



Royal Berkshire
NHS Foundation Trust

Council of Governors - 28 February 2024

MEETING

28 February 2024 17:00 GMT

PUBLISHED

22 February 2024

Agenda

Location		Date	Time	
Seminar Room, Trust Education Centre, Royal Berkshire NHS Foundation Trust		28 Feb 2024	17:00 GMT	
	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
2	Primary Care Strategy (Presentation)	Rachael De Caux	17:00	4
3	Questions from the Public (Verbal)	Graham Sims	17:45	-
4	Minutes for Approval: 29 November 2023 and Matters Arising Schedule	Graham Sims	18:00	16
5	Changes to the Council Membership (Verbal)	Caroline Lynch	18:05	-
	Holding the Board to Account			-
6	Chief Executive Update (Presentation)	Steve McManus	18:10	-
	Items of Council Business			-
7	Governor Nominations & Remunerations Minutes from 29 November 2023	Sunila Lobo	18:35	22
8	Governors Assurance Committee Minutes from 19 December 2024 & 24 January 2024	Andrew Haydon	18:40	25
8.1	Terms of Reference			32
9	Membership Committee Terms of Reference	Richard Havelock		34
	Representing the Views of the Public and General Public			-
10	Governor Question Log	Caroline Lynch	18:45	36
	Governance			-
11	Council of Governors Attendance 2023/24	Caroline Lynch	18:50	46
12	Reflections of the Meeting: (Verbal)	Caroline Lynch	18:55	-
12.1	How did you feel during the discussions?			-
12.2	How did our thinking move us on?			-
12.3	Do we need to do anything differently?			-

13	Item	Owner	Time	Page
	Date of the Next Meeting: Wednesday 29 May 2024 at 17.00			-

Title:	Transforming Primary Care
Agenda item no:	2
Meeting:	Council of Governors
Date:	28 February 2024
Presented by:	Rachael de Caux, Deputy Chief Executive, Chief Medical Officer, BOB ICB Andrew Statham, Director of Strategy, Improvement and Partnerships, RBFT
Prepared by:	Shanice Godwin, Strategy and Partnerships Manager Hannah Hollis, Primary Care Partnerships Manager

Purpose of the Report	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) have recently launched their draft primary care strategy. This straddles across the four pillars of primary care; General Practice, Optometry, Dentistry and Pharmacy and focuses on improving access, integrated neighbourhood teams delivering joint up care and prevention. BOB ICB are currently in the consultation phase of the strategy, ensuring that patient and partner views shape the final version and the strategy is used to facilitate improvement across the system. We welcome the opportunity to share the strategy and Royal Berkshire Foundation Trust's views, as a key system partner, with you. As Governors for the Trust, BOB ICB are keen for your valued input on the draft and openly welcome any feedback for consideration.
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Report History	None
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What action is required?	
Assurance	
Information	✓
Discussion/input	✓
Decision/approval	

Resource Impact:	
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)::				
Provide the highest quality care for all				✓
Invest in our people and live out our values				
Deliver in partnership				✓
Cultivate innovation and improvement				✓
Achieve long-term sustainability				✓
Well Led Framework applicability:			Not applicable <input type="checkbox"/>	
1. Leadership ✓	2. Vision & Strategy ✓	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement ✓	8. Learning & Innovation ✓	
Publication				
Published on website		Confidentiality (FoI)	Private	Public ✓

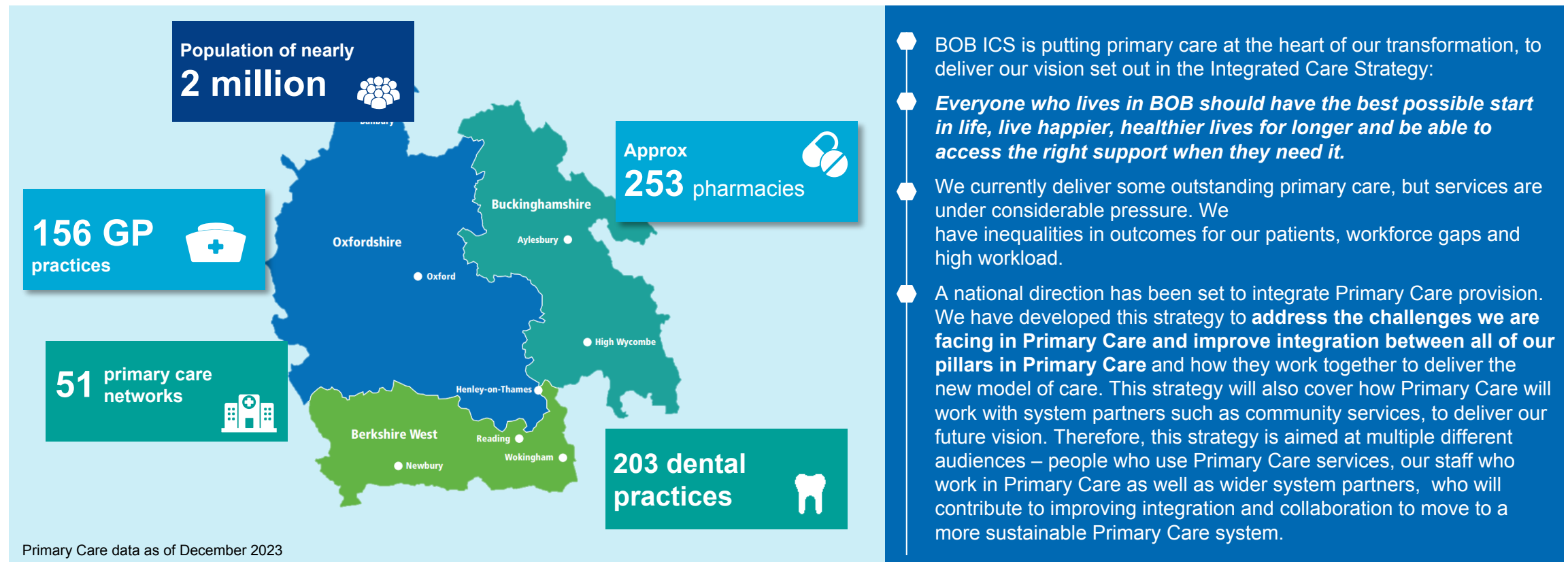
Transforming Primary Care – Executive Summary

