



**Royal Berkshire**  
NHS Foundation Trust

# Council of Governors - 25 September 2024

MEETING

25 September 2024 17:00 BST

PUBLISHED

19 September 2024

# Agenda

Location	Date	Time		
Boardroom, Level 4, Royal Berkshire Hospital	25 Sep 2024	17:00 BST		
Item	Owner	Time	Page	
1 Apologies for Absence and Declarations of Interest (Verbal)	Helen Mackenzie		-	
1.1 Graham Sims			-	
2 Questions from the Public (Verbal)	Helen Mackenzie	17:00	-	
3 Minutes for Approval: 29 May & 26 June 2024 and Matters Arising Schedule	Helen Mackenzie	17:05	3	
4 Changes to the Council Membership (Verbal)	Caroline Lynch	17:10	-	
Holding the Board to Account			-	
5 Chief Executive Update (Presentation)	Steve McManus	17:20	-	
Items of Council Business			-	
6 Membership Committee Minutes: 16 July 2024	Richard Havelock	18:00	13	
7 Governors Assurance Committee Minutes: 26 June 2024	Sunila Lobo	18:05	17	
Representing the Views of Members and the General Public			-	
8 Governor Question Log	Caroline Lynch	18:10	21	
9 Reflections of the Meeting: (Verbal)	Martyn Cooper	18:15	-	
9.1 How did you feel during the discussions?			-	
9.2 How did our thinking move us on?			-	
9.3 Do we need to do anything differently?			-	
10 Questions from the Public (Verbal)	Helen Mackenzie	18:25	-	
11 Date of Next Meeting: Wednesday 27 November 2024 at 17.00			-	

Minutes

## Council of Governors

Wednesday 29 May 2024

17.00 – 18.45

Seminar Room, Trust Education Centre

### Present

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

### In attendance

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

### Apologies

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

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

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

### 12/24 Declarations of Interest

There were no declarations of interest.

### **13/24 Questions from the Public**

There were no questions raised.

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

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

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

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

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

### **16/24 Chief Executive Update**

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

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

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

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

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

The Chief Executive advised that a clinical lead for the Health Data Institute had been recruited and the final stages of recruitment of a Head of Health Data Institute was on-going. The Trust

had received £200k funding from Thames Valley Secure Data Environment (SDE) to set up the Health Data Institute. In addition, the Trust had received a £1m Artificial Intelligence (AI) grant to support a “machine learning-enabled” decision support system to improve early detection and referral of rheumatic and musculoskeletal diseases.

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

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

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

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

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

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

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

**Action: C Lynch**

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

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

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

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

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

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

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

**Action: C Lynch**

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

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

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

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

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

**Action: C Lynch**

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

The Trust Secretary led a discussion.

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

There were no questions raised.

**23/24 Date of Next Meeting**

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

**SIGNED:**

**DATE:**

Minutes

**Council of Governors**

Wednesday 29 May 2024

18/45 – 18.50

Seminar Room, Trust Education Centre

**Present**

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

**In attendance**

Mrs. Caroline Lynch	(Trust Secretary)
---------------------	-------------------

**Apologies**

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

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

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

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

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

The Council approved the appointments.



**SIGNED:**

**DATE:**

## Minutes

### **Council of Governors**

Wednesday 26 June 2024

16.30 – 16.40

Seminar Room, Trust Education Centre

#### **Present**

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

#### **In attendance**

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

#### **Apologies**

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

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

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

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

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

The Council approved the recommendation.

