

# Council of Governors - 28 May 2025

MEETING  
28 May 2025 17:00 BST

PUBLISHED  
23 May 2025

# Agenda

Location		Date	Time	
Seminar Room, Trust Education Centre, Royal Berkshire Hospital		28 May 2025	17:00 BST	
	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
	<b>Holding the Board to Account</b>			-
2	Chief Executive Update (Presentation)	Steve McManus	17:00	-
3	Questions from the Public (Verbal)	Oke Eleazu	17:30	-
4	Minutes for Approval: 28 November 2024 & 10 December 2024 & 26 February 2025 & 16 April 2025 Matters Arising Schedule	Caroline Lynch	17:35	3
5	Changes to the Council Membership (Verbal)	Caroline Lynch	17:40	-
	<b>Items of Council Business</b>			-
6	Membership Committee Terms of Reference	Richard Havelock	17:45	14
7	Draft Governors Assurance Committee Minutes: 29 January 2025	Thomas Duncan	17:50	16
	<b>Representing the Views of Members and the General Public</b>			-
8	Governor Question Log (To Note)	Caroline Lynch		22
9	Questions from the Public (Verbal)	Oke Eleazu	17:55	-
10	Reflections of the Meeting: (Verbal)	Sunila Lobo	18:00	-
10.1	How did you feel during discussions?			-
10.2	How did our thinking move us on?			-
10.3	Do we need to do anything differently?			-
11	Date of Next Meeting: Wednesday 24 September 2025 at 17.00pm			-

Minutes

**Council of Governors**

Thursday 28 November 2024

Meeting by email

**Present**

Dr. Sunila Lobo	(Public Governor, Reading, Lead Governor) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Cllr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Ms. Maria Norville	(Public Governor, Wokingham)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

**In attendance**

Mrs. Caroline Lynch	(Trust Secretary)
Miss. Kerrie Brent	(Corporate Governance Officer)

**52/24 To Receive the Recommendation from the Nominations & Remuneration Committee**

The Council received the recommendation from the Nominations & Remuneration Committee to re-appoint Helen Mackenzie as Non-Executive Director for a further one year term of office from January 2025. The Council approved the recommendation.

**SIGNED:**

**DATE:**

Minutes

**Council of Governors**

Tuesday 10 December 2024

17.30 – 17.40

Video Conference Call

**Present**

Mrs. Helen MacKenzie	(Non-Executive Director) (Chair)
Dr. Sunila Lobo	(Public Governor, Reading, Lead Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, HCA/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

**In attendance**

Mrs. Caroline Lynch	(Trust Secretary)
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**Apologies**

Ms. Dora Abbi	(Youth Governor)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Ms. Sarah Lupai	(Staff Governor, Nursing & Midwifery)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

**53/24 To Receive the Recommendation from the Nominations & Remuneration Committee**

The Council received the recommendation from the Nominations & Remuneration Committee to appoint Oke Eleazu as Chair of the Trust from 1 April 2025. The Council approved the recommendation.

The Trust Secretary highlighted that this would be subject to references and Fit & Proper Persons Test (FPPT), therefore there would be no public announcement prior to this being completed.

**SIGNED:**

**DATE:**

## Special Council of Governors

Wednesday 16 April 2025

Meeting by Email

### Present

Mr. Oke Eleazu	(Chair)
Miss. Dora Abbi	(Youth Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

### In attendance

Mrs. Caroline Lynch	(Trust Secretary)
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### Apologies

Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Chido Makawa	(Public Governor, East Berkshire & Borders)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

### 17/25 Non-Executive Director Recruitment: To Receive the Recommendation from the Nominations & Remuneration Committee

The Council received the recommendation from the Nominations & Remuneration Committee to appoint Umesh Jetha as Non-Executive Director for a three-year term commencing 1 May 2025. The Council approved the appointment.

**SIGNED:**

**DATE:**

## Council of Governors

Wednesday 26 February 2025

17.00 – 18.30

Video Conference Call

### Present

Mr. Graham Sims	(Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Ms. Maria Norville	(Public Governor, Wokingham)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

### In attendance

Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer) (up to minute 04/25)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Steve McManus	(Chief Executive) (up to minute 03/25)
Mr. Andrew Statham	(Chief Strategy Officer) (up to minute 05/25)

### Apologies

Miss. Dora Abbi	(Youth Governor)
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There were two members of the public present.

### 01/25 Declarations of Interest

There were no declarations of interest.

### 02/25 Questions from the Public

A governor raised a query on the number of apology letters issued in relation to the penalty charge notices (PCNs) issued in August 2024 and requested a template for reference. In addition, a number of staff continued to state that they were wrongly issued PCNs and it was queried whether these could be withdrawn. It was agreed that further detail would be submitted to the Chief Executive.

**Action: T Duncan**

A member of the public queried whether the Trust was obtaining value from patient complaints. A response would be sought from the Chief Nursing Officer and added to the governor question log.

