

# Council of Governors - 26 February 2025

MEETING  
26 February 2025 17:00 GMT

PUBLISHED  
20 February 2025

# Agenda

Location  
Video Conference Call

Date  
26 Feb 2025

Time  
17:00 GMT

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
	<b>Holding the Board to Account</b>			-
2	Chief Executive Update (Presentation)	Steve McManus	17:00	-
3	Feedback on Winter Plan (Presentation)	Dom Hardy	17:30	-
4	Operating Plan 2025/26 (Presentation)	Andrew Statham	17:50	-
5	Questions from the Public (Verbal)	Graham Sims	18:10	-
6	Minutes for Approval: 29 May 2024, 26 June 2024 & 25 September 2024 & 10 December 2024 & 27 November 2024 & Matters Arising Schedule	Graham Sims	18:15	4
7	Changes to the Council Membership (Verbal)	Graham Sims	18:20	-
	<b>Items of Council Business</b>			-
8	Membership Committee Minutes: 21 October 2024	Richard Havelock	18:25	26
8.1	Terms of Reference			30
9	Council of Governors Objectives 2024/25	Richard Havelock	18:30	33
10	Membership Strategy 2024/26	Richard Havelock	18:35	38
11	Governor Task & Finish Group Terms of Reference	Caroline Lynch	18:40	52
12	Governors Assurance Committee Minutes: 30 October 2024	Thomas Duncan	18:45	55
	<b>Representing the Views of Members and the General Public</b>			-
13	Governor Question Log (To Note)	Caroline Lynch		60
14	Questions from the Public (Verbal)	Graham Sims	18:50	-
15	Reflections of the Meeting: (Verbal)	Martyn Cooper	18:55	-
15.1	How did you feel during discussions?			-
15.2	How did our thinking move us on?			-
15.3	Do we need to do anything differently?			-

	Item	Owner	Time	Page
16	Date of Next Meeting: Wednesday 28 May 2025 at 17.00pm			-

## Minutes

### Council of Governors

Wednesday 29 May 2024

17.00 – 18.45

Seminar Room, Trust Education Centre

#### Present

Mr. Graham Sims	(Chair of the Trust) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Sally Moore	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)

#### In attendance

Dr. Bal Bahia	(Non-Executive Director)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Steve McManus	(Chief Executive) (up to minute 16/24)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Director of Strategy) (up to minute 16/24)
Prof. Parveen Yaqoob	(Non-Executive Director)

#### Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Tom Lister	(Staff Governor, Allied Health Professionals/Scientific)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Mr. Dhian Singh	(Youth Governor)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

There was one member of staff and one member of the public present.

The Chair reminded the Council and visitors that Purdah rules currently applied.

**12/24 Declarations of Interest**

There were no declarations of interest.

**13/24 Questions from the Public**

There were no questions raised.

**14/24 Minutes for Approval: 28 February 2024 and Matters Arising Schedule**

The minutes of the meeting held on 28 February 2024 were agreed as a correct record and were signed by the Chair. The matters arising schedule was noted.

Minute 03/24: Questions from the Public: Primary Care Strategy: The Trust Secretary confirmed that a follow-up session would be scheduled once the consultation period had concluded. **Action: C Lynch**

**15/24 Changes to the Council Membership (Verbal)**

The Trust Secretary advised that there had been no changes to the Council membership since the last meeting.

**16/24 Chief Executive Update**

The Chief Executive gave a presentation and highlighted the Trust's excellent staff survey results. The Trust had achieved its highest response rate of 60% that was 15% above the national acute trust average. Areas of focus for the year ahead flexible working, staff experiencing bullying, abuse and violence from patients, visitors and members of the public as well as staff engagement.

A governor queried whether the Trust was able to challenge the outer London weighting rules as this obviously presented a challenge for the Trust in terms of retention. The Chief Executive advised that the Trust was unable to challenge this in any way. However, the Chief People Officer had advised that staff tended to remain with an organisation if they stayed more than 12 to 24 months. Therefore 'stay interviews' were being developed and this had been discussed by the People Committee.

The Chief Executive highlighted the What Matters 2024 programme and advised that circa 2000 staff had been engaged within the first 8 weeks of the programme. The target was to reach 4,500 staff by August 2024. The Council noted that the Trust planned to spend the year ahead focusing on what staff said. A listening event on violence and aggression had been held and the Trust had increased security presence in the Emergency Department (ED) as well as providing further training on de-escalation. The security team were also equipped with body-worn cameras. The Chief Executive advised that the Trust needed to focus with system partners on working to reduce the overall number of patients attending ED.

A governor raised a query in relation to ED and the Chief Executive explained that the red/amber card system was in place, and he personally signed the letters to patients. In relation to de-escalation training the Trust focused on 'hot spot' areas such as ED and elderly care wards. However, a rolling programme for all areas was also available.

The Chief Executive advised that the Trust had commissioned an external mid-point review of the Health Innovation Partnership (HIP) to ensure alignment with the Trust's strategic objectives as well as identifying new opportunities.

The Chief Executive advised that a clinical lead for the Health Data Institute had been recruited and the final stages of recruitment of a Head of Health Data Institute was on-going. The Trust had received £200k funding from Thames Valley Secure Data Environment (SDE) to set up the Health Data Institute. In addition, the Trust had received a £1m Artificial Intelligence (AI) grant to support a “machine learning-enabled” decision support system to improve early detection and referral of rheumatic and musculoskeletal diseases.

The Council noted that the Trust had been the first NHS organisation to receive the Global Clinical Site Accreditation (GCSA) for its clinical research. This was the Global quality standard for commercial clinical research sites.

The Chief Executive advised that the Acute Provider Collaborative (APC) relationship had been recently strengthened with the formation of an APC Board and the membership included three Chief Executives, three Chairs as well as a further Non-Executive Director from each organisation. The APC had three workstreams, reducing the number of patients with the longest elective waiting times across our geography, configuration of clinical services and financial sustainability and maximising the opportunity of scale across the three organisations regarding corporate services, procurement etc.

The Director of Strategy provided an update on the Building Berkshire Together (BBT) programme. An external contractor had been engaged, as required by the New Hospital Programme (NHP) team, to undertake a viability report to understand the challenges of the ground as well as value for money of building on the current Reading site. As a result of this viability report the Trust had corresponded with the NHP team to advise that better value for money could be achieved with additional funding being made available to build on an alternative site.

The Director of Strategy advised that an Impact Assessment would need to be undertaken and a number of listening events were planned, although, this would need to be carefully considered due to Purdah. The Director of Strategy would be joining the Chair/Governor video call on 13 June 2024 to engage Governors on this topic. **Action: A Statham**

A governor queried whether the decision to move from the Reading site was confirmed. The Director of Strategy advised that this was not confirmed as funding allocation was yet to be agreed. However, the current Reading site was small and difficult to build on. As part of the Impact Assessment process the Trust was keen to engage with as many people as possible to understand how people would be affected and what the mitigations would be.

A governor raised the issue of staff smoking on site and how this aligned with the Trust signing up to the ‘No Smoking Pledge’. The Chief Executive advised that the Trust had signed the ‘smoke-free pledge’ and this work was being led by the Chief Nursing Officer as part of the ‘Health Promoting Hospital’. However, the Trust was providing smoking cessation support for staff via the Oasis Health & Wellbeing Centre. Currently there was a need to increase zero tolerance to staff smoking on site, but this would need to be done compassionately.

A governor raised the issue of a constituent who had stated they had felt pressured to sign a ‘Do Not Attempt Resuscitation’ (DNAR) form. The Chief Executive advised that Trust staff worked with both the patient, their relatives as well as the clinician involved in their care and discussed steps in relation to whether a DNAR form was appropriate as part of the RESPECT process. Governors noted that conversations in relation to this were better discussed with General Practitioners (GPs). The Staff Governor, Medical & Dental, confirmed that ahead of surgery if a patient had a DNAR form on their record, the anaesthetist would always visit the patient to confirm if this was correct before progressing with surgery. It was agreed that the information related to the RESPECT form and DNAR would be circulated to Governors.

**Action: C Lynch**

A governor highlighted a recent article where a patient did not receive appropriate care. The Chief Executive advised that this would have been investigated as a serious incident.

A governor queried what the Trust was doing to manage the fire safety risk in relation to the Berkshire Cancer Centre. The Chief Executive advised that capital investment had been allocated in order to reduce the risk.

In response to a query the Chief Executive explained how the Trust was allocated income by the ICB.

#### **17/24 Governors Nominations & Remuneration Committee Terms of Reference**

The Council received the Terms of Reference that had been reviewed by the Nominations & Remuneration Committee. No changes had been made. The Council approved the Terms of Reference.

#### **18/24 Membership Committee Minutes: 14 February and 11 April 2024**

The Chair of the Membership Committee advised that the Committee had received a presentation on the Trust's new website. However, there had been an intense discussion in relation to governor photographs being on the website. The Trust Secretary advised that the existing website could not accommodate the number of photographs for the whole Council and there had been some frustrations expressed from governors in relation to this. The Committee had been unable to agree a consensus as to whether photographs should be mandatory, and the Chair of the Membership Committee highlighted that a previous governor had stepped down due to the insistence of a photograph. The Trust Secretary advised that work was currently ongoing to obtain updated biographies from governors for the website. However, there would be a cost incurred to include photographs as these would need to be arranged with the Medical Photography department. The Council agreed that a biography for each governor was appropriate. However, photographs should not be mandatory. The Trust Secretary would develop the process for those governors who wished to have their photograph on the website.

