



Royal Berkshire
NHS Foundation Trust

Council of Governors - 25 February 2026

MEETING

25 February 2026 17:00 GMT

PUBLISHED

19 February 2026

Agenda

		Date 25 Feb 2026	Time 17:00 GMT	
	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
	Holding the Board to Account			-
2	Chief Executive Update (Presentation)	Steve McManus	17:00	-
3	Questions from the Public (Verbal)			-
4	Minutes for Approval: 26 November 2025 & Matters Arising Schedule	Caroline Lynch	17:30	3
	Items of Council Business			-
5	Draft Governors Assurance Committee Minutes: 28 January 2026	Tom Duncan	17:35	10
6	Draft Membership Committee Minutes: 10 February 2026	Richard Havelock	17:40	17
7	Changes to the Council Membership (Verbal)	Caroline Lynch	17:45	-
8	Board Feedback: Governors Attending Board Committees	Oke Eleazu	17:50	-
	Representing the Views of Members and the General Public			-
9	Governor Question Log (To Note)	Caroline Lynch		21
10	Questions from the Public (Verbal)	Oke Eleazu	18:00	-
11	Reflections of the Meeting:	Sunila Lobo	18:05	-
11.1	What did we feel/think during discussions?			-
11.2	What improvement/s do we need to make to be more effective?			-
12	Date of Next Meeting: Wednesday 27 May 2026 at 17.00	Oke Eleazu		-
	Closed Council of Governors - Part II (exclusion of the press and public)			-
13	Land Search (Presentation)	Andrew Statham	18:10	-
14	Appointment of External Auditors	Helen Troalen	18:30	25
15	Special Council of Governors Minutes: 10 February 2026	Caroline Lynch	18:40	28

Council of Governors

Wednesday 26 November 2025

17.00 – 18.30

Seminar Room, Trust Education Centre

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Ms. Jess Grierson	(Staff Governor, Admin & Management)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Yaman Islim	(Public Governor, East Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. Tony Page	(Public Governor, Reading)
Ms. Joycee Rebelo	(Public Governor, Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

In attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Catherine McLaughlin	(Non-Executive Director)
Mr. Steve McManus	(Chief Executive) (up to minute 45/25)
Mr. Mike O'Donovan	(Non-Executive Director)
Ms. Parveen Yaqoob	(Non-Executive Director)

Apologies

Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Clive Jones	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)

There were no members of the public present.

The Chair advised that, following the announcement of the Chief Executive's intention to leave the Trust in July 2025, the recruitment process for a successor was in progress. The search firm Odgers had been appointed to support the process. Good progress had already been made, with the longlist of candidates expected by the end of December 2025 with shortlisting in January and interviews scheduled for 29 and 30 January 2026. As part of the process, Governors would be invited to participate in focus groups.

43/25 Declarations of Interest

There were no declarations of interest.

44/25 Chief Executive Update

The Chief Executive reported that the number of trusts in the national maternity investigation had reduced from 14 to 10, with Oxford University Hospitals being the only trust in the local system included. The Council noted that senior leaders had met with the maternity team, Maternity Voices Partnership, and the regional Chief Midwife to provide support and reassurance. Building on recent external assurance, a review of available data had been completed, with an internal review of improvement areas to follow, supported by NHS England. The CQC maternity survey remained embargoed until the end of November 2025, with findings due to be presented to the Quality Committee in December 2025.

The recent Resident Doctors' nationwide strike was held between 14 and 19 November 2025 that 77% of the Trust's rostered doctors participated. Teams worked hard to minimise the impact and maintain effective service delivery. The strike mandate remained in place until the end of January 2026, though no further action had been indicated to date.

In response to a query regarding the impact on waiting lists following the recent Resident Doctors' action, the Chief Executive confirmed that the Trust had experienced relatively low levels of delayed elective work, with figures available in the Chief Executive's report to the Board. However, despite the low numbers, postponed appointments were still likely to have caused harm as a direct impact of the industrial action.

The Chief Executive highlighted that as part of the National Oversight Framework (NOF), the Trust had submitted its self-assessment and evidence against each of the domains in the Provider Capability Assessment to NHS England 31 October 2025 and thanked the Trust Secretary and Corporate Governance Manager for completing this. The assessment ratings would support NHS England (NHSE) to decide a trust's NOF segmentation as well as inform any decisions about the entry into the National Provider Improvement Programme (NPIP). Although, the timeframe for outcomes had not yet been confirmed.

The Council noted that the Staff Survey was due to close on Friday 28 November 2025. As at Monday 24 November 2025 a 57.9% completion rate was reported that exceeded performance compared to 2024 and the national average. This was anticipated to further improve ahead of the completion date. Results were expected in December 2025. However, would be embargoed until March 2026.

The Council noted the Executive appointments. Paul Da Gama would join the Trust in January 2026 as Chief People Officer, succeeding Don Fairley, the longstanding Chief People Officer who recently retired. Frances Khatcherian would assume her substantive role as Chief Finance Officer in March 2026, with a one-month handover with the current interim Chief Finance Officer, Helen Troalen.