**Action: C Lynch**

A governor raised a query as to what procedures were in place to monitor the behaviour of patients with dementia on patient wards. It was agreed that the governor in question would submit a formal question and a response would be sought and added to the governor question log.

**Action: R Havelock**

A governor raised a query in relation to the process of not prescribing expensive branded drugs and whether the contract with Rowlands Pharmacy requested for generic equivalents to be identified and prescribed to patients. In addition, whether there was a feedback route for prescribing staff and doctors to explain the generic alternative. The Council also noted that Rowlands Pharmacy directed patients to their General Practice (GP) when a certain drug was not on their formulary and the GP would then be required to find the generic equivalent and this led to delays in patients receiving drugs. It was agreed that the governor in question would submit a formal question and a response would be provided via the governor question log.

**Action: P Williams**

## **02/25 Chief Executive Update**

The Chief Executive highlighted that the Trust had received indicative results of the 2024 NHS Staff Survey that concluded on 29 November 2024. Early insights indicated that the Trust was on target to be a top performer nationally and performance when compared to 2023 results was similar with around circa 4,500 response rate. Improvements had been recognised across a number of measures despite the national downward trend including recommending the Trust as a place to work and place to have clinical treatment as well as an increased response rate in the number of staff who were able to make changes and improvements as a result of the Improving Together programme. National publication of the results was expected on 13 March 2025 and an extensive summary would be presented to the Board in March 2025.

The Chief Executive highlighted the upcoming launch of the 'Up the Anti' Programme a people centred programme of work to drive forward the principles and practices of an anti-discrimination culture at the Trust. This was a direct result of the 2023 NHS Staff Survey result in relation to discrimination, violence and verbal abuse. 'Up the Anti' aimed to equip staff with the necessary skills, knowledge, and confidence to being more self-aware, proactive and support the Trust in becoming an anti-discriminatory culture.

The Council noted that the Trust had recently awarded its 10<sup>th</sup> university accredited department to Ophthalmology as part of its strategic collaboration with the University of Reading (UoR). In addition, five Trust consultants had been appointed to Professorship secondments and further increase research activity and output across five University departments. In addition to this, the strategic review jointly initiated with the UoR was due to conclude imminently in relation to the long term academic partnership through the Health Innovation Partnership (HIP).

The Chief Executive noted that the Trust was approaching the end of its first year of the Health Data Institute (HDI) an approach to put resource in and bring capacity and capability to utilise clinical data to support research innovation and improvement. Good progress had been achieved in year one securing important grants from external organisations for further development work around looking at use of data specifically the use of Artificial Intelligence (AI) and its application into clinical services as well as progressing work into year two.

The Council noted that the Trust financial position remained challenged with a planned year-end deficit of circa £18m. The Trust remained in the NHS England 'Investigation and Intervention' regime, a national approach implemented across the Integrated Care Systems of higher

scrutiny around resources and finances. The Trust had further enhanced its 'grip and control' measures in relation to its pay and non-pay and was also progressing planning for 2025/26.

The Chief Executive highlighted that the Trust had recently submitted a costed proposal to the New Hospital Programme (NHP) to complete a process to confirm a site for the new hospital and conduct relevant due diligence and negotiations as well as assess the impact of remaining on the current site until 2040. High-level discussions had been held with MPs and senior local council leadership regarding the establishment of a dedicated cross-sector taskforce to create wider support and momentum around the new hospital as a catalyst for health and life science development in Berkshire.

A governor queried whether there was an update in relation to a response back from input to government and MPs on Building Berkshire Together and future plans. The Chief Executive advised that this had not yet been received and a response was awaited in relation to the proposals submitted.

A governor queried the size of backlog maintenance and how this would be prioritised. The Chief Executive confirmed that early decisions had been made to provide capital funding to address some of the backlog. However, the total was in the region of circa £200m. In addition, focus had been on areas that had real deficit in terms of environment. Prioritisation and allocation had commenced in preparation for 2025/26 and how the Trust could secure additional levels of capital to support the level of backlog maintenance. The Trust also continued to work with NHP around resource and triaging the longevity of the estate.

A governor stated that they had recently received positive feedback from a number of patients on the quality of care received at the Trust.

### **03/25 Winter Plan**

The Chief Operating Officer introduced his presentation that provided an update on the Winter Plan and the progress made on its objectives. It was noted that a formal evaluation of the plan would be completed in March 2025 that would identify any learning. The Urgent Care Centre (UCC) was now routinely seeing 75-80 patients each day, streaming those with minor illness away from main Emergency Department (ED). The Trust continued its efforts to ensure this position could be sustained and ensure that the UCC provided maximum efficiency.

The Council noted that improvement had been recognised in reducing non-elective admissions when compared to 2023/24 data despite the biggest flu season recorded since 2022/23 that saw an increase in admissions in January 2025. The target was set to reduce admissions by 10 beds and although the Trust did not achieve this position, it had achieved 5 and it was noted that this had impacted well on patient flow during January 2025.