**Action: C Lynch**

The Chair of the Membership Committee highlighted the recent recruitment fair held at Reading College. This provided a good opportunity for governors to engage younger people to sign up as members of the Trust.

#### **19/24 Governors Assurance Committee (GAC) Minutes: 24 April 2024**

The Council received the draft minutes of the meeting held on 24 April 2024. The Council noted that a number of issues had been discussed including long waits, leadership behaviours and how to raise any concerns. In addition, the Committee had noted the Trust's position in the top 30% for the overall rating of good by the Care Quality Commission (CQC). The Committee had also discussed the West Berkshire Community Hospital (WBCH) MRI project that would require capital from the Trust as well as the need to secure a financing agreement for the remaining costs of the project.

#### **20/24 Governor Question Log**

The Trust Secretary introduced the Governor Question Log. It was agreed that the Trust Secretary would liaise directly with one governor in relation to a question raised that had not been included on the log.

**Action: C Lynch**

#### **21/24 Reflections of the Meeting**

The Trust Secretary led a discussion.

#### **22/24 Questions from the Public**

There were no questions raised.

**23/24 Date of Next Meeting**

It was agreed that the next meeting would take place on Wednesday 25 September 2024 at 17.00.

**SIGNED:**

**DATE:**



## Minutes

### Council of Governors

Wednesday 29 May 2024

18/45 – 18.50

Seminar Room, Trust Education Centre

#### Present

Mr. Graham Sims	(Chair of the Trust) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Sally Moore	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)

#### In attendance

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

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Tom Lister	(Staff Governor, Allied Health Professionals/Scientific)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Mr. Dhian Singh	(Youth Governor)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

### 24/24 To Receive the Recommendation from the Nominations & Remuneration Committee for the Appointment of Non- Executive Directors

The Council received the recommendation from the Nominations & Remuneration Committee to appoint two Non-Executive Directors as follows:

- Catherine McLaughlin from 1 July 2024
- Minoo Irani from 1 September 2024

The Chair highlighted that the conflict of interest in relation to Minoo Irani would be managed as appropriate.

The Council approved the appointments.

**SIGNED:**

**DATE:**

## Minutes

### Council of Governors

Wednesday 26 June 2024

16.30 – 16.40

Seminar Room, Trust Education Centre

#### Present

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)
Ms. Sally Moore	(Staff Governor, Admin & Management)
Mrs. Beth Rowland	(Public Governor, Wokingham)

#### In attendance

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

#### Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mr. Dhian Singh	(Youth Governor)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

### 25/24 To Receive the Recommendation from the Nominations & Remuneration Committee:

The Council received the recommendation from the Nominations & Remuneration Committee to recruit a like-like replacement for the Chair of the Trust for one three-year term of office as well as extending the existing Chair's term of office to 31 March 2025.

The Chair provided an overview of the discussions and rationale of the Board recommendation that included an update on existing joint chairs in England. The Council noted that a joint Chair of two trusts had recently reduced this to one trust due to a stretched workload and the geographical location of the two trusts. It was considered that the current evidence did not indicate that a join chair was effective. However, the Trust would be prepared to reconsider this in the future.

A Governor queried whether there would be an adequate handover period for the existing Chair. The Chair advised that this would be the case.

The Council approved the recommendation.

**SIGNED:**

**DATE:**

## Council of Governors Notes

Wednesday 25 September 2024

17.00 – 18.10

Seminar Room, Trust Education Centre

### Present

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Sally Moore	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

### In attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive) (up to minute 28/24)
Mr. Mike O'Donovan	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)
Dr. Minoo Irani	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)

### Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mr. Graham Sims	(Chair of the Trust) (Chair)
Mr. Dhian Singh	(Youth Governor)
Mr. Paul Williams	(Public Governor, Reading)

There were no members of staff or the public present.

The meeting was not quorate. However, it was agreed to continue as no decisions were required by the Council.

## **26/24 Declarations of Interest**

There were no declarations of interest.

## **27/24 Chief Executive Update**

The Chief Executive gave a presentation and highlighted that nationally, the new government had announced a number of immediate priorities to deliver change including; delivering economic stability, reducing National Health Service (NHS) waiting times, launching a new Border Security Command, a step up for Great British Energy and implementing measures to reduce antisocial behaviour.

An update was provided following the recently published Darzi report that had set out the significant challenges faced by the NHS that would drive the 10-year plan. The challenges included long waiting lists for elective procedures, increased demand and outdated buildings. The report outlined a major shift from hospital provided care to community care, from illness to prevention and a move from analogue to digital. It was reflected that the Trust was in a positive strategic over the last few years had already been focused towards transitioning into community hubs where there are health inequalities and preventions; including our 'Meet Patient Experience Engagement Team (PEET)' team and reflected in the Trust's strategy and clinical services strategy.

An update was provided that the BOB ICB was due to update partners in September 2024 on the outcomes of the recent consultation on its proposed ICB Operating Model. The Trust had provided feedback on the importance of maintaining a strong place-based ICB.

The Chief Executive provided a positive update in relation to the developments of a Place Partnership in Berkshire West that included the prioritised service areas that affected all organisations and required a joint plan to address, including; developing Mental Health Support Teams, improving the services that support children with Special Educational Needs and Disabilities and their families, improving same-day urgent access and prevention funding for community wellness outreach.

It was noted that a formal Acute Provider Collaborative (APC) board was now established developing dedications, chaired by David Highton, Chair of Buckinghamshire Healthcare NHS Trust. The APC had a number of work streams including reducing wait times across the trusts and reviewing corporate services to focus on effective delivery at reduced costs and duplication in services. It was noted that the Trust's Chief Medical Officer would lead on opportunities to reform how the trusts deliver clinical care. In addition, 'Programme Four' led by Jon Evans, Chief Finance Officer for Buckinghamshire Healthcare NHS Trust would focus on delivering on the financial position, peer review benchmarking and how provider trusts could be more efficient with resources.

The Chief Executive advised that the Trust continued to experience a challenging financial position. The Trust has incurred a year-to-date deficit of £12.86m at the end of Month 5, August 2024, compared to a full year deficit plan of £14.5m. The deficit worsened between month 4 and month 5 by £0.12m. The Trust's financial turnaround programme continued to work hard on grip and control measures with staff across the Trust to identify and secure cost efficiency savings wherever possible.

Due to the ongoing financial situation, NHS England had placed the BOB ICS into an Investigation & Intervention (I&I) regime and had commissioned Price Waterhouse Coopers (PwC) to conduct a review during September and October 2024. The Trust had already placed

itself in financial turnaround earlier in the year and had been working with an external partner, KPMG, to deliver its efficiency savings programme.

In response to a query, the Chief Executive advised that the (I&I) regime would primarily focus on the Trust's governance processes around the financial position and whether the Trust had a robust efficiency savings programme considering big areas of spend and progressing them across the six organisations.

The Trust had recently concluded its 'What Matters 2024' staff engagement programme on 11 September 2024 with around 4700 contributions, surpassing the engagement target of 4500. Initial feedback provided positive assurance that the Trust's care values were still recognised and resonated with staff. Further information would be provided as the full review of data concluded.

It was noted that the 2024 NHS Staff Survey launched across the Trust today, 25 September 2024 and the Trust was seeking to increase the response rate for a 5th successive year, beyond last year's record of 60%. The aspirational target for this year was set at 70%.

The Council noted that the completion of the first stage of the construction of the ambulatory surgery unit with the demolition of south block annexe. It was anticipated that construction work would be completed by March 2025. The £70m investment would provide new facilities and ways of improving the way the Trust delivered ambulatory care.

In addition, the on-going works to improve the Intensive Care Unit (ICU) ensuring that the department was fit for purpose and safe for use was due to be completed in October 2024.

A programme was underway to replace lights across the Trust with LED that was anticipated to be completed by January 2025 reducing electricity load and improving the Trust's carbon footprint.

A governor raised a query in relation to the programme to replace lighting and whether the Trust had engaged and considered neurodivergent people. The Trust Secretary advised that the Neurodiversity Forum had been engaged and the estates team had confirmed that LED lights had different levels of brightness that could be altered.

It was noted that the Trust had recently invested in additional diagnostic facilities at West Berkshire Community Hospital including recently opening additional Ultrasound Rooms and the installation of a DEXA Bone Densitometry scanner. There would soon be the ability to provide a breast service encompassing both Breast Ultrasound and Mammography, as works begin to the installation of a Mammography suite as well as developing a permanent MRI build, housing two MRI scanners next year.

A governor raised a query regarding the use of multiple information technology (IT) systems as this remained a local concern. The Chief Executive advised that this had improved locally and specifically the Trust had undertaken a number of steps to reduce the number of multiple systems internally. Connected Care was used with other partners including Oxford University Hospitals and Buckinghamshire Health NHS Foundation Trust. In addition, the Trust had been reviewing opportunities such as the experience of clinicians by exploring ways to simplify multiple logins. It was also noted that, the Chief Operating Officer was Executive lead for Digital, Data and Technology and the Trust was progressing optimising digital capability with support from operational teams.

The Public Governor, Reading queried, following a recent visit to the Trust as to how the Trust would ensure that it continued to have sufficient bandwidth. The Chief Executive advised that there were areas of the Trust where connectivity and Wi-Fi was not at full capacity due to the buildings and estate of the Trust and would be progressed through capital expenditure.