**SIGNED:**

**DATE:**

## Agenda Item 4

Date	Minute Ref	Subject	Matter Arising	Owner	Update
29 May 2024	14/24 (03/24)	Minutes for Approval: 28 February 2024 and Matters Arising Schedule: Questions from the Public: Primary Care Strategy:	The Trust Secretary confirmed that a follow-up session would be scheduled once the consultation period had concluded.	C Lynch	This has been requested from the ICB who have advised they could not present this to the September meeting so that have been invited to attend the November meeting.
29 May 2024	16/24	Chief Executive Update: Building Berkshire Together	The Director of Strategy advised that an Impact Assessment would need to be undertaken and a number of listening events were planned, although, this would need to be carefully considered due to Purdah. The Director of Strategy would be joining the Chair/Governor video call on 13 June 2024 to engage Governors on this topic.	A Statham	Completed.
29 May 2024	16/24	Chief Executive Update:	It was agreed that the information related to the RESPECT form and DNAR would be circulated to Governors.	C Lynch	The Trust Secretary has facilitated a number of questions from governors and these are all included on the governor question log. In addition, the information is now available on the Trust website.
29 May 2024	18/24	Membership Committee Minutes: 14 February and 11 April 2024	The Trust Secretary would develop the process for those governors who wished to have their photograph on the website.	C Lynch	Two sessions have been organised for governors who wish to have their photograph taken.  Those governors who have had their photograph taken have been updated on the website.
29 May 2024	20/24	Governor Question Log	It was agreed that the Trust Secretary would liaise directly with one governor in relation to a question raised that had not been included on the log.	C Lynch	Completed.

Minutes

## Membership Committee

Tuesday 16 July 2024

17.30 – 18.45

Seminar Room, Trust Education Centre, Royal Berkshire Hospital

### Present

Mr. Richard Havelock	(Volunteer Governor, Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mrs Miranda Walcott	(Public Governor, Integrated Care Board) (ICB)

### In attendance

Mrs. Caroline Lynch	(Trust Secretary)
---------------------	-------------------

### Apologies

Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Dr. Tom Duncan	(Staff Governor, Medical & Dental)
Cllr. Deborah Edwards	(Partner Governor, Reading Borough Council)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Andrew Haydon	(Staff Governor, Nursing & Midwifery)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Clive Jones	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Cllr. Alan Macro	(Partner Governor, West Berkshire Council)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mrs. Sally Moore	(Staff Governor: Admin/Management)
Mr. James Mugo	(Public Governor, Reading)
Mrs. Beth Rowland	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

There were no declarations of interest

### 17/24 Member Issues and Feedback

The Committee noted that the event held by the Mortimer Patient Participation Group (PPG) had been well attended and thanks were expressed to the Trust's diabetes team for their time.

A query was raised as to whether the Endoscopy outpatient team were able to call patients to attend when an outpatient slot became available due to another patient not attending at short notice. It was agreed that this would be added to the governor question log. **Action: C Lynch**

A query was raised as the difficulties faced by parents of children with special needs and the challenge of waiting for long periods for their appointment due to, for example, noisy environments. The Trust Secretary advised that parents could raise the issue directly with the reception teams and request for a call when their child was ready to be seen to enable them to wait in another area.

The Committee noted that positive feedback had been received from volunteers about the voluntary service being very well run and, in particular, expressed their thanks to the Voluntary Services Manager. In addition, the Trust had recently held its annual Volunteers Supper.

#### **18/24 Minutes for Approval: 11 April 2024 and Matters Arising Schedule**

The minutes of the meeting held on 11 April 2024 were approved as a correct record.

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

#### **19/24 Membership Update**

The Trust Secretary introduced the report and highlighted that the Trust had received a new public member in the Gypsy or Irish Traveller ethnicity category. This meant for the first-time membership was represented in all ethnicity categories and should be recognised as an achievement for the Trust. In addition, two new public members had declared that they had a learning disability and physical disability. The Committee discussed the challenge of people declaring this and welcomed the update.

The Committee noted that that the current membership was 10,836; an increase of 104 members compared with figures from April 2024. The Committee noted that, as requested at the last meeting, comparison figures of membership from 2020 to 2024 had been included in the report.

In response to a query the Trust Secretary explained that the third-party company that held the Trust's membership database conducted a monthly 'data cleanse' that removed deceased members from the database.

The Committee noted the communications circulated to public members. The Trust Secretary advised that the Corporate Governance team were working closely with the Charity team to publicise fundraising events and membership events to both governors, public members and charity supporters.

