Royal Berkshire
NHS Foundation Trust

Council of Governors - 25 November 2026

MEETING

25 November 2026 17:00 GMT

PUBLISHED
20 November 2026

Agenda

Location	Date	Time
Video Conference Call	25 Nov 2026	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)	James Blythe	17:00	-
3	Questions from the Public (Verbal)	Oke Eleazu		-
4	Minutes for Approval: 27 May 2026 & 23 September 2026 & 24 September 2026 & Matters Arising Schedule	Caroline Lynch	17:30	3
	Items of Council Business			-
5	Annual General Meeting Minutes: 16 September 2026	Caroline Lynch	17:35	15
6	Membership Committee Minutes: 22 October 2026	Richard Havelock	17:40	22
6.1	Membership Committee Terms of Reference			25
7	Governors Assurance Committee Minutes: 28 October 2026	Tom Duncan	17:45	27
7.1	Governors Assurance Committee Terms of Reference			33
8	Changes to the Council Membership (Verbal)	Caroline Lynch	17:50	-
	Representing the Views of Members and the General Public			-
9	Governor Question Log (None received since the last meeting)	Caroline Lynch		-
10	Questions from the Public (Verbal)	Oke Eleazu	17:55	-
11	Reflections of the Meeting:	Caroline Lynch	18:00	-
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 24 February 2027 at 17.00	Oke Eleazu		-
	Closed Council of Governors - Part II (exclusion of the press and public)			-

Royal Berkshire
NHS Foundation Trust

Council of Governors

Wednesday 27 May 2026
17.00 – 18.30
Video Conference Call

Present

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

In attendance

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

Apologies

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

There were no members of the public present.

19/26 Declarations of Interest

There were no declarations of interest.

20/26 Chief Executive Update

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

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

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

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

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

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

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

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

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

21/26 Digital Strategy Update

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

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

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

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

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

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

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

22/26 Questions from the Public

There were no members of the public present.

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

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

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

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

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

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

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

24/26 Draft Governors Assurance Committee: 29 April 2026

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

25/26 Governors Nominations & Remunerations Committee Terms of Reference

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

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

The Council approved the Terms of Reference.

26/26 Changes to the Council Membership

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

27/26 Governor Question Log

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

28/26 Questions from the Public

There were no members of the public present.

29/26 Reflections of the Meeting

The Trust Secretary led a discussion.

30/26 Date of Next Meeting

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

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Council of Governors

Wednesday 23 September 2026
17.00 –18.45
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Ms. Joycee Rebelo	(Public Governor, Reading)

In attendance

Mr. James Blythe	(Chief Executive) (up to minute 22/26)
Miss. Kerrie Brent	(Corporate Governance Manager)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Ms. Sarah Lupai	(Staff Governor, Nursing and Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Mr. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

There were no members of the public present.

The meeting was not quorate.

The Chair advised that there had been low Governor attendance at the Annual General Meeting (AGM) and Council meeting and this impacted on the Council's ability to fulfil its responsibilities. The Committee considered the timing of the AGM and whether virtual meetings could improve attendance. The Trust Secretary advised that the AGM timing had previously been adjusted following public feedback and that the event was live streamed and available to watch.

21/26 Declarations of Interest

There were no declarations of interest.

22/26 Chief Executive Update

The Chief Executive provided an update against the Trust's strategic objectives. The Council noted that the Trust ranked 33rd out of 134 trusts in the NHS Oversight Framework. The financial deficit restricted the Trust's overall position to Segment 3; without this restriction, it would rank 17th overall and within the top ten district general hospitals. The Trust was in Segment 1 for four of the six domains.

The Chief Executive advised that some new measures required improvements to data reporting, including smoking cessation interventions. Other measures highlighted service pressures, including delays to induction of labour associated with obstetric capacity. A review of maternity and neonatal services was being progressed to consider capacity, changing demand and the implications of national reviews.

The Council noted the introduction of new NHS Staff Standards from July 2026, with compliance forming part of the NHS Oversight Framework. Work was ongoing to strengthen the associated governance arrangements, including identification of named Board leads, before providing a fuller update to the Board.

The Chief Executive highlighted improved reporting of violence and aggression towards staff following increased communications across the organisation. The Council noted the support provided by Thames Valley Police and that several prosecutions were awaiting court dates. Staff asked to give evidence would be offered support at court from the Chief Executive or another senior colleague. Governors queried whether stronger messages were required on site.

The Chief Executive advised that communications were being strengthened and that anonymised information on the consequences of abuse would be shared following convictions. Decisions to restrict access would take account of individual circumstances and mental capacity, with arrangements maintained for immediately necessary care.

The Council noted that the staff survey had launched that week. Communications highlighted both the importance of participation and improvements made during the previous year. The Chief Executive acknowledged the challenging context of increased emergency demand, pressure to maintain elective waiting times, financial constraints and industrial relations issues. Appraisal compliance and sickness absence measures remained strong. However, a small increase in sickness absence and consequent use of temporary staffing could create additional financial pressure.

The Chief Executive advised that the GMB had voted for three days of discontinuous industrial action by portering staff the following week. The dispute concerned proposals to harmonise arrangements for additional shifts with those used for other staff groups, moving from overtime to bank working. Transitional arrangements had been offered and ACAS conciliation was scheduled for the following day. Contingency planning had commenced, including support from senior staff where required. In response to a query, the Chief Executive confirmed that existing porters could register for bank shifts. Concerns about the site knowledge and experience required for portering work would be considered through conciliation, with the aim of avoiding industrial action.

The Council noted that the Trust had submitted an application for university hospital status, reflecting its research, teaching and innovation activity and partnerships with academic institutions. The application was expected to be considered in November 2026, with an outcome anticipated in 2027. Improving Together continued across clinical and corporate teams, with teams graduating from the fourteenth wave and the fifteenth wave commenced.

The Chief Executive outlined work on neighbourhood health to strengthen coordinated care across hospital, primary, community, social care and voluntary sector services. A proactive care scheme was being developed for 1,000 patients at greatest risk of admission, with individual care plans to support preventative intervention and coordinated care if admission was required. Additional urgent care centre capacity was planned for winter so that appropriate patients attending the Emergency Department could be seen by primary care practitioners on site. Work was also being undertaken with practices with high referral volumes to understand the causes and explore alternative approaches.