General Practice, Community Pharmacy, Optometry and Dentistry



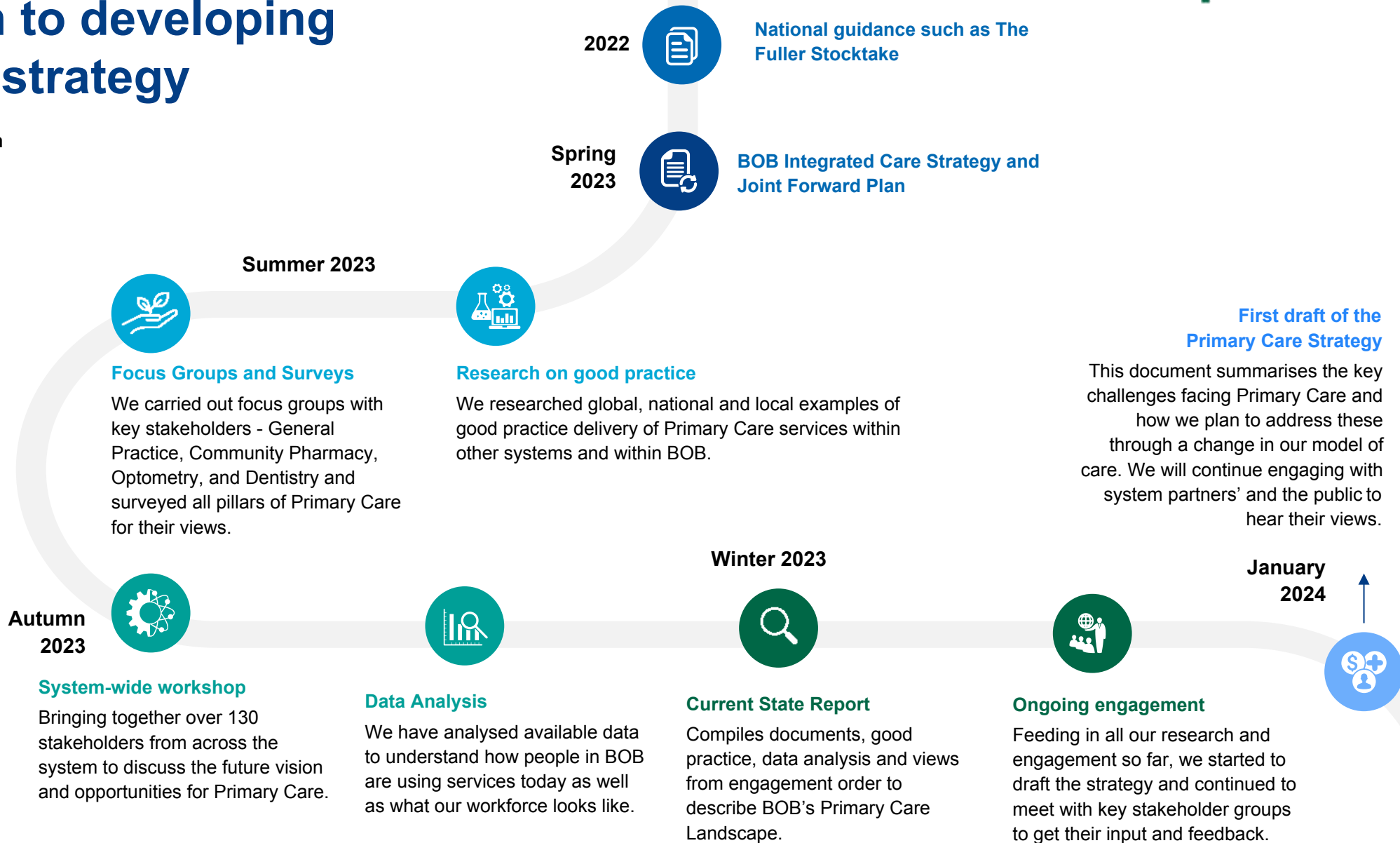
Why we need a primary care strategy

Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the ‘whole person’ health of our population.



Approach to developing this draft strategy

This strategy builds from national guidance and our own local plans. We have carried out extensive engagement and analysis to inform the development of this draft primary care strategy, which we now want to refine through further engagement with system partners and those who live and work in BOB.



Our primary care system has many strengths

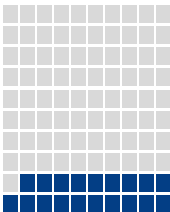







There is much outstanding practice across primary care in BOB, and unique capabilities across its Places. Below are six highlights where the system has particular strengths that can be built upon.

<p>01 </p> <p>General Practice access and quality metrics in line with or above the national average</p> <p>The proportion of GP appointments seen within 14 days is higher than the national and regional average. Most GP practices have either good or outstanding CQC ratings. Quality and Outcomes Framework scores are just above average.</p>	<p>02 </p> <p>High uptake of the Community Pharmacy Consultation Service</p> <p>BOB has the third highest number of referrals (per population) to the Community Pharmacy Consultation Service across the Southeast region. 122 of the 156 GP practices are 'live' and referring their patients to community pharmacists, with a further 27 preparing to start using this service (as of December 2023).</p>	<p>03 </p> <p>Strong focus on inequalities, prevention, and wider determinants of health</p> <p>All three Place-based Partnerships have focused on this. For example, 'Opportunity Bucks' targets the 10 most deprived areas in Buckinghamshire. Oxfordshire work focuses on specific communities such as people who are homeless. In Berkshire West community outreach is focused on reducing premature mortality.</p>	<p>04 </p> <p>Population Health Management Infrastructure</p> <p>In parts of BOB, the Connected Care model has been developed with the addition of Population Health Management tools and is enabling people to be directed to the most appropriate health and care service, based on their needs. This supports better triage and navigation, identification of people who would benefit from intensive case management, and ability to design prevention interventions.</p>	<p>05 </p> <p>Flexible dentistry commissioning for our most vulnerable populations and extended commissioning for Minor Eye Conditions</p> <p>BOB has started a pilot for flexible commissioning, where 10% of the contract can vary depending on local needs. This has enabled practitioners to service patients from underserved communities who require dental care. Additionally, there has been great uptake of the referrals to the Minor Eye Conditions service and patient feedback has been positive.</p>	<p>06 </p> <p>Strength of existing at-scale delivery structures</p> <p>Each Place has a Placed-Based-Partnership (including local authorities, VCSE and others) which can drive and deliver transformation and integration at a local level. There are evolving Federations of General Practices established in each Place – FedBucks, PML in parts of Oxfordshire and the Primary Care Alliance in parts of Berkshire West that can lead change and deliver services for a large part of the population.</p>
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1: NHS Digital (2023); 2: Primary Care Access and Recovery Plan (2023); 3: Brookside Case study – Segmentation in Primary Care (2023)

There are challenges within primary care and within the wider system that require new ways of working

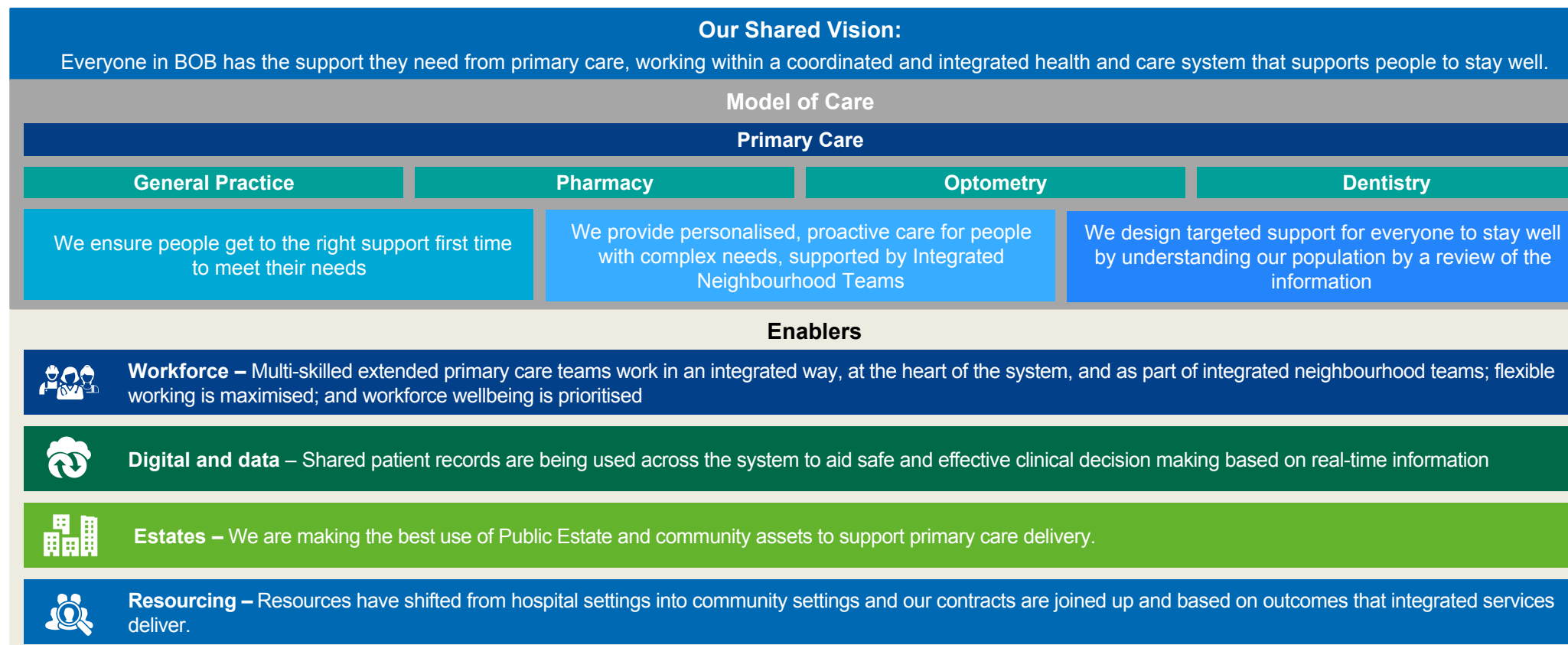
Demand for primary care outstrips current capacity and inefficiencies are created (for patients and staff) where the parts of the system do not work well together. The challenges require a system response, they cannot be solved by primary care alone.

