Bundle Council of Governors 6 March 2025

Royal United Hospitals Bath
NHS Foundation Trust

Public Meeting of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust

Thursday 6th March 2025, 10:15 – 12:30

Venue: Pavilion Function Room, Kingswood School Upper Playing Fields, Lansdown Road, Bath, BA1 9BH

No	Item	Presenter	Action	Time	Enc.
Opening Business					
1.	Welcome, Introduction and Apologies	Alison Ryan, Chair	-	10:15	-
2.	Declarations of Interest		To note		-
3.	Minutes of the Council of Governors Meeting held on 10th December 2024		For approval		Enc.
4.	Action List and Matters Arising		For approval		Enc.
5.	Group Joint Chair Appointment	Sumita Hutchison, Non-Executive Director	For disc	10:25	Enc.
6.	CEO and MD Update Report	Andrew Hollowood, Interim Managing Director	For info	10.50	Enc.
7.	NED Presentation	Paul Fairhurst, Non-Executive Director	For info	11:10	Enc.
8.	2025/26 Trust Strategic Plans and A3s • Business Planning • Breakthrough Objectives	Rhiannon Hills, Director of Transformation Andrew Hollowood, Interim Managing Director	For info	11:20	Pres.
Governance Updates					
9.	Report from Joint Board of Directors and Council of Governors Strategic Planning Away Day	Lauren McEwan, Corporate Governance Manager	To note	11:50	Enc.
10.	NED Update on Questions from Governors: Log of Governor Assurance Questions	NEDs	For disc.	11:55	Enc.
11.	Governor Working Group Updates • Strategy and Business Planning • Quality • Membership and Outreach • People	Chairs of Working Groups	To note	12:00	Enc. / Disc.
Governor Feedback					
12.	Lead Governor Report	Vivienne Harpwood, Lead Governor	To note	12:10	Verbal
13.	Stakeholder Governor Feedback	All Stakeholder Governors	To note	12:20	Verbal

Closing Business					
14.	Items for Future Work Plan / AOB	Alison Ryan, Chair	For disc.	12:30	Verbal
Date of Next Meeting: 11th June 2025, 14:00 – 17:00, Pavilion Function Room, Kingswood School Upper Playing Fields, Lansdown Road, Bath, BA1 9BH					

Key:
Enc. – Paper enclosed with the meeting pack
Pres. – Presentation to be delivered at the meeting
Verbal – Verbal update to be given by the presenter at the meeting

Minutes of the Public Meeting of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust
Tuesday 10th December 2024, 09:30 – 12:00
Hybrid meeting: Wharf Room, Widcombe Social Club, Widcombe Hill, Bath, BA2 6AA and Microsoft Teams

Present:
Alison Ryan, Chair

Public Governors	Staff Governors	Stakeholder Governors
Anne-Marie Walker *(virtually. Left at 11:30)*	Baz Harding - Clark	Deborah Wilson
Anna Beria	Narinder Tegally *(virtually)*	Johnny Kidney *(virtually)*
Chris Norman		
Di Benham		
Ian Lafferty		
Kate Cozens		
Paul Newman		
Vic Pritchard		
Viv Harpwood		

In attendance:
Andrew Hollowood, Interim Managing Director *(Left at 10:15)*
Cara Charles-Barks, Chief Executive Officer *(Left at 10:15)*
Nigel Stevens, Non-Executive Director *(Arrived at 09:43)*
Paul Fairhurst, Non-Executive Director
Paul Fox, Non-Executive Director *(virtually)*
Sumita Hutchison, Non-Executive Director (*Left at 11:20*)
Simon Sethi, BSW Communities Together *(Agenda Item 6)*
Val Scrase, Regional Director HCRG Care Group *(Agenda Item 6)*
Simon Yeo, Project Director for the SALIX project *(Agenda item 7)*
Lucy Kearney, Head of Communications
Roxy Milbourne, Interim Head of Corporate Governance
Lauren McEwan, Corporate Governance Manager
Pete Dixon, Membership & Governance Administrator *(minute taker)*

CG/24/12/01 Chair's welcome, introduction and apologies

The Chair welcomed everyone to the meeting and welcomed Deborah Wilson to her first Council of Governors meeting. She informed the Council of Governors that Beas Bhattacharya had resigned as a Staff Governor due her clinical responsibilities. The Chair noted apologies had been received from Hannah Morley and Antony Durbacz, Non-Executive Directors. Apologies had also been received from the following Governors:

Public Governors	Staff Governors	Stakeholder Governors
Sue Toland	Craig Jones	Alison Born
	Gary Chamberlain	Lucy Baker

CG/24/12/02 Declarations of Interest relevant to items on the agenda

There were no declarations of interest raised.

CG/24/12/03 Approval of the minutes of the Council of Governors meeting held in public on 12 September 2024

The minutes of the meeting held on 12 September 2024 were approved as a true and accurate record of the meeting.

CG/24/12/04 Action List and Matters Arising

The action updates were agreed, and the items listed for closure were approved.

CG/24/12/05 CEO Update Report – Include Group model Update

The Chief Executive Officer provided an overview of her report and highlighted that the Trust had been working hard to improve its Cancer and Diagnostics performance, which were interlinked with each other and that the Trust had undertaken over 1000 tests across a range of areas to assist in the elective recovery plan. She informed the Council of Governors that NHS England had commended the hard work the Trust had undertaken to improve its financial position in recent months, and in particular the work which Nursing Teams had done to reduce agency spend. The Trust still faced a number of challenges and were forecasted to finish the current financial year with a £4 million deficit. However, the Trust would be in a strong position compared to colleagues in the BSW system.

The Chief Executive Officer highlighted that the Trust 4-hour performance had remained stable in recent months. However, this was still below the target rate, and also remained a challenge for the BSW system as a whole. She was pleased to inform the Council of Governors that following the Care Quality Commission National Adult Inpatient Survey several Teams at the Trust had been praised by patients for treating them with kindness, dignity and respect and that the Trust had been ranked ninth in the country for overall patient experience.

The Chief Executive Officer confirmed that Chief People Officer and the Chief Nursing Officer had received a collective grievance on the 8th October 2024 from staff regarding paid breaks, and that a response would be formed once the unions had responded to them.

Vic Pritchard sought clarity regarding which areas patients who were waiting to be discharged lived in. The Chief Executive Officer explained that the patients were from a number of different areas and that there were several reasons why patients had not yet been discharged.

Vic Pritchard enquired if BaNES council would be using HCRG as their provider for local care. The Chief Executive Officer confirmed that BaNES Council had retained the services which they wanted run internally, the remaining services would be run by HCRG.

Paul Fairhurst queried if the Trust would be more susceptible to higher demand on services due to the change in the winter fuel allowance. The Interim Managing Director explained that this had not been factored into the Trust's winter plan. He disclosed that the Trust had seen the same level of ambulance attendance to the Emergency Department as last year, however there had been an increase in the number of patients walking into the Department.

Ian Lafferty enquired if ambulances were aware of the waiting times at the three acute Trusts within the BSW system. The Chief Executive Officer confirmed that the ambulances were aware and that they have access to a service called care co-ordination which enables them to make a better decision regarding if patients need to be taken to hospital or can be cared for in the local community.

The Interim Managing Director wanted to highlight that a paramedic on average only had 3 years of experience, and they were doing a very good job of ensuring that the patients have the correct level of care. The Chief Executive Officer informed the Council of Governors that she would be reviewing a large range of data to enable her to effectively deliver a realistic and achievable improvement plan for the Emergency Care Services within the BSW system.

Vivienne Harpwood enquired if the Trust was under more pressure due to number of veterans that lived in the area. The Chief Executive Officer and the Interim Managing Director both confirmed that the Trust was not under any additional pressure.

Vic Pritchard asked if the pressures which North Bristol NHS Trust faced had an effect on the RUH Emergency Department. The Interim Managing Director confirmed that the Emergency Department had not seen an increase in demand, and reflected that North Bristol NHS Trust faced the same challenges as the RUH.

The Interim Managing Director informed the Council of Governors that the patient kitchens had been closed due to cockroaches being discovered, and that a further investigation had discovered that the drainage system under the kitchen had collapsed. He confirmed that maintenance work had commenced to fix the drains which should be completed by January 2025.

The Council of Governors noted the report.

CG/24/12/06 Community Services Tender Update

The Chair welcomed Simon Sethi, BSW Communities Together and Val Scrase the Regional Director HCRG Care Group to the meeting. Val Scrase provided an overview of the Community Services Tender and explained that HCRG provided community care services across the country and had recently been awarded the contract for Adult and Children Community Services within the BSW area, which would start on the 1st April 2025. She stressed the importance of being able to work closely with partners within the local Integrated Care Board to ensure that patients are provided with the correct level of care and that work would be taking place to ensure that this occurred.

Di Benham sought confirmation on when the 2,500 members of staff would be TUPE by. Val Scrase confirmed that staff had to be TUPE by the 1st April 2025, she also confirmed that the majority of staff who worked for Wiltshire Health and Care would be subject to TUPE.

Paul Newman asked if there would be a vacancy gap moving forwards. Val Scrase was unable to answer this but confirmed that HCRG as an organisation did not have a vacancy gap.

Anna Beria enquired if service users would need to be more engaged with technology to be able to utilise the HCRG digital front door, or if there will be staff available to help patients who struggle with technology. Val Scrase confirmed that HCRG staff would be in place called care navigators to help patients who struggled with technology.

Sumita Hutchison enquired how the RUH as an organisation could support HCRG to be successful moving forwards. Val Scrase confirmed that the two organisations already worked closely together but felt building on this relationship and creating a clear partnership Governance structure would be key moving forwards.

Sumita Hutchison sought clarity on how the Council of Governors and the NEDs could gain assurance that the correct progress would be made. Val Scrase stated that the HCRG contract was outcome based, and that there would be a road map in place which the Council of Governors and NEDs could use to track HCRG progress.

Vic Pritchard enquired if HCRG would take on the responsibility of the preventative agenda which the local authorities currently had. Val Scrase felt that preventative measures were everyone's responsibility.

The Council of Governors noted the update.

CG/24/09/07 SALIX Sustainability Update

The Chair welcomed Simon Yeo, the Project Director for the SALIX project. Simon Yeo provided an overview of on the progress which the Trust had made on the SALIX Sustainability programme and confirmed that the project had two main elements to it. The first element would take two years to complete and the second element which would take 14 years to complete. The project would remove one of the Trusts gas boilers and replace it with an electrical system, to bring the Trust in line with NHS England Sustainability Targets for all Hospitals in the country.

Simon Yeo explained that in July 2022 the Trust had received funding to review how the site could be fully decarbonised, this review emphasized it would cost the Trust between £60 - £100 million to complete the decarbonisation programme. In February 2024 the Trust received a grant of a £21.6 million but had been required to invest £3 million of capital to be eligible for the grant. The Chair explained to the meeting this had been done at great risk but would benefit the Trust in the long run.

Nick Gamble enquired if the program would include a battery storage unit. Simon Yeo confirmed that a battery storage unit had been considered, however it had been decided it would not be required.

Vic Pritchard asked if the Trust would be solely electrically based. Simon Yeo confirmed that the Trust would retain two of its gas boilers to be utilised in case of emergencies.

The Council of Governors noted the update.

CG/24/12/08 NED Presentation

Simon Harrod provided the Council of Governors with an overview of his personal and professional background and provided the Council of Governors with a summary of the work which he would undertake as the new Clinical NED. He explained that as the Trust Maternity Safety Champion he had seen firsthand the hard work which the Maternity and Neonatal team did and explained that the team had recently received good reviews from the Care Quality Commission about their work.

Vivienne Harpwood enquired how Simon was finding the Trust compared to his previous work in London regarding Health inequalities in the local community. Simon Harrod found it interesting that the demographic in Bath and London were completely different, and that spotting the demographic deprivation in Bath would be harder due to the size of the local demographic.

The Council of Governors noted the presentation.

CG/24/12/09 Annual General Meeting / Annual Membership Meeting Report

The Corporate Governance Manger provided an overview of her report and confirmed that the Membership Team would ensure that the presenters for the 2025 AGM would have the opportunity to run through their presentation in the week leading up to the meeting and on the day of the meeting. She explained that next year's table discussion would be linked to one of the meeting's agenda items to allow for more focused discussions.

