors, and system partners is overwhelmingly positive. She is a highly visible, approachable leader who creates a safe, inclusive boardroom where all voices are valued. Helen combines strong strategic insight with excellent communication skills, making her a highly credible ambassador for the Trust and the wider health system. Her leadership continues to reflect our *One Culture of Care* and positions the Trust well in a complex NHS environment.

Strengths

Inclusive Leadership: Helen builds a warm, open, and safe environment where everyone including Board members and Governors feels comfortable speaking up. By using a coaching approach and good humour, she ensures all voices are heard and valued.

Effective Support and Challenge: She expertly balances her governance role with operational boundaries. Helen provides fair, insightful, and constructive challenge without being adversarial. She fully supports and empowers the Executive team to lead day to day operations.

Strategic Clarity: Feedback emphasises her rounded understanding of Trust priorities and current and future NHS contexts and the specific challenges and opportunities facing CHFT.

Trusted Trust and System Ambassador: Helen is highly respected across the wider health and care system; she is an exceptional ambassador both inside and outside the Trust. Drawing on strong networking skills to build trusted partnerships and she handles complex stakeholder relationships well. By staying well-connected externally, she brings valuable outside insights back into the organisation, helping the Trust stay proactive and aligned with the wider system.

Opportunities to increase Impact and effectiveness

Helen should continue to strengthen timely communication and the sharing of significant developments with Board members to support effective board oversight.

Helen should continue championing health inequalities as a core strategic priority and support its integration into business-as-usual processes and service objectives.
Helen should further sharpen organisational and Board focus on a limited number of critical priorities and key performance challenges.

As systems evolve, there is an opportunity to continue building relationships with new system leaders and strengthen collaborative opportunities.

Summary

Helen has demonstrated excellent leadership as Chair of CHFT over the past year, continuing to exemplify One Culture of Care. Her visible, engaging, and forward-thinking leadership is positioning the Trust for continued success.

Recommendations

The Nominations and Remuneration Committee is asked to**:**

i. **APPROVE** the Chair's appraisal for 2025/26 and note this has been completed satisfactorily.
ii. **NOTE** the setting of objectives for the Chair for 2026/27 has been completed.
iii. **NOTE** the confirmation of the outcome of the Chair's appraisal ahs been submitted to NHS England by 30 June 2026.
iv. **NOTE** the confirmation of the outcome of the Chair's appraisal to the Council of Governors on 24 September 2026.

Denise Sterling
Senior Independent Non- Executive Director
24 June 2026

Calderdale and Huddersfield NHS Foundation Trust

Chair Approved Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Wednesday 29 July 2026 between 3:00 – 4:00 pm via Microsoft Teams

MEMBERS

Helen Hirst	Chair
Denise Sterling	Senior Independent Non-Executive Director (SINED)
Lorraine Wolfenden	Public Elected Governor – Lead Governor
Marta Kovacs	Public Elected Governor
Pam Robinson	Public Elected Governor
Isaac Dziya	Public Elected Governor

IN ATTENDANCE

Victoria Pickles	Director of Corporate Affairs
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

1. Apologies for absence

There were no apologies received.

2. Declarations of Interest

The governors in attendance had previously declared they had no intentions in applying for a Non-Executive Director role in the next 12 months.

The Chair declared an interest in item 4 and left the meeting for this item.

Denise Sterling declared an interest in item 5 and left the meeting at this point.

3. Minutes of the previous meeting held on 6 August 2026

The minutes of the previous meeting held on 6 August 2025 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 6 August 2025 as a correct record.

4. Outcome of the 2025-26 Chair's Appraisal

The Chair left the meeting for this item.

Denise Sterling, Senior Independent Non-Executive Director, presented the outcome of the annual 2025/26 appraisal of Helen Hirst, Trust Chair. A summary of the process and outcome was provided, as detailed in the paper previously circulated.

The appraisal was undertaken using the NHS England Chair appraisal framework and incorporated feedback from governors, Executive Directors, Non-Executive Directors and external partners. A total of 23 responses were received, including nine governor responses, providing a robust evidence base for the assessment.

An appraisal meeting between the Chair and the SINED took place on 16 June 2026 where emergent themes, areas of strength and opportunities for increased impact and effectiveness were discussed. The report concluded that the Chair had demonstrated strong leadership throughout 2025/26 and continued to foster an open, inclusive and compassionate culture across the organisation. The appraisal identified opportunities to further strengthen communication during significant organisational developments, maintain a focus on reducing health inequalities and ensure continued attention on delivery of the Trust's most critical priorities.

The Committee considered the outcome of the appraisal and was assured that all required documentation had been completed and submitted to NHS England.

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Denise shared the development opportunities identified for the Chair to increase impact and effectiveness, aimed at amplifying her already effective leadership, these were:

- Strengthening collaboration and visible system leadership and sharing external insights more broadly to support organisational learning.
- Advocating for a deeper patient and community voice at Board level.
- Providing consistent challenge to all Board members to ensure robust assurance.

Denise Sterling thanked all governors for their contribution to the process and the positive engagement throughout the process.

The formal outcome will be shared with the Council of Governors at their meeting on 24 September 2025.

OUTCOME: The Committee **APPROVED** the Chair's appraisal for 2025/26 and noted this has been completed satisfactorily and **NOTED** the setting of objectives for the Chair for 2026/27 has been completed and **NOTED** the confirmation of the outcome of the Chair's appraisal had been submitted to NHS England and will be shared with the Council of Governors at their meeting on 24 September 2026.

5. Outcome of the Non-Executive Directors Appraisals

DS left the meeting at this point.

The Chair presented the annual appraisal outcomes for the Trust's Non-Executive Directors. Each NED participated in a 360-degree review, which included a self-assessment. The appraisals were undertaken in accordance with NHS England guidance and included feedback from governors, Board colleagues and other stakeholders. Strong governor engagement was achieved through the appraisal process

The Chair advised that all Non-Executive Directors were assessed as demonstrating either fully competent or strong performance across their respective responsibilities and that the Trust continued to benefit from an experienced and effective Non-Executive team.

The Committee received assurance that the appraisal process had identified consistent strengths across the Board, including strong committee leadership, effective governance oversight, positive contribution to organisational culture and constructive relationships with Executive colleagues.

The discussion also highlighted a number of development themes which would inform future Board development activity, particularly strengthening strategic long-term thinking, enhancing oversight of equality and health inequalities, and increasing understanding of partnership and place-based working.

Appraisal discussions have been formally documented and letters summarising each NED's appraisal outcome and objectives for 2025/26 have been co-signed by Lorraine Wolfenden, Lead Governor, who has access to the detailed appraisal information.

In line with governance requirements, the Trust submitted the appraisal outcomes to NHS England.

OUTCOME: The Committee **APPROVED** the outcome of the Non-Executive Directors appraisals for 2025/26.

6. Recruitment of Non-Executive Director Roles

The Company Secretary presented a paper outlining the proposed approach to the recruitment of two new Non-Executive Directors to support planned succession arrangements following the completion of the tenures of Denise Sterling and Peter Wilkinson in December 2026. The paper

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sought approval of the recruitment process, timetable, proposed person specifications and associated succession planning arrangements.

