Royal Berkshire
NHS Foundation Trust

Council of Governors - 23 September 2026

MEETING

17 September 2026 17:00 BST

PUBLISHED
18 September 2026

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	17 Sep 2026	17:00 BST

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
	Holding the Board to Account			-
2	Chief Executive Update (Presentation)	James Blythe	17:00	-
3	Questions from the Public (Verbal)			-
4	Minutes for Approval: 27 May 2026 & Matters Arising Schedule	Caroline Lynch	17:30	3
	Items of Council Business			-
5	Governors Assurance Committee Minutes: 24 June 2026	Tom Duncan	17:35	8
6	Membership Committee: 2 July 2026	Richard Havelock	17:40	13
7	Governor Nominations & Remunerations Committee Terms of Reference	Caroline Lynch	17:45	16
8	Role of the Lead Governor	Caroline Lynch	17:50	19
9	Changes to the Council Membership (Verbal)	Caroline Lynch	17:55	-
	Representing the Views of Members and the General Public			-
10	Governor Question Log (To Note)	Caroline Lynch		23
11	Questions from the Public (Verbal)	Oke Eleazu	18:00	-
12	Reflections of the Meeting:	Caroline Lynch	18:05	-
12.1	What did we feel/think during discussions?			-
12.2	What improvement/s do we need to make to be more effective?			-
13	Date of Next Meeting: 25 November 2026 at 17.00	Oke Eleazu		-

Royal Berkshire
NHS Foundation Trust

Council of Governors

Wednesday 27 May 2026
17.00 – 18.30
Video Conference Call

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Ms. Jessica Grierson	(Staff Governor, Admin/Management)
Mr. Yaman Islim	(Public Governor, East Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Sunila Lobo	(Public Governor, Reading)
Ms. Sarah Lupai	(Staff Governor, Nursing and Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading) (up to minute 21/26)
Mr. David Stevens	(Partner Governor, Reading Borough Council) (up to minute 22/26)
Ms. Joycee Rebelo	(Public Governor, Reading)
Mr. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Mr. James Blythe	(Chief Executive) (up to minute 21/26)
Miss. Kerrie Brent	(Corporate Governance Manager)
Ms. Suzanne Bryne	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer) (up to minute 22/26)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Umesh Jetha	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mrs. Catherine McLaughlin	(Non-Executive Director)

Apologies

Mr. Richard Havelock	(Volunteer Governor)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)

There were no members of the public present.

19/26 Declarations of Interest

There were no declarations of interest.

20/26 Chief Executive Update

The Chief Executive provided his first update to the Council and advised that the Trust was starting from a strong position, with generally good performance and quality metrics, strong organisational values, and stability within the leadership team. Areas requiring further improvement were 4 hour emergency care performance, some Cancer metrics, financial sustainability, estate risks, and increasing demand across services.

The Council noted that the Trust continued to respond to immediate estate challenges, including fire safety risks in parts of the estate, and that rising demand in the Emergency Department was affecting waiting times and patient experience. The Chief Executive also highlighted violence and aggression towards staff, including an increase in racially aggravated abuse, as a significant concern.

The Chief Executive highlighted the importance of changing how the Trust operated in order to respond to changing population needs, including greater use of technology, stronger partnership working across primary, community and social care, and continued progress on plans for a new hospital and wider estate strategy.

The Council noted that the Care Quality Commission (CQC) planned to undertake a site visit in June 2026 focused on the urgent care pathway.

The Council also noted the Trust's response to the local meningococcal disease outbreak, including treatment of four cases and close working with the UK Health Security Agency.

The Council noted the success of the annual Care Awards, with 52 shortlisted awards across 13 categories from just under 600 nominations, as a positive reflection of staff engagement.

Other areas of progress including the opening of the new Same Day Emergency Care (SDEC) area adjacent to the Emergency Department (ED), progress with the MRI project at West Berkshire Community Hospital, and the Trust's continued focus on financial control and long-term sustainability.

During discussion, Governors queried the route to Advanced Foundation Trust status, pressures experienced by staff in operational areas, the challenge of delivering further efficiencies, the Fracture Liaison Service, digital exclusion, and the role of governors. In response, the Chief Executive advised that addressing the underlying deficit and achieving the strongest possible CQC assessment would be essential preconditions for any future Advanced Foundation Trust application. In addition, it was confirmed that the Trust would need to pursue efficiencies through stronger financial controls, partnership working and greater use of technology and automation. It was agreed that the Trust Secretary would re-circulate the details received at the public Board of Directors in January 2026 in relation to the Fracture Liaison Service to Governors. **Action: C Lynch**

The Chief Executive acknowledged concerns raised by Governors about day-to-day operational pressures and advised that issues were appropriately escalated and addressed. In relation to digital exclusion, it was noted that alternative routes of access would remain necessary for patients unable to use digital channels and equality impacts would need to be considered as part of any future digital initiatives.

21/26 Digital Strategy Update

The Council received a presentation on the Trust's five-year Digital Strategy. It was noted that the strategy had been developed in the context of the NHS 10 Year Plan, the refreshed Trust strategy and the Trust's five strategic transformation programmes.