The Council noted that the headline financial position remained on track, though the underlying

deficit continued to be a concern, with expenditure approximately £1m per month above the required level. Further efficiency savings remained to be identified for the year. The Chief Executive outlined cost-control measures in relation to procurement, temporary staffing, outsourced activity and automation. It was highlighted that delivering savings equivalent to 6.5% of the cost base through incremental measures was not sustainable. The strategic programmes would therefore need to deliver more fundamental changes to the operating model.

The Chief Executive advised that work was being undertaken to translate the strategy approved in November 2025 into delivery plans, including milestones, performance indicators, accountabilities and benefits. Programme directors were being recruited for the two main clinical programmes. The Innovation and Transformation Committee would provide Board assurance on delivery. The review of perinatal services had also been added to the programme portfolio.

The Council noted progress with due diligence and commercial discussions concerning three potential sites for the new hospital. The New Hospital Programme was supporting this work. A strategic alliance involving academic, business, parliamentary and local authority stakeholders had met twice. This would support wider engagement in the land search, future use of the existing and prospective sites, and development of the future model of care.

A Governor highlighted day-to-day operational difficulties in theatres, including portering availability, scheduling, IT access and the cumulative impact on staff experience. Concerns were raised about the visibility and escalation of operational issues and whether improvements were sustained following Improving Together activity. The Chief Executive acknowledged the importance of understanding experience beyond headline performance measures. Executive participation in Care Group performance reviews was underway. Work was also being developed to triangulate staff experience, patient experience, sickness absence and quality and safety information at service level to identify areas requiring further attention.

A governor queried opportunities to use Artificial Intelligence (AI) to reduce costs and improve productivity. The Chief Executive outlined potential applications in administration, scheduling and rostering, including automation of repetitive tasks. Further work with the digital team was required to develop business cases that translated time released into measurable benefits. Governors highlighted the importance of clear rules, standards and reliable operational processes to avoid embedding existing inefficiencies within automated systems.

23/26 Questions from the Public

There were no members of the public present.

24/26 Minutes for Approval: 27 May 2026 and Matters Arising Schedule

The minutes of the meeting held on 27 May 2026 were received. The minutes would be submitted to the meeting on 25 November 2026 for approval as the meeting was not quorate.

Action: C Lynch

The matters arising schedule was received for information.

25/26 Governors Assurance Committee Minutes: 24 June 2026

The Council received the minutes of the Governors Assurance Committee held on 24 June 2026.

26/26 Membership Committee: 2 July 2026

The Council received the minutes of the Membership Committee held on 2 July 2026.

27/26 Governor Nominations & Remunerations Committee Terms of Reference

The Trust Secretary introduced the Terms of Reference had been approved at the previous meeting. However, they specified that the Committee would be chaired by the Lead Governor and no expressions of interest had been received to take on the role.

The Trust Secretary proposed removing the requirement for the Lead Governor to chair the Committee to support business continuity. Two Non-Executive Directors were approaching the end of their three-year terms and had expressed an interest in extending their terms of office. The Committee therefore needed to meet to consider this business prior to recommendations being made to the Council.

The revised Terms of Reference could not be approved as the meeting was not quorate. It was agreed that the Trust Secretary would circulate the terms of reference by email to seek approval from a quorate number of Governors and enable a meeting to be arranged. A typographical error on the front page would also be corrected. **Action: C Lynch**

28/26 Role of the Lead Governor

The Trust Secretary advised that the role of the Lead Governor was guidance only and was not required by legislation. Following consultation with the Company Secretary network, it was proposed that the Trust's protocol should be amended to remove the restriction for the role to only be available to Public Governors, enabling other Governors, including Staff Governors, to express an interest. The protocol did not require formal Council approval and was presented for comment.

The Committee discussed the time commitment and the importance of clear information about the leave and support available to Staff Governors. The Trust Secretary explained the role of the Lead Governor was to have an independent point of contact should concerns arise about the Chair or Non-Executive Directors. The scope of additional local responsibilities and support arrangements could be clarified with the successful applicant. The Trust Secretary offered to discuss the role with interested Governors. **Action: C Lynch**

29/26 Changes to the Council Membership

The Trust Secretary advised that Sunila Lobo and Jonathan Barker, Public Governors, Reading had stepped down on completing their maximum nine-year terms of office. Yaman Islim, Public Governor, East Berkshire & Borders had also stepped down due to personal reasons. Beth Rowland had joined the Council as Partner Governor, Wokingham Borough Council.

30/26 Governor Question Log

The Council received the Governor Question Log. A Governor queried whether the response related to private practice fully addressed concerns about indemnity, identification of private patients on operating lists, declarations of interest and the implications for supporting staff. Governors discussed the distinction between clinical negligence cover and support where the interests of the Trust and an individual practitioner differed, noting inconsistent advice from indemnity providers.

The Trust Secretary referred to the executive response, that acknowledged available data did not support an accurate figure for occasions when NHS operating lists had been used for private patients. Work was being undertaken to strengthen recording and oversight through advance notification of bookings, theatre scheduling and revision of the Private Patient Policy. The importance of clearly identifying private patients on operating lists was highlighted.

The Trust Secretary confirmed the requirement to declare private practice, supported by monthly reminders and annual sample checks against Companies House records by the counter-fraud service. Updated guidance had been prepared, and wider communication would be considered.

31/26 Questions from the Public

There were no members of the public present.

32/26 Date of Next Meeting

The next meeting was scheduled for Wednesday 25 November 2026 at 17.00.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Council of Governors

Thursday 24 September 2026
Meeting by email

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Ms. Jessica Grierson	(Staff Governor, Admin/Management)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Ms. Sarah Lupai	(Staff Governor, Nursing and Midwifery)
Mr. Tony Page	(Public Governor, Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Ms. Joycee Rebelo	(Public Governor, Reading)
Mr. Terri Walsh	(Public Governor, Wokingham)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)

37/26 Governor Nominations & Remuneration Committee Terms of Reference

The Council received the revised terms of reference noting the proposed amendment to enable the Committee to be chaired by any Governor wishing to serve. The Council approved the revised terms of reference subject to the correction of a minor typographical error.

