

Membership Committee - February 2026

MEETING
10 February 2026 17:30 GMT

PUBLISHED
5 February 2026

Agenda

Location	Date	Time
Room 3, Level 4, Royal Berkshire Hospital/Video Conference Call	10 Feb 2026	17:30 GMT

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Richard Havelock		-
2	Member Issues and Feedback (Verbal)	Richard Havelock	17:30	-
3	Minutes for Approval: 2 October 2025 & Matters Arising Schedule	Richard Havelock	17:40	3
4	Membership Update	Kerrie Brent	17:45	8
5	Governor Training & Development	Caroline Lynch	18:05	12
6	Work Plan	Caroline Lynch		150
7	Reflections of the Meeting:	Joshua Wilson	18:25	-
7.1	How did we feel/think during discussions?			-
7.2	What improvement/s do we need to make to be more effective?			-
8	Date of Next Meeting: Wednesday 8 April 2026 at 17.30			-

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:

Membership Committee Matters Arising Schedule

Agenda Item 3

Date	Minute Ref	Subject	Matter Arising	Owner	Update
2 October 2025	16/25	Member Issues and Feedback	The issue regarding ED reception staff not routinely asking patients about additional or special needs to be added to the Governors' Question Log.	C Lynch	Completed. Added to the question log and a response provided.
2 October 2025	16/25	Member Issues and Feedback	Suggestion regarding clearer signage in ED reception to support patients with neurodiversity and additional needs to be provided to the leadership team.	C Lynch	Completed. Added to the question log and a response provided.
2 October 2025	16/25	Member Issues and Feedback	Suggestion regarding the use of AI applications to support accurate pronunciation of patient names to be emailed to the Trust Secretary for inclusion in the Governors' Question Log.	D Browne	Completed. Question received and added to the question log and a response provided.
2 October 2025	20/25	Governor Training and Development	Finance and commissioning landscape training to be amalgamated with learning on the ICB model blueprint.	C Lynch	Completed. Item on the agenda.
2 October 2025	20/25	Governor Training and Development	Update on the Trust Digital Strategy to be provided to the Council of Governors following Board Seminar review.	C Lynch	This will be scheduled as part of the Council meetings.

Title:	Membership Update
Agenda item no:	4
Meeting:	Membership Committee
Date:	10 February 2026
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Manager

Purpose of the Report	This report sets out the changes in membership figures since the last Committee meeting. Total membership now stands at 10,839 a decrease of 195 members since the last meeting.
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Report History	N/A
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What action is required?	
Assurance	
Information	To note the report
Discussion/input	
Decision/approval	

1 Membership Figures

- 1.1 Current membership is 10,839 that is a decrease of 195 members since the last meeting in October 2025.
- 1.2 The Trust currently has:
 - (a) 3,674 public members (increase of 1 member)
 - (b) 430 volunteer members (decrease of 50 members)
 - (c) 6,735 staff members (decrease of 146 members)
- 1.3 A breakdown of public membership by constituency is provided below.

Public Constituencies	No of Members
East Berkshire and Borders	833
Reading	1050
South Oxfordshire	177
West Berkshire and Borders	600
Wokingham	901
Out of Trust Area	23
Not Specified	90
Total	3,674

2 Membership Representation

- 2.1 Membership remains under represented until we reach the 30+ age groups.
- 2.2 The 60+ age categories remains the highest represented in the public constituencies and the 30- 39 age category the highest represented in the staff group.
- 2.3 The number of public members had increased by 6 since the last meeting. However, there had been 5 leavers; all of whom have deceased.

3 Pulse Magazine

- 3.1 The Pulse magazine article is distributed on a monthly basis to provide updates from the Trust. The magazine is also circulated to staff and volunteers and available for members to view on the Trust website.
- 3.2 Since the meeting in October 2025, the following edition was circulated to public members.

December 2025 – the edition was sent to 2,138 public members with a valid email address. 41% of recipients opened the magazine line. 6% lower than in the previous edition.

- 3.3 The Pulse magazine is distributed on a quarterly basis to provide updates from the Trust.
- 3.4 The magazine is also circulated to staff and volunteers and available for members to view on the Trust website.
- 3.5 A revised schedule has been created for Governor Articles for Pulse Magazine for 2026 in line with the change in distribution inductions.
- 3.6 The next issue is due to be circulated in March 2025.
- 3.7 Since the last meeting, the following other communications were circulated to public members.

October 2025 – ‘Artificial Intelligence’ in Acute Stroke Care Webinar

The Committee is asked to note the update on membership figures.

4 Attachments

- 4.1 The following are attached to this report:

Appendix 1 – Membership figures & analysis

Appendix 2 – Pulse Membership Magazine – Governor Article schedule

Appendix 1 – Membership figures & analysis as at 22 January 2026.

	Public	Staff	Volunteers	Total
TOTAL MEMBERSHIP	3,674	6,735	430	10,839
Age				
0-16	4	0	0	4
17-21	59	63	71	193
22+	3,363	6,672	359	10394
Not stated	248	0	0	248
TOTAL	3674	6,735	430	10839
Age 22+ breakdown				
22-29	87	936	44	1067
30-39	309	2098	30	2437
40-49	458	1622	37	2117
50-59	570	1376	57	2003
60-74	1,012	620	135	1767
75+	927	20	56	1003
TOTAL *does not include Not stated or Age 0-21	3363	6,672	359	10394
Gender				
Unspecified	199	0	0	199
Male	1,566	1,611	133	3310
Female	1,909	5,124	297	7330
TOTAL	3674	6,735	430	10839
Ethnicity				
White - English, Welsh, Scottish, Northern Irish, British	2,698	2,528	135	5,361
White - Irish	35	100	4	139
White - Gypsy or Irish Traveller	1	0	0	1
White - Other	133	552	9	694
Mixed - White and Black Caribbean	18	35	0	53
Mixed - White and Black African	10	31	0	41
Mixed - White and Asian	19	46	0	65
Mixed - Other Mixed	26	53	2	81
Asian or Asian British - Indian	132	723	39	894
Asian or Asian British - Pakistani	68	146	5	219
Asian or Asian British - Bangladeshi	4	27	3	34
Asian or Asian British - Chinese	20	92	7	119
Asian or Asian British - Other Asian	58	699	16	773
Black or Black British - African	81	575	14	670
Black or Black British - Caribbean	26	98	3	127
Black or Black British - Other Black	4	53	2	59
Other Ethnic Group - Arab	62	0	0	62
Other Ethnic Group - Any Other Ethnic Group	27	286	5	318
Not stated	252	691	186	1,129
TOTAL	3,674	6,735	430	10,839

Appendix 2 – Pulse Membership Magazine – Governor Article schedule

Month	Governor Article
October 2025	Terri Walsh, Public Governor, Wokingham
March 2026	Maria Norville, Public Governor, Wokingham
June 2026	Yaman Islim, Public Governor, East Berkshire & Borders
September 2026	Madan Uprety, Staff Governor, HCA/Ancillary
December 2026	Tony Page, Public Governor, Reading

Title:	Governor Training & Development
Agenda item no:	5
Meeting:	Membership Committee
Date:	10 February 2026
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Manager

Purpose of the Report	To provide an update of governor training and development.
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Report History	n/a
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What action is required?	
Assurance	
Information	To note the progress made in training & development in 2025 and 2026.
Discussion/input	
Decision/approval	

1 Introduction

1.1 The democratic nature of the Foundation Trust model places an onus on trusts to effectively develop and equip Governors with the skills necessary to carry out their role. This has been recognised in legislation.

2 Governor Training & Development 2025/26

2.1 The Membership Committee received an update in October 2025 on the training and development programme delivered during 2024/25 and planned for 2025/26. The Committee also agreed the training and development topics to be scheduled for 2026/27.

2.2 For 2026/27, the Committee approved the following programme:

- Workvivo Training (Face to Face)
- NHS Finance
- Integrated Care Board (ICB) including Model blueprint
- Equality, Diversity and Inclusion
- Patient Experience/Patient Leaders
- Chaplaincy
- Adult and Children Safeguarding

2.3 A further request was received in 2025/26 for a Membership Event Webinar on the use of Artificial Intelligence (AI in Stroke Care). This was delivered in November 2025.

3 Governor Task & Finish Group Proposals

3.1 At the Council of Governors meeting on 26 November 2026, several proposals from the Governor Task and Finish Group were referred to the Membership Committee for consideration.

3.2 **Developing Governors: Training videos:** The proposal to develop a series of training videos for Governors that would be considered pending capacity in the Communications team. The Communications Team are currently operating with reduced staffing levels and are therefore unable to take this forward at present. The Committee would be asked to monitor this and revisit later in the year.

3.3 Further to this, a Governor Induction session was held in December 2025. Presentations were provided by the Trust Secretary, Chief Executive, and Lead Governor ending with a question-and-answer session. The session was recorded and shared with all Governors. The next induction session would be scheduled following the summer elections in 2026.

3.4 **Governor Information Point:** the Trust Secretary has liaised with the Voluntary Services Team to confirm availability of the Main Entrance (Level 2). Two pilot dates have been identified:

Thursday 26 March 2026 - 10.00 – 2.00

Tuesday 28 April 2026 - 10.00 – 2.00

3.5 A minimum of four Governors is suggested to host each session. A member of the Corporate Governance Team will provide on-site support and materials. Feedback received from the Voluntary Services team has highlighted that footfall around the Main Entrance area is limited on Mondays and Fridays.

3.6 **Piloting a hybrid meeting at the Reading site:** The proposal to pilot a hybrid meeting at the Reading site is being taken forward. This meeting is being trialed in a hybrid-format in the Level 4 Boardroom, which is equipped with appropriate facilities. However, going forward in the event of this being adopted meetings would be held in the Trust Education Centre.

3.7 **Protocol for Appointment of Governor Chairs of Committees:** As agreed, the protocol has been shared with governors and is included as an appendix to this report.

4 Membership Events

Artificial Intelligence (AI in Stroke Care) Webinar

4.1 Our recent membership event 'Artificial Intelligence' In Acute Stroke Care' - Webinar was held in November 2025 and delivered as a webinar by guest presenter Dr Kiruba Nagaratnam.

4.2 The session was promoted to Governors and the wider membership via the membership database and through direct communications.

4.3 Despite these efforts, engagement was low. 21 individuals registered for the event. However, only seven attended on the day (six Governors and one public member). Reminder emails were issued both the day before and the morning of the event to support attendance, but this did not translate into increased participation.

4.4 The session was recorded and has since been circulated to all Governors and made available on the Trust website. It will also be highlighted in the next edition of Pulse magazine.

5 Conclusion

5.1 The Committee is asked to **NOTE** the report and updates.

6 Attachments

- (a) Governor Welcome and Induction Pack 2026
- (b) Protocol for Appointment of Governor Chairs of Committees

RBFT Governor Welcome and Induction Pack



Pack updated: February 2026

Compassionate Aspirational Resourceful Excellent

Contents

Welcome and congratulations on becoming a Governor of the Royal Berkshire NHS Foundation Trust.

In this pack you will find:

Forms to be signed and returned:

1. The Code of Conduct for Governors
2. A register of interests form
3. ID form [REDACTED] This item has been redacted
4. Contact detail questionnaire

Other information provided:

5. Our Trust Strategy 2025-2030 & Values
6. Behaviours Framework 2025
7. Board of Directors & Council of Governors Committee Structure
8. Calendar of meetings
9. List of key contacts
10. High level organisational charts
11. Board Committee Chairs & Non-Executive Directors list
12. Governors Role Description
13. Council Governance Structure
14. Protocol for Appointment of Governor Chairs of Committees
15. List of key resources and links
16. Membership Engagement Strategy 2024/26
17. Jargon buster
18. Governor questions log
19. How to apply for a parking permit
20. Protocol for Governor Attendance at Part 2 of Board Meetings



Governance Handbook Section C1

Code of Conduct for Council of Governors

Agreed:
Last Reviewed

March 2006
February 2022

Code of Conduct for Council of Governors

Introduction

1. This Code seeks to outline appropriate conduct for Governors and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied; however a code is considered an essential guide for Governors, particularly to provide a source of guidance and advice to those who are newly elected.
2. As a member representative, sometimes dealing with difficult and confidential issues, Governors are required to act with discretion and care in the performance of their role. Governors are required to maintain confidentiality with regard to information gained via their involvement with the Trust.
3. The Code seeks to expand on and complement our Constitution.
4. All Governors are expected to sign a declaration to confirm that they will comply with the Code in all respects and that, in particular, they support the Trust's objectives.

Qualifications for office

5. Governors must continue to comply with the qualifications required to hold public office throughout their period of tenure. The Trust Secretary must be advised of any changes in circumstance which may disqualify a Governor from continuing in office. For example, a Governor moving out of the constituency they were elected by or (other than the elected staff governors) becoming an employee of the Trust.
6. All Governors will be expected to understand, agree and promote the Trust's Equal Opportunities Policy in every area of their work.
7. One of the key objectives of the Council of Governors is to promote social inclusion throughout its work. As such, the development and delivery of initiatives should not prejudice any part of the community on the grounds of age, race, disability, marital status sexual orientation or religious belief. The promotion of any personal or political view that undermines this prime objective of the Trust are grounds for dismissal from the Council of Governors.
8. Elected Governors (ie not partner governors) who are members of any trade unions, political party or other organisation should recognise that they will not be

representing those organisations (or the views of those organisations) but will be representing the constituency (public or staff) that elected them.

9. Governors are expected to uphold the seven principles of public life as detailed by the Nolan Committee (please see below).

Role and function of the Council of Governors

10. Governors must:

- Adhere to the Trusts rules and policies, including the Constitution, Standing Orders and Standing Financial Instructions, and support its objectives, in particular those relating to NHS Foundation trust status and developing a successful Trust
- Act in the best interests of the Trust at all times
- Contribute to the working of the Council of Governors in order for it to fulfil its role and functions as defined in the Constitution
- Recognise that their role is a collective one. Collective decision making is exercised at Council meetings and Governors support decisions made by the Council even if against their own wishes. The outcome of collective decision making is recorded in the minutes. Outside Council meetings a Governor has no more rights and privileges than any other member.
- Support and assist the Chief Executive, as Accountable Officer, in his / her responsibility to answer to the Independent Regulator of NHS Foundation Trusts (Monitor), Commissioners and the Public in terms of fully and faithfully declaring and explaining the use of resources and the performance of the Trust in putting national policy into practice and the delivery of NHS targets.

Confidentiality

11. All Governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors.

Conflicts of Interest

12. Governors should be honest and act with the utmost integrity, probity and objectivity and in the best interests of the Trust in performing their duties. They

should not use their position for personal advantage or seek to gain preferential treatment. They should declare any conflicts of interest which may arise and should not vote on any such matters. If in any doubt they should seek advice from the Trust Secretary. It is important that conflicts of interest, actual or potential, are addressed and are seen to be actioned in the interests of the Trust and all the individuals concerned.

13. Governors must declare any involvement they may have in any organisation with which the Trust may be considering entering a contract.
14. There will be a register of Interests in which Governors must enter any pecuniary and non-pecuniary interests. Failure to do so may result in dismissal from the Council of Governors. The Register of Governors interests is a public document that will be available on the Trust's web site and by request to the Trust Secretary.

Meetings of the Council of Governors

15. Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Trust Secretary in advance of the meeting.
16. Absence from the Council of Governors meetings without good reason established to the satisfaction of the Council of Governors is grounds for dismissal. Absence from three consecutive meetings will result in the Governor being deemed to have resigned their position unless the grounds for absence are deemed to be satisfactory by the Council of Governors.
17. Governors are expected to attend for the duration of each meeting.

Personal Conduct

18. Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others they are required to:
 - Ensure that fellow Governors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded.
 - Adhere to good practice in respect of conduct of meetings and respect the views of their fellow Governors

- Be mindful of conduct which could be deemed to be unfair or discriminatory
- Treat the Trust's Directors, other employees and fellow Governors with respect and in accordance with the Trust's policies.
- Recognise that the Council of Governors and management have a common purpose, ie the success of the Trust, and so demonstrate their commitment to working as a team member by working with all their colleagues in the NHS and the wider community.
- Conduct themselves in a manner which reflects positively on the Trust. When attending external meetings or any other events it is important for Governors to be ambassadors for the Trust.
- Seek to ensure that the membership of the constituency, or partner organisation, they represent are properly informed and that their views are fed back to the Trust.

Communication

19. With regard to liaison with the media, Governors must seek the advice of the Trust Secretary before making comment to or responding to the media.
20. Governors must comply with the Rules of Procedure for Council of Governors meetings when submitting items for consideration by the Council.
21. Issues of a key or strategic nature should be submitted to the Chair or Secretary in writing.

Accountability

22. Governors are accountable to the membership and should demonstrate this. They should attend events and provide opportunities to interface with the members or partner organisations they represent in order to best understand their views.

Training and development

23. Training and development are essential for Governors, as for all staff, in ensuring effective performance of their role. Governors will be expected to participate in

training and development as provided by the Trust, including mandatory induction events.

Visits to Trust Premises

24. Governors will undoubtedly wish, as part of their role, to visit Trust premises. However, Governors will recognise that, as the Trust buildings are busy facilities. It is important for visits to be planned to coincide with operational requirements and may need to be conducted in groups to maximise staff availability.
25. When the Governors wish to visit the premises of the trust in a formal capacity as opposed to individuals in a personal capacity, they should liaise with the Trust Secretary to make the necessary arrangements.