In addition, the long-standing flow programme in the Trust has ensured that the focus on supporting patients' discharge in a timely way has been maintained well through this period, with consistent use of the discharge lounge helping ease front door pressures and enable teams to minimise ambulance handover delays.

The Council noted that whilst the Single Point of Access (SPOA) service had had some impact in being able to divert an increasing number of patients to care outside the ED during this period, further engagement was required with South Central Ambulance Service (SCAS) to increase the awareness of the service for ambulance crew to call ahead for clinical advice and input for an alternative pathways. A governor who had recently been admitted advised that the ambulance crew who attended had used this service.

The Chief Operating Officer advised that going forward the aim was to minimise exceptional winter planning and make this core routine improvement work each year.



A governor raised a query in relation to the number of patients with Norovirus. It was confirmed that there had been a small increase during the recent weeks. However, the Trust had worked extremely hard through infection, prevention and control measures to minimise the number of wards closed during this period.

A staff governor reflected that he had experienced the secondary effect of the winter plan as it had minimised disruption to elective work in his area. However, the Council recognised that although this was positive, in a number of other areas including ED they had experienced extremely challenging operational days.

#### **04/25 Operating Plan 2025/26**

The Chief Strategy Officer introduced his presentation that provided an overview of the internal planning process to develop the Trust's Operational Plan for 2025/26 that commenced in September 2025. The process was steered by the following six principles that had been aligned to the ICBs framework:

- Principle 1: Protecting the core essentials of safety and quality.
- Principle 2: Delivering a step change in financial sustainability.
- Principle 3: Preparation and standard work.
- Principle 4: Communication and engagement.
- Principle 5: Ensuring the process is informed by the data.
- Principle 6: Routed in Improving Together and the CSS

Planning had been initiated at service and directorate level and considered activity, finance, workforce and efficiency capital and driver metrics for 2025/26. Teams had been asked to complete two submissions and this was then followed up with a review. These submissions helped shape and develop the Trust submissions to the ICB.

The Chief Strategy Officer noted that the current plan identified a significant increase in expected financial deficit due to a number of contributing factors including current on-going decisions on system to provider income allocations. This had led to a significant planning challenge and income was the main driver for this.

In relation to activity and performance the current plan suggested that the Trust would be compliant with the national targets for Cancer if non-elective demand remained flat as well as the 4-hour standard. However, the Trust did not anticipate making improvements with the Referral to Treatment (RTT) ask to improve elective performance by 5% partially due to funding and the shape of demand on waiting lists. Therefore the current proposal was to maintain the standard as the Trust was one of the highest performing trusts on RTT.

The Council noted the draft quality priorities for 2025/26 that included patient safety, clinical effectiveness and patient experience as well as the draft transformation programmes for 2025/26.

A governor queried whether the use of the NHS app would be further progressed. It was confirmed that the intent was to ensure the system worked through the app.

A governor raised a query as to whether the Chief Strategy Officer had reviewed the recent article Guardian newspaper Kings Fund article on 'Most NHS users in England affected by dysfunctional admin, report finds' and whether there were any lessons learned and whether this would be considered in future plans. The Chief Strategy Officer advised that he had not read the article. However, the Trust had identified a top area of focus in the way it communicates with patients.

A governor queried the monitoring and reducing the incidence of catheter associated urinary tract infection (CAUTI) quality priority and what the current trend levels were. It was confirmed that the Trust had identified hospital acquired infections as an issue and identified it as a priority to reduce and since selecting this as a priority there had been improvements in other areas including hospital acquired pneumonia (HAP).

The Council discussed Rapid Process Improvement Workshops (RPIWs) specifically the one held recently in Newbury. The Chief Strategy Officer suggested that a future training topic for governors would be specifically related to RPIW outputs. **Action: A Statham**

**05/25 Minutes for Approval: 29 May, 26 June, 25 September, 27 November and 10 December 2024 and Matters Arising Schedule**

The minutes of the meetings held on 29 May, 26 June, 25 September, 27 November and 10 December 2024 were agreed as a correct record and would be signed by the Chair.

The matters arising schedule was noted.

Minute: 41/24 (29/24) (03/24) Minutes for Approval: Questions from the Public: Primary Care Strategy: The Council agreed that the follow up session with the ICB would remain open but not considered a priority.

**06/25 Changes to the Council Membership (Verbal)**

The Trust Secretary advised that changes to the Council membership since the last meeting included Councillor David Stevens who had been elected as Partner Governor for Reading Borough Council.

**07/25 Membership Committee Minutes: 21 October 2024**

The Council received the minutes of the meeting held on 21 October 2024.

