

Council of Governors Wednesday 26 November 2025

MEETING
26 November 2025 17:00 GMT

PUBLISHED
27 November 2025

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	26 Nov 2025	17:00 GMT

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
1.1	Tom Duncan, Alice Gostomski			-
	Holding the Board to Account			-
2	Chief Executive Update (Presentation)	Steve McManus	17:00	-
3	Questions from the Public (Verbal)	Oke Eleazu	17:20	-
4	Minutes for Approval: 24 September 2025 & Matters Arising Schedule	Caroline Lynch	17:25	3
	Items of Council Business			-
5	Draft Governors Assurance Committee Minutes: 29 October 2025	Tom Duncan	17:30	9
6	Draft Membership Committee Minutes: 2 October 2025	Richard Havelock	17:35	14
7	Governor Task & Finish Group Report	Paul Williams / Josh Wilson	17:40	18
8	Changes to the Council Membership (Verbal)	Caroline Lynch	17:50	-
	Representing the Views of Members and the General Public			-
9	Governor Question Log (To Note)	Caroline Lynch	17:55	20
10	Questions from the Public (Verbal)	Oke Eleazu	18:05	-
11	Reflections of the Meeting:	Paul Williams	18:10	-
11.1	How did you feel during discussions?			-
11.1.1	Did our thinking move us on?			-
11.1.2	Do we need to do anything differently?			-
12	Date of Next Meeting: Wednesday 25 February 2026	Oke Eleazu		-
	Part II (Governors only)			-
13	Draft Governors Nominations & Remuneration Minutes: 29 October 2025	Paul Williams	18:15	-

Council of Governors

Wednesday 24 September 2025

17.00 – 18.30

Seminar Room, Trust Education Centre

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Yaman Islim	(Public Governor, East Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Ms. Joycee Rebelo	(Public Governor, Reading)
Mrs. Clare Stafford	(Public Governor, West Berkshire & Borders)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Ms. Rebecca Cullen	(Associate Director of Strategy & Performance) (up to minute 30/25)
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 31/25)
Mr. Andrew Statham	(Chief Strategy Officer) (up to minute 31/25)
Mr. Mike O'Donovan	(Non-Executive Director)
Ms. Parveen Yaqoob	(Non-Executive Director)

Apologies

Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Ms. Jess Grierson	(Staff Governor, Admin & Management)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

There were no members of the public present.

29/25 Declarations of Interest

There were no declarations of interest.

30/25 Chief Executive Update

The Chief Executive highlighted that the initial findings from the National Maternity Investigation were expected by December 2025, with the full findings published in Spring 2026. It had been announced that 14 trusts would be part of the investigation. However, Oxford University Hospitals (OUH) was the only trust in the Buckinghamshire, Oxfordshire & Berkshire (BOB) system to be included. The Trust would provide any support required as well as learn from the experiences shared throughout the investigation. In response to a query raised regarding any potential delays Maternity reports being issued, the Chief Executive outlined that the Trust was keen to learn from other trusts. The Council noted that the Trust's Director of Midwifery had been seconded to work with the National team. The Trust also undertook internal peer reviews of its services.

The Council noted that the Government had published the NHS Oversight Framework (NOF) provider league tables on 9 September 2025. This confirmed that for Quarter 1, the Trust had been placed in segment 3 due to its financial deficit plan. However, it was noteworthy that the Trust was in segment 1 for productivity and efficiency. The Chief Executive advised that as part of the NOF, each trust was required to complete a self-assessment, providing evidence against each of the domains. The assessment ratings would support NHS England (NHSE) to decide a trust's NOF segmentation as well as inform any decisions about the entry into the National Provider Improvement Programme (NPIP).

The Council noted that the Staff Survey had launched on 24 September 2025. A communications and engagement plan had been developed and would be delivered throughout the survey period including the launch of the 'Because we CARE' campaign. The Trust was seeking to further improve on last year's excellent results and to continue to deliver the Trust's aspiration to be the best place to work in the NHS.

The Chief Executive advised that the Chief People Officer interviews had been held on 11 September 2025, with good internal and external stakeholder representation. An offer of appointment had been made that was subject to formal approval. The Chief Finance Officer interviews were due to be held on 1 October 2025.

The Chief Executive provided an overview of the Acute Provider Collaborative (APC), outlining that Frimley Health NHS Foundation Trust (FHFT) would formally join the APC from September 2025. The name of the collaborative would be Thames Valley Acute Provider Collaborative (TVAPC).

The Frederick Potts Unit had opened in August 2025, the Mortuary expansion was due for completion by the end of September 2025, and the Urgent Care Centre development work was due to be completed in October 2025.

The Chief Executive highlighted that the Trust Strategy Refresh engagement period had now concluded, with engagement received from over 2,500 people.