Action: C Lynch

DATE:

Date	Minute Ref	Subject	Matter Arising	Owner	Update
23 September 2026	24/26	Minutes for Approval: 27 May 2026 and Matters Arising Schedule	The minutes would be submitted to the meeting on 25 November 2026 for approval as the meeting was not quorate.	C Lynch	Completed. Item on the agenda.
23 September 2026	27/26	Governor Nominations & Remunerations Committee Terms of Reference	The revised Terms of Reference could not be approved as the meeting was not quorate. It was agreed that the Trust Secretary would circulate the terms of reference by email to seek approval from a quorate number of Governors and enable a meeting to be arranged. A typographical error on the front page would also be corrected.	C Lynch	Completed. Approved by email on 24 September 2026
23 September 2026	28/26	Role of the Lead Governor	The Trust Secretary explained the role of the Lead Governor was to have an independent point of contact should concerns arise about the Chair or Non-Executive Directors. The scope of additional local responsibilities and support arrangements could be clarified with the successful applicant. The Trust Secretary offered to discuss the role with interested Governors.	C Lynch	Expressions of Interest have been sought with responses by 11 December 2026
24 September 2026	37/26	Governor Nominations & Remuneration Committee Terms of Reference	The Council approved the revised terms of reference subject to the correction of a minor typographical error.	C Lynch	Completed.

Annual General Meeting

Wednesday 16 September 2026
17.30 – 19.00
Lecture Theatre 2, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Oke Eleazu	(Chair of the Trust)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing and Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mr. James Blythe	(Chief Executive)
Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Katie Pritchard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)
Ms. Frances Khatcherian	(Chief Finance Officer)

Circa 65 members of the public and staff were in attendance.

01/26 Welcome and Introductions

The Chair of the Trust welcomed those in attendance on behalf of the Council of Governors and the Board.

02/26 Chief Executive: Shaping our Future Together

The Chief Executive welcomed those in attendance and outlined that the Annual General Meeting (AGM) provided an opportunity to reflect on the past year and to share how activity would shape priorities for 2026/27.

A short film was presented highlighting the Trust's commitment to patients, staff and the environment, alongside investment in technology, buildings and services. Staff safety, wellbeing and development were identified as central to the Trust's approach.

The Chief Executive highlighted continued investment in services and clinical spaces. Examples included the expanded Same Day Emergency Care facility adjacent to the Emergency Department, a new pharmacy robot and the development of an MRI suite at West Berkshire Community Hospital. These developments supported admission avoidance, increased dispensing capacity and improved access to diagnostic services.

The Improving Together approach was highlighted as an important means of involving clinical and non-clinical teams, volunteers and patient leaders in service improvement. Teams were supported with tools, training, data and time to make positive changes within their areas of work.

The Chief Executive acknowledged the significant impact of violence, abuse and aggression towards staff over the last year. The Trust was working with Thames Valley Police through Operation Cavell to strengthen reporting, support affected staff and improve the response to incidents, including warnings, exclusions and criminal proceedings where appropriate. The importance of staff being able to provide care without fear of violence or aggression was emphasised.

The appointment of two public health consultants was highlighted as supporting a greater focus on prevention and the changing needs of the population. Patient Initiated Follow-up was identified as an example of involving patients in their own care whilst releasing capacity for those requiring assessment. The Chief Executive reported that the neurology service was able to see patients following a first seizure within two weeks, supported by this approach.

Increasing demand and more complex needs continued to place pressure on services. The Chief Executive highlighted that approximately 5% of the population accounted for around 50% of health and care resource use, whilst long-term conditions affected approximately 25% of the population and accounted for around two-thirds of NHS spend. Changes in maternity demand, including a reported 50% increase in caesarean section rates over five years, further demonstrated the need to adapt services.

The Chief Executive outlined the implementation of the Trust Strategy, including Royal Berks@Home, Care Where I Am, Experience First and Future Ready Spaces. Priorities included supporting care at home and closer to patients, using more timely patient feedback to improve experience and ensuring that buildings across the Trust's sites remained fit for purpose.

The Estates Masterplan would support continued service delivery on the existing estate over the next 15 years. A Perinatal Service Review had also been launched to consider changing demand and ensure that maternity services continued to develop in partnership with local communities. The Chief Executive reported that a recent NHS England regional visit had provided positive feedback on current services, whilst emphasising that continued improvement remained necessary.

Work continued to secure a potential site for a new hospital. The Chief Executive emphasised the importance of preparing a deliverable scheme and building local stakeholder support so that the Trust was well positioned for future investment. The timing of national funding remained outside the Trust's control.

The importance of listening to patients and patient groups and strengthening partnerships across primary care, community services, mental health, social care, local government and the voluntary sector was highlighted. Improved coordination and transfer of care plans between services would support patients with complex needs receive greater joined-up care. Innovation across organisational and service boundaries remained a priority.

The Chief Executive concluded by acknowledging the challenges arising from public finance pressures and changing demand, and reaffirmed the importance of working together with staff, patients, partners and communities to respond to those challenges.

03/26 Financial Results for the Trust

The Chief Finance Officer presented the financial results for the year ended March 2026. Priorities included financial sustainability, improved productivity and more effective use of data to support decisions and the delivery of safe, high-quality care.

The Trust reported total income of £714.5m, capital expenditure of £45.4m and an adjusted deficit of £4.5m, £3m better than plan. The Chief Finance Officer explained that the outturn benefited from non-recurrent support, including £16.5m of deficit support funding, and that the underlying position remained substantially in deficit.

The Chief Finance Officer reported an underlying deficit of £30.9m, excluding non-recurrent support, highlighting the continuing need to improve the Trust's financial sustainability.

The Chief Finance Officer reported that operating costs totalled £717.5m, equivalent to approximately £1.97m per day. Staff costs accounted for 61% of operating expenditure, with drugs the next largest category at £75.1m. Other significant costs included clinical and general supplies of £60.5m, depreciation and amortisation of £35.1m, premises costs of £30.9m and clinical negligence costs of £25.2m.

The scale of activity was highlighted, with approximately 702,000 outpatient appointments and 148,000 Emergency Department attendances during the year, supported by 701 inpatient beds. Average capital expenditure was approximately £124,000 per day.