The Chief Executive provided an update on the Operating Plan. National developments had moved beyond a one-year planning horizon, with a three-year focus on revenue budgets and four years for capital. Business plans were due for submission by the end of December 2025, with full Board sign-off scheduled for early February 2026 for 2026 - 2029. Narrative planning was expected to extend over five years, aligning with the national 10-year plan and ICB commissioning intentions, though some information had only recently been received. Actual allocations for Trust were expected tomorrow. The Chief Executive highlighted the on-going challenge of triangulating strategic aspirations with refreshed service and quality priorities,

whilst ensuring financial sustainability and returning to breakeven. National expectations continued to centre on access to elective care, Cancer, and emergency services, alongside addressing significant hidden waiting times within mental health and learning disability pathways.

The Chief Executive outlined key developments at the Trust, including the opening of the on-site Urgent Care Centre (UCC) to provide same-day access and ease pressure on the Emergency Department. Work had commenced on a new MRI facility at West Berkshire Community Hospital, creating a Community Diagnostic Centre in Thatcham as well as supporting capacity at Reading. In addition, the LINAC replacement at Reading was progressing, with full operation expected by March 2026, and the Mortuary expansion works had been completed.

In response to a query regarding continued high attendances at Emergency Department and analysis of the Urgent Care Centre (UCC) and primary care services, the Chief Executive confirmed that demand pressures were consistent across the system and some primary care networks and General Practices (GP) had successfully absorbed same-day access, while others had not, resulting in disproportionate pressures where improvements had not been implemented. The Trust was working closely with the ICB and the Berkshire West Primary Care Alliance, alongside PCNs, to review performance within these areas. The Chief Executive noted that data had already highlighted where further support was required in primary care, and that the Trust developing primary care-led services on-site would support filter patients who should be managed in primary care away from the Emergency Department.

The Chief Executive highlighted that the Board had today approved the Trust Strategy refresh for 2025-30. The strategy would be launched across the organisation and beyond and the importance of translating this into the next stage of delivery was crucial.

The Chief Executive provided an overview of the Trust's financial position; Month 7 was on plan with a deficit of £8.53m. £41.05m of the £40.60m efficiency savings target had been identified with £20.27m delivered on plan. The Council noted the challenges related to cash flow and delivery of the full capital programme, alongside the opportunity to apply for additional cash support from NHS England to ensure the programme could be achieved in full. The Council noted that the Government had published the NHS Oversight Framework (NOF) provider league tables that confirmed that for Quarter 1, the Trust had been placed in segment 3 due to its financial deficit plan. However, it was noteworthy that the Trust was in segment 1 for productivity and efficiency.

In response to a query regarding the sources of efficiencies, the Chief Executive confirmed that savings had been achieved through medicines management, including switching from high-cost drugs to lower-cost options, as well as through significant procurement initiatives undertaken both independently and at greater scale via the Acute Provider Collaborative (APC). Additional efficiencies had been realised by holding or reducing posts that contributed to pay savings. In addition, whilst the overall workforce remained broadly flat many of the pay savings were non-recurrent. A key challenge would be on increasing non-recurrent savings going forward, including held posts not progressing into headcount and savings being absorbed into pay positions. At present, efficiencies were split approximately 50/50 between recurrent and non-recurrent, with a need to increase the proportion of recurrent savings to ensure sustainability. The Chief Executive added that Improving Together methodology had been applied to the programme this year, alongside a range of smaller initiatives.

The Chief Executive reported that the Trust's 2025/26 outturn was a deficit of £7.8m for Month 12. Breakeven formed part of the three-year plan, with additional support anticipated in 2026/27 and breakeven expected in 2027/28 without further funding. In response to a, the Chief Executive advised that Governors should remain focused and curious on the impact of financial compromises on quality, patients, and staff, and on how transformational and innovative service changes would deliver cost reductions. Further to this, in relation to the impact on patient care,

the Chief Executive confirmed that whilst the Trust had maintained quality of patient care the pressure had been significant on staff. This correlated with external reviews in relation to quality including CQC outcomes. Despite this the Trust had experienced high NHS Staff Survey response rates and had identified a reduction in both sickness absence and vacancy rates. An Equality, Quality and Impact Assessment process continued to assess any decisions against impact.

The Chief Executive confirmed that no compulsory redundancy scheme had been undertaken, though the Mutually Agreed Resignation Scheme (MARS) voluntary redundancy scheme had achieved reasonable uptake. National figures indicated a 30% increase in workforce numbers with reduced productivity levels compared with 2019/20. The Trust would need to review its headcount over the next three years and where services could be further efficient, including within Corporate Services and through collaboration at scale.

In response to a query related to whether the Royal Berks Charity could further support staff morale, the Chief Executive confirmed that the Charity was already contributing to staff development through means including the Knowledge & Development fund for staff training, as well as funding equipment and improvements to the working environment.

In response to a query regarding the abolition of NHS England, the Chief Executive confirmed that the process was underway and would continue into the following year. The plan was for NHS England to be absorbed into the Department of Health and Social Care (DHSC). He noted that appointments were currently being made to the senior leadership team, with roles being consolidated into a single leadership structure.

45/25 Questions from the Public

There were no members of the public present.

46/25 Minutes for Approval: 24 September 2025 and Matters Arising Schedule

The minutes of the meeting held on 24 September 2025 were agreed as a correct record and signed by the Chair.