Key points to note:

- Recruitment would seek to secure expertise aligned to the Trust's future strategic priorities
- One role will focus on transformation, reconfiguration, estates and commercial expertise.
- The second role will seek a senior clinical leader to strengthen quality oversight at Board level.
- Recruitment will be managed in house, with governor involvement (up to four governors) throughout the selection process.
- Early recruitment activity was proposed to accommodate fit and proper person requirements and facilitate shadowing opportunities.
- The Trust Chair set out proposals regarding future Senior Independent Director and Deputy Chair succession arrangements to maintain leadership continuity.
- Members of the NRC volunteered to participate in the recruitment process and supported the proposed timetable.

Members were informed that recruitment activity was being initiated in August to allow sufficient time for advertisement, selection processes, fit and proper person tests and shadowing arrangements prior to appointment. The proposed approach also sought to strengthen longer term Board succession planning through consideration of future Senior Independent Director and Deputy Chair arrangements.

Isaac Dziya sought clarification regarding whether the Job Description and Person Specification were bespoke or based on national guidance. The Company Secretary advised that the documentation had been informed by NHS England and Foundation Trust Non-Executive Director role profiles whilst reflecting the Trust's specific future requirements. The Director of Corporate Affairs, further advised that the core competencies, time commitment and remuneration arrangements were largely prescribed by NHS England.

Marta Kovacs challenged whether the extensive list of responsibilities could be delivered within the allocated time commitment for NEDs. The Chair and Company Secretary confirmed that the requirements reflected sector wide expectations for NHS Non-Executive Director appointments.

Pam Robinson supported the early commencement of recruitment activity, noting the time required to complete NHS recruitment processes and the benefits of a shadowing period for successful candidates. The Company Secretary agreed and highlighted the time taken to complete fit and proper person requirements as a key factor.

Committee members Lorraine Wolfenden, Pam Wilkinson and Marta Kovacs volunteered to participate in the recruitment process, though it was noted that Marta was away during the interview process.

Isaac Dziya sought clarification regarding potential conflicts of interest should he wish to apply for one of the Non-Executive Director vacancies. The Chair and Company Secretary advised that any governor intending to apply would need to withdraw from discussions relating to the recruitment process.

Isaac Dziya left the meeting.

The Chair highlighted that the departure of Denise Sterling and Peter Wilkinson would create vacancies in both the Senior Independent Director (SID) and Deputy Chair positions. The Committee was advised that initial consideration had been given to potential future SINED arrangements, noting that Nigel Broadbent would not be eligible whilst serving as Audit and Risk Committee Chair.

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The Chair further noted that the remaining tenures of several existing Non-Executive Directors align closely with her own remaining term of office and emphasised the importance of considering future Board leadership and succession planning as part of the current recruitment exercise.

The Committee discussed the opportunity to appoint a future Deputy Chair who may also have the potential to progress to the Chair role, thereby supporting organisational continuity. The Committee was advised that, depending on timing, a future Chair appointed through this route would likely serve a reduced tenure rather than a full term.

Marta Kovacs commented positively on the visibility, engagement and contribution of Jo-Anne Wass and Vanessa Perrott, highlighting their ability to provide effective challenge and maintain focus on key issues. The Chair noted that whilst either individual could potentially undertake the Senior Independent Director role in the future, their remaining tenure would not support a longer-term Chair succession arrangement.

The Chair outlined the national NHS Aspiring Chairs Programme and explained that the programme had been established to support future Chair development. It was noted that many aspiring Chairs have trouble securing a first Chair appointment, and the Trust may wish to target this cohort as part of the recruitment process to strengthen future succession planning and create a pathway from Non-Executive Director to Chair.

OUTCOME: The Committee **APPROVED** the proposed recruitment process for two Non-Executive Directors, including the succession planning arrangements.

7. Terms of Reference

The Company Secretary presented the annual review of the Nominations and Remuneration Committee Terms of Reference. Members were advised that no substantive amendments were proposed and that the document remained fit for purpose. The only changes related to updating membership details and reflecting the need to appoint a replacement governor member following recent membership changes.

OUTCOME: The Council of Governors **APPROVED** the Terms of Reference.

8. Any Other Business

The Chair provided a confidential update regarding senior Executive succession planning, given the governors' role in relation to Chief Executive appointments. Members were advised that discussions remained ongoing regarding the future position of the Chief Executive following the current secondment arrangement with Leeds Teaching Hospitals NHS Trust. Whilst no decisions had yet been finalised, governors were provided with an early indication that a substantive Chief Executive recruitment process could be required later in 2026.

The Director of Corporate Affairs further advised that recruitment to the Director of Finance post would also be required and noted the recent appointment of the new Director of Workforce. The update was intended to ensure governors were informed of potential future involvement in forthcoming recruitment processes.

9. Feedback from meeting / items to be escalated

The Nominations and Remuneration Committee recommendations described above will be presented for approval at the Council of Governors on 24 September 2026.

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13. Month 4 Finance Report and Financial Planning Update 2026/27

To Note

Presented by Stuart Baron

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Jul 2026 - Month 4

KEY METRICS

	M4				YTD (JUL 2026)				Forecast 26/27			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit)	£0.30	£3.00	£2.69		£1.42	(£4.17)	(£5.60)		(£0.00)	£0.00	£0.00	
Exclude Non Recurrent DSF	(£2.22)	(£1.67)	£0.00		(£6.67)	(£5.00)	£1.67		(£20.00)	(£20.00)	£0.00	
Underlying Surplus / (Deficit)	**(£1.92)**	**£1.33**	**£3.25**		**(£5.24)**	**(£9.17)**	**(£3.93)**		**(£20.00)**	**(£20.00)**	**£0.00**	
Agency Expenditure (vs Plan)	(£0.28)	(£0.17)	£0.11	2	(£1.12)	(£0.82)	£0.30		(£3.36)	(£3.36)	£0.00	
Capital	£2.75	£21.87	(£19.12)	0	£24.36	£23.09	£1.27	1	£77.87	£79.61	(£1.74)	
Cash	£12.57	£31.86	£19.29	3	£12.57	£31.86	£19.29		£25.32	£25.32	(£0.00)	
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	96.0%	1.0%		95.0%	95.0%	0.0%					
Cost Improvement Plans (CIP)	£3.04	£2.77	(£0.27)	1	£12.66	£9.66	(£3.00)		£36.90	£36.90	£0.00	

Year To Date Summary

At Month 4, the Trust reports a deficit of £4.2m, representing an adverse variance of £5.6m against the planned surplus of £1.4m. The underlying position which excludes planned non-recurrent Deficit Support Funding (DSF), is a deficit of £9.2m, £3.9m adverse to plan.

The adverse variance is principally driven by:

Under delivery of the Cost Improvement Programme (CIP), with year-to-date delivery of £9.7m against a planned £12.7m, a shortfall of £3.0m.
The net cost of resident doctor strike cover is £0.5m year to date. Guidance from NHSE is that organisations are required to manage costs associated with industrial action locally and are still expected to deliver the full year plan.
Costs associated with operational escalation pressures, £0.5m.

The reported Month 4 position reflects receipt of £5.0m Quarter 1 Deficit Support Funding (DSF) following successful achievement of the required financial conditions. However, whilst the Trust's full-year plan assumes receipt of DSF, the approval and timing of future payments remain subject to NHS England assessment. Consistent with national guidance and prudent financial reporting principles, no Quarter 2 DSF has been recognised at Month 4. As a result, the reported year-to-date position excludes approximately £1.7m of planned July DSF, which would improve the reported position if subsequently approved and received.