Paul Newman asked if there had been any feedback regarding the venue. The Corporate Governance Manager confirmed that the Membership Team had only received feedback regarding the temperature of the room and access to car parking.

Di Benham asked if staff who attended the display board section of the meeting had found their experiences useful. The Corporate Governance Manager confirmed that the staff had found the display board section of the meeting useful. She explained that the Membership Team had received feedback from members of the public who felt that the display board section of the meeting should be held in a larger area in 2025 and that the Membership Team would be investigating this.

The Council of Governors noted the report.

CG/24/12/10 Annual Declaration of Interests

This item was taken as read.

CG/24/12/11 Council of Governors Effectiveness Self-Evaluation Results

The Corporate Governance Manager provided an overview of the Council of Governors self-evaluation results and highlighted that the Governors who completed the survey asked to focus on the following three areas moving forwards:

- Training and Development
- Engagement and Communication with the public
- Engagement and holding NEDs to account better.

The Corporate Governance Manager explained at the recent Joint Board of Directors and Council of Governors Development session it was discussed that the below actions would be undertaken moving forwards:

- A training session would be arranged to help the Council of Governors interpret data better, specifically the Trusts Integrated Performance Report data.
- A development session would be organised to help the Governors structure their NED assurance questions more effectively.
- The Governor Membership and Outreach Working Group would engage more with members and the public to enrich the feedback the Trust received.
- The Governor Working Groups should undertake more deep dives into specific topic areas which Governors would like to know more about.

The Chair felt that the deep dives should occur during at the next round of Working Group meetings. The Corporate Governance Manger asked for Governors to send her the topics which they would like to discuss. Sumita Hutchison felt that a deep dive into the Trust's Improving Together methodology would be useful.

Action: Council of Governors.

The Council of Governors noted the report.

CG/24/12/12 NED Update on Questions from Governors

Nigel Stevens provided an overview of the assurance question Sept 24.1 and highlighted that this topic had been discussed in depth between the NEDs. He provided the Council of Governors with assurance that the Group Model was the correct pathway moving forwards for the Trust.

The Chair highlighted that the Chief Operating Officer had answered question Oct 24.1, which related to the frequences of Critical Incidents the Trust declared. She reflected that a manifestation of problems within the BSW system often led to Critical Incidents occurring and that depending on the level of Critical Incidents depends on the level of support that the Trust required.

Baz Harding-Clark enquired why the Trust had not sent out communication during the recent critical incident like those sent out by North Bristol NHS Trust and seen on various platforms including the local news. The Head of Communications confirmed it had not been the Trust's policy to release a press statement when Critical Incidents had

been declared. The Chair asked the Head of Communications to investigate the possibility of releasing statements in the future.

Action: Head of Communications.

Sumita Hutchison provided an overview question Sept24.1 and confirmed that the details of the review would be discussed at January's Non-Clinical Governance Committee meeting. She enquired why this question had been raised. Baz Harding-Clark provided clarity and explained that this question had been raised in relation to the Incident which took place in February 2024.

The Council of Governors approved for the Open NED Assurance questions to be closed.

CG/24/12/13 Governor Working Group Updates

Strategy and Business Planning Working Group

Nick Gamble provided an overview of his report and stated he was interested in how the Quality Working Group had liaised with the NEDs to have a structured discussion and improve the relationship between Governors and NEDs. He reflected that exception reporting had allowed more focused discussions to take place and encouraged more Governors to attend Working Group meetings.

Quality Working Group

Kate Cozens gave a summary of her report and felt that having co-chair to the Working Groups had been very useful. She explained that herself and Paul Newman, had met with the Membership Team to discuss the Working Group agenda and that it had been agreed that exception reporting would be utilised at the meetings.

Membership and Outreach Working Group

Kate Cozens provided an overview her report and highlighted that a Task and Finish Group would be held to discuss the Governor Membership and Engagement strategy, the Working Group had agreed that the strategy would need to last more than a year and focus on long term goals. The Working Group had also heard from Stacey Hardyman regarding the Trust's Community Day.

Anna Beria confirmed that Ian Lafferty would be co-chair of the Working Group moving forwards.

People Working Group

Baz Harding-Clark provided an overview of the last People Working Group and highlighted that the People Working Group had agreed that NEDs were no longer required to attend the meeting and confirmed they would attend by invite only. He also confirmed that an agenda item regarding the Trust Hospital at Home programme would be brought to a future meeting.

Baz Harding-Clark shared his disappointment that he had received an email from the Chief Nursing Officer regarding the Trust's Hospital at Home programme and felt it could have been dealt with better. He explained that November's meeting had not been well

attended by the Staff Governors and encouraged more of his peers to attend meetings. Di Benham enquired if members of Staff were allowed to attend the Working Groups. The Chair confirmed that Working Group meetings were for Governors only.

Paul Newman enquired if Governors where aware when the Working Group where due to take place. Vivienne Harpwood confirmed that this was discussed at the Informal Governors meeting.

Di Benham raised if a joint calendar could be created in which diary invites could be placed into. The Corporate Governance Manager confirmed that all of the Working Group and Council of Governor diary invites had been sent to the Governors already, she explained that that invites would not appear on a calendar if Governors had declined them. Baz Harding-Clark stated that the Governor monthly round up explained when the next round of meetings where due to take place.

The Interim Head of Corporate Governance confirmed that the Corporate Governance Manager would investigate this and would re-circulate all the diary invites.

Action: Corporate Governance Manager.

Vivienne Harpwood asked if a member of the Membership Team could attend a future informal Governors meeting to explain how the Governors could utilise their Microsoft Teams channel more effectively.

Action: Corporate Governance Manager.

The Council of Governors noted the update.

CG/24/12/14 Working Group Task and Finish Group – Final Proposal

The Council of Governors approved for the Working Group structure to be maintained for the next six months, and a review take place after this period.

CG/24/12/15 Lead Governor Report

Vivienne Harpwood thanked the Corporate Governance Manger for all her hard work.

CG/24/12/16 Stakeholder Governor Feedback

Johnny Kidney confirmed that Surgical Care Team at Wiltshire Council had received CQC inspection in late September and were currently awaiting the outcome of it. The Chair asked if Johnny was able to provide an update regarding Wiltshire Council winter plans. Johnny Kidney confirmed he was not in the position to do this.

Alison Born was unable to attend the meeting but submitted the below report.

Pressure on acute and community hospitals has increased recently and daily multi agency calls have been reinstated. BaNES currently has 22 people that they are working with to progress discharge from the RUH. All have allocated social workers who are working actively on plans.

CG/24/12/17 Items for Future Work Plan / Any Other Business

This agenda item was not discussed.

The meeting closed at: 11:47.

Royal United Hospitals Bath
NHS Foundation Trust

Agenda Item: 4.0

Action list of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust following the meeting held on 10th December 2024

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
CG267	**Approval of the Membership, Community Engagement and Development Strategy 24/25** Council of Governors to redevelop the Membership, Engagement and Development Strategy at the next Membership and Outreach Working Group meeting.	**CG24/09/12**	Sept 2024	June 2025	A Task and Finish Group has been established and has met. It has been agreed that the membership strategy will be brought to MOWG in May for approval, to the be presented at CoG in June for ratification. **Open**	Council of Governors
CG270	**Council of Governors Effectiveness Self-Evaluation Results** The Governors to inform the Corporate Governance Manager the deep dive topics which they would like to discuss at Februarys Working Group meetings	**CG/24/12/11**	Dec 2024	March 2025	No deep dive topics were identified as to be discussed during February Working Group meetings. **To Close.**	Council of Governors
CG271	**NED Update on Questions from Governors** The Head of Communications will investigate the way the Trust releases information to the press regarding Critical Incidents.	**CG/24/12/12**	Dec 2024	March 2025	Verbal update will be provided at meeting by Head of Communications. **To Close.**	Head of Communications
CG272	**Governor Working Group Updates** The Corporate Governance Manager to investigate the possibility of having a shared calendar which have all of the Working Groups	**CG/24/12/13**	Dec 2024	March 2025	All diary invites have been re-shared. All meeting dates are	Corporate Governance Manager

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
	and Council of Governors meetings on. They will also re-send out all the diary invites to the Governors for 2025.				shared on the SharePoint page. **To Close.**	
CG273	**Governor Working Group Updates** The Corporate Governance Manager to ensure a member of the Membership Team to attend a future Informal Governors meeting to explain how the Governors could utilise Microsoft Teams more effectively.	**CG/24/12/13**	Dec 2024	March 2025	The Membership and Governance Administrator attended the last informal Governor meeting to demonstrate how the SharePoint page works. **To Close.**	Corporate Governance Manager

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**5.0**
Date of Meeting:	**5 March 2025**		

Title of Report:	**Group Joint Chair Role**
Status:	**Discussion and Approval**
Board Sponsor:	**Nigel Stevens, Senior Independent Director**
Author:	**Roxy Milbourne, Interim Head of Corporate Governance**
Appendices	**Appendix 1: Guide to the appointment of Group Chair** **Appendix 2: Joint Chair and Local Lead NED tasks and assumptions**

1. Executive Summary of the Report

At the Board meetings of the Great Western Hospitals NHS FT, Royal United Hospitals Bath NHS FT on 22 July 2024 and Salisbury NHS FT on 5 September 2024 each Board of Directors approved the Case for Change to move to a Group model, which included the approval of shared leadership and to identify a BSW Hospitals Group Chief Executive and a Joint Chair for the Trusts.

On 1 November 2024 Cara Charles-Barks was appointed as BSW Hospitals Group Chief Executive. The proposed next step is to appoint a Joint Chair to support Group development leadership.

The post would be a single role across three separate statutory organisations, each responsible for delivering their own services, but ensuring a strengthened delivery of joint commitments for improving quality of care, effectiveness and efficiency for the BSW population we serve.

The focus and test of effectiveness must be about the benefit to patients, and whether these are being delivered.

A Joint Chair is expected to create a number of benefits whilst recognising the potential of a discreet number of associated disbenefits.

There is no legal restriction that would impede an individual simultaneously being the Chair of more than one Trust.

There are Statutory requirements and National guidance to consider in respect of the appointment process.

The BSW ICB Chair has indicated support for the recruitment of a Joint Chair, considering the role will enable a strong response to the significant system challenges BSW faces. NHS England's Regional team also supports recruitment of a Joint Chair and establishment of Joint Committee arrangements.

To facilitate the appointment of the Joint Chair as early as is practical, it is recommended that each Council of Governors agree a clear process for nominating a Joint Chair, working with the Senior Independent Directors (SIDs) and with support of People Services.

It is recommended that the Councils of Governors establish a Joint Nominations Committee with responsibility for undertaking the selection process of the Joint Chair and making a recommendation to each Council of Governors of a preferred candidate. Options are presented for consideration and further development by the Joint Nominations Committee.

A job description and person specification will be initiated for consideration and further development by the joint Nomination Committee [in March] incorporating the already agreed current roles and responsibilities of a Trust Chair plus the additional responsibilities of the new group role.

The time commitment for the Joint Chair role is proposed as between three to four days per week.

2.	Recommendations (Note, Approve, Discuss)

The Council of Governors is requested to:

- Approve the establishment of a Joint Nominations Committee between RUH, GWH and SFT Council of Governors.
- Support the development of a Job Description and Person Specification for a Joint Chair in support of the Nominations Committee of the Council of Governors recommendation to the Council of Governors (CoGs); and,
- Approve the Board's recommendation (from 5th March) on the options to appoint a Joint Chair as outlined in section 4.

3.	Legal / Regulatory Implications

There is no legal restriction that would impede an individual simultaneously being the Chair of more than one Trust.

There are Statutory requirements and National guidance to consider in respect of the appointment process as outlined in the paper.

4.	Risk

A Joint Chair is expected to create a number of benefits whilst recognising the potential of a discreet number of associated disbenefits.