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

47/25 Draft Governors Assurance Committee: 29 October 2025

The Council received the draft minutes of the meeting held on 29 October 2025 that would be updated with a minor amendment. The Trust Secretary highlighted that the Chair of the Committee had introduced a new item related to Non-Executive Director feedback to Governors and a summary of feedback had been included in the minutes.

48/25 Draft Membership Committee Minutes: 2 October 2025

The Council received the draft minutes of the meeting held 2 October 2025.

The Chair noted that there had been an increase of 98 members compared to the figures in July 2025. Membership analysis indicated that the under-30 age group remained underrepresented within the overall membership profile and discussions were held as to how to improve this. It was noted that the Pulse magazine continued to be distributed to provide updates from the Trust. The Annual General Meeting was held on 7 October 2025 and was well attended with circa 95 attendees and positive feedback received. However, there was a suggestion of detail in the Finance presentation being reduced. The Governor Training and Development Plan for 2024/25 was also discussed.

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

The Committee also approved its terms of reference as part of the annual review cycle and noted the annual election of the Chair of the Committee in January 2026.

49/25 Governor Task & Finish Group Update

The joint Chair of the Governor Task & Finish Group presented the report. The following recommendations had been proposed by the Group:

- Governors to observe Board Sub-Committees
- Developing training videos (including for Induction)
- Governors to attend Patient Experience Committee

The Council noted the recommendations that would be progressed through existing mechanisms without the need for formal approval. This included:

- Informal coffee meetings between NEDs and Governors
- Governor Information point at the Royal Berkshire Hospital site
- Independent verification of election committee Chairs
- Piloting a hybrid meeting at the Reading site

The Council discussed the next steps required for each recommendation including the Committee route for either approval or progression.

The Trust Secretary confirmed that the proposal to develop training videos, including induction, could be affected by resource and capacity constraints. However, the initiative should be progressed through the Membership Committee.

The Council considered the recommendation to submit a proposal to the Board regarding Governors' attendance at Board Committees with the aim of increasing visibility of the Non-Executive Directors (NEDs), undertaking annual appraisals, and improving understanding of Trust issues. The Trust Secretary clarified that Governors did not conduct NED appraisals. However, were invited to provide feedback to inform the process. The Staff Governor, Administration and Management shared her experiences of observing a recent Private Board meeting. The Corporate Governance Manager highlighted the potential impact of this proposal on the already constrained resources of the Corporate Governance team in coordinating such arrangements.

The Council considered the recommendation to propose Governors' attendance at the Patient Experience Committee. The Trust Secretary advised that, patient leaders and volunteers were already members and given the Governor's strategic role in holding Non-Executive Directors (NEDs) to account, attendance at an operational committee could present a conflict.

The Council approved the recommendation to submit a proposal to the Board for consideration on Governors attendance to observe Board Committees as well as a proposal to the Chief Nurse for consideration of Governor attendance at the Patient Experience Committee.

The Trust Secretary would develop the proposal and the Chair of the Trust would present this recommendation to the Board on behalf of the Council.

Action: C Lynch/ Oke Eleazu

The Joint Chairs of the Governor Task & Finish Group thanked the Corporate Governance team for their support in this process.

50/25 Changes to Council Membership

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

The Youth Governor's term of office had concluded and the recruitment process was on-going. It was noted that the two previous Youth Governor's had not attended at least two of the four Council meetings, despite this being a requirement as set out in the Trust's Constitution. Attendance would be made explicit at the outset of any future appointments. The Volunteer Governor would advise any candidates to submit a nomination to the Associate Chief Nurse, Patient Experience, Workforce and Education.

The Trust Secretary highlighted that an induction session was scheduled for 10 December 2025. Details would be circulated in advance with encouragement for both new and existing members to attend. **Action: C Lynch**

51/25 Governor Question Log

The Trust Secretary introduced the Question Log and provided an update from the Chief Nursing Officer regarding several questions on the Emergency Department (ED) waiting room, including the use of Artificial Intelligence (AI) for pronunciation and digital signage. The Council noted the outcomes and observations from the spot checks undertaken by the Chief Nurse, with confirmation that no formal report would be produced. The Trust Secretary advised that the Chief Nurse's overall response was that the suggestions had been received and referred to the Digital Data and Technology (DDaT) team for wider review across the Trust. The Council further noted that only one complaint had been received to date in relation to pronunciation of names although this complaint also included broader care concerns. Consideration was also required in relation to patient volumes and the impact on those needing reasonable adjustments. The Chief Nurse requested the Council's patience pending a response from the DDaT team that would be added to the Question Log and published on the website once available.

Action: C Lynch

The Trust Secretary highlighted that three questions remained outstanding on the Question Log that would be updated and published on the website. **Action: C Lynch**

52/25 Reflections of the Meeting

PW led a discussion. It was recommended that future agendas allocated additional time for the Chief Executive's presentation to enable more time for questions **Action: C Lynch**

53/25 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 25 February 2026 at 17.00.