However, given the current financial position the Trust would need to consider how much capital could be deployed for this

The Volunteer Governor queried whether volunteers were invited to complete the staff survey. The Chief Executive advised that they should be and if they had not received it to escalate this.

## **28/24 Questions from the Public**

The Public Governor, Reading raised that a patient with Motor Neurone Disease had recently not had a good experience in the Emergency Department particularly due to long waits. It was agreed that the patient or their relative should contact the Patient Advice and Liaison service (PALs).

The Volunteer Governor raised a concern that a number of volunteers had recently received parking charge notices (PCNs) from the Trust. The Trust Secretary advised that the Board was aware of the on-going dispute with PCNs and a formal response had been received from the Travel Matters team that would be circulated.

**Action: C Lynch**

## **29/24 Minutes for Approval: 29 May 2024 & 26 June 2024 and Matters Arising Schedule**

The minutes of the meetings held on 29 May 2024 and 26 June 2024 were noted and would need to be submitted to a quorate meeting for approval.

**Action: C Lynch**

The matters arising schedule was noted.

The Trust Secretary advised that the Trust had approached the Integrated Care Board (ICB) to request for a follow up session on the Primary Care Strategy following the consultation period. A request would be made for this to be scheduled for the November 2024 meeting.

**Action: C Lynch**

## **30/24 Changes to the Council Membership (Verbal)**

The Trust Secretary advised the Council of the following changes to the Council membership since the last meeting:

- Tom Lister, Staff Governor Allied Health Professional, Additional Professional Scientific and Technical had stepped down from his term of office in June 2024 as he had left the Trust.
- Councillor Deborah Edwards, Partner Governor, Reading Borough Council had stepped down from her term of office in June 2024. A replacement was yet to be appointed.
- Councillor Alan Macro, Partner Governor, West Berkshire Council had stepped down from his term of office in July 2024. Councillor Patrick Clark had since been appointed as Partner Governor.

## **31/24 Membership Committee Minutes: 16 July 2024**

The Council received the draft minutes of the meeting held on 16 July 2024. The Chair noted that a discussion was held in relation to difficulties faced by parents of children with special needs and the challenge of waiting for long periods for their appointment.

There had been an increase of 104 members compared to the figures in April 2024 and of the increase one public member identified from the gypsy or Irish traveller ethnicity category. In addition, two new public members had declared that they had a learning disability and physical disability. The Council recognised that for the first-time membership was represented in all ethnicity categories and should be recognised as an achievement for the Trust. The Trust Secretary explained that a third-party company that conducted a monthly 'data cleanse' removed any deceased members from the database.



The Committee discussed any upcoming membership events including preparations for the Annual General Meeting and encouraged that all Governors to attend this. The Partner Governor, ICB, agreed to provide contact details for staff that provided youth events from the three local authorities to enable the Trust to liaise on attending any planned events. In addition, the Committee discussed governor training and development at length and agreed that the next training session would be focussed on understanding the Integrated Performance Report (IPR), NHS Finance and Patient Experience/Patient Leaders.

The Committee had also discussed a proposal to set up a small task and finish group to consider proposals from governors on new initiatives including the re-consideration of Governors attendance at Board Committees. The Trust Secretary advised that although this could be re-considered, NHS Providers had not changed their stance and confirmed that they did not encourage Governors attending Board Committees even through some trusts had implemented this.

### **32/24 Governors Assurance Committee (GAC) Minutes: 26 June 2024**

The Council received the draft minutes of the meeting held on 26 June 2024. The Council noted that Andrew Haydon, Staff Governor, Nursing & Midwifery had decided not to re-stand in the recent round of elections and therefore would step down as a Governor as of 7 October 2024. An expressions of interest for a new Chair of Governors Assurance Committee would be circulated imminently. Any Governor could nominate themselves. **Action: C Lynch**

### **33/24 Governor Question Log**

The Trust Secretary introduced the Governor Question Log that included any questions answered since the last meeting. The full question log was published on the Trust website. It was highlighted that Public Governor, Reading had submitted multiple questions in relation to 'Do Not Attempt Resuscitation' (DNAR) forms and Cardiopulmonary Resuscitation (CPR) processes and an extensive response had been provided by the Resuscitation team. For context, the Trust Secretary advised that, following the implementation of the new Trust website information on this topic had not been carried forward. Discussions remained on-going with the Communications and Resuscitation team to include this information on the website.

The Public Governor, South Oxfordshire raised questions on behalf of a Public Governor, Reading who was not present at the meeting. The first question related to whether the Trust recommended the guidance and information provided by the Resuscitation Council (UK) that had been published on the Trust website. The Trust Secretary confirmed that any information published on the website was recommended by the Trust. The second question, related to whether the question and answers in relation to this topic could be situated in a more accessible place on the website. The Public Governor, Reading would be asked to clarify the question to the Trust Secretary as the full governor question log was published in public on Council of Governors webpage and a website section dedicated to this topic was in the process of being developed with the Communications and Resuscitation team. **Action: B Murdoch**

The Public Governor, South Oxfordshire, raised a specific patient experience in relation to this topic. The Trust Secretary advised that the Council would be unable to discuss specific cases. However, patients and/or their relatives should raise concerns directly with PALs to enable a formal investigation to be carried out.

The Council noted that the Trust no longer reported Covid-19 statistics and, whilst there were patients in the hospital with Covid-19 there had been no admissions specifically for Covid-19.

In response to a query, it was confirmed that Flu and Covid-19 vaccinations would be offered to staff and would commence from October 2024. However, this did not include respiratory syncytial virus (RSV).

**34/24 Reflections of the Meeting**

A discussion was led. It was agreed that the Chief Executive's presentation would be circulated to governors.

**Action: C Lynch**

**35/24 Questions from the Public**

There were no questions raised.

**36/24 Date of Next Meeting**

It was agreed that the next meeting would take place on Wednesday 27 November 2024 at 17.00.

**SIGNED:**

**DATE:**

Minutes

**Council of Governors**

Tuesday 10 December 2024

17.30 – 17.40

Video Conference Call

**Present**

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

**In attendance**

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

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

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

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

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

**SIGNED:**

**DATE:**

## Council of Governors Notes

Wednesday 27 November 2024

17.00 – 18.05

Seminar Room, Trust Education Centre

### Present

Mr. Graham Sims	(Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Maria Norville	(Public Governor, Wokingham)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

### In attendance

Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer) (up to minute 39/24)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Steve McManus	(Chief Executive) (up to minute 39/24)
Mr. Mike O'Donovan	(Non-Executive Director)

### Apologies

Miss. Dora Abbi	(Youth Governor)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Chido Makawa	(Public Governor, East Berkshire & Borders)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

There were no members of staff or the public present.

The meeting was not quorate. However, it was agreed to continue with those items that did not require approval. All other items would be deferred to the next meeting on 26 February 2025. The Chair stated that there had now been two meetings that were not quorate and proposed that the next meeting should be virtual in order to encourage more governors to attend.

**Action: C Lynch**

### **37/24 Declarations of Interest**

There were no declarations of interest.

### **38/24 Chief Executive Update**

The Chief Executive highlighted that, following the changes to the new government, a consultation had been launched in relation to the NHS 10-year plan. This included leadership and management regular at provider or system level.

The Chief Executive advised the 2024 Staff Survey would close on 29 November. As at Monday 25 November 2024 a 55% response rate had been achieved which amounted to 3,300 staff contributing. This was 10% higher than the acute trust average and currently positioned the Trust as a top quartile performer in terms of response rate.

The Council noted that the South Block Ambulatory Surgical Unit was in development. The delivery of 40 modular units for the clinical facility had concluded on 16 November 2024 and the works were due for completion by March 2025.

The Chief Executive highlighted that the Intensive Care Unit (ICU) refurbishment had opened in November 2024. This £3.5m investment provided direct access between both clinical areas.

The Chief Executive advised that as part of the Health Innovation Partnership (HIP), a joint venture with the University of Reading, the Ophthalmology department became the 10th department to achieve University Department of Excellence status. The HIP had also recently appointed five Trust consultants to Professorship secondments at the University of Reading. In response to a query the Chief Executive advised that consultants would be funded for 2 to 3 programmed activities (PAs) for research. There would be no impact on services as they would be backfilled via the funding. The Council noted that a review of the HIP partnership was currently ongoing, and the recommendations were due to be received. The Chief Executive advised that the University of Reading had made the decision not progress Medical School status. However, the Trust had extended its relationship with Brunel and Southampton universities so now provided undergraduate training for three medical schools.

In response to a query regarding the issue of smoking on site the Chief Executive advised that smoking cessation was being offered to staff and the Trust was also working with patients. New signage was being erected ahead of the Trust's aim to be a Smoke Free site from January 2025. Communications were planned nearer to the launch date.

### **39/24 Winter Plan**

The Chief Operating Officer introduced his presentation and advised that the Winter Plan had been developed during the Summer and incorporated learning from previous years. For example, additional space had been allocated previously for Winter in addition to extra staff being hired. However, this had been discussed and agreed that the Winter Plan needed to more sustainable.

The Chief Operating Officer advised that the Winter Plan had five objectives:

- Enough capacity to care for non-elective patients in an appropriate area

- Elective activity protected
- Effective management of seasonal infections / illness
- Staff are not overstretched, with less reliance on agency and locum staff
- Only admit patients that benefit from in-patient care

In response to a query the Chief Operating Officer advised that circa 40 to 50 patients were attending the Emergency Department (ED) with minor illnesses and being referred to the Urgent Care Centre. The Chief Operating Officer highlighted that with the Single Point of Access team in place GPs were able to refer patients to a specific area within the Trust.