5.	Resources Implications (Financial / staffing)

Not applicable

6.	Equality and Diversity
Not applicable	

7.	References to previous reports/Next steps
None	

8.	Freedom of Information
Public	

9.	Sustainability
Not applicable	

10.	Digital
Not applicable	

1. Background

1.1 At the Board meetings of the Great Western Hospitals NHS FT, Royal United Hospitals Bath NHS FT on 22 July 2024 and Salisbury NHS FT on 5 September 2024 each Board of Directors approved the Case for Change to move to a Group model, which included the approval of shared leadership and to identify a BSW Hospitals Group Chief Executive and a Joint Chair for the Trusts.

1.2 On 1 November 2024 Cara Charles-Barks was appointed as BSW Hospitals Group Chief Executive following a robust recruitment process and approval from each of the Council of Governors.

1.3 The proposed next step is to appoint a Joint Chair to support Group development leadership.

2. Introduction

2.1 The proposed Joint Chair appointment follows similar approaches being adopted by hospital providers across England and reflects wider NHS provider collaboration policy.

2.2 The post would be a single role across three separate statutory organisations, each responsible for delivering their own services, but ensuring a strengthened delivery of joint commitments for improving quality of care, effectiveness and efficiency for the BSW population we serve.

2.3 The creation of a joint post does not indicate any desire for or proposals for merger between the Trusts. There is no system pressure for a merger between the Trusts and all three Trusts remain distinct organisations with their own Board of Directors.

2.4 The focus and test of effectiveness must be about the benefit to patients, and whether these are being delivered.

2.5 A Joint Chair is expected to create the following benefits:-

- Enables a cross fertilisation of cultures, learning and practice between the Trusts.
- Assists building relationships across trusts, helping stabilise leadership teams.
- Facilitates more joined-up care and increased alignment of the Trusts, reduction in unwarranted variation, encouragement of collaboration in service provision, including specialised services.
- Aids system working and the creation of an integrated healthcare system – working with partners and sharing services.
- Supports BSW Hospitals to address significant operational and financial system challenges ahead.
- Creates a unified governance structure for measuring delivery of Group ambitions.

- Supports taking of difficult decisions by the Trusts, in the current and future interests of wider BSW population.
- Helps to facilitate mutual support.
- Supports the BSW Hospitals Group Chief Executive to create environment to deliver the benefits of working as a Group, including the BSW Hospitals Case for Collaboration, set out in May 2024.

2.6 Some potential disbenefits to be managed have also been identified:-

- Potential loss of local leadership and visibility.
- Potential impact on individual relationship development between Chair and Governors.
- In response, it is envisaged that the Chair will put governance arrangements in place to support them in their role, with emphasis on the role of the Vice Chairs in each Trust - whilst being clear that the responsibility to provide visible leadership remains that of the Chair. **Appendix 2** sets out potential division of roles between Joint Chair and Vice Chairs.

3. Governance, legal or regulatory considerations

3.1 There is no legal restriction that would impede an individual simultaneously being the Chair of more than one Trust.

3.2 **Statutory Requirement**: The National Health Service Act 2006 (NHSA) requires NHS foundation trusts to have a chair.

The Council of Governors is responsible at a general meeting for the appointment, re-appointment and removal of the Chair and other non-executive directors (paragraph 17(1) of Schedule 7 to the NHSA).

The Council of Governors must also decide the remuneration and allowances, and the other terms and conditions of office of the Chair and other non-executive directors (paragraph 18(1) of Schedule 7 to the NHSA)

3.3 **National Guidance**: The Code of Governance for NHS Provider Trusts (April 2023) sets out the following points in respect of the appointment of the Chair:

A Nomination Committee, with external advice as appropriate, is responsible for the identification and nomination of non-executive directors (paragraph 2.1).

The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them (paragraph 2.1).

The governors should agree with the Nominations Committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the Nominations Committee should make recommendations to the Council of Governors (paragraph 2.4).

When considering the appointment of non-executive directors, the council of governors should take into account the views of the Board of Directors and the Nominations Committee.

3.4 **System and Regional support**: The BSW ICB Chair has indicated support for the recruitment of a Joint Chair, considering the role will enable a strong response to the significant system challenges BSW faces. NHS England's Regional team also supports recruitment of a Joint Chair and establishment of Joint Committee arrangements.

3 Process to recruit a Joint Chair

4.1 To facilitate the appointment of the Joint Chair as early as is practical, it is recommended that each Council of Governors agree a clear process for nominating a Joint Chair, working with the Senior Independent Directors (SIDs) and with support of People Services.

4.2 It is recommended that the Councils of Governors establish a Joint Nominations Committee with responsibility for undertaking the selection process of the Joint Chair and making a recommendation to each Council of Governors of a preferred candidate.

4.3 Options for consideration and further development by Joint Nominations Committee

Options	**Timeline Assumptions, Risks and Benefits**
Option 1 • Open external recruitment process, assume internal candidates short-listed.	• Executive Search firm confirmation: end March • Recruitment process April - July • If new post holder, settling-in period Sept – March 26 • Risks/ benefit. Impact on benefits delivery during challenging period for Group – including during recruitment exercise and settling period.

	Benefit of external process – perceptions among stakeholders regarding process strength/ wider pool of candidates. • Assume 3-year role, with standard additional term potential.
Option 2 • Interim appointment, pending completion of external open recruitment process. • Role ringfenced to current Chairs of Trusts. Applications and interview process. Propose 6-8 months role.	• Interim appointment potentially in Q1 • Risk/ benefit. Supports stabilisation and benefits delivery during challenging period for Group. • 6-8 month term to allow time for an open recruitment process supporting stabilisation. • To be followed Q1-Q3 by external recruitment exercise.

4.4 A guidance document has been developed outlining the recruitment process to support the governors and SIDs in this process, attached as **appendix 1**.

5. Job Description

5.1 A job description and person specification will be initiated for consideration and further development by the joint Nomination Committee [in March] incorporating the already agreed current roles and responsibilities of a Trust Chair plus the additional responsibilities of the new group role.

5.2 The time commitment for the Joint Chair role is proposed as between three to four days per week for the following reasons:-

- The limit allows focus on the strategic role of the Chair without encroaching on the role of the CEO and the Executives.
- As described in s. 2.6 above, it is anticipated that the Chair will put governance arrangements in place which support them in their role, with a particular emphasis on the role of the Vice Chairs. **Appendix 2** *[NOTE: Document to be developed further]* outlines a summary of the suggested disposition of Chair tasks between a Chair and a Vice-Chair for consideration and further development by the Nominations Committee. It is suggested that the Vice-Chair role time commitment would increase to accommodate this support to six days per month, with no committee responsibilities.
- Formation of joint committees and committees in common in due course, where appropriate, will mitigate some time pressures.

6. Recommendations

6.1 The Council of Governors is requested to:

- Approve the establishment of a Joint Nominations Committee between RUH, GWH and SFT Council of Governors.
- Support the development of a Job Description and Person Specification for a Joint Chair in support of the Nominations Committee of the Council of Governors recommendation to the Council of Governors (CoGs); and,
- Approve the Board's recommendation (from 5th March) on the options to appoint a Joint Chair as outlined in section 4.

APPENDIX 1

Guide to the appointment of Joint Chair

Table of Contents

Table of Contents (continued)

1. Purpose of Document

1.1 The aim of this document is to:

- Support Governors of the three BSW Hospital Group Trusts in relation to the process for the appointment of a Joint Chair including their role and the role of the Boards of Directors (Board), Senior Independent Directors (SID) and other stakeholders.
- Ensure that the appointment is made as smoothly and effectively as possible in a fair, open and transparent way.
- Ensure that the successful candidate has the skills and experience to lead three Trusts over the coming years.

2. Context

2.1. A Joint Chair is defined as '*an individual who is appointed to chair more than one Trust to maximise the potential for synergy*'; in particular to:

- Lead and enable the three organisations to harness the strengths of each other
- Share resources, innovation and leadership for the benefits of the populations we serve
- Provide leadership to the acute and community health collaborative arrangements in the system of which the Trusts are part.

2.2 The Joint Chair will be a single post across the three separate organisations, each responsible for delivering their own services but ensuring a strengthened delivery of joint commitments for improving the quality of care and efficiency for the populations we serve.

2.3 The Joint Chair will chair the three separate Trust Boards and three Councils of Governors.

2.4 The aim of the recruitment process is to ensure the Trusts appoint the best person to lead the organisations within the context they are currently operating in, particularly in respect of a move towards greater collaboration within a Group model and beyond.

3. Responsibilities

3.1 **Role of Governors**

Under the National Health Service Act 2006, the Council of Governors appoints the Chair and decides their remuneration, allowances and other terms and

conditions of office. **It is proposed that the Councils of Governors agree to form a Joint Nominations Committee to undertake the selection process of the Joint Chair and to make a recommendation of a single preferred candidate to each Council of Governors**. The Joint Nominations Committee does not have any formal powers delegated by the individual Trusts or Councils of Governors; all responsibilities are undertaken in support of the Councils of Governors who each hold the responsibility for decisions relating to the appointment of the Joint Chair.

Following the start of the selection process, all three Councils of Governors will be offered separate informal drop-in sessions to enable them to raise questions and keep governors informed during the selection process. It is anticipated one of the sessions for each Council of Governors will be led by the Chief Executive (CEO) and respective SID.

The Joint Nominations Committee will be responsible for identifying a single preferred candidate on behalf of each Council of Governors. A recommendation for appointment will then be presented to each Council of Governors.

3.2. **Role of the Boards**

It is important that the views of the Board and the CEO in particular are taken into account with regards to the skills and experience required for the Joint Chair role particularly in respect of Board balance and succession planning as well as both the local and national NHS context in respect of the Chair.

3.3. **Role of the Joint Nominations Committee**

The membership of the Joint Nominations Committee (Joint NomCo) comprises of the following from each Trust:

- [Two] nominated Governors from each Trust.
- Senior Independent Directors (SIDs) – one to be chair of the Joint NomCo
- CEO.

The SIDs and CEOs are non-voting members of the Joint NomCo. As detailed in its terms of reference, the Joint NomCo will have delegated responsibility to select candidates to fill the Joint Chair role and recommend a candidate to each Council of Governors for appointment. This includes:

- Establishing an open and transparent process in line with the Nolan Principles and other good practice guidance.
- Carrying out the selection process on behalf of the Councils of Governors for the selection of a suitable candidate from the current Trust Chairs who fits

the criteria for the appointment of the Joint Chair set out in the job description developed by the Boards.

- Appointing an external recruitment agency to facilitate the search and support the overall recruitment process.
- Preparing a description of the role, capabilities, skills, knowledge and experience and expected time commitment required taking account of the recommendations of the Boards. In particular, account shall be taken of the focus on improving population health, changing external landscape and the Trusts' role as an integrated care system leader. The views of NHS England and the ICB will also be sought and reflected.
- Recommending to each Council of Governors the Joint Chair's remuneration and terms and conditions of office including time commitment.
- Ensuring compliance with any mandatory guidance and relevant statutory requirements.
- Agreeing the members of the interview panel. The recruitment process and in particular the interview process demands a certain level of experience and understanding by Joint NomCo members and this will be borne in mind when agreeing the members of the interview panel. The interview panel shall include a representative of NHSE / the ICB. All Governors involved on the interview panel will be required to attend refresher training which also covers the relevant equality and diversity requirements prior to interviews taking place.
- Providing assurance to the Councils of Governors that it has followed due process and highlight the proposed candidate's significant attributes.

3.4 **Role of the Recruitment Agency**

A recruitment agency will be appointed by the Joint NomCo to lead the search. Working in partnership with the Joint NomCo the agency will use their expertise to help identify the best candidates for the vacancy. The agency will support with the preparation, generate the candidate pool, and support with the selection process:

- Preparation: this will include understanding the demands of the role, criteria, the timetable and advertising opportunities
- Generating the candidate pool: this will include developing a pool of candidates for the role using their relevant networks and contacts, and ensuring diversity through a fair, balanced and inclusive process, as well as undertaking relevant Fit and Proper Persons checks
- Selection: this will cover support throughout the recruitment process including with sifting, longlisting, shortlisting, stakeholder panels and interviews.