#### **20/24 Membership Events including Preparations for the Annual General Meeting (AGM)**

The Trust Secretary introduced the report and highlighted the proposed events for 2024/25 as well as events for membership recruitment. The Trust Secretary highlighted that, as part of the preparations for Reading PRIDE, discussions were on-going with the Berkshire Healthcare Foundation Trust (BHFT) membership team, as Trust stands would be co-located with BHFT, in relation to signing up new members so that members of public could jointly sign up for both organisations. In 2023 several members of the public did not sign up to the Trust's membership as they had already visited the BHFT team and, assumed, we were one organisation. Governors were asked to nominate themselves to attend the PRIDE event.

**Action: Governors**

The Trust Secretary highlighted that the Royal Berks Charity Walk for Wards event was scheduled for 29 September 2024 and, again, governors were encouraged to attend as a Membership stand would be available at the event.

**Action: Governors**

The Committee discussed the events that Governors had been invited to attend or host a membership stand. It was noted that some events had not been attended by any governors. A suggestion was raised that the public Governor, West Berkshire & Borders, could be contacted at short notice by telephone to attend in the event of no other governors making themselves available. It was agreed that the Trust Secretary would advise the Corporate Governance team accordingly.

**Action: C Lynch**

The Trust Secretary highlighted that the event held by the Partner Governor, ICB, was attended by the Corporate Governance Officer only. However, this had provided an opportunity to raise awareness of the upcoming Governor elections. The Committee agreed the importance of governors attending these events to liaise with the public to sign up as new members as well as raising awareness of the role of the Governor.

The Partner Governor, ICB, agreed to provide contact details for staff that provided youth events from the three local authorities to enable the Trust to liaise on attending any planned events. **Action: M Walcott**

The Trust Secretary advised that preparations for the AGM scheduled for Monday 7 October 2024 had commenced. The venue had been confirmed for the University of Reading. Discussions were ongoing to ascertain whether tours of the Clinical Skills suite would be possible at the event. However, several stands had been confirmed for the meeting including Research and Innovation, Building Berkshire Together and the Royal Berks Charity.

The Trust Secretary advised that a hybrid facility would be available to enable members to join remotely. However, as the AGM was the start and end of governor terms, all governors were encouraged to attend in person. A Membership stand would be available at the event to enable governors to speak directly with members attending. The Partner Governor, ICB, highlighted the need to ensure neurodivergent attendees were not affected by lighting and loud hand dryers.

## **21/24 Governor Training & Development**

The Trust Secretary introduced the report that set out training and development sessions for 2024/25 including those already provided and future events.

The Trust Secretary highlighted tours provided to date included the Pharmacy Department, Building Berkshire Together and there was an opportunity to see the Medical Museum at the staff open day. A private tour for Governors would be arranged. **Action: C Lynch**

A tour of the Clinical Skills Suite, as discussed earlier in the meeting, would hopefully be available for the AGM. The next planned tour would be the Rapid Response Laboratory and details would be available in the future.

The next training sessions included Understanding the Integrated Performance Report (IPR), NHS Finance and Patient Experience/Patient Leaders. The Committee suggested that a session on Physicians Associates and Digital would be useful as these were both topical issues. The Trust Secretary agreed to look to arrange these. **Action: C Lynch**

The Committee discussed the recent Governor Focus Conference held in July 2024. Those Governors that had attended had found the session had been extremely useful. It was agreed that materials from the day would be circulated to all Governors. **Action: C Lynch**

The Committee discussed the recent email communication distributed to governors regarding the event and the two main points raised. The Trust Secretary advised that a meeting had been scheduled with the Governor advisor at NHS Providers to clarify where the messaging came from as Governors moving away from the supervision of the Trust Secretary was not aligned to good governance. The Trust Secretary further explained that her counterparts at all NHS Trusts would all have some form of responsibility, as Secretary to the Council, to both support and advise governors. In particular, in relation to Governors wishing to implement new initiatives. The Committee agreed that they would like to explore incorporating some of the

initiatives, such as those from Northamptonshire Healthcare NHS Foundation Trust in relation to governor pledges. The Trust Secretary suggested that a Task & Finish Group could be set up to consider new initiatives/ways of working to develop proposals for consideration by the Council. The Committee agreed this would be useful. The Terms of Reference for the Group would be developed and circulated to Governors for review. **Action: C Lynch**

In response to a query regarding some trusts allowing Governors to attend Board Committees in order to judge the performance of Non-Executive Directors (NEDs), the Trust Secretary advised that this had been suggested previously by Governors and the Board had concluded that this was not appropriate and would hinder discussion with observers being present. In addition, NHS Providers had not changed their stance and confirmed that they did not encourage Governors attending Board Committees even through some trusts had implemented this.