In response to a query the Chief Operating Officer confirmed that circa 120 patients were being supported with on-going treatment via virtual wards.

The Chief Operating Officer advised that beds were only closed in the event of an infection outbreak. The Infection Prevention & Control (IPC) team worked closely with clinical teams, and they supported decisions as to whether beds could remain open. In addition, the Trust used community beds as effectively as possible.

In response to a query the Chief Operating Officer advised that the length of stay for some patients that had suffered a fall was 1 or 2 days in straightforward cases. However, a longer length of stay would sometimes depend upon whether patients needed care within their homes on discharge. However, the Trust worked closely with social services who conducted assessments when required. In addition, a longer length of stay could be as a result of a patient who required residential care after discharge.

The Chief Operating Officer explained that all patients were triaged at the entry point to the hospital and Point of Care Testing was being extended during the Winter period as well as extending the type of testing provided.

The Chair suggested that a review of Winter could be provided to a future Council meeting.

**Action: D Hardy**

#### **40/24 Questions from the Public**

There were no questions raised.

#### **41/24 Minutes for Approval: 29 May, 26 June and 25 September 2024 and Matters Arising Schedule**

The minutes of the meetings held on 29 May, 26 June and 25 September 2024 were noted and would need to be submitted to a quorate meeting for approval.

**Action: C Lynch**

The matters arising schedule was noted.

Minute 29/24 (03/24): Questions from the Public: Primary Care Strategy: Minutes for Approval: 29 May 2024 & 26 June 2024 and Matters Arising Schedule: A follow up session for the Council had been requested from the Integrated Care Board (ICB). This would be scheduled for 2025.

**Action: C Lynch**

A Governor raised a concern regarding the response on the Governor Question Log regarding the out of hours provision of the Medical Examiner in an instance where a family would need to obtain a death certificate/post mortem completed within a short timescale due to religious law for burial as soon as possible. The Non-Executive Director advised that GPs would never issue a death certificate if the deceased was unknown to them and highlighted that there were a number of logistical challenges and considerations to this process.

**42/24 Changes to the Council Membership (Verbal)**

The Trust Secretary advised that the following changes to the Council membership since the last meeting included Jessica McKean, Sarah Lupai, Joshua Wilson and Madan Uprety being elected as Staff Governors, Dora Abbi as Youth Governor and Terri Walsh, Maria Norvill and Chido Makawa being elected as Public Governors for Wokingham and East Berkshire & Borders respectively. In addition, Benedict Krauze, Clive Jones and William Murdoch had been re-elected as public Governors.

Departing governors included: James Mugo, Beth Rowland, Alan Macro, Deborah Edwards, Tom Lister, Sally Moore, Andrew Haydon and Dhian Singh.

The Trust Secretary advised that elections for the remaining vacant seats would be launched on 11 December 2024.

**43/24 Membership Committee Minutes: 21 October 2024**

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

The membership terms of reference would be submitted to the next meeting for approval.

**Action: C Lynch**

**44/24 Governors Assurance Committee (GAC) Minutes: 30 October 2024**

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

**45/24 Governor Task & Finish Group Terms of Reference**

Item deferred for discussion to the next meeting.

**46/24 Council of Governors Objectives 2024/25**

Item deferred for discussion to the next meeting.

**47/24 Membership Strategy**

Item deferred for discussion to the next meeting.

**48/24 Governor Question Log**

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

**Action: C Lynch**

**49/24 Reflections of the Meeting**

John Bagshaw led a discussion. It was agreed that governors would be encouraged to attend both public and private Board sessions as these provided useful insight. It was noted that the presentations presented at the public Board session were excellent and impactful.

**50/24 Questions from the Public**

There were no questions raised.

**51/24 Date of Next Meeting**

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

**SIGNED:**

**DATE:**



## Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
27 November 2025			The meeting was not quorate. All other items would be deferred to the next meeting on 26 February 2025.	C Lynch	Items on the agenda
27 November 2025	39/24	Winter Plan	The Chair suggested that a review of Winter could be provided to a future Council meeting.	D Hardy	Item on the agenda
27 November 2025	41/24	Minutes for Approval: 29 May, 26 June and 25 September 2024 and Matters Arising Schedule	The minutes of the meetings held on 29 May, 26 June and 25 September 2024 were noted and would need to be submitted to a quorate meeting for approval.	C Lynch	Items on the agenda
27 November 2025	41/24 (29/24) (03/24)	Minutes for Approval: 29 May, 26 June and 25 September 2024 and Matters Arising Schedule: Questions from the Public: Primary Care Strategy:	A follow up session for the Council had been requested from the Integrated Care Board (ICB). This would be scheduled for 2025.	C Lynch	On-going: This has been requested from the ICB who have advised they were not yet in a position to present this. This would be considered for the May 2025 meeting.
27 November 2025	43/24	Membership Committee Minutes: 21 October 2024	The membership terms of reference would be submitted to the next meeting for approval.	C Lynch	Item on the agenda
27 November 2025	48/24	Governor Question Log	The Trust Secretary introduced the Question Log and advised that two responses were outstanding and would be completed in due course.	C Lynch	Completed. Outstanding questions are completed and published on the Trust website.

## Minutes

# Membership Committee

Monday 21 October 2024

17.30 – 18.30

Video Conference Call

## Present

Mr. Richard Havelock	(Volunteer Governor, Chair)
Miss. Dora Abbi	(Youth Governor)
Mr. Jonathan Barker	(Public Governor, Reading)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mrs Miranda Walcott	(Public Governor, Integrated Care Board) (ICB)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Mr. Paul Williams	(Public Governor, Reading)

## In attendance

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

## Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical & Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Jessica McKean	(Staff Governor, Admin/Management)
Ms. Sarah Stangroom	(Staff Governor, Allied Health Professionals/Scientific)
Ms. Terri Walsh	(Public Governor, Wokingham)

There were no declarations of interest

## 26/24 Minutes for Approval: 16 July 2024 and Matters Arising Schedule

The minutes of the meeting held on 16 July 2024 were approved as a correct record.

The Committee noted the matters arising update. All actions were either included on the agenda or completed.

## 27/24 Member Issues and Feedback

A query was raised in relation to the standardisation of products across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). The Trust Secretary highlighted that there was a specific work stream across the ICB that focused on standardising procurement contracts. It was agreed the governor in question would submit a formal question that would be added to the governor question log. **Action: R Havelock**

A query was raised as to whether the Trust could include information on the website in relation to the use of slings and hoists. It was agreed that the governor in question would submit a formal question that would be added to the governor question log. **Action: M Walcott**

## 28/24 Membership Update

The Corporate Governance Officer introduced the report and highlighted that the current membership was 10,819; an increase of 17 members compared with figures from July 2024. However, this related to a reduction in staff members and not public members where there was an increase of 45 members; 15 of those being under the age of 30 and 8 aged 16. This was noted as a positive increase in recruiting younger members. The Committee received the membership analysis.

It was noted that the Pulse magazine continued to be distributed on a monthly basis to provide updates from the Trust. The next magazine was due to be circulated in October 2024.

In addition, a communication was sent to members to notify them of the Annual General Meeting (AGM) on 7 October 2024.

The Lead Governor raised a question on behalf of a Partner Governor, Autism Berkshire, who was not present at the meeting. The question related to the boundaries and exclusion of all protected characteristics in relation to membership diversity. The Trust Secretary highlighted that the breakdown of data provided was produced from the national database the Trust used for membership that did not report on other protected characteristics. In addition, some people may not wish to declare this information or refer to being classed as having a disability. However, it was agreed that the question on reporting would be raised directly with Civica.

**Action: C Lynch**

In addition, the Corporate Governance Officer highlighted that a review of alternative membership database platforms was being considered across a number of trusts.

The Lead Governor requested that the use of phrases ethnic minorities and youth was removed going forward. The Trust Secretary advised that these were specific objectives set by the Council of Governors within the last Membership Strategy. However, the strategy had been submitted for review at today's meeting and it was agreed that as part of the review, this should be considered. **Action: C Lynch**

A governor queried the breakdown population percentages for all constituencies of the Trust to help identify whether there was an opportunity to increase membership or not. It was agreed that a review could be undertaken of what the Trust's patient database population portrayed. However, the Trust was required to report on certain categories and, again, in relation to protected characteristics, this would depend on whether people declared this information.

**Action: C Lynch**

The Youth Governor suggested that a review of advertising be considered when targeting specific groups and the best avenues to connect with that group.

A query was raised as to whether the 'Meet your governor' sessions could be re-established. The Trust Secretary advised that this would be included as part of membership events held in constituencies. However, when piloting this virtually the uptake was not sufficient.

## **29/24 Membership Events**

The Corporate Governance Officer introduced the report and highlighted that the Annual General Meeting was held on 7 October 2024 at the University of Reading that circa 100 people attended; a slight increase from 2023. Overall, the meeting was a success. The Committee received the feedback analysis from the 21 attendees that responded to the feedback form. An overview of the feedback provided assurance that the venue and content was good.

The Committee noted the list of agreed membership and recruitment events for 2024/25.