4. Joint Chair Role Description and Person Specification

As mentioned above, the development of the Joint Chair role description and person specification will be undertaken by the Joint Nominations Committee, and the views of Boards, NHSE and the ICB will also be sought and reflected.

The role description and person specification will be included within the Candidate Information Pack. This will include specific responsibilities and the essential and desirable skills, knowledge, experience and attributes required to undertake the Joint Chair duties including ensuring the Boards can function efficiently and effectively given the existing composition of the Boards, the Trusts' vision and strategic priorities, as well as the external NHS environment.

5. Terms and Conditions

The terms and conditions, including appropriate remuneration and required working days, are also considered by the Joint NomCo. Remuneration will be considered using benchmarking information and ensuring that it reflects the time commitment and responsibilities of the role. In addition, consideration will be taken of the NHSE guidance on Chair remuneration and other benchmarking information.

The Joint NomCo will provide recommendations to the Councils of Governors for approval.

6. Recruitment Campaign

The vacancy will be advertised as agreed with the recruitment agency and will include both local and national advertising as well as through social media, and the use of the Trusts' own internal communications function. An advert will be included in the Candidate Information Pack. During the advertising phase, potential candidates will have the opportunity of having information conversations with the CEOs and/or Chairs/SIDs or other colleagues including other Board members and Governors if requested.

7. Internal Candidates

It is proposed that internal candidates be asked to submit an expression of interest and those that submit an expression of interest would be guaranteed a place on the final shortlist of candidates. Final decisions about invitation to interview will be on merit alongside external candidates.

Internal candidates are those operating as a Trust Chair at any of the three Trusts.

8. Selection Process

This section covers arrangements from the applications closing date to completion of interviews.

This section covers arrangements from the applications closing date to completion of interviews.

8.1. Sifting

The sifting process will be undertaken to reduce the number of applications to a manageable list for review. This would usually take the form of grading each applicant for consideration for the next stage, e.g. recommended, marginal, not recommended. This process will be undertaken by the **recruitment agency** to ensure that candidates to be considered for longlisting have met the application requirements and agreed competencies of the post as included in the person specification.

8.2. Longlisting

Information on all applicants will be circulated to the members of the **interview panel and SIDs** for consideration prior to the longlisting meeting. This will include the 'sift' summary, the application letters and CVs and also an equal opportunity monitoring report. The aim of the longlisting meeting is to identify those applicants who meet the application requirements and agreed person specification, and to invite them to a preliminary interview with the recruitment agency. Those not longlisted will be advised accordingly by the agency.

8.3. Preliminary Interviews

The **recruitment agency** will undertake preliminary competency and values-based interviews with those applicants confirmed as longlisted. The interviews will explore the applicant's background and achievements, their style and overall suitability for the role. The interview will also cover other considerations such as time commitment, conflicts of interest and remuneration. A report on the preliminary interviews will be produced by the recruitment agency. This will highlight the strengths and areas of concern/development for each candidate interviewed, and include recommendations for shortlisting, the grading of each applicant based on the interview, and an equal opportunity monitoring report.

8.4. Shortlisting

The shortlisting process is conducted by the **interview panel** with the aim of identifying suitable candidates for interview, supported by **SIDs** as well as the recruitment agency. The agency will provide a report following the preliminary interviews which details the suitability, eligibility and credibility of applicants; the recommendations are based on the person specification.

Only those applicants who have been shortlisted will then be invited to interview; those applicants who are not shortlisted will be advised by the recruitment agency.

8.5. **Interview Panel**

The Joint NomCo agrees the composition of the interview panel which would comprise:

- Governors: [Two] from each Trust who will be voting members
- Chair of panel who will be an independent NHS provider Chair (ie ideally an experienced Chair in Common/Joint Chair role)
- NHSE: one representative
- ICS representative

All SIDs will attend the interviews as observers.

In line with the Trusts' practice, the interview panel will include diverse representation.

8.6. Role of the Interview Panel

The role of the interview panel is to make objective and reasoned decisions concerning the relative merit of competing candidates against the criteria included in the person specification, and thereby identify the appointable candidate for recommendation to the Joint NomCo and subsequently to the Councils of Governors.

The key elements of the interview panel's role are to:

- Determine which applicants should be longlisted on the basis of the available information about them, ensuring equal consideration of all candidates
- Determine which applicants should be shortlisted on the basis of the feedback from the preliminary discussions led by the recruitment agency
- Interview each candidate against the established selection criteria
- Assess which candidates are appointable in the light of all the relevant evidence including the interview and taking account of feedback from stakeholder panels, etc
- Identify appointable candidates, describing how and the extent to which they met the key criteria
- Preserve the confidentiality of candidates throughout the selection process
- Ensure any personal or family relationships with particular candidates are declared within the panel and dealt with appropriately and consistent with the principles of fairness and merit.

8.7. Role of the Governors on the Interview Panel

In addition to the roles described in 8.6 above and following due consideration, the Governor representatives on the interview panel will vote on a suitable

candidate for appointment to the Joint Chair role for recommendation to the Joint NomCo and subsequently to the Councils of Governors. The candidate must be considered appointable by NHSE.

8.8 Role of the Independent Chair and other Independent Assessors

The independent assessors:

- Ensure that selection is made on merit after a fair, open and transparent process
- Are independent of the appointing organisation
- Provide guidance to the interview panel on the calibre, ability and attributes of the candidates at interview
- Contribute to the discussion among interview panel members when discussing the candidates' performance in the post interview discussions
- Play a full part in the interview process, i.e. will ask questions
- Do not vote.

8.9 **Recruitment Refresher Training**

Governors on the interview panel will be required to attend a refresher recruitment training session to ensure there is a common understanding and consistent approach and which also covers the relevant equality and diversity requirements. In addition, a briefing session with the CEO will be held for all Governors on the importance of the relationship between the Joint Chair and CEO.

8.10. **Informal Meetings/Discussions**

Applicants will be provided with the opportunity of having an informal conversation with the SIDs/CEO (and others as requested, such as Governors) during the application period.

8.11. **Stakeholders Survey**

The Joint NomCo may decide to carry out a stakeholder survey. The aim is to provide staff, Governors, service users and carers, and external stakeholders with the opportunity of sharing their views as to the key qualities they would like to see in the new Chair. Key themes identified can be used to help inform the questions asked at or presentations required at the stakeholder sessions.

8.12. **Governor Engagement and Communications**

Following the start of the recruitment process, Councils will be offered regular, separate informal drop-in sessions to enable them to raise questions and keep them informed during the lengthy identification and selection process. It is anticipated one of the sessions each will be joined by the CEO and SIDs.

8.13. Checks and References

The Trusts will:

- Take up references for the candidates shortlisted for interview in advance of the interview
- Carry out relevant checks including Fit and Proper Persons checks, disqualification checks with Companies House and other government agencies, and due diligence checks including various media searches.

8.14. **Stakeholder Sessions**

In addition to the formal interviews, there will be an opportunity for key stakeholders to meet with the candidates on an informal structured basis. The questions and focus at these sessions may be based on the feedback from the stakeholder survey. The key stakeholders panels usually included are:

- Directors from the three Boards, Governors, service users, staff and carers
- System stakeholders (representatives of the ICSs, usually the Chairs and CEOs)
- External stakeholders (e.g. representatives from local authorities, MPs, voluntary and partner organisations, other Trusts within the ICSs, etc).

Although the focus and questions and/or presentations will differ for the different stakeholder groups, the sessions will be structured so that the same format and the same questions/requirements are asked of each candidate and will be supported by an independent representative. The stakeholder groups' views will be shared with both the interview panel and Joint NomCo either by the independent representative or a member of the stakeholder group during the post-interview discussion to aid deliberations.

8.15 **The Interview**

The aim of the interview is to identify the most suitable candidate for the role.

(a) Interview Preparation

Prior to the interviews, the interview panel will decide on a set of questions to ask each candidate taking account of the essential criteria in the person specification and the Trusts' values. The interview panel will be chaired by the independent Trust Chair who will manage the welcome and closing remarks at the interview, as well as post interview discussions. All interview panellists should ensure that they have reviewed the applications in preparation for the interview and remind themselves of the key requirements and role description of the Joint Chair.

(b) Interview

Interview packs will be provided consisting of the interview programme and questions sheet as well as the role description, person specification, and CVs and application forms.

All interview panellists will have the opportunity of asking a question(s) and, where appropriate, asking follow-up or probing question(s).

The following best practice principles should be noted and applied throughout the interview process:

- The same questions should be posed to each applicant: these should be investigative and open ended with probing questions asked where needed
- The interview should start by easing the candidate into the interview – asking them to talk through their application form – ensuring any gaps in their employment history are explored
- Questions should be based on the criteria detailed in the person specification and the Trusts' values
- Personal questions/yes or no questions/leading questions/multiple questions in one/discriminatory questions should be avoided
- Notes should be taken during the interview to support with identifying whether the candidate is appointable or not and to allow the ranking of those identified as appointable. This will also form part of the audit trail to confirm that the process is fair.
- Each candidate should be scored; the interview panel will agree the final scores for each applicant
- All candidates should be asked as part of the interview process whether there are any reasons known to them that would create a conflict of interest or, in the event of their appointment, bring the Trust into disrepute (alternatively this will be taken up by the recruitment agency)
- Any gaps in employment, questions relating to referees or convictions disclosed should be addressed and a note kept on the applicant's interview notes of the discussion (alternatively this will be taken up by the recruitment agency)
- Candidates will be advised of the next steps including when a decision will be made, how they will be communicated with and how they can access feedback. The interview timetable will provide sufficient time for the interviews plus the opportunity to finish writing notes. For interviews that are held in person, copies of the interview panel interview notes will be collected by the Trusts for filing in line with Trusts' records retention policy. For interviews that are held virtually, interview panellists will be asked to either scan their interview notes and email to a designated Trust Secretary or asked to post the hard copies to the designated Trust Secretary.

SIDs will attend all interviews as observers.

8.16. **Recommendation to Appoint**

Following completion of all interviews, the interview panel, chaired by the Independent Chair, will review the evidence collected as part of the recruitment process including the responses and scores to interview questions to support with identifying the preferred candidate. At this meeting, which will include the full Joint NomCo as observers, the interview panel will:

- Hear the advice and opinion of the non-voting interview panel members
- Hear from interview panel members regarding their opinion of each candidate
- Hear the views from the stakeholder sessions.

Once agreement has been reached, references for the preferred candidate which will have been obtained in advance, will be provided to the interview panel for review or the Trusts will confirm that the relevant references and checks have been undertaken and are satisfactory. [***Note: process to be confirmed with CPOs & Trust Secretaries***] With these being considered satisfactory and the interview panel in agreement, the Joint NomCo will formally receive the outcomes of the interviews and appointment recommendation.

Members of the Joint NomCo will have the opportunity to ask questions for clarification and assurance.

Unsuccessful candidates should be offered feedback.

8.17. **Decision to Appoint: Council of Governors**

A report from the Joint NomCo will be presented to each Council of Governors at separate meetings in private with the appointment recommendation. This report should also provide a detailed overview of the various stages of the selection process and the reasoning behind the selection proposal, including the attributes of the preferred candidate. Due to representation from each constituent Nominations Committees, it is anticipated that decisions reached by the Joint NomCo will be endorsed when presented to each Council of Governors. Any decision by a Council of Governors not to appoint must be reasonable and full reasons for the decision provided.

9. Post Selection Actions

Following approval by the Councils of Governors of the appointment to the Joint Chair role, the Chief People Officer will formally inform the successful candidate of their appointment. The appointment letter will include the terms and conditions of office and a Memorandum of Understanding [***MOU to be developed, will confirm Joint Chair hosting, remuneration, division of costs between Trusts, allocation of time arrangements, and so forth***]; the individual will be required to sign and return both documents.

10. New Starter Requirements and Induction

10.1. **New Starter Requirements**

The following will also need to be actioned (but not limited to):

- Relevant HR processes including DBS checks and OH referral
- Completion of FPPTF checks
- Preparation of a joint Press/Media Release and communications to staff
- Update Trusts' websites
- Complete New Staff Starter Form
- Arrange access to IT systems
- Order ID badge(s)

10.2. **Induction**

The successful candidate will be required to undertake the Trusts' induction programme, complete mandatory online training, and attend NHS Providers relevant development programmes.