The Trust's approved financial plan for 2026/27 is a £20.0m deficit. Delivery of this position remains a key requirement, as achievement of plan will secure £20.0m of Deficit Support Funding (DSF), resulting in an overall breakeven position.

Forecast
The forecast year-end position shared with the regulators remains the planned £20.0m deficit before DSF. Subject to achieving plan and securing the associated £20.0m DSF allocation, the Trust would achieve an overall breakeven position. Risks to achievement of this forecast include DSF not being received at planned levels in future quarters, further Resident Doctor strike action and the impact of the National Job Profile Review of bands 5 to bands 6 being greater than funded levels.

The forecast is reliant on successful cash support application being made in future months to ensure ongoing liquidity.

As part of NHS England's assurance arrangements, the Trust submitted a Month 4 Provider Assurance Model (PAM) return. Whilst the Trust's formal forecast remains the planned £20.0m underlying deficit, the risk-adjusted PAM assessment indicates a mid-case position of £29.4m and a worst-case position of £32.4m, reflecting delivery risk associated primarily with the CIP programme.

Total Group Financial Overview as at 31st Jul 2026 - Month 4

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS ENGLAND

YEAR TO DATE POSITION: M4

CLINICAL ACTIVITY

	M4 Plan	M4 Actual	Var
Elective	405	420	15
Non-Elective	3,506	3,536	30
Daycase	5,102	5,000	(102)
Outpatient	42,363	45,421	3,058
A&E	17,449	17,362	(87)
Other NHS Non-Tariff	241,129	235,253	(5,876)
Total	**309,955**	**306,992**	**(2,963)**

TOTAL GROUP: INCOME AND EXPENDITURE

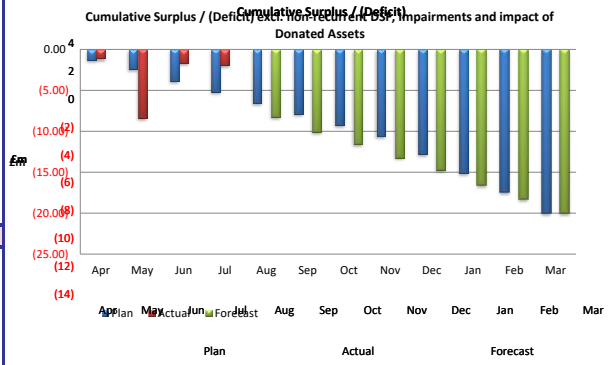
	M4 Plan	M4 Actual	Var
	£m	£m	£m
Elective	£1.86	£1.96	£0.10
Non Elective	£13.95	£14.06	£0.10
Daycase	£4.53	£4.54	£0.01
Outpatients	£5.10	£5.42	£0.32
A & E	£4.07	£4.10	£0.03
Other-NHS Clinical	£167.85	£173.20	£5.35
SDEC	£5.00	£0.00	(£5.00)
Other Income	£19.19	£20.05	£0.86
Total Income	**£221.55**	**£223.33**	**£1.78**
Pay	(£144.78)	(£148.52)	(£3.74)
Drug Costs	(£15.88)	(£16.66)	(£0.79)
Clinical Support	(£15.40)	(£14.91)	£0.49
Other Costs	(£46.03)	(£48.40)	(£2.37)
PFI Costs	(£5.79)	(£6.19)	(£0.40)
Total Expenditure	**(£227.87)**	**(£234.68)**	**(£6.81)**
EBITDA	**(£6.32)**	**(£11.35)**	**(£5.03)**
Non Operating Expenditure	(£7.74)	(£7.18)	£0.57
Surplus / (Deficit) Adjusted*	**£1.42**	**(£4.17)**	**(£5.60)**
Excluding Non Recurrent DSF	(£6.67)	(£5.00)	£1.67
Underlying Surplus / (Deficit) Adjusted*	**(£5.24)**	**(£9.17)**	**(£3.93)**

* Adjusted to exclude items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Revaluations and Impairments & PFI remeasurement

DIVISIONS: INCOME AND EXPENDITURE

	M4 Plan	M4 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£31.30)	(£31.36)	(£0.07)
Medical	(£44.09)	(£46.64)	(£2.55)
Families & Specialist Services	(£27.83)	(£27.80)	£0.04
Community	(£10.29)	(£10.04)	£0.25
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£17.74)	(£17.44)	£0.30
THIS	£0.27	£0.45	£0.19
HPS	£0.73	£0.33	(£0.40)
CHS LTD	£0.65	£0.53	(£0.12)
Central Inc/Technical Accounts	£127.66	£127.82	£0.16
Reserves	£3.36	(£0.03)	(£3.39)
Surplus / (Deficit)	**£1.42**	**(£4.17)**	**(£5.60)**
Excluding Non Recurrent DSF	(£6.67)	(£5.00)	£1.67
Underlying Surplus / (Deficit) Adjusted*	**(£5.24)**	**(£9.17)**	**(£3.93)**

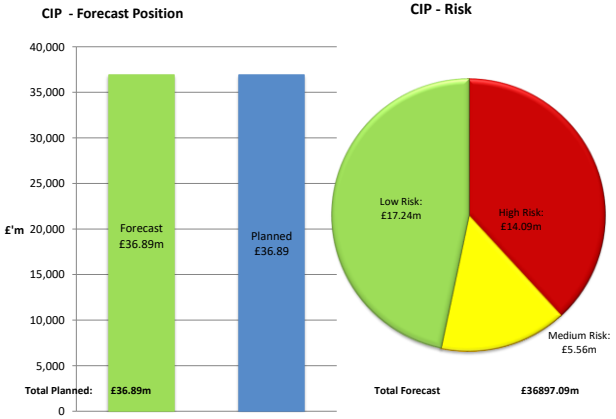
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M4 Plan	M4 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	£1.42	(£4.17)	(£5.60)	(£0.00)	£0.00	£0.00	
Capital	£24.36	£23.09	£1.27	£77.87	£79.61	(£1.74)	
Cash	£12.57	£31.86	£19.29	£25.32	£25.32	(£0.00)	
Invoices Paid within 30 days (BPPC)	95%	95%	0%				
CIP	£12.66	£9.66	(£3.00)	£36.90	£36.90	£0.00	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 26/27

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	4,630	4,630	0
Non-Elective	41,855	41,855	0
Daycase	57,951	57,951	0
Outpatient	482,046	482,046	0
A&E	200,335	200,335	0
Other NHS Non- Tariff	2,723,558	2,723,558	0
Total	**3,510,376**	**3,510,376**	**0**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£21.21	£21.21	£0.00
Non Elective	£166.33	£166.33	(£0.00)
Daycase	£51.39	£51.39	£0.00
Outpatients	£58.14	£58.14	(£0.00)
A & E	£46.72	£46.72	£0.00
Other-NHS Clinical	£209.21	£266.80	£57.59
SDEC	£54.55	£0.00	(£54.55)
Other Income	£56.95	£59.66	£2.71
Total Income	**£664.50**	**£670.26**	**£5.76**
Pay	(£434.33)	(£438.12)	(£3.79)
Drug Costs	(£47.82)	(£47.97)	(£0.16)
Clinical Support	(£45.31)	(£40.25)	£5.06
Other Costs	(£96.41)	(£103.75)	(£7.34)
PFI Costs	(£17.36)	(£18.56)	(£1.20)
Total Expenditure	**(£641.23)**	**(£648.66)**	**(£7.43)**
EBITDA	**£23.27**	**£21.60**	**(£1.67)**
Non Operating Expenditure	(£23.27)	(£21.60)	£1.67
Surplus / (Deficit) Adjusted*	**(£0.00)**	**£0.00**	**£0.00**
Excluding Non Recurrent DSF	(£20.00)	(£20.00)	£0.00
Underlying Surplus / (Deficit) Adjuste	**(£20.00)**	**(£20.00)**	**£0.00**