The strategy was structured around five themes: data-driven decision making, artificial intelligence, patient-centred digital services, support for staff, and alignment with the Trust's

wider strategic objectives. The Council also noted the guiding principles for implementation, including accessibility, convenience and efficiency.

The three main pillars of the strategy were outlined as: excellence in technology, enabling strategic programmes, and service excellence. The Council noted that the strategy would be supported by a more detailed delivery roadmap and would include continued development of digital infrastructure, cyber security, data capability, remote monitoring, patient access to records and appointments, and the use of artificial intelligence where appropriate.

Governors queried alignment with partner trusts across the Acute Provider Collaborative (APC), the use of shared digital tools and patient portals, the challenges staff experienced in reporting and resolving day-to-day IT issues, data accessibility for quality improvement, support for innovation, and the potential for integrating hospital passports and similar patient-held information into digital systems.

The Chief Operating Officer confirmed that the working towards greater harmonisation with neighbouring trusts where possible was essential, although this would take time and depend on the underlying data architecture. The Council also noted that work was on-going to strengthen the Trust's data in order to improve access to data for improvement and operational purposes.

The Chief Operating Officer acknowledged the need for a more responsive digital support service, the importance of maintaining non-digital access routes for patients, and the value of further consideration of how innovation proposals could be supported through appropriate governance arrangements.

22/26 Questions from the Public

There were no members of the public present.

A governor raised a query regarding the lack of a zebra crossing on Craven Road outside the Reading hospital site. The Trust Secretary advised that this issue had previously been raised with Reading Borough Council and via Reading Buses. However, a crossing had not been considered practicable for this area. It was agreed that this question would be added to the governor log. **Action: C Lynch**

Governors were also encouraged to raise this query with the relevant Partner Governor on the Council.

23/26 Minutes for Approval: 25 February 2026 and Matters Arising Schedule

The minutes of the meeting held on 25 February 2026 were approved as a correct record, subject to amendment to correct record of who had led the reflections of the meeting.

The matters arising schedule was noted. It was reported that all actions were completed or otherwise addressed, with the exception of ongoing work in relation to governor attendance at the Charity Committee and the Experience First group.

The Council noted that, following expressions of interest, Joshua Wilson would join the Charity Committee from August 2026. A further expression of interest would be sought for an additional governor place post August 2026 **Action: C Lynch**

The Council also noted that the Experience First group had not yet commenced due to the absence of the Chief Nurse, and that the position would remain under review pending her phased return.

24/26 Draft Governors Assurance Committee: 29 April 2026

The Council received the draft minutes of the Governors Assurance Committee held on 29 April 2026.

25/26 Governors Nominations & Remunerations Committee Terms of Reference

The Council considered the revised Terms of Reference for the Governor Nominations and Remuneration Committee.

During discussion, clarification was sought regarding wording relating to appointment panels, the appraisal process for the Chair and Non-Executive Directors, and references to the independent advisor role. The Trust Secretary clarified that detailed arrangements for appointment panels were set out in the relevant protocol rather than in the Terms of Reference, that governor feedback would continue to inform the appraisal process, and that the independent advisor role referred to support provided through the appointed external advisers and relevant executive support.

The Council approved the Terms of Reference.

26/26 Changes to the Council Membership

The Trust Secretary advised that there had been two changes to Council membership since the previous meeting. Clare Stafford had stepped down from her role as a Public Governor, West Berks & Borders at the end of April 2026. Adrian Mather was no longer a Councillor and therefore no longer served as Partner Governor for Wokingham Borough Council.

27/26 Governor Question Log

The Trust Secretary highlighted that further questions regarding gritting arrangements during periods of icy weather had been added for completeness and that an additional response from Darren Browne had also been included for openness. It was noted that the log was available on the Trust website for reference.

28/26 Questions from the Public

There were no members of the public present.

29/26 Reflections of the Meeting

The Trust Secretary led a discussion.

30/26 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 23 September 2026 at 17.00.

SIGNED:

DATE:

Date	Minute Ref	Subject	Matter Arising	Owner	Update
27 May 2026	20/26	Chief Executive Update	It was agreed that the Trust Secretary would re-circulate the details received at the public Board of Directors in January 2026 in relation to the Fracture Liaison Service to Governors.	C Lynch	Completed. Circulated to Governors
27 May 2026	22/26	Questions from the Public	The Trust Secretary advised that this issue had previously been raised with Reading Borough Council and via Reading Buses. However, a crossing had not been considered practicable for this area. It was agreed that this question would be added to the governor log.	C Lynch	Completed. Response added to the Governor Question log.
27 May 2026	23/26	Minutes for Approval: 25 February 2026 and Matters Arising Schedule	A further expression of interest would be sought for an additional governor place post August 2026	C Lynch	No further expressions of interest to join the Charity Committee have been received.

Royal Berkshire NHS Foundation Trust

Minutes

Governors Assurance Committee

Wednesday 24 June 2026
17.00 – 19.00
Video Conference Call

Present

Dr. Tom Duncan	(Staff Governor, Medical/Dental) (Chair)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Ms. Jessica Grierson	(Staff Governor, Admin/Management)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading), (Lead Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery) (from minute 17/26)
Mr. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Oke Eleazu	(Chair of the Trust)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Umesh Jetha	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

Apologies

Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Tony Page	(Public Governor, Reading)

14/26 Declaration of Interests

There were no declarations of interest.