Capital investment included £11.96m on backlog maintenance, £7.14m on IT, cybersecurity, infrastructure and networking, £7.01m on equipment for clinical theatres and critical care, and £4.41m on other estates safety schemes. The Estates Masterplan would inform future investment, whilst increased investment in digital infrastructure was intended to support longer-term productivity.

An overstatement of income relating to previous years had been identified during the year-end process. The Chief Finance Officer advised that this had been disclosed to the auditors, regulators and Board and corrected through a prior-year adjustment, rather than charged to the 2025/26 position. An independent review had been undertaken and a finance recovery action plan was in place to address identified control weaknesses, including balance sheet controls and month-end sign-off arrangements.

Priorities for 2026/27 included a break-even plan, delivery of the £43.7m efficiency target, a greater proportion of recurrent savings and sustained financial control. At the time of the meeting, approximately £5m to £6m of the efficiency target remained to be identified. The Chief Finance Officer reported planned capital investment of £35.9m from the Trust's own funds, with additional external funding being progressed, and highlighted closer working with Thames Valley partners.

04/26 Lead Governor's Report

The Lead Governor presented the report, outlining the role of governors in local accountability. Public and staff governors were elected by Trust members, with appointed governors representing partner organisations. Members were encouraged to engage with the Trust and raise questions.

The Lead Governor outlined statutory responsibilities, including holding Non-Executive Directors individually and collectively to account for the performance of the Board, representing members and the public, and approving significant transactions.

Responsibilities also included appointing and, where appropriate, removing the Chair, Non-Executive Directors and external auditors, and approving the appointment of the Chief Executive. Governor involvement in the recent Chief Executive appointment was noted.

The Lead Governor referred to the wider public representation role reflected in the updated NHS England Code of Governance. The Governor Question Log enabled issues raised by constituents to be submitted through the Trust Secretary, with Trust responses published on the website. The Governors' Assurance Committee provided a forum to seek assurance from Non-Executive Directors on financial, workforce and clinical quality matters.

Governor activity during 2025/26 included four public Council of Governors meetings, three public Membership Committee meetings, four Governors' Assurance Committee meetings, four Nominations and Remuneration Committee meetings and five Governor Task and Finish Group meetings. The Task and Finish Group developed proposals to strengthen how governors carried out their duties, some of which had been implemented.

Training and engagement opportunities included a Virtual Hospital Service webinar in June 2025, a Rapid Response Laboratory tour in October 2025 and an Artificial Intelligence in Acute Stroke Care webinar in November 2025. Two Governor Information Points had subsequently been held at Royal Berkshire Hospital in April and May 2026, enabling patients and visitors to learn about the governor role and raise concerns and recruit members. Feedback included wheelchair availability and buggy service hours, with progress reported in addressing these issues.

Changes to the Council of Governors were noted. Martyn Cooper and Alice Gostomski had been re-elected, and Yaman Islim, Andrew Peters, Beth Rowland and Clare Stafford had joined during the year. Departures included Jonathan Barker, Yaman Islim, Adrian Mather, Clare Stafford and Miranda Walcott. The Lead Governor confirmed that her term of office would conclude at the end of the AGM and acknowledged the service of departing governors.

Priorities for 2026/27 included continued governor participation in the Experience First Strategic Programme, with a focus on real-time patient feedback, navigation across Trust sites and increased use of the Patient Portal. Governors would continue to represent members, communities and the wider public and seek assurance on their behalf.

The Lead Governor acknowledged uncertainty arising from proposed legislative changes affecting the future requirement for Trust governors and members. The importance of independent local public accountability was highlighted, alongside continued public, patient and stakeholder involvement in the Trust's work.

The Lead Governor concluded by thanking governors, the Board and the Corporate Governance Team for their support, and reaffirmed the importance of continued engagement with patients, members and local communities.

05/26 Questions

A question had been submitted in advance of the meeting in relation to blood test and scan results that had not been available at a patient's consultation, resulting in repeat tests and subsequent correspondence. The Chief Operating Officer advised that further details would be need to specifically respond to the particular case. Approximately 95% of blood tests were reported within 24 hours, although some took longer; the issue could relate to turnaround and reporting capacity rather than IT services. The questioner clarified that the blood sample had been taken approximately two weeks earlier. The Chief Operating Officer offered to review the individual case once the patient details were provided.

A question was raised in relation to the potential impact of new operating theatres at the John Radcliffe Hospital on patients in the local area. The Chief Operating Officer advised that the anticipated direct impact was limited, as the additional capacity was understood to be aimed primarily at specialist services. Some patients with more complex needs might benefit, but the services to be provided had not been confirmed. The Chief Operating Officer offered to seek further information from Oxford University Hospitals.

A question was raised regarding the future availability of Deficit Support Funding (DSF). The Chief Finance Officer advised that approximately £9m of support had been provided for 2026/27 and was expected to be withdrawn in 2027/28. A multi-year financial improvement plan was being developed, with internal cost improvement schemes intended to offset the reduction in support and improve financial sustainability.

A follow-up question related to whether services would be cut in 2026/27. The Chief Executive confirmed that there were no plans to stop specific services to deliver the current year's savings programme. Approximately £37m of savings had been identified towards the £43.7m target through efficiencies in drugs, clinical supplies, staffing arrangements, technology and care pathways. The balance between efficiency and quality was considered with the Chief Medical Officer and Chief Nursing Officer. Further savings would be required in future years as demand continued to grow faster than funding.

A supplementary question sought examples of investment in services and spaces. The Chief Executive described the expansion of Same Day Emergency Care, including a larger dedicated team and clinical area. Patients could receive assessment, investigations and treatment without necessarily requiring admission, with follow-up through the Virtual Hospital where appropriate. This supported the retention of inpatient beds for those who needed them and reduced unnecessary hospital stays.

A further question concerned investment in the current estate and the timetable for a new hospital. The Chief Strategy Officer advised that construction under the New Hospital Programme was not expected to start before 2037, requiring the Trust to maintain services on the existing site for at least a decade and potentially 15 years. The Estates Masterplan, published with the July Public Board, identified priorities including maternity, surgical pathways, ambulatory care and aseptics. Specific investment cases would be developed. Work to identify a new hospital site remained active, with discussions on-going with landowners and an ambition to progress acquisition by the 2027 AGM.