* Adjusted to exclude all items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Revaluations & PFI remeasurement

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£123.90)	(£126.08)	(£2.18)
Medical	(£175.18)	(£182.64)	(£7.46)
Families & Specialist Services	(£112.31)	(£110.62)	£1.69
Community	(£41.38)	(£40.98)	£0.40
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£71.51)	(£70.59)	£0.91
THIS	£1.37	£1.37	£0.00
HPS	£3.22	£2.32	(£0.90)
CHS LTD	£1.43	£1.43	£0.00
Central Inc/Technical Accounts	£509.92	£525.91	£15.99
Reserves	£8.34	(£0.11)	(£8.45)
Surplus / (Deficit)	**£0.00**	**£0.00**	**(£0.00)**
Excluding Non Recurrent DSF	(£20.00)	(£20.00)	£0.00
Underlying Surplus / (Deficit) Adjuste	**(£20.00)**	**(£20.00)**	**(£0.00)**

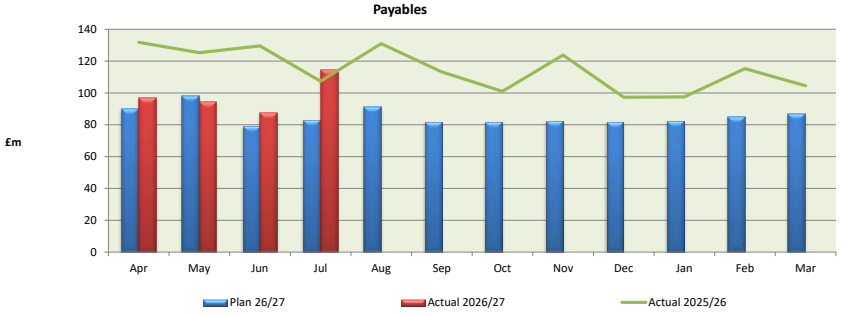
***full divisional forecast was completed at M3**

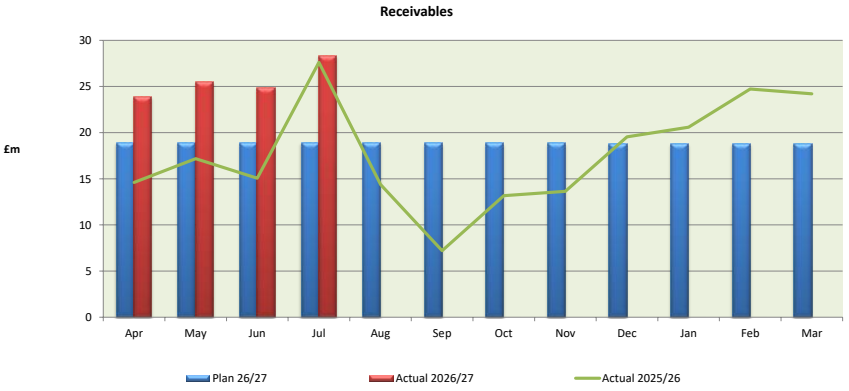
Total Group Financial Overview as at 31st Jul 2026 - Month 4

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL

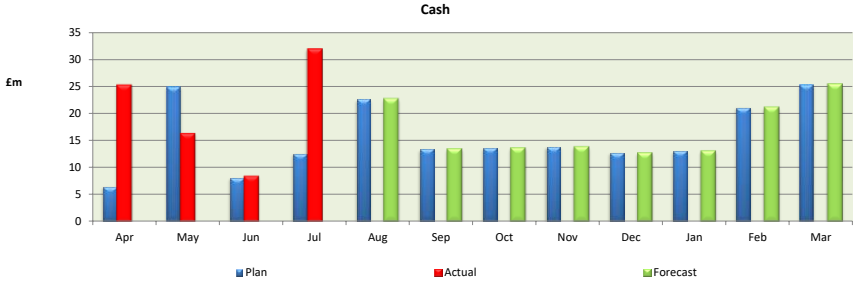
	M4 Plan £m	M4 Actual £m	Var £m	M4
Payables (excl. Current Loans)	(£82.82)	(£114.63)	£31.81	
Receivables	£18.89	£28.28	(£9.39)	





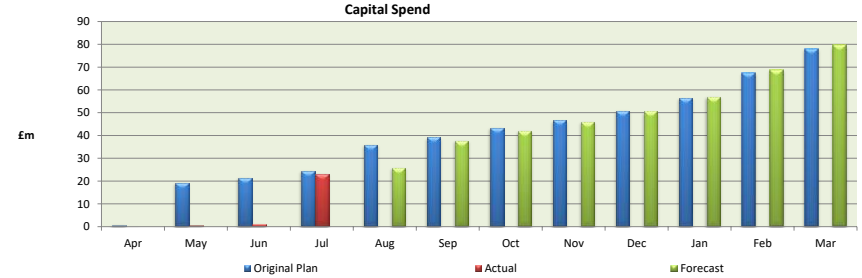
CASH

	M4 Plan £m	M4 Actual £m	Var £m	M4
Cash	£12.57	£31.86	£19.29	
Loans (Cumulative)	£144.82	£7.74	(£137.09)	



CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Capital	£24.36	£23.09	£1.27	



RAG KEY:

- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

14. COMPANY SECRETARY REPORT

a. Register of Council of Governors

b. Council of Governors Declarations of Interest Register

c. Governor Committee Allocations from 1 September 2026

d. Council of Governors Workplan 2026/27

e. Nominations and Remuneration Committee Terms of Reference

f. Council of Governors Meeting Dates 2026-27

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 24 September 2026
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	This report brings together the following items for receipt, noting and approval by the Council of Governors: a) Register of Council of Governors b) Council of Governors Declarations of Interest c) Allocation of Governors on Committees d) Council of Governors Workplan 2026 e) Nomination and Remuneration Committee of the Council of Governors Terms of Reference f) Council of Governors Meeting dates 2026-27
Key Points to Note	**a) Register of Council of Governors as of 17 September 2026** The current Register of Council of Governors as of 15 September 2026 is attached at Appendix J2 for information. **b) Council of Governors Declarations of Interest Register** The Council of Governors declaration of interests' register is attached at Appendix J3 for review. All governors must ensure they have submitted an annual declaration of interests. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager, including request form to submit a declaration. **c) Allocation of Governors on Committees** The details of the allocations which show which governors are observing which Committees from September onwards, as well as the membership of the Nominations and Remuneration Committee is attached at Appendix J4 for information. All allocations are to 31 March 2027 given expected national changes regarding governors. **d) Council of Governors Workplan 2026/27** The Council of Governors meeting workplan for 2026 is attached at Appendix J5 for information. **e) Nomination and Remuneration Committee of the Council of Governors Terms of Reference** The terms of reference for the Nominations and Remuneration Committee of the Council of Governors were reviewed and

	supported by the Committee on 29 July 2026. There were no material changes to the terms of reference. The terms of reference, enclosed at Appendix J6, are therefore recommended to the Council of Governors for approval. Since the meeting of 29 July 2026 there have been changes to the membership which is given at Appendix 1 of the Terms of Reference. **f) Council of Governors Meeting Dates 2026-27** The current meeting dates for the Council of Governors for 2026-27 is enclosed at Appendix J7.
Recommendations	The Council of Governors is asked to **APPROVE** the Nomination and Remuneration Committee of the Council of Governors Terms of Reference and membership. The Council of Governors is asked to **RECEIVE** and **NOTE** the: • Register of Council of Governors as of 15.09.2026 • Council of Governors Declaration of Interests Register • Allocation of Governors on Committees • Council of Governors workplan for 2026/27 • Council of Governors Meeting dates 2026-27

Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS

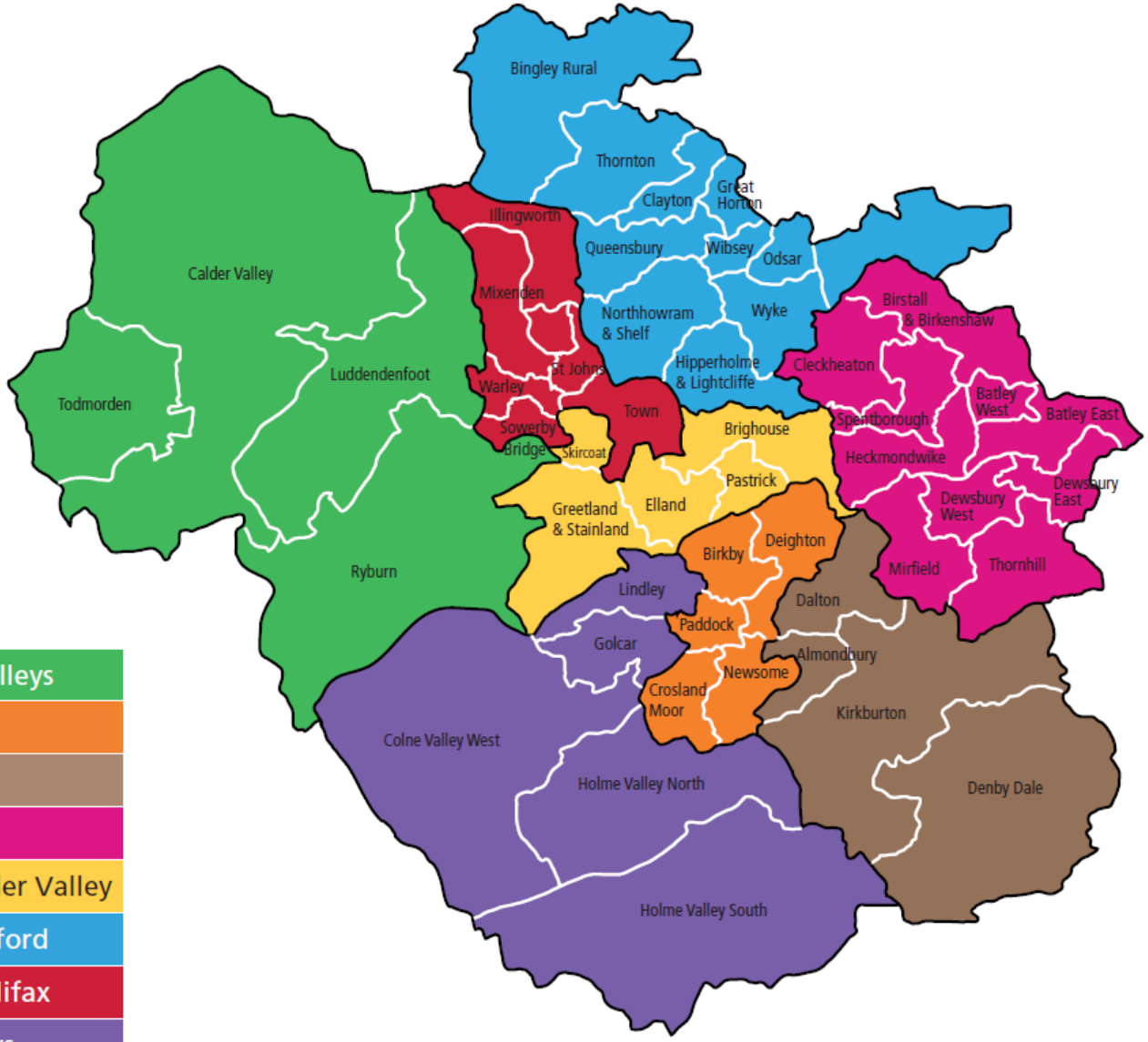
REGISTER

AS AT SEPTEMBER 2026

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Christopher Button	22.07.25	3 years	2028
1 – Calder and Ryburn Valleys	Hannah Doyle	22.07.25	3 years	2028
2 – Huddersfield Central	Sheila Taylor	18.07.24	3 years	2027
2 – Huddersfield Central	Robert Markless	28.07.21 18.07.24	3 years 3 years	2024 2027
3 – South Huddersfield	Isaac Dziya	28.07.21 18.07.24	3 years 3 years	2024 2027
3 – South Huddersfield	John Rushton	18.07.24	3 years	2027
4 – North Kirklees	Rabiya Ali	18.07.24	3 years	2027
4 – North Kirklees	Kenneth Townend	22.07.25	3 years	2028
5 – Skircoat and Lower Calder Valley	Lorraine Wolfenden	25.07.23 **25.07.26**	3 years **3 years**	2026 **2029**
5 - Skircoat and Lower Calder Valley	Osman Chohan	22.07.25	3 years	2028
6 – East Halifax and Bradford	Marta Kovacs	18.07.24	3 years	2027
6 – East Halifax and Bradford	**Rachel Anger**	**25.07.26**	**3 years**	**2029**
7 – North and Central Halifax	Safyah Akhtar	22.07.25	3 years	2028
7 – North and Central Halifax	**VACANT SEAT**			
8 - Lindley and the Valleys	Denise Dransfield	18.07.24	3 years	2027
8 – Lindley and the Valleys	Pam Robinson	25.07.23 **25.07.26**	3 years **3 years**	2026 **2029**
STAFF – ELECTED				
9 - Drs/Dentists	**VACANT SEAT**			
10 – AHPs/HCS/Pharmacists	**VACANT SEAT**			

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
11 - Mgmt/Admin/ Clerical	Sarah Rothery	18.07.24	3 years	2027
12 – Ancillary	Julie Pryce	18.07.24	3 years	2027
13 – Nurses/Midwives	Tom Ladlow	18.07.24	3 years	2027
13 – Nurses/Midwives	**VACANT SEAT**			
APPOINTED GOVERNORS				
University of Huddersfield	Professor Sara Eastburn	02.08.22	3 years 3 years	2025 2028
Calderdale Metropolitan Council	**VACANT SEAT**			
Calderdale Huddersfield Solutions Ltd (CHS)	Zain Naeem	18.07.24	3 years	2027
South West Yorkshire Partnership NHS FT	Izzy Worswick	01.02.25	3 years	2028
Kirklees Metropolitan Council	**Cllr Gill Floyd**	**28.07.26**	**3 years**	**2029**
Voluntary Sector (VAC)	Gary Gordan	18.09.25	3 years	2028