11. Background/Reference

11.1. **Relevant Statutory Requirements (National Health Service Act 2006):**

The Council of Governors are responsible at a general meeting for the appointment, reappointment and removal of the Chair and other NEDs.

11.2. **NHS England Code of Governance for NHS Provider Trusts**

[Note: Correct Numbering]

2. Appointments to the Board of Directors:

2.1 The Nominations Committee, with external advice as appropriate, is responsible for the identification and nomination of NEDs. The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the Trust and the skills and expertise required within the Board to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.

2.3 The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.

2.4 The Governors should agree with the Nominations Committee a clear process for the nomination of a new Chair and NEDs. Once suitable

candidates have been identified the Nominations Committee should make recommendations to the Council of Governors.

2.6 the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority… and also a majority of Governor representation on the Interview Panel.

2.14 Commitment:
The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved, and the council of governors should be informed of subsequent changes.

5. Development, information & support

5.2 Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training, including on equality, diversity and inclusion, and unconscious bias.

11.3. **Fit & Proper Persons Test Framework (FPPTF)**

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) introduced a “fit and proper person requirement” (Regulation 5) for all Board Directors of NHS bodies. Compliance with the Regulations will be monitored and enforced by the CQC as part of their inspection regime
- Under the regulations all provider organisations must ensure that Director-level appointments meet the FPPTF and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director (or equivalent) or a Non-Executive Director under given circumstances.
- The Trust must demonstrate that it has appropriate systems and processes in place to ensure that all new appointees and current Directors are, and continue to be, fit and proper persons
- The purpose of the FPPTF is not only to hold Board Directors to account in relation to their conduct and performance but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions. There is an expectation of senior leaders to set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude.

Annex 1 – Joint Chair Recruitment Roadmap

Trust Council of Governors (3 separate meetings)	**Key Decisions**: To establish a Joint Nominations Committee between GWH, RUH & SFT and to approve responsibility for the selection process of the Joint Chair
Meeting 1 - Joint Nominations Committee	**Key Decisions**: Review first draft of Joint Nomination Committee terms of reference, candidate information pack, role description and person specification
Meeting 2 - Joint Nominations Committee	**Key Decisions**: Approve final versions of above documents ready for recommendation to full COGs
Trust Council of Governors (3 separate meetings)	**Key Decisions:** Ratify Joint Nominations Committee recommendations
Meeting 3 - Joint Nominations Committee	**Key Decisions:** Chair terms and conditions including remuneration, stakeholder and interview panel membership, survey questions (if required)
Post advert - survey to staff, governors and stakeholders (if required	***N.B.*** *Candidates will have the opportunity to speak to Chairs/CEO/Lead Governors*
Longlist Meeting	*Conducted by Interview Panel & SIDS*
Agency preliminary interviews	*Conducted by Recruitment Agency*
Shortlist Meetings	*Conducted by Interview Panel & SIDS* ***N.B.*** *Candidates will have the opportunity to speak to key stakeholders to gather key insights about the organisations*
Stakeholder sessions and formal interviews	
Decision Meeting -Interview Panel	**Key Decision:** Joint Nominations Committee to observe interview panel discussion, and agree appointment recommendation to formal Council of Governors
Trust Council of Governors (3 separate meetings)	**Key Decision:** COGs to receive and approve the Joint Chair appointment recommendation

Appendix 2

Introduction & Summary:

This appendix 2 contains the following:

1. Proposed division of tasks/ responsibilities between the BSW Hospitals Group Joint Chair and the proposed Local lead or Vice Chair NED [*name of role to be confirmed*].

2. Proposed Assumptions in Relation to Joint Chair and Vice Chair/ Local Lead NED for BSW Hospitals Group.

3. Summary role description for Vice/Deputy/Lead NED for BSW Hospitals Group.

1. Proposed Role/ Task Division between Joint Chair and Vice Chair

Task/responsibility	Local 'Lead/ Vice or Deputy NEDs'	Single Chair	Notes
4. Board Agendas and meetings		Y	Agreed
5. Appraising and performance managing CEO		Y	Agreed
6. Appraising NEDs	TBC	Y	Responsibility of Single Chair but activity for collating and presenting feedback needs to be spread through a single system facilitated by A N Other
7. Interface with Region /ICB		Y	Agreed
8. Interface with and Chairing CoG		Y	Agreed
9. Induction of new Governors	Y	Y	Both need to be involved from time to time
10. Interface with Lead Governor	Y	Y	Both need to be involved from time to time
11. Interface with MD/other Execs	Y	(Y)	Single Chair only occasionally
12. Chair for local appeals	TBC		Delegate to a NED
13. Consultant interviews and pre-interviews	TBC		Delegate to a NED
14. Anchor organisation representative	TBC		Delegate to a NED
15. Other ambassadorial/ceremonial roles - external	TBC		Decide *ad hoc*
16. Ceremonial roles – internal	TBC	(Y)	Decide *ad hoc* but Single Chair should be prepared to participate in some
17. Interface with subsidiaries	TBC		
18. Local Go and See visits/Birthday Break chats with staff/ward accreditations	Y		Decide *ad hoc* but principally Deputy Chair
19. Chair Rem Coms	(Y)	Y	Work towards Group Rem Com Chaired by Single Chair. Soley local issues to Deputy Chair
20. Meetings with other local providers/stakeholders	Y		
21. Meetings with MPs			Decide *ad hoc*
22. Attending HWBs			Decide *ad hoc*

2. Proposed Assumptions in Relation to Joint Chair and Vice Chair/ Local Lead NED

It is proposed that:

1. ***Senior NED roles***. It would be appropriate to divide the formal SID roles from a Vice Chair position

2. ***Role description***. The JD for the Vice Chair for the Foundation Group in the Midlands has been used as a base for a draft BSW Hospitals Group Vice/ Deputy Chair role [refer section 3 below].

3. ***Time commitment***. The requirement would be 1.5 days pw; one of these days being on site.

    a. *To do: further develop BSWHG Vice Chair JD in parallel to Joint Chair JD.*

4. ***Coordination of NED recruitment***. Subject to approval by respective CoGs new NEDs would be recruited through a single Group campaign (first one late Spring early Summer 2025) with aspirations to recruit Shared NEDs and cover skills gaps across all three hospitals.

    a. *To do: Establish NED succession, development, and recruitment system.*

    b. ***BSW Hospitals Group NED Development Roles***. All three Trusts would work together to create a system of development post "Associate NEDs" and "Specialist NEDs" *To do: Establish system. [CC, AR, CPO?]*

5. ***Succession Planning***. Chairs would arrange with current NEDS on the verge of departure to facilitate this timetable.

6. ***NED Capacity/ Workload and Associated Board Paper Content and Quality***. It is difficult to see how shared NEDs could cope with the current load of attending Board meetings. The majority of the work will need to be done at Committee so the quality of "Reports Up" will need to be enhanced.

    a. *To do: Develop plan with committee leads to enhance quality of 'reports up'. Include in 'Ideal Board' workstream plan.*

7. ***NED Capacity/ Workload Alignment of Board Committees and Agendas***. Bringing Board committee meeting agendas into alignment at an early date will help to reduce loads on NEDs.

    a. *To do: 'Ideal Board' workstream to prioritise*.

8. ***Joint Committee Scope and NED Membership Considerations***. If Joint Committee covers the majority of the responsibilities for the Group including delivery, then voting members of each Board need to be in attendance so they can discharge their fiduciary duties. However, if the JC is only doing a selection of the work, then we can choose which NEDs should attend.

    a. To do: To help us confirm and communicate our approach, Browne Jacobson are advising our Joint Committee working Group, how other NHS Groups are approaching NED membership.

3. BSW Hospitals Group [Based on South Warwickshire Trust – Foundation Group]

VICE CHAIR ROLE DESCRIPTION

Reports to: Chair
Time Commitment: minimum commitment of 1.5 days per week (one day on site)
Remuneration: TBC per annum (Non-Executive + responsibility allowance)

As part of our evolution as the **BSW Hospitals Group**, and in support of the appointment of a shared chair (the "Chair") for those organisations, each of the individual Trusts will have a Vice Chair to assist the Chair in delivering the key responsibilities of that role.

The role of the Vice Chair is predominantly internally focussed; the main external partner relationships being conducted by the Chair on behalf of the all the Boards. The Vice Chair shall be a non-executive director and shall have the additional responsibilities in addition to their duties as a non-executive director.

The Vice Chair will support the work of the chair in ensuring collaboration not only between the three Trusts and unitary boards, but also just as importantly, with the places throughout the BSW system, through working with fellow ICS and Place leads.

The Vice Chair, in common with all Non-Executive Directors, has the same general responsibilities to the Trust as any other director. The Board as a whole is collectively responsible for promoting the success of the Trust to help drive the delivery of sustainable healthcare services for the local population

There is an expectation to support working across the three different organisations and on site as required to ensure the Trust delivers safe, effective and efficient services.

Duties and Responsibilities

- To work with the Chair to ensure that the board is able to carry out its responsibilities effectively
- Helping to ensure that the individual Trust board is fit for purpose to support the organisation's activities and contribute to the achievement of its statutory objectives, by ensuring that clear corporate and business plans are set
- To maintain and improve the credibility and governance standards of the Trust within the Group Model, ensuring the board understands its accountability for governing the organisation
- To support the chair in ensuring all board directors participate fully in developing and determining the trust's vision, values, strategy and overall objectives to deliver organisational purpose and sustainability (and for the trust, have regard to the council of governors' views)

- Ensuring organisational design supports the attainment of strategic objectives providing visible leadership in championing the health needs of the local population and developing a healthy, open, and transparent patient-centred culture for the organisation, where all staff have equality of opportunity to progress, the freedom to speak up is encouraged, and ensuring that this culture is reflected and modelled in their own and in the board's behaviour and decision-making
- To provide visible leadership with at least one day per week on site that may comprise walk around activity, to support developing a healthy, open and transparent patient-centred culture for the organisation, where all staff have equal opportunity to progress, the freedom to speak up is encouraged, and ensuring that this culture is reflected and modelled in their own and in the board's behaviour and decision-making
- To support the chair in ongoing horizon scanning utilising the collective skills of the board to support and challenge assumptions and long-term strategy.
- To ensure that constructive relationships based on candour, trust and mutual respect exist between executive and non-executive directors and between elected and appointed members of the council of governors and between the board and the council
- To be the critical link between the chair and boards ensuring effective and timely communications, messages, actions and feedback.
- To help ensure the board sees itself as a team, has the right balance and diversity of skills, knowledge and perspectives, and the confidence to challenge on all aspects of clinical and organisational planning
- To lead on continual non-executive director and, governor development of skills, knowledge and familiarity with the organisation and health and social care system, to enable them to conduct their role on the board/council effectively, including non-executive director induction and annual appraisal
- To demonstrate visible, ethical, compassionate and inclusive personal leadership by modelling the highest standards of personal behaviour and ensuring the board follows this example
- Ensure that governors have the dialogue with directors they need to hold the non-executive directors (which includes the trust chair), individually and collectively to account for the board's performance.

Board of Directors

To work with the chair on planning of the annual board cycle and agenda setting. The Vice chair shall normally preside at meetings of the Board of Directors in the following circumstances:

a) when the Chair is unavailable to chair.
b) on occasions when the Chair declares a pecuniary interest that prevents them from taking part in the consideration or discussion of a matter before the Board of Directors.