SIGNED:

DATE:

Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
26 November 2025	49/25	Governor Task & Finish Group Update	<p>The Council approved the recommendation to submit a proposal to the Board for consideration on Governors attendance to observe Board Committees as well as a proposal to the Chief Nurse for consideration of Governor attendance at the Patient Experience Committee.</p> <p>The Trust Secretary would develop the proposal and the Chair of the Trust would present this recommendation to the Board on behalf of the Council.</p>	C Lynch/ O Eleazu	Item on the agenda.
26 November 2025	50/25	Changes to Council Membership	The Trust Secretary highlighted that an induction session was scheduled for 10 December 2025. Details would be circulated in advance with encouragement for both new and existing members to attend.	C Lynch	Completed.
26 November 2025	51/25	Governor Question Log	<p>The Trust Secretary advised that the Chief Nurse's overall response was that the suggestions had been received and referred to the Digital Data and Technology (DDaT) team for wider review across the Trust. The Council further noted that only one complaint had been received to date in relation to pronunciation of names although this complaint also included broader care concerns.</p> <p>Consideration was also required in relation to patient volumes and the impact on those needing reasonable adjustments. The Chief Nurse requested the Council's patience pending a response from the DDaT team that would be added to the Question Log and published on the website once available.</p>	C Lynch	Item on the agenda.
26 November 2025	51/25	Governor Question Log	The Trust Secretary highlighted that three questions remained outstanding on the Question Log that would be updated and published on the website.	C Lynch	Item on the agenda
26 November 2025	52/25	Reflections of the Meeting	It was recommended that future agendas allocated additional time for the Chief Executive's presentation to enable more time for questions.	C Lynch	30 minutes has been allocated on the agenda.

Governors Assurance Committee

Wednesday 28 January 2026

17.00 – 19.00

Video Conference Call

Present

Dr. Tom Duncan	(Staff Governor, Medical/Dental) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Sunila Lobo	(Public Governor, Reading), (Lead Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific) (up to minute 04/26)

In attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Oke Eleazu	(Chair of the Trust)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mike McEnaney	(Non-Executive Director) (up to minute 05/26)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer) (for minute 02/26)

Apologies

Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Mrs. Clare Stafford	(Public Governor, West Berkshire & Borders)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

01/26 Declaration of Interests

There were no declarations of interest.

02/26 Operating Plan 2026/27

The Chief Strategy Officer provided an overview of the progress made in the planning process for 2026/27. It was noted that the Trust was placed 29th overall in the Quarter 2 National Oversight Framework (NOF) provider tables, with the 9th best underlying score and 2nd amongst non-specialist providers, with good progress on productivity and Medically Optimised Fit for Discharge (MOFD) metrics.

The Trust remained on plan for the current financial year, delivering against the agreed financial and operational commitments and building the basis for 2026/27. However, external conditions

had been challenging, including three industrial actions by Resident Doctors, non-elective demand growth of up to 8%, and continued pressure from community and social care capacity.

The national framework required acute providers with an underlying deficit to deliver an improvement equivalent to 10 to 12% in 2026/27. This included absorbing national pay awards, inflation on non-pay costs, underlying demand growth of circa 2 to 3%, and a further 2% reduction linked to deficit recovery. Some of this challenge had been funded. However, a significant proportion would need to be addressed locally with system partners.

The Trust had submitted its draft plan to NHS England (NHSE), indicating that it would be compliant with the operational and financial requirements set out in the guidance. The plan required performance expectations across elective and non-elective services, including Referral to Treatment (RTT), Cancer and Emergency Department (ED) standards. Workforce plans, including bank and agency controls, were also aligned. The plan was dependent on delivering a similar efficiency programme as in 2025/26 for each of the next 2 years and receiving greater income from commissioners than had been contained in provisional offers, as well as the Trust receiving an allocation from the ICBs innovation and transformation fund. The Trust was engaged with the ICB on these matters. In parallel clinical and operational teams were in the process of refining their delivery plans, focusing on building operational resilience and identifying robust efficiency and quality improvement programmes.

Financially, the Trust could repeat the level of cost improvement delivered in 2025/26. However, would not be able to meet the full financial target with the current level of income funding offered by the ICB. An additional £26m would be required. Growth funding had been retained by the ICB in an Innovation Investment Fund that bids had been submitted for, though outcomes were awaited. As a result of this, the Trust remained £26m apart from the ICB position.

Of the overall 12% improvement requirement, 6% would be delivered through the Financial Improvement Plan, 3% had already been funded, and the remaining 3% was expected to be addressed through further system funding.

The main challenge continued to be delivering recurrent efficiencies. Whilst some savings could be repeated through continuous improvement, the focus would shift to longer-term transformation, particularly care at home and neighbourhood care models that are expected to make a significant contribution in 2026/27 and beyond.

In line with planning guidance, the Trust plans to achieve breakeven in 2027/28, improving its financial position by approximately £11.2m in 2026/27 and by £9.9m the following year. The Trust was required to make a final submission of its plans to NHSE on the 12 February 2026, following board discussion and approval on 5 February 2026.

The Committee noted that a number of long-term transformational projects were being developed in line with the Trust Strategy refresh including royal berks at home, future ready spaces, experiences of care, care where I am, corporate consolidation and making life easier.

Further to this, the Trust had submitted several innovation fund bids working in collaboration with Berkshire Healthcare NHS Foundation Trust (BHFT) and Berkshire West Primary Care Alliance (BWPCA).