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



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

Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS

REGISTER

AS AT SEPTEMBER 2026

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1 – Calder and Ryburn Valleys	Christopher Button	22.07.25	3 years	2028
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2 – Huddersfield Central	Robert Markless	28.07.21 18.07.24	3 years 3 years	2024 2027
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3 – South Huddersfield	John Rushton	18.07.24	3 years	2027
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4 – North Kirklees	Kenneth Townend	22.07.25	3 years	2028
5 – Skircoat and Lower Calder Valley	Lorraine Wolfenden	25.07.23 **25.07.26**	3 years **3 years**	2026 **2029**
5 - Skircoat and Lower Calder Valley	Osman Chohan	22.07.25	3 years	2028
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7 – North and Central Halifax	**VACANT SEAT**			
8 - Lindley and the Valleys	Denise Dransfield	18.07.24	3 years	2027
8 – Lindley and the Valleys	Pam Robinson	25.07.23 **25.07.26**	3 years **3 years**	2026 **2029**
STAFF – ELECTED				
9 - Drs/Dentists	**VACANT SEAT**			
10 – AHPs/HCS/Pharmacists	**VACANT SEAT**			

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11 - Mgmt/Admin/ Clerical	Sarah Rothery	18.07.24	3 years	2027
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APPOINTED GOVERNORS				
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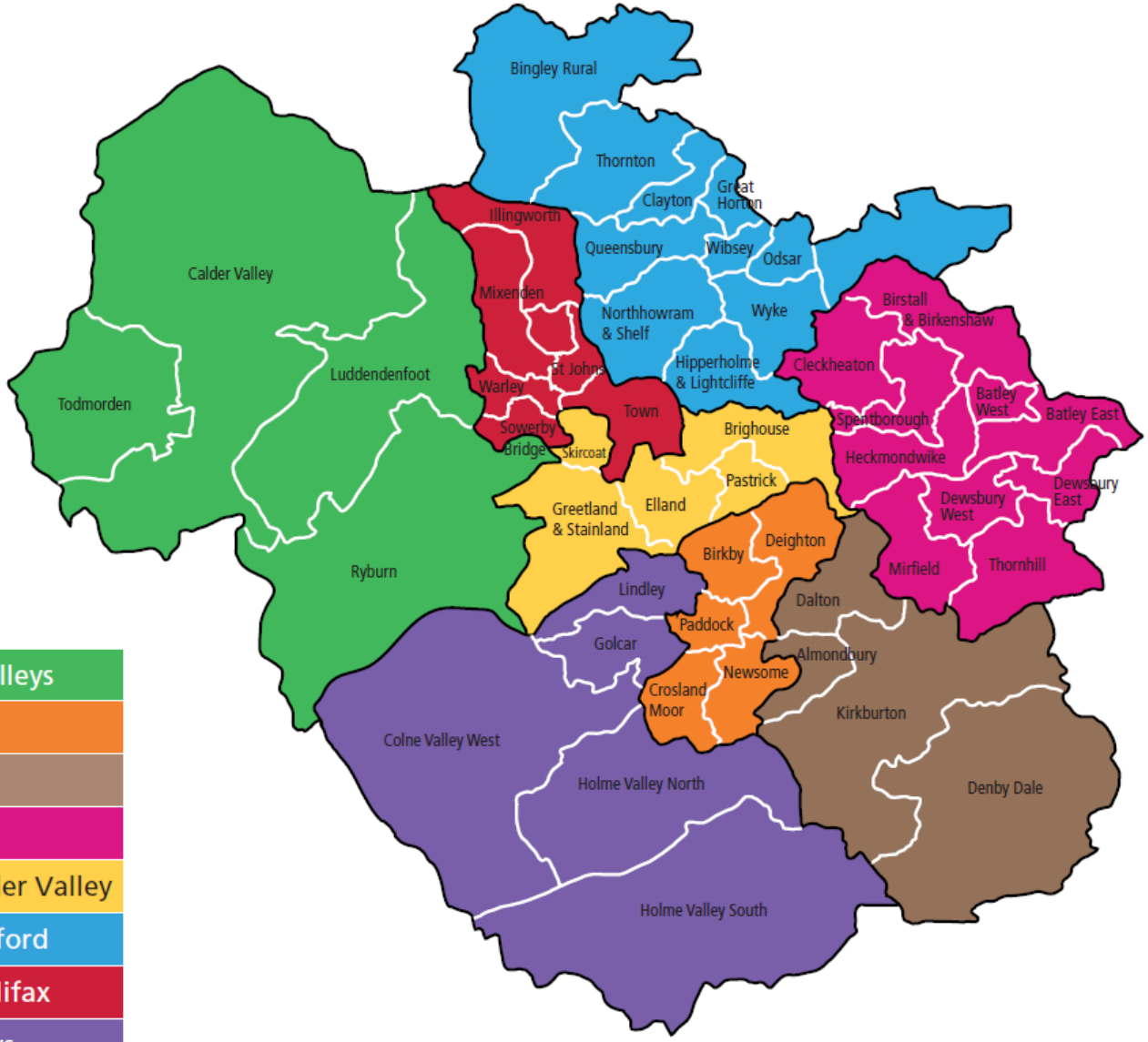

- Calder and Ryburn Valleys
- Huddersfield Central
- South Huddersfield
- North Kirklees
- Skircoat & Lower Calder Valley
- East Halifax and Bradford
- North and Central Halifax
- Lindley and the Valleys

2026/27 Governor Committee Allocations: Effective from 1 September 2026

Board Committee	Governor Observer
Audit and Risk Committee Tuesday 10.00 am – 12.30 via Microsoft Teams 27 October 2026 26 January 2027 **Chair: Nigel Broadbent** Nigel.Broadbent@cht.nhs.uk **Administrator: Amber Fox** Amber.fox@cht.nhs.uk	Osman Chohan Isaac Dziya
Finance and Performance Committee Tuesday 1.30 – 4.00 pm via Microsoft Teams 1 September 2026 6 October 2026 3 November 2026 1 December 2026 5 January 2027 2 February 2027 2 March 2027 **Chair: Vanessa Perrott** Vanessa.Perrott2@nhs.net **Administrator: Rochelle Scargill** rochelle.scargill@cht.nhs.uk	Marta Kovacs Isaac Dziya
Quality Committee: Tuesday 9.30 am – 12 noon via Microsoft Teams 1 September 2026 6 October 2026 3 November 2026 1 December 2026 **Chair: Denise Sterling** denise.sterling@cht.nhs.uk **Administrator: Michelle Augustine** michelle.augustine@cht.nhs.uk	John Rushton Sarah Rothery
Workforce Committee: Thursday 2.00 – 4.30 pm via Microsoft Teams 22 October 2026 17 December 2026 25 February 2027 **Chair: Jo-Anne Wass** **Administrator: Post in recruitment - contact Amber Fox in the first instance**	Robert Markless Sheila Taylor Sara Eastburn, appointed governor, University of Huddersfield

Calderdale and Huddersfield NHS Foundation Trust

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2026

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

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

	19 Feb 2025	22 May 2025	ANNUAL MEMBERS MEETING	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: - – **Audit and Risk Committee** – **Finance and Performance Committee** – **Quality Committee** – **Workforce Committee** – **Nomination and Remuneration Committee** – **Transformation Programme Board**	✓ Receive update from Non-Executive Directors - Quality - ARC - F&P – to receive - Workforce – to receive	✓ Receive update from Non-Executive Directors - F&P - Workforce - ARC – to receive - Quality – to receive		✓ Receive update from Non-Executive Directors - ARC - Quality - Workforce – to receive - F&P – to receive	✓ Receive update from Non-Executive Directors - F&P - Workforce - Workforce – to receive - ARC – to receive	<u>Private meetings:</u> • Feedback from Transformation Programme Board • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update as part of Finance and	✓ 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 and Performance Report	

	19 Feb 2025	22 May 2025	ANNUAL MEMBERS MEETING	24 Sept 2026	26 Nov 2026	COMMENTS
	Performance Report	Performance Report		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	✓ 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	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 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	
Council of Governors Sub Committees					✓ Review allocation of members on all	

	19 Feb 2025	22 May 2025	ANNUAL MEMBERS MEETING	24 Sept 2026	26 Nov 2026	COMMENTS
					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 Review as required and no less than every 3 years.
Review of Standing Orders – Council of Governors						Next review date February 2027.