Council of Governors
The Vice Chair shall normally preside at meetings of the Council in the following circumstances:

a) when there is a need for someone to have the authority to chair any meeting of the Council when the Chair is not present

b) when the remuneration, allowance and other terms and conditions of the Chair are being considered

c) when the appointment of the Chair is being considered, should the current Chair be a candidate for re-appointment

d) on occasions when the Chair declares a pecuniary interest that prevents them from taking part in the consideration or discussion of a matter before the Council

Condition of office

- The vice chair shall be appointed (and, where necessary, re-appointed or removed) by the Council
- The term of office for the vice chair shall be the same as the term of office for which the non-executive director (holding office as vice chair) has been appointed to the Board of Directors
- In addition to this Role Description, the vice chair shall comply with the Role Description for non-executive directors and any Code of Conduct or other relevant policies approved by the Council

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Council of Governors	Agenda item:	6
Date of Meeting:	6 March 2025		
Title of Report:	Chief Executive Officer and Managing Director Report		
Status:	For Information		
Board Sponsor:	Cara Charles-Barks, Chief Executive Officer		
Author:	Helen Perkins, Senior Executive Assistant to Chair and Chief Executive		
Appendices	None		

1. Executive Summary of the Report

The purpose of the Chief Executive and Managing Director's Report is to provide a summary of key concerns and highlight these to the Council of Governors.

Updates included in this report are:

Chief Executive and Managing Director's Report

- National / System
- NHS Staff Survey Results
- Group Development
- Board to Board Development
- Leadership Team: Managing Directors
- Resources and Transitional Support
- Partnership Agreement and Joint Committee Establishment
- System working engagement series
- Operating Model/Structures
- Corporate Service Collaboration
- Governance & Accountability Framework
- Shared Electronic Patient Record (EPR)

Local (RUH)

- Operational
- Finance: BSW ICS Financial Performance & RUH Financial Performance
- Maternity Incentive Scheme (MIS)
- RUH Researchers set their sights on Study Success
- Team GB Olympian swaps the running track for the hospital ward
- New fundraising campaign to help bring cancer care to Frome
- EPRR team receives full compliance rating
- Congratulations to our Occupational Health team
-

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to note the report.

3. Legal / Regulatory Implications

Not achieving financial duties will impact on the ability for the Trust to secure the

economy, efficiency, and effectiveness in its use of resources.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.	

5.	Resources Implications (Financial / staffing)
A significant amount of time is being taken by the Improvement Team to support the recovery programme.	

6.	Equality and Diversity
Recovery actions for the financial position are being overseen by the Improvement Programme Steering Group (IPSG) to ensure the impact on clinical services is considered. As part of the development of new Projects, a Quality & Equality Impact Assessment (QEIA) is completed. QEIAs undergo an Executive lead panel review prior to a project being approved to commence. The impact on health inequalities is also considered as part of this process.	

7.	References to previous reports/Next steps
The Chief Executive submits a report to every Council of Governors meeting.	

8.	Freedom of Information
Private	

9.	Sustainability
Further opportunities to improve sustainability should be pursued to contribute towards the Finance Improvement Programme.	

10.	Digital
Several projects within the Improvement Programme and the development of the Quality Management System will be reliant on digital solutions. There will also be elements of the Digital Strategy that will have a direct link into the Improvement Programme.	

Chief Executive Officer and Managing Director's Report

Chief Executive and Managing Director's Report

1. National/System

Amanada Pritchard, Chief Executive NHS England, announced her decision to step down from her position at the end of the financial year. Sir James (Jim) Mackey will be the Transition CEO of NHS England, working closely with Amanda for the next month before taking up post formally on the first of April. Sir Jim Mackey will step in on a secondment basis, with a remit to radically reshape how NHS England and Department of Health and Social Care (DHSC) work together.

2. NHS Staff Survey results

The 2024 NHS Staff Survey results will be published at 9.30am on Thursday 13 March on the Staff Survey Coordination Centre website. Further to receiving local data, each organisation will receive its local benchmark report under embargo provisionally at the end of February.

3. Group Development:

January and February have seen the foundations start to form, putting us in a good place to significantly move forward over the next 12 months.

Board to Board Development:

We had our first of our Board-to-Board development day in January, providing us time for Board members from GWH, RUH and SFT to meet, continuing to develop relationships, and to reflect on the collective challenges and opportunities we have ahead.

We explored our national and BSW context, our Group strategic response and planned areas of focus. The day was supported by a session on Group Governance Development, led by Browne Jacobson, a legal firm which is supporting us with some of this work currently. The remainder of the day saw teams reflecting on opportunities, values, behaviours, and the culture we aim to foster.

Leadership Team: Managing Directors

The recruitment process for our three Managing Directors is well-underway. We had planned to hold interviews in February; in collaboration with the three Chairs across the Group we decided to allow more time in the recruitment process and now aim to interview in March/early April.

Resources and Transitional Support:

We have received funding from the NHSE South West Region for transitional support for our Group development, and a tender exercise is underway to identify a partner. We expect the selected partner to start with the Group in March. Early focus will be on planning our Group Design Phase – including work on our operating model and organisational design.

Partnership Agreement and Joint Committee Establishment:

A task and finish group of executives and non-executives met in late January. Supported by Browne Jacobson colleagues, the legal and policy context for provider Groups were set out, followed by a series of examples of how other groups around the NHS have

established themselves. There is no off-the-shelf model for our BSW Hospitals circumstances. The working party met again in February to consider the potential Joint Committee role in scenarios related to likely priorities in BSW – strategy and group mobilisation, financial sustainability and successful EPR implementation and benefits realisation. We are aiming to confirm Terms of Reference for the Joint Committee in March.

System working engagement series with Councils of Governors
In January, supported by colleagues from our Legal Advisors Browne Jacobson, we held a series of local Governor discussion sessions focused on system working and group leadership and development. A further development session for all three Governor teams is planned for March.

Operating model/structures
Work to establish our new operating model will begin in earnest in March, supported by the transitional team. We will establish Improving Together, Organisational Design, Organisational Development and change management as essential complementary components for successful development of BSW Hospitals Group. We plan to finalise our operating model by September.

Corporate Service Collaboration
Corporate service collaboration will be an important part of our operating model, identifying opportunities to work at scale and align processes. Executive colleagues are planning our approach in readiness for arrival of transitional support to help with more detailed design and implementation. We are aiming to agree our corporate services model by September.

Governance & Accountability Framework
In parallel, our Trust governance leads and company secretaries have begun meeting weekly to identify opportunities for collaboration, alignment and avoidance of duplication.

Shared Electronic Patient Record (EPR)
We are now in the 'Engage' stage which runs through to March 2026. This includes the build, testing and training for EPR. Our EPR Joint Committee met on 29 January. Our implementation team is well established.

Local

1. Operational

Ambulance handover
In January, the Trust lost a total of 2,597 hours in ambulance handovers, a decrease from the previous month (2,965). The percentage of ambulance handovers completed within 30 minutes decreased for January to 30% compared to previous month (33%) against the national standard of 95%.

4 Hour Performance
The RUH 4-hour performance in January 2025 was 68.9% and 60.5% on the RUH footprint (unmapped), an improvement on December 2024 (63.6% and 54.7% respectively). Non-admitted performance was 74.2%, which was an increase against the performance for December (67.1%). Admitted performance was 31%, which was also

improved from December (28.2%). Improved senior staffing within CED helped with this, along with more consistent senior staff in ED overnight.

Non-Criteria to Reside
During January, the Trust had an average of 102 patients waiting who had no criteria to reside, which was an increase of 15.7 to the previous month (the system target remains 55).

Referral to Treatment
In January, the Trust achieved an RTT performance of 60.2%. For waiters > 65 weeks, the Trust saw a decrease in January from 15 to 9 patients. There were 3 patients waiting > 78 weeks at the end of January (3x Ophthalmology – awaiting corneal transplant surgery).

Elective Recovery
M10 delivered 128% of 19/20 activity and 104% against the 24/25 plan, generating £322k of additional income against plan.

Cancer
In December 28-day performance improved, achieving 72.6% and above the 70% tiering threshold for the third consecutive month. 62-day performance recovered in December, achieving 71.8% against the national 70% target. This performance has been driven by improvements in Breast (as per recovery trajectory following the increased diagnoses and consultant sickness in late summer), and Colorectal (using capacity at Sulis for non-complex procedures).

Diagnostics
In January, 62.50% of patients received their diagnostic within the 6-week target against an in-month target of 77.97%, despite delivering 2,061 additional diagnostic tests across all modalities. Increased demand for urgent and suspected cancer continues to impact on available capacity for routine diagnostics, as does unplanned staff sickness.

2. Finance:

BSW ICS Financial Performance
The organisations in the BSW Integrated Care System must collaborate to develop Revenue and Capital Financial Plans with a view to achieving breakeven against allocations each year. The financial environment is challenging with costs, notably workforce costs, having increased since the pandemic and the NHS funding regime returning to its pre-pandemic levels.

The BSW System developed a financial plan with a deficit of £30m, of which RUH was £5.3m. This was accepted by NHS England and £30m deficit support funding has been provided and performance is now measured against a breakeven plan.

At Month 10 the Integrated Care System is at an adverse variance to plan of £16.3m
The Trust has agreed with ICS partners and NHSE Regional Team to formally declare a deficit of £14.9m at Month 10 and given full commitment that every effort will be made to deliver this forecast. The Board of Directors received a full forecast at the meeting last month

This reported position has been agreed as acceptable to NHS England Regional team is anticipated to result in:

- no formal escalation under NHS System Oversight Framework
- no repayment of deficit in future years, in line with NHSE business rules, taking account of the ICS being funded below target allocation

RUH Financial Plan (The RUH position for NHS performance purposes includes RUH Foundation Trust and fully consolidated Sulis financial position)
The RUH breakeven plan is underpinned by £22.7m of non recurrent revenue financial support from commissioners, £5.3m of deficit support funding from NHSE and £7.1m of NHSE funding for revenue consequences of strategic capital investment. The financial plan for the year requires full delivery of a £36.6m Savings Programme, which has been phased to recognise progressive reduction in costs and increases in income over the year. Delivery of this plan is supported by an Improvement programme with 3 workstreams focussing on (1) Clinical Operational Service Transformation (2) Paybill Reduction and (3) Cost Control and Commercial Income. Achieving the financial plan is an RUH Breakthrough Objective for 2024/25

Revenue Financial Performance – Month 10
At Month 10 the RUH is at a deficit position of £9.0 million, which is £9.0 million adverse to the breakeven plan year to date; and £0.1m adverse to the forecast outturn trajectory

The key drivers of this variance are:

- £10.4m net of non pay and operating income budget overspends, of which c£1m is one off in nature. Clinical Supplies and Consumables remain a challenge to the budget. Worked WTE continues to reduce but is higher than budgeted trajectory. Pay is over spent by £1.1m, £0.5m relating to under funding of pay awards and £0.6m from pressures on wards.

Savings of £26.4m have been delivered to date (72% of annual target in 83% of the financial year), including £14.4m of pay savings against budget, and the benefit of Elective Recovery Fund Income and operating margin of 60%.

Risks and Actions Required
A do nothing different trajectory of cumulative year to date performance would lead to an £11.8m deficit, which would be £11.8m adverse to the breakeven plan.

In order to deliver £9.0m deficit the following key actions are required:

- Sustain current financial position and savings delivery, including current vacancies
- Additional paybill savings through bank controls and holding vacancies
- Additional ESRF income through improved coding and data capture and additional activity in February and March
- Non Pay cost reduction in line with savings plans for Procurement and Medicines optimisation
- Sulis financial recovery and mitigation to Endoscopy Van forecast cost pressure

3. Maternity Incentive Scheme (MIS)

In February 2025, the Board of Directors (a meeting held in private), approved for the Chief Executive Officer (CEO) to sign the Board declaration form prior to submission to NHS Resolution declaring full compliance with the Maternity Incentive Scheme. The CEO signed to confirm that:

i) The Trust Board were satisfied that the evidence provided demonstrated achievement of the 10 Safety Actions to meet the required Safety Actions' sub-requirements as set out in the 10 maternity Safety Actions.

ii) There were no reports covering either year 2023/24 or 2024/25 that related to the provision of maternity services that could subsequently provide conflicting information to the declaration from the same time-period (e.g. CQC inspection report, Healthcare Safety Investigation Branch (HSIB)/MNSI investigation reports etc.)

iii) There were no reports covering an earlier time-period that may prompt a review of previous MIS submissions.

In addition, the CEO appraised the Accountable Officer (AO) for the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (ICS) of the MIS Safety Actions' evidence and declaration form. The CEO and AO both signed the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution.

The Board declaration was sent to NHS Resolution via nhsr.mis@nhs.net between 17 February 2025 and 3 March 2025.