15/26 Minutes for Approval: 28 January 2026 and Matters Arising Schedule

The minutes of the meeting held 29 April 2026 were approved as a correct record and would be signed by the Chair.

All matters had been completed or included as items on the agenda.

16/26 Member Issues and Feedback

There were no member issues raised.

17/26 Board Committee Key Issues

The Committee considered that the Chair Assurance reports provided a helpful summary of key issues discussed at Board Committees.

Finance & Investment Committee

The Chair of the Finance & Investment Committee provided an overview of the meetings held in March and April 2026. The Committee had noted that a significant income accrual error had been identified in relation to the 2024/25 accounts. Following discussions with NHS England and other relevant parties, it had been confirmed that this was a historic issue and would not impact the Trust's reported position for 2025/26. The matter would be addressed through the external audit process and reflected in the 2025/26 Annual Report and Accounts.

In response to a query regarding the income accrual for 2024/25, the Chair of Finance & Investment Committee advised that the issue had been identified internally within the finance team.. There had been no cash impact and no repayment required. The Chair of the Audit and Risk Committee advised that a thorough review had been undertaken and learning and improvements would be progressed through the audit process. The Chair of the Trust confirmed that actions were in place to strengthen the effectiveness of the finance function and support financial sustainability. Governors highlighted the importance of accurate activity data and coding in supporting both financial recovery and clinical productivity. The Committee noted that income, revenue management and activity data were recognised as areas for improvement within the financial improvement plan.

The Committee noted that the Trust had achieved plan at Month 11 to deliver its deficit of £7.8m. The Finance & Investment Committee had recommended the 2026/27 draft budget and capital plan to the Board. The capital plan included £28.6m from the Trust's own resources, supplemented by centrally allocated funding, and the use of £3m Public Dividend Capital (PDC) for the estates safety fund.

The Committee noted that the Trust had delivered its 2025/26 financial plan. As a result, the Trust had received £3.2m additional deficit support funding, reducing the year-end deficit to £4.6m. The year-end cash position was also noted as positive at £25m. The Committee had welcomed progress made by finance and operational teams in managing cash and delivering the financial position.

The Committee noted that the 2026/27 financial plan was challenged and that, after two months, the Trust was on plan. It was noted that the savings requirement would increase as the year progressed, although the majority of savings had been identified and tested for robustness.

In response to a query regarding the £9m pay overspend, the Chair of the Finance & Investment Committee advised that this related to higher than planned substantive staffing costs. It was noted that the Trust had performed well in reducing agency and bank spend and an exercise was ongoing to review Whole Time Equivalents (WTEs).

Audit & Risk Committee

The Chair of the Audit and Risk Committee provided an overview of the meeting held on 11 March 2026. The Counter Fraud Plan had been approved and there were no significant counter fraud matters to report. It was noted that the external audit was expected to provide a clean audit opinion and signed accounts, although improvements were required in the finance function and in the provision of information for audit.

The Committee noted that the internal audit plan had been developed through a risk assessment process and recommendations were largely up to date, except for actions related to the Estates review. The Committee had also considered the Digital, Data and Technology (DDaT) Risk Register, including the technology and cyber risk, and noted that this remained work in progress.

The Audit & Risk Committee had received assurance that single tender waivers were subject to review in accordance with procurement requirements.

The annual review of Audit and Risk Committee effectiveness had also been considered and, whilst some areas for improvement had been identified, the Committee was assured that the Audit and Risk Committee was operating appropriately.

The Committee requested further clarification on the value of the Everlight contract.

Action: C Lynch

Quality Committee

The Chair of the Quality Committee highlighted areas where limited or partial assurance had been received. This included patient relations, where complaints response performance had not improved and legal services and claims, where further assurance was required on the triangulation of incidents, claims and complaints and the associated learning.

The Committee noted that a Non-Executive Director with a background in customer experience had recently been appointed. It was also noted that Governors that had expressed an interest in the Patient Experience work stream had not yet received meeting invitations. The Trust Secretary would liaise with the Chief Nursing Officer in relation to this. **Action: C Lynch**

The Committee discussed maternity services, including the Maternity Outcomes Signal System (MOSS) alert related to a small number of stillbirths and neonatal deaths. The Quality Committee had received assurance that a response had been submitted to, and accepted by, the region. The Committee noted that work was ongoing to further understand the maternity dashboard, perinatal mortality data and the actions required to ensure the Trust was identifying and responding to issues.

The Maternity & Neonatal Champion advised that walkabouts and engagement with maternity and neonatal staff were being undertaken regularly in addition to attendance at safety meetings and review of maternity safety reports. The Committee noted the operational pressures within maternity services and received assurance that a detailed improvement plan was in place. The Committee noted that there had been a short-term increase in the perinatal mortality rate and that real-time data was now being reviewed to provide strengthened oversight.