The Chair noted that there had been an increase of 17 members compared to the figures in July 2024. However, this related to a reduction in staff members and not public members where there was an increase of 45 members; 15 of those being under the age of 30 and 8 aged 16. This was noted as a positive increase in recruiting younger members. It was noted that the Pulse magazine continued to be distributed to provide updates from the Trust and consistently received an open rate of circa 40%. Feedback from the Annual General Meeting held on 7 October 2025 was well attended with positive feedback received. It was noted that a visit to the Clinical Skills Suite had been organised to aid governor training and development.

The Committee had also received the draft Membership Strategy for 2024-26 as well as the Council of Governor Objectives 2024/25 and the Governor Task & Finish Group Terms of Reference.

The Council approved the terms of reference.

**08/25 Council of Governors Objectives 2024/25**

The Council received the recommendation from the Membership Committee to approve the objectives for 2024/25. The Council approved the objectives.

**09/25 Membership Strategy**

The Council received the recommendation from the Membership Committee to approve the strategy for 2024/26. The Council approved the strategy.

**10/25 Governor Task & Finish Group Terms of Reference**

The Council received the recommendation from the Membership Committee to approve the terms of reference and set up a short term task and finish group to consider new initiatives/ways of working to develop proposals for consideration by the Council. Following the Membership Committee the terms of reference had been updated to advise that the group would meet no more than once monthly as and when decided by the Trust Secretary and the Chair of the group. If agreed, Governors would be asked to self-nominate themselves to Chair this group and if required a vote would be held.

The Council approved the terms of reference.

**11/25 Governors Assurance Committee (GAC) Minutes: 30 October 2024**

The Council received the minutes of the meeting held on 30 October 2024.

**12/25 Governor Question Log**

The Trust Secretary introduced the Question Log and advised that two responses were outstanding and would be completed in due course. **Action: C Lynch**

**13/25 Questions from the Public**

There were no questions raised.

**14/25 Reflections of the Meeting**

The Chair led a discussion.

The Council formally thanked the Chair for his tenure as the Chair of the Trust.

**15/25 Date of Next Meeting**

It was agreed that the next meeting would take place on Wednesday 28 May 2025 at 17.00.

**SIGNED:**

**DATE:**

## Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
26 February 2025	02/25	Questions from the Public	A governor raised a query on the number of apology letters issued in relation to the penalty charge notices (PCNs) issued in August 2024 and requested a template for reference. In addition, a number of staff continued to state that they were wrongly issued PCNs and it was queried whether these could be withdrawn. It was agreed that further detail would be submitted to the Chief Executive.	T Duncan	In-progress. Further detail submitted to the Chief Executive on 25 April 2025. Response awaited.
26 February 2025	02/25	Questions from the Public	A member of the public queried whether the Trust was obtaining value from patient complaints. A response would be sought from the Chief Nursing Officer and added to the governor question log.	C Lynch	Completed. Response provided and added to the question log.
26 February 2025	02/25	Questions from the Public	A governor raised a query as to what procedures were in place to monitor the behaviour of patients with dementia on patient wards. It was agreed that the governor in question would submit a formal question and a response would be sought and added to the governor question log.	R Havelock	Governor not yet submitted a formal question.
26 February 2025	02/25	Questions from the Public	A governor raised a query in relation to the process of not prescribing expensive branded drugs and whether the contract with Rowlands Pharmacy requested for generic equivalents to be identified and prescribed to patients. In addition, whether there was a feedback route for prescribing staff and doctors to explain the generic alternative. The Council also noted that Rowlands Pharmacy directed patients to their General Practice (GP) when a certain drug was not on their formulary and the GP would then be required to find the generic equivalent and this led to delays in patients receiving drugs. It was agreed that the governor in question would submit a formal question and a response would be provided via the governor question log.	P Williams	Completed. Response provided and added to the question log.

**Agenda Item 4**

26 February 2025	04/25	Operating Plan 2025/26	The Council discussed Rapid Process Improvement Week (RPIWs) specifically the one held recently in Newbury. The Chief Strategy Officer suggested that a future training topic for governors would be specifically related to RPIW outputs.	A Statham	The Chair and Trust Secretary will be liaising with the Improving Together team to discuss a potential workshop for NEDs and Governors.
26 February 2025	12/25	Governor Question Log	The Trust Secretary introduced the Question Log and advised that two responses were outstanding and would be completed in due course.	C Lynch	Completed.

## **Membership Committee**

### **Terms of Reference**

#### **Role of the Committee**

The Committee will, within the terms of the Constitution, develop, implement and keep under review a membership strategy for the Trust. It will also consider any dispute which arises with regard to membership of a constituency, of the Trust or the conduct of individual governors.

The Committee will make recommendations to the Council of Governors on how it interacts with members and the public on Trust strategy and feedback their views

#### **Composition**

The Committee will be chaired by any Governor wishing to serve when undertaking the disciplinary elements of its terms of reference. Any Governor may chair the Committee at other times.

The Chair of the Committee will be subject to annual appointment.  
The membership will comprise any Governor wishing to serve.

The Trust Secretary, and other Trust Directors as appropriate, will be in attendance to advise the Committee.