A question was raised regarding the future of the Council of Governors and public-led scrutiny. The Trust Secretary advised that a reduction in governor numbers had been discussed with the Council, although existing arrangements would continue pending clarity on the legislation.

An online question concerned preparations for winter and sustained summer pressures. The Chief Operating Officer advised that demand had remained high during the summer, including during heatwaves. Planning involved general practice and Berkshire Healthcare community teams to support people at home, alongside Same Day Emergency Care for those attending hospital. Future planning would also address summer heatwaves, including estate measures to keep patients and staff cool.

A representative of Healthwatch queried how the public could help during winter. The Chief Operating Officer encouraged uptake of seasonal vaccinations where eligible, advance preparation for medication needs over bank holidays and measures to stay warm and well. The Chief Executive also highlighted the importance of preparing home heating systems for winter.

A question was raised about assessing the home environment ahead of discharge to a virtual ward, including heating, living arrangements, carers and daily living needs. The Chief Medical Officer confirmed that these considerations were integral to assessment and that patients would not be discharged in the event that their home circumstances were unsafe. Occupational therapists and physiotherapists could assess patients within Same Day Emergency Care, working with families, Berkshire Healthcare Foundation Trust (BHFT) and social care to arrange support where required. The benefits of avoiding unnecessary admission were balanced against each patient's clinical and practical needs.

A question sought the criteria used to shortlist sites for a new hospital. The Chief Strategy Officer outlined requirements including sufficient land, proximity to the population centre in Reading, patient and staff access, ground conditions, ease of construction and land ownership arrangements. Approximately 34 sites had initially been identified, with a requirement for more than 20 acres. In response to supplementary questions, the current site was estimated at approximately 16 acres. A new hospital would require a larger site and taller buildings, reflecting modern space standards, and would use the prescribed design templates of the New Hospital Programme.

A question was raised regarding whether social care availability delayed discharge. It was acknowledged that Local Authority financial constraints and the availability of appropriate care could cause delays, particularly where specialist residential provision was needed. The Trust continued to work with local authority partners in relation to these issues.

A question sought an overall figure for hospital-acquired infections and comparison with historical rates. The Chief Nursing Officer advised that infections were monitored by individual infection type against NHS England thresholds, with results published in Public Board reports; a combined total was not provided. As an example, 10 hospital-acquired Clostridium difficile cases had been recorded to date against an annual threshold of 39. Early recognition, isolation and antimicrobial stewardship supported prevention. In response to a question about the condition of buildings, the Chief Nursing Officer outlined monitoring of cleanliness, ventilation and water systems, alongside incident review through the Patient Safety Incident Response Framework (PSIRF) to identify and implement learning.

A question was raised in relation to the North Block East Wing. The Chief Strategy Officer explained that ground conditions, historic pipe leaks and underinvestment had contributed to structural movement and deterioration. Stabilisation work had been undertaken below ground and to roofs and walls, and the building was now structurally sound. Its future use was being considered through the Estates Masterplan, although a return to clinical use was considered unlikely.

A question was asked whether the New Hospital Programme provided certainty of a new hospital in 2037. The Chief Strategy Officer advised that the funding envelope from 2037 onwards was consistent with a whole new hospital on a new site, but the options appraisal and business case process still had to be completed. The Trust would continue to make the case for a new facility. The Royal Berkshire Hospital Alliance was bringing together local stakeholders to inform planning and build a collective case for investment, including an earlier start than 2037.

An online question sought further information about Operation Cavell and thresholds for reporting to the police. The Chief Executive outlined clearer incident reporting, data review and liaison arrangements with Thames Valley Police. Staff were encouraged to report all violence, abuse and aggression through Datix, with incidents reviewed and cases referred to the police where criminal action might be appropriate. A yellow, amber and red card

system provided escalating warnings and, in defined circumstances, exclusion from the site, with exceptions for pre-booked appointments and life-threatening emergencies and a right of appeal. The Chief Executive reported a strengthened response to hate-based abuse, including an expectation of a red card for racially aggravated abuse where the patient had capacity.

Feedback was provided about a coordinated weekend response that had enabled additional discharges, with a question about embedding this approach into routine practice. The Chief Executive advised that learning was considered through winter planning forums involving social care, public health, acute, community and mental health services. Further opportunities for improvement remained, but maintaining a continuous crisis response was not sustainable for staff or services. Resource constraints had also limited the continuation of some arrangements introduced during the pandemic.

A suggestion was made in relation to Trust doing more to celebrate its maternity services. The Chief Nursing Officer reported that a recent NHS England regional insights visit had identified no significant safety concerns or red flags and had placed the maternity and neonatal service second on the regional performance heat map. The service understood its improvement priorities, with the Perinatal Service Review supporting this work. Positive patient stories and awareness events were shared, whilst national investigation findings continued to inform assessment and improvement. The importance of balancing celebration with listening and continued scrutiny was emphasised.

A message of appreciation for the care provided by Trust staff was shared, with a request that thanks be passed on across the organisation. The Chair acknowledged the feedback.

A final question concerned public membership and efforts to increase engagement. The Trust Secretary advised that the Trust had approximately 4,000 public members, that received the membership magazine and an invitation to the AGM. Hybrid attendance and live streaming enabled participation by those unable to attend in person, and recordings of previous AGMs had attracted approximately 200 subsequent views on the Trust's website.

06/26 Close

The Chair closed the meeting by thanking the Board of Directors, Council of Governors, volunteers, Trust staff and members of the public for attending and for their engagement throughout the meeting.

The conclusion of the Lead Governor's term of office was acknowledged, marking nine years as a governor, including three years as Lead Governor, and a gift was presented in recognition of her service.