A Governor raised an issue regarding the wording in the Quality Committee minutes that stated that increased incident reporting provided evidence of an open and positive safety culture. The Chair of the Quality Committee acknowledged the concern raised and confirmed that the wording could be reviewed. Governors also raised queries regarding Structured Judgement Reviews (SJRs) and the need to understand learning from cases where care was not assessed as good or very good.

The Committee considered compliance with mandatory training requirements, including Patient Safety Incident Response Framework (PSIRF) training and face-to-face training requirements. It was noted that compliance was improving. However, compliance had not yet reached the required level, particularly for some medical staff. Governors noted the operational challenge of releasing clinical staff for training and highlighted examples of more flexible approaches, such as drop-in resuscitation training sessions.

In response to a query regarding patient and family feedback, the Chair of the Quality Committee advised that the Trust recognised that this was an area for improvement and that the developing Patient Experience work stream would support improvement. The Chair of the Trust advised that, whilst the Trust completed mandated patient feedback requirements, further work was being undertaken to improve how feedback was gathered and used. The Committee noted

that new technology, including Quail and a forthcoming Medallia pilot, would strengthen analysis of patient feedback, complaints and emerging themes.

Governors queried recent media reporting regarding obstetric training following the Prevention of Future Deaths (PFD) report. The Committee was advised that the article related to historic information at the time of the inquest and training compliance had subsequently improved significantly. It was agreed that current training compliance figures would be confirmed through the Governors' log. **Action: C Lynch**

In response to a query regarding the impact of extreme heat on patients and staff, it was noted that guidance had been issued to staff through Workvivo. Further information would be sought on the advice and support available to patients during periods of extreme heat and provided in the Governors question log. **Action: C Lynch**

The Committee discussed the maxillofacial service and noted concerns regarding delays associated with triage by Oxford University Hospitals (OUH). It was noted that OUH was commissioned to provide the service and that the Trust was working with OUH to improve the position. The Committee noted that the triage arrangements were linked to the complexity of cases and the Trust's ability to provide day-case services.

<u>People Committee</u>

The Chair of the People Committee provided an overview of the meeting held on 7 May 2026. The Committee had received positive assurance in relation to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the Trust benchmarked well against the NHS average, and had approved the publication of the reports.

The Committee noted positive assurance regarding implementation of actions arising from the 2025 Staff Survey, the Resident Doctors' 10 Point Plan and the Occupational Health Annual Report. It was noted that demand for Occupational Health services had increased, particularly in relation to musculoskeletal issues.

The Committee noted the national review of Band 5 nursing job descriptions and the potential financial implications for the Trust. It was noted that work was ongoing to understand the local impact and any national funding arrangements.

The Committee discussed staff survey findings relating to unacceptable conduct, including bullying, harassment and discrimination from patients and colleagues. The Committee noted that the matter remained a Board priority and that further work was required to understand the underlying issues and what further could be done to ensure staff felt safe at work.

The Chair of the People Committee highlighted exception reporting by Resident Doctors in general surgery, ophthalmology and renal. Further detailed information had been requested from the Guardian of Safe Working, including actions being taken.. **Action: C McLaughlin**

Governors sought assurance regarding general surgery, theatre productivity and the need to triangulate quality, workforce and operational data. It was noted that an internal audit review had been planned for general surgery.

The Committee noted improvements in productivity and efficiency would be critical to the Trust's financial recovery and transformational change would be required to deliver sustainable financial benefits.

18/26 Terms of Reference

The Terms of Reference were presented for approval as part of the annual review cycle. The Committee noted that there were no proposed amendments other than the inclusion of Chair

Assurance Reports being reported to the Committee alongside the minutes. The Terms of Reference were approved.

The Committee noted that the term of office of the Committee Chair would end in the coming months and that succession arrangements would be considered, including an expression of interest process.

19/26 Member Issues and Feedback

Governors raised a query regarding the recent death in the hospital grounds. The Chair of the Trust advised that there was an ongoing police investigation and that the matter had been referred to the Coroner. It was reported as an unexplained, non-suspicious death and further details could not be provided at this stage. The Committee was advised that internal controls related to security and access had been reviewed and that no issues had been identified.

The Chair of the Trust advised that Governors would continue to be kept informed of matters where there was potential for media attention, where appropriate.

A query was raised regarding use of the school playing field as an air ambulance landing site. It was noted that this was the usual landing site and was used when required for air ambulance activity.

20/26 Reflections of the Meeting

Mike O'Donovan led a discussion.

Governors reflected positively on the assurance provided through the meeting, including the openness of discussion and the constructive challenge offered. Governors welcomed the opportunity to ask questions and noted that the meeting had provided useful learning.

Governors noted the importance of receiving all relevant papers in advance, including minutes of the People Committee. It was noted that the People Committee minutes had not been included as these had not yet been submitted to the Board. However, the Chair Assurance Report had been provided to provide Governors with an update. The minutes would be included at the next meeting.

Governors suggested that further development sessions or seminars on finance, audit and clinical audit would be helpful to support understanding of complex governance and assurance issues.

Governors thanked Helen Mackenzie for her contribution to the Committee and to the Trust during her tenure.