The Chief Executive provided an overview of the Trust's financial position; Month 5 was on plan with a deficit of £9.24m. £36m of the £0.6m efficiency savings target had been identified. In response to a query raised regarding the Trust's budget versus the current deficit, the Chief Executive outlined that there were actions required to address the underlying run rate and, overall, this increased the Trust's need to increase its efficiency savings programme.

In a response to a query raised regarding smoking on site, the Chief Executive highlighted that further improvements were being made, and the smoke free hospital site continued to be reinforced amongst staff groups.

In response to a query raised regarding both clinical staff fatigue as well staff struggling with their current work load, the Chief Executive advised that the senior leadership team fully acknowledged the challenged environment that staff were working in.

31/25 Trust Strategy Refresh

The Chief Strategy Officer and Associate Director of Strategy & Performance provided a further presentation on the Trust Strategy Refresh. The Associate Director of Strategy & Performance outlined that the engagement phase was now completed, with over 2,500 patient, community, staff, volunteers and partner organisations interactions. This included over 800 survey responses received. Feedback received had been positive, and areas where the Trust could do more to improve services were delivering more services in the community and closer to patient's home, using digital advances to support care and communication, improving the estate and building on prevention work.

The Chief Strategy Officer outlined that the 10 Year Plan had three shifts, from hospital to community, analogue to digital and sickness to prevention. The key considerations for the Trust and the 10 Year Plan, was how to work with partners to deliver neighbourhood healthcare organisation as well as how to prepare for a new financial regime including the multi-year transformational priorities for the next 3 years in line with the new medium-term planning to support the 'three shifts' as well as having a widespread impact on productivity.

The Associate Director of Strategy & Performance advised that there were always areas for improvement, especially within the satellite sites, decreasing travel time for patients and providing more access to services.

The Chief Strategy Officer highlighted that there was a need to improve the non-elective process, increasing the model of care and ensure patients were getting home quicker. To this end, there was a need to ensure that the wellbeing and prevention programme was highlighted earlier within the patient pathway, that would ultimately promote healthier living.

In response to a query regarding staff feeling constrained and unable to be innovative, the Chief Strategy Officer outlined that frustration at work was understandable, and the Trust needed to utilise staff creativity to deliver patient care.

In a response to a query raised regarding West Berkshire Community Hospital and only a small amount of Trust services provided there, the Chief Strategy Officer advised that the Trust was aware this was often a preferred site for many patients, with good access to parking. However, the building was owned by Berkshire Healthcare Foundation Trust.

32/25 Questions from the Public

There were no members of the public present.

The Lead Governor queried when the questions and answers from the Annual General Meeting (AGM) would be available to members. The Trust Secretary advised that these would be published as part of the AGM minutes. However, each of the questions raised had been responded to separately.

33/25 Minutes for Approval: 28 May 2025 and Matters Arising Schedule

The minutes of the meeting held on 28 May 2025 were agreed as a correct record and signed by the Chair.

The matters arising schedule was noted. All actions had been completed.

34/25 Special Council of Governors Minutes: 16 April 2025

The Council approved the minutes of the meeting held on 16 April 2025. .

35/25 Changes to Council Membership

The Trust Secretary advised there had been the following changes to the Council membership since the last meeting:

- Richard Havelock had been re-elected as Volunteer Governor for a further 3 year term
- Alice Gostonski and Martyn Cooper had both been re-elected as Public Governors, West Berkshire & Borders for 3 year terms
- Clare Stafford had been elected as Governor, West Berkshire & Borders for a 2 year term of office
- Andrew Peters and Yaman Islim had both been elected as Governors, East Berkshire & Borders for 2 years and 1 year term of office respectively.

Following the Annual General Meeting, Dora Abbi, Youth Governor term of office had ended.

36/25 Draft Governors Assurance Committee: 30 April & 25 June 2025

The Council received the minutes of the meetings held 30 April 2025 and 25 June 2025.

37/25 Membership Committee Minutes 1 July 2025

The Council received the minutes of the meeting held 1 July 2025.

The Trust Secretary highlighted that the uptake for the Rapid Response Laboratory (RRL) tours had been low and Governors would be reminded about the availability of places.

Action: C Lynch

38/25 Governor Task & Finish Group Update

The joint Chair of the Governor Task & Finish Group presented the report. The Council noted items discussed since the Group had been established. Governors in attendance had been extremely helpful with expertise and advice. To date the following recommendations had been proposed:

- Governors to observe Board Sub-Committees
- Informal coffee meetings between NEDs and Governors
- Developing training videos (including for Induction) to build a strong Council of
- Governors for public accountability of the Trust. This would also allow access, anytime
- anywhere
- Governor Information point at the Royal Berkshire Hospital site
- Independent verification of election committee Chairs
- Piloting a hybrid meeting at the Reading site
- Governors to attend Patient Experience Committee

The Council noted the update.