A Governor highlighted a concern in relation to increased sickness rates, staff exhaustion, and morale being low due to sustained pressures and challenges. The Chief Strategy Officer confirmed increased sickness absence rates was a priority recognised by the Board and within Care Groups. The Trust was considering whether this required a Trust-wide strategic focus. Whilst workforce stability was improving, sickness levels remained higher than desired. However, early indications from the 2025 staff survey results highlighted some positive experiences despite these conditions.

A Governor raised a query in relation to a reported 22% increase in mental-health-related sickness absence. The Trust Secretary advised that the People Committee had reviewed this and confirmed that the increase reflected improved accuracy in recording reasons for absence, as cases previously coded as “Other” were now correctly categorised. Whilst reporting was more accurate, concerns about morale and sickness remained, and this would continue to be monitored through the IPR.

A Governor raised a query in relation to the long-term strategic approach to addressing staff sickness. It was confirmed that this would be considered through the People Committee.

A Governor raised a query in relation to deteriorating productivity metrics, particularly hip fracture performance, and concerns that focusing on historic performance could worsen the Trust’s position. The Chief Strategy Officer advised that the Trust recognised that it must identify areas where performance underperformed, learn from others, and support staff to improve. Whilst overall performance was strong, there remained clear opportunities for improvement.

A Governor raised a query in relation to Cost Improvement Programme (CIP) performance and how the current financial position would impact planning for 2026/27. The Chief Strategy Officer confirmed that the Trust was on plan across key metrics that supported 2026/27 planning. The main misalignment related to income assumptions that was currently under negotiation. If income could not be secured, the Trust may need to consider holding performance instead of improving, an increase in efficiency requirements, or a deficit. The Trust remained focused on securing the necessary income.

A Governor raised a query in relation to perceived variation in mental-health-related sickness across age groups. The Governor in question was asked to submit a formal question to the Trust Secretary for inclusion on the Governor Question log. **Action: R Havelock**

A Governor raised a query in relation to whether an analysis had been undertaken to understand the reason behind the 40% of staff that did not respond to the staff survey. The Chief Strategy Officer highlighted that the Trust’s response rate continued to improve year on year. Whilst, further work would be undertaken to understand why some staff do not respond the analysis had not yet been completed as the full results had not yet been published.

A Governor raised a query in relation to whether efficiencies observed during the doctors’ strike had been sustained. The Chief Strategy Officer confirmed that these should not be viewed as efficiencies. Strikes increased costs as consultants were expected to cover Resident Doctor duties. However, this model was not sustainable or funded. Redeployment also impacted elective activity. The focus was on supporting residents to develop decision-making skills.

A Governor raised a query in relation to stagnation in community and primary care capacity. The Chief Strategy Officer advised that there had been a reduction in placements into community beds and social care packages due to financial pressures.

A Governor raised a query in relation to the forward look capital programme priorities in relation to the National Hospital Programme, and concerns about long-term site viability, including reference to a potential land acquisition. The Chief Strategy Officer confirmed the capital programme for 2026/27 was in development and would be submitted to the Board in the coming months. Work was also on-going to assess relative risks across digital, equipment and estates assets to articulate the implications of a five-year plan. In response to the land acquisition work the Chief Strategy Officer clarified that this related to New Hospital Programme capital, not Trust capital, and was being progressed at the request of the NHP team. Further detail would be provided through the emerging 4 to 5 year plan and the Masterplan work. A Board Seminar

in February 2026 would consider this, with conclusions expected in April 2026. In addition, the Chief Strategy Officer would schedule time with the Council on land search in the coming months.

Action: C Lynch

A Governor queried the timeliness of planning for 2026/27 financial year ahead of 1 April 2026. The Chief Strategy Officer confirmed that work had commenced some time ago and a large capital commitment this year would contribute into 2026/27 with priority areas already identified. The Chair of Finance and Investment Committee confirmed that a draft multi-year plan was due to be submitted imminently as part of longer term planning.

03/26 Minutes for Approval: 29 October 2025

The minutes of the meeting held 29 October 2025 were approved as a correct record and would be signed by the Chair. There was no matters arising.

04/26 Member Issues and Feedback

No issues were raised.

05/26 Board Sub-Committee Key Issues

The Committee discussed items from recent Board sub-committees.

People Committee

The Committee noted the key issues discussed at the September and December meetings. The Committee approved the recruitment of 1 WTE Band 6 Speech & Language Therapists and 1 WTE ICU Physiotherapist as part of the AHP recommendations. Appraisal rates had improved, and maternity safe-staffing was reviewed with no concerns escalated. The Trust had received its best ever unvalidated staff survey response of 61.2%.

The Committee received an update on the Leng Review on Physician Associates and it was noted that the Government had accepted the recommendations.

A Governor raised a query in relation to increased exception reporting linked to late finishes in General Surgery reported in September 2025. It was confirmed that the Chief Medical Officer had undertaken a review and confirmed that staffing levels had since improved and were now within expected ranges.

A Governor raised a query in relation to the programmes to improve Global Majority representation in leadership roles. It was confirmed that the Trust had a recently recorded the highest proportion of colleagues from Global Majority backgrounds in leadership positions in the Trust's history that had improved both locally and nationally.