Non-compliance with the Code of Conduct

26. Non-compliance with this Code of Conduct may result in action being taken as follows:
 - Where misconduct takes place the Chair may be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.
 - Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct. In such instances it will be the responsibility of the Council of Governors to:
 - Notify the Governor in writing of the charge/s, detailing the specific behaviour which is considered to be detrimental to the trust, and inviting and considering their response within a defined timescale.
 - Inviting the governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence.
 - Deciding, by simple majority of those present and voting, whether to uphold the charge of conduct detrimental to the trust.
 - Impose such sanctions as shall be deemed appropriate. Sanctions will range from the issuing of a written warning as to the Governors future conduct and consequences, non-payment of expenses and the

removal of the governor from office.

- In order to aid participation of all parties, it is imperative that all Governors observe the points of view of others and conduct likely to give offence will not be permitted. The Chair will reserve the right to ask any member of the Council of Governors who (in his / her opinion), fails to observe the code to leave the meeting.

27. This Code of Conduct does not limit or invalidate the right of the Governor or the Trust to act under the Constitution.

The Seven Principles of Public Life (Nolan Principles)

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Declaration:

I (print name) agree to abide by the Code of Conduct of the Council of Governors of The Royal Berkshire NHS Foundation Trust.

Signature

Date

Declaration of Interests by a Governor

Notification of Interest by a Governor

I have read the list of relevant and material interests overleaf and affirm that

I do not have any interests to declare #

I have the following interests #

[# Please delete as appropriate]

Signed:

Print Name:.....

Date:.....

Interests which should be regarded as relevant and material and which, for the purposes of clarity should be declared are:

1. Any directorship of a company
2. Any interest held by a Governor in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust
3. Any interest in an organisation providing health and social care services to the National Health Services
4. A position of authority in a charity or voluntary organisation in the field of health and social care.
5. Any connection with any organisation, entity or company considering entering into a financial arrangement with the Trust including but not limited to lenders or banks

Exceptions which will not be treated as material interests are as follows

1. Shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange
2. any employment contract held by a Staff Governor
3. a contract with their CCG held by a CCG Governor
4. an employment contract with a local authority held by a Local Authority Governor
5. an employment contract with a partnership organisation, held by a Partnership Governor

Governor Contact Detail Questionnaire

1. Full Name.....

2. Mr/Mrs/Ms/Dr/other (please specify).....

3. *Contact Information*

For Trust use only – please note phone numbers and email addresses will be shared with other Governors unless you confirm otherwise

(a) Full postal address.....

(b) Phone number.....

(c) Email address.....

(d) Preferred method of contact.....

Signed.....

Print Name.....

Date.....

Our Trust Strategy 2025 - 2030



Welcome

At Royal Berkshire NHS Foundation Trust, we stand on the shoulders of nearly two centuries of compassionate care, community service, and clinical excellence. Our Royal Berkshire Hospital is older than the NHS itself, woven into the fabric of our communities across Berkshire and beyond.

Over the last 200 years, our communities have changed: in their makeup, their expectations, and their needs. Yet throughout this time, Royal Berks has remained a constant; pioneering then and pioneering now.

But legacy alone is not enough. The world is changing, and so must we.

Our vision, [working together to provide outstanding care for our community](#), is the foundation of everything we do. As we look to the future, our refreshed Trust strategy sets an aspiration that firmly places Royal Berks at the centre of the biggest industrial revolution in healthcare since the 19th century. And just as our founders did nearly 200 years ago, we are stepping forward ready to shape the future of care, [driving improvement and enabling innovation](#).

At the heart of the Royal Berks are over 7,000 dedicated staff and volunteers who bring our values to life every day. Their compassion, aspiration, resourcefulness and excellence are what make outstanding care possible. They are the driving force behind our ambition for the future and we are committed to [supporting our people to thrive](#). Over the coming years we will prepare our workforce for tomorrow, equipping our people with the digital tools and confidence to lead the future of care.

With our Strategy refresh, we are embracing the NHS's 10-Year Health Plan to lead transformation through innovation. From artificial intelligence and data, to genomics, robotics and advanced diagnostics, we will harness the power of technology to personalise care, improve outcomes, and increase our productivity. These tools will help us in [delivering the highest quality of care for all](#), improving our patient and service user experience and providing safe, effective, and compassionate care.

More than 2,500 staff, volunteers, patients, community members, and partner organisations came together to shape this strategy. It is a shared commitment to delivering care and improving the health and wellbeing of our community. Together, we are [partnering for impact](#) to empower patients and citizens, support prevention in our communities and deliver more care closer to home.

This strategy reflects who we are, and who we aspire to be. We are [building a sustainable future together](#) and will now work closely with our staff, volunteers, patients, community and partners to take our strategy forward over the next 5 years and beyond.



Steve McManus
Chief Executive Officer



Oke Eleazu
Trust Chair



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About us

Royal Berkshire NHS Foundation Trust

The Royal Berkshire NHS Foundation Trust is one of the largest general hospital foundation trusts in the country. We are the main provider of acute and specialist services for Reading, Newbury, Henley-on-Thames, Wokingham and surrounding villages in Berkshire West and South Oxfordshire; serving a catchment area of over 600,000 people. In addition, we provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to 1 million.

We work across our 7 main sites - Bracknell Healthspace, Dingley Child Development Centre, Prince Charles Eye Unit, Royal Berkshire Hospital, Townlands Memorial Hospital, West Berkshire Community Hospital and Windsor Dialysis Unit - as well as providing care in different community locations and in people's homes.

A year at Royal Berks

7000 staff and volunteers

£650m turnover

715 inpatient beds

23 operating theatres

141,658 Emergency Department attendances

4702 births

761,364 outpatient appointments

225,713 outpatient procedures

29,305 Eye Casualty attendances

Our Partnerships

Thames Valley and Berkshire West

We work in close partnership with health, social care, and voluntary sector organisations across the Thames Valley Integrated Care System (ICS) to deliver coordinated, integrated care for our communities. As a member of the Thames Valley Acute Provider Collaborative (APC), we are committed to improving care quality, reducing health inequalities, and enhancing productivity by working together.

As the principal acute care provider in Berkshire West Place, we also collaborate with our Place-Based Partners to deliver outstanding care for our communities by working alongside colleagues in local government, primary care, and other health, care, and voluntary, community and social enterprise organisations. The Trust has been nationally recognised for our work with primary care and has an established partnership interface between the Trust and Primary Care.



Our Networks

The Trust works with a range of networks, including the Thames Valley Cancer Alliance and Thames Valley Clinical Network. We are a partner of Berkshire and Surrey Pathology Services (BSPS), one of the UK's largest NHS-led pathology networks, which provides diagnostic testing and analysis across five NHS Trusts.

Academia, Research and Innovation

We partner with several universities in our region to deliver across teaching, education, research, innovation and workforce development opportunities.

Through our strategic partnership with the University of Reading, we work together to transform the health and care of the people of Berkshire and beyond to advance healthcare practice and policy through excellence in innovation, research, and education.

Together with Health Innovation Oxford and Thames Valley, we support our innovators and the translation of research and development into clinical practice, such as the Brainomix programme utilising AI to support clinical decision making in Stroke care and access care more quickly.



Our changing context

Healthcare Challenges

We operate in a context of significant challenge and continuous change, perhaps more so now than ever before. The National Health Service (NHS) is at a historic crossroads. The Lord Ara Darzi Independent Investigation concluded the NHS was in 'critical condition' and unsustainable in its current form as demographic change and population ageing increase demand on an already stretched services. Outside the NHS, changes across local government and wider public services add further uncertainty. These evolving dynamics reinforce the importance of collaboration and adaptability as we plan for the future to collectively serve our communities.

10 Year Health Plan

The Government's 10 Year Health Plan for England, published during our strategy engagement, set out three major shifts that seek to ensure that the service is "fit for the future".

These shifts will shape the future of care:

- From treatment to prevention
- From hospital to community
- From analogue to digital

These shifts align closely with our ambitions and reflect what we heard from our patients, communities, staff, volunteers and partner organisations. They represent cross-cutting themes than run throughout this strategy and underpin our priorities for change.

Our Commitment

Over the period of this strategy, we will reaffirm and restore our constitutional standards, ensuring we deliver timely, high-quality care across both urgent and routine pathways.

We are committed to working with our partners to transform our models of delivery and redesign our services with our communities.

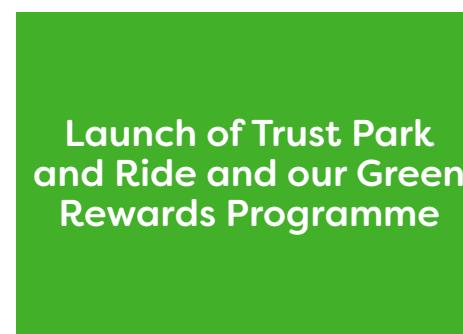
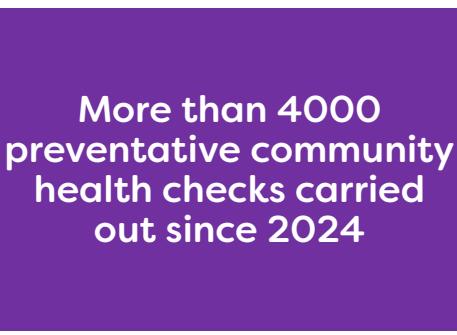
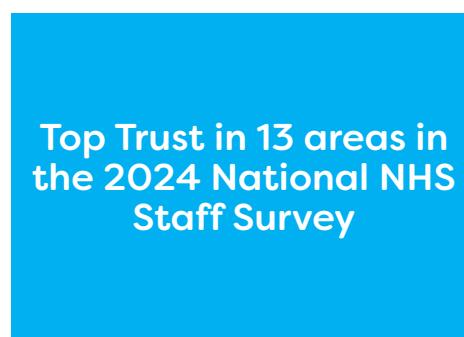
We will do this whilst building a financial sustainable and resilient organisation, equipped to serve future generations. By making best use of our estate, workforce, and resources, and by reducing our environmental impact, we will ensure that the Royal Berks remains a cornerstone of outstanding and sustainable care in the Thames Valley.

We will keep listening to our patients and communities, using their experience and feedback to shape services that feel joined-up, easy to navigate and responsive to individual needs. Our ambition is that every person cared for by Royal Berks has an experience of care that is timely, compassionate and consistently excellent, wherever and however they access it.



Our celebrations and achievements

Since we published our last Trust Strategy, Improving Together, in 2022, we have a lot to be proud of. Including:



Our strategic framework and values

Our vision

At the Royal Berkshire NHS Foundation Trust, our vision is "Working together to provide outstanding care for our community."

Our framework

Our strategic framework is organised into five strategic objectives, each of which are supported by multiple priorities and a range of enabling activities to drive our progress. These will be underpinned by a set of metrics and targets derived by ongoing work in continuous quality improvement.

Together with our CARE values and supporting strategies, this framework will support us in delivering our strategy and in achieving our mission. In the pages that follow we set out our goals and aims for each of our strategic objectives.

Our CARE values

Compassionate:

All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and their families with care and understanding.

Aspirational:

We strive to continuously improve, to be the very best that we can be – as individuals and as an organisation.

Resourceful:

We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways.

Excellent:

We commit to excellence in everything that we do – placing patient safety and quality at our heart. We learn from mistakes, we do what we say we are going to do while holding ourselves and colleagues to the highest standards.



1. Delivering the highest quality of care for all

At Royal Berks, our top priority is to provide the highest quality care to our patients and communities. High quality care is safe, effective, evidence-based, and centred around an individual's needs. It is not just about the right care at the right time, but also about choice, shared decision-making, and clear communication in every healthcare interaction.

Over the next five years, we will build on our strong foundations to make our care more personalised, improving how patients, families and carers navigate our services, and ensuring that everyone receives compassionate, accessible, and effective care.



Delivering the highest quality of care for all

To help deliver the highest quality of care for all, our priorities for the next 5 years are:

Person-centred and personalised care

Individualised for all our patients, reflecting their needs. One size doesn't fit all our patients, and over the next five years we will increase the personalisation of our services for each of our patients.

We'll empower patients to make informed choices and lead their care, continuing to strive to give patients the choice of care closer to home, delivering more services across all our sites and virtually, and using Patient Initiated Follow Up to give patients greater control over when and how to access follow-up care, based on their individual needs and preferences.

Our pathways will be transparent and optimised, continuously streamlining to improve our patient pathways from start to finish, making them easier to navigate, with clear expected waiting times.

As part of this, we will maximise our use of one-stop clinics and optimise our diagnostic pathways, and use personalised medicine and genomics advances to provide timely care specific to each individual patient.

Communication that works for everyone

We will embrace digital technology like the NHS app to improve patient and service user experience, to book appointments, provide clarity on waiting times, communicate with professionals, receive advice, co-produce and view their care plans, and self-service. As the NHS increasingly moves from 'analogue to digital' we will work with partners to support our digitally excluded patients and communities to improve their digital access and literacy, if they choose to, so that everyone can access the care they need.

We'll also support staff to be confident in having compassionate conversations and improve how information is shared across departments, so that our patients, families and carers experience more seamless care. We will provide clear information and helpful videos about our services, staff roles, and locations, especially for children, young people, and those with additional needs.

Increasing accessibility of all our services

Including improvements to our wayfinding and signage across our sites, our physical accessibility, and necessary travel and transport, including car parking. By maximising the use of our satellite sites, we will increasingly deliver services closer to where people live.

We will improve how we support our patients with additional needs, ensuring our communications and information reflect the different needs of our patients and strengthen our staff training.

Through our partnership with AccessAble and co-design with Disabled people in our patient community, we will continuously review and enhance accessibility across our sites, ensuring our facilities such as Disabled parking, drop-off zones and signage meet the highest standards.

Addressing health inequalities

By delivering care where it is needed most and co-designing services together. We will support attendance through flexible options and patient choice, translation services, and outreach such as our Meet PEET (Patient Engagement and Experience Team) and Seeking Sanctuary programmes.

We'll work with communities to co-create solutions that reflect their needs, especially in areas of highest deprivation, re-engineering our practices and services to remove exclusion.

Improving patient experience and comfort

We want all our patients, families and carers to feel safe, respected, and comfortable across all Royal Berks services. We will prioritise improvements in our busiest environments, such as the Emergency Department, and ensure spaces are supportive for our most vulnerable patients.

We'll also focus on practical things that make a real difference to our patients experience such as continuing to reduce unnecessary disruptions during sleep and mealtimes, informed by our patient feedback.

Listening, learning, and acting on feedback transparently

We will be transparent and share openly what we have learned and the steps we are taking to improve care, ensuring that feedback leads to actionable change that improves our patients' experience.

We will also work with our Patient Leaders to grow and improve how we capture feedback from our patients and communities, ensuring it is inclusive and represents those who we care for, so that every perspective can help improve our services.

We recognise the crucial role that families and carers play in supporting our patients. We will involve carers from the very beginning of care planning, supported by tools like the carer's passport. We will also build on our successful roll out of Martha's Rule, ensuring the voice of patients, families, carers, and staff are listened to and acted upon.



2. Supporting our people to thrive

Our people are at the heart of everything we do. The most consistent feedback from our patients and community has been about the compassion and professionalism of our staff and volunteers, and we are proud of the care and dedication they bring every day.

In our 2024 What Matters conversation, 97% of staff said they are committed to our CARE values, which underpin how we work with each other, and with our patients and community. Over the next five years, we will build on our CARE values, and this strong foundation to support, develop, and care for our staff so they can continue to provide the very best care to our patients and communities.



Supporting our people to thrive

Our priorities for our people over the next 5 years are:

Health and Wellbeing

We're proud that our people have ranked us as the Top Acute Trust for taking positive action on staff and wellbeing, and of our award-winning Oasis Centre for Staff Health and Wellbeing. We know that a focus on staff health and wellbeing matters to our people, and we will continue to act on staff feedback to expand and tailor our wellbeing offer across the Trust, embracing innovation and partnerships to do so.

Improving mental health will remain a key focus, with our staff able to access dedicated psychological support and preventative initiatives. We will also develop new and innovative pathways in areas such as workplace stress, and diabetes prevention, to enable our people to stay well.

Growing and supporting talent

Creating the next generation of Royal Berks and wider system leaders, with robust talent management, meaningful appraisals, clear objective setting, and career coaching.

We will create transparent pathways for development, supported by opportunities such as apprenticeships, secondments, and leadership programmes such as our RISE programme. All our people will have development pathways providing a roadmap for their future growth and support for career enhancement at the Royal Berks.

We recognise that we still have more to do to address the underrepresentation of minority, marginalised, and underrepresented communities in our senior leadership roles. Building on the success of our Global Majority Aspiring Leaders Programme, we will work to close this gap with expansion of our equality, diversity and inclusion actions.

Education, development, and training

Education, development and training are important to our staff, our patients and our community. We will strengthen our investment in training that builds compassionate and inclusive leadership across our organisation, while also developing skills and creating a culture where our people are supported to grow and deliver the very best care.