The Committee advised that Governors were asked to provide input to Non-Executive Director appraisals, and this was difficult to do without attending Board Committees. The Trust Secretary highlighted that Governor feedback was sought for NED appraisals. However, this was a local arrangement only and a change of process in relation to this could be implemented. The Trust Secretary confirmed that this topic could be re-visited as part of an initiative from the Task & Finish Group. **Action: C Lynch**

#### **22/24 Membership Strategy Review 2021/23 and Draft Membership Strategy 2024/26**

It was agreed that this item would be deferred for discussion at the next meeting.

#### **23/24 Council of Governor Objectives 2024/25**

It was agreed that this item would be deferred for discussion at the next meeting.

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

The Committee noted the work plan.

#### **25/24 Date of the Next Meeting**

It was agreed that the next meeting would take place on Monday 21 October 2024 at 17.30.

**SIGNED:**

**DATE:**



Minutes

## Governors Assurance Committee

Wednesday 26 June 2024

17.00 – 18.55

Video Conference Call

### Present

Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Mr. Thomas Duncan	(Staff Governor: Medical/Dental)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. James Mugo	(Public Governor, Reading)
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)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(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. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mr. Douglas Findlay	(Public Governor, Wokingham)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Andrew Haydon	(Staff Governor, Nursing/Midwifery) (Chair)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krause	(Public Governor, Wokingham)
Cllr. Alan Macro	(Partner Governor: West Berkshire Council)
Cllr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Sally Moore	(Staff Governor: Admin/Management)
Mr. Dhian Singh	(Youth Governor)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board - SEND)

**15/24 Declaration of Interests**

There were no declarations of interests.

**16/24 Minutes for Approval: 24 April 2024 and Matters Arising Schedule**

The minutes of the meeting held on 24 April 2024 were agreed as a correct record and would be signed by the Chair. The Committee noted the matters arising schedule.

**17/24 Member Issues and Feedback**

A Governor raised an issue in relation to several complaints that had been received of patients visiting in the Emergency Department. It was agreed that the Governor in question would submit a formal question to the Trust Secretary and a response would be sought and added to the Governor question log. **Action: W Murdoch**

A Governor provided feedback that a number of patients had advised that they had chosen to be treated at the Trust that were otherwise out of area as a result of the expertise and care received.

An update was provided that significant development and action from the Trust had been recognised in relation to the on-going issue of smoking on site. The Governor in question noted that he was satisfied with the robust response from the Trust and the actions to address the issue.

A Governor provided feedback that a member of the Reading constituency had recently received excellent cancer treatment.

A Governor raised the issue of early detection of sepsis in patients due to a recent media article published. The Committee noted that the Trust was focused on raising awareness of Sepsis and recognising early deterioration in patients. The Call 4 Concern service was one element of this. Governors received assurance that the Trust conducted thorough investigations and was a learning organisation and comparative benchmarking was on-going with a number of programmes of work identified on sepsis across the BOB ICB.

The Trust Secretary announced that the annual Governor elections for 2024 were on-going and the deadline for nominations was 15 July 2024. Governors were asked to inform their constituents of the vacancies as well as the on-going aim to increasing diversity and inclusion on the Council.

**18/24 Board Sub-Committee Key Issues**

The Committee discussed items from recent Board sub-committees.