13/26 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 24 June 2026 at 17.00

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Membership Committee

Thursday 2 July 2026
17.30 – 18.30
Video Conference Call

Present

Mr. Richard Havelock	(Volunteer Governor) (Chair)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Ms. Alice Gostomski	(Public Governor, West Berkshire & Borders) (from minute 11/26)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

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

Apologies

Mr. Tony Page	(Public Governor, Reading)
Ms. Sunila Lobo	(Public Governor, Reading)
Ms. Terri Walsh	(Public Governor, Wokingham)

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

08/26 Member Issues and Feedback

The Committee discussed the meeting that had been cancelled in April following agreement with the Chair. It was agreed that going forward the Trust Secretary would be included in email correspondences about the meeting.

The Committee discussed the status of the proposed legislative changes to Council following the Council meeting in held in May 2026. The Trust Secretary confirmed that as agreed by the Council an option 3 was being further developed and would be set out in the next Council meeting in September 2026. This included not progressing the annual elections, and extending the term of office for those eligible. No further changes to the rest of the composition were agreed.

09/26 Minutes for Approval: 10 February 2026 and Matters Arising Schedule

The minutes of the meeting held on 10 February 2026 were approved as a correct record of the meeting.

The Committee noted the matters arising schedule. All items had been completed or included as agenda items.

Minute: 06/26: Reflections of the Meeting: The Trust Secretary advised that due to capacity constraints the event led by Dr Amit Sharma Chief Executive of Berkshire West Primary Care Alliance in relation to understanding GP Alliance had not yet been progressed. The Trust would aim to progress this for a future session. **Action: C Lynch**

10/26 Membership Update

The Corporate Governance Manager introduced the report and advised that total membership now stood at 11,029, representing an increase of 190 members since the last meeting. Public membership stood at 3,654, a decrease of 20 members, while volunteer membership had increased by 86 members and staff membership by 124 members. It was noted that, since 1 June 2026, public membership had increased by a further 8 members. Whilst the report recorded 46 new public members and 25 leavers since February 2026, the movements did not currently reconcile with the overall reduction in public membership. Of the leavers, 10 were recorded as a 'member category change' and 9 were deceased. The Corporate Governance Manager had contacted Civica to seek clarification regarding the member category change classification.

The Corporate Governance Manager advised that the April 2026 edition of Pulse Magazine had been distributed to 2,239 public members with a valid email address, with an open rate of 44%, 3% higher than the previous edition. The next edition, due to be circulated in July/August 2026, would include an article from Yaman Islim, Public Governor for East Berkshire and Borders. It was also noted that no other communications had been issued to public members since the previous meeting.

11/26 Preparations for the Annual General Meeting

The Committee noted that the AGM would be held on site in the Trust Education Centre following a successful event held in 2025. The event would be live streamed for members of the public and those unable to attend in person. The Committee were reminded that the event was a Governor led event.

The Committee noted that feedback had been provided to the newly appointed Chief Finance Officer on the complexity of the accounts slides in 2025.

Governors continued to make suggestions that would be included into an AGM planning. This included stands for University of Reading partnership, Research & Innovation, staff Care Award winners, The Medical Museum, Organ Donation, Diabetes and the Royal Berks Charity. Governors were asked to submit any further ideas to the Trust Secretary. **Action: all**

The Partner Governor for University of Reading would share the details of the upcoming Trust and University of Reading Research Hub Conference that showcased types of research between the University of Reading and the Trust. The Trust Secretary would circulate details to Governors. **Action: P Jenkins**

12/26 Council of Governors Objectives Review

The Trust Secretary outlined the Governors Objectives review 2025/26 and proposed objectives for 2026/27.

The Committee discussed the two recent pilot governor information points and the lessons learned. This included a discussion on the location of the information point and the suggestion of relocating to South Block at the Reading site and consideration for other sites. The Public Governor for West Berkshire & Borders provided feedback on her experiences when recruiting

members including locations and approach. The Trust Secretary confirmed that the suggestion to re-locate to the South Block area at the Reading site would be considered for progression with the relevant teams who occupied the space. **Action: C Lynch**

It was agreed that a recommendation would be submitted to the Council of Governors to approve the refreshed objectives for 2026/27 subject to the addition of a specific objective on Governor information point. **Action: R Havelock**

13/26 Membership Terms Of Reference

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

It was agreed that a recommendation would be submitted to the Council of Governors to approve the terms of reference subject to a minor amendment to the wording in the composition. **Action: R Havelock**

14/26 Work Plan

The Committee received the work plan. The Trust Secretary queried whether Governors wanted to hold a further single-item meeting prior to the AGM to discuss any preparations. It was agreed that any necessary arrangements could be progressed via email.

15/26 Reflections of the Meeting

The Committee led the discussion. Feedback was provided that the meeting was positive, and the video conference call had been well received. However, there remained an on-going issue in Governor meetings being quorate. It was suggested that a survey be undertaken with Governors to seek views on future meeting arrangements, including the option to hold Governor meetings virtually, with only the Council of Governor meetings continuing to be held in person.

16/26 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 8 October 2026 at 17.30.

SIGNED:

DATE:

Agenda Item 8

Council Nominations and Remuneration Committee

Terms of Reference

Role of the Committee

The Committee will oversee the development, implementation and review of the policy for the composition of Non-Executive Directors and the policy for the composition of Governors.

The Committee will made recommendations to the Council on the appointment of Non-Executive Directors

The Committee will recommend to the Council of Governors the terms and conditions, including remuneration and allowances, of Non-Executive Directors.

The Committee will oversee the appraisal process for the Chair of the Trust and Non-Executive Directors.

Review protocols for the approval of Chief Executive, appraisal of the Chair of the Trust and Non Executive Directors and appointment of Non-Executive Directors.

Composition

The Committee will be chaired by the Lead Governor.

The Committee will comprise any Governor wishing to serve.

In discharging its remuneration duties, the Chief Executive of the Trust will be entitled to attend meetings, unless the Committee decides otherwise, and the Committee will be required to take account of the Chief Executive's views.

The Chief People Officer and the Trust Secretary will be in attendance to advise the Committee as appropriate.

The Committee will also be expected to seek the advice of external advisors when appropriate, as defined in the Constitution, when determining the remuneration policy for Non-Executive Directors.

Members and advisers will be required to make known any knowledge of candidates being considered for appointment.

Quorum

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

Remuneration Duties

The Committee will make recommendations to the Council of Governors on the following

1. To develop, seeking the advice and recommendations of the Chief Executive, mechanisms to ensure that the Committee and the Council in general is informed of the up to date position on Non-Executive Director remuneration in the public and private sectors, in particular the practice in Foundation Trusts

2. To recommend an overall remuneration and terms of service policy for the Non-Executive Directors, taking into account the advice of the Chairman (other than in respect of their own remuneration), Chief Executive and external advisors to the Committee.

3. To recommend levels and terms of service for individual Non-Executive Directors, taking into account the overall policy established by the Trust

Nomination Duties

1. To establish and keep under annual review a policy for the composition of Non-Executive Directors, which takes account of the strategic needs of the Trust and the balance of the Board, and the membership strategy

2. To consider, and reflect in its deliberations, advice and recommendations from the Board on the skills and experience required in any Non-Executive Director appointment

3. To identify, taking account of the skill needs and balance of the Board, appropriate candidates for appointment as Non-Executive Directors. In doing so, the Committee will seek the advice of the Chair of the Trust (or the Deputy Chair in the case of appointing the Chair of the Trust, unless the Deputy is seeking appointment as Chair of the Trust) and the Board throughout the process

4. To establish and keep under annual review a policy for the composition of the Council of Governors, which takes account of the membership strategy

5. To oversee the process for the appraisal of the Chair of the Trust and Non-Executive Directors as set out in the protocol agreed between the Board of Directors and Council of Governors

6. To keep under review the protocol for the appraisal of the Chair of the Trust and Non-executive Directors.

7. Act on behalf of the Council in the arrangements agreed with the Board for the appointment of a Chief Executive.

8. Keep under review the protocol for the appointment of a Chief Executive.

Process

In making recommendations for the appointment of Non-Executive Directors, the following process, prescribed by the Constitution, must be followed

- The Council of Governors will maintain a policy for the composition of the Non-executive Directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years

- The Chair of the Trust (or in the case of the appointment of the Chair of the Trust, the Deputy Chair), or Vice Chair of the Council of Governors, two Governors and the Chief Executive will work with an independent advisor to identify the skills and experience required for Non-Executive Directors

- Appropriate candidates will be identified by the Governor Nominations & Remuneration Committee which will include the Chair of the Trust (or Deputy Chair (unless they are standing for appointment, in which case another Non-Executive Director, when a Chair is being appointed) and at least one elected Governor and one appointed Governor. The Nominations & Remuneration Committee will take account of the policy maintained by the Council of Governors and the skills and the experience required. The Chief Executive will be entitled to attend meetings of the Nominations & Remuneration Committee unless the Committee decides otherwise and the Committee shall take into account the Chief Executive's views

Review

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

Approved by the Committee:

Approved by the Council:

Royal Berkshire
NHS Foundation Trust

Title:	**Role of the Lead Governor**
Agenda item no:	8
Meeting:	Council of Governors
Date:	23 September 2026
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To set out the proposed change to the Role of the Lead Governor in order to provide an opportunity for staff governors to be considered.

Report History	None

What action is required?	
Assurance	
Information	The Council of Governors is asked to note the report.
Discussion/input	
Decision/approval	

1 Background

1.1 The Role of the Lead Governor is part of the Trust's Governance Handbook and historically this document has stated that the Lead Governor must be a Public Governor. The Council is asked to note that there is no legislation that mandates foundation trusts to have a Lead Governor, it is guidance only.

1.2 Expressions of Interest were sought from Governor in early July 2026. However, no expressions of interests were received.

1.3 The Trust would like to retain this role and it is therefore proposed, in line with many other trusts to expand the opportunity for staff governors to be considered in the process.

2 Conclusion

2.1 Governors are asked to note the proposed change.

3 Attachments

Appendix 1 – Role of the Lead Governor

Royal Berkshire NHS Foundation Trust

Governance Handbook Section C5

Role of the Lead Governor

Last Reviewed September 2026

Role of the Lead Governor of the Council

Introduction

The NHS Foundation Trust Code of Governance requires foundation trusts to have a nominated Lead Governor.

Guidance issued by NHS England states that the principal role of the Lead Governor is to facilitate communication between NHS England and the Council of Governors if required. This will be in a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, which in most cases is through the Chair or Trust Secretary.

It is not anticipated that there will be regular direct contact between NHS England and the Council of Governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be appointed and contact details provided to NHS England and then updated as required. ~~The Lead Governor must be a public governor.~~

A Governor seeking election as Lead Governor will be required to submit a written statement to the Trust Secretary in support of their candidature by a specific deadline. The statement must not be in excess of 300 words. Statements will be circulated to all Governors by the Trust Secretary by email following the expiry of the deadline for submission. Governors shall be provided with a deadline to register an electronic vote by email.

Regulatory, Constitutional and Governance Roles

1. To chair the Council of Governors in the absence of the Chairman and non-executive directors

2. To chair the Annual General Meeting in the absence of the Chair

3. To participate in the process for the appointment of the Chair of the Trust and non-executive directors

4. To chair the membership Committee when it deals with any dispute concerning membership of a constituency, the right to membership of the Trust or the conduct of individual Governors

5. To participate in the process for the appraisal of the Chair.

Liaison and Engagement

6. To encourage communication and positive working relationships between Governors

7. To establish good working relations and two-way lines of communication with the Chair and Non Executive Directors, creating a climate within which the interests and views of the Council of Governors can be taken forward

8. To meet with the Trust Secretary if required to discuss, and seek a response to, issues of interest and/or concern to the Council and Governors

9. To communicate with Governors on issues of significance, concern or interest between meetings of the Council

10. To work with the Chair to promote effective relationships and open communication, between Board Directors and Governors

11. To support the Chair in developing an open dialogue in the Council of Governors

12. To act as spokesperson for the Council of Governors, both internally in the Trust and externally, recognising the requirements of the Code of Conduct for Governors

13. To host membership engagement events as Lead Governor and as a constituency governor

14. To present to the Annual General Meeting on the work of the Council of Governors

Developmental

15. To support the induction of new Governors, acting as a mentor/buddy where appropriate

16. To work with the Chair and Trust Secretary to identify opportunities for the development of the Council of Governors

Appointment Process

17. The election shall take place two months before each Trust AGM.

18. The election shall be conducted by secret ballot and shall be organised by the Trust Secretary or their nominee.

19. Any newly elected Lead Governor shall serve for a period of two years without the requirement to seek re-election on the first anniversary of initial appointment.

20. In the event of the resignation of the existing Lead Governor for any reason, an election for a replacement shall take place as soon as practicable. The term of office of the replacement Lead Governor shall cease at the conclusion of the second Trust AGM following appointment.

21. A Lead Governor can serve for a maximum period of three years.

Royal Berkshire
NHS Foundation Trust

Title:	**Governor Question Log**
Agenda item no:	10
Meeting:	Council of Governors
Date:	23 September 2026
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Manager

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

Report History	None

What action is required?	
Assurance	
Information	The Council of Governors is asked to note the report.
Discussion/input	
Decision/approval	

1 Background

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

2 Scope of the Governor Question Log

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

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

3 Process of the Governor Question Log

3.1 As agreed by the Council of Governors in 2016 Governor questions should be directed to the Trust Secretary. Questions would then be logged on the form and a response provided within 30 working days where possible.

3.2 The log would be submitted as a standing item to each Council meeting and made available to Governors via the Trust website and Workvivo.

4 Changes since the last meeting

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

5 Attachments

Appendix 1 – Governor Question Log

Governor Questions Log

No.	Date	Governor	Query	Response
214	25 May 2026	Sunila Lobo	Public/patient safety: why is there no zebra crossing on Craven Road, for instance near the bus-stop or between the bus-stop and the main entrance on Craven Rd? Many a fast vehicle can make crossing that road quite difficult/dangerous. Suggestion: Working with the local Council on this could help. Royal Berkshire Connect- when will all functionalities be rolled out? Examples are ordering meals online etc which allow for carers (especially non-full time ones) to make decisions for those less able to; due to infirmity, age, less digitally able/enabled or poor memory. What are the registered numbers for the Connect	The Trust has previously explored this issue with the local authority. On those occasions, the Council advised that a zebra crossing at this location would not be feasible. This was primarily due to the proximity of the emergency department access route, including ambulance movements, and the constraints around safe entrance and exit points. In addition, the available road layout does not meet the minimum distance requirements needed for a formal crossing, including the mandated clear areas (such as “no stopping” zig-zag zones) on approach. As such, responsibility for any changes of this nature sits with the local highways authority, rather than the Trust. That said, we recognise that pedestrian activity in this area has increased in recent years, particularly with the addition of facilities such as the wellbeing centre and park-and-ride, as well as wider estate developments. In light of this, we are minded to re-visit the issue with the Council to understand whether their position has changed or whether alternative measures to support safer crossing might now be possible. We will share any updates from those discussions in due course. In the meantime, you may also wish to raise this directly with the Council, as they are the responsible body for highways decisions. The Trust is working on a detailed roadmap of features we would like to roll out in RBH Connect. We have just turned on notifications for patients when they are referred to the Trust (currently testing in Physio), the ability for patients to be put on a pathway when they choose when they need follow up (PIFU) as well as enabling patients to see their after-clinic letters digitally as well as their appointment letters. **Royal Berkshire Connect Portal Performance (Jan – May 2026)**