39/25 Governor Nominations & Remuneration Minutes 16 April 2025

The Council received the minutes of meeting held on 16 April 2025.

40/25 Governor Question Log

The Trust Secretary introduced the Question Log and clarified that when questions were received, the corporate governance team forwarded them to the appropriate team for a response, following which, the Executive lead would review and approve the response. The response was then issued to Governors. The Trust Secretary highlighted that in some areas there were delays in responses being received due to the availability and capacity of the appropriate teams.

In response to a query raised regarding Governor Question Log accessibility on the Trust's website, the Trust secretary agreed to share the direct link with all Governors. **Action: C Lynch**

In response to a previous question raised about the audibility within the Emergency Department, the Trust Secretary and Non-Executive Director outlined that this question had been answered. However, the Chief Nursing Officer planned to visit the department at various times of the day to gain personal feedback on the issues raised.

41/25 Reflections of the Meeting

Sunila Lobo led a discussion.

42/25 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 26 November 2025 at 17.00.

SIGNED:

DATE:

Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
24 September 2025	37/25	Membership Committee Minutes 1 July 2025	The Trust Secretary highlighted that the uptake for the Rapid Response Laboratory (RRL) tours had been low and Governors would be reminded about the availability of places.	C Lynch	Reminder issued. However, only 2 governors (and one recently ex-governor) attended so two of the tours had to be cancelled.
24 September 2025	40/25	Governor Question Log	In response to a query raised regarding Governor Question Log accessibility on the Trust's website, the Trust secretary agreed to share the direct link with all Governors.	C Lynch	The direct link and instructions of the 3 clicks required to access the Governor Question Log was emailed to all Governors on 25 September 2025.

Minutes

Governors Assurance Committee

Wednesday 29 October 2025

17.15 – 18.35

Video Conference Call

Present

Dr. Tom Duncan	(Staff Governor, Medical/Dental) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Ms. Jess Grierson	(Staff Governor, Admin/Management)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading), (Lead Governor)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Oke Eleazu	(Chair of the Trust)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

21/25 Declaration of Interests

[Tom Duncan declared an interest in relation to the inquest discussed by the Quality Committee and his professional role in Structured Judgement Reviews]

22/25 Minutes for Approval: 25 June 2025 and Matters Arising Schedule

The minutes of the meeting held 25 June 2025 were approved as a correct record and would be signed by the Chair.

The Committee received the matters arising schedule. All actions had been completed.

23/25 Member Issues and Feedback

A governor raised a query regarding a recent appointment whereby a consultant referred the patient for physiotherapy. As no contact had been received the patient called and was informed by the physiotherapy team that the referral had not been actions as a paper copy of the referral

was awaited. It was agreed that the specifics of the case could only be responded to the Patient Advice & Liaison (PALs) team.

24/25 Non-Executive Director Feedback to Governors

The Chair advised that feedback on how Governors were performing in their role had been discussed previously in the Governor Task & Finish Group and NEDs were asked to provide feedback. This included:

- Focussed questions were possible with the Committee rather than the format of the Council, particularly in relation to the need to discuss issues further with NEDs as well as understanding challenges.
- The Committee recognised the challenges on NED's time with a request for opportunities for informal discussions
- It was agreed there was a need for using the current scheduled time for more discussion with the need to ensure more further meetings were introduced
- Governors keen to succeed in their roles as well as support the development of the Charity Strategy refresh as well as the focus for a major appeal.

25/25 Board Sub-Committee Key Issues

The Committee discussed items from recent Board sub-committees.

Quality Committee

The Committee noted that key items discussed at the Quality Committee included the Prevention of Future Deaths (PFD) notice and mortality processes. The Quality Committee had approved the response to the Coroner in relation to the PFD on the colorectal case. The Quality Committee had discussed the learning from deaths governance process and the need to receive quarterly mortality reports. This would be submitted to the next Quality Committee. The Quality Committee had discussed mortality indicators and the Trust benchmarking higher than other trusts. However, after a detailed review this highlighted a data anomaly rather than a specific issue.

The Quality Committee had also discussed maternity and neonatal care. The Trust had received visits and feedback. Issues related to the screening incident had been resolved and communication issues were being addressed.

The Quality Committee had discussed Cancer and Emergency Department (ED) performance and the Trust was not an outlier in relation to either of these services. In response to a query raised previously by Governors regarding whether a screen could be made available in the ED department to call patients and whether the Chief Nursing Officer would be reporting to the Quality Committee regarding her visit to the department, the Committee noted that two visits had been made to the department at different times of the day and observations were that patients were called in a timely manner and, on occasion, three attempts were made to call the patient that did not answer. Therefore, it was considered there was no current risk. However, a digital review was being undertaken and whilst it would not mirror that used by General Practice, it would be appropriate for the ED department.