Feedback from the discussions included:

- A discussion was held in relation to the Trust's financial position and the on-going challenge for 2024/25 and how the Trust had budgeted and planned to manage that noting the ageing estate and the need to reduce waiting lists and noting the delay in receiving guidelines.
- Governors received assurance that the Trust managed to deliver its efficiency savings programme of £15m in 2023/24 with a confirmed position of £16.03m that was £1.03m greater than the original target. However, noted that only £6.20m of this was recurrent savings and the Trust would be committed to identifying a further

efficiency programme of £15m of new schemes with an additional £6.20m of full year effect from recurrent schemes from 2023/24. There was also a need to identify a further £3m of efficiency savings through system opportunities. The Committee noted that efficiency safety ideas would not be progressed if there was a safety risk highlighted through the EQIA process.

- A discussion was held in relation to the upcoming announced industrial action and whether funding for this would continue to be reimbursed by NHS England. It was noted that the assumption was that this would continue for some of the costs if not all.
- Governors received assurance on how the Board was ensuring that overdue actions on the internal audit recommendations were being addressed and completed in a timely manner that included a status report on the progress of management actions being submitted for review at each meeting. The Committee also noted that there had been an issue with access to the system that had been addressed and a recent report had highlighted an improved position.
- A discussion was held in relation to the Trust's use of Physician Associates (PAs). It was explained that PAs were employed to support medical teams and there was currently a lack of registration. However, it was noted that the GMC had agreed that they would clarify the scope of the roles and responsibilities and the level of supervision as well as progress the process of registration. In the meantime, PAs were supervised and did not work independently. Assurance was provided that PAs were not currently able to prescribe and therefore required doctor sign off. A discussion was held in relation to the training PAs undertook.
- A discussion was held in relation to how the Trust was ensuring there was a fair balance to managing resources and workload of the workforce including in administration duties whilst continuing to add value. The Committee noted that to support this the Trust had committed to the improving together programme throughout the organisation.
- Governors received assurance on the process of allocating capital expenditure.
- A discussion was held in relation to the lack of ethnicity outcomes in the perinatal mortality report that had been raised as a national concern and the actions taken by the Trust to seek assurance on this. Each case was reviewed in detail and it was confirmed that the data suggested that there was a mix of ethnicity in relation to perinatal outcomes. However, recording of ethnicity was now at 99% in Maternity. Further work would be required to improve this across the Trust. The Committee noted the work on-going to improve measuring fundal height and the recent work to develop this with Cerner that would be rolled out nationally. At present the Trust did not see bias. However, noted that there were complex births including babies born that required cooling.
- A discussion was held in relation to smoking on-site and the Trust's commitment to making a difference. There were a number of workstreams designed to enable staff and patients to get the help and support they need to quit smoking as well as improve messaging and signage at the Trust. It was advised that there was a smoking cessation project led by Dr Kiruba Nagaratnam and the transformation team. The policy was due to be updated and strengthened in relation to this topic and consultation would be sought from trade unions. A suggestion of a single action plan was made with regular updates against target.

- Governors received assurance that the Trust regularly engaged with staff and reviewed staff morale that included regular reviews at the People Committee and supported by the staff survey results and the on-going trust-wide What Matters 2024 programme whilst recognising the constraints including the financial position. The Governors noted that the results of the staff survey identified that staff continued to recognise the Trust as a 'good place to work'. It was noted that there was a balance to managing resources and how to optimise them at the same time as adding value and impact.
- Governors received assurance that the outcome of the site-wide geotechnical review had been received that confirmed that there was no further 'major' risk areas and a summary of the findings would be highlighted in Public Board in July 2024.
- A discussion was held in relation to a Governor that had recently purchased a self-use blood pressure machine from Amazon that promoted on its listing that it was recommended by the Trust as well as on the packaging that was deemed inappropriate. The Trust Secretary would highlight this to the commercial director.  
**Action: C Lynch**
- Governors received assurance that an update was expected at the next Audit & Risk Committee in relation to non-NHS debt.
- A Governor queried the number of concerns reported to Freedom To Speak Up Guardian (FSTUG) that was noted as slightly higher than the national benchmark. It was confirmed that this was reviewed at every meeting and that there had been a delay in reporting. Concerns were reviewed regularly at monthly meetings with the FTSUG, Chief Executive, Chief Nursing Officer and Chief People Officer. It was agreed that an update would be provided at the next meeting.
- A Governor queried the five identified initial Trust priorities that were aligned with BOB ICB and national priorities and suggested the inclusion of early detection of deterioration and delayed discharge. It was explained that the priorities related to the Patient Safety Incident Response Framework (PSIRF) for investigating deaths that replaced the serious incidents reviews that aligned with system and national priorities. It was confirmed that information on deteriorating patients was included in the Integrated Performance Report (IPR) that was published in the public domain following public meetings.