The next Annual General Meeting will be held in September 2027.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Membership Committee

Thursday 22 October 2026
17.00 – 18.45
Video Conference Call

Present

Mr. Richard Havelock	(Volunteer Governor) (Chair)
Ms. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Clive Jones	(Public Governor, Wokingham) (from minute 19/26)
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) (for part)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

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

Apologies

Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Mr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Terri Walsh	(Public Governor, Wokingham)

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

17/26 Member Issues and Feedback

The Committee discussed the potential implications of the Health Bill for Foundation Trust membership and the Council of Governors. The Trust Secretary advised that the Bill remained subject to parliamentary scrutiny and that existing arrangements and statutory duties would continue until any changes came into effect. If enacted as proposed, the Foundation Trust and governor model would be removed, including governors' responsibilities for appointing the Chair and Non-Executive Directors and holding Non-Executive Directors to account. Alternative arrangements for local public accountability would need to be considered, although the future model and implementation timetable were not yet confirmed.

The Trust Secretary highlighted the continued importance of public accountability and engagement. Discussions with the Associate Chief Nurse Patient Experience, Workforce and Education had considered patient experience and community engagement, and the Trust intended to retain communication with its approximately 4,000 public members as a valuable engagement route, alongside its wider stakeholder relationships, unless advised otherwise. The Committee agreed that the proposed changes should not discontinue effective existing engagement arrangements.

The Committee discussed differing approaches across trusts and the potential to retain useful elements of governors' contribution under any future arrangements. The Committee noted that the proposals could change through further parliamentary scrutiny and that further discussion would be needed as the position became clearer.

Governors sought an opportunity to contribute to discussions on future accountability arrangements and greater clarity on the Trust's position. The Corporate Governance Manager clarified that discussions through the membership database network had focused on understanding other trusts' approaches, specifically to elections, with feedback indicating that trusts were in a similar position. The Trust Secretary advised that detailed planning remained difficult without a confirmed timetable. Updates would be shared through the Council of Governors, as the principal implications concerned its role, with an update at the November meeting in the event of further information being made available. The Trust Secretary would circulate a summary of the Bill's implications for governors and members. **Action: C Lynch**

A governor queried the impact on the Trust following recent national cyber issues affecting access to databases. It was reported that the Trust's Cyber team was aware of the issues and that a platform supporting the Trust's Learning Matters application that was used for staff mandatory training could potentially be affected. However, there was no impact on patient data.

The Committee received an update on the migration to NHS.net. The transition had progressed well, with a limited number of issues and on-site support available to assist staff.

18/26 Minutes for Approval: 2 July 2026 and Matters Arising Schedule

The minutes of the meeting held on 2 July 2026 were approved as a correct record of the meeting.

The Committee noted the matters arising schedule.

Minute 09/26 (06/26): Reflections of the Meeting: The action to arrange a wider governor discussion with Amit Sharma in relation to understanding GP Alliance remained outstanding. The Trust Secretary would seek his contact details at the forthcoming Board seminar to progress a discussion with the wider governor group. **Action: C Lynch**

It was confirmed that meetings would continue to be held online during the winter months and in person during the non-winter months. The Trust Secretary had also discussed with the Chair whether Council of Governors meetings should be held virtually, particularly during winter, to support attendance and quoracy. The Committee noted that this would support travel and work commitments, whilst recognising the benefits of face-to-face meetings and the technical challenges of hybrid meetings. The options would be discussed with governors.
Action: C Lynch

The Committee discussed opportunities for governors to engage with Non-Executive Directors. The Trust Secretary explained that the decision by the Chair to step them down from attending all Council meetings reflected competing demands on their time. There were four Governors' Assurance Committee meetings each year that provided a dedicated forum for governors to hold Non-Executive Directors to account and discuss the work of Board committees. In addition, in the event of Council meetings being virtually this could make attendance easier.

19/26 Membership Update

The Corporate Governance Manager introduced the report and advised that total membership stood at 10,990, representing a decrease of 39 members since the last meeting. Public membership stood at 3,650, a decrease of 4 members, whilst volunteer membership had

decreased by 12 members and staff membership by 23 members. Since the meeting held on 2 July 2026, six new public members had joined and ten had left, of whom eight had died.

The Corporate Governance Manager advised that the Summer 2026 edition of Pulse Magazine had been distributed to 2,230 public members with a valid email address, with an open rate of 45%, 1% higher than the previous edition. The next edition was due to be circulated in November 2026. Governors were invited to volunteer to write the governor article for that issue and indicate their interest in contributing during 2027. Communications support would be available. The Corporate Governance Manager would circulate the schedule to all governors and invite volunteers. **Action: K Brent**

It was confirmed that the previous edition included an article from the previous Lead Governor as well as a separate article thanking her for her tenure. In addition, an article on the patient buggy service extended hours and the route for progressing governor suggestions was also included. The Trust Secretary confirmed that the governors' log remained the appropriate mechanism for raising issues and obtaining a response. An article on Arthur was already planned for the next edition of Pulse Magazine.

A governor queried the proposed information point in South Block. The Trust Secretary confirmed that this remained an outstanding action. The existing welcome desk was not staffed, and further consideration was required. Progress had been constrained by capacity, which was expected to improve following on-going recruitment. **Action: C Lynch**

20/26 Membership Events

The Committee noted that the Annual General Meeting had been held on 16 September 2026, with approximately 65 people attending in total, including those joining remotely. The previous Lead Governor's contribution had been recognised at her final AGM, with a presentation of flowers and closing remarks. The recording was available on the Trust website. The Committee noted that the presentation and clarity of the slides and the range of displays available before the meeting was positive.

The Trust Secretary highlighted that there had been low governor attendance at the event although some governors had attended remotely. It was confirmed that the overall attendance figure of approximately 65 included both in-person and remote attendees.

The AGM feedback survey had been prepared but circulation had been delayed by the NHS.net migration, to avoid losing the survey during the transition. **Action: K Brent**

21/26 Work Plan

The Committee received the work plan.

22/26 Reflections of the Meeting

The Trust Secretary led the reflections

23/26 Date of the Next Meeting

It was agreed that the next meeting would be held on Tuesday 9 February 2027 at 17.30.

SIGNED:

DATE:

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.