#### **Quorum**

The quorum will be five members, three of whom must be public Governors.

#### **Duties**

The Committee will, having regard to the views of the Board of Directors on appropriate resource levels, make recommendations to the Council of Governors on the following

1. To develop a policy, implement agreed proposals and keep under review the Trust approach to engaging with the membership community
2. To recommend appropriate relationships and methods of communicating between Governors and the membership
3. To develop, implement and review, annually, a membership strategy for the Trust and to prepare an annual report for the Council and the Annual General Meeting with regard to the steps taken to secure representative membership, the progress of the membership strategy and any changes to the membership strategy
4. To keep under review the membership of the Trust to ensure that the actual membership is representative of those eligible to be members of each constituency
5. To oversee preparations for the Annual Members' Open Day
6. To consider any disputes concerning membership of a constituency, right to membership of the Trust and the conduct of individual governors

7. To seek the views of members and the public on material issues being discussed by the Trust and to conduct arrangements for collecting and reviewing views of members and the public on key issues and their experience of the Trust in general
8. To recommend objectives to the Council of Governors which are achievable and within the resources available
9. To keep under review the implementation of the objectives
10. To oversee the annual evaluation of the Council and its performance and to recommend any subsequent action
11. To recommend a governor training and annual development programme
12. To make recommendations to the Council on how it interacts with members and the public on Trust strategy and feedback their views to the Council.

### **Review**

The Committee will review these terms of reference annually, making recommendations to the Council of Governors as appropriate.

Approved by the Committee: 11 February 2025

Approved by the Council:

Minutes

## Governors Assurance Committee

Wednesday 29 January 2025

17.00 – 18.35

Video Conference Call

### Present

Dr. Thomas Duncan	(Staff Governor: Medical/Dental) (Chair)
Miss. Dora Abbi	(Youth Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Ms. Maria Norville	(Public Governor, Wokingham)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

### In attendance

Dr. Bal Bahia	(Non-Executive Director)
Miss. Kerrie Brent	(Corporate Governance Officer)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McClaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)
Mr. Andrew Statham	(Chief Strategy Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

### Apologies

Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
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### 01/25 Declaration of Interests

There were no declarations of interests.

### 02/25 Chair's Update

The Chair advised that the Trust's financial position continued to be challenged with a focus on delivering a deficit plan of £21m. A significant amount of work on-going to identify new savings and income streams. A number of reviews continued with the Integrated Care Board and NHS England as part of the 'Investigation and Intervention' regime.

The Committee noted that the Trust had experienced a busy winter period in relation to respiratory activity with the busiest day in the Emergency Department (ED) recorded at 608 attendances. This year there had been significant episodes of flu than that seen in recent



years, with the peak reducing earlier this month. However, RSV and Norovirus had placed additional pressure on teams across the Trust. Additional steps had helped mitigate the impact including the Urgent Care Centre (UCC) that was now routinely seeing 75-80 patients each day, streaming those with minor illness away from main Emergency Department (ED).

The Chair indicated that the early results from the 2024 NHS Staff Survey had been very encouraging and shaped confidence that the Trust remained on target to maintain, if not further improve upon, its benchmarked position as one of the top performing acute trusts in the country in terms of staff experience. The results remained under strict embargo and once published nationally a full report would be shared.

The Chair requested that governors provide contacts of any corporate organisations within Thames Valley that could be interested in partnership and supporting the Royal Berks Charity to Jo Warrior, Charity Director.

### New Hospital Announcement

The Chief Strategy Officer provided an overview of the recent Government announcement following its review of the New Hospital Programme (NHP). Whilst it was recognised that the Trust's scheme required investment commensurate with a new build on a new site, it had been decided that the scheme would be delayed until 2037 to 2039. The Committee noted that this delay was extremely disappointing for residents and patients of Berkshire and South Oxfordshire as well as for staff.

In addition, as part of the announcement the NHP had requested that the Trust stop all work on this as soon as possible and advised that no funding would be available to progress any enabling works or planning until 2030 at the earliest. The Committee noted that this had implications for team members within the Building Berkshire Together (BBT) team as well as significant consequences for the Trust's estate with an increasing backlog despite significant capital investments. Work was on-going to understand the process and criteria framework used to make this decision.

A Governor raised a question in relation to whether communication was received that the Trust could negotiate with two possible land owners ahead of 2030 as Minister Wes Streeting and Karin Smyth had confirmed that this was the case. The Chief Strategy Officer confirmed that the Trust had received the same message and had been encouraged to set out the costs of determining a site and starting negotiations. It was noted that there was a route to securing limited funds but this would be subject to separate drawdown requests at each point.

A Governor raised a query as to whether there was any opportunity to appeal the decision. It was confirmed that there was no formal route set out.

A Governor raised a query as to whether the Trust would incur maintenance costs if land was secured ahead of a build. The Chief Strategy Officer confirmed that these observations would be reviewed and would be considered as part of security of executing options.