## **30/24 Membership Strategy Review 2021/23 and Draft Membership Strategy 2024/26**

The Trust Secretary introduced the report that had been shared with governors and deferred when presented at the meeting held on 16 July 2024. The Committee noted the update against the 2021/23 strategy objectives. It was noted that a number of objectives were listed to be carried forward due to a number of factors including staff shortages and Covid-19. The Committee also received the draft membership strategy for 2024/26.

It was agreed that in the interest of time governors could submit any feedback to the Trust Secretary. **Action: All governors**

It was agreed that a recommendation would be submitted to the Council of Governors to approve the refreshed Membership Strategy for 2024/26. **Action: R Havelock**

## **31/24 Council of Governor Objectives 2024/25**

The Trust Secretary introduced the report that had been shared with governors and deferred when presented at the meeting held on 16 July 2024 following a specific request to provide a comparison of statutory and non-statutory Council of Governor objectives for review. The Committee also received the proposed objectives for 2024/25.

A governor queried whether new governors had received sufficient time to review the proposed objectives. The Trust Secretary advised that this had been discussed as part of introductory meetings. However, three introduction meetings were outstanding.

It was agreed that in the interest of time governors could submit any feedback to the Trust Secretary. **Action: All governors**

It was agreed that a recommendation would be submitted to the Council of Governors to approve the refreshed objectives for 2024/25. **Action: R Havelock**

## **32/24 Terms of Reference Membership Committee**

The Trust Secretary introduced the terms of reference as part of the annual review cycle.

The Committee approved the terms of reference with no changes. It was agreed that these would be submitted to the Council for approval. **Action: R Havelock**

## **33/24 Governor Task & Finish Group Terms of Reference**

The Trust Secretary introduced the proposed terms of reference following the suggestion to set up a time limited Task & Finish Group to consider new initiatives/ways of working to develop proposals for consideration by the Council.

A query was raised as to whether the quorum of the group was sufficient. The Trust Secretary advised that the suggested quorum was small as it was not at the level of a committee. However, representation from each governor group was essential to ensure a balanced group.

The Trust Secretary advised that the Chair of the Trust was not supportive of this initiative due to the capacity issues in the team. However, it was agreed that the Corporate Governance team would progress this when feasible.

Governors noted that the terms of reference proposed that a review would be carried out after six months, to consider whether the group objectives had been achieved and therefore the group would be disbanded. Any new initiatives would be assigned to the appropriate Council sub-group for continued monitoring.

The Public Governor, Reading suggested that the composition should be updated to reflect that the group would meet as and when required decided by the Chair of the group as well as the Trust Secretary. **Action: C Lynch**

The Trust Secretary highlighted that, in the event that the Council of Governors approved the established of the group and its terms of reference, the Group would then be taken forward. The Group would then report back to the Council of Governors as to whether the objectives had been met.

It was agreed that the terms of reference would be updated, as discussed, and submitted to the Council of Governors for approval. **Action: C Lynch**

#### **34/24 Work Plan**

The Committee noted the work plan. The Trust Secretary highlighted that, in line with all Governor Committees, the Chair was appointed on an annual basis. Therefore, expressions of interest would be sought from governors for the role of the Chair of this Committee. Any governor could nominate themselves. **Action: C Lynch**

The Public Governor, Reading, expressed his appreciation and thanks to the Trust Secretary and Corporate Governance Officer for their continued hard work whilst under extreme pressure.

#### **35/24 Date of the Next Meeting**

It was agreed that the next meeting would take place on Tuesday 11 February 2025 at 17.30.

**SIGNED:**

**DATE:**

<b>Title:</b>	Membership Committee Terms of Reference
<b>Agenda item no:</b>	7.1
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	27 November 2024
<b>Presented by:</b>	Richard Havelock, Membership Committee Chair
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Officer

<b>Purpose of the Report</b>	To provide the Committee with the Terms of Reference as part of annual review cycle and recommend them to the Council of Governors for approval. No changes are proposed.
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<b>Report History</b>	Membership Committee: 21 October 2024
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<b>What action is required?</b>	
Assurance	
Information	✓
Discussion/input	✓
Decision/approval	✓

## **Membership Committee**

### **Terms of Reference**

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

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

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

#### **Composition**

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

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

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

#### **Quorum**

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

#### **Duties**

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

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

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

### **Review**

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

Approved by the Committee: 21 October 2024

Approved by the Council:



<b>Title:</b>	<b>Council of Governors Objectives</b>
<b>Agenda item no:</b>	11
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	26 February 2025
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Officer

<b>Purpose of the Report</b>	To Council is asked to approve the 2024/25 Refreshed Council of Governors Objectives as recommended by the Membership Committee.
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<b>Report History</b>	Membership Committee: 11 April 2024 & 21 October 2024 Council of Governors: 27 November 2024
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<b>What action is required?</b>		The Committee is asked to agree and recommend the Council of Governors Objectives for 2024/25.					
Assurance		Information		Discussion/input	✓	Decision/approval	✓

## 1 Background

- 1.1 The Council of Governors sets objectives for achievement each year. These reflect a combination of the statutory duties that the Council is likely to be asked to discharge in the year, along with membership and other activities which the Council sets as priorities.

## 2 Council Objectives 2024/25

- 2.1 There are a number of statutory duties that the Council are required to focus on that include the appointment of Non-Executive Directors, Governor training and development and review of the annual report and accounts.
- 2.2 The recommended Council of Governors objectives for 2024/25 are set out in Appendix 1.

## 3 Recommendation

- 3.1 The Council is asked to approve the refreshed objectives for 2024/25 as set out in Appendix 1.

## 4 Attachments

- 4.1 The following is attached to this report:
- (a) Appendix 1 - 2024/25 Refreshed Council of Governors Objectives

## Appendix 2

Objective	Methods	Outcomes	Progress
Embed arrangements for Non-Executive and Executive leads of Committees and regular reporting of Non-Executive Directors to assurance committees	Attendance, engagement and responsiveness of Non-Executive and Executive Leads at Governors Assurance Committees	Satisfaction with the process to be reviewed via an appraisals review at the end of the financial year	
Implementation of the governors' training and development plan	Membership Committee to review progress against delivery of the training and development programme for 2024/25.	Feedback forms to be provided following training and development programmes and regular updates provided to the Membership Committee	
<b>Statutory (ensuring good governance)</b>			
Appoint Non-Executive Directors as required	Appointment to be made by the Council of Governors on the advice of the Nominations & Remuneration Committee.	Non-Executive Appointment(s) to be made.	
Review the annual report and accounts	To receive at the Annual General meeting and the Council of Governors meeting.	Opportunity to scrutinize in detail at the Council of Governors	
Participate in the appraisals of the Chair and Non-Executive Directors	The Chair's appraisal will be undertaken by the Senior Independent Director with input from the Lead Governor. The Chair will undertake the appraisals of non-executive directors, taking into account	Constructive appraisal held with inputs from governors and feedback provided on the process.	

Objective	Methods	Outcomes	Progress
	governor feedback, collated by the Trust Secretary.		
<b>Strategic (influencing the plans)</b>			
Monitor the Trust's progress on achieving strategic objectives and the implementation of the Committee Plan.	Council to review progress during the year.	satisfaction with the achievements and process to be reviewed via an evaluation review at the end of the financial year	
Review the Trust's strategy and represent the views of members and public in responding to the Board.	Review progress of the Trust's strategy at key milestones.	Satisfaction on the Board's process to the actions raised with the process to be reviewed via an evaluation review at the end of the financial year	
<b>Membership (developing and involving)</b>			
Strive to achieve a representative membership and meaningfully engage with all members.	Continue to develop links with the University of Reading and Activate Learning to promote Trust membership to a younger age group.	Improvement in the representativeness of membership.	
Undertake a membership engagement programme comprising: <ul style="list-style-type: none"> <li>• a seminar in each of the five area constituencies</li> <li>• the Annual General Meeting</li> <li>• one attendance each month by a Governor at a community based event</li> <li>• Produce four editions of Pulse within 12 months</li> </ul>	Corporate Governance team to deliver, with Governor support and overview by Membership Committee.  Governors to actively participate in hosting membership events. Trust premises e.g. Bracknell Healthspace and West	Progress against the Membership Strategy submitted to the Membership Committee on a quarterly basis.	

Objective	Methods	Outcomes	Progress
	<p>Berkshire Community Hospital will be used to host future events.</p> <p>Membership events with specific topics for people in the 16 – 30 age group.</p> <p>Increase social media – e.g. Come Meet Your Governor sessions and find out about membership and being a governor</p>		
Establish methods for meaningful engagement with members	<p>Focus groups ahead of membership events</p> <p>Conduct an online survey to gain members' views on what hospital related information that they would like to know more about.</p> <p>Make more use of social media to interact with members.</p>	Results to be presented to membership committee and considered as part of on-going development of membership strategy.	

Objective	Methods	Outcomes	Progress
Highlight the role of governors to attract new governors.	Membership events hosted by governors in order to provide a forum for governors to engage in ad hoc focus groups with members. Governors should also use their own contacts and groups to promote the role of the Council of Governors.	Members aware of the role of the Council of Governors.  “Meet Your Governors” engagement sessions / video about what it means to be a governor available on the Trust website	

<b>Title:</b>	<b>Membership Strategy 2024/26</b>
<b>Agenda item no:</b>	12
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	26 February 2025
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Officer

<b>Purpose of the Report</b>	The Council is asked approve the carry forward of the objectives from 2021/22 and the Membership Strategy 2024/26.
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<b>Report History</b>	Membership Committee: 16 July 2024 & 21 October 2024 Council of Governors: 27 November 2024
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What action is required?							
Assurance		Information		Discussion/input		Decision/approval	✓

## 1 Background

- 1.1 The Trust Membership Strategy was reviewed by the Membership Committee on 16 July 2024 & 21 October 2024 and confirms our overall ambition of increasing the active engagement with existing Members as well as increasing the representativeness of our overall membership.
- 1.2 The Membership Strategy sets out four key domains; membership Representation, Membership Events, Communication, and Staff Engagement.