4. RUH Researchers set their sights on Study Success

The Maternity and Paediatric research teams at the Trust are celebrating recruiting their 1,000th young participant to a major study, which uses an infra-red camera to screen for congenital cataracts in newborn babies.

Funded by the National Institute for Health and Care Research (NIHR), the DIvO (Digital Imaging versus Ophthalmoscopy) study is a two-year UK clinical study which aims to find out if digital imaging is a more accurate method of detecting cataracts in newborn babies than the current technique using an ophthalmoscope (a medical eye torch).
The RUH is one of a number of sites supporting the DIvO study.

5. Team GB Olympian swaps the running track for the hospital ward

A Team GB Olympian who took centre stage at last year's Olympic Games in Paris has temporarily put down her fencing sword and picked up her stethoscope to begin a new role at the Trust.

Kerenza Bryson who represented Great Britain in the women's modern pentathlon, started as a new resident doctor at the RUH in December.

As if being a doctor and a professional athlete wasn't enough to keep her busy, Kerenza is also an Army Reservist with 165 Port and Maritime Regiment, Royal Logistic Corps.

6. New Fundraising Campaign to help bring Cancer Care to Frome

Bath Cancer Unit Support Group (BCUSG) has launched a fundraising campaign to support a new RUH Cancer Treatment Centre, which will be based in Frome. The new facility will ensure more patients can receive Cancer care closer to home.

The RUH is planning to open a Systemic Anti-Cancer Treatment (SACT) Centre in Frome Medical Centre. SACT is the use of drugs to treat or control cancer, which includes chemotherapy, immunotherapy, hormonal therapy and targeted therapy.

The centre will not just benefit patients living in Frome, but also those from neighbouring towns and villages such as Shepton Mallet, Warminster and Westbury.

The BCUSG aims to raise £64,000 by the end of March 2025 to support with renovations and set-up costs. The new treatment centre is scheduled to open later this year and will care for up to five patients at a time.

7. Emergency Preparedness, Resilience and Response team receives full compliance rating

The RUH's Emergency Preparedness, Resilience and Response (EPRR) function has achieved, for the first time as a Trust, a full compliance rating with the national 2024 Core Standards.

This really is a fantastic achievement and reflects the continuous hard work and commitment shown by everyone in our emergency planning team, working with our staff. The full compliance rating was achieved following a thorough review from BSW Integrated Care Board, which included face to face meetings and the submission of detailed reports outlining our emergency planning strategies.

The ICB particularly praised the Trust for, among other things, the learning it had taken from the major security incident that took place in February 2024 and running training exercises and supporting wider multi-agency events.

8. Occupational Health Team Accreditation

I am delighted to inform you that the Trust has been awarded the SEQOHS (Safe, Effective, Quality, Occupational Health Service) accreditation as of 18th February 2025.

This prestigious recognition is a testament to our unwavering commitment to excellence in occupational health services.

I would like to extend our heartfelt gratitude to Julie Stone for her exceptional leadership throughout this journey. Her dedication and vision have been instrumental in achieving this milestone. This accreditation not only highlights our adherence to the highest standards but also reinforces our commitment to the well-being of our staff and patients. It is a proud moment for all of us, and I am confident that we will continue to uphold these standards in the future.

Royal United Hospitals Bath
NHS Foundation Trust

NED Presentation

Paul Fairhurst – Non Executive Director

The RUH, where you matter

25 Year Commercial Career

Law, Leisure & Liquor

1990-97

City law firm.

Public listings, mergers & acquisitions, privatisation

simmons+simmons

1997-2011

In-house lawyer.

International brewing division Czech Republic, China

Bass

Asia Pacific Business Development.

Growth of hotel brand portfolio. Capital investment, joint ventures, partnerships

IHG® InterContinental Hotels Group

2011-14

Head of Asia Pacific Business Development

Investments in Vietnam, Indonesia.

Project lead in South Korea

DIAGEO

The RUH, where you matter

Non-Profit

2015-19

JUBILEE SAILING TRUST

Discover | Experience | Belong

Charity trustee

2020 to date

designability

2021 to date

back up

transforming lives after spinal cord injury

Non Executive

2022 to date

NHS

Royal United Hospitals Bath

NHS Foundation Trust

The RUH, where you matter

Golden Threads & Lessons Learned

Complex, foggy, high stakes, cross- cultural situations

Find and join the dots; create a cogent strategy and plan

Align the key stakeholders

Conduct a talented orchestra

Team delivery of exceptional outcomes

Active listening
Flexible communication style
Respect
Humility
Patience & Persistence
Humour & fun

My Lived Experiences

Spinal cord injured

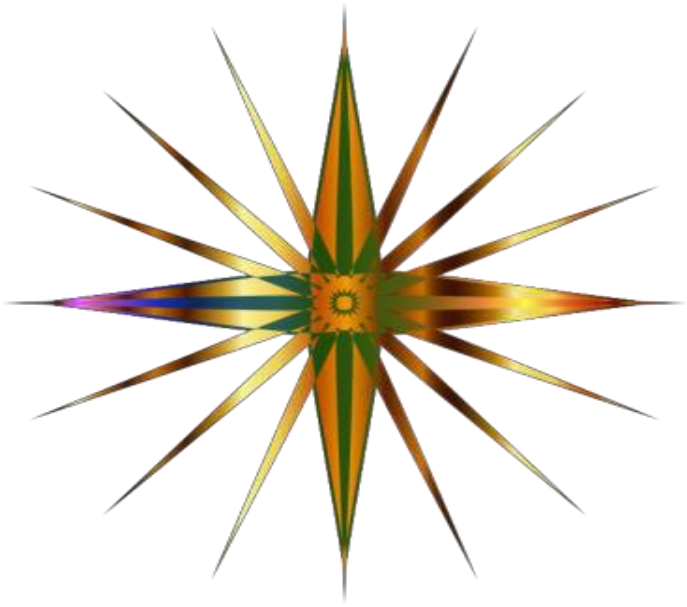
2011: high level, incomplete
Walking quadriplegic
Secondary health issues

Hearing loss

2015 viral attack, total in right ear
Partial in left

A lifelong learning journey

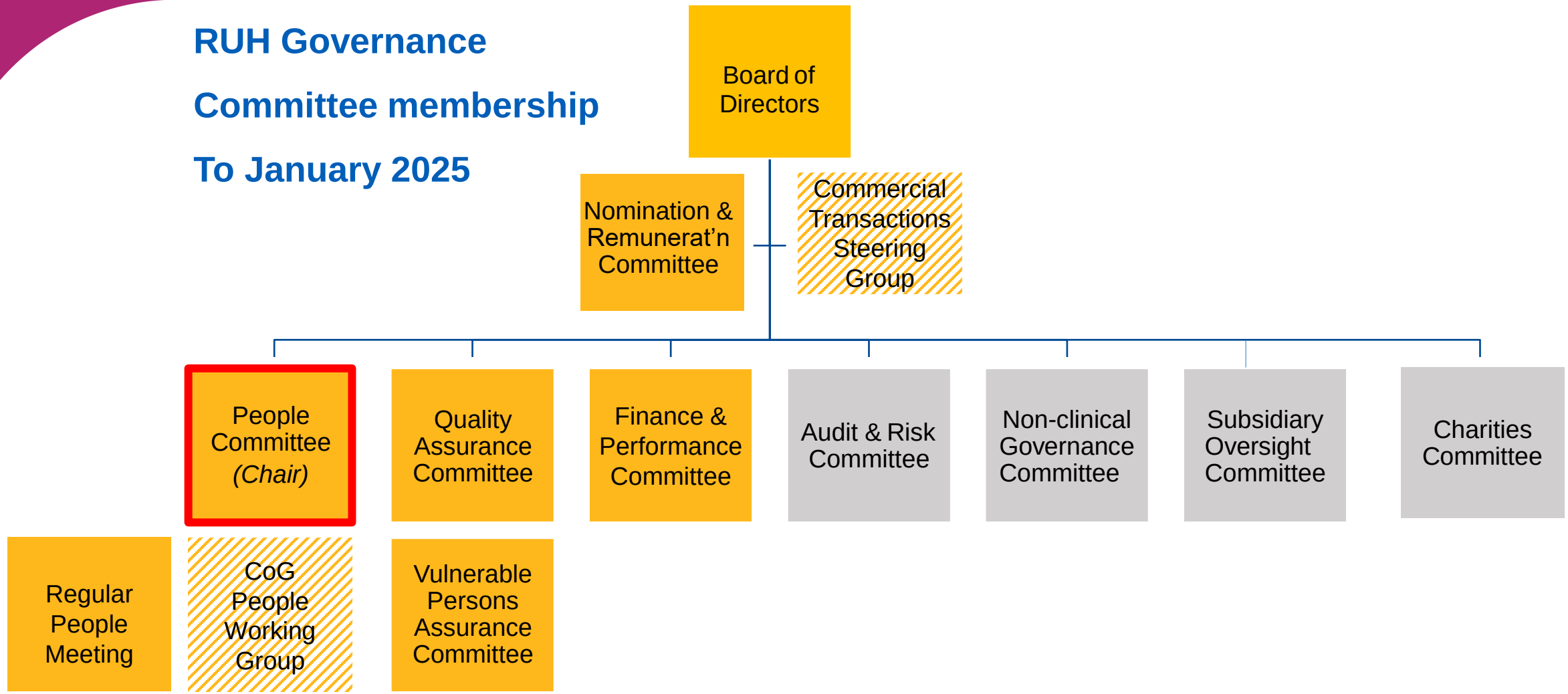
Highs and lows
Experiences, people, places
Personal insights: my virtues, values, vulnerabilities
Purpose: my true north



RUH Governance

Committee membership

To January 2025



People Committee Purpose & Objectives

Monitor the Trust's activity to achieve its True North goal 'to be an outstanding place to work where staff can flourish'
Assurance to the Board that the Trust is discharging its strategic priorities and statutory responsibilities relating to its people and their development

Discharge this function by
Supporting the development of a strategy to engage the workforce to become more productive and effective
Championing workforce and organisational development issues
Considering workforce plans and improvement plans
Ensuring adequate oversight of all workforce areas
Monitoring key workforce metrics to ensure delivery of expected standards
Receiving reports to provide assurance around compliance
Liaising with other Board Committees on relevant cross committee issues

People Committee Membership and Format

3 x NEDs CEO or Deputy CEO Chief People Officer	CMO or CNO Head of Corporate Governance Director of Strategy
Other staff by invitation	Staff Governor as Observer