<p>01 People report a worsening experience of accessing primary care</p>	<p>02 Many primary care staff feel they are under extreme pressure</p>	<p>03 This is driven by a mismatch between demand and capacity across the system</p>	<p>04 Capacity is difficult to grow due to funding, recruitment, retention and estates challenges</p>
 <p>Since 2021, there has been a 19% decrease in positive responses with regards to the overall experience of booking an appointment.¹</p>	 <p>BOB LMC data shows that GPs are responsible for more patients, and are spending a large proportion of time on administrative tasks relating to how patients move between parts of the system.³</p>	 <p>BOB's growing population and changing demographic profile is increasing demand for primary care services - more than one in four of the adult population live with more than two long term conditions.⁵</p>	 <p>In the Community Pharmacy workforce survey, 67% of respondents said it is very difficult to fill vacant roles for pharmacists.⁷</p>
 <p>19% said there were no dental appointments available or said that the dentist was not taking on any new patients.²</p>	 <p>Multiple respondents to the BOB dental survey said they are under extreme pressure due to demand much greater than capacity, lack of funding and recruitment and retention challenges.</p>	 <p>14 community pharmacies closed in 2023 and 16 out of 20 100hr pharmacies reduced their opening hours (mainly the 9pm-12am slot).⁶</p>	 <p>There are estates pressures across the system for example, in Bucks, approximately 570,000 patients are served by a primary care estate of approximately 24,121 m².</p>

1: National GP survey results, 2023; 2: BOB GP Patient Survey Dental Statistics 2023; 3: BBOB LMC The Health of General Practice in BOB; 4: BOB Primary Care Assurance Report 2023/24 Quarter 2 (2023); 5: BOB Joint Forward Plan (2023); 6: Buckinghamshire Executive Partnership Report on Primary Care July 2023; 7: Community Pharmacy Workforce Survey 2022; 8: OCCG Primary Care Estates Strategy (2020)




Our shared system vision for primary care

The challenges – and opportunities – facing primary care result from complex system-wide factors and a whole system response is required. BOB’s Joint Forward Plan commits the system to developing new models of care and primary care is at the heart of that. This is our future vision for primary care, but it requires other system partners to also work differently to deliver it.



Our priorities for delivery

We have identified three areas where we can make a real impact on improving people’s health and wellbeing and reducing pressure on staff. Where possible, we will focus on working with communities that experience the most inequalities. In line with BOB’s overall system strategy, we have focused on aligning the priorities with two of our system goals and introducing more joined-up ways of working between services – rather than discrete priorities with one area like dentistry or general practice. The priorities are described in more detail on later pages.

<p>1 Non-complex same-day care </p>	<p>2 Integrated Neighbourhood Teams </p>	<p>3 Cardiovascular Disease (CVD) prevention </p>
<p>General Practice, Community Pharmacy, Optometry and Dentistry will work together, with 111 and Urgent Care, to better manage those who require support that day, but whose need is not complex.</p> <p>Around 70% of population health need is low complexity, and this makes up approx. 50% of GP activity.</p> <p>Impact:</p> <ul style="list-style-type: none"> • Improved patient experience as they get the urgent support they need. • Release capacity in General Practice to focus those with more complex needs. 	<p>General Practice, Community Pharmacy, Optometry and Dentistry will work together with community, mental health, acute and VCSE services to provide proactive, personalised care to a defined population group with more complex needs, for example, frail older people.</p> <p>Around 70% of health and social care spending is on long term conditions.</p> <p>Impact:</p> <ul style="list-style-type: none"> • People’s health conditions are better managed reducing their need for unplanned hospital care. • System capacity better coordinated and directed at need leading to greater staff satisfaction 	<p>General Practice, Community Pharmacy, Optometry and Dentistry will work together with Local Authorities, VCSE and the wider health system to reduce the risk factors for Cardiovascular Disease (CVD) including smoking, obesity and high blood pressure.</p> <p>CVD is one of the most common causes of ongoing ill-health and deaths in BOB.</p> <p>Impact:</p> <ul style="list-style-type: none"> - Reduce 797 heart attacks and 290 strokes (CVD events) in the next 4 years. - Reduce demand on General Practice and Secondary Care and reduce the overall societal cost.

John Hopkins ACG System

Long-term conditions and multi-morbidity | The King's Fund (kingsfund.org.uk)

BOB Size of Prize 2023

BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System

Thank you for reading this draft strategy (summary version).

Full versions of the strategy are available at <https://yourvoicebob-icb.uk.engagementhq.com/primary-care-strategy>

We are grateful to all those in the BOB Integrated Care System who have helped to shape this draft strategy.

We need your views and feedback to help agree our final strategy, so please do share your thoughts via engagement.bobics@nhs.net





RBFT welcomes the Primary Care Strategy

We recognise the importance of stretching a co-designed system-wide primary care strategy for our patients. Improving same-day care, implementing neighbourhood teams and working on prevention ensures people's health conditions are better managed, reducing pressure on the whole system.

RBFT can only **provide outstanding care for our community** if we invest the knowledge and expertise of our clinical teams into prevention and education initiatives, sharing learning and insight with primary care networks.

In the short-term we are:

Continuing to proactively form alliances and advancing interface work with all stakeholders to guarantee that our community receives exceptional care, via our **Clinical Interface Meeting**.

Our 3 key strategic programmes in partnership with Primary Care partners:

1. Multi-Disciplinary Team/ Joint Clinics

Harness the strengths of different healthcare professionals working together, leading to a more effective and personalised healthcare delivery. Examples include dermatology clinics in primary care practices

2. Interface Communication

Consultant-to-consultant referrals and pathway reviews will reduce traffic into primary care. Providing a dedicated phonenumber for healthcare professionals to call and arrange for patients to be directed to the most appropriate place for urgent care.

3. Workforce

Joint primary and secondary care roles improving continuity of care, enhancing patient centred care. 2-way shadowing for all staff groups facilitates knowledge exchange by promoting a culture of learning and collaboration and builds relationships.



In the longer-term we will:

Work more closely as a system to deliver care in a timely accessible manner, further focusing on:

- Using the **patient portal** to access care plans and clinic letters, reducing queries and requests
- **Training non-medical workforce to refer** into radiology services at RBFT
- Prescriptions delivered to **community pharmacies**

We will continue to work with all system partners to set out a sustainable, general practice, same-day access, long-term model, to support the work BOB is doing on this, to **ensure patients are seen at the right place, at the right time.**

However, we cannot do this unless, as a system together, address **same day access** for patients:

- Increased demand is crowding out the critical role primary care play in long-term condition management and pro-active preventative disease management.
- A similar problem in urgent care and ED remains in overcrowding and impacts on the ability to deliver on the 4-hour standard.

These pressures are likely to be adversely affecting groups of people who systematically experience greater obstacles to accessing health services.

Resolving this is likely to require reform that goes beyond the current strategy and will make additional and new asks of RBFT



Minutes

Council of Governors

Wednesday 29 November 2023

17.30 – 19.10

Boardroom, Main Entrance, Level 4

Present

Mr. Graham Sims	(Chair of the Trust) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
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)
Cllr. Clive Jones	(Public Governor, Wokingham)
Ms. Orla Kennedy	(Partner Governor, University of Reading)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Dr. Bal Bahia	(Non-Executive Director)
Miss. Kerrie Brent	(Corporate Governance Officer)
Mr. Dom Hardy	(Chief Operating Officer) (up to minute 51/23)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Mr. Tom Lister	(Staff Governor, Allied Health Professionals/Scientific)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Ms. Sally Moore	(Staff Governor, Admin & Management)
Mr. James Mugo	(Public Governor, Reading)
Mr. Dhian Singh	(Youth Governor)
Ms. Bet Tickner	(Public Governor, Reading)
Prof. Carol Wagstaff	(Partner Governor, University of Reading)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))

45/23 Declarations of Interest

There were no declarations of interest.

46/23 Minutes for Approval: 27 September 2023 and Matters Arising Schedule

The minutes of the meeting held on 27 September 2023 were agreed as a correct record and were signed by the Chair. The matters arising schedule was noted. All items had been completed.

The Trust Secretary advised that she would liaise with the Lead Governor to produce a timetable for Governors attending Private Board sessions to ensure those attending the meeting were briefed in advance of the purpose and arrangements. **Action: C Lynch**

47/23 Changes to the Council Membership (Verbal)

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

It was noted that the partner governor position remained vacant and suggestions were welcomed for charitable organisations.