Calderdale and Huddersfield NHS Foundation Trust

NOMINATIONS REMUNERATION COMMITTEE (COUNCIL OF GOVERNORS)

TERMS OF REFERENCE

DRAFT

Version:	V8 Appendix 1 Membership updated. V7 No changes. V6 Addition of paragraphs on conflicts of interests, addition of behaviour and conduct and equality and diversity section. V5 addition of references to Fit and Proper Persons Policy, removal of Associate Non-Executive Director, additional section re confidentiality, updated Appendix 1, membership V4: Addition of: -reference to Associate Non-Executive Director - procedures for one year extension for NED and for Governors to join the Committee - option to co-opt stakeholders for interview panels to ensure diversity
Approved by:	Council of Governors
Date approved:	24 September 2026 tbc 29 July 2026 Nominations and Remuneration Committee
Date issued:	24 September 2026 tbc
Review date:	July 2027

NOMINATIONS AND REMUNERATION COMMITTEE OF THE COUNCIL OF GOVERNORS TERMS OF REFERENCE

1. Constitution

1.1 In line with the Constitution the Trust hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee of the Council of Governors hereafter referred to as the Committee. The Committee has no executive powers other than those specifically delegated in these terms of reference.

1.2 All references in these terms of reference to Non-Executive Directors are to be taken to include the Chair, unless specifically indicated otherwise.

1.3 All procedural matters in respect of conduct of meetings shall follow the Constitution and Standing Orders of the Council of Governors.

2. Authority

2.1 The Nominations and Remuneration Committee of the Council of Governors is constituted as a standing Committee of the Council of Governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.

2.2 The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.

2.3 The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

2.4 The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

3. Purpose

The Committee, which is directly accountable to the Council of Governors, is established for the purposes of:

3.1 Carrying out the duties of Governors with respect to the appointment, re-appointment and removal of the Chair and other Non-Executive Directors.

3.2 Setting the remuneration of the Chair and other Non-Executive Directors.

3.3 Receiving reports from the Trust Chair on issues of Governor conduct, eligibility and removal.

4. Conflicts of Interest

4.1 The Chair of the Trust, or any Non-Executive Director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of services.

4.2 In order to sit as a member of the committee, the Governors must sign a declaration that they have no intention to apply for a Non-Executive Director appointment within at least 12 months following attendance at the meeting of the Nominations and Remuneration Committee.

4.3 all members must declare any actual or potential conflicts of interest relevant to the work of the Committee so that these can be managed effectively. The interests will be recorded in the minutes.

4.4 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will consider known interests in advance and decide whether a declared interest represents a material conflict.

4.5 The Chair will ask members for declarations of relevant material interests at the beginning of each meeting and, as they arise, members should declare these.

5. Nominations role

The Committee will:

5.1 Recommend to the Council of Governors potential candidates for appointment as Chair and / or Non-Executive Director.

5.2 Periodically, and as a minimum annually, review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and having regard to the view of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review. The tenure of Non-Executive Directors is detailed in the Trust Constitution. In exceptional circumstances, where the maximum tenure of a Non-Executive Director has been reached, extensions of a Non-Executive Director may be considered for one year at a time in line with the procedure at Appendix 2. Section 2 of this procedure defines what constitutes exceptional circumstances.

5.3 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills, diversity, knowledge and expertise needed on the Board of Directors in the future, having regard to any relevant legislation and requirements of the independent regulator.

5.4 Review annually the time commitment requirement for Non-Executive Directors.

5.5 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required and review the job description and person specification for the role of the Chair and Non-Executive Directors. The Committee should consider appropriate and diverse representation at appointments and recruitment panels and the Committee may co-opt additional governors or other stakeholders for this specific purpose.

5.6 Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of Chair.

5.7 Keep the Non-Executive leadership needs under review to ensure the continued ability of the Trust to operate effectively in the health economy.

5.8 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

5.9 Recommend to the Council of Governors the selection and nomination of candidates for the office or Chair and Non-Executive Director of the Trust, taking into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

5.10 To establish an appointments panel for the purposes of managing the process for the appointment of a Chair and / or Non-Executive Director and ensure that governor members on the appointments panel adhere to the Trust Fit and Proper persons Policy.

5.11 To ensure Committee members are informed of the outcome of 'Fit and Proper Persons Test' checks for nominated candidates to fill vacant posts within the Committees remit and make a recommendation for approval of the appointment to the Council of Governors. Ideally the Fit and Proper Persons Tests will be completed in advance of the recommendation to the Council of Governors, however where this is not possible due to time constraints, any ratification decision is subject to satisfactory completion of these checks undertaken in line with the Fit and Proper Persons Policy. The Council of Governors should be informed of a satisfactory initial assessment for new Chair /Non-Executive Director appointments.

5.12 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

5.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest as well as with compliance with 'Fit and Proper Person' requirements are reported.

5.14 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review and be subject to annual re-appointment.

5.15 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, including the Chair.

6. Remuneration role

The Committee will:

6.1 Recommend to the Council of Governors remuneration packages and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service), the Chief Executive, and any external advisers.

6.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms of office, of the Non-Executive Directors after taking into account the views of the Board of Directors.

6.3 Receive and evaluate reports about the collective performance of Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

6.4 In adhering to all relevant laws and regulations establish levels of remuneration which:

6.4.1 are sufficient to attract, retain and motivate Non-Executive Directors and

Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust;

6.4.2 reflect the time commitment and responsibilities of the roles;

6.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and

6.4.4 are sensitive to pay and employment conditions elsewhere in the Trust.

7. Oversee other related arrangements for Non-Executive Directors

7.1 Ensure a formal and transparent procedure is in place to monitor the performance and undertake the appraisal of the Chair and other Non-Executive Directors and report the outcome of these reviews to the Council of Governors on an annual basis.

7.2 To receive, within the report of the Chair's appraisal, a summary of the outcome of the annual fit and person tests for the Chair and other Non-Executive Directors, in line with the Trust Fit and Proper Persons Policy.

8. Governor Conduct Matters

8.1 To promote high standards of conduct by Governors and assist Governors to observe the code of conduct. All Governor members of the Committee must have attended "holding to account" training to be a member of this Committee.

8.2 To receive and consider reports from the Trust chair on issues of Governor conduct, eligibility and removal.

8.3 To provide recommendations to the Council of Governors on issues of:

8.3.1 Governor conduct, eligibility and removal;

8.3.2 Process for dealing with any reports of breaches of the Code of Conduct or Trust Constitution.

9. Membership, attendance and quoracy

9.1 The membership of the committee shall consist of:

- at least six Council of Governors appointed by the Council of Governors, four of whom must be public Governors. The lead Governor should be one of these four public Governors.
- The Trust Chair (or in the absence of the Chair the Senior Independent Non-Executive Director)

9.2 The Committee will be chaired by the Trust Chair.

9.3 The Senior Independent Non-Executive Director will attend as appropriate and will chair where the Chair has a conflict of interest, for example any discussions relating to the appointment, re-appointment or remuneration of the Trust Chair.