			service thus far? And, how much use has been observed of it?	□ **Patient Engagement:** Of the 60,801 patients eligible for the Royal Berkshire Connect Portal, **69.2% (42,083)** have successfully registered, driving over **1.1 million** logins between January 1st and May 31st. □ **Digital Letter Delivery:** The portal successfully delivered **644,386** patient letters during this five-month period. □ **Outpatient Expansion & Sustainability:** In the final week of May, we commenced the digital delivery of Outpatient Clinical Letters, with **6,355** letters successfully sent during that week. These will now no longer be physically printed, yielding immediate savings in paper, staff time, and postal costs.
215	24 June 2026	Sunila Lobo	1. What is the position in relation to overspend on high-cost drugs? 2. What is the position in relation to high levels of overtime pay for some individuals?	1. The year-to-date position for high-cost drugs shows an adverse income variance against plan. However, there is a corresponding underspend on drug expenditure of a similar value, meaning the two positions largely offset each other. This indicates that the Trust has both spent less on high-cost drugs and recovered less income than originally planned, rather than there being a net financial pressure from this area. 2. Usage of overtime is concentrated within a small number of operational and specialist services where alternative temporary staffing options are more limited by the nature of the roles involved. Overtime usage across these areas is regularly reviewed alongside temporary staffing levels, recruitment progress and wider workforce plans to ensure it remains proportionate and is reduced wherever alternatives become available and are held accountable on the usage by NHSE.
216	24 June 2026	Sunila Lobo	What information has gone out to patients during the current period of extreme heat, and what is being done to alleviate heat distress for patients?	Within our clinical areas, we have implemented additional hydration rounds to ensure patients have continuous access to fluids, and during periods of extreme heat have relocated services where necessary to maintain patient comfort and safety. Maternity services have also supported patients by sharing targeted advice on staying cool during pregnancy and keeping babies safe in hot weather. Alongside these measures, we have delivered consistent public health messaging across the Trust's social media channels, including Facebook, Instagram and Nextdoor,

				publishing 19 posts on hydration, sun safety and caring for vulnerable loved ones, some in collaboration with Reading Borough Council. We have also worked with BHFT and SCAS to amplify self-care messages during hot weather and will continue this activity whenever further heatwave warnings are issued. We also worked with our partners at BHFT and SCAS to amplify their regular social media posts around self-care during hot weather. The social media activity will continue as and when met office forecasts are for yet more heatwave warnings.
217	24 June 2026	Sunila Lobo	What are the current obstetric/maternity training compliance figures, following the Reading Chronicle article referring to 17% completion?	This was a historical article and currently the Trust has an over 95% compliance rate with all mandated maternity and obstetric training that includes impacted foetal head.
218	28 August 2026	Tom Duncan	On how many occasions in 2026, has an NHS list been used for private patients at the Royal Berkshire Hospital? In some cases a list 'overrun' is requested. Where the additional time has fully accounted for the private case that would not count as use of a NHS list for a private patient. It may be that the private patient was done earlier in the day and the 'overrun' time was used for an NHS patient, again that would not count as use of an NHS list for a private patient What safeguards, expectations and processes	The Trust does not currently have sufficiently robust data to provide an accurate figure for the number of occasions in 2026 where NHS list time has been used for a private patient. In some instances, private patients have appeared on operating lists and we are working to improve the recording and oversight of this, as well as highlighting to individual Consultants the importance of providing as much advance notice as possible. In addition, the Private Patients' Team shares a list of private patient bookings with Theatre Management team, which provides advance notice before cases are added to the Trust Electronic Patient Record (EPR) system. Private cases are also considered through our theatre scheduling processes, including our 6-4-2 methodology, which is led by the theatre team. In some instances when supporting services are unable to confirm capacity until shortly prior to a procedure. We are in the process of updating our Private Patient Policy and will provide clarity around this topic as part of that work. The draft policy requires all private patients to be registered and booked through the appropriate Private Patients' Team processes, providing oversight of the activity and ensuring that associated charges are captured.

			are in place to ensure that those surgical Consultants who undertake Private work inform theatres of the case, and pay back the time? Anaesthetists are often moved at short notice, often moving from their job plans because they are not indemnified to undertake private practice. Where an NHS-employed Anaesthetist is rostered to an NHS list and has no control over, or advance knowledge of, a private patient being added to that list, what safeguards exist to ensure they are not disadvantaged (e.g. being in 'debt' for that time) as a result of private activity they did not initiate or control?	It also sets out the expectation that private work should, wherever possible, take place outside NHS contracted hours. In those instances where private work takes place during an NHS shift there are process in place for staff to register their time as time owing and with arrangements made for time to be repaid. For any staff not receiving direct payment because of a private patient on the list this would not be considered as separate to their ordinary commitments, and they would therefore be covered under standard NHS indemnity.