48/23 Questions from the Public

There were no public in attendance.

Alice Gostomski raised three questions on behalf of a public constituent. One related to the accessibility of disabled parking at the Reading site and another related to the operating hours of the patient transport buggy service. It was agreed that the questions would be added to the governor question log. **Action: C Lynch**

A third question was raised in relation to privacy and dignity, as well as the lack of equipment in the new pre-op department on the Reading site. The Chief Operating Officer advised that a review of equipment would be carried out to ensure the department had sufficient levels of equipment and that future plans included the provision of pre-operative services on other sites not just the Reading site. A review of the risk criteria to confirm those patients that required pre-operative assessments would also be conducted.

Paul Williams provided an update on behalf of a public constituent. This was a thank you from South Reading Patient Voice for the update from the Head of Audiology and to hear that the Audiology service for hearing aids had been insourced to the Trust. The Trust Secretary confirmed that the questions in relation to this had been included on the governor question log.

49/23 Chief Executive Update

The Council noted the Chief Executive was unable to attend the meeting due to illness.

50/23 Winter Plan and 62 Day Cancer Update

The Chief Operating Officer provided an overview of the winter plan and highlighted the three objectives: sustaining the elective recovery programme, maintaining ability to treat patients with emergency medical and surgical care needs safely; and retaining ability to treat patients with Covid, Flu and Respiratory Syncytial Virus (RSV), minimising nosocomial spread.

To support delivery of the plan there were five programmes:

- Improving admission avoidance to reduce and help people not come into hospital unless they really need to;
- Increasing space and capacity to look after patients as well as possible;
- Speeding up flow to get patients to the right place in the hospital more quickly;
- Looking after staff;
- Working well with partners

The Chief Operating Officer provided an overview of cancer performance against the national 62 day target. The Council received a graph that provided the patient tracking list over 62 days since December 2020; and noted that the Trust was not performing where it should be. This was due to a number of causes including; high demand in high volume services; industrial actions strikes; staff vacancies in some services and localised equipment and space issues. To improve this the Council noted the following actions were being progressed:

- Work to manage demand
- Increasing capacity
- Expanding staffing and teams in different ways
- Bidding for and winning additional funding to address issues

In response to a query the Chief Operating Officer clarified that the Trust received around 1,800 to 2,000 referrals a month and of those referrals only circa 3% to 8% of these converted into a cancer diagnosis. It was noted that collaboration with the general practices (GPs) was positive in the aim to increase the number of patients referred for early detection of cancers. However, resources to manage the increase in demand were challenged. It was noted that GPs were able to progress patients for investigations ahead of them being seen clinically to speed up the pathway, including condensing activity into a single stop clinic for same day testing.

In response to a query in relation to the winter plan the Chief Operating Officer advised that the Trust could not predict how challenging the winter period would be but had planned on the basis of above average; with measures in place that could be accelerated should it reach levels of those expected in a pandemic. It was noted that the majority of measures and actions in place were standing measures that were standard practice all year round. However, some were season specific measures including the vaccine programme and additional bed capacity.

In response to a query the Chief Operating Officer advised that for a patient referred to the Trust with suspected breast cancer, the patient would be seen at a one stop clinic for investigations within 2 weeks, with a range of 2 to 3 weeks for a definitive step forward and 85% of patients would be treated within 62 days. It was noted that the Trust did not have a direct influence in relation to how long patients would wait for access to GPs in the first instance.

In response to a query the Chief Operating Officer advised that the Trust allocated capacity and structured time and job plans based on historic demands and that cancer clinics would often be prioritised over other specialty clinics, prioritising those on 2 week wait referrals over patients with routine appointments. It was noted that Trust recognised that a discussion and negotiation with the ICB would be required for additional resources and funding going forward to manage increased demand and backlog.

In response to a query the Chief Operating Officer advised that around 85% of patients were discharged without any onward care required. However, those patients acquired 40% of the Trusts bed base. Positive work with community providers was noted in discharging patients to community rehabilitation beds. However, domiciliary and residential care capacity across local authorities was challenged due to budget constraints across the authorities. Regular discussions took place as to whether there was flexibility to use community rehabilitation services at times.

The Council thanked the Chief Operating Officer for his presentation.

51/23 Open Discussion Session

The Council participated in an engagement session led by the Non-Executive Directors using the Trust, Openness, Respect, Curiosity, Honesty and Humour (TORCH) model to reflect on what had been working well and what could be improved in relation to engagement between Governors and the Trust.

The following comments were raised:

- Regular group meetings and the discipline of discussions was good. However, this could be improved if meetings that were quorate were not cancelled with short notice. The Chair apologised for the cancellation of the Governors Assurance Committee (GAC) in October 2023. The Trust Secretary also suggested it would be good for Governors to engage in any pre meet sessions organised by the Trust noting that no governors attended the pre-meets scheduled ahead of the October GAC meeting.
- The Trust Secretary highlighted that the Corporate Governance team had received and were aware of, a number of emails circulating amongst governors criticising the team. The Trust Secretary requested that any governor concerns or issues should be directed to her rather than to members of her team.
- Candour and accessibility of the Trust was good. However, it would be better if governors could have name badges and Trust ID badges.
- The opportunity for open and honest discussions with Directors directly was good. However, this would be improved if consideration was given to virtual options for meetings specifically in the winter months.
- Openness and honesty was good from the Non-Executive Directors and Directors. However, this would be improved if Non-Executive Directors provided a deeper level of detail and assurance so that the governors could hold them to account.
- Clarity and willingness to communicate was good. However, it would be better if the Trust was to organise the opportunity for governors to be shown around the Trust.
- The Trust's approach to the Integrated Care Board (ICB) was good.

The Non-Executive Directors would review the comments raised with the Trust Secretary and provide feedback at the Governors Assurance Committee on Tuesday 19 December 2023.

Action: G Sims

51/23 Annual General Meeting Minutes: 20 September 2023

The Council received the minutes for the meeting held on 20 September 2023.

52/23 Governors Nominations & Remuneration Committee Minutes: 8 September 2023 & 21 September 2023

The Council received the draft minutes of the meeting held on 18 September 2023 and 21 September 2023.

53/23 Governors Assurance Committee (GAC) 28 June 2023

The Council received the draft minutes of the meeting held on 28 June 2023.

54/23 Membership Committee Minutes: 25 July 2023 & 16 October 2023

The Council received the minutes of the meeting held on 25 July 2023 and 16 October 2023.

55/23 Governor Question Log

The Trust Secretary advised that there had been no updates since the last meeting.

56/23 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 28 February 2024 at 17.00.

SIGNED:

DATE:

Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
29 November 2023	46/23	Minutes for Approval: 27 September 2023 and Matters Arising Schedule	The Trust Secretary advised that she would liaise with the Lead Governor to produce a timetable for Governors attending Private Board sessions to ensure those attending the meeting were briefed in advance of the purpose and arrangements.	C Lynch	The Lead Governor is scheduling Governor attendance at private Board sessions. The Trust Secretary has produced a briefing on Freedom of Information exemptions and sends this, along with the protocol for attending private Board sessions.
29 November 2023	48/23	Questions from the Public	Alice Gostomski raised three questions on behalf of a public constituent. One related to the accessibility of disabled parking at the Reading site and another related to the operating hours of the patient transport buggy service. It was agreed that the questions would be added to the governor question log.	C Lynch	Completed. Responses included on the governor question log on the agenda.
29 November 2023	51/23	Open Discussion Session	The Non-Executive Directors would review the comments raised with the Trust Secretary and provide feedback at the Governors Assurance Committee on Tuesday 19 December 2023.	G Sims	Completed. Update provided at the Chair/Governor video call on 8 February 2024.

Council Nominations & Remuneration Committee

Wednesday 29 November 2023

14.30 - 15.00

Video Conference Call

Present

Dr. Sunila Lobo	(Public Governor, Reading, Lead Governor) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mr. Clive Jones	(Public Governor, Wokingham)
Prof. Orla Kennedy	(Partner Governor, University of Reading)
Mr. Tom Lister	(Staff Governor, Allied Health Professionals/Scientific)
Cllr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Graham Sims	(Chair of the Trust)

Apologies

Mr. Douglas Findlay	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Benedict Krause	(Public Governor, Wokingham)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Mr. James Mugo	(Public Governor, Reading)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Ms. Bet Tickner	(Public Governor, Reading)
Prof. Carol Wagstaff	(Partner Governor, University of Reading)

08/23 Declarations of Interest

There were no declarations of interests.