In response to a query, the Committee noted that the Trust had recently received a PFD related to a neonatal case. The PFD issued to the Trust related specifically to training compliance for obstetric teams not the details of the birth of the baby. At the time of the incident the Trust referred itself to the Maternity and Newborn Safety Investigations (MNSI) and a review was

undertaken and no safety issues were raised. The Committee noted that the Royal College of Obstetricians had also been issued with a PFD from the case regarding the need for specific training. The Chair of the Trust advised that discussions were on-going with the Chair of the Quality Committee, the Chief Medical and Chief Nursing Officer regarding the need for visibility on these issues at Board level. In addition, there was a need to triangulate incidents, claims and complaints.

People Committee

The Chair of the People Committee advised that, in July 2026, a review of scaling people services programme across the system had been received. Initial scoping had been undertaken. However, no clear timeline had been developed. The People Committee also received exception reporting from Resident Doctors and noted an increase in reporting from general surgery. This trend had continued in the September meeting. The People Committee had discussed the need to ensure Resident Doctors were comfortable with exception reporting. The People Committee had also received reports on race equality and disability equality as well as reporting on the ethnicity and disability pay gap for the first time. The People Committee had received action plans regarding both and, whilst the Trust benchmarked well, the People Committee had discussed the need for continued focus on this. The People Committee had also received and approved the nursing, midwifery and allied health professional safer staffing review. In response to a query regarding staff morale, the Chair of the People Officer advised that the Committee focussed on the staff survey results and this did not highlight any specific issues. The Committee noted that the Trust constantly encouraged as many staff as possible to complete the staff survey. The Committee noted that Trust staff were extremely open and honest to discuss any issues when Non-Executive Directors (NEDs) met them when moving through the organisation.

The Committee discussed the recent national announcement of Resident Doctors' industrial action and noted that the Trust had a high rate of doctors' taking strike action and this resulted in a significant pressure on both finance and services.

Charity Committee

The Chair of the Charity Committee provided an overview of key issues discussed by the Charity Committee including the refresh of the Charity Strategy as well as a review of the Charity's governance documents. The Committee noted that the 30 year anniversary of the Royal Berks Charity was upcoming as well as the need to focus on major donors. The Chair of the Charity Committee highlighted that Charity ambassadors was an upcoming topic at the next meeting.

In response to a query regarding the focus of the Royal Berks Charity and the use of Artificial Intelligence (AI), the Chair of the Charity Committee advised that the Strategy refresh included the need to focus on the benefit for patients.

Audit & Risk Committee

The Chair of the Audit & Risk Committee highlighted that key issues discussed at the July meeting included the need for Counter Fraud awareness and bespoke training was planned for key areas. External auditors were undertaking an AI benchmarking review across its NHS clients. The Committee was also focused on the finance function review and developments were already being presented via the Finance & Investment Committee. The Chair of the Audit & Risk Committee also reviewed the Trust's Risk Appetite Statement in detail and the Committee were keen to maintain a low risk appetite in relation to patient safety despite financial challenges. The Committee had also received the Health & Safety Annual Report and its associated action plan. In response to a query regarding private patient debt, the Chair of

the Audit & Risk Committee highlighted that the Trust was obliged to provide emergency care to all overseas patients and overseas debt often occurred after this fact. The Committee continued a focus on this.

In response to a query the Chair of the Audit & Risk Committee advised that the Committee reviewed the entire Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and other committees reviewed the sections relevant to them. However, the Audit & Risk Committee focused on the entire risk management process and key issues included finance and estates.

Finance & Investment Committee

The Chair of the Finance & Investment Committee advised that during the September and October meetings key areas of focus included whether the Trust was on plan to deliver its forecast position. The Trust was on plan to do this. However, there was a need to address the underlying run rate. The Finance & Investment Committee also focussed on the Trust's cash position and had noted that the need to apply for cash support would not be until Quarter 4. The Finance & Investment Committee had agreed to spend one third of the capital budget for the year during mid-year and this was not an unusual scenario. The Finance & Investment Committee had also received assurance on the process for cash forecasting being more robust. The Committee noted that the Trust was focussed on achieving its cost improvement programmes (CIPs) and delivery of these was essential. The Chair of the Finance & Investment Committee highlighted that the Trust was on plan and the importance of this for the Trust's external reputation. The Committee noted that the Trust was focused on development of a medium term planning as required by NHSE.

In response to a query regarding cash management between system partners, the Chair of the Finance & Investment Committee advised that discussions were ongoing with system partners. However, there had not yet been a definitive agreement. The Committee noted that cash support requests could be made directly to NHSE.

In response to a query regarding structure and stability for the Trust regarding the future requirements from NHSE, the Chair of the Finance & Investment Committee advised that there was a greater focus on medium and long term planning.