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 General Meeting

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:

Approved by the Council:

Royal Berkshire NHS Foundation Trust

Minutes

Governors Assurance Committee

Wednesday 28 October 2026
17.00 – 19.00
Video Conference Call

Present

Dr. Tom Duncan	(Staff Governor, Medical/Dental) (Chair)
Mr. Martyn Cooper	(Public Governors, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing & Midwifery)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Mr. Andrew Peters	(Public Governor, East Berkshire & Borders)
Ms. Joycee Rebelo	(Public Governor, Reading) (for part)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mr. Oke Eleazu	(Chair of the Trust)
Ms. Suzanne Byrne	(Non-Executive Director)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Umesh Jetha	(Non-Executive Director) (for part)
Dr. Rupa Joshi	(Non-Executive Director) (for part)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

Apologies

Mr. Mike McEnaney	(Non-Executive Director)

21/26 Declarations of Interest

There were no declarations of interest.

22/26 Minutes for Approval: 24 June 2026 and Matters Arising Schedule

The minutes of the meeting held on 24 June 2026 were approved as a correct record subject to a minor amendment of the date of the next meeting and would be signed by the Chair.

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

23/26 Member Issues and Feedback

Governors requested an update on industrial action. The Trust Secretary advised that a briefing was being prepared and would be circulated the following day. **Action: C Lynch**

In response to a query regarding the reports provided, the Trust Secretary confirmed that the People Committee met quarterly. Governors also requested clarification on the availability of the

Innovation & Transformation Committee Terms of Reference. This was addressed later in the meeting.

24/26 Board Sub-Committee Key Issues

The Committee received the Board Sub-Committee minutes and Chair Assurance Reports. Committee Chairs provided an overview of key themes, including verbal updates on more recent meetings where minutes had not yet been published. The Committee considered that the Chair Assurance reports provided a helpful summary of key issues discussed at Board Committees.

Finance & Investment Committee

The Chair of the Finance & Investment Committee provided an overview of the meetings held between May and July 2026 and a verbal update on the September meeting. The Committee's continuing focus was financial performance, efficiency savings, cash availability and delivery of the capital programme.

The Committee noted that financial performance had remained on plan during the first four months. Income was above budget, including additional activity and education income, had offset pressure on substantive staffing costs. The September update had provided greater confidence that the Trust would deliver its planned year-end deficit of £9.8m, subject to agreement with the Integrated Care Board (ICB) on payment for additional activity.

The Committee noted that the Trust was seeking agreement on additional income, supported by activity data. The Chair highlighted that the financial and cash forecasts depended on a satisfactory outcome to these discussions, recognising the financial pressures also encountered by the ICB.

Efficiency savings had been delivered in line with plan, although the rate of delivery would need to increase during the second half of the year. The Committee noted the importance of increasing recurrent savings to support the following year's financial position, rather than relying on one-off benefits.

Cash forecasts had been achieved to date and external cash support was not currently anticipated. The capital programme was expected to total between £50m and £60m, with just under £40m funded from the Trust's own resources and approximately £20m sought through Public Dividend Capital (PDC). Delivery remained dependent on funding and the ability to complete schemes within the financial year. Alternative projects could be brought forward where other schemes were delayed.

A Governor highlighted difficulties in obtaining access to Power BI and extracting theatre activity data from the Electronic Patient Record (EPR) and a meeting would be arranged to discuss this with the Chief Finance Officer. The Committee noted the importance of using clinical and operational expertise to support data analysis and innovation, and the potential gap between Board reporting and staff experience.

The Committee discussed the financial impact of portering industrial action. It was noted that the proposed changes to overtime arrangements were intended to ensure fairness and consistency across all staff groups. The financial impact was considered manageable within the forecast position. The Trust Secretary advised that existing staff were volunteering to cover portering duties, with the principal impact being the diversion of staff and senior management time. The impact of the proposed doctors' industrial action had not yet been fully assessed, and Governors would be updated when further information was available.

Audit & Risk Committee

The Committee received an overview of the Audit & Risk Committees held in May, July and September 2026 meetings. Internal audit reviews of the Data Security & Protection Toolkit and access and activity data had provided significant assurance with minor improvement opportunities. The Digital, Data & Technology (DDaT) operations review had provided a lower level of assurance, with improvement work ongoing.

A discussion had been held at the July meeting in relation to a review of income and postings controls that had identified improvements consistent with known weaknesses in the finance function. The Fit and Proper Persons Test review had provided a high level of assurance. The September meeting included audit reviews of mortality processes and Care Group risk management and these had also provided significant assurance with minor improvement opportunities.

The Committee noted that the 2025/26 Trust Annual Report and Accounts had been approved following resolution of the historic income recording issue. The Finance and Procurement Function Improvement Plan, developed with external support, was progressing and provided increased confidence in the reliability of financial reporting.

The Committee noted ongoing consideration of the governance, strategy and potential wider use of HFMS Ltd. Violence prevention and reduction had been considered through the national self-assessment and Health & Safety Annual Report. The Chief People Officer was reviewing the Staff Safety Strategy in response to increasing violence and aggression. In response to a query it was confirmed that the increase reflected a national trend as well as local experience.

A Governor sought assurance that private patients treated on NHS operating lists were not disadvantaging NHS patients or using NHS-funded time inappropriately. Concerns included capacity, staff indemnity and clarity of the arrangements. The Trust Secretary advised that this issue had been raised as a Governor Question and a response had been provided. The response would be shared with the Chair of the Audit & Risk Committee to seek clarity in relation to arrangements for private patients. **Action: C Lynch**

Quality Committee

The Chair of the Quality Committee provided an overview of the meetings held in June, July and September 2026. The Committee noted that the June meeting had been convened specifically to approve the 2025/26 Quality Account.

The Committee noted that the volume of maternity reporting reflected the level of scrutiny of Maternity services. Areas requiring improvement had been identified and the NHS England regional insight visit had recognised the Trust's understanding of these issues.

Maternity pressures included theatre capacity for emergency caesarean sections and delays to induction of labour associated with staffing and availability of delivery rooms. The midpoint review of the Maternity Incentive Scheme (MIS) had provided partial assurance, although full compliance at the final submission was anticipated. Further work was required on neonatal medical staffing. Previously identified increases in obstetric haemorrhage and postoperative infections had stabilised.