09/23 Minutes of the 13 July, 8 September and 21 September 2023 and Matters Arising

The minutes of the meetings held on 13 July, 8 September and 21 September 2023 were approved as a correct record and would be signed by the Chair.

The Committee noted the matters arising updates. All actions had been completed.

10/23 Non-Executive Director Proposal

The Chair of the Trust provided an overview of the proposal for the appointment of an additional, clinically qualified Non-Executive Director. The Chair of the Trust advised that with the Care Quality Commission's (CQC) sustained focus on maternity, gynaecology and neonatal care, the Trust sought to appoint a candidate with a background in maternity or gynaecology. The successful candidate was also required to have previous senior leadership experience at Executive or Board level. A head-hunter would be engaged to lead the selection and recruitment process. The Trust intended to increase diversity within its Board of Directors, therefore Black and Minority Ethnic candidates with relevant experience would be strongly encouraged to apply.

The Committee raised a question in relation to the necessity of recruiting a seventh Non-Executive Director to the Board. The Chair of the Trust highlighted that both his own term of office and those of the two current clinical Non-Executive Directors were due to end in September 2024 and in early 2025 respectively. NHS Foundation Trusts were required to have at least one clinically qualified Non-Executive Director on the Board of Directors therefore succession planning was essential to ensure the stability of the Board and that relevant clinical experience was retained within its Non-Executive Director membership.

The Committee queried whether other medical and nursing specialties were under-represented at Board level. The Chair of the Trust advised that most specialties were represented by the Chief Medical Officer, the Chief Nursing Officer and the two current clinical Non-Executive Directors. However, there was no specific representation from maternity or gynaecology either in the Executive or Non-Executive Board membership.

The Committee queried whether the Head of Maternity could attend the Board of Directors meetings until the new appointment was made. The Chair of the Trust advised that the Head of Maternity attended the Board Quality Committee that reported to the Board of Directors so this arrangement was already in place.

The Committee agreed that future Non-Executive appointments should consider candidates from other specialties including: Acute Medicine, Allied Health Professionals, Medical Sciences, Men's Health and other areas of ongoing challenge for the Trust, such as diagnostics as these areas were not specifically represented at Board level. The Committee agreed that diversity should include candidates who were neurodiverse and future appointments would consider this during selection and recruitment processes.

The Committee raised a query in relation to the no-cost recruitment of a Chief Strategy Officer. The Chair of the Trust clarified that the no-cost appointment meant the current Director of Strategy would become a full voting member of the Board of Directors without any change to their current level of remuneration. However, this would be after the additional NED was appointed.

The Committee approved the proposal for the recruitment of a seventh Non-Executive Director.

11/23 Terms of Reference

The Trust Secretary advised that the Terms of Reference were due for review and no changes had been made since the last review. The Committee approved the Terms of Reference. The Committee agreed that the Terms of Reference would be published on Workvivo.

Action: C Lynch

12/23 Date of Next Meeting

It was agreed that the date of the next meeting would be confirmed in due course.

SIGNED

DATE

Governors Assurance Committee

Tuesday 19 December 2023

17.00 – 18.45

Video Conference Call

Present

Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Thomas Duncan	(Staff Governor: Medical/Dental)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Thomas Lister	(Staff Governor: Allied Health Professionals/Scientific)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krause	(Public Governor, Wokingham)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board - SEND)

In attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Bannin Jansen	(Head of Corporate Governance)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mr. Graham Sims	(Chair)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Dr. Bal Bahia	(Non-Executive Director)
Mr. Jonathan Barker	(Public Governor, Reading)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mrs. Caroline Lynch	(Trust Secretary)
Cllr. Alan Macro	(Partner Governor: West Berkshire Council)
Ms. Sally Moore	(Staff Governor: Admin/Management)
Cllr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mr. Brian Painting	(Public Governor, Reading)
Mr. Dhian Singh	(Youth Governor)
Ms. Bet Tickner	(Public Governor, Reading)
Prof. Carol Wagstaff	(Partner Governor, University of Reading)

19/23 Declaration of Interests

No declarations of interest were noted.

20/23 Minutes for Approval: 28 June 2023 and Matters Arising Schedule

The minutes of the meeting held on 28 June 2023 were agreed as a correct record and would be signed by the Chair. The Committee noted the matters arising schedule.

21/23 Member Issues and Feedback

The Corporate Governance Officer would ensure that the website was up to date in relation to information to meetings open to the public. **Action: K Brent**

A Governor raised a concern in relation to hot food provision for junior doctors out of hours. An response would be sought and added to the Governors Question Log. **Action: B Jansen**

A Governor raised a concern in relation to the shortage of sonographers at the Trust and whether there was a recruitment plan to address this. A response would be sought and added to the Governors Question Log. **Action: B Jansen**

22/23 Terms of Reference

The Committee received the terms of reference for review. The following changes were agreed:

- The Finance & Resources Committee would be amended to the Finance & Investment Committee
- The Workforce Committee would be amended to the People Committee.
- The minimum requirement for Non-Executive Director attendance was queried. Advice would be sought from the Trust Secretary.
- The revised Terms of Reference would be submitted to the January meeting.

Action: B Jansen

23/23 Board Sub-Committee Key Issues (Group Discussions)

The Committee formed two breakout groups, to discuss items from recent Board sub-committees.

Feedback from the discussions included:

- Governors received assurance in relation to the Trust's financial position including the deficit position and non-NHS debt. Further assurance had been requested from the Executive Directors in relation to non-NHS debt. The financial impact of repeated industrial action was discussed.
- Governors received assurance that robust processes were in place in relation to maintain departmental risk registers and the escalation of items to the Trust's Corporate Risk Register.
- Governors received an update on Health & Safety processes including near miss reporting and ensuring that relevant learning from these events was cascaded Trust-wide.
- Governors received good assurance in relation to the ongoing work to manage and improve patient flow and delays to treatment specifically in relation to elective care. This was acknowledged as a national challenge. Assurance was provided that there had not been an increase in Serious Incidents (SIs) due to treatment delays.

- Governors received an update in relation to the improvements made in data collection on perinatal mortality and ethnic minority groups.
- Governors received good assurance in relation to the provision of end of life care in the Trust and the ongoing work with community partners to improve end of life care at home.
- Good assurance was received in relation to the ongoing work with local partner organisations to identify suitable accommodation for new staff in the area.
- Governors received assurance that the Trust was updating security provisions in the mortuary department.
- An update was provided on annual appraisal compliance rates. Governors agreed that further assurance was required from the Non-Executive Directors in relation to the ongoing work to improve the compliance rate across the Trust. An improvement in doctor's appraisal rates was acknowledged.
- Governors received assurance that the staff vacancy and turnover rates had improved Trust-wide.
- Governors received assurance that the CQC 'must do' actions that had been completed dated back to the 2019 report. It was noted that further queries remained in relation to mixed-sex accommodation and patient flow.
- Governors discussed the resilience of the Trust's IT infrastructure and the Electronic Patient Record (EPR) system in light of the recent power outage incidents. Governors acknowledged that the Trust was still awaiting formal reports on the causes of the incidents.

24/23 Reflections of the Meeting

A discussion was not held.

25/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 24 January 2024 at 17.00

SIGNED:

DATE:

Minutes

Governors Assurance Committee

Wednesday 24 January 2024

17.00 – 19.00

Video Conference Call

Present

Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Clive Jones	(Public Governor, Wokingham)
Cllr. Alan Macro	(Partner Governor: West Berkshire Council)
Mr. Paul Williams	(Public Governor, Reading)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board - SEND)

In attendance

Dr. Bal Bahia	(Non-Executive Director)
Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mr. Graham Sims	(Chair)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Thomas Duncan	(Staff Governor: Medical/Dental)
Mr. Benedict Krause	(Public Governor, Wokingham)
Mr. Thomas Lister	(Staff Governor: Allied Health Professionals/Scientific)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Ms. Sally Moore	(Staff Governor: Admin/Management)
Cllr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. James Mugo	(Public Governor, Reading)
Mr. Brian Painting	(Public Governor, Reading)
Mr. Dhian Singh	(Youth Governor)
Prof. Carol Wagstaff	(Partner Governor, University of Reading)
Prof. Orla Kennedy	(Partner Governor, University of Reading)

01/24 Declaration of Interests

The Trust Secretary raised a declaration of interest as the Company Secretary to HFMS Ltd.