A Governor raised a query in relation to training compliance, referencing a previous incident linked to incomplete training. It was clarified that this related to a specific obstetric training requirement rather than mandatory and statutory training. Training compliance had since been rectified, and strengthened oversight measures were in place. The Committee would continue to monitor areas where compliance was below threshold. However, some specific department training was monitored at departmental level. Further to this, maternity action plans were being consolidated to reduce burden and ensure effective oversight.. Work continued to focus on the key improvements that would have the greatest impact on staff practise and patient outcomes supported by the Patient Safety Incident Response Framework (PSIRF). The Chair of the Quality Committee would seek further assurance at the next Quality Committee.

Charity Committee

The Chair of the Charity Committee provided an overview of key matters discussed at the recent meeting. The Annual Report & Accounts were approved by the Audit & Risk Committee and submitted to the Charity Commission on time. The Committee noted several successful fundraising activities, including the Christmas Charity Concert in December 2025 that reported circa 600 attendees and had raised over £8k for Elderly Care. The Christmas Appeal had also delivered over 900 high-quality gifts to patients and staff, supported by 31 community organisations. Going forward, the focus for the Committee would be clarifying the future strategic purpose of the Charity. Work was on-going to explore how the Charity could expand its reach and increase donations supported by a strategic workshop planned for February/March 2026.

A Governor raised a query in relation to the principles guiding how charitable funds were allocated. The Chair of the Committee confirmed that applications were scrutinised through established sub-groups, ensuring funds were used to enhance patient and staff experience rather than fund core NHS business.

The Committee also discussed the concerns raised by the Charity Commission in 2023 regarding the level of reserves that had now been addressed and resolved with the Commission.

Audit & Risk Committee

The Committee noted the key issues discussed at the September meeting, including the internal audit review of Estates and Project Management. This audit was commissioned at the request of the Executive Team, who recognised opportunities for improvement. The audit provided partial assurance, though an action plan had already been implemented and many actions had been progressed. A further update was provided at the January 2026 meeting that confirmed good progress against the actions and confirmed that a strategic review of the Estates Masterplan would be submitted in the coming months.

The Committee also noted concerns in relation to the pace at which some internal audit actions had previously been completed. However, only a small number now remained outstanding, with significant progress made.

At the November meeting, the Committee reviewed two further internal audits; Workforce Planning and Research Project Management, both received significant assurance with only minor recommendations. These were considered strong audit outcomes. The Committee noted the update on the Treasury Policy, with a particular focus on cash-flow forecasting and liquidity.

Finance & Investment Committee

The Chair of the Finance & Investment Committee reported that NHSE had asked the Trust to reduce its medium-term plan and develop a longer-term capital plan that was being developed in line with the national timetable. The Committee noted that the Trust remained on track to deliver the planned £7.8m surplus, with a high level of assurance that the year-end position would be achieved.

The Trust had previously anticipated the need to apply for additional cash due to the underlying deficit. A total of £19m had been requested, with the first tranche received in January 2026 and further payments expected in March and April 2026. Cash management had improved. However, support would continue to be required until the underlying deficit was eliminated.

The £40m efficiency programme remained on track. The challenge for future years would be identifying sustainable, recurrent efficiencies. Encouragingly, around one-third of 2026/27 plan had already been identified, reflecting strengthened forward planning.

The on-going concerns in relation to ICB commissioning intentions had largely been resolved for the current year, though it remained a factor for income planning in future years. Discussions with the ICB were on-going.

The Committee also received an update on the Acute Provider Collaborative (APC), that covered Berkshire, Buckinghamshire, Oxfordshire and was expanding across the Thames Valley to include Frimley. The APC was now demonstrating progress, with some projects already delivering savings and service improvements. A longer-term plan was being reviewed. Further updates will follow.

A Governor queried whether increased activity generated additional income for the Trust. It was noted that activity outside the block contract did attract payment, though not always at the level expected, and funding discussions were on-going. Future efficiencies would need to come from greater sustainable, technology-enabled improvements rather than further incremental savings.

A Governor raised a query regarding outpatient waiting times. The Chair of the Quality Committee confirmed that waiting lists were actively managed within the Trust, with regular oversight through the Quality Committee for Referral to Treatment (RTT), Cancer and other key pathways. Clinical teams prioritised patient order based on clinical need that could differ from what patients initially anticipated. It was noted that whilst monitoring of this remained within Care Groups, the Trust reviewed patient experience data at a strategic level, including Friends and Family Test (FFT) responses, although current response rates were low. Identifying specific clinics of concern would support more targeted assurance. The Committee noted that as digital technology and Artificial Intelligence (AI) developed, the Trust expected to increase real-time insight into patient experience, including waiting times within clinics.

A Governor raised that they had experienced difficulties in completing the FFT outpatient digital survey following appointments and highlighted that this could be the case for others. The Chair of the Quality Committee noted the helpful feedback.

It was agreed that the query related to the operating hours of the patient buggy transport service was on-going and due to sickness had not yet been resolved.