A Governor raised a query as to whether there would be a significant impact on budgets over the next few years as a result of the delay. It was noted that a review of the existing site was required in relation to the new timescale and increasing maintenance backlog.

A Governor queried whether there was any scope of additional funding for issues with buildings if and when required. It was confirmed that no funding was confirmed. However, the Trust would continue to use its capital programme and external additional funding available.

**03/25 Minutes for Approval: 30 October 2024 and Matters Arising Schedule**

The minutes of the meeting held on 30 October 2024 were agreed as a correct record and would be signed by the Chair subject to minor amendments to titles. The Committee noted the matters arising schedule.

**04/25 Member Issues and Feedback**

A Governor raised an issue in relation to the number of on-going discussions following the parking issues in August 2024 where staff had paid fines that shouldn't have paid. The Staff Governor, Medical and Dental would raise this at the next Council of Governors.

It was agreed that the Corporate Governance Officer would ensure that the response in relation to the cost of heating and lighting had been added to the governor question log.

**Action: K Brent**

A Governor raised a query in relation to the cost and any impact associated with the use of KPMG Consultancy in helping the Trust achieve its financial objectives. The Public Governor, Wokingham and Borders would submit a formal question and it was agreed that this would be added to the Governor's question log.

**Action: J Bagshaw**

A Governor suggested that information be added to the Trust website in relation to virtual wards. The Corporate Governance Officer confirmed that a response was awaited in relation to a number of questions that had been submitted on this topic and the team had advised they would be providing further information on the Trust's website in due course.

**05/25 Board Sub-Committee Key Issues**

The Committee discussed items from recent Board sub-committees.

Finance & Investment Committee

The Chair of the Finance & Investment Committee advised that Trust's budget for 2024/25 was a forecast deficit of £14.5m and provided an overview of the increased savings programme required. This currently totalled £25m.

It was noted that during the year the Finance & Investment Committee recognised that the Trust would not receive £11m of the income expected from the Integrated Care Board (ICB). In addition, that the Trust would not meet its non-pay budget for a number of reasons.

The Trust had been holding frequent discussions with the ICB in relation the financial position and had recently agreed a new year-end deficit of £21m. The Trust current year to date position was £17.5m deficit. As a result of this, this meant that the Trust had to substantially reduce its non-pay spend as well as maintain the pay budget. It was noted that there were also some potential upsides of receiving additional income.

In parallel to this, the Finance & Investment Committee had recognised that due to the Trust being behind budget and due to the deficit being larger than anticipated there would be an impact on cash. However, the Trust had received £6m from the ICB in order to ensure it could meet January 2025 commitments. However, there would still be a potential need for cash support in February and March 2025.

A Governor raised a query in relation to the on-going challenges related to Steris that had not yet been resolved. The Chair of the Finance & Investment Committee and Quality Committee

had been assured that this had been resolved from a financial perspective and the position was improving from a quality perspective and this was being followed up in the Quality Committee.

The Committee noted that there was a need in the planning process for 2025/26 to ensure that the Trust received clarity on the income position including what was activity related and what was discretionary.

A Governor raised a query in relation to the total of the capital programme and what detriment there was of not spending it and whether it could be carried over to next year. The Chair of the Finance & Investment Committee confirmed that capital allocations could not be carried over and the total capital programme was £44m.

The Committee noted that the Trust had received the recent national cost collection results and the Trust's benchmark was 11% more efficient than the average mean hospital within the NHS. Therefore, the Trust would use this information to prove its efficiency to hold discussions as part of the planning round for 2025/26.

The Committee also discussed the EQIA process implemented across the ICB to consider any unpalatable decisions. As part of this, decisions in relation to corporate services across trusts in the ICB would be considered.

### Quality Committee

The Chair of the Quality Committee advised that the Committee had reviewed DM01 performance and received good assurance that action plans were progressing well and being appropriately monitored. In addition, the Trust was performing well in comparison to performance in BOB ICB on elective and Cancer pathways. As part of this, a detailed review of 62-day Cancer standard had been reviewed in December 2024 and this confirmed the challenged areas were lower GI, Gynaecology and Dermatology. However, plans were in place to address this. A review had also been considered as part of the Equality, Quality Impact Assessment (EQIA) process as to what support could be provided and it was considered whether insourcing work in Endoscopy would be stopped. However, the Executives agreed to continue to insource this work at a reduced rate.

The Committee noted that since the September 2024 meeting greater assurance had been received in December 2024 in relation to the Never Events and whether the Trust was an outlier. Assurance had been provided that each of Never Events had taken place in different areas and the Chair of Quality Committee was confident in how the Trust managed these including the understanding, response and learning as a result of this. It was noted that at the December 2024 meeting learning had been provided. In addition, a benchmarking exercise had been requested. However, there was an on-going national piece of work that was not yet complete.