02/24 Minutes for Approval: 19 December 2023 and Matters Arising Schedule

The minutes of the meeting held on 19 December 2023 were agreed as a correct record and would be signed by the Chair subject to the amendment of some minor typographical errors. The Committee noted the matters arising schedule.

03/24 Member Issues and Feedback

A Governor raised a specific concern in relation to a patient who had attended the hospital and had to be re-referred due to his hospital notes not being available. The Trust Secretary advised that the patient should contact the Patient Advice and Liaison Service (PALS) to enable their specific case to be investigated.

04/24 Terms of Reference

The Committee approved the terms of reference subject to a line being added to state that all Non-Executive Directors would attend if available. **Action: C Lynch**

05/24 Chair's Update

The Chair provided an update on the actions agreed following the open discussion session held at the Council of Governors meeting on 29 November 2023. The following was noted:

- The Chief Executive and one other Executive Director would be invited to attend all future Council of Governors meetings.
- All Governors Assurance Committees would be held virtually. However, the Council of Governors would remain physical.
- The Board of Director meetings held in public would continue to be held physically with audio recordings made available on the website.
- Two Governors would be invited to attend and observe six Private Board meetings a year.
- The Annual General Meeting would continue to provide hybrid facilities.
- To support preparation for meetings the Trust Secretary would continue to provide pre-meets ahead of Governor Assurance Committees.
- The Chair would invite one Non-Executive Director to attend Governor and Chair monthly video calls from March 2024.
- A report would be submitted to the Membership Committee in February 2024 in relation to the request for governors to have tours of the Trust sites.
- Identity badges had been ordered for all Governors and Non-Executive Directors.
- A proposal on Governor training and development would be submitted to the Membership Committee in February 2024.

The Chair advised the Committee that, Councillor Bet Ticker who served as a Governor of the Trust for 12 years since June 2011 had recently died. The Chair acknowledged the significant contribution of Bet to the Council over a number of years in her tenure as both Public and Partner Governor.

06/24 Board Sub-Committee Key Issues (Group Discussions)

The Committee formed two breakout groups, to discuss items from recent Board sub-committees.

Feedback from the discussions included:

- A discussion was held in relation to waiting lists and the information and communication being provided to patients on the Trust's position and what to do in the event of a change in their symptoms.
- Governors received assurance that the Trust was responding to and making progress in relation to Equality, Diversity and Inclusion. Discussions at the People Committee in relation to an employment tribunal were on-going and a refresh of staff networks including the NeuroDiversity Network was noted.
- Governors received assurance that the Trust was on target to deliver its forecast of a £10m deficit and £4.77m of funding had been received for the cost of the industrial action. However, the Trust was unlikely to receive any further funding to cover the most recent period of strike action.
- A discussion was held in relation to spending large charitable funding. As part of efforts to facilitate the spending, an application had been approved for the unrestriction of several restricted funds. Additionally, an application for the dissolution and amalgamation of a number of smaller, individual funds had also been approved by the Charity Committee. The Governors received assurance that these actions would enable the Charity to spend funds. A governor raised a query in relation to the value of restricted funds in the Charity. A response would be sought and added to the Governor question log. **Action: C Lynch**
- A discussion was held in relation to how the Trust checked and received assurance that no fraud was being committed in payroll and agency. It was agreed that a response would be sought and added to the Governor question log. **Action: C Lynch**
- Governors received assurance that, although staff morale was low caused by the industrial action, a number of listening events had been organised as well as management visits to seek staff feedback
- Governors received assurance that exit interviews continued to be offered to staff, with the addition of an email for further feedback following initial interviews with line managers. However, a concern was raised in relation to a specific post that provided exit interviews for internal transfers, as it was noted that the contract had ended recently. It was agreed that a response would be sought and added to the Governor question log. Trends would be considered in the People Committee. **Action: C Lynch**

It was suggested that Governors listened to the Board of Directors recording from 24 January 2024 specifically in relation to the Integrated Performance Report (IPR), waiting lists, the impact on staff as well as actions being taken in relation to increasing incidents of violence and aggression towards staff.

A specific agenda item would be added to the Council of Governors meeting in May 2024 for Equality, Diversity and Inclusion (EDI). **Action: C Lynch**

A Governor raised a query in relation to whether the reduction in the size of the car park during the demolition of South Block Annex and the proposed build of the Surgical Hub had been considered and what mitigations were expected. A response would be sought and added to the Governor question log. **Action: C Lynch**

A Governor raised a query in relation to whether the Trust had a contingency arrangement for water supply failure as well as power cuts and whether this was an entry on the risk register

due to the recent water supply outages in the Reading area. A response would be sought and added to the Governor question log. **Action: C Lynch**

07/24 Reflections of the Meeting

A discussion was not held.

08/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 24 April 2024 at 17.00

SIGNED:

DATE:

Governors Assurance Committee Terms of Reference

Role of the Committee

The Committee will provide assurance to the Council of Governors in respect of the performance of the Board, bringing to the attention of the Council, in particular, any matters likely to impact on

- patient safety, clinical outcomes and patient and staff experience
- delivery of the annual plan performance targets

The Committee will carry out this role through the review of financial, business, clinical and workforce assurance information submitted to the Board and from receiving responses from the Non-Executive Directors on matters of interest or concern. The Board Committees include:

- Audit and Risk Committee
- Finance and Investment Committee
- Quality Committee
- People Committee

Composition

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

All Non-Executive Directors will attend meetings if available.

The Trust Secretary, or their nominee, will act as secretary to the Committee.

The Committee will meet four times per year.

Quorum

The quorum of the Committee will be five members (three of whom must be public Governors).

Duties

The Committee will review assurance documents and information submitted to the Board and bring appropriate matters to the attention of the Council. The work of the Committee will be kept under review by the Council of Governors.

1. The Committee will review the financial, business, clinical and workforce assurance information submitted to the Board, and bring significant matters of interest or concern, and the Non-Executive's response, to the attention of the Council of Governors
2. The Committee will satisfy itself that the Board is reviewing, in a timely manner, appropriate financial, business and clinical information
3. The Committee will keep under review a range of assurance information submitted to the Board including, as required

- Minutes of the Audit & Risk Committee
 - Minutes of the Finance & Investment Committee
 - Minutes of the Quality Committee
 - Minutes of the People Committee
4. Governors will be provided the opportunity to highlight any member and public issues raised by constituents to Non-Executive Directors.

Reporting

The minutes of Committee meetings will be formally recorded and submitted to the Council of Governors.

The Committee will review these terms of reference on an annual basis and report to the Council of Governors accordingly.

Reviewed by the Committee: 24 January 2024

Approved by the Council:

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: 16 October 2023

Approved by the Council:

Title:	Governor Question Log
Agenda item no:	10
Meeting:	Council of Governors
Date:	28 February 2024
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Officer

Purpose of the Report	To provide the Council of Governors with an overview of the Governor Question Log since the last meeting.
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Report History	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 and have been made available on the Trust website and via Workvivo.
- 4.2 Going forward, the Council will be presented with the log for the current financial year and all questions raised by Governors prior to this would be archived into a separate document but will still be available on the Trust website or via Workvivo.