26/25 Group Discussion Feedback

This included areas of opportunities that Governors could suggest for NEDs and Governors to collaborate. In addition, further opportunities for schemes to increase Charity income that would be discussed as part of the Charity Strategy refresh as well as the need to increase the Charity's return on investment. The Committee noted that two governors were already members of the Charity Committee.

27/25 Reflections of the Meeting

The Corporate Governance Manager led a discussion. Reflections included the way in which information was provided to Governors, the need for up to date information, the positive detailed provided in the agenda pack as well as the Trust's use of digital and focus on health inequalities and the relevant NED that would focus on these areas.

28/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 28 January 2026

SIGNED:

DATE:

Minutes

Membership Committee

Thursday 2 October 2025

17.30 –18.40

Video Conference Call

Present

Mr. Richard Havelock	(Volunteer Governor) (Chair)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Oke Eleazu	(Chair of the Trust) (from Minute 18/25)
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)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board, SEND)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical & Dental)
Ms. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mrs. Jessica Grierson	(Staff Governor, Admin/Management)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Mr. Tony Page	(Public Governor, Reading)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

There were no declarations of interest or members of the public present.

16/25 Member Issues and Feedback

A governor provided feedback regarding an observation within the Emergency Department (ED) highlighting that reception staff did not routinely ask patients whether they had any additional or special needs.

The Trust Secretary advised that this was currently an area of significant focus. Other Governors had raised issues regarding the ED reception and the Chief Nursing Officer had subsequently attended out of uniform to gather feedback. This additional issue raised would be added to the Governors' Question Log.

Action: C Lynch

The Committee considered that other issues raised related to neurodiversity and additional needs had not been fully addressed. The Committee requested whether clear signage could be displayed in the ED reception to support patients in this regard. It was agreed that the Trust Secretary would provide this suggestion to the leadership team. **Action: C Lynch**

Governors also added that patient flow was occasionally affected by the mispronunciation of patient names. It was suggested that staff could make use of available Artificial Intelligence (AI) applications to support accurate pronunciation. It was agreed that this would be emailed to the Trust Secretary for inclusion in the Governor Question log. **Action: D Browne**

The Trust Secretary outlined that, whilst Governors had previously suggested a digital solution the Trust's capital resources were significantly challenged and this would need to be prioritised by the area concerned against any other capital spend.

17/25 Minutes for Approval: 2 July 2025 and Matters Arising Schedule

The minutes of the meeting held on 2 July 2025 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule. All actions were completed.

18/25 Membership Update

The Corporate Governance Officer introduced the report and advised that the current membership stood at 11,034, representing an increase of 98 members since the last meeting. Membership analysis indicated that the under-30 age group remained underrepresented within the overall membership profile.

The Corporate Governance Officer advised that Pulse Magazine was now distributed on a quarterly basis. The next edition was currently in preparation and would feature an article by Terri Walsh, Public Governor for Wokingham.

In response to a query regarding the fluctuation in public membership, the Trust Secretary reported that the names of six public members had been removed following a data cleanse carried out to remove deceased members.

The Committee queried whether staff had access to Pulse Magazine. The Trust Secretary confirmed that the publication was uploaded to Workvivo, and managers were expected to cascade the content to staff that did not have direct access.

19/25 Membership Events

The Trust Secretary advised that the Annual General Meeting (AGM) had been attended by 95 people in total including both face-to-face and virtual attendees.

The Trust Secretary advised that feedback received was currently being reviewed. Whilst overall feedback had been positive there were a few critical remarks including issues regarding seating reserved for the Executive team. This feedback was slightly unfounded as the seating on the front row had been reserved for speakers as well as people with mobility issues; noting that a number of Board members had sat in various rows in the Lecture Theatre.

The Committee discussed feedback received from people attending the AGM. Overall, the event had been very well received with the presentations being described as excellent. However, the finance presentation had proven challenging to follow.

The Trust Secretary advised that the complexity of the presentation had been discussed with the interim Chief Finance Officer. However, there had been limited time available to revise the slides ahead of the event. As part of the preparation for the next event consideration would be given to seek feedback from Governors on the presentation slides.

Other suggestions from Governors included the event being held on the Royal Berkshire Hospital site and the use of Hospital Radio to advertise the event. These would be considered as part of future planning.

The Trust Secretary confirmed that all questions raised at the AGM would be included within the minutes. In addition, the presentation slides and video would also be published on the Trust website in due course.

The Committee noted the next event planned for 2025 was a webinar on Brainomix hosted by Dr Kiruba Nagaratnam. This would be advertised to the Trust Membership in due course.

20/25 Governor Training and Development

The Trust Secretary introduced the Governor Training and Development Plan for 2024/25 and highlighted that section 2.2 of the report indicated items previously agreed by the Membership Committee.

The Committee noted that some actions in bold had not yet been completed. The Committee also reviewed the proposals for forthcoming training and were invited to suggest any additional areas to be included.

A query was raised in relation to Governor training with access to the PALS and complaints team. The Trust Secretary advised that the PALS team had staffing challenges as well as an external review being undertaken and this could not be prioritised currently.

The Committee discussed the Integrated Care Board (ICB) Model blueprint, and learning more about the system. The Trust Secretary suggested that the finance and commissioning landscape training could be amalgamated with this.

Action: C Lynch

In response to a query raised in relation to the Trust Strategy Refresh and the NHS England 10-Year Plan, the Trust Secretary outlined that Governors had been provided with regular updates on several occasions. The Chair of the Trust advised that the Trust Strategy refresh was aligned with the 10 Year Plan, and the Governors would be sighted on this when appropriate.

A query was raised regarding greater visibility of the Trust's digital road map that was an essential part of the 10 Year Plan. The Committee noted that the Board was due to review the Digital Strategy as part of its Seminar in December 2025 and an update could be provided to the Council in February 2026.

Action: C Lynch

The Committee discussed how videos could be used for Governor training. The Trust Secretary highlighted that this suggestion had been raised at the Governor Task & Finish Group. It was noted that the Trust already provided a comprehensive induction pack for new Governors.

Whilst the production of dedicated training videos was recognised as a positive idea, it was acknowledged that resources were not currently available to progress this. However, it was agreed that training sessions already being delivered could be recorded and subsequently shared with Governors to support their ongoing development.

21/25 Council of Governors Objectives Review

The Trust Secretary outlined the Governors Objectives review 2024/25 and requested that comments from Governors should be submitted via email to the Trust Secretary directly.

22/25 Membership Strategy Review

The Trust Secretary highlighted that the review had been approved in February 2025. The Committee note the update.

23/25 Membership Terms Of Reference

The Committee received the terms of reference as part of the annual review cycle.

The Trust Secretary highlighted that the annual election of the Chair of the Committee was due in January 2026. All Governors would be invited to submit expressions of interest to the Trust Secretary at the appropriate time.

24/25 Work Plan

The Committee noted the work plan.

25/25 Reflections of the Meeting

Richard Havelock led the discussion.

26/25 Date of the Next Meeting

It was agreed that the next meeting would take place in February 2026.

SIGNED:

DATE:

Title:	Governor Task & Finish Group Report
Agenda item no:	7
Meeting:	Council of Governors
Date:	26 November 2025
Presented by:	Paul Williams & Joshua Wilson (Joint Chairs Governor Task & Finish Group)
Prepared by:	Corporate Governance team

Purpose of the Report	The Council is asked to review and recommend or approve the initiatives in the report.
------------------------------	--

Report History	NA
-----------------------	----

What action is required?							
Assurance		Information		Discussion/input		Decision/approval	X

1 Summary

- 1.1 The Task & Finish Group was set up for a six-month period for the purpose of considering new initiatives, tasks and areas of activity for the Council to include within its work programme.
- 1.2 The meeting in October 2025 finalised the suggested improvements to be submitted for recommendation to the Council of Governors to approve.

2. Conclusion

- 2.1 The following ideas are recommended to the Council to approve:

Recommended Initiative	Next Step	Committee Route
Governors to observe Board Sub-Committees	The Council is asked to consider whether a proposal should be submitted to the Board for consideration.	Board of Directors
Developing training videos (including for Induction) to build a strong Council of Governors for public accountability of the Trust. This would also allow access, anytime anywhere	This proposal will be considered as part of the Membership Committee remit pending capacity in the Communications team.	Membership Committee

Governors to attend Patient Experience Committee	The Council is asked to consider whether a proposal should be submitted to the Executive Lead (Chief Nursing Officer) for consideration.	N/A.
--	--	------

The following ideas will be progressed via existing mechanisms without the need for formal approval:

Recommended Initiative	Next Step	Committee Route
Informal coffee meetings between NEDs and Governors	This is for the Chair and NEDs to consider	N/A
Governor Information point at the Royal Berkshire Hospital site	The Corporate Governance team will liaise with the patient experience team for availability of the Main Entrance, Level 2 and a proposal submitted to the Membership Committee in February 2026.	Membership Committee
Independent verification of election committee Chairs	A protocol will be developed and submitted to the Council for approval. This will then form part of the overall Governance Handbook.	Council of Governors
Piloting a hybrid meeting at the Reading site	This will be piloted for the Membership Committee in February 2026 pending availability of Lecture Theatre 1 that is the only room in the TEC with hybrid facilities.	Membership Committee

Title:	Governor Question Log
Agenda item no:	9
Meeting:	Council of Governors
Date:	26 November 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Manager

Purpose of the Report	To provide the Council of Governors with an overview of the Governor Question Log since the last meeting.
------------------------------	---

Report History	None
-----------------------	------

What action is required?	
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 where possible.
- 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

No.	Date	Governor	Query	Response
205	19 August 2025	Alice Gostomski	<p>The Orthopaedic department routinely has appointments up to 5pm and many patients attending these have mobility issues.</p> <p>Governors have previously asked whether there is any possibility of extending the time of the Buggy being available and many of the Buggy drivers have stated they would be happy to extend the service to 5pm.</p>	<p>The Trust reviews the buggy service annually looking at usage and feedback. However, we have taken on board this query, and have undertaken an audit with our buggy drivers, outpatient clinic receptions and the complaints department.</p> <p>The results of this were overwhelmingly positive and without any concerns being raised from patients and the clinic areas. It was identified that OPD's prioritised patients requiring the buggy on the clinic lists.</p> <p>Out of 30 buggy drivers audited, 8 felt they would like to trial a later finish, which we will plan for the new year as this will require complex session and shift change planning, how drivers will be called and staff support.</p>
206	22 August 2025	Miranda Walcott	<p>Constituents from Reading and Wokingham's Children and Young People Me2 club, have asked if the hospital have plans to address the waiting rooms, as they can cause anxiety, for children and young people who have a Special Educational Need and/or Disability.</p> <p>This is due to knowing they will have to wait, and there is a wide range information about health problems in the waiting rooms which can cause a challenge for or young people with additional, some who may already have health anxiety?</p>	<p>The Trust continually strives to meet the Royal College of Paediatrics and Child Health guiding principles for the delivery of care to children and young people in hospital settings. These principles recommend that audio and visual separation with additional play resources are available for all ages of children and young people (CYP).</p> <p>We see and treat children in outpatient settings in several locations across our sites in order to meet the accessibility needs of our local population. We have also reviewed our outpatient services across all our sites and have improved the play facilities for children and young people.</p> <p>We recognise that our Emergency Department (ED) can be a very daunting environment for children and young people, especially for those with additional needs. We have recently developed a paediatric Same Day Emergency Care (SDEC) pathway that enables some of our children and young people requiring urgent treatment to be cared for in a dedicated area away from ED which is a quieter and calmer environment. This new pathway also means that many children will wait for less time to receive the care they need in both Emergency Department (ED) and the Same Day Emergency Care (SDEC) areas.</p> <p>Overall, and in alignment with our Children & Young Person Strategy, the Trust is committed to improving the experience of our children and young people (CYP) under our care and all of this work is overseen by the Care Groups and the Children and Young People (CYP) Steering Group that is chaired by the Chief Nursing Officer.</p>

207	10 September 2025	Adrian Mather	A number of recent cyber- attacks are likely due to weak	
-----	-------------------------	------------------	---	--

		<p>password security e.g. short passwords and or sharing of passwords.</p> <p>Please describe RBH password security and any measures which are being proposed to increase password security.</p> <p>Typically, there is weaker security on non-production data centres / systems / applications. Please describe any differences between non- production and production environments. Please note that “small” applications which may be owned or administered by front line teams may have weaker security than mainstream systems.</p>	<p>Regarding the inquiry about environments (point 2), we do not maintain a separate development environment; therefore, all systems reside in the production environment and are subject to the same security policies.</p> <p>The core of this question, however, appears to be about enforcing policy on systems that don’t use Active Directory (AD) authentication.</p> <p>Policy Compliance for Non-AD Systems</p> <p>We can enforce policy on systems that are <i>capable</i> of non-AD authentication but not on those that are fundamentally unable to do so. In cases where the system cannot enforce the policy automatically, the Information Asset Owner (IAO) is responsible for ensuring compliance with all relevant policies.</p> <p>This distribution of responsibility is formally defined in the "Roles and responsibilities" section of document CG099:</p> <p>Information Asset Owners - All assets should have a designated Asset Owner.</p> <p><i>Asset owner responsibilities include:</i></p> <ul style="list-style-type: none"> • <i>Ensuring information and information assets are appropriately classified;</i> • <i>Ensuring that employees understand security policies, procedures, and responsibilities in relation to the asset;</i> • <i>Approving appropriate data access, allowing staff to complete business-related tasks;</i> • <i>Defining and periodically reviewing access restrictions and classifications, taking into account Information, Data Asset & Risk Management Policy</i> • <i>and IT Systems Access, Remote Access and Electronic Communications Policy, as well as applicable access control procedures and matrices;</i> • <i>Defining appropriate data retention, storage and handling requirements;</i> • <i>Reviewing, evaluating, and responding to all security violations reported against employees, and taking appropriate action; and</i> • <i>Communicating in accordance with local procedures when employee departures, arrivals, and changes affect computer access.</i>
--	--	--	---