The Quality Committee had also received good assurance in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF) that had been well received by staff. As part of this, it was recognised that recording of data would be improved to enable a better visibility of the changes.

The Committee noted that the Quality Committee had also received the Patient Relations Annual Report 2023/24. The Corporate Governance Officer would confirm whether this had been published on the Trust's website.

**Action: K Brent**

The Chair of the Quality Committee provided an overview of the December 2024 meeting that consisted of a comprehensive review of the 62-day Cancer standard that demonstrated that the Trust's performance was above the national standard with plans in place to maintain this position going forward. In addition, the Committee had received a positive update on the

outcome of the Paediatric Audiology Service following a national review. The Trust had been rated good for Quality and received a risk level of 'no risk'. Further to this, the Committee received positive external assurance from the CQC IR[ME]R report with no 'must do' actions. The Committee had also approved the revised Children and Young People Strategy and received assurance in relation to Steris and the planned go-live.

A Governor queried whether assurance could be provided that the Patient Advice and Liaison Service (PALS) was processing complaints in a timely manner with appropriate lessons learned. The Chair of the Quality Committee confirmed that PALS did not manage complaints instead their role was to mitigate complaints by liaising between services. However, in relation to complaints although the position had improved it was recognised that further work was required to ensure patients received a timely response and if unable to do this to ensure ongoing regular dialogue. It was confirmed that this was due to be discussed at the upcoming Quality Committee and the minutes would be provided to the Committee at a future meeting.

A Governor queried whether the use of robotics was likely to reduce Never Events in theatres. It was confirmed that Never Events did not only occur in theatres. However, there were incidents where the Trust had not robustly used the WHO framework for surgery. However, this would still be required when performing surgery using robots.

A Governor queried how effective the 'Call for Concern' service was. The Chair of the Quality Committee confirmed that the use of this service was increasing and users had provided feedback that the service had been helpful for reassurance and advice. However, further publicity was required.

### People Committee

The Chair of the People Committee advised that the Committee had received positive assurance on the expansion to the Aspiring Global Majority Senior Leaders programme and the detailed action plan following an external review of recruitment processes. In addition, the Committee had received good assurance on the Occupational Health Annual Report for 2023/24 with positive feedback in relation to the Physiotherapy service and the staff Health & Wellbeing team that had won a Thames Valley Chamber of Commerce award this year.

The People Committee had also received a detailed summary in relation to the review of bullying and harassment levels experienced by ethnic minority staff at the Trust in comparison to other staff. Although the Trust reported positive in year reductions, the level remained higher than expected.

The Chair of the People Committee confirmed that the Committee had also received good assurance on the Trust's actions to deliver on its commitments to zero tolerance of sexual behaviours towards the workforce and had signed the NHS National Sexual Safety Charter.

A Governor raised a concern in relation to the negative culture of preparations for death following the patient story at Public Board on 29 January 2025 and requested assurance that raising awareness and adapting training around the end-of-life care would be a focus. The Chair of the People Committee confirmed that the information in relation to the story provided was being reviewed and would consider the culture in relation to this topic.

## **06/25 Reflections of the Meeting**

The Lead Governor led a discussion and it was agreed that good assurance had been received from Non-Executive Directors on the performance of the Board.

**07/25 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 30 April 2025 at 17.00

**SIGNED:**

**DATE:**

<b>Title:</b>	<b>Governor Question Log</b>
<b>Agenda item no:</b>	8
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	28 May 2025
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Manager

<b>Purpose of the Report</b>	To provide the Council of Governors with an overview of the Governor Question Log since the last meeting.
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<b>Report History</b>	None
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<b>What action is required?</b>	
Assurance	
Information	The Council of Governors is asked to note the report.
Discussion/input	
Decision/approval	

## 1 Background

- 1.1 The Governor Question Log was created in 2016 in order to record issues and the Trust's progress in dealing with them. It was not intended to be used as a general purpose question log.

## 2 Scope of the Governor Question Log

The Question Log is designed to capture two broad kinds of issues:

- Strategic Issues – fundamental policy questions or critical challenges affecting the organisation, strategy, goals, resources, stakeholders, structure, processes, management, governance or service mix.
- Other significant outstanding problems or questions, where it is important to have a plan of action to identify responsibility for resolution and to track progress.

## 3 Process of the Governor Question Log

- 3.1 As agreed by the Council of Governors in 2016 Governor questions should be directed to the Trust Secretary. Questions would then be logged on the form and a response provided within 30 working days.
- 3.2 The log would be submitted as a standing item to each Council meeting and made available to Governors via the Trust website and Workvivo.

## 4 Changes since the last meeting

- 4.1 All questions submitted to the Trust Secretary since the last meeting are included in appendix 1.