5 Attachments

Appendix 1 – Governor Question Log

Governor Questions Log

No.	Date	Governor	Query	Response
152	20 April 2023	Tony Lloyd	<ul style="list-style-type: none"> • What is the rate of ED attendance for patients with South Reading and Shinfield listed as their primary care practice? • Are the rates of attendance for South Reading and Shinfield practice disproportionate to patients of other primary care practices who also attended ED? 	<p>No date range was indicated; however the question arose from the results of the Friends and Family Test survey data released in February 2023. Therefore ED data were extracted for February 2023.</p> <p>In total, 11,105 patients attended RBH ED in February 2023.</p> <p>Of these, 228 (2.05%) were patients of South Reading and Shinfield GP practice.</p> <p>Attendance rates were higher among patients from 17 other GP practices who attended RBH ED in February with the 5 highest rates of attendance as follows:</p> <ol style="list-style-type: none"> 1. Western Elms & Circuit Lane: 683 2. University Medical Group: 575 3. Milman & Kennet Surgery: 507 4. Brookside Practice: 400 5. Wokingham Medical Centre: 378
153	24 April 2023	Sunila Lobo	<ul style="list-style-type: none"> • What are the energy bills/upkeep costs for the Oasis Health and Wellbeing Centre? • Who funds the running costs for the Centre? • What are the usage stats for the Centre 	<ul style="list-style-type: none"> • The only running costs for the Oasis Staff H&WB Centre are for housekeeping and consumables (e.g. cleaning materials). This would also include any one-off maintenance issues such as the lift under the general Trust-wide site management plan. <p>The annual costs, based on last year's consumption, is as follows:</p> <p>Electric: £6,501.14</p> <p>Water: £2,928.66 (there was a water leak on the main supply which has</p>

				<p>been repaired, so this will reduce in future)</p> <p>Gas: £4,049.00 (this is currently an estimate based on meter readings, due to a fault with the meter)</p> <ul style="list-style-type: none"> • The Oasis Health & Wellbeing Centre running costs are funded by the Estates and Facilities Department budget. • Between 1 January 2023 – 30 April 2023 the Trust recorded 9,496 card swipes to access the building, this equates to 1,616 unique staff members who have swiped their card to access the building at least once during this time. <p>These numbers are likely to be lower than actual as sometimes staff enter the building in groups and only one staff member swipes their card to unlock the door.</p>
154	9 October 2023	Paul Williams	<ol style="list-style-type: none"> 1. Have all branches of Specsavers hearing services been transitioned within Berkshire West or just the Woodley branch? 2. How many customers are involved in the transition? 3. Was there a press release to announce the transition? 4. Are there any other providers similar to Specsavers involved in the transition? 5. Who was responsible for informing patients, primary care and was the letter clear about repairs and batteries? 6. What are the arrangements to cover the digitally excluded? Do they contact the CAT and what does this mean? 	<ol style="list-style-type: none"> 1. Yes all branches have been transitioned. The Berkshire West Commissioner chose to move back to an integrated service after a public consultation event and recognising the wider benefits this would bring ie. a life-time pathway for the patient so no so no need to go back to the GP for re-referral or onward referral to ENT, Acute Audiology or other specialty. Access to direct MRI, direct Balance, direct Tinnitus services which reduces referral to ENT from 2000 to 250 pts per year. This provides improved patient outcomes eg MRI scan and hearing management in 6 weeks as opposed to the 12 months+ wait for ENT, or direct access to Tinnitus Services to support these patients considered 'routine' ie. AQP but debilitated by this common condition. Patients will benefit from access to an expert team of Clinical Scientists with direct links to ENT, Neurology, Radiology etc. That all being said, we do appreciate that for some individuals this change will be seen as detrimental if there was a Specsavers in very easy reach of their home for the basic hearing aid support. We look to support these, and all our patients, where possible from their own home via the postal service, accessed online

			<ol style="list-style-type: none"> 7. Where are the 8 sites so patients do not need to come to the RBH? 8. When will the Specsavers customer data be transferred to the RBH? 9. The assertion by the system "There are no appointments" needs to be qualified by saying to come back later or following day when appointments will be available. 	<p>or by email or phone.</p> <ol style="list-style-type: none"> 2. 2,100 3. Communications was managed via the Commissioner with letters going out to stakeholders. A further notice has been sent to go into the next GP Round Up to reiterate the messaging 4. No, not in Berkshire West 5. A letter went to all patients. This was managed via the Commissioner, and actioned via Specsavers, with input from RBFT to ensure correct onward information 6. Email and phone access available as previous, and advertised to patients. Repairs self-booking represents an additional mode of access bringing increased flexibility for those who choose it 7. Bracknell Healthspace, Wokingham Community Hospital, West Berkshire Community Hospital, Henley Townlands, Wallingford Community Hospital, Royal Berkshire Hospital, Loddon Vale GP, Pangbourne GP Surgery (latter two sites in process of being re-established with the Mobile Unit, paused during covid) 8. There is no contractual requirement to transfer data. However, our software system (Auditbase) allows us to pull prior audiogram information and hearing aid settings from existing devices allowing us to manage the patient 9. Indeed, a valid point and this clarification has already been requested via the IT interface team, also to help stream patients to sites where there is higher availability so they can access support across the network
155	8 November 2023	Dhian Singh	Is the 15 steps scheme that is aimed at improving the hospital experience for parents/guardians and children offered to	The 15 Steps is about learning from service users about their first impressions of the department. We ensure that service users who undertake this with us represent a diverse population and, by way of an example, we

			other minority groups? Are you aware of any groups tailored for minority ethnic, disabled and LGBTQIA+ patients or other minority groups?	have specifically made some improvements within maternity based on feedback given by a wheelchair user who was involved.
156	29 November 2023	Alice Gostomski	Accessibility of disabled parking at the Reading site	We have disabled parking available in a number of locations across the RBH site. We are aware of an issue about not being able to provide patient disabled parking spaces immediately outside of the South Block entrance within a staff restricted parking area.
157	29 November 2023	Alice Gostomski	Why can't the operating hours of the patient transport buggy service extend to align with outpatient clinic times.	The service is run by volunteers and they fill the service for as long as we can each day. However, some days we struggle to fill both rotas. We can look at extending the days further but from past experience we know it is extremely difficult to run too late as the volunteers need to return home before dark, have buses to catch, are carers etc. As they give their time freely we have to respect this.
158	19 December 2023	Governor	A concern was raised in relation to the shortage of sonographers at the Trust and whether there was a recruitment plan to address this.	There is currently a national shortage of sonographers for Maternity and Gynaecology. We currently have a vacancy rate of 25%. Whilst we do advertise the uptake and success is very low and over the years, we have had our own in-house training to help fill our vacancies.
159	20 December 2023	Tom Lister	Has training for Gastro Intestinal therapists (health care scientists) been considered in the Trust's plans to extending endoscopy skills to other disciplines?	The Trust has trained a variety of health professionals and allied professionals in endoscopy procedures. Trainers have current reached capacity and are not currently able to accept any more training dates. This is to ensure that they are available to carry out clinical procedures for patients with complex procedures who require treatment.
160	20 December 2023	Governor	How is the Trust promoting dying at home across all relevant wards?	The Trust works on the principle of preferred place of death. Teams hold those conversations with patients and their families at the appropriate point in their pathway. The outcomes of these discussions and decisions are monitored and audited by the Trust.
161	20 December	Governor	How have consultants responded to the Trust's calls to complete Venous	All consultants receive training about VTE in their undergraduate and postgraduate training programmes, it then forms part of ongoing Continuing

	2023		Thromboembolism training?	Professional Development (CPD). Further learning occurs root cause analyses are carried out for any hospital acquired VTEs and this learning is shared via departmental clinical governance meetings.
162	20 December 2023	Thomas Duncan	Has a date for the completion of the rest facilities and hot food for junior doctors been agreed and what are the reasons for the delay in completing the work?	The location identified for the rest facilities and hot food for junior doctors required works to remove asbestos. Once this has been completed, the rest of the renovation and installation of furniture and equipment will be completed. The work is anticipated to be completed in March 2024.
163	20 December 2023	Paul Williams	Will the Trust reach its target for staff appraisals?	The Trust anticipates and will strive to reach its target for appraisals i.e. 90% However, we are unable to confirm, with any certainty, when we will achieve the target. Care Groups are focussed on increasing their compliance rates so we expect to see the rates increasing over the coming months.
164	20 December 2023	Tom Lister	The recent Guardian of Safe Working report indicated that junior doctors may feel as though they have lost training opportunities to gain further professional competence due to the large community of Physicians Associates. What is the Trust doing to support the junior doctors?	<p>Training opportunities for junior doctors has been impacted by ongoing industrial action. This presents a risk that some junior doctors will not be signed off for competencies because they have missed so much training. The Trust is unable to provide repeated or additional training sessions due to the practicalities of rescheduling the workload and consultant time. The Trust is providing training opportunities where it is possible.</p> <p>The Director of Medical Education has been disseminating information to all junior doctors to ensure they are able to make an informed decision about whether they strike or not. In relation to maintaining professional relationships, the Trust emphasises that all staff should demonstrate the Trust's CARE values in their interactions with each other to prevent tension between colleagues and professions.</p>
165	14 January 2024	Clive Jones	<p>Can the Trust provide assurance that there is a plan to repair the heating system around Adelaide and Charlotte Starmer-Smith ward?</p> <p>Can the Trust provide assurance that temperature levels in the hospital are not</p>	<p>Adelaide and Charlotte Starmer-Smith wards had been reviewed. Both are both operating as designed. They were last serviced in December 2023. At the time of checking, the main ward temperature was 23 degrees and the side rooms were 18 degrees. This is compliant with current guidelines for wards a side room.</p> <p>The Trust does not adjust temperatures in ward spaces in order to reduce energy costs and the Estates team do all they can to provide a comfortable</p>