The Committee discussed Never Events and the need to strengthen system-based prevention and ensure learning was embedded. The Chair of the Quality Committee advised that two further events had recently been reported and would require detailed reviews. Governors challenged the statement that the Trust was not an outlier. The Chair of the Quality Committee explained that meaningful national benchmarking was limited by differences in hospital size, complexity and activity. Recurring themes, particularly retained swabs, remained a focus for scrutiny.

A Governor raised concerns regarding consistent use of theatre safety checks and the National Safety Standards for Invasive Procedures (NatSSIPs 2) and highlighted the need for more detailed analysis of where events occurred and whether learning and safety processes were effective in practice.

The Committee noted the shortfalls identified by the Human Tissue Authority's unannounced inspection. A response had been provided and an action plan was in place, with a Designated Lead appointed to monitor delivery. A Governor observed that some findings appeared similar to those identified in an earlier inspection and highlighted the importance of sustained improvement.

Governors requested clarification on unendorsed clinical results, delays in NEWS2 implementation and breast screening follow-up. The Chair of the Quality Committee advised that work was on-going to ensure reviews of clinical results were consistently documented, strengthen implementation of the early warning system and address administrative issues in follow-up arrangements. These were recognised as significant issues with actions in place.

Governors queried low compliance rates for the National Patient Safety Syllabus training module. The Trust Secretary clarified that completion of this particular module was encouraged but was not currently mandated by the Trust, pending the outcome of the national review of mandatory training. This did not mean that staff had no patient safety training or knowledge. The Committee noted the challenge of adding further training requirements without reviewing the overall burden.

Positive assurance included the internal clinical accreditation scheme, with eight gold and four silver awards across 12 services. The Chair highlighted the importance of triangulating internal findings with external accreditation. The Committee also noted consideration of the winter plan and seasonal influenza vaccination plan.

Governors raised concerns about the quality of complaints responses and coordination between complaints, investigations and mortality reviews, particularly for bereaved families. The Chair of the Quality Committee advised that reporting focused principally on themes and response performance rather than individual correspondence. The increasing volume and complexity of complaints was noted, alongside the need to understand whether responses addressed the concerns raised.

In response to a query, the Chair of the Quality Committee confirmed that all complaints were acknowledged and that the timeliness of this acknowledgement had improved.

Charity Committee

The Chair of the Charity Committee provided an overview of the Charity's development, including changes in Committee membership, a refreshed purpose and improvements to the website. External specialist support had been approved to develop the approach to a potential major fundraising appeal. The Committee noted funding agreed for Cardiology and the Berkshire Cancer Centre's brachytherapy equipment.

In response to a query regarding the replacement Customer Relationship Management (CRM) system, the Chair confirmed that the supplier had disclosed a cyber incident. Due diligence had been undertaken and assurance received in relation to proceeding with implementation.

People Committee

The Chair of the People Committee highlighted the continuing focus on the Staff Survey, organisational culture and the actions required in response to staff feedback. Violence and aggression remained a priority, with further discussion having taken place at the Board earlier that day.

The Committee noted that safe working remained a regular area of scrutiny. The Guardian of Safe Working had advised that the position in general surgery was improving, although further work was required. The Chair of the People Committee confirmed that General surgery and Ophthalmology remained areas of focus for ongoing scrutiny. Pressures in Ophthalmology included emergency provision, access to anaesthetic support and staffing across more than one site.

Governors sought assurance that incidents between colleagues, as well as those involving patients and visitors, were recorded. The Trust Secretary confirmed that the incident reporting system captured this distinction and that staff-related matters were addressed through the appropriate HR processes. The Staff Survey also included a question relating to incidents involving staff and patients and unacceptable conduct. Incidents involving patients and visitors represented the principal concern discussed.

Governors queried the increase of approximately 17% in Occupational Health referrals and whether this reflected staff burnout. The Chair of the People Committee advised that referrals related to a range of issues, including musculoskeletal and mental health concerns, and remained an area of focus.

25/26 Innovation & Transformation Committee

The Chair of the Innovation & Transformation Committee provided a verbal update on the meeting held in September 2026. The Committee's purpose was to provide assurance on strategic initiatives and oversight of innovation and transformation. The first meeting had considered the assurance framework, value propositions, priorities, delivery timescales and governance stages required before initiatives moved into execution.

The Committee noted the need to understand dependencies, particularly DDaT capability and capacity, alongside the existing portfolio of strategic programmes. A further review was planned for December 2026 to support prioritisation, avoid duplication and identify barriers before new initiatives commenced.

Governors highlighted difficulties in extracting and using EPR data operationally, the need to strengthen data quality and collection, and the importance of sustaining technology following implementation. The Chair of the Innovation & Transformation Committee advised that these issues should inform the intended outcomes of relevant strategic initiatives.

The Chair of the Trust advised that the EPR contract was due for renewal in approximately 18 months and an evaluation of future arrangements would provide an opportunity to consider functionality, strengths, limitations and alternatives. Governors highlighted the value of involving public health stakeholders and ensuring that the system supported the needs of all users.

The Trust Secretary clarified that the Committee's terms of reference had been considered by the private Board in August 2026 to enable the meeting to take place in September 2026. The scope of the terms of reference would be refined at the December meeting to clarify its remit alongside other Board Committees. The revised Terms of Reference would then be submitted to the public Board for formal approval.

26/26 Group Discussion Feedback

The Committee noted that the separate group feedback item reflected the previous arrangement of breakout discussions. As discussions now took place with the full Committee, it was agreed that this item would be removed from future agendas. **Action: C Lynch**

27/26 Reflections of the Meeting

The Trust Secretary led a discussion.

Governors reflected positively on the usefulness of the meeting and the opportunity to seek clarification and assurance. The importance of receiving comprehensive reports with sufficient time to prepare questions was highlighted.

The Committee thanked Tom Duncan as this was his final meeting as Chair. The Trust Secretary advised that expressions of interest would be sought from Governors to appoint a new Chair ahead of the January meeting. **Action: C Lynch**

28/26 Date of Next Meeting

The next meeting was scheduled for Wednesday 27 January 2027 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 and Chair Assurance Report of the Audit & Risk Committee
- Minutes and Chair Assurance Report of the Finance & Investment Committee
- Minutes and Chair Assurance Report of the Quality Committee
- Minutes and Chair Assurance Report 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:
Approved by the Council: