

Council of Governors 24 September 2025

MEETING
24 September 2025 17:00 BST

PUBLISHED
22 September 2025

Agenda

Location
Seminar Room, Trust Education Centre

Date
24 Sep 2025

Time
17:00 BST

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
1.1	Alice Gostomski			-
	Holding the Board to Account			-
2	Chief Executive Update (Presentation)	Steve McManus	17:00	-
3	Trust Strategy Refresh (Presentation)	Andrew Statham	17:20	-
4	Questions from the Public (Verbal)	Oke Eleazu	17:40	-
5	Minutes for Approval: 28 May 2025 & Matters Arising Schedule	Caroline Lynch	17:45	4
6	Special Council of Governors Minutes: 16 April 2025	Caroline Lynch		10
7	Changes to the Council Membership (Verbal)	Caroline Lynch	17:50	-
	Items of Council Business			-
8	Draft Governors Assurance Committee Minutes: 30 April & 25 June 2025	Tom Duncan	17:55	11
9	Membership Committee Minutes: 1 July 2025	Richard Havelock	18:00	21
10	Governor Task & Finish Group Update	Paul Williams / Josh Wilson	18:05	25
11	Governor Nominations & Remuneration Minutes: 16 April 2025	Sunila Lobo	18:15	27
	Representing the Views of Members and the General Public			-
12	Governor Question Log (To Note)	Caroline Lynch		29
13	Questions from the Public (Verbal)	Oke Eleazu		-
	Part II			-
14	Governors Nominations & Remuneration Minutes: 29 January 2025 & 26 March 2025	Sunila Lobo	18:20	38
15	Reflections of the Meeting:	Sunila Lobo	18:25	-

	Item	Owner	Time	Page
15.1	How did you feel during discussions?			-
15.2	How did our thinking move us on?			-
15.3	Do we need to do anything differently?			-
16	Date of Next Meeting: Wednesday 26 November 2025 at 17.00			-

Council of Governors

Wednesday 28 May 2025

17.00 – 18.10

Seminar Room, Trust Education Centre

Present

Mr. Oke Eleazu	(Chair of the Trust) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mr. Richard Havelock	(Volunteer Governor)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Maria Norville	(Public Governor, Wokingham) (from minute 21/25)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional) (from minute 21/25)

In attendance

Mrs Natalie Bone	Corporate Governance Officer
Miss Kerrie Brent	Corporate Governance Manager
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Steve McManus	(Chief Executive) (up to minute 27/25)
Mr. Mike O'Donovan	(Non-Executive Director)
Ms. Parveen Yaqoob	(Non-Executive Director)

Apologies

Miss. Dora Abbi	(Youth Governor)
Mr. Jonathan Barker	(Public Governor, Reading)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Ms. Jess Grierson	(Staff Governor, Admin & Management)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)

There was one member of the public present.

The Trust Secretary highlighted that the meeting was currently not quorate.

18/25 Declarations of Interest

There were no declarations of interest.

19/25 Minutes for Approval: 28 November, 10 December, 26 February, 16 April and Matters Arising Schedule

The minutes of the meetings held on 28 November, 10 December, 26 February and 16 April 2025 were agreed as a correct record and signed by the Chair subject to the meeting being quorate.

The matters arising schedule was noted.

Minute 02/25: Questions from the Public: A governor raised a query as to what procedures were in place to monitor the behaviour of patients with dementia on patient wards. It was agreed that the governor in question would submit a formal question and a response would be sought and added to the governor question log. **Action: R Havelock**

20/25 Changes to the Council Membership (Verbal)

The Trust Secretary advised that, changes to the Council membership since the last meeting included, Tony Page and Joycee Rebello, both had been elected as Public Governors, Reading for a 3-year and 1-year term respectively.

The Trust Secretary highlighted that, due to an oversight, the seat for West Berks & Borders currently occupied by Martyn Cooper should have been advertised in the 2024 elections. Martyn had been advised of the matter. Elections for this seat and the two vacant East Berks & Borders had now been advised and nominations were required by 11 June and results would be available in July 2025.

21/25 Questions from the Public

Martyn Cooper advised that the oversight in relation to his seat had been managed very well and he would be seeking re-election.

22/25 Chief Executive Update

[The meeting was quorate at this point]

The Chief Executive highlighted that the Trust had recently received a Prevention of Future Deaths (PFD) regulation 28 report in relation to the death of 3 patients in 2023/25. The Trust was fully engaged and focused on embedding and implementing actions and learning. The Trust would be providing a response to the Coroner by July 2025 with the summary of actions taken.

The Chief Executive highlighted that, following the UK Supreme Court Ruling, all NHS trusts had been advised to review their relevant guidance. The Equality & Human Rights Commission (EHRC) had launched a 6 week consultation, and guidance would be issued to Providers. The changes related to gender identity, and, at present the Trust, would not be making any changes until the consultation had been completed and further guidance provided. The Trust was actively engaged in terms of continuing to understand what changes were required, and this would be clearer once the EHRC guidance had been issued.

The Council noted that the Trust's 'Up the Anti' campaign had been launched on 21 March 2025. This was a people centred programme of work to drive forward the principles and practices of an anti-discrimination culture.

The Staff CARE awards took place on 16 May 2025, with over 250 colleagues in attendance. This event was supported by Royal Berks Charity. Over 800 nominations had been received this year, and this was the highest to date.

The Chief Executive advised that, the Targeted investment Fund (TIF) Building work had commenced on in August 2024, and the final stages of development were on-going. External Public Dividend Capital (PDC) funding has made this project possible, and the first cohort of patients were scheduled for June 2025.

The Chief Executive highlighted that, the Trust had welcomed Wes Streeting (Secretary of State for Health and Social Care). His visit included time exploring the new Elective Recovery Modular Build in South Block, which as mentioned previously was set to open in June 2025. The newly constructed building will be named 'The Frederick Potts Unit', Mr Potts was a local man to Reading, who received the Victoria Cross for services during the First World War. Mr Potts was known as the 'Hero of the shovel' for saving a fellow service man, nursing him, and bringing him to safety.

The Chief Executive provided an overview of the 2024/25 financial outturn position. The Trust achieved a greater level of efficiency savings than the original target £27.87m. The 20225/26 financial year was challenging with an even greater level of savings required. The efficiency savings target was £40.6m and £28.6m had already been identified.

The Trust was working closely with the BOB ICB, Regional & National teams to progress revenue and cash opportunities.

The Chief Executive highlighted that, the current Chief Finance Officer was leaving the Trust in June 2025. The Trust had appointed an interim Chief Finance Officer, Helen Troalen, who had been seconded from The Shrewsbury & Telford Hospital NHS Trust. The Chief Executive highlighted the incredible contribution that Nicky had made to the Trust during her 6-year tenure.

The Council noted that a two year merger plan of NHS England into the Department of Health & Social CARE (DHSC) was on-going. The aim was to remove and reduce duplication both at National and Regional levels. The NHS 10-year plan was expected ahead of parliament going into recess for the summer. Once published the Trust would be reviewing the 10-year plan in detail.

The Chief Executive highlighted that, the Model Integrated Care Board (ICB) blueprint had been issued that set out the proposal for ICB reform. This included a 50% reduction in ICB running costs as well as clustering of ICBs. This would mean the 6 ICBs in the South East reducing to 4. Work was underway with BOB and Frimley, and a transition board had been formed. This was likely to cause uncertainty, however, opportunity to focus opportunities with Berkshire West Place.

In response to a query regarding the management of a surgeon at the Trust, the Chief Executive emphasised that it was not appropriate to discuss an individual member of staff in a public forum and the Trust had provided a sufficient amount of information that was already in the public domain. The Staff Governor, Medical & Dental, highlighted further that the Trust had a duty of care and confidentiality towards any member of staff. The Trust was currently undergoing a process to respond to questions raised by HM Coroner. It was recommended that the question would need to be rephrased to depersonalise it and submitted to the Trust Secretary.

Action: S Lobo

In response to a query regarding the Trust's plans following the delay announced by the government regarding a new hospital, the Chief Executive advised that, unfortunately, a new hospital had been delayed. The Trust had, had to disband the Building Berkshire Together (BBT) team.

Currently, the Trust was reviewing possible options: such as building a taskforce to expedite a faster route towards a new hospital; triaging the Reading site in terms of its viability as well as ensuring all potential new sites were triaged to ensure clarity of the long term viability of the site.

In response to a query regarding the announcement of the Chief Finance Officer leaving the Trust, the Chief Executive confirmed that the new hospital programme delay was not connected to this. The Chief Finance Officer had decided to leave the Trust as a personal decision.

In response to a query regarding the antenatal screening incident that had identified 37 women that had not received antenatal screening, the Chair of the Quality Committee advised that the antenatal screening incident was high profile, and the Regional & National team were visiting the Trust. It had been identified that there were staff shortages within the ultrasound team, and the high volume and cost of agency staff had been addressed.

Duty of Candour had been undertaken for all affected patients. It was agreed that the question would be submitted to the Trust Secretary for inclusion in the Governor Question log.

Action: P Williams

In response to a query regarding whether the Trust would receive income for additional activity carried out, the Chief Executive explained that in the previous financial year, the Trust was on a variable contract for elective activity. However, this was not the case for any non-elective activity.

Currently, the Trust was working within Indicative Activity Plans (IAPs) to offset the volume of elective activity throughout the year. In the event of the Trust out-performing these plans, commissioners could refuse to pay additional income for activity over and above these plans.

23/25 Membership Committee Terms of Reference

The Council approved the terms of reference that had been recommended for approval by the Membership Committee.

24/25 Draft Governors Assurance Committee: 29 January 2025

The Council noted the draft minutes of the meeting held on 29 January 2025.

25/25 Governor Question Log

The Trust Secretary introduced the Question Log and clarified that when questions were received from Governors, the corporate governance team would forward them to the relevant area for a response, following which, the appropriate Executive lead would review and then the information was issued to Governors.

The Chair of the Quality Committee highlighted an issue that had been raised by a governor, regarding the delay in responses to complaints. The Council noted that there were currently significant capacity constraints in the Complaints and Patient Advice & Liaison Service (PALS) and the Chief Nursing Officer was working on achievable solutions with the team. However, this did mean that there were expected delays with complaints responses.

In response to a query regarding the question related to Human Tissue Authority (HTA) report, the Chair of the Quality Committee advised that whilst the HTA had defined these issues as 'major' the Trust had responded to the issues identified quickly and this is why the response on the Question log were stated as minor. The Trust did recognise the importance of the issues raised.

In addition, the Chief Medical Officer had worked with Berkshire Surrey Pathology Services (BSPS) to ensure all issues identified as major or minor were addressed. Going forward, an update on the HTA inspection would be submitted to the Quality Committee via the existing quality governance process.

A governor raised the question in relation to the response provided on the Governor Question log, regarding audibility for patients within ED, and whether processes could be provided for patients similar to that used in GP surgeries.

The Chair of the Quality Committee highlighted that, the Trust currently did not have a technology-based solution within ED and it was important that the Trust utilised funding and resources available to reduce the number of patients waiting in the ED.

It was agreed that the question would be rephrased and sent to the Trust Secretary who would seek a response from the relevant senior lead in the ED. **Action: S Lobo**

26/25 Questions from the Public

There were no questions raised.

27/25 Reflections of the Meeting

Sunila Lobo led a discussion.

28/25 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 24 September 2025 at 17.00.

SIGNED:

DATE:

Date	Minute Ref	Subject	Matter Arising	Owner	Update
28 May 2025	19/25 (02/25)	Minutes for Approval: 28 November, 10 December, 26 February, 16 April and Matters Arising Schedule Minutes for Approval	A governor raised a query as to what procedures were in place to monitor the behaviour of patients with dementia on patient wards. It was agreed that the governor in question would submit a formal question and a response would be sought and added to the governor question log.	R Havelock	Completed. (Ref: 204)
28 May 2025	22/25	Chief Executive Update/Governors Question Log	The Staff Governor, Medical & Dental, highlighted further that the Trust had a duty of care and confidentiality towards any member of staff. The Trust was currently undergoing a process to respond to questions raised by HM Coroner. It was recommended that the question would need to be rephrased to depersonalise it and submitted to the Trust Secretary.	S Lobo	Question has been rephrased and a response added to the Question log. (Ref: 199)
28 May 2025	22/25	Chief Executive Update	In response to a query regarding the antenatal screening incident that had identified 37 women that had not received antenatal screening, the Chair of the Quality Committee advised that the antenatal screening incident was high profile, and the Regional & National team were visiting the Trust. It had been identified that there are staff shortages within the ultrasound team, and the high volume and cost of agency staff had been addressed. Duty of Candour had been undertaken for all affected patients. It was agreed that the question would be submitted to the Trust Secretary for inclusion in the Governor Question log.	P Williams	Question received and response added to the Question log. (Ref: 198)
28 May 2025	25/25	Governors Question Log	It was agreed that the question would be rephrased and sent to the Trust Secretary who would seek a response from the relevant senior lead in the ED.	S Lobo	Additional question received and response added to the Question log (Ref: 200)

Special Council of Governors

Wednesday 16 April 2025

Meeting by Email

Present

Mr. Oke Eleazu	(Chair)
Miss. Dora Abbi	(Youth Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)
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Apologies

Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Chido Makawa	(Public Governor, East Berkshire & Borders)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

17/25 Non-Executive Director Recruitment: To Receive the Recommendation from the Nominations & Remuneration Committee

The Council received the recommendation from the Nominations & Remuneration Committee to appoint Umesh Jetha as Non-Executive Director for a three-year term commencing 1 May 2025. The Council approved the appointment.

SIGNED:

DATE:

Minutes

Governors Assurance Committee

Wednesday 30 April 2025

17.00 – 19.00

Video Conference Call

Present

Dr. Thomas Duncan	(Staff Governor: Medical/Dental) (Chair)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Governor, Autism Berkshire)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Mr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Mr. Mike McEnaney	(Non-Executive Director) (from minute 09/25)
Ms. Maria Norville	(Public Governor, Wokingham) (from minute 09/25)
Mr. David Stevens	(Councillor, Reading Borough Council)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Dr. Bal Bahi	(Non-Executive Director) (from minute 09/25)
Miss. Kerrie Brent	(Corporate Governance Officer)
Mr. Oke Eleazu	(Chair of the Trust)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Ms. Catherine McClaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Miss. Dora Abbi	(Youth Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Miss. Sarah Lupai	(Staff Governor, Nursing & Midwifery)
Mr. William Murdoch	(Public Governor, South Oxfordshire)
Mr. Madan Uprety	(Staff Governor, HCA & Ancillary)

08/25 Declaration of Interests

[Tom Duncan made a declaration in relation to his involvement in mortality surveillance as a member of staff].

09/25 Minutes for Approval: 29 January 2025 and Matters Arising Schedule

The minutes of the meeting held on 29 January 2025 were approved as a correct record and would be signed by the Chair

The Committee noted the matters arising schedule.

Minute 04/25: Members Issues and Feedback: The Committee noted that a question was due to be submitted for the Governors question log related to KPMG Consultants. The Public Governor, West Berks & Borders advised that this question no longer needed to be progressed.

Minute 05/25: Board Sub-Committee Key Issues: Quality Committee: The Committee noted that the Chair of the Quality Committee had discussed the watch metric related to the hip fracture with the Chief Medical Officer at the February meeting. The Chair of the Quality Committee advised that there were several contributing factors to this metrics, for example, patients were too unwell to have surgery within 36 hours, theatres were unavailable or the specific surgeon required was also unavailable. Therefore, whilst the Trust's performance was static the Trust was not an outlier in relation to this metric. The Staff Governor, Medical & Dental, highlighted that, whilst the national position in relation to this metric was deteriorating, the Trust's performance was also deteriorating at pace. The Committee noted that all watch metrics were reviewed at each Quality Committee and this metric would therefore be closely monitored.

Minute 06/25: Reflections of the Meeting: The Committee noted that not all Non-Executive Directors had had the opportunity to join in the discussion.

10/25 Member Issues and Feedback

A governor raised a query in relation to Prevention of Future Deaths (PFD) notice issued to the Trust by HM Coroner. The Committee noted that the Board had been fully briefed on the matter earlier in the day and a further update would be provided to the Quality Committee. Actions included ensuring mortality reviews were completed in a timely fashion as well as improvement of documentation provided to HM Coroner. The Chair of the Quality Committee advised that the Board had received assurance that mortality reviews were being completed. The Staff Governor (Medical & Dental), queried how the Board was made aware of any concerns raised via the mortality review process. The Chair of the Quality Committee advised that the Chief Medical Officer was absolutely focused on how concerns were escalated and processed. An action plan was due to be submitted to the Quality Committee in May 2025.

A query was raised in relation to support being provided to the member of staff involved in these cases. The Chair of the Quality Committee confirmed that this was the case and it was agreed that the Chief Executive would provide Governors with an update at the next Council of Governors meeting.

Action: C Lynch

A Governor queried whether the Mutually Agreed Resignation Scheme (MARS) had been launched by the Trust as this matter had been raised with them. It was requested that Governors were provided with information on this matter in order to provide information when queries were raised. The Chair of the Finance & Investment Committee confirmed that this would be clarified in a later part of the meeting.

The Volunteer Governor highlighted difficulties experienced by some volunteers when working in ward areas where there was lack of appreciation for volunteers as well as a lack of clarity on the roles they were asked to carry out. The Committee recommended that the matter should be raised with the Associate Chief Nurse, Patient Experience, Workforce & Education.

11/25 Board Sub-Committee Key Issues

The Committee discussed items from recent Board sub-committees.

Audit & Risk Committee

The Chair of the Audit & Risk Committee advised that the Committee had received the internal audit review of Operational Risk Maturity with a rating of 'significant assurance with minor opportunities' that provided significant assurance in relation to how risks were managed in the Trust. The Committee had also focused on overdue internal audit recommendations and these had reduced significantly and the Executive Management Committee were ensuring that completion of actions was being undertaken. The Committee had also received HFMS Ltd Annual Report & Accounts and recommended these for approval to HFMS Ltd. The Committee had also requested an update on the future potential use of HFMS Ltd.

The Audit & Risk Committee received regular updates on the number of single tender waivers to ensure that the process was being used appropriately in addition to updates on Non-NHS debt. The Chair of the Audit & Risk Committee highlighted that overseas patient treatment costs formed a large part of non-NHS debt and, whilst, emergency treatment was provided free of charge, any further treatment required payment.

A query was raised regarding a Human Tissue Authority (HTA) inspect report had been published online that referenced the Trust and this had not been referenced in Board committee minutes. The Chair of the Quality Committee advised that this matter would sit within the remit of the Quality Committee rather than the Audit & Risk Committee. It was suggested that a governor question was submitted and a response would be sought from the relevant Executive lead.

Action: P Williams

In response to a query, the Chair of the Audit & Risk Committee confirmed that all single tender waivers required approval from both the Chief Finance Officer and Procurement. In addition, there was a plan to reduce the number of single tender waivers overall.

In response to a query regarding reduction of NHS debt and what plans were in place to do this, the Chair of the Audit & Risk Committee advised that a full review of end-to-end processes was ongoing as part of the finance improvement plan.

A query was raised regarding utilisation of contracts across the Integrated Care Board and whether this could reduce costs. The Chair of the Audit & Risk Committee advised that this was being progressed and a number of contracts had already been set with up system partners. Further work was on-going in relation to any contract renewals and the Trust's procurement team were working with colleagues across the system.

Finance & Investment Committee

The Chair of the Finance & Investment Committee advised that Trust's year-end financial position was the forecasted deficit of £17.9m. This was a good overall performance and the Trust had delivered an efficiency savings programme of circa £28m. Looking forward to 2025/26 the financial challenges would continue and the Trust had agreed a deficit of £7.8m with a savings target of £40.6m. Whilst this savings target was a significant increase on the previous year the Trust had made good progress and identified half of this target already.

The Trust's cash position remained a significant challenge and this would be a deficit position by the end of June 2025 with cash support required after this period. The Chair of the Finance & Investment Committee advised that NHS England (NHSE) had advised that cash support was not available from the centre and ICBs were required to manage cash within their systems. The Trust's cash position would impact on the capital programme for 2025/26.

The Chair of the Finance & Investment Committee advised that the MARS scheme had been introduced in the Trust and promoted to all staff. This was a cost saving initiative given the significant financial challenges in the Trust. The scheme was being focused primarily on the corporate areas and currently expression of interests were being sought. A query was raised at to how this information was disseminated to staff as the communications issued were unclear. It was agreed that this would be highlighted to the Chief People Officer and the Communications team. The Committee discussed whether governors should have been made aware of this prior to this being issued. The Chair advised that he was currently working with the Trust Secretary in relation to improving communications to governors and this would be on-going. However, there was a need to recognise the complex environment within which the Trust was operating.

Quality Committee

The Chair of the Quality Committee advised that the Committee had completed a detailed review of the Trust's performance on cancer standards. Dermatology had been significant challenged previously. However, it was now the highest performing cancer pathway achieving 96 to 97%. The Committee had noted that dermatology's performance had significantly improved since 2020 and the team had adopted a more efficient way of working and had been congratulated on their performance.

In response to a query regarding cancer standards being rated as a red risk on the Corporate Risk Register the Chair of the Quality Committee advised that, the dermatology cancer performance was no longer a red rated risk.

The Chair of the Quality Committee advised that Martha's rule (Call for Concern) was currently being implemented with the Electronic Patient Record (EPR) system. This would provide the ability to identify patients quickly.

The Quality Committee had also noted that the endoscopy service's Joint Advisory Group (JAG) accreditation had been suspended for a period of 6 months. This related to a data quality issue and did not impact the service in any way. Work was on-going to progress the data quality issue. The Quality Committee had received several patient survey results that had highlighted some common themes such as discharge medication and noise levels at night and work streams to consider these themes were going. The Trust acknowledged these issues. However, they remained challenging to address within an acute trust setting. The Trust would aim to continue to work on improving patient experience.

In response to the issue of outstanding complaints, the Chair of the Quality Committee advised that it was important that the Trust achieved a more timely response to issues raised. However, the complaints team had significant capacity challenges and work was ongoing to reduce the backlog of complaints as soon as possible. The issue had been escalated and the Executive lead was working with the service lead to support the complaints team.

In response to a query regarding the increase in complex needs of maternity patients, for example, diabetes, increased co-morbidities, age and ethnicity the Chair of the Quality Committee advised that these patients received enhanced monitoring during their antenatal period, labour and post-natal care.

In response to a query regarding the Autism strategy and whether governors could support this, the Chair of the Quality Committee advised that the strategy was in its early stages of development. The Trust Secretary confirmed that the Partner Governor, Integrated Care Board (ICB) was already working in collaboration with the Trust on this as well as the Childrens & Young People Strategy. In addition, the Partner Governor, Autism Berkshire had already attended the Trust's Neurodiversity staff forum.

People Committee

The Chair of the People Committee advised that the Committee had received the staff survey results for 2024. These highlighted the good reporting culture, appraisals process, lack of equipment, and offered a clear insight into equality and what challenges disabled staff are met with. An action plan was being developed for areas where improvement was required.

In response to a query regarding appraisal rates the Chair of the People Committee confirmed that assurance had been received that work continued to improve the appraisal rates. In addition, a review of good practice areas that had prioritised this as an improvement metric was being considered for wider learning.

The People Committee had reviewed the Chief People Officer metrics and discussed the increase in staff sickness absence rates that currently remained above the Trust target.

Charity Committee

The Chair of the Charity Committee advised that the Committee had reviewed the Charity Strategy and this had highlighted the challenge of fundraising in the current climate. The Charity was currently spending more funds that it generated. The Committee noted that the community events raised the profile of the Charity but did not result in significant monies being raised.

The Committee thanked Bal Bahia as this was his last meeting as his term of office ended on 30 April. The Committee noted that Minoo Irani would be the Board Maternity Safety Champion from May 2025 onwards.

12/25 Reflections of the Meeting

Maria Norville led a discussion.

13/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 25 June 2025 at 17.00

SIGNED:

DATE:

Minutes

Governors Assurance Committee

Wednesday 25 June 2025

17.00 – 18.30

Video Conference Call

Present

Dr. Thomas Duncan	(Staff Governor: Medical/Dental) (Chair)
Miss. Dora Abbi	(Youth Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Darren Browne	(Governor, Autism Berkshire)
Mr. Clive Jones	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Tony Page	(Public Governor, Reading)
Mr. David Stevens	(Councillor, Reading Borough Council)
Mr. Paul Williams	(Public Governor, Reading)
Mrs. Miranda Walcott	(Partner Governor, Integrated Care Board, SEND)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)
Ms. Catherine McClaughlin	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Mrs. Alice Gostomski	(Public Governor, West Berkshire & Boarders)
Mr. Richard Havelock	(Volunteer Governor)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Miss. Sarah Lupai	(Staff Governor, Nursing & Midwifery)
Mr. William Murdoch	(Public Governor, South Oxfordshire)
Mr. Madan Uprety	(Staff Governor, HCA & Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)

14/25 Declaration of Interests

There were no declarations of interest.

15/25 Minutes for Approval: 30 April 2025 and Matters Arising Schedule

The minutes of the meeting held 30 April 2025 were approved as a correct record, and would be signed by the Chair.

Minute 10/25: Member issues & feedback: The Trust Secretary advised that the Chief Executive had provided an update at the last Council meeting in May 2025.

Minute 11/25: Board sub-committee key issues: The Committee noted that the question raised by a Governor in relation to the Human Tissue authority (HTA) report had been added to the Governor Question log and presented to the Council in May 2025.

16/25 Member Issues and Feedback

A governor raised a query regarding a further query raised via the Question Log regarding audibility in the Emergency Department (ED). The Trust Secretary advised that this query was still being processed. **Action: C Lynch**

A governor raised a query regarding a question that had been submitted via email and asked whether there was any update available. The Trust Secretary advised that, whilst, the Corporate Governance Team processed questions raised via the Governor Log, they did not provide the responses. Questions were directed to the appropriate department and then submitted to the Lead Executive for approval before being sent directly to the Governor who raised the question and then added the Question Log that was submitted each Council meeting.

A further query was raised in relation to the Prevention of Future Deaths (PFD) notice issued to the Trust, this matter had been raised at the last Council meeting. The Chair of the Quality Committee advised that work was on-going to prepare the response to the Coroner, and further highlighted that when the Trust received a PFD it was significant and it was important that the Trust's response was comprehensive and robust.

The Board was keen to see the response in the first instance and, therefore, information would not be shared with Governors ahead of this. It was acknowledged that this may be frustrating to Governor, however, it was important that the correct process was followed.

17/25 Board Sub-Committee Key Issues

The Committee discussed items from recent Board sub-committees.

Finance & Investment Committee

The Chair of the Finance & Investment Committee advised that the Trust were developing its Long Term Resourcing Model (LTRM) given the on-going current financial challenges. This was due to be submitted to the Finance & Investment Committee in July 2025. The year-end financial position for 2024/25 was a deficit of £18m, and as planned a savings target of £28m had been achieved. There had been £39m capital spend during 2024/25 and this included the new South Block elective building, and West Berkshire Community Hospital (WBCH) MRI project.

The Committee noted that, for 2025/26 the Trust had to achieve a challenging savings target of £40m. As of June 2025, £33m of savings had been identified. The Finance & Investment Committee considered this was extremely positive to have identified this level of savings at this early point in the year.

The committee was advised that Month 2 finance performance had demonstrated that the Trust was on plan. However, the need to achieve a 'break-even' position by the end of 2025/26 remained a challenge. An overview was provided of the Trust's cash position which stated that the Trust was able to maintain sufficient cash levels until August 2025, however, would require cash support from September 2025. The interim Chief Finance Officer was working on this with system colleagues.

The Committee noted that the Trust had received capital funding for a new LINAC machine and the Trust was required to fund the installation costs from its own capital expenditure. Therefore, this was a high priority for the capital programme 2024/25. In response to a query regarding whether the Trust was required to finance the annual maintenance and servicing costs it was agreed that this would be added to the Governor Question log. **Action: C Lynch**

In response to a query regarding collaboration with other trusts to achieve savings, the Chair of the Finance & Investment Committee advised that the Trust was part of the Acute Provider Collaborative (APC), and work was ongoing to review collaboration within corporate services. However, the value of this work would not be realised until 2026/27.

The Chairman of the Trust advised that the APC had been in place for a number of years and provided an overview of the challenges of being sovereign organisations and the need to collaborate, however, the finance mechanism still needs to be.

People Committee (Not agendered item)

The Chair of the People Committee informed the meeting that Cohort 3 of the Trainee Leadership Board had recently presented the outcome of their project to the Board. Their project had been focussed on reviewing waiting lists to first outpatient appointments and how to increase the first outpatient appointments.

The Committee noted that Secretary of State had announced a National review into Maternity Services. The Trust had a very good Maternity Service and last week the Regional Midwife for NHS England (NHSE) and Buckinghamshire, Oxfordshire & Berkshire Integrated Care Board (BOB ICB) visited the maternity team. The feedback had been positive and the team had been very complimentary about the maternity team.

The Chair of the Quality Committee advised that the Committee had discussed Call 4 Concern and the implementation of Martha's rule. The Committee had been assured to note the increase of calls being made to the service.

The Committee had also received a briefing on a Never Event reported in Quarter 4 2024/25. A review had been undertaken to understand the lessons learned, providing assurance that modifications and improvements will be implemented to ensure this does not happen again.

The Committee noted that the Antenatal screening investigation remained on-going. However, the three vacancies within ultrasound team had now been recruited to.

Audit & Risk Committee

The Chair of Audit & Risk Committee highlighted that at the May meeting the discussion focussed on preparation for the year-end audit. The Annual Report and Financial statements were also being prepared. The Audit & Risk Committee had noted the completion of work plans for Counter Fraud and the Internal Audit programme for 2024/25 and, at the same time, reviewed the high level plan for 2025/26.

The Audit & Risk Committee had also noted that as part of the National Fraud Initiative work the Counter Fraud team reviewed the Trust's declarations of interest register against listings on Companies House to ensure declarations were being appropriately recorded. Eleven matches had been reviewed and three of these had not been declared. On further review it was identified this did not present any significant concerns.

The Chair of the Audit & Risk Committee advised that 16 additional internal audit actions had been added in-month and there were currently only 5 overdue recommendations. The Audit & Risk Committee had recognised the progress made and continued to challenge the Executive Team to achieve zero being overdue.

The Audit & Risk Committee had also received the Health & Safety Annual Report for 2023/24 and the Annual Report for 2024/25 was due to be presented at the July 2025 meeting.

In response to a query regarding the contracts for internal and external audit, the Trust Secretary advised that the internal and external audit contract detail was included in the Annual Report. Both contracts had been in place since 2022 with extensions being applied. However, the Trust was due to undertake a procurement exercise for both contract during 2025/26.

In response to a query regarding issues with the relationship with auditors in the past, the Trust Secretary advised that this was not the case. However, a number of large audit firms did not submit tenders for NHS audit work.

In response to a query regarding cyber security, the Chair of Audit & Risk highlighted issues such as generic accounts posing a Cyber risk and the Trust was working to remove generic accounts.

The Trust Secretary advised that, she was the lead for the Data Security & Protection Toolkit. As part of this annual work, the Trust was required to evidence compliance with a number of Information Governance and Digital, Data & Technology (DDaT) (including Cyber Security) information. NHS Digital had significantly increased the requirements during 2024/25 and was moving towards the Cyber Assessment Framework (CAF). The Trust undertook a penetration test annually that consisted of testing staff by sending spoof email etc. in order to test the organisation's response. As an NHS organisation, the Trust was consistently subject to phishing attempts and the finance and procurement teams worked closely with Counter Fraud team.

In response to a query raised regarding testing of the Trust's operations systems it was agreed that this question would be added to the Governor log when provided. **Action: A Mather**

In response to a query regarding the internal audit report on DDaT and the red rating from the review, the Chair of the Audit & Risk Committee advised that all actions from that review had now been closed.

In response to a query regarding whether the Trust shared data centres much like that of Government departments, it was agreed that this would be added to the Governor Log once provided. **Action: P Williams**

18/25 Group Discussion Feedback

The Committee considered that feedback provided by the NEDs provided assurance on items discussed and thanked the NEDs for their open and honest feedback.

The Committee agreed that future agendas should alternate the list of Board Committees.

Action: C Lynch

19/25 Reflections of the Meeting

Mike O'Donovan led the discussion.

20/25 Date of Next Meeting: Wednesday 29 October 2025 at 17.00.

SIGNED:

DATE:

Minutes

Membership Committee

Wednesday 2 July 2025

17.30 –18.40

Seminar Room, Trust Education Centre

Present

Mr. Richard Havelock	(Volunteer Governor) (Chair)
Dr. Tom Duncan	(Staff Governor, Medical & Dental)
Mr. Oke Eleazu	(Chair of the Trust)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Mr. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific)

In attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Ms. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Mr. Tony Page	(Public Governor, Reading)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board, SEND)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

There were no declarations of interest.

There were two members of the public present.

08/25 Minutes for Approval: 11 February 2025 and Matters Arising Schedule

The minutes of the meeting held on 11 February 2025 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule. All actions were completed or in progress.

09/25 Member Issues and Feedback

No issues were raised.

10/25 Membership Update

The Corporate Governance Officer introduced the report and highlighted that the current membership total was 10,936, an increase of 100 members compared to the figures presented at the last meeting in February 2025.

Membership analysis demonstrated that membership remained underrepresented in the under 30 category. The Committee was keen to explore the rationale for this, and discussed the need for Governors to be more proactive and engaging in addition to what incentives could be offered to appeal to this younger demographic.

The Corporate Governance Officer outlined that Pulse Magazine distribution would now be issued on a quarterly basis. The next issue was currently in preparation, with an article from John Bagshaw as Governor for West Berkshire & Borders.

The July 2025 Governor calendar of events had been circulated and uploaded to Workvivo. Governors had also received the full schedule for 2025.

The Corporate Governance Officer highlighted the benchmarking data in relation to membership figures in other acute trusts within BOB ICB compared with the Royal Berkshire Hospital membership which demonstrated the Trust membership figure was lower.

A query was raised as to why the Trust's membership figure appeared to be much lower in the staff membership in comparison to Oxford University Hospitals (OUH). The Trust Secretary advised that the OUH had a large workforce that the Trust.

The Committee discussed the importance of recruiting new members and hosting more events for the public. This included the importance of Governors presenting the Trust positively with members of the public.

The Trust Secretary confirmed that the Corporate Governance team would not be attending Reading Pride 2025. However, the Trust would be represented at the event and membership forms would be available.

In response to a query the Trust Secretary advised that there was one role currently vacant in the Corporate Governance team.

11/25 Membership Events

The Committee discussed the recent webinar provided by the Virtual Hospital Services (VHS) team. Overall, the feedback was positive the presentation was long and left only a limited amount of time for questions. The Trust Secretary highlighted that, despite agreeing a short presentation in advance with the team, they had provided both a longer presentation as well as additional speakers being invited to present. A follow-up meeting had been held with the team to discuss this.

Questions raised during the webinar had been added to a question log and answers had been sought from the VHS team. Once this had been completed, this would be added to the Trust website along with the slides from the presentation.

Feedback had been received regarding technical issues and, as always this could not be avoided due to the additional speakers being invited at the last minute.

The Trust Secretary advised that the presenters had raised a concern regarding one of the questions that related to an extremely complex complaint. The team were uncomfortable that this had been raised in a public forum due to patient confidentiality. The Committee noted that whilst the complaint had been closed by the Trust, the complainant was able to contact the complaints team to raise any further concerns. The Trust Secretary highlighted that Governors were made aware when they joined that they should encourage constituents with specific complaints about their care to contact the Trust directly rather than expect Governors' to represent them personally.

Overall, the Committee considered that the VHS webinar had been a great event and the work of the VHS team was to be celebrated.

The Committee noted that future events planned for 2025 included:

- Brainomix Webinar - Dr Kiruba Nagaratnam. This will take place in the Autumn.
- Rapid Response Lab tour - A tour was in the planning stages, and further information would be shared once the teams have met to discuss the logistics.

Governor training update would be discussed at the next meeting.

12/25 Preparations for the Annual General Meeting (AGM)

The Committee noted that the AGM would be held on site in the Trust Education Centre. The event would be live streamed for members of the public and those unable to attend in person.

The Committee noted that event marked the start and end of Governors' terms of office and it was really important to ensure this was a Governor led event. The Diabetes and Endocrinology team had offered to attend with a member of their youth forum, to demonstrate the technology used to manage their condition.

Governors continued to make suggestions that would be included into an AGM planning table.

Due to the Trust's financial situation this led to the decision to host the event on site and to use black and white printing to reduce costs. Governors would be asked via email in the coming weeks to put forward suggestions for stands as well as further information about the event.

Action: Corporate Governance Team

A suggestion was made that Governors set a challenge to try and recruit 100 people to become members focussing where possible on the under 30 demographic via links with community groups ahead of the AGM.

13/25 Work Plan

The Trust Secretary highlighted that Governor training and development would be scheduled for October 2025 meeting.

Action: C Lynch



14/25 Reflections of the Meeting

The Corporate Governance Officer led the discussion.

15/25 Date of the Next Meeting

It was agreed that the next meeting would take place on Thursday 2 October 2025 at 1730.

SIGNED:

DATE:

Title:	Task & Finish Group Interim Report
Agenda item no:	10
Meeting:	Council of Governors
Date:	24 September 2025
Presented by:	Paul Williams & Joshua Wilson (Joint Chairs Governor Task & Finish Group)
Prepared by:	Corporate Governance team

Purpose of the Report	The Council is asked to note the report.
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Report History	NA
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What action is required?							
Assurance		Information	X	Discussion/input		Decision/approval	

The Task & Finish Group had held four of six monthly meetings in May, June, July & August 2025. The first three meetings were held face to face and were quorate with 8 – 11 attendees and good participation.

Unfortunately, one meeting was not quorate because of the absence of a Partner Governor during the Summer recess. The August meeting was held virtually and well equally well attended.

No meeting was scheduled in September 2025 due to preparations for the Annual General Meeting (AGM).

The remaining two meetings in October and November 2025 will finalise the suggested improvements to be submitted for agreement by the Council of Governors.

More collaborative work with the Trust is required to build the supporting processes/protocols. Some of these improvements are in use widely by other trusts locally and nationally so it is considered they should be of benefit to governors executing their legal duties.

The topics that have been discussed and recommended so far are as follows:

- Governors to observe Board Sub-Committees
- Informal coffee meetings between NEDs and Governors
- Developing training videos (including for Induction) to build a strong Council of Governors for public accountability of the Trust. This would also allow access, anytime anywhere
- Governor Information point at the Royal Berkshire Hospital site
- Independent verification of election committee Chairs
- Piloting a hybrid meeting at the Reading site
- Governors to attend Patient Experience Committee

Other ideas that received less support:

- Pledge commitments for Governors
- Facilitation with governors at other located Trusts
- Reviving the Governor Strategy Committee
- Strategy Away Day for Governors

The Council is asked to note the update.

Minutes

Council Nominations & Remuneration Committee

Wednesday 16 April 2025

Meeting by email

17.50 – 18.00

Present

Miss. Dora Abbi	(Youth Governor)
Mr. John Bagshaw	(Public Governor, West Berkshire & Borders)
Mr. Jonathan Barker	(Public Governor, Reading)
Cllr. Patrick Clark	(Partner Governor, West Berkshire Council)
Mr. Martyn Cooper	(Public Governor, West Berkshire & Borders)
Dr. Paul Jenkins	(Partner Governor, University of Reading)
Cllr. Clive Jones	(Public Governor, Wokingham)
Mr. Benedict Krauze	(Public Governor, Wokingham)
Dr. Sunila Lobo	(Public Governor, Reading) (Lead Governor)
Mr. Adrian Mather	(Partner Governor, Wokingham Borough Council)
Ms. Maria Norville	(Public Governor, Wokingham)
Mr. Madan Uprety	(Staff Governor, Health Care Assistant/Ancillary)
Ms. Terri Walsh	(Public Governor, Wokingham)
Mr. Paul Williams	(Public Governor, Reading)

In attendance

Mr. Oke Eleazu	(Chair)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mr. Darren Browne	(Partner Governor, Autism Berkshire)
Dr. Tom Duncan	(Staff Governor, Medical/Dental)
Mrs. Alice Gostomski	(Public Governor, West Berkshire & Borders)
Mr. Richard Havelock	(Volunteer Governor)
Ms. Sarah Lupai	(Staff Governor, Nursing/Midwifery)
Ms. Chido Makawa	(Public Governor, East Berkshire & Borders)
Ms. Jess McKean	(Staff Governor, Admin & Management)
Mr. William Murdoch	(Public Governor, Southern Oxfordshire)
Cllr. David Stevens	(Partner Governor, Reading Borough Council)
Ms. Miranda Walcott	(Partner Governor, Integrated Care Board (SEND))
Rev. Joshua Wilson	(Staff Governor, Allied Health Professionals/Scientific/Professional)

[A meeting was held by email as the constituted meeting was not quorate.]

06/25 Non-Executive Director Interviews – To Receive the Recommendation from the Appointment Panel

The Committee received the recommendation from the appointment panel following the extensive interview process that included two focus groups and a final panel interview. The recommendation was to appoint Umesh Jeta as Non-Executive Director with effect from 1 May 2025.

The Committee agreed that a recommendation should be submitted to the Council to approve the appointment of Umesh Jetha as Non-Executive Director for a three year term of office with effect from 1 May 2025.

Action: S Lobo

07/25 Date of Next Meeting

The date of the next meeting would be scheduled when required.

SIGNED

DATE

Title:	Governor Question Log
Agenda item no:	12
Meeting:	Council of Governors
Date:	24 September 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Natalie Bone, Corporate Governance Officer

Purpose of the Report	To provide the Council of Governors with an overview of the Governor Question Log since the last meeting.
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Report History	None
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What action is required?	
Assurance	
Information	The Council of Governors is asked to note the report.
Discussion/input	
Decision/approval	

1 Background

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

2 Scope of the Governor Question Log

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

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

3 Process of the Governor Question Log

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

4 Changes since the last meeting

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

5 Attachments

Appendix 1 – Governor Question Log

Governor Questions Log

No.	Date	Governor	Query	Response
198	28 May 2025	Paul Williams	In response to a query regarding the antenatal screening incident that had identified 37 women that had not received antenatal screening, the Chair of the Quality Committee advised that the antenatal screening incident was high profile, and the Regional & National team were visiting the Trust. It had been identified that there are staff shortages within the ultrasound team, and the high volume and cost of agency staff had been addressed.	There was a serious antenatal screening incident which was fully investigated. The incident involved the first trimester scan provision and additional ultrasound scans were put in place with support from the region. All actions have been completed and the trust is expecting the national screening team to visit shortly. This will provide robust external assurance for the board.
199	22 July 2025	Sunila Lobo	<p>The provision of safe and high quality patient care is an absolute priority for the trust and all our clinicians work to rigorous protocols to ensure patient safety’.</p> <p>Patient welfare is the Trust’s responsibility. Yet, there have been serious incidents at the Trust. On behalf of the community, governors are seeking assurance that internal governance</p>	<p>Extensive work has been carried out by the Trust both prior to, and following, the issue of the PFD notice in April to both strengthen and streamline our mortality and learning from death processes within surgery.</p> <p>These changes include:</p> <p>Providing additional support for the surgical team to ensure adherence to the Trust’s mortality and learning from deaths processes to capture information for use in departmental mortality and morbidity and clinical governance meetings.</p> <p>Revising General Surgery’s Structured Judgment Review (SJR) process to ensure reviews are conducted by consultants with the same subspecialist interest, followed by a second review by another surgeon before sign off by both surgeons. Additionally, a parallel</p>