### 19/24 Reflections of the Meeting

The Trust Secretary led a discussion. The Committee agreed that the meeting was effective, and a suggestion was made to hold a single group discussion going forward.

### 20/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 30 October 2024 at 17.00

**SIGNED:**

**DATE:**

<b>Title:</b>	<b>Governor Question Log</b>
<b>Agenda item no:</b>	8
<b>Meeting:</b>	Council of Governors
<b>Date:</b>	25 September 2024
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Kerrie Brent, Corporate Governance Officer

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

<b>Report History</b>	None
-----------------------	------

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

## 1 Background

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

## 2 Scope of the Governor Question Log

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

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

## 3 Process of the Governor Question Log

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

## 4 Changes since the last meeting

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

## 5 Attachments

Appendix 1 – Governor Question Log

Governor Questions Log

No.	Date	Governor	Query	Response
175	15 March 2024	Sunila Lobo	Further to the BBC article on waiting lists where we are on top of the table of shortest waiting lists it mentioned that significant progress was being made with that and steps were being taken to reduce variation, including writing to those patients who had waited over 40 weeks to offer them treatment at other hospitals. Given there are RBH patients waiting 52 weeks/a year for elective surgery. Is the offer for treatment at other hospitals made to them?	Patients can of course still choose to be referred to other providers at the point at which their GP refers them. For context, only a very small number of those patients waiting over 52 weeks are actually waiting for surgery (most are waiting for a first outpatient appointment), and typically those patients are unlikely to be able to be operated on at other local facilities owing to complexity. Waiting times are unlikely to be shorter at neighbouring NHS hospitals.
176	25 April 2024	Sunila Lobo	1) The community have heard about 10 month waits for non-melanoma skin carcinomas, which is forcing frightened patients to private treatment. Can Governors seek assurance that Dermatology is taking appropriate action to reassure patients and have set targets to reduce waits towards reducing potential deterioration of patients' conditions?	<p>The Dermatology team offer an extremely comprehensive Advice and Guidance (A&amp;G) service where all GPs are able to contact the team with questions/queries/concerns and the team aim to reply to them within 3-7 working days. The GPs have fed back that they find this service invaluable. On average the Trust receives 30-50 requests per day to respond to. The team are often able to suggest treatment for the less urgent skin lesions (and rashes) for primary care colleagues to try in the community which can often mean the patient does then not need to be seen in clinic. This A&amp;G process also means they are able to contact us if they have concerns about a lesion growing, send us photographs to review and expedite it.</p> <p>The Dermatology team haven't specifically contacted patients with regards to waiting times to reassure them but they are comparable (or even better) to many of our surrounding counties. We have also set up several initiatives to try and improve things and reduce our waiting</p>