## 5 Attachments

Appendix 1 – Governor Question Log

## Governor Questions Log

No.	Date	Governor	Query	Response
193	25 February 2025	Adrian Mather	The citation for the “Cianna’s Smile” charity specifically identified that many young people who may be carriers of the sickle cell gene are un-aware of their carrying this gene. Is there anything that Royal Berks Hospital can do to help improve the screening and therefore awareness of this sickle cell gene?	<p>Screening for sickle cell disease has been part of the national newborn bloodspot screening programme since 2006.</p> <p><a href="https://www.gov.uk/government/publications/handbook-for-sickle-cell-and-thalassaemia-screening/newborn-screening#newborn-screening-results">https://www.gov.uk/government/publications/handbook-for-sickle-cell-and-thalassaemia-screening/newborn-screening#newborn-screening-results</a></p> <p>All babies are therefore screened and if identified to be a carrier the family should be notified by 6wks of age. This would have been in place for anyone up to the age of 19.</p> <p>For those over the age of 19 screening takes place antenatally for women who are pregnant, again as part of a national screening programme. Patients presenting with symptoms suggestive of sickle cell would be tested as part of a diagnostic workup. We are not commissioned to provide this outside of the national programmes.</p>
194	26 February 2025	Paul Williams	<p>1) Does the contract with Rowlands Pharmacy at the RBH, ask for generic equivalents to be identified and prescribed to patients? Is there a feedback mechanism from the pharmacy to prescribing staff and doctors explaining the generic alternatives?</p> <p>2) Rowlands directs patients to go their GP to prescribe if the drug is not in their FORMULARY. The</p>	<p>1) Rowlands follow our regional best value procurement contract that prioritises best value medication brand/product to procure. As a secondary care organisation prescribing on the electronic prescribing record, pharmacists have increased ability to supply from local contracts/formulations, this is different compared to FP10 issues in community. Therefore prescribers do not need to prescribe by generic/brand for a product as we will default to supplying the best value product, unless by exception there is a clinical reason to not do so. Rowlands can feedback to prescriber if there is a particular issue, but they would follow the same contracts that we do within RBFT.</p>

			GP's pharmacist has to find the generic equivalent if it is not in their FORMULARY (which happened in this example). This leads to delay in the drug being used by the patient.	2) We have an internal non-formulary process that Rowlands should be following. A non-formulary approval is required for the drug to be ordered and supplied. This may take a day or so to come in. They shouldn't be referring patient to their GP to supply this drug as it should come from the trust. I can follow this up with Rowlands.
195	26 February 2025	Public Member	I have heard it said elsewhere that patient complaints are like gold dust. Some patients are afraid to put in a complaint, and defensiveness in an institution can prevent the patient's valid issues being appreciated. I spoke with someone who put in a well-written complaint by email to PALS, had no acknowledgement, so tried to phone PALS, succeeded in getting through only on the 5th attempt, then to be told that the person who dealt with complaints was away and would call next day and that there was a long backlog of complaints. My question is - is the RBH getting the value out of patient complaints via PALS	The Trust investigates around 30 complaints and around 250 PALS enquiries each month. Complaints are kept separate from clinical records and are investigated by clinical staff who have not been involved in the patient's clinical treatment in order to maintain impartiality and so care is in no way impacted. Due to the volume of PALS concerns raised, we have introduced a new process to ensure effective closure and escalation for more complex concerns from PALS. We monitor and report weekly on the number of open PALS, and the complaints are reported on monthly for oversight. All complaints are thematically reviewed to understand any key areas for organisational learning, action plans are created for all areas where learning is identified, these actions are tracked and monitored through care group.'
196	18 March 2025	Sunila Lobo	There has been mention at a Public Board about the issue of the audibility of the calling of names at the A&E waiting room. This is particularly concerning for those with hearing loss. Further, the fear of missing a call-out creates anxiety. Has this been resolved as yet?	If someone is hard of hearing or unable to mobilise quickly- reception note this next to the patients name so the clinical staff are aware when calling and admin staff note when they notice people going outside. Staff will go outside to check for patients when calling if no answer and will call 4 times before it is thought that they have self-discharge.



197	30 April 2025	Paul Williams	<p>Human Tissue Authority Report issued 12 Dec 2024</p> <p>Has the response to HTA been assured by a committee (Quality). If not, should future similar reports from external bodies which raise major issues be notified to the quality committee to see if there are lessons to be learnt.</p>	<p>The HTA Inspection of the Mortuary took place in October 2024 and the inspection report was submitted through Networked Care and BPS governance as part of a suite of laboratory/pathology inspections that are on a regular rolling programme.</p> <p>Whilst the actions were labelled as 'major' on the HTA report they would not be classified as high risk on the trust risk register and mainly relate to being able to evidence training records and content in standard operating procedures. To provide context, similar HTA inspections at other Trusts usually highlight a greater number of outstanding actions and we were commended on having so few. Most of the actions have now been completed, with the last few minor requirements being actioned currently.</p> <p>To enhance our processes, it has been agreed that HTA compliance would be reported more explicitly to the Trust Quality Governance Committee and that would be part of the key messages to Board Quality Committee.</p>
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