### 1.2.1 **Membership Representation:**

- To maintain and develop a Membership that is representative of our community; *by continuing to welcome new members for all constituencies and age groups with our main focus for recruitment during the next two years being 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.*

### 1.2.2 **Membership Events:**

- To increase membership promotion and attendance; *by encouraging engagement and wider participation and 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.*

### **1.2.3 Communication:**

- To improve the quality of engagement and communication with members to have a more engaged and active membership; *improving the quality of our engagement with our members is therefore a key priority. We want to develop good communication and interaction between the Council of Governors, the Trust and Trust Members as well as develop our Membership magazine content ensuring it is relevant and interactive.*

### **1.2.4 Staff Engagement:**

- To encourage engagement and provide opportunities for staff and volunteers; *by continuing to actively encourage and provide opportunities for staff and volunteers to become more actively engaged as Members in activities by developing our communication and visibility and in turn increase representation of staff and volunteers as Governors.*

## **2 Next Steps Attachments**

- 2.1 The next step will include developing detailed action plans to deliver the objectives set out in the strategy.
- 2.2 The strategy will be monitored by the by the Membership Committee that will request a bi-annual update on progress against objectives.

## **3 Conclusion**

- 3.1 The Council is asked to approve the objectives set out in the Membership Strategy 2024/26.

## **4 Attachments**

- 4.1 The following is attached to this report:
  - (a) Draft Membership Strategy 2024/26



Royal Berkshire  
NHS Foundation Trust

# Membership Engagement Strategy

2024 - 2026

Compassionate Aspirational Resourceful Excellent





# Contents

Introduction

Current Position

Our Membership Objectives

Strategy Action Plan

Measuring success and continuous  
learning

# Introduction

As a Foundation Trust we are accountable to our **local communities**, our **patients** and **staff**, who enable us to listen to what matters most to **people** in our decision-making.

Members are represented by a Council of Governors comprising of elected public and staff Members together with representatives of partner organisations, local authorities and Commissioners in the local community.

A representative and engaged Membership will help our Trust to continue to maximise its potential as a Foundation Trust and is an important objective for the Council of Governors.

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.

# Our Position

As a Trust we currently have **10,837** Members who are able to contribute to how the Trust's services are run everyday.

Our constitution sets out the eligibility for our Membership. Every member is either a member of one of the public constituencies or a member of one of the classes of the staff constituency:

## Public:

- East Berkshire & Borders
- Reading
- Southern Oxfordshire
- West Berkshire & Borders
- Wokingham

## Staff:

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

As well as, Partner Governors from

- |                             |                         |
|-----------------------------|-------------------------|
| • Reading Borough Council   | • Autism Berkshire      |
| • West Berkshire Council    | • University of Reading |
| • Wokingham Borough Council | • Integrated Care Board |
|                             | • Youth Governor        |



# Our Statistics



Over **7,000**  
Staff Members



Over **3,000**  
Public Members



Serving a community of  
over

**500,000**



# Our Membership Objectives



## 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.



## TO IMPROVE THE QUALITY OF ENGAGEMENT AND COMMUNICATION WITH MEMBERS

We recognise that we want a more engaged and active membership. Improving the quality of our engagement with our members is therefore a key priority. We want to develop good communication and interaction between the Council of Governors, the Trust and Trust Members as well as develop our Membership magazine content ensuring it is relevant and interactive.



## TO ENCOURAGE ENGAGEMENT AND PROVIDE OPPORTUNITIES FOR STAFF AND VOLUNTEERS

As a Foundation Trust we recognise that an important part of our Membership is our staff and volunteer Members. We would like to continue to actively encourage and provide opportunities for staff and volunteers to become more actively engaged as Members in activities by developing our communication and visibility and in turn increase representation of staff and volunteers as Governors.

# 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 our community and inclusive of all protected characteristics, and in turn enabling wider representation on our Council of Governors.

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.
2. **Develop a schedule of community events.** We will build into our engagement programme attendance at a wide range of events to promote membership and encourage people to sign up. This will be targeted to key areas where uptake can be strengthened.
3. **Pre-engagement opportunities** will be available to young people that are not yet currently eligible to be a Member. A local competition would be advertised to year 10/11 students in local secondary schools, sixth forms and colleges to rename the Pulse magazine.
4. **A younger Member's programme** would be established and incorporate
  - Receiving emails regarding jobs and careers six times a year
  - Training and education seminars which would be specifically targeted at younger Members including talks about ED, sexual health, maternity and paediatrics.

# Increase membership promotion and attendance

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.

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

1. **Governors will continue to be encouraged to reach out to local external groups** which they may be involved in in order to interact with the public and potential Members and promote the role of the Council of Governors.
2. **We will work with voluntary and community partners** to increase out reach in sharing information, news and how people can get involved in working with the Trust, including Membership.
3. **We will work with system partners** within the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board to hold joint Membership and recruitment events in the year.

# Improve the quality of engagement and communication with Members

We recognise that we want a more engaged and active membership. Improving the quality of our engagement with our members is therefore a key priority. We want to develop good communication and interaction between the Council of Governors, the Trust and Trust Members as well as develop our Membership magazine content ensuring it is relevant and interactive.

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

Governors are an essential element of Membership recruitment, communication and engagement. We will provide a more focused role for Governors within Membership engagement by agreeing a programme of activity which will include:

1. **Governors will continue to host events in their constituency** and all Governors are encouraged to attend as many Membership events as possible
2. **Improve opportunities for members to give their views**. We will strengthen the ways Members can engage with the Trust, for example through participation in events, community focus groups and surveys as well as asking if anyone would be interested in a video to talk about what made them become a Member.
3. **To refresh the Trust Pulse Magazine** and ensure appropriate information is shared with Members that is relevant to what is happening in the Trust
4. **Develop a schedule of community events**. We will build into our engagement programme attendance at a wide range of events to promote membership and encourage people to sign up.



# To encourage engagement and provide opportunities for staff and volunteers

As a Foundation Trust we recognise that an important part of our Membership is our staff and volunteer Members. We would like to continue to actively encourage and provide opportunities for staff and volunteers to become more actively engaged as Members in activities by developing our communication and visibility and in turn increase representation of staff and volunteers as Governors.

1. **Further develop information circulated to staff and volunteers** to keep them informed on Membership events, in addition to receiving:
  - A Membership application form when you join the Trust to pass onto friends and family.
2. The Trust will look to encourage more staff and volunteers to **talk to other Members about the work they are involved with at the hospital** through informative and engaging presentations at Membership events.
3. **The Trust will hold Membership events at spoke site** to enable staff and volunteers to have the opportunity to attend if they are not based at the Royal Berkshire Hospital Reading site.

Staff are a valuable resource to the NHS, not only does every staff member make a difference to the health of the local population but they also make valuable contributions to steering the organisation's direction by getting involved in services and generating plans for the future.



**“Shape how hospital services are delivered.”**



Royal Berkshire  
NHS Foundation Trust

# Membership Engagement Strategy

Corporate Governance

November 2024



<b>Title:</b>	<b>Governor Task &amp; Finish Group Terms of Reference</b>
<b>Agenda item no:</b>	10
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	26 February 2025
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Caroline Lynch, Trust Secretary

<b>Purpose of the Report</b>	To seek approval from the Council of Governors to establish a Task & Finish Group to consider new initiatives/ways of working to develop proposals for consideration by the Council
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<b>Report History</b>	Membership Committee: 21 October 2024 Council of Governors: 27 November 2024
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<b>What action is required?</b>	
Assurance	
Information	The Council of Governors is asked to approve the establishment of a Task & Finish Group.
Discussion/input	
Decision/approval	

## 1 Background

- 1.1 A small group of Governors attended the NHS Providers Conference in early 2024 and wished to take forward some of the initiatives discussed at the Conference.
- 1.2 This was listed for consideration at the Membership Committee and the Trust Secretary proposed that a time limited Governor Task & Finish Group could be established in order to consider any new initiatives.
- 1.3 The draft Terms of Reference were reviewed at the Membership Committee in October 2024.
- 1.4 The work programme for the Group would be agreed at its first meeting and in order to ensure a balanced group the membership must include a representative from each Governor group.

## 2 Conclusion

- 3 The Council is asked to approve the establishment of the Governor Task & Finish Group

## 4 Attachments

- 4.1 Appendix 1 – Draft Terms of Reference

## **Council of Governors Task & Finish Group**

### **Terms of Reference**

#### **Role of the Task & Finish Group**

The Group will consider and make recommendations to the Council of Governors on the merit of and appropriate means of progressing new initiatives, tasks and areas of activity for the Council.

#### **Composition**

The Group will be chaired by any Governor wishing to serve.

The membership will comprise up to six Public Governors, up to two partner Governors, up to two staff Governors

The Trust Secretary must be in attendance at all meetings to advise the Group.