			<p>2) RBH's 4 hours or less waiting times at A&amp;E are at 69% of the targeted 76/78%. There is evidence that A&amp;E waits of 5 hours or more can lead to significant deterioration or even death. What percentage of waits at A&amp;E are 5 hours and more? Can Governors seek assurance that RBH will be taking action to achieve its waiting time target and by when is this hoped to be achieved?</p> <p>3) In a National long-term plan, a target of reducing the stillbirth rate by 50% by 2025 was set. Can Governors seek assurance on the actions taken or to be taken to achieve this target?</p>	<p>times. These include but not exclusively:</p> <ul style="list-style-type: none"> <li>• Recently employed a trust locum consultant (March 2024)</li> <li>• Planning on employing another trust locum if a suitable candidate applies to our recent advert (advert closed this week)</li> <li>• 12 month GP education outreach programme to try and educate GPs and other primary care clinicians</li> <li>• Employing a dermatology pharmacist to see a certain cohort of patient and free up dermatologists to see more skin cancer and complex dermatology cases</li> <li>• Running extra Saturday clinics to undertake skin cancer reviews and dermatology surgery procedures</li> <li>• Looking at external providers</li> </ul> <p>The percentage of waits in the Emergency Department (ED) over 5 hours between January and May 2024 is an average of 26% (including eye casualty). The Trust has a strong focus on improving waiting times in the Emergency Department (ED), monitored through the trust-wide improvement programme Improving Together, along with initiatives to improve hospital flow and length of stay through ED and the organisation. There are also a number of initiatives to support the reduction in waiting times outside of ED including support from Berkshire West Place, in commissioning of an onsite Urgent Care Centre from October 2024 to increase same day access for patients attending with minor illness and to support meeting the demand for primary care.</p> <p>Reducing perinatal mortality is one of the main priorities for maternity services at the Trust. The specific initiatives for reducing perinatal mortality are grouped together under the umbrella of the Saving Babies Lives Care Bundle (NHSE version 3 published in May 2023) The bundle contains standards for the following:</p>
--	--	--	---	---

				<ol style="list-style-type: none"> <li>1. Reducing smoking in pregnancy</li> <li>2. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction</li> <li>3. Raising awareness of reduced fetal movements</li> <li>4. Effective fetal monitoring during labour</li> <li>5. Reducing preterm birth</li> <li>6. Management of diabetes in pregnancy</li> </ol> <p>Each of these elements has multiple standards. Compliance with these standards is monitored quarterly through the organisation governance processes and externally through the LMNS Board (Local Maternity and Neonatal System within the ICB) Ultimately our partners at the LMNS confirm and assess our progress and compliance. The latest quarterly report (Q4) confirmed that we are fully compliant.</p>
177	9 May 2024	Benedict Krauze	<p>What is the Trust's process for keeping patients informed as to their date for surgery including support for managing their condition whilst they are waiting e.g. pain management? Are they provided with a contact number that they can call to get an update rather than going to their GP.</p> <p>Also, what specialities are covered by Health Coaches.</p>	<p>Each specialty at the Trust has its own Clinical Administration Team (CAT) that patients are able to contact for updates related to their pathway, although each department will have their own processes for updating patients/providing additional support contact details and material for advice. The contact number for the individual CAT is listed on all correspondence letters to the patient as well as available via the Trust website under the department.</p> <p>The Trust has Health Coaches that screen in-patients in Trauma &amp; Orthopaedics and Colorectal Cancer to support them. In addition, we have a transitional pain service for patients who are picked up as needing specialist pain support by our Health Coaches.</p>
178	3 June 2024	Paul Williams	<ol style="list-style-type: none"> <li>1) We would like to know the average waiting time from referral to operation for both hip and knee replacement.</li> </ol>	<ol style="list-style-type: none"> <li>1) The average wait for hip &amp; knee from referral to surgery is currently 61 weeks. However, this could vary depending on urgency, availability for cancellations or complexity of the procedure.</li> </ol>