			<p>processes and protocols are being reviewed with urgency, for improvement, especially around Serious Incidents, Never Events and Mortality. Please can you describe the outcome of this detailed review/investigation and steps taken to reduce or eliminate re-occurrence?</p>	<p>anaesthetist-led SJR has been introduced to provide diverse perspectives.</p> <p>We have also instigated and are embedding a number of changes to our Trust processes for capturing learning and preparing for inquests when parallel review processes are being undertaken. A detailed summary overview of the case is now generated including timelines of the patient's clinical journey; key diagnoses treatment; circumstances of deterioration and death; reviews and actions undertaken; learning points; concerns around avoidability and preventability; communications with the family and an indication to the Coroner about the status of all reviews and whether they are complete or ongoing.</p> <p>We have also, as part of ongoing work with the Coroner, implemented an Inquest Disclosure Checklist to ensure clarity and completeness.</p> <p>The changes we have made will ensure teams adhere to our learning from deaths processes and are more easily able to extract relevant learning from cases. There would also be greater clarity for the coroner and patients' families of the processes followed and any changes instigated as a result of our learning.</p> <p>The surgeon stopped performing major colorectal surgery in June 2024 and ceased all other surgery in September 2024. He continues to work at the Trust focusing on outpatient work; adhering to restrictions and conditions imposed by the GMC. His safety record within his current scope of practice has been reviewed and no concerns found.</p>
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200	2 June 2025	Sunila Lobo	<p>The issue of audibility of the calling of names at the A&E waiting room has been brought up by members of the public and mentioned at Public Board too. This is particularly concerning for those with hearing loss as well as other hidden disabilities such as autism, anxiety or phobias.</p> <p>Further, the fear of missing a call-out creates added anxiety. Could tech, for instance, as used in GP surgeries or restaurant table buzzers be a solution to this issue?</p>	<p>The team make a huge effort to ensure that the patient does not miss being called. As mentioned in our previous response, the team call the patient numerous times. They call from the triage door, they will go out to the waiting room to call the patient and they will also go outside the front of the department to call the patient. This will happen 4 times.</p> <p>We have not had many PALS and complaints and certainly none recently about the fear of missing being called or delayed treatment due to missing being called. Due to the nature of the department, buzzers such as those used in GP surgeries wouldn't be suitable. For those patients who are deaf/heard of hearing this would be identified at booking in and a note made on the system to alert the member of staff calling the patient.</p>
201	12 June 2025	Sunila Lobo	<p>UCC from Broad Street Mall to RBH from 1 July 2025: The question is whether patients are able to walk-in to UCC as they used to at Broad Street Mall or only if they are directed by NHS 111 there or through triage at RBH's A&E? When will this be made clear?</p>	<p>The service has been commissioned by the ICB and patients can either be;</p> <ol style="list-style-type: none"> 1. Redirected by primary care when they reach capacity 2. Via NHS111 3. Redirected by ED triage/streamer 4. Walk in <p>The ICB are running the communications, and have tried to focus on patient's using NHS111 to ensure they are redirected to the most appropriate service. We have set up a Trust webpage for patients to better understand the criteria and access routes: Reading Urgent Care Centre</p>

202	25 June 2025	Paul Williams	<p>When organisations are dependent on digital systems, and with hacking becoming popular, public sector organisations are implementing backup data centres and sharing data centres.</p> <p>Does the NHS Trusts within BOB share data centres for security, backup and economic reasons?</p>	<p>At present, the NHS trusts within BOB do not share data centres for security, backup, or economic reasons. Each trust is responsible for managing its own infrastructure with resilience and recovery arrangements in place. However, shared data centre options are currently being explored as part of wider digital strategy discussions.</p>
203	5 August 2025	Richard Havelock	<p>I understand that there a recent incident during the night on a general surgical ward in which a quadriplegic patient was disconnected from supporting medical equipment by another patient with dementia whose bed was adjacent. What measures are taken to prevent patients with dementia on general wards from interfering, albeit inadvertently, with equipment providing essential support to other patients?</p>	<p>For all our patients we use “Enhanced Therapeutic Observations of Care” (ETOC). This is a method of providing supervision, support and engagement with patients. All patients regardless of their ward location will be assessed in the same way.</p> <p>The decision to use ETOC is based on a risk assessment which is carried out on the patient’s physical or mental state. The risk assessment must be repeated at least once a shift or when a change in condition occurs. This should be used in conjunction with the safer nursing care tools (SNCT) acuity and dependency levels tool. There are multiple reasons why a patient might require ETOC e.g. acute mental illness, risk of falls, agitation/confusion/aggression. The levels of ETOC are rag rated dependant on need e.g. red requires continuous observation or 1:1 within arm’s reach. The level of enhanced care observation must be proportional (least restrictive) to risk to self or others. In some cases a patient may be assessed and deemed safe to have 30 minutes nursing observation safe and seen (Green low level of enhanced observation) because they are not attempting the wander despite confusion. If however, their condition changes and they do start to become more confused, wander or become agitated their repeated risk assessment could show they require 1:1 within arm’s reach enhanced observation.</p>

204	19 Aug 2025	Alice Gostomski	<p>The Orthopaedic department routinely has appointments up to 5pm and many patients attending these have mobility issues.</p> <p>Governors have previously asked whether there is any possibility of extending the time of the Buggy being available and many of the Buggy drivers have stated they would be happy to extend the service to 5pm.</p>	In progress.
205	22 Aug 2025	Miranda Walcott	<p>Constituents from Reading and Wokingham's Children and Young People Me2 club, have asked if the hospital have plans to address the waiting rooms, as they can cause anxiety, for children and young people who have a Special Educational Need and/or Disability.</p> <p>This is due to knowing they will have to wait, and there is a wide range information about health problems in the waiting rooms which can cause a challenge for or young people with additional, some who may already have health anxiety?</p>	In progress.
206	10 Sept 2025	Adrian Mather	A number of recent cyber-attacks are likely due to weak	In progress.

			<p>password security e.g. short passwords and or sharing of passwords.</p> <p>Please describe RBH password security and any measures which are being proposed to increase password security. FYI my employer requires 14 character passwords.</p> <p>Typically there is weaker security on non-production data centres / systems / applications. Please describe any differences between non-production and production environments. Please note that “small” applications which may be owned or administered by front line teams may have weaker security than mainstream systems.</p>	
207	10 Sept 2025	Tom Duncan	<p>I declare an interest as I sit on a clinical data committee, for which I have one hour of job-planned time per week.</p> <p>Despite the Trust's investment in the Cerner EPR, clinicians and committees currently have less access to usable clinical data than we did 10 years ago.</p>	In progress.

			<p>Many experienced analysts have left, Cerner DA2 is unsupported, and existing dashboards are not being maintained. Although the Health Data Institute is in theory available for internal work, in practice its funding and governance arrangements make access overly complex.</p> <p>As a result, clinicians are often reduced to manually extracting small samples from individual records into spreadsheets, when we should be able to analyse thousands of records to drive quality improvement, audit, and operational learning.</p> <p>What assurance can the Board give that there is a coherent strategy and sufficient investment to maintain existing dashboards, simplify access to the HDI, and develop reliable, clinically useful data and analytics to support internal audit, quality improvement, and operational decision-making?</p>	
208	10 Sept 2025	Tom Duncan	For several years I have raised the issue of smoking on Trust premises. Despite repeated promises of action, staff and	In progress.

		<p>visitors continue to smoke in stairwells and directly outside office windows, forcing staff to keep windows shut in summer. Engagement exercises, signage, and commitments made over two years ago have not led to meaningful change.</p> <p>How are NEDs assuring themselves that the Trust's smoke-free site policy is being properly enforced, what evidence will they require to be confident it is effective, and by when will this assurance be reported back to the Council of Governors, given how long this issue has been outstanding?</p>	