A Governor raised a query regarding difficulties experienced by a bereaved family in returning medical equipment, including an oxygen cylinder and telecoms device. Concerns were noted about the potential volume of equipment remaining in the community. It was clarified that much of this equipment was supplied by third-party providers commissioned by local authorities, and supply arrangements had recently changed. The Committee advised that the matter should be directed to the Patient Advice and Liaison Service (PALS) to support resolution.

06/26 Reflections of the Meeting

The Trust Secretary led a discussion. Feedback included the need for greater clarification on the request of the Committee in relation to agenda items such as the Operating Plan. In addition, it was confirmed that the new committee chair assurance reports would be included in future meetings.

07/26 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 29 April 2026 at 17.00

SIGNED:

DATE:

Membership Committee

Tuesday 10 February 2026

17.30 – 18.10

Room 3, Level 4, Royal Berkshire Hospital/Video Conference Call

Present

Mr. Richard Havelock	(Volunteer Governor) (Chair)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Jessica Grierson	(Staff Governor, Admin/Management)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading) (up to minute 06/26)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Ms. Joycee Rebelo	(Public Governor, Reading (from minute 05/26)

In attendance

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

Apologies

Mr. Jonathan Barker	(Public Governor, Reading)
Ms. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)
Mr. Yaman Islim	(Public Governor, East Berkshire & Borders)

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

01/26 Member Issues and Feedback

No issues were raised.

02/26 Minutes for Approval: 2 October 2025 and Matters Arising Schedule

The minutes of the meeting held on 2 October 2025 were approved as a correct record of the meeting.

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

Minute 20/25: Governor Training and Development: An update on the Trust Digital Strategy would be scheduled following the Board Seminar review held in December 2025.

Action: C Lynch

03/26 Membership Update

The Corporate Governance Manager introduced the report and advised that the current membership stood at 10,839, representing a decrease of 195 members since the last meeting. Whilst the report indicated an increase of 1 public member, the actual number of public members had increased by 6 since the last meeting. However, there had been 5 leavers; all of whom have deceased.

The Corporate Governance Officer advised that the latest Pulse Magazine issued in December 2025 received 41% click open engagements and whilst this was 6% lower than the previous version it aligned with the usual 40-50% open rate. The next edition was scheduled for March 2026 and would feature an article by Maria Norville, Public Governor Wokingham. Governors were asked to note that there had been a slight adjustment to the schedule in line with 2026 reporting.

In response to a query, the Trust Secretary confirmed that staff and volunteers were automatically enrolled as members of the Trust.

04/26 Governor Training and Development

The Trust Secretary introduced the report and highlighted that section 2.2 of the report indicated items agreed by the Membership Committee in October 2025. Governors were asked to provide feedback on the list agreed.

The Committee discussed the usage of the Workvivo platform and noted that engagement had remained low. It was agreed that the initiative would not be taken forward and would be removed from the 2026/27 training schedule. **Action: C Lynch**

The Trust Secretary highlighted that following a request in 2025/26 for a Membership Event Webinar on the use of Artificial Intelligence (AI in Stroke Care) this had been delivered in November 2025. The session was promoted to Governors and the wider membership via the membership database and through direct communications. Despite these efforts, engagement was low. 21 individuals had registered for the event. However, only seven attended on the day (six Governors and one public member). Reminder emails had been issued both the day before and the morning of the event to support attendance. However, this did not translate into increased participation. The session was recorded and had since been circulated to all Governors and made available on the Trust website though views were low as at 10 February 2026.

In relation to proposals from the Governor Task and Finish Group agreed at the Council meeting in November, the following updates were provided:

- **Developing Governor Training videos:** The Corporate Governance team as well as the Communications team were currently operating with reduced staffing levels due and are therefore unable to take this forward at present. The Committee would be asked to monitor this and revisit later in the year. In response to a query, it was confirmed that the Communications team would lead on the production of the training videos.
- **Governor Information Point:** The Trust Secretary had liaised with the Voluntary Services Team to confirm availability of the Main Entrance (Level 2). Two pilot dates had been identified: Thursday 26 March 2026 and Tuesday 28 April 2026 from 10.00am to 2.00pm. A minimum of four Governors was suggested to host each session.

- **Piloting a hybrid meeting at the Reading site:** The Trust Secretary confirmed that this meeting was being trialled in a hybrid-format. Going forward in the event of this being adopted meetings would be held in the Trust Education Centre.
- **Protocol for Appointment of Governor Chairs of Committees:** It was highlighted that the protocol had included as an appendix to this report. No comments were raised in relation to the protocol itself. The Committee noted that the process to appoint a chair of the Membership Committee would commence ahead of April 2026.

The Committee received the Governor Welcome and Induction Pack as part of the on-boarding process. Positive feedback was provided on the content.

A Governor queried the length of a Lead Governor tenure and when the next process would commence. The Trust Secretary confirmed that the maximum length a Lead Governor could serve was three years. The current Lead Governor was due to step down in September 2026. The process to appoint a new Lead Governor would commence in June 2026 in line with the protocol. It was agreed that the protocol would be added to the Governor Welcome and Induction Pack for oversight. **Action: C Lynch**

A Governor queried whether further work could be undertaken to support Staff Governors in engaging with staff members. The Trust Secretary confirmed that a session had been held with Staff Governors, including discussion on promoting the roles more widely. Due to capacity challenges, this had not yet been progressed. However, this would be taken forward once the Corporate Governance Officer role had been recruited to. **Action: C Lynch**

The Committee discussed the distinction between statutory and non-statutory duties. It was confirmed that as previously, this would be reviewed as part of the Council of Governors Objectives scheduled for the next meeting.