The Group will meet as and when required decided by the Trust Secretary and the Chair of the Group, but no more than once monthly and will convene by video conference call.

#### **Quorum**

The quorum will be three members comprising at least one public governor, one partner governor and one staff governor

#### **Purpose**

The purpose of the Group is to act as a catalyst, forum and 'clearing house' for the consideration of new initiatives, tasks and areas of activity for the Council to include within its' work programme.

These objectives, tasks and areas of activity may be proposed by members of the Group, other Governors or by parties external to the Council.

It is intended that the Group will discuss the proposed initiative, task or area of activity and make recommendations to the Council on the appropriate way forward.

#### **Duties**

The role of the Group is

1. To consider proposals, particularly the pros and cons of any new initiatives, tasks and areas of activity for the Council or any of its supporting sub groups
2. To advise, as appropriate, the Council on the appropriate means by which a new initiative, task or area of activity should be taken forward ensuring that proposals genuinely benefit a wider cause
3. Decisions proposed by the Group should not be discussed outside the Group or shared with external groups until formally communicated to and approved by the Council.

**Review**

The Group will review these terms of reference after six months, to consider whether the Group objectives have been achieved.

The Group will be disbanded once new initiatives have been assigned to the appropriate Council sub-Committee.

Approved by the Group:

Approved by the Council:

## Minutes

# Governors Assurance Committee

Wednesday 30 October 2024

17.00 – 18.45

Video Conference Call

## Present

Mr. Thomas Duncan	(Staff Governor: Medical/Dental) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Clive Jones	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading)
Ms. Jess McKean	(Staff Governor, Admin/Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Benedict Krauze	(Public Governor, Wokingham)

## In attendance

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

## Apologies

Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board - SEND)
Ms. Terri Walsh	(Public Governor, Wokingham)

## 21/24 Declaration of Interests

There were no declarations of interests.

## 22/24 Chair's Update

The Chair advised that the Trust's contract with the Integrated Care Board (ICB) for 2024/25 had been agreed subject to some final adjustments. The Committee noted that the Trust's cash level for the Trust remained an area of close monitoring and other providers in the ICB were also challenged in relation to cash and had or were due to seek cash support. The Trust's cash position was forecast to a very low level in January 2025. The Chair highlighted that preparatory works were on-going in the South Block of the Trust for the new ambulatory surgical unit. The Urgent Care Centre was now in operation on the Reading site in a temporary location and eventually would be located in the South Block area of the site.

The Chair advised that the Trust had not yet received any final confirmation at to next steps for the Trust in relation to the New Hospital Programme.

The Chair provided an overview of the ICB had been placed in the Investigation & Intervention (I&I) regime. Trust Board members as well as other partner Board members along with members of the ICB had been interviewed by PwC as part of this regime. PwC had produced a report following these interviews as well as a detailed data review. The Chair highlighted that workforce numbers were one of the key areas of focus.

## **23/24 Minutes for Approval: 26 June 2024 and Matters Arising Schedule**

The minutes of the meeting held on 26 June 2024 were agreed as a correct record and would be signed by the Chair. The Committee noted the matters arising schedule.

Minute 17/24: Member Issues and Feedback: The Trust Secretary confirmed that the outstanding question from the Public Governor, Southern Oxfordshire, had been received for the governor questions log and was being processed.

Minute 18/24: Board Sub-Committee Key Issues: The Trust Secretary confirmed that the Trust's Commercial Director had been advised on the issue raised relating to items being advertised on Amazon as being endorsed by the Trust and was progressing this issue with the supplier concerned.

## **24/24 Member Issues and Feedback**

A Governor raised an issue in relation to increased pressure on Primary Care recently and queried whether this had impacted on the Trust's Emergency Department. The Chair of the Quality Committee advised that the Trust had not seen any impact of this. The Committee noted that there was on-going action by Primary Care over recent months.

## **25/24 Board Sub-Committee Key Issues**

The Committee discussed items from recent Board sub-committees.

### Finance & Investment Committee

The Chair of the Finance & Investment Committee advised that the Trust's budget for 2024/25 was a deficit of £14.5m. The Trust was not on target within the first few months of the year and further grip and control was implemented on pay spend and, because of this, agency and bank spend had been significantly reduced. Non-pay spend was also an issue and remained an area of significant focus. The Trust's income position remained challenged and contract resolution had not yet been agreed with the ICB. The Trust had implemented its own internal turnaround programme, led by the Chief People Officer. At the start of the financial year the Trust had an efficiency savings target of £21m for 2024/25 and an additional £4m of savings would also be required across the system but this had been added to the Trust's total. Therefore, a total of £25m savings for the Trust.

The Chair of the Finance & Investment Committee provided an overview of the Trust's cash position as well as the current position in relation to the Trust's capital programme. Governors received assurance that the Trust Board was fully aware of the pressures on frontline line staff due to the current financial situation and the Executive team regularly highlighted any issues raised as well as Board members being able to talk and listen to staff when undertaking Board Go and See visits.



The Committee discussed the recent government budget announcement in relation to funding for the NHS and whether the Trust had clear priorities for any additional monies in the event of receiving additional funding. A discussion was held in relation to the Trust's capital programme and the risks associated with this. The Committee discussed the challenge of the Reading site, particularly in relation to the age and condition of buildings as well as the need for the NHS to also become more efficient.

A Governor raised a query in relation to the Trust's lifts and the risk score associated with this rated as 20. The Trust Secretary clarified that the risk score of 20 related to the Trust's estates infrastructure as a whole that included all backlog maintenance and did not only relate to the age and condition of lifts. The Chair of the Quality Committee confirmed that whilst lifts could be out of action for a period time there was no risk to patients.

### Quality Committee

The Chair of the Quality Committee advised that Committee had noted the theme of treatment delays in relation to serious incidents during 2023/24 as waiting lists had increased. However, treatment delays sometimes related to patient choice. The Patient Safety Incident Response Framework (PSIRF) was currently being implemented by the Trust and the Chair of the Quality Committee had sought assurance that both patients and their families' viewpoints were included as part of the review of incidents. The Quality Committee had also received positive assurance in relation to the Trust's Hospital Standardised Mortality Ratios (HSMR) being significantly lower than expected and the Summary Hospital-level Mortality Indicator (SHMI) remained as expected.

The Quality Committee had also received an update from the maternity team relating their action plan following the Care Quality Commission (CQC) inspection in November 2023 and a further update would be submitted to the Quality Committee at the next meeting.

The Chair of the Quality Committee advised that the Committee had received an update on the Equality Impact Assessments (EQIAs) and noted that none had required escalation to the Committee. However, EQIAs were being considered by the Executive team as part of the financial savings programme and further updates would be submitted to the Quality Committee.

The Chair highlighted issues that had impacted on staff morale included parking penalty notices as well as changes to bank rates and whether the Non-Executive Directors were aware of these issues impacting on quality. The Chair of the Quality Committee advised that the Committee had not seen any quality issues being raised as a result of impact on staff morale. However, the Board was aware of the financial challenge and the resulting impact on staff morale. The Chair advised that a number of staff had raised concerns in relation to penalty charge notices being incorrectly issued to staff and whilst the Chief Executive had issued a moratorium until the issue had been fully investigated the impact on staff morale was significant. Non-Executive Directors agreed that the Board would continue to monitor staff experience through the financially challenging environment.

A Governor raised the issue of DNACPR and advised on-going questions raised with the Trust as some constituents had reported feeling pressurised. Information had been provided by the resuscitation that monthly micro-audits were carried out and whether this had been reported to the Quality Committee. In addition, a governor queried whether doctors received appropriate training on DNACPR. The Chair of the Quality Committee advised that these micro-audits were not seen by the Quality Committee. However, an annual audit had been provided to the Quality Committee by the End-of-Life Care highlighting where the Trust needed to improve on patient experience. The Committee noted that DNACPR formed part of Advanced Care Planning and these discussions should be held with GPs and Governors should advise their constituents that they should be seeking to have these discussions with their GPs. The Chair of the Quality Committee also advised that if constituents felt pressured they or their relatives should raise the issue with the Trust's Patient Advice & Liaison Service (PALs). The Chair

advised that DNACPR discussed were held with all patients prior to surgery and his experience within mortality surveillance and End of Life Care was that everything was very well documented.

A Governor raised a query as to whether any treatment delays related to children. The Chair of the Quality Committee advised that all waiting lists were monitored and triaged by the paediatric clinician.

#### Audit & Risk Committee

A Governor raised a query in relation to significant contracts and single tender waivers and the process and governance arrangements in relation to these. The Trust Secretary advised that the Audit & Risk Committee had a number of standing items, and this included any significant contracts that had normally already reviewed and approved by the Finance & Investment Committee. The Committee noted that any single tender waivers were approved by the Chief Finance Officer and, again, required reporting to the Audit & Risk Committee. However, the Trust spend on single tender waivers was in line with good practice. In addition, in cases of emergency or specialist suppliers the Trust would always have to use the single waiver tender process.

A Governor raised a query in relation to counter fraud annual assessment being rated as green. The Trust Secretary advised that this was carried out by a third party on an annual basis and covered a significant number of areas including counter fraud awareness and processes in the Trust. A green rating therefore provided good assurance to the Audit & Risk Committee.