			<p>2) Reading has been suffering from water supply outages for a few days not only affecting Tilehurst - Pangbourne but much nearer to the RBH in Redlands (Alexandra Road). Most organisations have contingency arrangement for power cuts but not water supply failure. What assurances have you received about contingencies the RBH has and does this appear on the risk register?</p>	<p>2) The Trust has business continuity plans for all departments. The Trust does have arrangements for water, unfortunately the incident this relates to (that affected wide parts of Reading) was a water supplier issue and their own communication and contingency arrangements failed. Senior level improvement meetings were held between RBFT, Thames Water and Berkshire Healthcare CT (also affected) to ensure changes are made and since the incident the Trust now has a clear arrangement with Thames Water for water supply disruption resolution. The Trust also contingency and resilience plans for power with generator back up. Both electricity and water supply are on the Estates &amp; Facilities risk register.</p>
179	<p>14 June 2024</p> <p>8 August 2024</p>	Paul Williams	<p>1. Is it possible for a doctor to sign a DNACPR even if the patient disagrees?</p> <p>2. What the doctor should do? e.g explain CPR - what it includes and the possible side effects and if it is medically appropriate</p> <p>3. Can patients seek a second opinion?</p> <p>4. Is information on this topic available on the Trust's website?</p> <p>5. Should the patient at first discuss DNR with his/her GP?.</p> <p>6. Is CPR not appropriate for older</p>	<p>1. It is possible but not recommended and the doctor concerned would need to state that this was the case and their reasons for doing so.</p> <p>2. Yes all of these. As with all medical consent what the pros and cons might be and to anticipate and answer any questions the patient might have</p> <p>3. Yes</p> <p>4. Information was on the old Trust website but was not carried forward when the new website was implemented. The resus team are working with Comms to get this information republished. A draft version has been produced and is awaiting approval by the Resus team. In due course, a section of the website called 'your stay in hospital' in which this information will be made available. Ahead of this it will be on the visitors' section of the website.</p> <p>5. Not necessarily and in the current times, this may be</p>

			<p>(define 65+?) and frail people or people who have a serious illness and is near to end of life</p> <p>7. The experience of a number of patients has been different, so what assurance can be given to show there is oversight in the process to ensure a consistently correct handling of DNR?</p>	<p>difficult</p> <p>6. There is no age limit. It relates to how likely CPR would be successful and whether it might be the right thing to do for that patient at that stage of life. It should always be an agreed decision between the patient (and often their close family) and the clinical team caring for them. The decision may change with time as the patient's condition changes.</p> <p>7. We undertake an annual audit of the ReSPECT documentation which is cascaded to all teams. We also undertake a microaudit on a monthly basis of patients with a current DNACPR to check whether they have an associated ReSPECT form that has been formatted correctly and if we find gaps we address these with the teams.</p> <ul style="list-style-type: none"> <li>• We facilitate a talking DNACPR with ReSPECT course which enables staff to have these conversations we also have an SOP for specialist practitioners to also be able to document these decisions.</li> <li>• We undertake ward based training and have a footprint on doctors induction to share the message as widely as possible.</li> <li>• We have links with the regional team looking at how Connected Care can best be utilised so that the ReSPECT form is visible both in hospital and in the community setting so that we are sharing this information as widely as possible.</li> <li>• We have good links with the PALS team to enable us to address any concerns raised by patients/families with regards to ReSPECT decisions and we will make contact address these directly which, on the whole, is very well received.</li> </ul>
180	19 June	John	Following the recent Mail article	There is a very clear code of practice set by the Faculty of Physician

	2024	Bagshaw	<p>Scandal-hit hospital where celebrity make-up artist died from sepsis is accused of 'putting lives at risk' by having unqualified medics covering doctors' shifts in A&amp;E</p> <p>Is the Trust limiting the use of PAs in the emergency department (as in some other Trusts) and are any used in paediatric emergency cases?</p>	<p>Associates, and rigorous governance around the work of our Physician Associates (PAs). We do not use PAs in place of doctors and we ensure that they can practice safely. They are also subject to dedicated training and thorough competency-based assessments to monitor the safety and standard of their work which is also subject to stringent supervision from appropriate clinical colleagues.</p> <p>We have a strong track record on the use of PAs who bring added value to our multi-disciplinary teams. We currently employ more than 40 PAs who play key roles across a wide range of services including Emergency Department and Paediatrics.</p> <p>Physician Associates are a valued and integral part of our multi-disciplinary teams and their input in enhancing patient care cannot be underestimated.</p>
181	10 July 2024	Bill Murdoch	Governor raised an issue in relation to car parking at Townlands Memorial Hospital	NHS Property Services who own the building and car park at Townlands Hospital is aware of the issues with car parking and are in active discussions with the relevant parties to address the issues. The Trust has asked NHS Property Services for updates as these discussions progress.