05/26 Work Plan

The Committee noted the work plan. The Trust Secretary highlighted that the review of the Council of Governors' composition was scheduled for the April 2026 meeting that would consider Census data as well as patient flows from public constituencies.

06/26 Reflections of the Meeting

Richard Havelock led the discussion. The Committee reflected that the hybrid meeting had worked well.

A Governor reflected on recent meetings and expressed concern regarding the way some Governors had interacted with one another and with Trust colleagues. He noted that on occasion discussions had become disrespectful, including raised voices, and that this had made him feel uncomfortable. He asked that Governors should be reminded of the Trust's values and the expectation that all members treat each other, and Trust colleagues, with courtesy and respect at all times..

The Committee discussed the recent event held at Brookside Group Practice led by Dr Amit Sharma Chief Executive of Berkshire West Primary Care Alliance in relation to understanding GP Alliance. It was agreed that a session for all Governors would be useful and would be progressed by the Chair of the Trust and Trust Secretary. **Action: O Eleazu/C Lynch**

07/26 Date of the Next Meeting

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

SIGNED:

DATE:

Title:	Governor Question Log
Agenda item no:	9
Meeting:	Council of Governors
Date:	25 February 2026
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Tara Whittington, Head of Corporate Governance

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

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

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

1 Background

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

2 Scope of the Governor Question Log

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

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

3 Process of the Governor Question Log

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

4 Changes since the last meeting

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

5 Attachments

Appendix 1 – Governor Question Log

Governor Questions Log

No.	Date	Governor	Query	Response
210	2 October 2025	Darren Browne/ Maria Norville	<p>Can clear signage be displayed in the ED reception for patients with neurodiversity and additional needs?</p> <p>Can staff use AI application to support pronunciation of patient names?</p> <p>Can the screen already in situ in A&E be used to provide information about the hospital as well as flash up patient names - just like GP surgeries do? What is the cost</p>	<p>The Chief Nursing Officer completed a spot check in the area. 10 different staff members were observed across different staff groups and they all practised in a very similar way.</p> <p>The issue of pronunciation could be an issue anywhere in the Trust & staff will try their best to use the correct name, we obviously work as part of a diverse team so teams will be supporting each other to ensure they use the correct pronunciation. The Trust has received only one complaint to date in relation to pronunciation of names although this complaint also included broader care concerns.</p> <p>The speed at which patients being called through was significant – 21 patients in 35 minutes. We would have to equally be mindful if there was a tanyo style system (and the Trust is considering patient portal options too) that this would not cause excessive noise. We would need to consider that for neurodiversity and also those with physical health symptoms, eg headaches etc.. A tanyo with no noise and just names flashing up is another option, but due to the size of the area and the central pillar in the area this would also not be a total failsafe.</p> <p>The screen in-situ is not suitable as it an information only stand alone screen and not linked to the Trust’s system. The issue is being reviewed by the Digital Data and Technology (DDaT) team for wider review across the Trust.</p>

			of the software needed? If it is not affordable in 2025/26 can it be budgeted for 2026/7?	
212	7 January 2026	Tom Duncan	What gritting was done of staff car parking spaces in preparation of a yellow ice warning for 7 January 2026	<p>Gritting is taking place at the appropriate frequency and in line with the information we receive from the Met Office. Decisions are based on road surface temperatures rather than air temperature. Current trigger point is 0.5 Road Temperature, which has been the agreed trigger point for a number of years.</p> <p>We are aware of reported slips and falls across the estate this week. The majority of incidents occurred on painted road markings in car parks (particularly pedestrian crossings) and on Level 2 of the multi-storey car park, which is an exposed area. These locations have been reviewed and monitored accordingly. Significant rainfall overnight washed away the grit that had been applied, followed by a rapid drop in temperature which resulted in freezing conditions. Met Office reports are issued daily whenever there is a risk of low temperatures. These are actively monitored, alongside weather forecast applications, to provide guidance for the week ahead and to ensure additional measures are implemented during severe weather warnings, including the recent yellow alerts.</p> <p>The unpredictable and rapidly changing weather conditions over the past week highlighted several challenges. In particular, there were occasions where rainfall washed away grit shortly before freezing conditions set in. As a result the estates team had discussed these issues with the gritting team, who have agreed to attend site earlier in the mornings when these conditions occur, weekend coverage has been reinforced to ensure consistent protection and daily walks have been implemented to provide assurance all areas have been gritted and are safe, when temperature drop.</p>
	22 January 2026		Why have we got paint on there that creates a slip hazard in cold weather?	In progress
			What reviews have taken place and what does 'accordingly' mean in terms of monitoring?	In progress

			How many incidents were reported?	In progress
			Have there been any cases of staff sustaining injuries such that they are now missing work?	In progress
			What time were the gritting team attending the site and what time are they attending now after the update?	In progress