Multiprofessional by design, our training will promote collaboration across disciplines, ensuring teams learn together and from each other to improve our patient care. We will champion development across all staff groups and departments, with equitable access to opportunities and supportive management that enables every member of staff to thrive.

Preparing our workforce for tomorrow

We will equip our people with the digital knowledge, tools, and confidence to use new technologies safely and effectively, including Artificial Intelligence (AI), automation and advanced diagnostic tools.

We will transform and develop workforce models that respond to the healthcare needs of the future, invest in training, development and ongoing support to ensure our staff are confident in adopting innovation and using digital tools to enhance patient care, enabling us to respond to new opportunities to improve our care as they arise.

Strengthening our role as a community anchor

We will fulfill our responsibilities as a long-standing 'Anchor Institution' across our communities. As one of the largest employers in the local area responsible for spending significant funds and supporting the health of the Berkshire West population, we'll explore how our employment and procurement practices can deliver greater social value and drive economic growth for our communities.

By engaging with local schools to all our sites, via our Young Carers and Youth Forum programmes, we will build the Royal Berks workforce of the future and look to grow our recruitment from within our local communities, increasing the apprenticeship and other educational pathways into work. We will also develop our community partnerships to provide pathways and opportunities for care leavers and other under-represented groups.



3. Partnering for Impact

We work with hundreds of different partners to deliver patient care and improve the health and wellbeing of our community. Partnerships are central to our future success and to delivering high quality, joined-up care that meets the needs of our citizens. Many of our partners worked with us to create this strategy, sharing their views and ideas to improve how we work together.

The healthcare we deliver tomorrow will not look the same as it does today. Changing needs, evolving expectations, and advances in technology require new capabilities, different resources and learning from and alongside our partners.



Partnering for Impact

Our shared priorities for the next 5 years are:

Partnering for prevention

Every contact with our services is an opportunity to support prevention and early intervention. Together with our partners, we will identify the core areas of prevention, and the roles we play to improve them.

We will develop approaches such as preventative triage and build on our existing prehabilitation and 'waiting well' services to improve outcomes, reduce avoidable illnesses and support long-term healthy lifestyle change.

We already deliver many preventative services, such as breast and lung cancer screening checks, and health checks in our local community.

Over the next five years we will use our interactions to raise awareness and signpost patients to helpful services and information, and to encourage healthier lifestyle choices.

Neighbourhood healthcare, closer to home

Joined up care closer to home, that supports people to improve their wellness and better manage their conditions is at the heart of the government's 10 Year Health Plan and our community feedback. We will work with our partner organisations to deliver neighbourhood care, closer to our patients homes.

Our patients and community will experience seamless care across Royal Berks, community, mental health, and primary care services, strengthened further by even closer collaboration with our local authority, and voluntary community and social enterprise sector partners.

Over the next five years, more care will be provided jointly with partners, helping patients manage their health and receive care closer to home.

We will strengthen partnerships to improve communication, integrate systems, and advance technology.

Building on the success of Connected Care and shared multidisciplinary meetings, we will deliver more coordinated services and prevention initiatives.

Patients as partners, both in their care and in healthcare services design

As partners and experts in their own healthcare across all our services, including inpatient care:

Our patients will have access to a dedicated patient portal so they can manage their health with their information, appointments, test results and care plans all in one place. We will also expand our patient education and self-care support, building on innovations such as the award-winning Kidney Essentials programme developed by our Renal team.

And in the design and cocreation of services:

With the expansion of our successful patient leaders programme, improving our engagement with seldom-heard groups and building a strong, representative, and dynamic patient voice. Our patients and community are key to shaping our services and making Trust decisions that support our local population.

Unlocking commercial, academic, and industry partnerships

We will make the most of our central Thames Valley location, life sciences, and health technology landscape to ensure our patients, community, and staff benefit from the latest research, technology and innovation.

We will work with commercial, academic and industry partners to solve challenges, bring fresh ideas and gain an 'outside-in' perspective.



4. Driving improvement and enabling innovation

We are committed to creating a culture where every member of staff feels empowered to contribute to improvement, supported to take forward their ideas, and recognised for the impact they make on patient care. Continuous Improvement, through our Improving Together approach, enables staff in every area of the Trust to manage and improve the quality of care for patients and deliver patient experiences and outcomes that are outstanding every day, everywhere.

At Royal Berks, we're an aspirational and research-active Trust with international recognition via our Global Clinical Site Accreditation. Over the coming years, we will continue to make research part of our everyday care, ensuring all patients and staff can take part and benefit from research.

By embedding our forward-looking approach, we will remain at the forefront of delivering high-quality, modern care, making sure our patients benefit from the very best that the NHS and wider healthcare system can offer. We will make innovation easier and more accessible, building infrastructure and support systems to help staff to turn ideas into action.



Driving improvement and enabling innovation

Our priorities for the next 5 years are:

Strengthening the foundations for a smarter, and more connected future

Strong and reliable infrastructure is essential to help our staff deliver outstanding care.

Over the coming years, we'll focus on consolidating systems and improving interoperability both internally and externally.

This includes speeding up and simplifying access for our staff with single-sign-on solutions, strengthening Wi-Fi across our sites, and ensuring our estate and digital foundations are fit for purpose.

Leveraging data and insights to drive excellence

We will maintain a continued focus on improving our data quality, accuracy and capturing all our activity.

We will use these insights, along with population health data, to inform how we deliver services, identify patient groups most likely to require support, including those with multiple long-term conditions, and target our resources to prevent illness and improve patient outcomes.

We will empower everyone to use the tools available to make decisions and use predictive modelling to enable transformation and change.

We will also work with partners in the Thames Valley Secure Data Environment to provide and gain actionable insights, support system-wide planning, population health management, and collaborative improvement across our region.

Building on our Improving Together Success

Our recognised and celebrated continuous quality improvement methodology, Improving Together is now embedded across Royal Berks. We are the top acute Trust for staff being able to make improvements in their area of work (NHS Staff Survey, 2024) and over the coming years will expand our improvement approach by increasing patient and community involvement and rapid process improvement workshops.

We will become the national exemplar for continuous improvement, sharing our methodology with other NHS trusts and healthcare organisations and the trusted partner of choice for healthcare improvement.

Through our in-house consultancy, LiveLab, we'll work alongside other organisations to embed our approach, offering practical support, coaching, and guidance to empower teams, streamline processes, and continuously improve patient care.

Making innovation easier and more accessible for all our staff

We are committed to harnessing the creativity and expertise of our people across all groups and disciplines.

We've heard that it isn't always easy to progress ideas and navigate the healthcare landscape. Over the next five years we will build the infrastructure to support innovation and empower all our staff with clear and supportive governance processes, space for shared learning, collaboration, and idea generation.

We will explore ring-fenced funds and targeted support for staff-led innovation projects to ensure the best ideas can move from concept to implementation and beyond.

By democratising information and building networks for collaboration, we will ensure that good practice is spread quickly and consistently, without reinventing the wheel.

We will actively look beyond our own organisation, learning from best practice across the NHS and internationally to benefit our patients and staff.

Innovating to improve patient experience before, during and after our care

This will include improving our communication and information to help patients make choices and manage their care, expansion of our virtual hospital and same-day access pathways to care for patients more quickly and at home where possible and making greater use of digital tools such as remote monitoring and wearable technology to empower patients to actively manage their health.

Research and innovations, such as ambient scribes, will also improve our staff experience by reducing administrative burden, supporting productivity and allowing our staff to spend more time directly caring for patients.

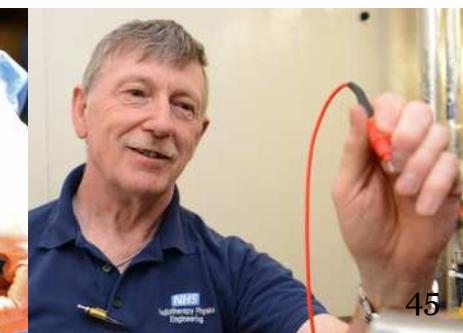
Expanding research for all and keeping our eyes on the horizon

We will promote research opportunities for both patients and staff, making research part of our everyday care and expanding access to opportunities across all roles and departments.

We will strengthen our ability to anticipate and adopt innovations that will shape the future of healthcare.

Through horizon scanning, our strategic partnerships like our work with the University of Reading, and our research expertise, we will identify emerging technologies, treatments, and care models that benefit our patients, communities, and staff.

We will grow our partnership with the University by developing a joint research office and sharing staff and resources, including our Clinical Simulation Training Suite and Health Data Institute to further our excellence in innovation, research and education.



5. Building a sustainable future together

We are committed to creating a future where the Royal Berks can continue to deliver outstanding care for generations to come. We will focus on long-term planning and tracking progress toward financial sustainability, making the best use of our estate, workforce, and resources, and reducing our environmental impact.

Over the next five years, we will deploy approximately £3.5bn of revenue and £150m of capital expenditure. To best deliver our objectives, we will carefully target our investments across our workforce, estates, and services. We will work resourcefully and collectively, both with our staff internally and with partners, to ensure we get best value for the money we spend, whilst we also track back to a balanced financial budget. By achieving financial stability, we will ensure our services are resilient, efficient, and designed to meet the needs of our population both now and in the future.



Building a sustainable future together

Our priorities for the next 5 years are:

Planning for the long term to achieve financial sustainability

Central changes at NHS England and the Department of Health and Social Care mean we can now work together to plan across multiple financial years and invest more effectively in our future. Our teams will be supported to build our strong financial foundation, be resourceful, and ensure the best value for money for the taxpayer. Financial sustainability requires us to continue to identify and deliver efficiency savings, return to financial balance, and then generate surpluses to invest in our future.

We will expand the commercialisation of our expertise to allow us to invest more into our services. We will explore opportunities to generate additional income via our innovation, education, and training to share our knowledge while reinvesting in our future.

Maximising our current estate, whilst getting ready for our New Hospital

We will deliver a clinically led estates master plan for how we will use all our sites and locations beyond them by working with partners over the next 15 years. In doing so we will identify how we can expand the range of services we can deliver remotely and in our patients' homes and what investments we need to make in our community-based hubs at West Berkshire Community Hospital, Bracknell Healthspace, and Townlands Memorial Hospital.

Over the next few years, with the support of the Government's New Hospital Programme, we will secure a site for our new hospital and continue to develop our plans. We will work together with our staff, patients, partners, and community to ensure our New Hospital meets the needs of our future populations.

Evolving future-forward clinical support services

We will evolve our clinical support services to align with future models of care. In Pharmacy, we will optimise our medicines management, harness automation and technological advances, and make best use of our highly skilled pharmacy teams to ensure safety, value, and better outcomes for patients in the years ahead.

In Diagnostics, we will continue to expand capacity across our sites, reduce waiting times, and invest in digital advances. These changes will strengthen our clinical services and help us deliver excellent care that is more proactive, efficient, and centred around the needs of our patients and communities.

Collaborating across our Thames Valley Acute Provider Collaborative

Working together with peer acute healthcare providers in our system, we will share resources, expertise, and both clinical and non-clinical services to improve our care.

We will work together to reduce variation and inequality in outcomes, access and experience, improve our collective resilience and productivity, and deliver best value for the taxpayer.

Protecting our environment

We will protect our environment and reduce our carbon footprint in line with the NHS Net Zero ambition by 2040.

We will reduce our environmental impact through more sustainable travel and transport options, improved waste management, reduced reliance on printing, and greater energy efficiency across all our sites including £1.6 million decarbonisation works at Bracknell Healthspace.



Royal Berks in 2030

“ I’m 13 now and I’ve been coming to the Royal Berks since I was little. Now I use the NHS app that connects with my wearable monitor, my diabetes nurse can see my levels and insulin doses before I even arrive. I get reminders and tips through the app, and there’s a video that explains what to expect at each appointment, which helps me feel prepared.

We’ve had joint sessions with a dietitian and psychologist, all in one visit and it means I don’t have to miss lots of school. I’ve learned how to manage my diabetes, and feel more confident every time I come in. And because we live in Whitley, I can now get most of my care locally through my Integrated Neighbourhood Team that includes my GP.

Jakob, Local Resident

“ I’ve worked at the Royal Berks for 15 years and have never felt so supported. Professionally, I’ve grown more than I ever thought possible. I’m part of the RISE leadership programme, and I’ve mentored two new nurses through their apprenticeships. With our multidisciplinary training I learn alongside my physios, doctor, and pharmacist colleagues, which has made our teamwork stronger and more collaborative.

I’ve also led a small innovation project to improve sleep routines for patients in our ward. It started as an idea in our Improving Together staff huddle, and now it’s part of our standard practice. We include patients, families, and carers in our improvement work as standard because they sometimes see things we don’t, and their ideas make our care better.

Kai, Colleague

“ I usually start my morning with a workout and some quiet time at the Oasis Centre, before beginning my workday at a one-stop clinic where patients receive imaging, bloods, and consultations in a single visit. I’ve noticed how patients arrive informed, having reviewed their care plans on the patient portal, making shared decision-making feel natural. Ambient scribes transcribe my notes and places order forms on our EPR for any required tests for me to confirm, freeing me to focus on care. It’s amazing how much smoother things run now that diagnostics, consultations, and follow-ups are streamlined.

In the afternoon, I head to Newbury to join a community outreach clinic where translation services and flexible appointments make a real difference for patients. Later, I join a virtual ward round that uses wearable tech data to monitor our patients in our virtual hospital. The Trust has helped me pilot a new app for IBS self-management, and I’m excited to present it at next month’s innovation showcase.

Before heading home, I join a multidisciplinary meeting with community partners. We discuss plans for the new hospital site in the future, and how services could expand at Bracknell Healthspace in the medium term. It’s exciting to be part of a Trust that listens, innovates, and invests in its people.

Sarah, Colleague

“ My wife, Devinder, has cardiovascular disease and a few other conditions, and I’ve been her carer for years. At Royal Berks, I have a carer’s passport, I’m recognised from the moment we arrive and it makes things easier if Devinder is admitted as an inpatient. Staff include me in conversations, ask about how I’m coping, and make sure I understand what’s happening with her care.

I can access her care plan through the NHS app, and we get updates together. I’ve even joined the carers cafe that meets once a month, which has made a huge difference to my wellbeing.

Aman, Local Resident and Carer

“ I’ve been living with cardiovascular disease for over a decade, along with a few other long-term conditions. Managing everything used to feel overwhelming with different clinics, long waits, and repeating my story over and over. But now, it’s different.

At Royal Berks, I use my patient portal to keep track of everything, my appointments, test results, care plans and information about my conditions. It’s all in one place, and I can message my care team directly if I have questions.

Most of my care happens closer to home now, at Bracknell Healthspace, or virtually via telephone or video. When I do have to come into the Royal Berkshire Hospital, the signage is clear, the staff are kind, and I feel genuinely respected. Two months ago, I had a cardiac emergency and was admitted as a patient in the Royal Berks. They support my whole wellbeing, not just my conditions, and help me make better lifestyle choices.

I’ve joined the Patient Leaders programme, and I help co-design services. It’s empowering to know my voice matters. I’ve seen real changes based on feedback, and I know this Trust is listening. It’s not just about treating my conditions it’s about helping me live well.

Devinder, Local Resident

“ I work in the finance department of the Royal Berkshire Hospital. My role involves working closely with clinical teams, really listening to what they need and figuring out how we can support them in a way that is financially sustainable. Our new financial dashboards show real-time insights that help departments track spending against outcomes. We also use predictive modelling and population health data to guide our investment decisions that improves lives. It is amazing to see data driving smarter decisions!

We are exploring new income streams, such as commercialisation of our innovation and training programmes and I have also been involved in developing business cases for staff-led ideas. We are driving social value too, through local procurement and apprenticeships, so our impact is felt further than just inside the organisation. I am currently focused on my own leadership development, and I am keen to grow into a role focused on commercial business development within healthcare.”

Zara, Colleague

Delivering our strategy

Our Trust Strategy is not just a glossy document. It sets out who we are, and who we aspire to be. Each strategic objective and priority will have clear metrics attached, so we can track our progress and measure impact.

Delivering the highest quality care for all

Supporting our people to thrive

Partnering for Impact

Driving improvement and enabling innovation

Building a sustainable future together

Everyday improvement for everyone is delivered through our Improving Together continuous improvement approach, alongside our Breakthrough Priorities, Trust Projects and Strategic Programmes that are cross-cutting through all our strategic objectives.

To deliver our vision and our strategic objectives, our core Strategic Programmes for the next 5 years are:

Experience First

Transform how patients, and their carers and families, experience our services from referral to arrival to discharge and beyond.

Royal Berks @ Home

Supporting recovery, self-management and rapid access at home and in the community, through digital tools, flexible pathways and follow-up.

Care where I am

Delivering care differently and in the places people live. Expanding urgent, elective and community services, working with partners to deliver neighbourhood services, prevent ill health, and tackle inequalities.

Future Ready Spaces

Creating the physical and digital environment we need to deliver outstanding, compassionate care.



Thank you



In 2025, we started the journey to refresh our Trust Strategy, with meaningful engagement at the heart of our approach.

Our Trust Strategy reflects the views, values, and priorities of more than 2500 patients, community, staff, volunteers and partner organisations who shared their time, energy and ideas.

We held over 65 workshops with our staff and volunteers across all of our sites.

We had 800 online survey responses and also undertook 34 community engagement events - from the Forgotten British Gurkhas in Central Reading, to the Family Fun Day in Wokingham; the Newbury EduCafe to the Caversham Jacket Potato Club; the Indian Community Centre in Whitley to Reading Pride.



This work was guided by our brilliant Strategy Steering Group - made up of staff, volunteers, patients, and members of the community who came together to share their experiences, design our engagement, and co-create our Trust Strategy.

We're grateful for both their valuable perspectives and the time they gave so generously to set our direction for the next five years.

And finally, thank you to the Royal Berks Charity who supported our engagement, helping us to reach out across our geographies and capture what matters most to our community.



For more information about the Trust, to get
in touch or to join the conversation:



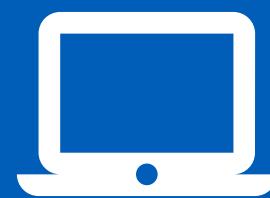
Royal Berkshire NHS
Foundation Trust



[facebook.com/RBNHSFT](https://www.facebook.com/RBNHSFT)



@royalberkshospital



www.royalberkshire.nhs.uk



foundation.trust@royalberkshire.nhs.uk





Royal Berkshire
NHS Foundation Trust



CARE

Behaviour Framework 2025



Royal Berkshire
NHS Foundation Trust

Introduction



CARE

Our Values in Action

Our journey to define our values began in 2017 with the "What Matters" programme. It gave us a foundation to build upon, a shared understanding of what truly matters to you. In 2021, we revisited those values, listening to your feedback and making adjustments to better reflect our evolving needs and priorities.

In 2024, we continued this journey with "What Matters 2024." You've told us loud and clear that our values of compassionate, aspirational, resourceful, and excellence still resonate deeply. Yet, we also recognise the importance of continuous improvement, we were also provided invaluable insights that have shaped this updated framework.

Your What Matters 2024 Feedback in Action

This framework has been updated based on your valuable feedback from the "What Matters 2024" programme. Here are some of the key changes:

Compassionate

You said:

You asked for a more compassionate and inclusive workplace.



We did:

We have emphasised the importance of active listening, clear communication, and understanding diverse needs. We're also promoting open communication and acknowledging the impact of our words and actions.

Aspirational

You said:

You called for greater innovation, collaboration, and support.



We did:

We're building a culture of continuous learning. These revisions emphasise embracing change, contributing to improvements, and providing and receiving feedback.

Resourceful

You said:

That sustainability and efficient use of resources are important to you.



We did:

We're promoting responsible practices and respecting everyone's time.

Excellent

You said:

About the need for a more transparent, supportive, and patient-focused environment



We did:

We're fostering open communication, teamwork, and a commitment to learning from mistakes. We're also emphasising proactively addressing issues and upholding the highest standards.

In addition to your feedback, our Behaviours Framework has also been reviewed in light of the 2024 Patient Safety Principles, developed by the Patient Safety Commissioner and also the Trusts commitment to the NHS Sexual Safety Standard. Both sources, in line with our Framework, seek to actively promote a culture of respect and safety for all to foster a truly compassionate workplace.

Embedding Our Values

This framework is woven into the fabric of our organisation. It influences how we recruit, develop our talent, conduct appraisals, and interact with each other every day. It's a guidepost for our individual actions and collective efforts, reminding us that how we work together is as important as the work itself. By embodying these values, we create a workplace where everyone thrives, and our community benefits.

Our Values



Compassionate



All our relationships are based on empathy, respect, integrity, and dignity. In every interaction and communication, we aim to create a supportive environment where colleagues, patients, and their families feel heard, valued, and cared for.

Aspirational



We strive to continuously improve and be the very best we can be – as individuals, as teams, and as an organisation. We champion inclusivity and belonging.

Resourceful



We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways, with a commitment to sustainability.

Excellent



We commit to excellence in everything that we do – placing patient care, safety and quality at our heart. We learn from mistakes, we do what we say we are going to do and hold ourselves and colleagues to the highest standards. We champion open communication, teamwork, and continuous improvement.



Compassionate

All our relationships are based on empathy, respect, integrity, and dignity. In every interaction and communication, we aim to create a supportive environment where colleagues, patients, and their families feel heard, valued, and cared for.



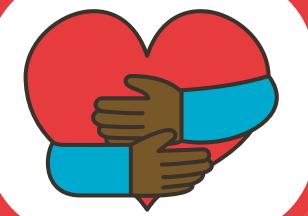
Behaviour

Our expectation of each other...



Listening

- Actively listen and give people our full attention, demonstrating genuine interest and empathy.
- Maintain open and positive body language.



Caring

- Collaborative work with colleagues, as part of a team, to deliver the best outcomes.
- Strive to do our very best to care for, support and assistance to patients, their families, and each other.



Communication

- Communicate with clarity, empathy, and respect in all our communications, be it written or verbal, through tone or choice of language.
- Introduce yourself and adapt your approach to meet the diverse needs of others.
- Role-model civility and kindness across all interactions, even in challenging situations.



Civility & Respect

- Cultivate an environment of openness and honesty, where diverse perspectives are valued and respected.
- Acknowledge the impact of our words and actions on others.
- Take responsibility for how our attitudes and emotions might affect others.
- Challenge any form of sexual harassment or discrimination and support colleagues who have experienced it.



Empathy

- Put ourselves in other people's situations and seek to understand people's needs and perspectives.
- Create a safe space for open communication and vulnerability.
- Never judge others.



Compassionate



Behaviours we don't want to see

- ✖ Ignoring harassment or discrimination and not challenging it
- ✖ 'It's not my job' / unhelpful attitude
- ✖ Doing the minimum required to help others
- ✖ Reacting defensively to feedback
- ✖ Failing to recognise people as individuals
- ✖ Intolerant and judgemental attitudes
- ✖ Talking over or interrupting others
- ✖ Treating others in a way you wouldn't want to be treated
- ✖ Rudeness to others
- ✖ Being unapproachable

CARE



Aspirational

We strive to continuously improve and be the very best we can be – as individuals, as teams, and as an organisation. We champion inclusivity and belonging.



Behaviour

Our expectation of each other....



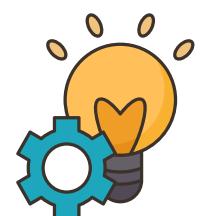
Learning & Development

- Strive to learn and develop, so we can always be better than yesterday in our work.
- Take personal responsibility for ensuring Mandatory and Statutory training are always up to date.



Be Your Best

- Put the needs of patients and their families first.
- Keep positive and tackle issues and challenges in a constructive and proactive way.



Innovation

- Embrace change and actively contribute ideas for improvement, fostering a culture of innovation.
- Embed Continuous Quality Improvement in our daily practices, seeking ways to enhance our services.



Drive & Motivation

- Persevere and not give up, supporting each other's efforts.
- Make sure we embrace the vision and goals of the Trust and how we contribute to them.



Feedback

- Give positive, constructive feedback so people know that we value their contribution, say thank you.
- Respond positively when we receive feedback so we can always try to be better.
- Challenge poor behaviour, foster a safe and inclusive environment where everyone feels empowered to speak up.



Aspirational



Behaviours we don't want to see

- ✖ Dismissive of people and new ideas
- ✖ Focus on your own needs above all others
- ✖ Not taking pride in your development
- ✖ Fostering a negative or unsupportive environment
- ✖ Blaming others and/or the wider organisation
- ✖ Not valuing the work and contribution of others
- ✖ Not keeping up to date with training requirements
- ✖ Withholding or not sharing information appropriately
- ✖ Excluding people or making them feel isolated
- ✖ Not asking for feedback

CARE



Resourceful

We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways with a commitment to sustainability.



Behaviour

Our expectation of each other....



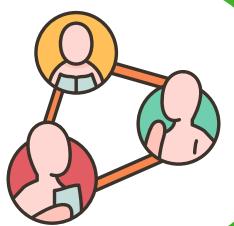
Efficient

- Organised and prioritise tasks appropriately to respect everyone's time.
- Make full use of digital and virtual technology to help work efficiently.
- Be flexible and support the wider needs of teams and services as they arise.



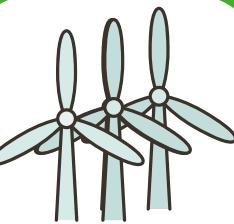
Problem Solving

- Use initiative to resolve issues.
- Share information, learning and knowledge to ensure efficient working.
- Be open to, and respectful of the viewpoints of others.



Teamwork

- Have high expectations of myself and the team that I work in.
- Fostering a supportive and inclusive team environment.
- Work as part of a wider team and collaborate with colleagues to deliver the best outcomes.



Sustainability

- Dispose of waste in the correct and appropriate ways.
- Recognise my role and contribution to ensure my team/directorate meets its budget.
- Take personal action and responsibility to promote sustainability and reduce our carbon footprint.



Resourceful



Behaviours we don't want to see

- ✖ Wasting materials and energy
- ✖ Wasting peoples time by being late with no good reason
- ✖ Not asking for the help or support of others as needed
- ✖ Working in silos or not collaborating with colleagues
- ✖ Not using your initiative
- ✖ Not doing things differently because 'we've always done it this way'
- ✖ Over focusing on the reasons why things won't work, as opposed to why they will

CARE



Excellent

We commit to excellence in everything that we do – placing patient care, safety and quality at our heart. We learn from mistakes, we do what we say we are going to do and hold ourselves and colleagues to the highest standards. We champion open communication, teamwork, and continuous improvement.



Behaviour

Our expectation of each other....



Learning from mistakes

- Speak up if we see something that's not right and report potential risks or safety concerns using reporting systems.
- Embrace an open and transparent culture where mistakes are seen as learning opportunities, not occasions for blame.
- Take personal responsibility for contributing to patient and staff safety at the Trust.



Professional

- Stay updated on and work to the relevant policies, guidelines and best practices that apply to our roles.
- Be presentable and professional in our appearance both in face to face and virtual environment.



Pride

- Be a role model for those we work with, and the Trust, and demonstrating behaviours that exemplify the Trust's values.
- Understand that the standard we walk past is the standard we accept.
- Strive to meet our goals and objectives.



Honesty

- Do the things we say we are going to do. Be accountable for our actions and commitments.
- Say sorry if things don't go right, learn from mistakes, taking appropriate steps to rectify any errors and prevent recurrence.



Support each other

- Remember the needs of team members working remotely or virtually – out of sight is never out of mind.
- Support the health and wellbeing of colleagues.
- Refrain from and actively challenge any behaviour that may contribute to an unsafe or uncomfortable environment, including sexual harassment or discrimination.



Excellent



Behaviours we don't want to see

- ✖ Working in isolation from others
- ✖ Failing to address concerns and not challenging poor practice
- ✖ Unprofessional approach and appearance
- ✖ Focusing on blame rather than learning
- ✖ Excluding others
- ✖ Lack of self-awareness
- ✖ Abdicating responsibility for safety and quality
- ✖ Do not overlook the needs of team members working remotely or virtually – out of sight is never out of mind
- ✖ Ignoring the health and wellbeing of colleagues

CARE

Application

This framework sets out those behaviours that reflect our organisational values. The application of this framework will be seen in a number of key ways:

- **Personal Responsibility:** The start point for this framework is self. We all need to be responsible for role modelling the behaviours we expect to see.
- **Appraisal:** Appraisal conversations will focus on values and behaviours every bit as much as performance. They will be conversations not just about what you've done; they will be about how you did it – focusing on how you demonstrate the values and behaviours of the organisation daily.
- **Recruitment:** To work at the RBFT or to progress, you will need to evidence how you demonstrate Trust values and behaviours. Recruitment and selection processes will be values and behaviours based.
- **Performance and Conduct:** This framework spells out the expectation around behaviours at the RBFT. Where behaviour persistently and/or seriously falls below the standards we expect, this will be considered a matter to be addressed through the appropriate application of relevant Trust policies.
- **Induction:** Our values and behaviours are central to our induction process, providing everyone with a clear understanding of roles and responsibilities.
- **Talent Management:** Recognising Individual's Success and Excellence (RISE) Talent Management: As part of our approach to identifying and developing talent in the organisation, demonstration of the Trust's values and behaviours will be a pre-condition to accessing RISE talent management framework.
- **Every Day:** Everybody in the organisation has a responsibility to act in a manner consistent with this framework and to appropriately challenge others when the values and appropriate behaviours are not being demonstrated. In addition to appropriately challenging others, when we are challenged we have a responsibility to listen.
- **Feedback:** The ability, confidence and safety to provide feedback is central to this framework. The Trust will support staff through continually seeking to develop and maintain the conditions in which feedback can be given and appropriately received.





Project
Committee Structure

Manager
Caroline Lynch

Version
1.00

Date
13 January 2026



Project
Committee Structure

Manager
Caroline Lynch

Version
1.00

Date
13 January 2026



2026 Calendar

Board Meetings

• NED briefings x12	Monthly
• Board Meetings/Seminars x13	All months plus special meeting for accounts
• Finance & Investment Committee x10	All months except Aug and Dec
• Audit and Risk Committee x7	Jan, March, May, June*, July, Sept, Nov
• Charity Committee x4	March, May, August, Nov
• Quality Committee x5	Feb, April, June, Sep, Dec
• People Committee x4	Feb, May, Sep, Dec
• Board Nominations and Remuneration Committee x3	Jan, May, Sept

* Additional meeting scheduled for Annual Report Approval

Council Meetings

• Council of Governors x4	Feb, May, Sep, Nov
• Annual General Meeting x1	Sep
• Membership Committee x4	Feb, April, July, Oct
• Governors Nominations & Remuneration Committee x1	Oct
• Governors Assurance Committee x4	Jan, April, June, Oct

2026 Council and Board Meetings V2

February 2026

Meeting	Date	Time
Special Council of Governors - Chief Executive Recruitment	Tuesday 10 February 2026 Boardroom, Level 4 / Video Conference Call (Hybrid) <i>Details will be circulated to those confirmed as attending</i>	16.30
Membership Committee	Tuesday 10 February 2026 Video Conference Call	17.30
Council of Governors	Wednesday 25 February 2026 Seminar Room, Trust Education Centre	17.00

March 2026

Meeting	Date	Time
Public Board	Wednesday 25 March 2026 Seminar Room, Trust Education Centre	09.00
Private Board	Wednesday 25 March 2026 *Two Governors to attend to Observe	12.30

April 2026

Meeting	Date	Time
Membership Committee	Wednesday 8 April 2026 Seminar Room, Trust Education Centre	17.30
Governors Assurance Committee	Wednesday 29 April 2026 Video Conference Call	17.00

May 2026

Meeting	Date	Time
Public Board	Wednesday 27 May 2026 Seminar Room, Trust Education Centre	09.00
Private Board	Wednesday 27 May 2026 *Two Governors to attend to Observe	12.30
Council of Governors	Wednesday 27 May 2026 Seminar Room, Trust Education Centre	17.00

June 2026

Meeting	Date	Time
Governors Assurance Committee	Wednesday 24 June 2026 Video Conference Call	17.00

July 2026

Meeting	Date	Time
Membership Committee	Thursday 2 July 2026 Seminar Room, Trust Education Centre	17.30
Public Board	Wednesday 29 July 2026 Seminar Room, Trust Education Centre	09.00
Private Board	Wednesday 29 July 2026 *Two Governors to attend to Observe	12.30

September 2026

Meeting	Date	Time
Annual General Meeting	Wednesday 16 September 2026 TBC	17.30
Public Board	Wednesday 23 September 2026 Seminar Room, Trust Education Centre	09.00
Private Board	Wednesday 23 September 2026 *Two Governors to attend to Observe	12.30
Council of Governors	Wednesday 23 September 2026 Seminar Room, Trust Education Centre	17.00

October 2026

Meeting	Date	Time
Membership Committee	Thursday 8 October 2026 Video Conference Call	17.30

November 2026

Meeting	Date	Time
Public Board	Wednesday 25 November 2026 Seminar Room, Trust Education Centre	09.00
Private Board	Wednesday 25 November 2026 *Two Governors to attend to Observe	12.30
Council of Governors	Wednesday 25 November 2026 Seminar Room, Trust Education Centre	17.00

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Key Foundation Trust Contacts

Name	Role	Tel	Email
Oke Eleazu	Chair of the Board of Directors Chair of the Council of Governors	0118 322 5335	Oke.Eleazu@royalberkshire.nhs.uk
Caroline Lynch	Trust Secretary Secretary to the Board of Directors Secretary to the Council of Governors	0118 322 5335	Caroline.Lynch@royalberkshire.nhs.uk Caroline is responsible for the Foundation Trust Office, the FT Membership Strategy and liaison with the membership community
Tara Whittington	Head of Corporate Governance Deputy to the Trust Secretary	0118 322 5335	Tara.Whittington@royalberkshire.nhs.uk
Kerrie Brent	Corporate Governance Manager Contact to the Council of Governors	0118 322 5335	Kerrie.Brent@royalberkshire.nhs.uk

Updated February 2026

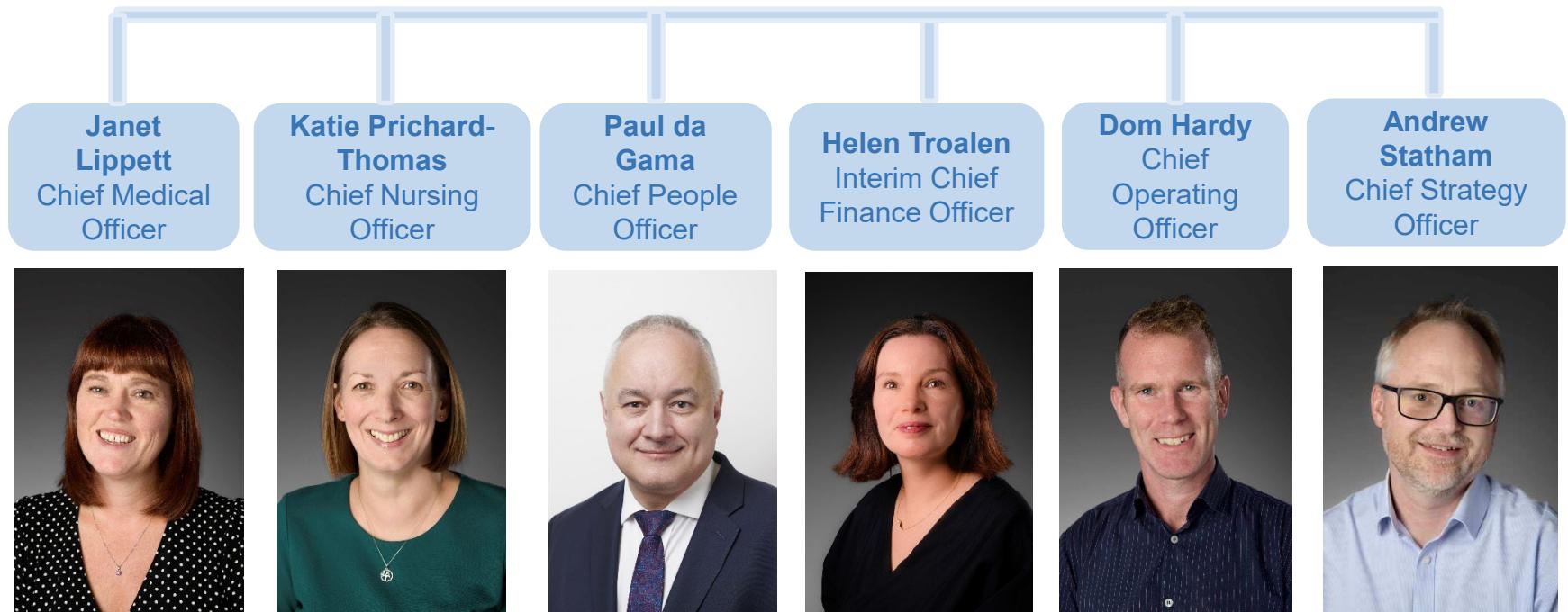
Executive Team



Steve McManus
Chief Executive
Officer



Caroline Lynch
Trust Secretary



Non Executive Team



**Oke
Eleazu**
Chair



Caroline Lynch
Trust Secretary

**Helen
Mackenzie**
Non
Executive
Director

**Umesh
Jetha**
Non
Executive
Director

**Parveen
Yaqoob**
Non
Executive
Director

**Mike
McEnaney**
Non
Executive
Director

**Mike
O'Donovan**
Non
Executive
Director

**Catherine
McLaughlin**
Non
Executive
Director

**Dr Minoo
Irani**
Non
Executive
Director



Chairs & Non-Executive Directors List – Board of Directors Committees
Updated February 2026

Audit & Risk Committee

Mike McEnaney (Chair)
Helen Mackenzie
Mike O'Donovan

Nominations & Remunerations Committee

Oke Eleazu (Chair)
Mike McEnaney
Helen Mackenzie
Umesh Jetha
Mike O'Donovan
Parveen Yaqoob
Catherine McLaughlin
Minoo Irani

Charity Committee

Catherine McLaughlin (Chair)
Minoo Irani
Umesh Jetha
Caroline Lynch
Jonathon Barker (Governor)
Sunila Lobo (Governor)

Quality Committee

Helen Mackenzie (Chair)
Minoo Irani
Parveen Yaqoob

Finance & Investment Committee

Mike O'Donovan (Chair)
Mike McEnaney
Catherine McLaughlin

People Committee

Parveen Yaqoob (Chair)
Catherine McLaughlin
Minoo Irani

Governance Handbook Section C10

Governors' Role Description

Agreed: January 2013
Last Reviewed February 2020

Governors' Role Description

ROYAL BERKSHIRE NHS FOUNDATION TRUST GOVERNORS' JOB DESCRIPTION

SECTION 1 - JOB DETAILS

Job Title: Governor

Area: Council of Governors

Location/Base: Trust-wide

SECTION 2 – JOB SUMMARY

A Governor is part of the Council of Governors and represents the interests of local communities, partners and Royal Berkshire NHS Foundation Trust Members in the development of the organisation.

Governors are a key community and member link for the Trust. Governors are responsible for feeding back to the Trust, via the Council of Governors, the views and ideas of the members they represent. Governors will develop membership in two main ways: by overseeing the development and implementation of the Membership Strategy; and by direct engagement with Members.

The Council of Governors is responsible for ensuring that the Trust conducts its business in a way that reflects its purpose. Part of their role is making sure that the views of people who use the Trust's services and local communities are taken into account when plans for services are being developed.

The Council of Governors is also expected to hold the non-executive directors to account for the performance of the Board of Directors. The Council of Governors, usually via the Lead Governor is entitled to inform NHS Improvement should there be any concerns about the leadership provided to the Trust which could not be resolved at a local level.

MAIN DUTIES & RESPONSIBILITIES

Individual Duties and Responsibilities

- To abide by the Code of Conduct
- To uphold the values of the Trust
- To comply with the policies and procedures of the Trust including the Trust Constitution.
- To attend meetings of the Council of Governors, its Committees and Groups
- To attend membership events held in their constituency and to develop mechanisms for eliciting the views of members in their area

Collective Duties and Responsibilities as part of Council of Governors Statutory Responsibilities

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors;
- To represent the interests of the members as a whole and the interests of the public;
- To appoint and if appropriate, remove the Chair and the other non-executive Directors;
- To approve an appointment (by the non-executive Directors) of the chief executive;
- To decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive Directors;
- To appoint and if appropriate remove the Trust's auditor;
- To be presented with the annual accounts, any report of the auditor on them and the annual report at a general meeting of the Council of Governors
- To provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Trust's forward planning; Approve amendments to the Constitution
- Approve 'significant transactions'
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- Decide whether the Trust's non-NHS work would significantly interfere with its principle purpose which is to provide goods and services for the health service in England, or performing other functions

Other Responsibilities

- To represent the interests of the local community, including the people who use the Trust's services and their carers.
- To act as a Trust representative in the community providing talks to local groups and at community events
- To act as a source of ideas about how the Trust can provide its services in a way that meets the needs of the communities it serves
- To oversee the Foundation Trust's Membership Strategy and encourage membership
- To be potentially part of key committees:
 - o Membership Committee
 - o Nominations and Remuneration Committee
 - o Governors Assurance Committee

COMMITMENT

It is difficult to gauge the time commitment which will be required from Governors and, in part, this will depend on how much time Governors can devote to the role.

The Council of Governors meets 4 times per year and there will also be other formal and informal meetings.

A Governor is required to attend at least two Council meetings per year and might expect to attend another eight formal and informal meetings.

FEEDBACK

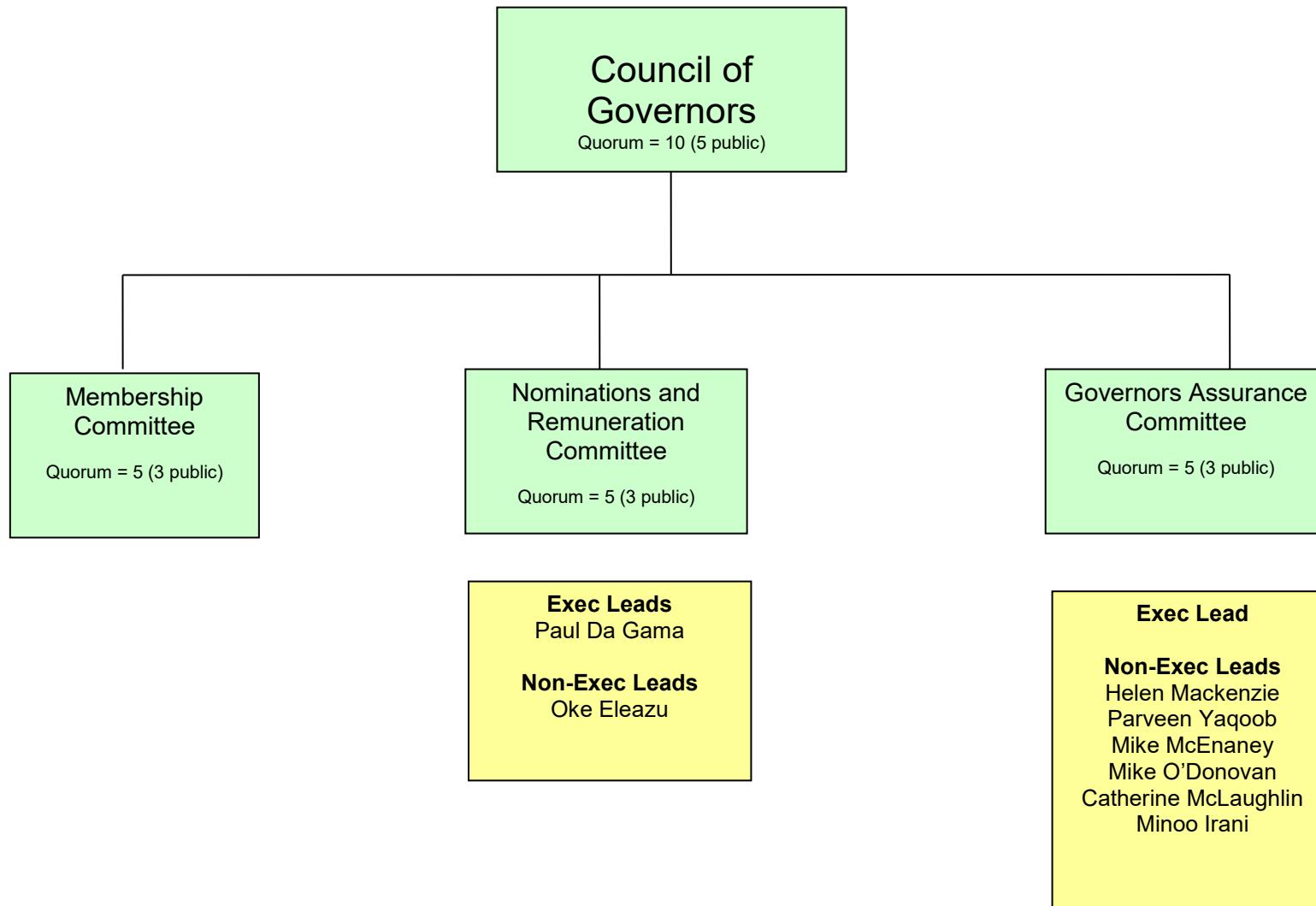
Group and individual development needs will be identified through the activities undertaken and the outcomes achieved.

The performance of the Council as a collective group will be evaluated so as to inform the future development requirements and priorities of tasks undertaken by the Council.

CONDUCT

Governors are ambassadors of the Trust and must at all times comply with the Council of Governors' Code of Conduct.

Where a Governor conducts him or herself in a manner that breaches the code of conduct or otherwise brings the trust into disrepute, adversely affects public confidence in, or prejudices the work of the trust, they will be deemed to be in breach of the terms of their office.



Protocol: Appointment of Governor Chairs of Committees

1. This protocol sets out the process for appointing Governors to the role of Chair for Governor Committees. It ensures that appointments are transparent, fair, independently overseen, and fully auditable.

2. Principles:

- (a) All Governors must have an equal opportunity to nominate themselves.
- (b) Where more than one nomination is received, a formal vote will be conducted.
- (c) The process will be administered independently by the Trust Secretary, who is not a Governor and does not participate in the vote.
- (d) Records of the process and outcome will be retained by the Trust for audit and assurance purposes.

3. Nomination Process:

- 3.1 At the start of each appointment cycle, the Trust Secretary will invite nominations from all eligible Governors.
- 3.2 Governors wishing to be considered must submit a self-nomination within the specified timeframe.
- 3.3 If only one nomination is received, that individual will be appointed unopposed.

4. Voting Process (where required)

- 4.1 If more than one nomination is received, a vote will be held.
- 4.2 The vote will be conducted electronically via email and administered solely by the Trust Secretary.
- 4.3 All eligible Governors will receive:
 - A voting email
 - Candidate statements (if provided)
 - Clear instructions on how to cast their vote
 - The deadline for submitting their vote
- 4.4 The Trust Secretary will receive and count all votes.

4.5 The Trust Secretary will confirm the outcome to the Council of Governors once the voting period has closed.

5. Independence and Transparency

5.1 The Trust Secretary acts as an independent officer of the Trust and does not vote, influence, or participate in the outcome.

5.2 The process is designed to ensure transparency and fairness, addressing Governor feedback regarding visibility and independence of decision-making.

6. Record-Keeping and Audit

6.1 The Trust Secretary will retain:

- The list of nominees
- Voting communications
- The anonymised vote count
- The final outcome

6.2 These records will be stored securely by the Corporate Governance Team and retained in accordance with Trust retention schedules.

6.3 Records may be reviewed as part of internal or external audit processes to provide assurance of compliance.

7. Communication of Outcome

7.1 The appointed Chair will be confirmed at the next Council of Governors meeting and recorded in the minutes.

7.2 The outcome will also be updated in relevant governance documentation and on the Trust website where appropriate.

Key Resources and Links

Resource	Link
Monitor Statutory Duties publication & a brief guide to your duties	BriefGuideForGovernors.pdf (publishing.service.gov.uk)
CQC Guide for Foundation Trust Governors	Care Quality Commission and Foundation Trust Councils of Governors working together (cqc.org.uk)

Updated October 2024

Membership Engagement Strategy

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This strategy outlines the Trust's vision for Membership over the period 2024 – 2026. It sets out the methods that will be used to identify and build an effective, responsive and representative Membership body that will assist in ensuring our Trust is fit for its future in the changing NHS environment.

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- East Berkshire & Borders
- Reading
- Southern Oxfordshire
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Staff:

- Healthcare Assistant/Ancillary
- Admin/Management
- Medical/Dental
- Allied Health professionals/Scientific
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- Volunteer

As well as, Partner Governors from

- Reading Borough Council
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Our Statistics



Over **7,000**
Staff Members



Over **3,000**
Public Members



Serving a community
of over
500,000

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DEVELOP A MEMBERSHIP THAT IS REPRESENTATIVE OF OUR COMMUNITY

As a Foundation Trust we continue to welcome new members for all constituencies and age groups but our main focus for recruitment during the next two years will be increasing the membership that is representative of all protected characteristics and ensuring membership is reflective and representative by targeted recruitment drives for the age groups 16-30.



INCREASE MEMBERSHIP PROMOTION AND ATTENDANCE

We want to encourage engagement and wider participation by welcoming anyone who wishes to attend to events with the focus on ensuring events target all audience types as well as encourage partnership working for events run by the Trust, Communities, local partnerships and the Royal Berks Charity including joint run events; and to encourage interaction at system-wide engagement events.



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During the next two years, The Trust will aim to attract these groups by:

1. **Proactively engage areas with low membership and demographic gaps. Develop targeted campaigns and events to recruit members from under-represented areas.** Work with partner and community organisations to explore and develop new ways of promoting membership to those who may not have considered becoming a member.
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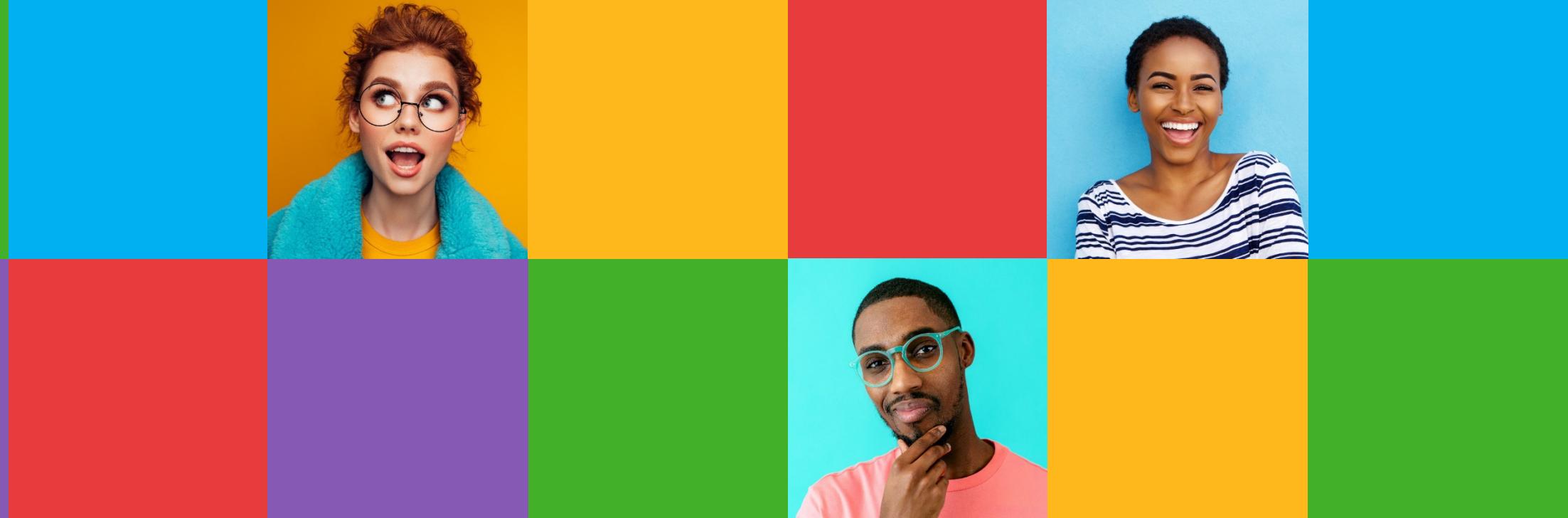
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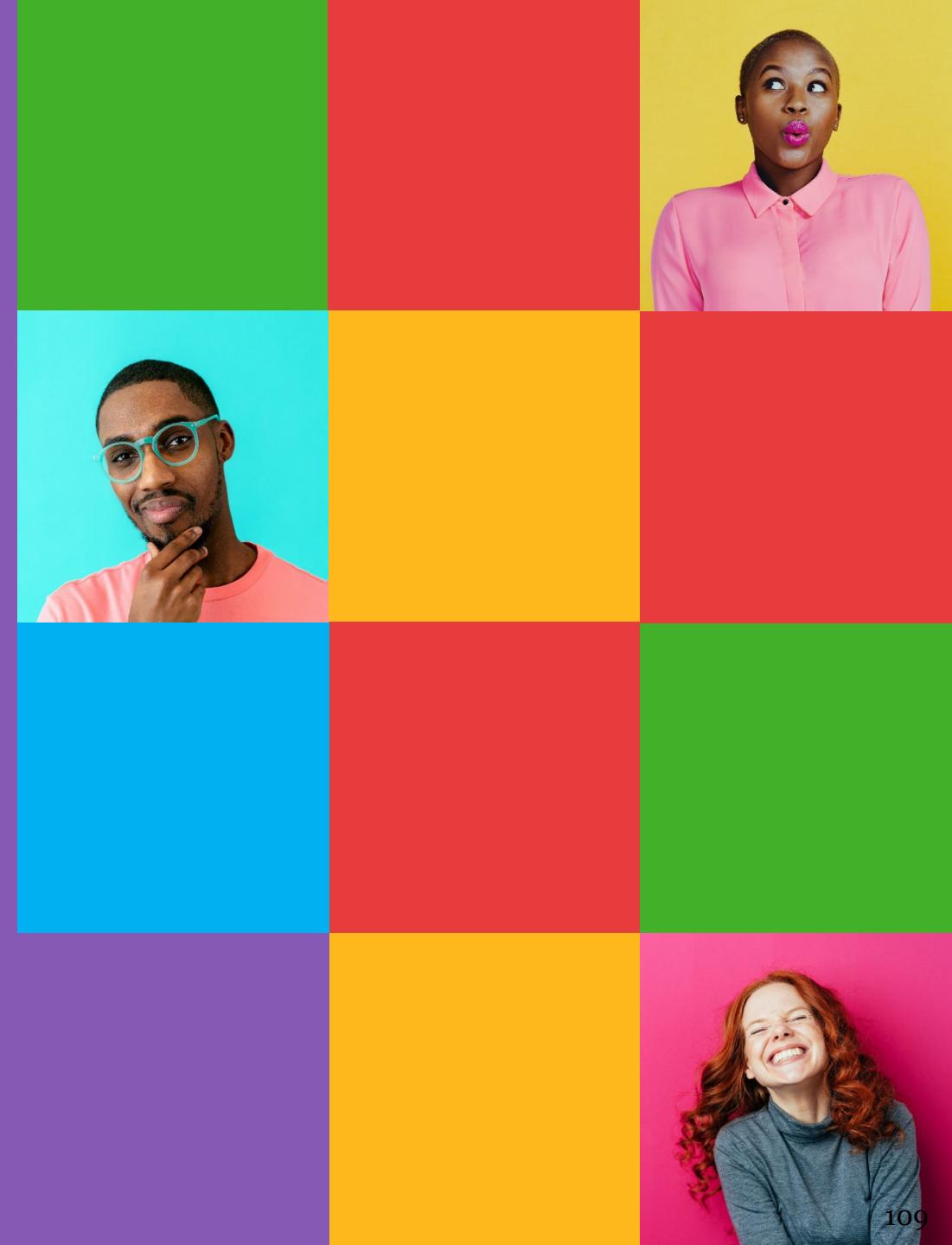
Royal Berkshire
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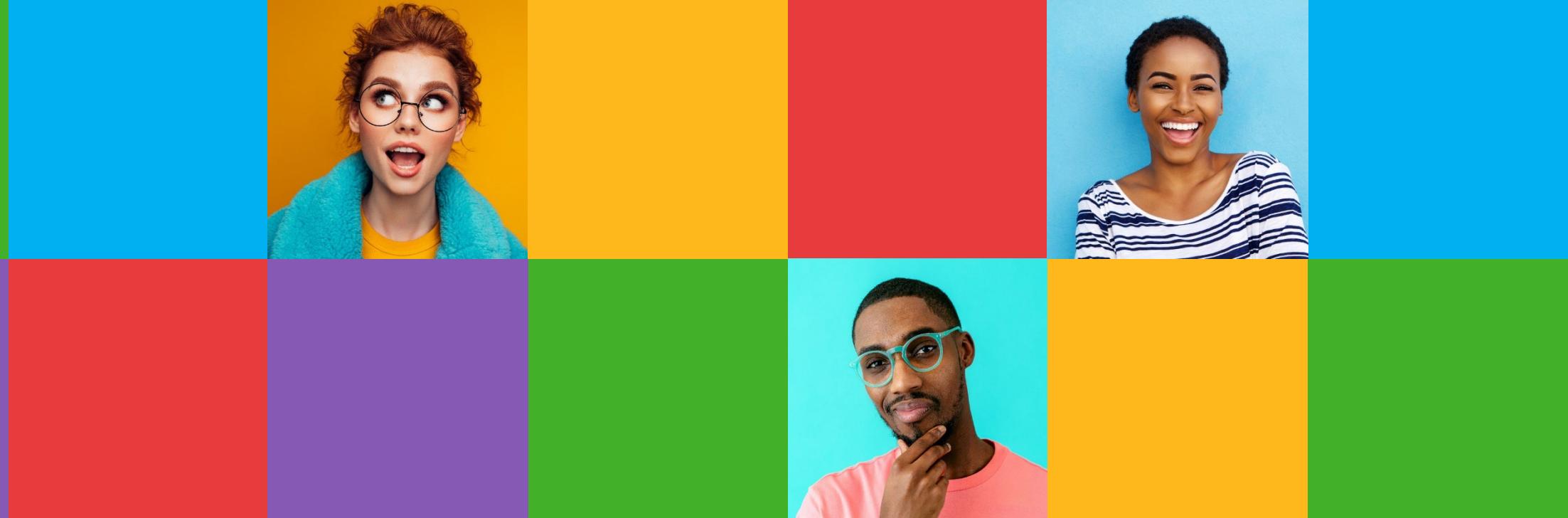
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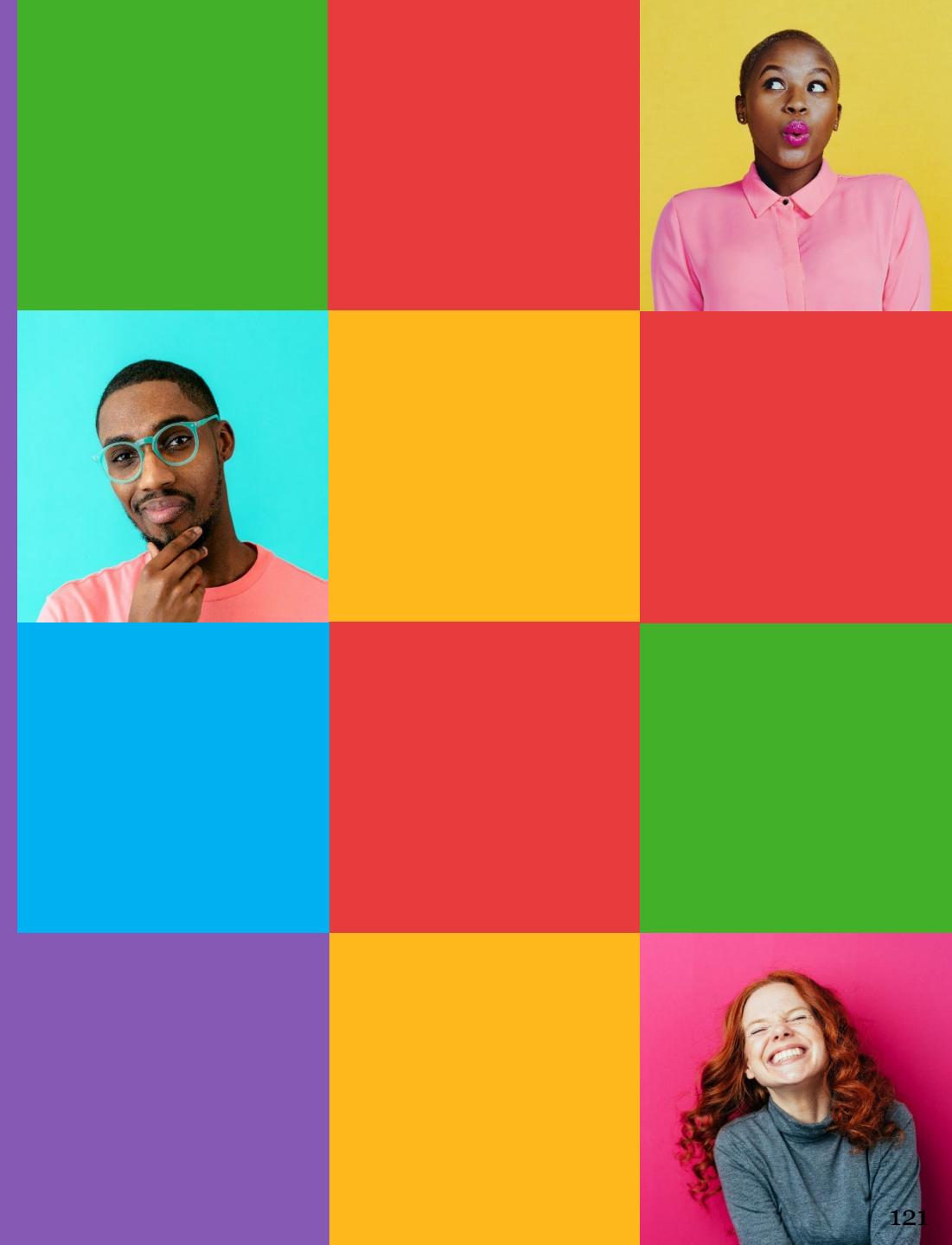
**Royal Berkshire
NHS Foundation Trust**



Membership Engagement Strategy

Corporate Governance

November 2024



Jargon Buster

The following document explains some acronyms and terms which governors may come across in their role. They have been sourced from our GovernWell training and council of governors' papers. If you would like to suggest any others to include, please contact governors@nhsproviders.org.

A

A&E	Accident & Emergency	hospital department specialising in the acute care of patients who arrive without a prior appointment with urgent or emergency trauma
AACE	Association of Ambulance Chief Executives	provide ambulance services with an organisation that can support, coordinate and implement nationally agreed policy
AGC	Audit & Governance Committee	a committee of the board – helps the board assure itself on issues of finance, governance and probity
AGM	Annual General Meeting	a meeting to present and agree the trust annual report and accounts
AGS	Annual Governance Statement	a document which identifies the internal controls in place and their effectiveness in delivering effective governance
AHP	Allied Health Professionals	health care professions distinct from dentistry, optometry, nursing, medicine and pharmacy e.g. physiotherapists, radiographers, speech therapists and podiatrists
AHSC	Academic Health Science Centre	a partnership between a healthcare provider and one or more universities
AHSN	Academic Health Science Network	locally owned and run partnership organisations to lead and support innovation and improvement in healthcare
ALOS	Average Length of Stay	the average amount of time patients stay in hospital

AMM	Annual Members Meeting	a meeting that is held every year to give members the opportunity to hear about what the trust has done in the past year; could be part of the AGM
AO	Accountable Officer	senior person responsible and accountable for funds entrusted to their trust; for NHS provider organisations this person will be the chief executive
ALB(s)	Arms Length Bodies	an organisation that delivers a public service but is not a ministerial government department; these include HEE, HSCIC, HRA, HTA, NHSE, NICE, Monitor, NHSBSA, NHSBT, NHSI, NHSLA, MHPRA, CQC, PHE (See individual entries)
AfC	Agenda for Change	the NHS-wide grading and pay system for NHS staff, with the exception of medical and dental staff and some senior managers; each relevant job role in the NHS is matched to a band on the Agenda for Change pay scale

B

BAF	Board Assurance Framework	the key document used to record and report an organisation's key strategic objectives, risks, controls and assurances to the board
BCF	Better Care Fund	this fund creates a local single pooled budget to incentivise the NHS and local government to work more closely together in local areas
BMA	British Medical Association	trade union and professional body for doctors
BAME	Black Asian Minority Ethnic	terminology normally used in the UK to describe people of non-white descent
BoD	Board of Directors	executive directors and non-executive directors who have collective responsibility for leading and directing the trust
	Benchmarking	method of gauging performance by comparison with other organisations

C

CAD	Computer Aided Dispatch	electronic system for dispatching emergency calls
CAMHS	Child and Adolescent Mental Health Services	specialise in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties
CapEx	Capital Expenditure	an amount spent to acquire or improve a long-term asset such as equipment or buildings. Typically capital is raised via a loan, but it can come from reserves and is paid back/written off over a number of years from revenue income. This is a contrast with revenue spend which is always from in-year income
CBA	Cost Benefit Analysis	a process for calculating and comparing the costs and benefits of a project
CBT	Cognitive Behavioural Therapy	a form of psychological therapy used mostly in depression but increasingly shown to be a useful part of the treatment for schizophrenia
CCG	Clinical Commissioning Group	groups of GPs, clinicians and managers who are responsible for commissioning local health services in England (all GP practices must belong to a CCG)
CDiff	Clostridium difficile	a bacterial infection that most commonly affects people staying in hospital
CE / CEO	Chief Executive Officer	leads the day-to-day management of a foundation trust, is a board member and the accountable officer for the trust.
CF	Cash Flow	the money moving in and out of an organisation
CFR	Community First Responders	a volunteer who is trained by the ambulance service to attend emergency calls in the area where they live or work
CHC	Continuing Healthcare	Whereby those with long-term or complex healthcare needs qualify for social care arranged for and funded by the NHS

CIP	Cost Improvement Plan	an internal business planning tool outlining the trust's efficiency strategy
CMHT	Community Mental Health Team	A team of mental health professionals such as psychiatrists, psychologists, social workers, community psychiatric nurses and occupational therapists, who work together to help people manage and recover from mental illness.
CoG	Council of Governors	the governing body that holds the non-executive directors on the board to account for the performance of the board in managing the trust, and represents the interests of members and of the public
COO	Chief Operating Officer	a senior manager who is responsible for managing a trust's day-to-day operations and reports to the CEO
CPD	Continuing Professional Development	continued learning to help professionals maintain their skills, knowledge and professional registration
CPN	Community Psychiatric Nurse	a registered nurse with specialist training in mental health working outside a hospital in the community
CQC	Care Quality Commission	The independent regulator of all health and social care services in England
CQUIN	Commissioning for Quality and Innovation	a sum of money that is given to providers by commissioners on the achievement of locally and nationally agreed quality and improvement goals
CSR	Corporate Social Responsibility	A business practice which incorporates sustainable goals, usually positive impacts on environmental, economic and social factors, into a business model
CT	Computed Tomography	A medical imaging technique
	Caldicott Guardian	A board level executive director responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian

D

DBS	Disclosure and barring service	conducts criminal record and background checks for employers
DBT	Dialectical behavioural therapy	A type of psycho-therapy, or talk therapy, which has been developed from CBT to help those experiencing borderline personality disorder
DGH	District General Hospital	major secondary care facility which provides an array of treatment, diagnostic and therapeutic services, including A&E
DHSC	Department of Health and Social Care	the ministerial department which leads, shapes and funds health and care in England
DN	Director of Nursing	The executive director who has professional responsibility for services provided by nursing personnel in a trust
DNA	Did Not Attend	a patient who missed an appointment
DNAR	Do Not Attempt Resuscitation	A form issued and signed by a doctor, which tells a medical team not to attempt CPR
DoF	Director of Finance	see FD
DPA	Data Protection Act	the law controlling how personal data is collected and used
DPH	Director of Public Health	a senior leadership role responsible for the oversight and care of matters relating to public health
DTOCs	Delayed Transfers of Care	this refers to patients who are medically fit but waiting for care arrangements to be put in place so therefore cannot be discharged
DoC	Duty of Candour	a legal duty on hospital, community, ambulance and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm

E

E&D	Equality and Diversity	The current term used for 'equal opportunities' whereby members of the workforce should not be discriminated against because of their characteristics. This is promoted by valuing diverse characteristics in a workplace.
ED(s)	Executive Directors or Emergency Department	senior management employees who sit on the trust board or alternative name for Accident & Emergency department
EHR	Electronic Health Record	health information about a patient collected in digital format which can theoretically be shared across different healthcare settings
EOLC	End of Life Care	support for patients reaching the end of their life
EPR	Electronic Patient Record	a collation of patient data stored using computer software
ESR	Electronic staff record	A collation of personal data about staff stored using computer software

F

FD	Finance Director	the executive director leading on finance issues in the trust
FFT	Friends and Family Test	a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care
FOI	Freedom of Information	the right to ask any public sector organisation for the recorded information they have on any subject

FT	Foundation Trust	a public benefit corporation, which is a legal body established to deliver healthcare to patients / service users and has earned a degree of operational and financial independence
FTE	Full Time Equivalent	a measurement of an employees workload against that of someone employed full time e.g. 0.5 FTE would be someone who worked half the full time hours
FTSU	Freedom to speak up	An initiative developed by NHS Improvement to encourage NHS workers to speak up about any issues to patient care, quality or safety
FR	Francis Report	the final report, published in 2013, of the public inquiry into care provided by Mid Staffordshire NHS FT chaired by Sir Robert Francis QC

G

GMC	General Medical Council	the independent regulator for doctors in the UK
GDP	Gross Domestic Product	the value of a country's overall output of goods and services
GDPR	General Data Protection Regulations	The legal framework which sets the guidelines for collecting and processing personal information

H

HCAI	Healthcare Associated Infection	these are infections that are acquired in hospitals or as a result of healthcare interventions; MRSA and Clostridium difficile can be classed as HCAs if caught whilst in a healthcare setting
HCA	Health Care Assistant	staff working within a hospital or community setting under the guidance of a qualified healthcare professional

HCP	Health Care Professional	a provider of health care treatment and advice based on formal training and experience
HDU	High Dependency Unit	an area in a hospital, usually located close to the ICU, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care, e.g. patients who have had major surgery
HEE	Health Education England	the body responsible for the education, training and personal development of NHS staff
HR	Human Resources	the department which focusses on the workforce of an organisation including pay, recruitment and conduct
HRA	Health Research Authority	protects and promotes the interests of patients and the public in health research
HSCA 2012	Health & Social Care Act 2012	an Act of Parliament providing the most extensive reorganisation of the NHS since it was established, including extending the roles and responsibilities of governors
HSCIC	Health and Social Care Information Centre	the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care
HSSIB		
HTA	Human Tissue Authority	regulates the removal, storage, use and disposal of human bodies, organs and tissue for a number of scheduled purposes such as research, transplantation, and education and training
HWB / HWBB	Health & Wellbeing Board	a local forum to bring together partners from across the NHS, local government, the third sector and the independent sector, led by local authorities
HW	Health Watch	A body created under the Health and Social Care Act 2012 which aims to understand the needs and experiences of NHS service users and speak on their behalf.

IAPT	Improved Access to Psychological Therapies	an NHS programme rolling out services across England offering interventions approved by the National Institute of Health and Care Excellence for treating people with depression and anxiety disorders
IG	Information Governance	ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations
ICP	Integrated Care Pathway	a multidisciplinary outline of care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through diagnosis and treatment to positive outcomes
ICS	Integrated Care system	Groups of NHS providers, commissioners and local authorities working together to improve health and care in the local area
ICT	Information Communications Technology	an umbrella term that includes any communication device or application, encompassing: radio, television, cellular phones, computer and network hardware and software, satellite systems, as well as the various services and applications associated with them
ICU or ITU	Intensive Care Unit Intensive therapy unit	specialist unit for patients with severe and life threatening illnesses
IP	Inpatient	a patient who is hospitalised for more than 24 hours
IT	Information Technology	systems (especially computers and telecommunications) for storing, retrieving, and sending information
IV	Intravenous	treatment which is administered by injection into a vein

KLOE(s)	Key Line of Enquiries	detailed questions asked by CQC inspectors which help to answer the five key questions to assess services: are they safe, effective, caring, responsive and well-led?
KPIs	Key Performance Indicators	indicators that help an organisation define and measure progress towards a goal
KF	King's Fund	independent charity working to improve health and health care in England

L

LD	Learning Disability	a disability which affects the way a person understands information and how they communicate
LGA	Local Government Association	the national voice of local government in England and Wales. It seeks to promote better local government and maintains communication between officers in different local authorities to develop best practice
LOS	Length of Stay	a term commonly used to measure the duration of a single episode of hospitalisation

M

M&A	Mergers & Acquisitions	mergers bring together two or more bodies to form a new legal entity and disband the merging bodies. acquisitions are take-overs of one body by another
MD	Medical Director	a member of the board who has a clinical background and has professional responsibilities for doctors and dentists in the trust
MHPRA	Medicines and Healthcare Products Regulatory Agency	an executive agency of DHSC which is responsible for ensuring that medicines and medical devices work and are acceptably safe

MIU	Minor Injuries Unit	A unit which treats injuries or health conditions which are less serious and do not require the A&E service
MoU	Memorandum of Understanding	describes an agreement between two or more parties
MRI	Magnetic Resonance Imaging	a medical imaging technique
MRSA	Methicillin-Resistant Staphylococcus Aureus	a bacterium responsible for several difficult-to-treat infections in humans
MSA	Mixed Sex Accommodation	wards with beds for both male and female patients

N

NAO	National Audit Office	an independent Parliamentary body in the United Kingdom which is responsible for auditing central government departments, government agencies and non-departmental public bodies. The NAO also carries out Value for Money audits into the administration of public policy
NED	Non Executive Director	directors who are appointed, but not employed by the trust; they have no executive responsibilities and are responsible for vetting strategy, providing challenge in the board room and holding the executive directors to account
NHS	National Health Service	publicly funded healthcare system of the UK
NHS111	NHS non-emergency number	free-to-call single non-emergency number medical helpline operating in England and Scotland
NHSBSA	NHS Business Services Authority	a Special Health Authority of DHSC which provides a range of services to NHS organisations including: NHS Prescription Services, NHS Pensions, Help With Health Costs, Student Services, NHS Dental Services, European Health Insurance Card, Supplier

		Management (including NHS Supply Chain) and NHS Protect
NHSBT	NHS Blood and Transplant	a Special Health Authority of DHSC responsible for providing a reliable, efficient supply of blood, organs and associated services to the NHS
NHSE	NHS England	an executive non-departmental public body with a mandate from the Secretary of State to improve health outcomes for people within England
NHSI	NHS Improvement	The Independent regulator of NHS Foundation Trusts
NHSLA	NHS Leadership Academy	national body supporting leadership development in health and NHS funded services
NHSP	NHS Professionals	provides bank (locum) healthcare staff to NHS organisations
NHSX		A unit designed to drive the transformation of digital technology in the NHS
NICE	National Institute for Health and Care Excellence	provides national evidence-based guidance and advice to improve health and social care
NIHR	National Institution for Health Research	The largest funder of health and social care research in the UK, primarily funded by the Department of Health and Social Care
NMC	Nursing and Midwifery Council	nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
	Never Event	serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. NHS England defines the list of never events every year
	NHS Digital	The information and technology partner to the NHS which aims to introduce new technology into services
NHSP	NHS Providers	NHS Providers is the membership organisation for NHS public provider trusts. We represent every variety of trust, from large acute and specialist hospitals through to community, ambulance and mental health

		trusts. Our members provide the full range of NHS services in hospitals, the community and at home.
	Nolan Principles	key principles of how individuals and organisations in the public sector should conduct themselves comprising of: selflessness, integrity, objectivity, accountability, openness, honesty, leadership. Set by the Committee for Standards in Public Life, an independent advisory non-departmental public body set up to advise the prime minister on ethical standards
	NHS Resolution	not-for-profit part of the NHS which manages negligence and other claims against the NHS in England on behalf of their member organisations. also an insurer for NHS bodies
	Nuffield Trust	independent source of evidence-based research and policy analysis for improving health care in the UK, also a charity

O		
OD	Organisational Development or Outpatients Department	a systematic approach to improving organisational effectiveness <i>or</i> a hospital department where healthcare professionals see outpatients (patients which do not occupy a bed)
OOH	Out of Hours	services which operate outside of normal working hours
OP	Outpatients	a patient who is not hospitalized for 24 hours or more but who visits a hospital, clinic, or associated facility for diagnosis or treatment
OPMH	Older People's Mental Health	mental health services for people over 65 years of age
OSCs	Overview and Scrutiny Committees	established in local authorities by the Local Government Act 2000 to review and scrutinise the

		performance of public services including health services
OT	Occupational Therapy	assessment and treatment of physical and psychiatric conditions using specific activity to prevent disability and promote independent function in all aspects of daily life

P		
PALS	Patient Advice & Liaison Service	offers confidential advice, support and information on health-related matters to patients, their families, and their carers within trusts
PAS	Patient Administration System	the automation of administrative paperwork in healthcare organisations, particularly hospitals. It records the patient's demographics (e.g. name, home address, date of birth) and details all patient contact with the hospital, both outpatient and inpatient
PbR	Payment by Results or 'tariff'	a way of paying for health services that gives a unit price to a procedure
PCN	Primary care network	A key part of the NHS long term plan, whereby general practices are brought together to work at scale
PDSA	Plan, do, study, act	A model of improvement which develops, tests and implements changes based on the scientific method
PFI	Private Finance Initiative	a scheme where private finance is sought to supply public sector services over a period of up to 60 years
PHE	Public Health England	a body with the mission to protect and improve the nation's health and wellbeing and reduce health inequalities
PHSO	Parliamentary and Health Service Ombudsman	an organisation which investigates complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England

PICU	Psychiatric Intensive Care Unit or Paediatric Intensive Care Unit	a type of psychiatric in-patient ward with higher staff to patient ratios than on a normal acute admission ward or an inpatient unit specialising in the care of critically ill infants, children, and teenagers
PLACE	Patient-Led Assessments of the Care Environment	Surveys inviting local people going into hospitals as part of a team to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance
PPI	Patient and Public Involvement	mechanisms that ensure that members of the community – whether they are service users, patients or those who live nearby – are at the centre of the delivery of health and social care services
PTS	Patient Transport Services	free transport to and from hospital for non-emergency patients who have a medical need
PC	Primary Care	the first point of contact with the NHS for most people and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists, it also includes NHS walk-in centres and the NHS 111 telephone service

Q		
QA	Quality assurance	monitoring and checking outputs to make sure they meet certain standards
QI	Quality improvement	A continuous improvement process focusing on processes and systems
QIA	Quality Impact Assessment	A process within NHS trusts which ensures the quality of service is systematically considered in decision-making on service changes

QUI	Qualities and Outcomes Framework	The system for performance management and payment of GP's in the NHS
OAA	Out of Area Placements	occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual local network of services

R

R&D	Research & Development	work directed towards the innovation, introduction, and improvement of products and processes
RAG	Red, Amber, Green classifications	a system of performance measurement indicating whether something is on or better than target (green), below target but within an acceptable tolerance level (amber), or below target and below an acceptable tolerance level (red)
RCN	Royal College of Nursing	a registered trade union in the United Kingdom for those in the profession of nursing
RGN	Registered General Nurse	a nurse who is fully qualified and is registered with the Nursing and Midwifery Council as fit to practise
RoI	Return on Investment	the benefit to the investor resulting from an investment of some resource. A high RoI means the investment gains compare favourably to investment cost. As a performance measure, RoI is used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments.
RRV	Rapid response vehicle	vehicles used to reach a patient as soon as possible
RTT	Referral to Treatment Time	the waiting time between a patient being referred by a GP and receiving treatment

S

SALT	Speech and Language Therapist	assesses and treats speech, language and communication problems in people of all ages to help them better communicate
SFI	Standing Financial Instructions	Policy used for the regulation of the conduct of an NHS trust in relation to all financial matters
SHMI	Summary Hospital Level Mortality Indicator	reports mortality at trust level across the NHS in England using standard and transparent methodology
SID	Senior independent Director	a non-executive director who sits on the board and plays a key role in supporting the chair; the SID carries out the annual appraisal of the chair, and is available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair
SIRO	Senior Information Risk Officer	a senior manager who will take overall ownership of the organisation's information risk policy
SITREP	Situation Report	a report compiled to describe the detail surrounding a situation, event, or incident
SLA	Service Level Agreement	an agreement of services between service providers and users or commissioners
SoS	Secretary of State	the minister who is accountable to Parliament for delivery of health policy within England, and for the performance of the NHS
SRO	Senior Responsible officer	A leadership role which is accountable for the delivery and outcome of a specific project
STP	Sustainability and Transformation Partnership	In 2016 partnerships formed between local councils and NHS services to help plan and run services, and agree system-wide priorities. Replaced by Integrated Care Systems since 2021

SUI	Series Untoward Incident / Serious Incident	A serious incident which resulted in one or more of the following: unexpected or avoidable death, a never event, a prevention of organisation's ability to continue to deliver healthcare services, abuse, or loss of confidence in a service
SWOT	Strengths, Weaknesses, Opportunities, Threats	a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project or in a business venture
SC	Secondary Care	NHS health service provided through hospitals and in the community

T

TTO	To Take Out	medicines to be taken away by patients on discharge
TC	Tertiary Care	healthcare provided in specialist centres, usually on referral from primary or secondary care professionals

V

VTE	Venous Thromboembolism	a condition where a blood clot forms in a vein. This is most common in a leg vein, where it's known as deep vein thrombosis (DVT). A blood clot in the lungs is called pulmonary embolism (PE)
VfM	Value for Money	used to assess whether or not an organisation has obtained the maximum benefit from the goods and services it both acquires and provides, within the resources available to it

W

WLF	Well Led Framework	a set of indicators that seek to identify how well led an organisation is, also used as a framework for board governance reviews
WRES	Workforce Race Equality Standard	a metric to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of black and minority ethnic (BME) board representation
WTE	Whole-time equivalent	See FTE

Y		
YTD	Year to Date	a period, starting from the beginning of the current year, and continuing up to the present day. The year usually starts on 1st April for financial performance indicators

Title:	Governor Question Log
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Officer

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.
- 3.3 The log is captured by financial year and are available on the Trust website [Council of Governors - Royal Berkshire NHS Foundation Trust](#) and Workvivo.

Applying for a Parking Permit

Parking Permit Type: [Volunteer](#)

When applying for a parking permit, please consider alternative routes of travel (page 2) or our Park and Ride service. Please note that on-site parking at the RBH site past 09.00am is limited.

Please use the link below to apply on-site parking in staff areas. These are run by ANPR.

You can access the permit portal here: [APCOA RBH NHS Staff Portal](#)

Please select a volunteer permit type. (Unless you are a blue badge holder. In this case select blue badge permit type).

You will need your driving licence on application. If your driving licence does not have your current address, please upload a photo of your licence sitting on top of a proof of your address. If there is no proof of driving eligibility and address, your application will be rejected.

- All parking is in staff areas only – South Block, R3, Staff area in North Block, Princes' House and levels 4-6 of the multi-storey.
- All weekend parking is on-site only.
- No physical permit is required as all car parks operate an Automatic Number Plate Recognition (ANPR) system.

For any queries please contact: Travel.Matters@royalberkshire.nhs.uk

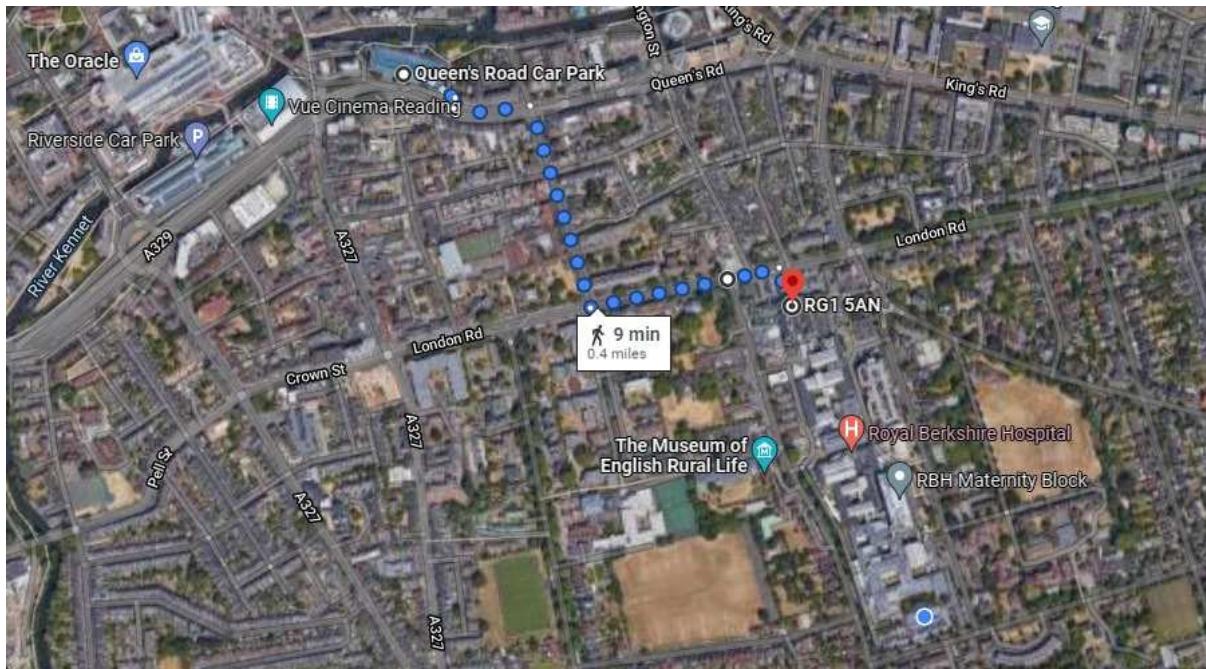
Off-site Parking Locations:

RBH Trust has provided a number of off-site parking locations available to all staff.

Our off-site parking locations include:

✓ **Queens Road Car Park**

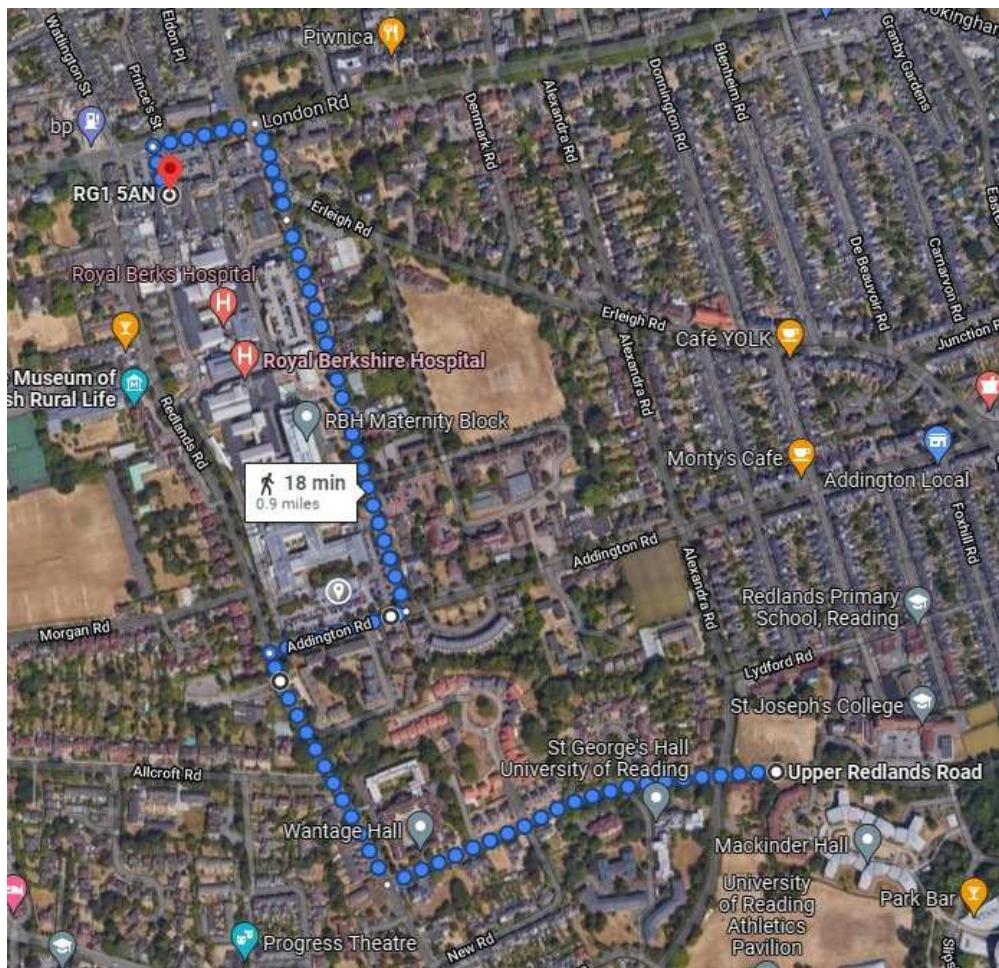
There are approx. 600 spaces available at Queens Road. Approximately a 12-minute walk away from Royal Berkshire Hospital. Queens Road Car Park is open to staff from Monday to Friday for 24 hours a day. (Apply for a permit as detailed below)



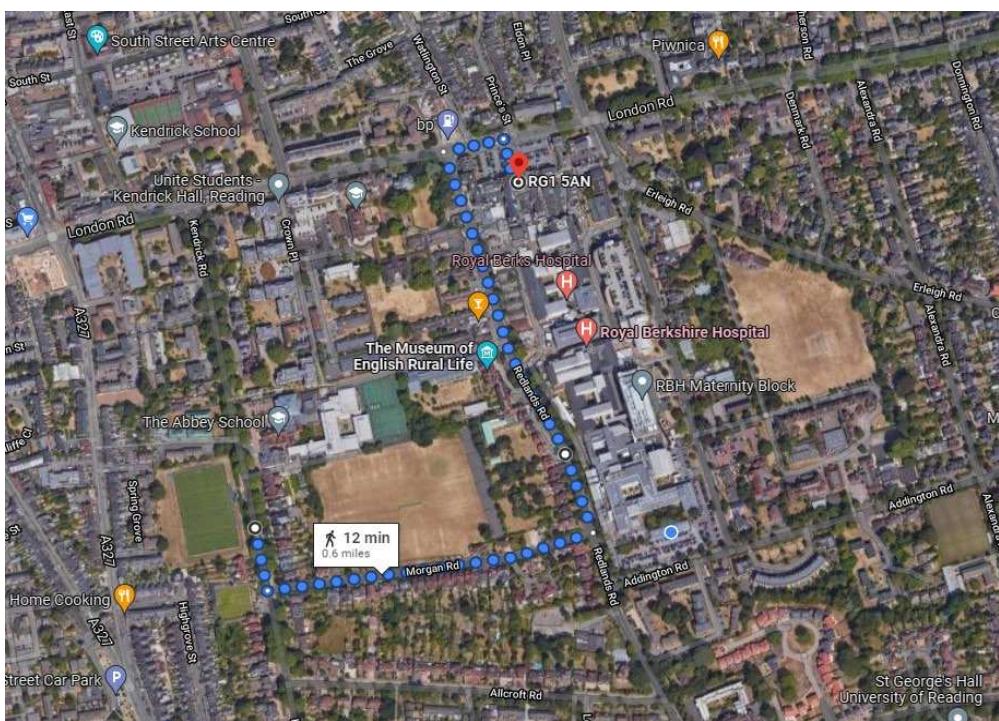
✓ **On-Street Parking**

There are approx. 178 spaces on Kendrick, Allcroft, and Upper Redlands Road which are all within 5 minutes' walk of Royal Berkshire Hospital. Staff are able to park in the pay and display areas of these roads from Monday to Friday between 8.00am and 5.30pm. To park in these areas, you must use Reading Council's Permit Smarti scheme and will need to be registered and approved before parking. (Apply for a permit as detailed below)

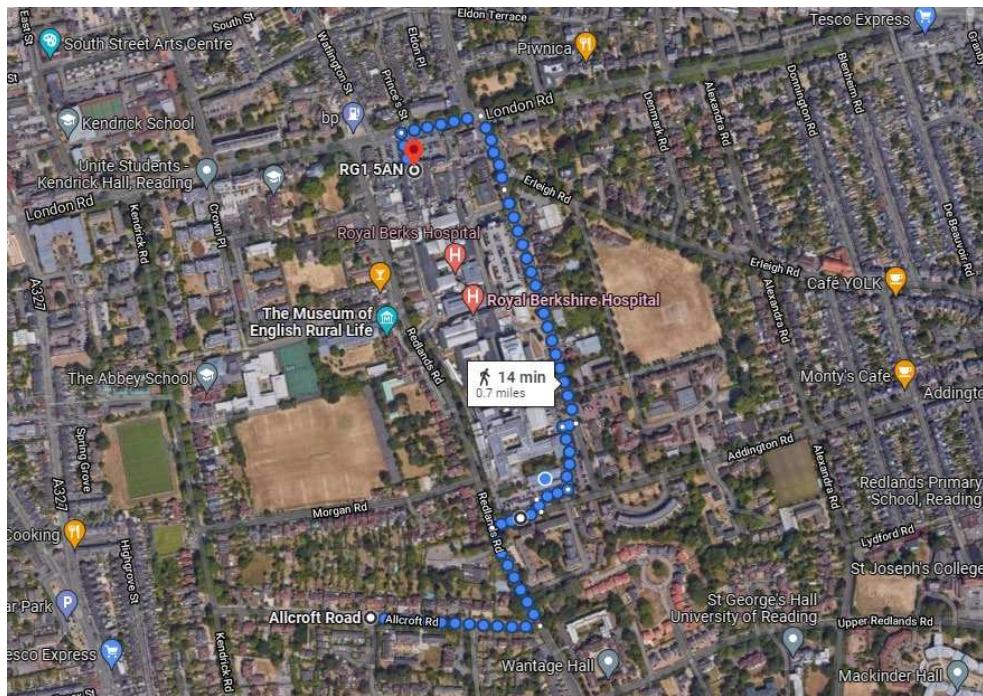
Upper Redlands Road



Kendrick Road



Allcroft Road

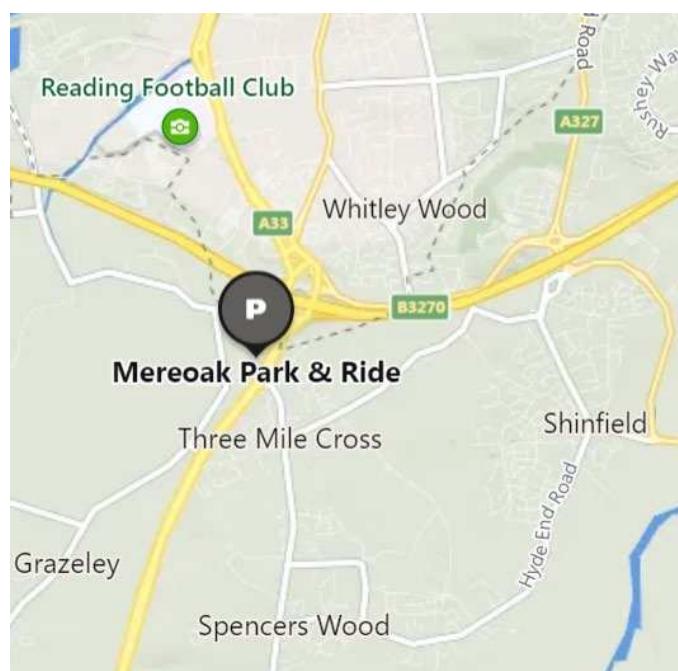


✓ Park and Ride

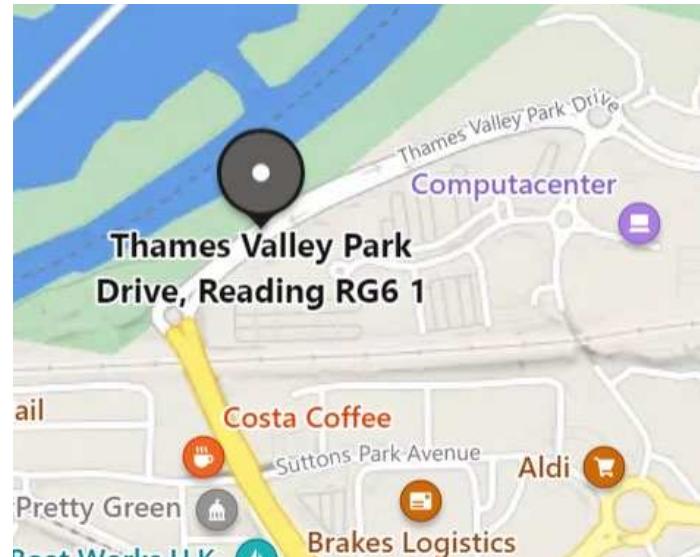
There are approx 2000 spaces available at Mereoak and Thames Valley Park with frequent shuttle buses running between the two locations and Royal Berkshire Hospital. The 300 shuttle bus runs regularly between both sites and the hospital with the service taking approximately twenty minutes from Mereoak, and ten minutes from Thames Valley Park.

Access to the free park & ride facilities is given by showing a staff ID to board the shuttles and does not require a permit.

- Mereoak park & ride is south of J11 of the M4 (off the A33). Postcode is: RG7 1WJ.



- Thames Valley park & ride is at the end of the A339 off J10 of the M4. Postcode is: RG6 1PQ (Here you will need to add your registration to the machines in the car park before you leave your car)



The timetable for the shuttle buses can be found at:

<https://www.reading-buses.co.uk/services/RBUS/300?date=2023-02-28&direction=outbound>

Applying for a permit (details below) will allow access to parking at Queens Road Car Park and on-street (further information regarding on-street parking can be given by Travel Matters).

Protocol for Governor Attendance at Part 2 of Board Meetings

1. Two Governors will be permitted to attend the Part 2 private section of the scheduled bi-monthly Trust Board meeting. Governors will only be able to attend two meetings each year.
2. The purpose of attendance will be to provide assurance to the Council of Governors that items considered in Part 2 of the meeting are properly discussed in private. Governors will receive a briefing on the categories of information which can be considered during Part 2 of Board meetings.
3. To support this process, the following administrative arrangements will apply
 - (a) The Governors will confirm to the Trust Secretary who is attending the Part 2 section of the meeting
 - (b) When the Board agrees to exclude the press and public, the Trust Secretary will provide hard copies of the Part 2 items to the Governor(s) remaining in attendance
 - (c) At the conclusion of the Part 2 section of the meeting (or when the Governor(s) leave if that is earlier) the papers must be returned to the Trust Secretary
4. Governors will not be able to speak at Part 2 Board meetings.
5. Governors in attendance will respect the confidentiality of items discussed in Part 2 of Board meetings. Part 2 agenda items and reports will not be discussed beyond the meeting, either with other Governors or any other party (subject to 6 below).
6. Should Governors present at Part 2 Board meetings consider that items should have been considered in public, they will discuss this with the Trust Secretary in the first instance. If the matter cannot be resolved, it will be discussed with the Chair of the Trust.
7. The Board will retain the right, in exceptional circumstances, to exclude Governors from the discussion of an item in Part 2 meetings, based on the matter under discussion. If the Board considers it necessary to exclude Governors for the discussion of an item, the reasons for this will be given at the time.

This protocol will be reviewed by the Board and Council of Governors after the first six months, at which time it may be revised or ended, and then annually thereafter.

Protocol: Appointment of Governor Chairs of Committees

1. This protocol sets out the process for appointing Governors to the role of Chair for Governor Committees. It ensures that appointments are transparent, fair, independently overseen, and fully auditable.

2. Principles:

- (a) All Governors must have an equal opportunity to nominate themselves.
- (b) Where more than one nomination is received, a formal vote will be conducted.
- (c) The process will be administered independently by the Trust Secretary, who is not a Governor and does not participate in the vote.
- (d) Records of the process and outcome will be retained by the Trust for audit and assurance purposes.

3. Nomination Process:

- 3.1 At the start of each appointment cycle, the Trust Secretary will invite nominations from all Governors.
- 3.2 Governors wishing to be considered nominate themselves within the specified timeframe.
- 3.3 If only one nomination is received, that individual will be appointed unopposed.

4. Voting Process (where required)

- 4.1 If more than one nomination is received, a vote will be held.
- 4.2 The vote will be conducted electronically via email and administered solely by the Trust Secretary.
- 4.3 All Governors will receive:
 - A voting email
 - Clear instructions on how to cast their vote
 - The deadline for submitting their vote
- 4.4 The Trust Secretary will receive and count all votes.
- 4.5 The Trust Secretary will confirm the outcome to all Governors once the voting period has closed.

5. Independence and Transparency

- 5.1 The Trust Secretary acts as an independent officer of the Trust and does not vote, influence, or participate in the outcome.
- 5.2 The process is designed to ensure transparency and fairness, addressing Governor feedback regarding visibility and independence of decision-making.

6. Record-Keeping and Audit

- 6.1 The Trust Secretary will retain:
 - The list of nominees
 - Voting communications
 - The anonymised vote count
 - The final outcome
- 6.2 These records will be stored securely by the Corporate Governance Team and retained in accordance with Trust retention schedules.
- 6.3 Records may be reviewed as part of internal or external audit processes to provide assurance of compliance.

February 2026

Governors Membership Committee Work Plan 2026

Item	Lead	Freq	Feb-26	Apr-26	Jul-26	Oct-26
Minutes from previous meeting/ Matters Arising Schedule	RH	Every				
Membership Strategy Review	CL	Annually				
Membership Committee Terms of Reference	CL	Annually				
Membership Update	NB	Every				
Membership Events	KB	Every				
Preparations for Annual General Meeting	CL	2 x year				
Membership Survey	CL	By Exception				
Training & Development	CL	2 x year				
Council of Governors Objectives Review	CL	Annually				
Council of Governors Composition	CL	3 x Year				
Work Plan	CL	Every				