208	10 September 2025	Tom Duncan	<p>I declare an interest as I sit on a clinical data committee, for which I have one hour of job- planned time per week.</p> <p>Despite the Trust's investment in the Cerner EPR, clinicians and committees currently have less access to usable clinical data than we did 10 years ago.</p>	<p>The Trust is currently revamping the Trust Strategy and, in tandem, updating our digital strategic plan to better align with our strategic ambitions. Through a series of engagement workshops and feedback sessions, we have pinpointed "access to real-time data for quick decision-making" as a key theme for our digital strategic roadmap. We are dedicated to developing a local strategy, supported by the wider system and regional data stores, to provide clinicians, patients, and service users with the necessary information for analysis, future planning, or real-time status updates. Additionally, we are focusing on data security policies to ensure that data is never shared or displayed inappropriately.</p>
-----	-------------------------	---------------	--	---

			<p>Many experienced analysts have left, Cerner DA2 is unsupported, and existing dashboards are not being maintained. Although the Health Data Institute is in theory available for internal work, in practice its funding and governance arrangements make access overly complex.</p> <p>As a result, clinicians are often reduced to manually extracting small samples from individual records into spreadsheets, when we should be able to analyse thousands of records to drive quality improvement, audit, and operational learning.</p> <p>What assurance can the Board give that there is a coherent strategy and sufficient investment to maintain existing dashboards, simplify access to the HDI, and develop reliable, clinically useful data and analytics to support internal audit, quality improvement, and operational decision- making?</p>	
209	10 September 2025	Tom Duncan	For several years I have raised the issue of smoking on Trust premises. Despite repeated promises of action, staff and	

Governor Questions Log

			<p>visitors continue to smoke in stairwells and directly outside office windows, forcing staff to keep windows shut in summer. Engagement exercises, signage, and commitments made over two years ago have not led to meaningful change.</p> <p>How are NEDs assuring themselves that the Trust's smoke-free site policy is being properly enforced, what evidence will they require to be confident it is effective, and by when will this assurance be reported back to the Council of Governors, given how long this issue has been outstanding?</p>	<p>The Trust is committed to all our sites being smoke free and this has been evidenced through signing the smoke free pledge and updating our smoking policy (Smoke Free Policy, CG577).</p> <p>Focused improvement work has been in place for over 18 months and this relates to signage, leadership walk arounds, staff & patient health checks and engagement with our partners at smoke free life Berkshire to have continual presence on our sites for patients and staff.</p> <p>When incidents have been raised these have been taken seriously and acted upon.</p> <p>We continue to move forwards and take this seriously as part of our role as a health promoting hospital and in relation to the 10-year health plan with the shift to prevention. This is an area of improvement work that requires everyone's engagement, support as well as a compassionate coaching style approach to conversations and signposting. We continue to be open to working together and hearing new ideas to help address this area of improvement.</p>
210	2 October 2025	Darren Browne/ Maria Norville		<p>The Chief Nursing Officer completed a spot check in the area. 10 different staff members were observed across different staff groups and they all practised in a very similar way.</p> <p>The issue of pronunciation could be an issue anywhere in the Trust & staff will try their best to use the correct name, we obviously work as part of a diverse team so teams will be supporting each other to ensure they use the correct pronunciation.</p> <p>The speed at which patients were being called through was also significant – 21 patients in 35 minutes. We would have to equally be mindful if there was a tanoy style system (I know we are considering patient portal options too) that this would not cause excessive noise and we would need to consider that for neurodiversity and also those with physical health symptoms, eg headaches etc.. A tanoy with no noise and just names flashing up is another option, but due to</p>

			<p>Can clear signage be displayed in the ED reception for patients with neurodiversity and additional needs?</p> <p>Can staff use AI application to support pronunciation of patient names?</p> <p>Can the screen already in situ in A&E be used to provide information about the hospital as well as flash up patient names - just like GP surgeries do? What is the cost of the software needed? If it is not affordable in 2025/26 can it be budgeted for 2026/7?</p>	<p>the size of the area and the central pillar this would also not be a total failsafe.</p> <p>Overall, we have a plan in place with DDaT to review the space with our ED / UCG team.</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>
211	13 November 2025	Clive Jones	<p>Can we find out if these problems with the new system Medisight can be addressed? What is the cost to get it working properly? Are any other parts of the hospital using the system for their appointments? What was the cost of replacing the system?</p>	<p>The mediSIGHT system is an Ophthalmology specific EPR that went live on 1 September 2025 and is an upgraded version of our previous ophthalmology EPR, which was no longer supported and had significant ongoing support costs. We are aware that there have been some teething issues with the new system, which are being worked through with the Digital, Data and Technology (DDaT) team, along with support from the software provider and the department.</p> <p>Whilst Ophthalmology clinics have been operating at reduced capacity while this work has been ongoing, clinic numbers have been increasing, and a plan is in place to return to full capacity from 1 December 2025.</p>