			being reduced to a very low level so as to save money on heating bills?	and compliant environment for our staff, patients and visitors. However, there are challenges due to the age of heating systems at the Trust. The Trust responds to any requests to adjust temperature which can then cause discomfort in other areas heated and ventilated by the same air handling unit. Ward staff can, and do, report any issues with heating 24/7 and in most cases they are adjusted as required by the shift engineers 24/7. A reminder would be sent to all staff to ensure that they report any patients experiencing discomfort related to heating to the estates service desk (or the site managers out of hours) as soon as possible.
166	23 January 2024	Paul Williams	Does the RBH have a nursery for staff children on the main site or any of the federated sites?	The Trust does have a nursery for staff on Craven Road. Details can be found the Trust website via https://www.royalberkshire.nhs.uk/work-with-us/pay-and-benefits/
167	24 January 2024	Richard Havelock Andrew Haydon	Are exit interviews carried out with all members of staff who leave the Trust? Are exit interviews carried out for staff who move to new/other posts within the Trust? What are the recruitment plans for the internal recruitment and retention post to be refilled?	All staff who are leaving the Trust are sent an exit questionnaire and advised that they can have an exit interview. It is a personal choice whether to complete this. This process has not been formally rolled out and had been trialled unofficially. The Trust is currently looking to refocus work on retention and has recently secured funding to recruit a People Promise Manager who when starts will be focusing on this.
168	24 January 2024	Governor	What is the value of restricted funds in the Charity?	£1.73m
169	24 January 2024	Governor	How does the Trust check and receive assurance that no fraud is being committed in payroll and agency?	We have an experienced payroll and HR team who oversee the hiring of and payment of staff, with internal controls measures, including segregation of duties, 'second pair of eyes' reviews, and automation for approvals, which enables full audit trail of decisions to book and pay for staff salaries and additional hours. Staff are paid on agreed pay scales with executive sign off of any variations to these. We use NHP, an agency which vets temporary

				<p>labour through reference checking and validation of qualifications. We rigorously follow up on any national and local alerts and budget holders are asked to confirm their staffing cohort through regular establishment validation exercise.</p> <p>Transactions and internal controls are subject to regular independent internal audit reviews by KPMG and we contract with BDO to provide us with a counter fraud advisory service. The external auditors, Deloitte, also conduct reviews of transactions to detect any material misstatements. The Chief Finance Officer oversees the operation of this array of internal controls on behalf of the Chief Executive, and there is ongoing education and publicity to staff to raise awareness of the risk of fraudulent activity, and to encourage escalation if there is any concern. This activity is all overseen by the Audit and Risk Committee, which is chaired by one of the Non - Executive Directors, and this committee reports to the Trust Board.</p> <p>The Trust also participates fully in the National Fraud Initiative, a public sector-wide data matching exercise run by the Cabinet Office, which identifies potential anomalies in payroll data for review by Trust teams and, where appropriate, follow-up by the Local Counter Fraud Specialist (LCFS).</p> <p>The LCFS provides annual specialist fraud awareness training to the HR team, and cascades key alerts and guidance throughout the period, which this financial year has included guidance on agency staffing fraud risks.</p>
170	24 January 2024	Paul Williams	When seeking assurances about the proposed development of the Surgical Hub following the removal of South Block Annex, was the reduction in the size of the car park during the demolition and build taken into consideration and what mitigations were envisaged?	The reduction in car parking spaces had been mitigated but cannot be completely avoided. Additional spaces have been made available outside Endoscopy. There are still plenty of offsite spaces available and the usage patterns would suggest that there are staff that could make use of these facilities. Those that use them, especially the park and ride, are very positive about them. We continue to use Trust communication routes to encourage staff to use alternative parking locations and travel options.
171	24 January 2024	Paul Williams	Does the Trust have contingency arrangement for water supply failure as well as power cuts?	The Trust has business continuity plans for all departments. We do have arrangements for water, unfortunately the recent issue (that affected wide parts of Reading) was a water supplier issue and their own communication

			What assurances have you received about contingencies the RBH has and does this appear on the risk register?	and contingency arrangements failed. Senior level improvement meetings are ongoing between RBFT, Thames Water and Berkshire Healthcare CT (also affected) to ensure changes are made. Regarding power, yes we have contingency and resilience with generator back up. Both electricity and water supply are on the risk register.
172	19 February 2024	Sunila Lobo	Can Governors seek assurance about the recent BBC news article on 'NHS hidden wait lists' What is the 'real' backlog and how is the Trust tackling it?	<p>The Trust does not have 'hidden' waiting lists and treats all of patients based on clinical need, whether they are waiting for their first appointment or subsequent appointments. The Trust aims to do that as quickly as possible, addressing backlogs by providing as many appointments as able to.</p> <p>Waiting list times published for each trust on the NHS England website: Statistics » Consultant-led Referral to Treatment Waiting Times Data 2023-24 (england.nhs.uk)</p> <p>The link is midway down the page – Download Waiting Times by Hospital. Open the spreadsheet and select the Trust/Provider of interest and you can select waiting lists by specialty.</p>
173	22 February 2024	John Bagshaw	Cancellation of appointments by RBH is sometimes very late, even to the point that a patient is already at the hospital. Is there a Service Level Agreement for a minimum notice period?	In progress

Title:	Council Attendance 2023/24
Agenda item no:	11
Meeting:	Council of Governors
Date:	28 February 2024
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Officer

Purpose of the Report	<p>To set out Governor attendance at Council of Governors meetings during the 2023/24 financial year.</p> <p>Governor attendance records at Council meetings are included in the Trust's Annual Report each year.</p>
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Report History	None
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What action is required?	
Assurance	
Information	
Discussion/input	The Council is asked to review and note the attendance figures.
Decision/approval	

Governor Attendance 2023/24

Name	May 2023	Sept 2023	Nov 2023	Feb 2024	Total possible meetings 2023/24	Total meetings attended
Mr Brian Painting	✓				1	1
Mr Jonathan Barker	✓	✓	✓		4	3
Mr Paul Williams	✓	X	✓		4	2
Ms Sunila Lobo	✓	✓	X		4	2
Ms Bet Tickner	X	X	X		3	0
Mr Clive Jones	✓	✓	✓		4	3
Mr Tony Lloyd	✓				1	1
Mr Benedict Krauze	✓	X	X		4	1
Mrs Beth Rowland	✓	X	✓		4	2
Mr Martyn Cooper	X	✓	X		4	1
Mrs Alice Gostomski	X	X	✓		4	1
Mr John Bagshaw	X	✓	✓		4	2
Mr William Murdoch	X	✓	✓		4	2
Mr Richard Havelock	✓	✓	✓		4	3
Mr Chris Plumb	X				1	0
Mr John Crossman	✓				1	1
Mr Andrew Haydon	X	✓	X		4	1
Mr Victor Koroma	X				1	0
Cllr Deborah Edwards	X	X	✓		4	1
Mr Adrian Mather	X	X	✓		4	1
Cllr Graham Bridgeman					0	0
Professor Carol Wagstaff / Professor Orla Kennedy	✓	✓	✓		3	3
Mr James Mugo		X	X		3	0
Mr Douglas Findlay		✓	✓		3	2
Ms Sally Moore		✓	X		3	1
Mr Thomas Duncan		✓	✓		3	2
Mr Thomas Lister		X	X		3	0
Mr Dhian Singh		X	X		3	0
Ms Miranda Walcott		X	X		3	0
Cllr Alan Macro		X	X		3	0
Mr Darren Browne		X	X		3	0
Mr Paul Jenkins					1	0

*Greyed out boxes mean the Governor was appointed *after* this meeting date.

*Blacked out boxes mean the Governor term of office has ended.

G Bridgeman: not re-elected to position May 2023

C Plumb: post retired June 2023.

B Painting: resigned July 2023.

J Crossman: resigned July 2023.

V Koroma: post terminated August 2023.

T Lloyd: term of office ended September 2023.

B Tickner: deceased January 2024.