9.4 The following will attend in a professional advisory capacity:

- Executive Director and/or Deputy Director of Workforce and Organisation Development

- Director of Corporate Affairs / Company Secretary and / or Corporate Governance Manager

9.5 A quorum shall be three members, two of whom must be public Governors, one of who should be the lead governor, or a governor nominated by the lead governor should the lead governor be unable to attend. Either the Trust Chair or the Senior Independent Non-Executive Director should be present.

9.6 Only members of the Committee have the right to attend Committee meetings.

9.7 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive and Director of Workforce and Organisational Development.

10. Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations. Terms of Office of Committee Members

Given that the Chair and Governors all have finite terms of office and given the need for the Committee to have some stability to enable it to appreciate and discharge its responsibilities; where possible there will be a three year membership tenure on the committee with an option to stand for re-selection by peers, with the exception of the lead governor who is a standing member of the committee.

11. Administration

11.1 The Corporate Governance Manager shall be the secretary to the Committee.

12. Training

12.1 The Trust will ensure the availability of and access to appropriate training to enable members of the Committee to fulfil their roles and responsibilities.

13. Frequency of Meetings

13.1 Meetings shall be held as required, but at least once in each financial year.

14. Minutes and Reporting

14.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest, or matter of confidentiality exists.

14.2 The Committee will report to the Council of Governors after each meeting.

14.3 The Committee shall receive and agree a description of the work of this Committee, its policies and all Non-Executive Director remuneration in order that these are accurately reported in the required format in the Trust's Annual Report.

14.4 Members of the Committee will be required to attend the Annual Members meeting to answer questions from the Foundation Trust members and the wider public.

15. Confidentiality

By its nature, the Committee deals with issues of a confidential nature. The membership is therefore expected to observe the highest degree of confidentiality and integrity in this regard. Any breaches in this regard will result in membership of the Committee being terminated.

16. Behaviour and Conduct

Trust values

Members will be expected to conduct business in line with the Trust values and objectives and One Culture of Care.

Members of, and those attending, the committee shall behave in accordance with the Trust's Constitution, standing orders, and standards of business conduct policy.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

17. Performance Evaluation

The Committee shall review annually its collective performance via a report of the Committee's work in the Annual Report and Accounts in accordance with direction from NHS England/Improvement and annual review and approval of the terms of reference by the Council of Governors.

18. Review

The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

Appendix 1 Updated 25.8.26

NOMINATIONS REMUNERATION COMMITTEE of the COUNCIL OF GOVERNORS from 1.9.26.

Membership	Member / Attendee	Role	Date Commenced on the Committee	Governor Tenure*
Trust Chair **(Chair)**	Helen Hirst	Member Chair		
Senior Independent Non-Executive Director	Denise Sterling	Chair if Trust Chair has conflict of interest or is not available		
Lead Governor	Lorraine Wolfenden	Member	August 2024	Second term ends July 2029
Public Governor	John Rushton	Member	September 2026	First term ends July 2027
Public Governor	Pam Robinson	Member	September 2023	Second term ends July 2029
Public Governor	Osman Chohan	Member	September 2026	First term ends July 2028
Public Governor	Marta Kovacs	Member	July 2024	First term ends July 2027
Public Governor	Rabiya Ali	Member	March 2025	First term ends July 2027
Director of Corporate Affairs / Interim Director of Workforce and OD	Vicky Pickles	Attendee		
Company Secretary	Andrea McCourt	Attendee		

*Governors will serve for three years on the Committee and are then eligible for re-election.

August 2026

Appendix 2

PROCEDURAL GUIDANCE ON APPROVING A ONE YEAR RE-APPOINTMENT FOR A NON-EXECUTIVE DIRECTOR

1. **Background**
   As a Foundation Trust, the Constitution stipulates the standard Term of Office for a Non-Executive Director is no more than three years and sets the maximum tenure at two consecutive Terms of Office, as detailed in section 27 of the Constitution.

   Provision is made in section 27.3 for the maximum tenure to be extended by annual reappointment in exceptional circumstances.

2. **Criteria for approving an Annual Re-appointment**
   Circumstances may be deemed exceptional if a re-appointment of tenure would maintain stability when the:

   a) Board of Directors and/or the Trust is experiencing a period of stress
   b) Board of Directors faces an unplanned sudden and simultaneous loss of a majority of it's Non-Executive Directors
   c) Board of Directors requires specialist Non-Executive Director input to manage and resolve a time-limited issue.

3. **Process for seeking approval for an Annual Re-appointment**
   Approval for a re-appointment to the maximum tenure for an individual Non-Executive Director must be given by the Council of Governors' Nominations and Remuneration Committee which will in turn make a recommendation to the Council of Governors for final approval.

   The case for an extension in exceptional circumstances may be initiated by either the Board of Directors or its Nominations and Remuneration Committee, or by the Council of Governors or its Nominations and Remuneration Committee.

   The case must be based on the exception criteria outlined in section 2 above and should be submitted by a paper to the Council of Governors' Nominations and Remuneration Committee.

   In its deliberations, the Council of Governors' Nominations and Remuneration Committee should pay due regard to:

   - the issue of eligibility under the exception criteria outlined in Section 2

   - matters normally considered in the re-appointment the Non-Executive Director i.e. assessing the existing candidate against the current updated job description and person specification

   - additional relevant issues, such as

     - the Non-Executive Director's past annual performance appraisal(s)
     - any changes in the Non-Executive Director's commitments that may have a bearing on the time required to undertake the role
     - any change in the Non-Executive Director's independence, particularly their length of service which is relevant to the determination of their independence

(as set out in Section A.3.1 of Monitor's Code of Governance).

4. Appointment

Subject to final approval by the Council of Governors, the Non-Executive Director will be appointed for one year only. Further extensions would require the above process to be followed. The terms and conditions of the appointment will be clearly set out in the Letter of Appointment. Any such extensions will be reported in the Trust's Annual Report and Accounts.

CALENDAR OF MEETINGS FOR GOVERNORS
For the period September 2026 – February 2027

Calderdale and Huddersfield NHS Foundation Trust

Meeting Type	Date	Time	Venue
Council of Governors Meeting	Thursday 24 September 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)
~~**Joint Council of Governors and Board of Directors Workshop**~~ **Cancelled**	~~Tuesday 20 October 2026~~	~~1:00 – 4:00 pm~~	~~Rooms 3 & 4, Acre Mills Outpatients~~
Council of Governors Meeting	Thursday 26 November 2026	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)
Council of Governors (Only) Workshop	Tuesday 15 December 2026	1:00 – 4:00 pm	Rooms 3 & 4, Acre Mills Outpatients
Council of Governors Meeting	Thursday 18 February 2027	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Rooms 3 & 4, Acre Mills Outpatients Or via Microsoft Teams (Hybrid)

15. INFORMATION TO NOTE

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

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

To Note

16. Any Other Business

To Note

17. DATE AND TIME OF NEXT MEETING:

Council of Governors Meeting
Date: Thursday 26 November 2026
(Chaired by Peter Wilkinson)
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