#### Charity Committee

The Chair of the Charity Committee advised that the Committee had revised its terms of reference to replace the Chief People Officer with the Chief Finance Officer as Executive lead due to the Chief People Officer being focused on the Trust's turnaround programme. The Committee discussed the challenging environment of fundraising in the current economic climate. The Charity had achieved increased spend of restricted funds and the Charity Committee had also reviewed the Charity Strategy as well changes to the Charity team itself. The Chair of the Charity Committee highlighted the Charity Christmas Concert.

A Governor raised a query about the Trust's approach to the smoking on site. The Chair advised that staff were increasingly aware of this, and the Trust was due to go smoke-free from 1 January 2025. The Committee noted that during a Board Go and See Visit this had been discussed with one of the stroke physicians who was leading the Trust's smoke-free project and recommended that people could be approached and challenged. However, this was difficult and the way in which people were approached was important. The Committee noted that awareness had increased significantly through the Trust as well as a number of trusts were also challenged in ensuring their sites were smoke-free.

A Governor raised a query as to the cost of heating and lighting for the Trust. It was agreed that this would be added to the Governor's question log.

**Action: C Lynch**

## **26/24 Reflections of the Meeting**

The Chair led a discussion and it was agreed that good assurance had been received. Reflections included the need for more governors to attend the meeting and that it would be useful to understand whether there were any issues such as timing of the meeting presented a barrier to attending. The Trust Secretary advised that eight new governors that were still in the process of being on-boarded. The establishment of a Task & Finish Group was being proposed to the Council and if established could be considered as part of this.

The Chair proposed that, going forward, questions could be sought in advance for discussion at future meetings.

**27/24 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 29 January 2025 at 17.00

**SIGNED:**

**DATE:**

DRAFT

<b>Title:</b>	<b>Governor Question Log</b>
<b>Agenda item no:</b>	13
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	26 February 2025
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Officer

<b>Purpose of the Report</b>	To provide the Council of Governors with an overview of the Governor Question Log since the last meeting.
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<b>Report History</b>	None
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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.
- 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
187	30 October 2024	Benedict Krauze	A Governor raised a query as to the cost of heating and lighting for the Trust.	For the period 1st April 2023 to 31st March 2024 the total cost of heating was £1,627,168.80. For the period 1st April 2024 to 31st March 2025 the total cost of heating will be £1,006,015.80. The Trust does not yet have sub-metering to identify lighting costs from electrical consumption.
188	12 November 2024	Sunila Lobo	I had a recent experience of a Muslim member of the community who had just lost his dad contacting me to find out who to get in touch with at the hospital at 5.15pm on a Friday, in order to get his late dad's death certificate/post-mortem completed quickly. This is because the funeral rites and burial need to be performed asap. Islamic religious law calls for the burial of the body as soon as possible after the cause of death is known. The body is buried usually the same day as the death. I called the Medical Examiner's number that I found on the RBH website but to no avail (it went to voicemail). The bereaved son's distress was very concerning to me. To cut a long story short, their GP was available when contacted and the process was able to proceed. Question: What is the process at RBH for such an occurrence? Especially, out	The correct process was followed whereby the GP was contacted by the family and the process was able to proceed. Opening hours for the Medical Examiners Service, to the public is Monday to Friday, 9am -5pm. There is an out of hours service available where the on call Medical Examiner can be contacted by the via switch between the hours of 8am -10am every Saturday, Sunday and bank holidays. This out of hours provision has been made available to all our stakeholders including GPs in Berkshire West, all Staff at the Trust. The ME service also provided information to our Buddhist, Christian, Hindu, Jewish, Muslim and Sikh faith leaders in the local area.

			of hours?	
189	26 November 2024	Richard Havelock	<p>1) Given what seem to be the repeated occasions when the car parking monitoring system has broken down and penalty notices have been issued incorrectly, what action has been taken to investigate why these mistakes have been made, and how they can be prevented in future? In addition, can assurance be given that (a) that an apology will be made to anyone sent a penalty notice in error, and (b) appropriate sanctions will be imposed on the management company if it fails to comply?</p> <p>2) In addition, who receives the proceeds from the fines?</p>	<p>1) The few times the ANPR system has had issues, APCOA and the Trust have investigated the situation and responded accordingly. Once an issue has been found, systems and practices are put in place to rectify this and ensure it is not repeated. APCOA do send apology letters to anyone that has received a PCN by mistake. Should APCOA fail to operate as per the contractual conditions, sanctions would be imposed.</p> <p>2) The Trust receives the income from parking fines issued for non-compliant parking which has a negative impact on safety or other users, or for non-payment. The income is ring-fenced and used solely to fund physical improvements to travel and transport related facilities, for all modes of transport.</p>
190	26 November 2024	Richard Havelock	A patient with urinary incontinence living in South Oxfordshire, who has been treated at the Royal Berks, was visited recently by a domiciliary nurse to change a catheter bag. Unfortunately it was found that its inlet was of a different gauge from the tubing already in place, and so it was not possible to connect it, and he was left without any bag for a	There is a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) wide project underway to standardise supplies and create a formulary across the system. At present the Trust refer to Berkshire Healthcare Foundation Trust's (BHFT) Continence Advisory Service (CAS) for supplies and would normally order the same supplies as the patient was discharged with. For patients who are independent with bag changes the CAS would contact the patient directly on discharge and liaise with the GP to source the supplies. However, if a patient requires support with bag

			time. I do not know where the nurse was based, but there is clearly a need to standardise across the area covered by the various NHS bodies. What is being done to achieve this?	changes a District Nurse (DN) referral would be completed to the HUB for DN visits.
191	27 January 2025	Sunila Lobo	<p>There is no information about the Trust's Virtual Wards service on the Trust website. As such, the following questions have been formulated around referral criteria, consent, quality control, workforce and assessment/re-assessment in order to seek assurance about the provision of this service to members and the wider public:</p> <p>1) For patients who live alone or with a carer with reduced capabilities, what criteria are applied before they are assigned to the virtual ward?</p> <p>2) Are all patients assigned to the virtual ward asked for their consent to that form of treatment?</p> <p>3) For patients who live alone or with a carer with reduced capabilities and who are assigned to the virtual ward, what arrangements are made for nutrition, hydration, observation of deterioration, toileting, personal care?</p> <p>4) It has been observed that some</p>	<p>1) Patients are assessed in a holistic manner and if appropriate to be clinically managed in our Virtual hospital, the Trust assesses their individual circumstance to ensure that their care needs can be met by themselves, their carer and/or support services in place.</p> <p>2) Yes, patients are informed about their suitability for one of our Wards with verbal informed consent obtained.</p> <p>3) The virtual team are not able to provide nursing care, therefore patients suitability to maintain nutrition, hydration (ADL's) is decided based on the availability of existing care services in place. Whether that be from an informal/formal carer or indeed through care packages. Patients that require new packages of care are unable to be admitted until such time that care is in place. Patients with significant mobility issues/frailty, can also be supported by our virtual at home services to reduce the need for transfer to the virtual clinic if needed to do so. In regards to the patients clinical condition and trajectory, the virtual team will ensure the required monitoring equipment is available to the patient, they are shown how to use it and how to report any changes that may occur outside of a scheduled clinical interaction.</p> <p>4) There may be individual patients that are redirected from AMU</p>

		<p>patients referred by their GP to the RBH AMU, when there is no bed available, have been assigned to the virtual ward. Is this assignment subject to the same criteria and arrangements as other routes to the virtual ward?</p> <p>5) Are monitoring calls to patients in the virtual ward recorded? Is there quality control of these calls?</p> <p>6) What about an in-home medical assessment once a patient is assigned to a virtual ward? Is there quality control of these visits/assessments?</p> <p>7) What is the workforce of the virtual ward? Is it the same thing as the BHFT frailty virtual ward?</p> <p>8) When is a re-assessment considered necessary, that is, what is the criteria to evaluate whether a virtual ward ceases to be the best option for the patient?</p>	<p>to the Virtual Ward if their clinical management could be best facilitated by the virtual team. However, no patient has been referred to our virtual team as a result of no bed being available. All patients are managed in the most appropriate team according to their clinical need.</p> <p>5) Our telecommunication services are not currently recorded. However, conversations and discussion are recorded within the patient electronic record the same way it would to patient interaction in the ward environment.</p> <p>6) We care for patients in 3 distinct ways, firstly in a remote fashion, utilising telecommunications and technology. Secondly, if in need for a patient to undertake physical assessment, diagnostics or treatments, patient can be transferred to the Virtual Ward clinic. In circumstances that it is in the best interest of a patient to not be transported, the virtual team can provide at home assessment, diagnostics and treatments in their place of residence.</p> <p>7) The workforce for Virtual hospital is based on a Multi-Disciplinary Team (MDT) approach to ensure that the right clinician is supporting the right patient, and in turn the clinical team are support by support services. Berkshire Healthcare Foundation Trust (BHFT) run their own model of workforce to suit the need of its patient cohort.</p> <p>8) When a patients clinical needs are unable to be met by the virtual team, management is transferred to the most</p>
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				appropriate team. This may be through the emergency department or through direct transfer to an in-patient ward. However, this would be facilitated by the Virtual team to maintain patient safety.
192	11 February 2025	Sunila Lobo	<p>1) When will the information in relation to Virtual Wards services be on the Trust website?</p> <p>2) Can you explain what is meant by:</p> <p>A) "virtual at home services"</p> <p>B) "virtual clinic"</p> <p>C) "virtual team"</p> <p>3) Further, are these clinical interactions recorded? For training and other purposes.</p>	Response awaited