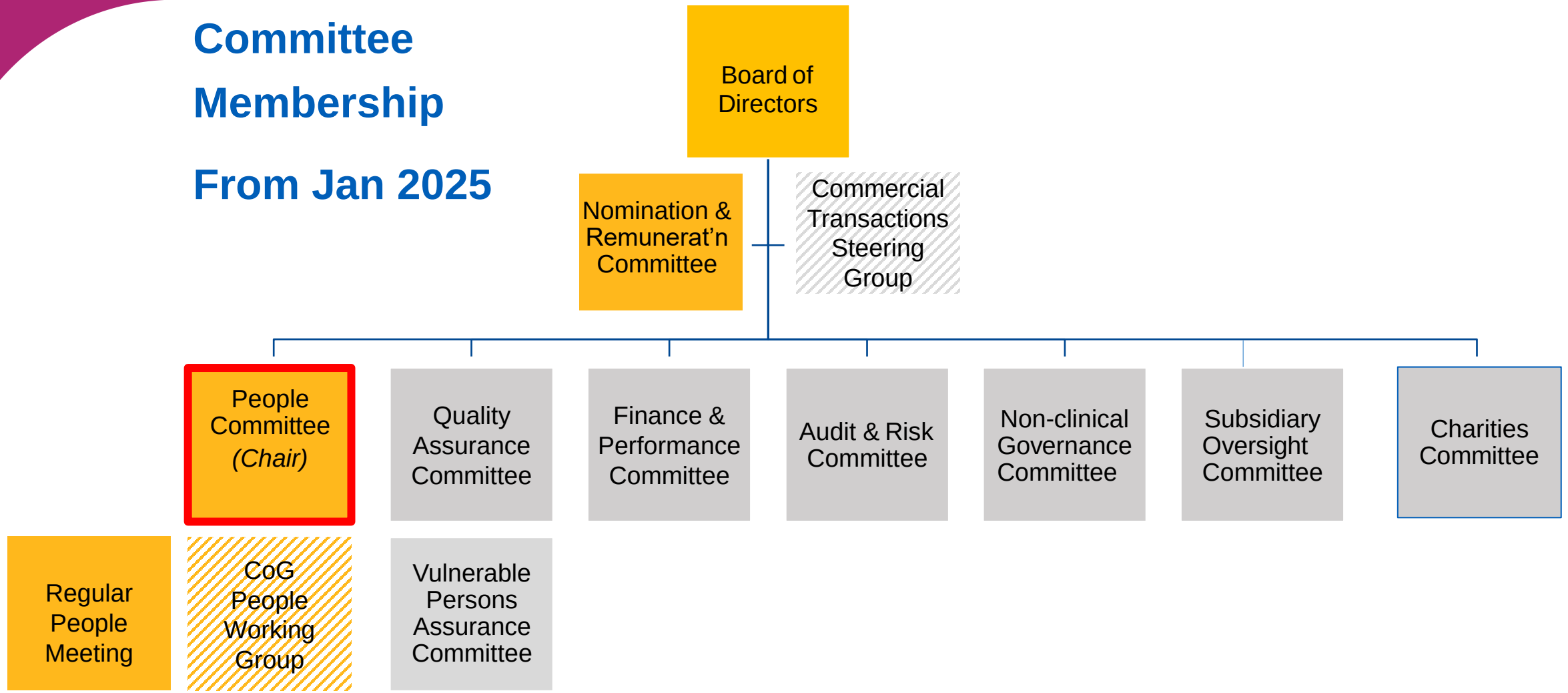
	Agenda
Chaired by NED	**Capacity**: maximise collaborative working across System; recruitment; strategic workforce plan
4 meetings annually	**Capability**: health and wellbeing; maximising potential; RUH leadership framework
Annual Work Plan	**Culture:** staff experience/engagement; Diverse & Inclusive; compassionate leaders
Written Report to Board	**Governance:** Staff Story; BAF risk; performance dashboard (exception reports); committee self-assessment

Th

“Extra curriculars”

- Enable Staff Network Executive Engagement
- Go and See Visits
- Staff Awards & Events
- Executive Interview Panels
- Paid Breaks Grievance Panel
- BSW Hospitals Group Board Development
- Disabled NHS Directors Network
- EXCEL Accreditation Programme
- Good Governance Institute Webinars
- Statutory role?
- Joint Committee Terms of Reference
- Shared People Services & Governance

Committee Membership From Jan 2025



“Extra curricular” – prioritisation from Jan 2025

Enable Staff Network Exec Engagement

NED Go and See Visits

Staff Awards & Events

Exec Interview Panels

Paid Breaks Grievance Panel

BSW Hospitals Group Board Development

Disabled NHS Directors Network

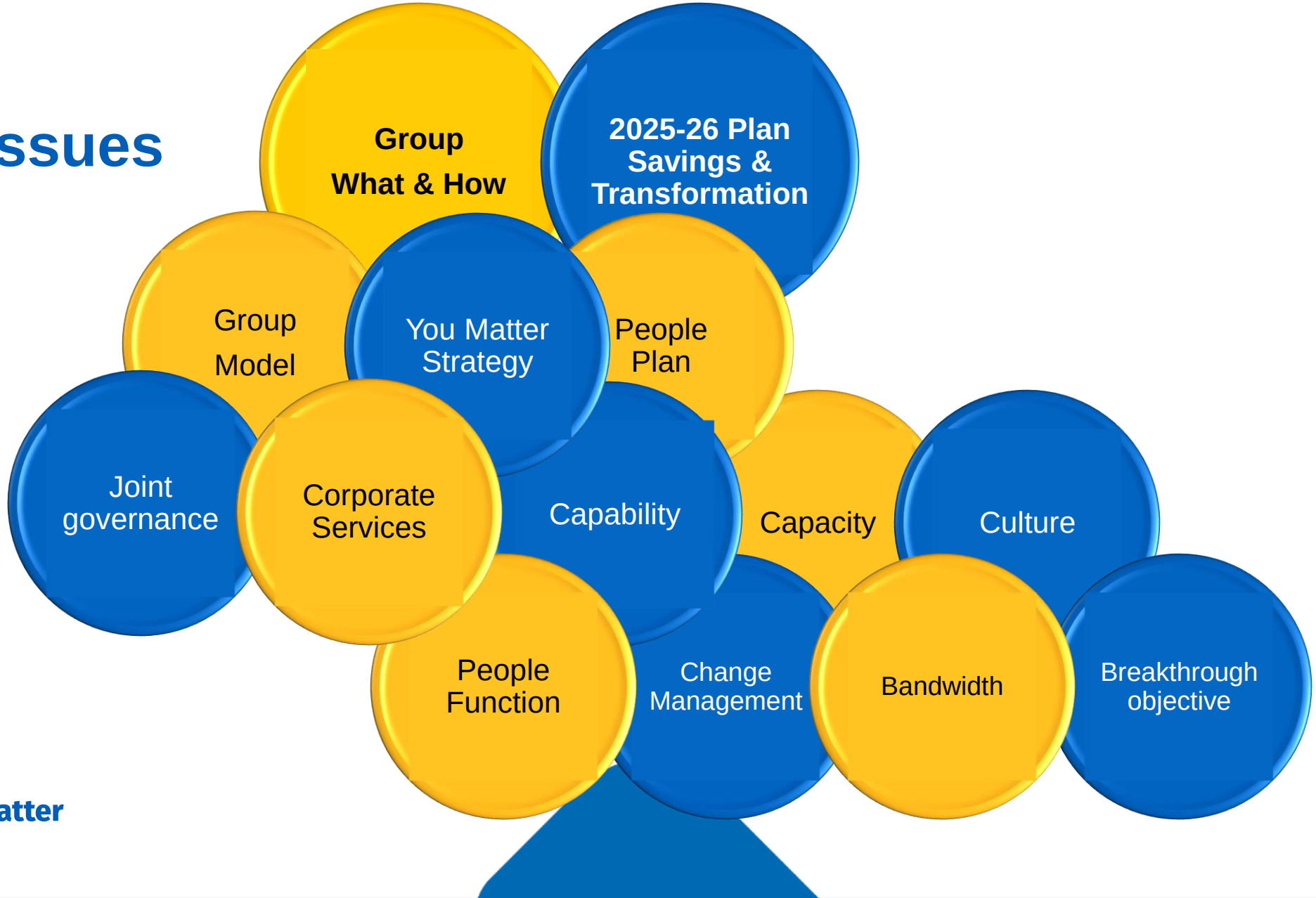
EXCEL Accreditation Programme

Good Governance Institute Webinars

Joint Committee Terms of Reference

Shared People Services & Governance

Top of mind assurance issues



Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**8**
Date of Meeting:	**6 March 2025**		

Title of Report:	**RUH Strategic and Operational Business Plan Update**
Status:	**For information**
Board Sponsor:	**Joss Foster, Chief Strategic Officer**
Author:	**Rhiannon Hills, Director of Transformation**
Appendices	**Appendix 1: Strategic & Operational Business Planning**

1. Executive Summary of the Report

This paper provides the Council of Governors with an update on the business planning process for 2025/26 and progress to date.

It focuses on:

- Our Trust 'You Matter' strategy and achievements in 2024/25
- Our breakthrough objectives for 2025/26
- The national and local context and challenges we face
- Timeline for submission of Full Plan 2025/26

An update was provided to the Governors Strategy and Business Planning Working Group on 6th February 2025. Since that time, the breakthrough objectives for 2025/26 have been signed off by the Board of Directors.

Valuing Patient & Staff time
Improving ambulance waiting times

Recognising and valuing colleagues' work
Increase percentage of staff feeling valued

Productivity
Maximising value, eliminating waste

In addition, more detail has now been confirmed in terms of planning assumptions for the coming year and associated risks.

Operational planning timeline

The National planning guidance was published on 30th January 2025. Key points included;

- The NHS is facing major challenges in meeting growing needs of an ageing population
- The NHS must live within their means, ensuring taxpayers money is spent wisely
- Improve services for patients, focusing on three shifts:
  - hospital to community
  - analogue to digital
  - sickness to prevention
- Maintaining quality and safety of our services
- A smaller set of headline ambitions and key enablers
- Focus needs to be improving productivity, tackling unwarranted variation, reducing delays and waste

Planning context
The scale of challenge we are facing for this next planning round is substantial, given the position of national finances and ongoing "recovery" both financially and operationally post covid. The past year saw us striving to deliver some of the largest savings and income targets we have ever set as a board whilst at the same time also navigating significant financial and operational risks and issues.
The financial requirements for 2025-26 are a significant ask, on top of the efforts and impact on staff, of the current year. To achieve the requirements for next year we must address some more fundamentals around how we deliver care.

The time for difficult decision making is born out in the national guidance document which explains that the NHS will need to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others if we are to continue to deliver a sustainable NHS model for the future which remains true to its fundamental principles of access.

We have been working across February to assess both our performance improvement and further productivity opportunities against national benchmarking and to shape the framework of our plan together with system partners. The **Headlines** of this work were reviewed by a Joint Finance & Performance, Quality Assurance and People Committee on the 25th February 2025 in preparation for work on the **Full Submission** which is due for submission to the ICB on 19th March 2025 and to NHSE on 27th March 2025.

2. Recommendations (Note, Approve, Discuss)

Council of Governors are asked;

- **To note** the signed off breakthrough objectives for 2025/26
- **To note** the planning assumptions and significant associated risks as well as the timeline for Full Plan Completion.

3. Legal / Regulatory Implications

The National Planning Guidance (published end of January 2025) sets out the legal and regulatory implications for the Trust in 2025/26.

The following reports/plans have also influenced the 2025/26 planning round:

- Lord Darzi's independent investigation of the NHS – September 2024
- Government's 10 Year Health Plan – expected Spring 2025
- BSW Operational Planning Mandate 2025/26
- Reforming Elective Care for Patients – January 2025

The Board of Directors must have regard to the views of the Council of Governors when developing the Trust business plan.

As a Trust, we must work to support the achievement of the system control total and

address our underlying deficit to meet our organisational obligations to financial sustainability and liquidity.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

2025/26 will be a very challenging year for the NHS nationally as the Government seeks to assure itself of both balance and value of public spending together with financial sustainability and performance optimisation over the longer term.

There are also a number of emerging delivery risks resulting from the financial and operational context within which we are planning.

We are seeing growth in both emergency and elective care with an expectation to improve performance at a time when financial constraints are increasing.

The requirements for 2025-26 are a significant ask over and above what has already been delivered for the current year. Savings requirements are at the higher end of available opportunities identified in benchmarking. In order to achieve these opportunities it is expected that we will need to improve our productivity at pace, leverage the opportunities of our new Group arrangements and review what activities we need to conduct in a fundamentally different way or not at all.

5.	Resources Implications (Financial / staffing)

There is an expectation that provider and system plans must move towards financial balance meaning delivery of improved productivity.

National guidance states that NHS must live within their means, ensuring taxpayers money is spent wisely to protect its principles of equal and free access for the next 70 years. Providers will need to reduce their cost base by at least 1%. We are required to achieve a 6.7% improvement in productivity, 4.7% cash releasing and 2% demand growth withing the same cost envelope.

The NHS needs to improve services for our community and patients, focusing on three shifts:

- hospital to community
- analogue to digital
- sickness to prevention

With partners, we will need to focus on working collectively across the system to support long term sustainability.

6.	Equality and Diversity

Equality and Diversity is a critical lens through which we must consider all of our Trust plans. QEIAs will be undertaken for all service developments in our plans. Taking positive action to reduce health inequalities, Staff experiencing discrimination at work and an Organisation which acts fairly with regard to career progression are Vision Metrics, for which the strategic A3 and annual priorities will be refreshed for 2025/26.

7.	References to previous reports/Next steps
Joint Board of Directors and Council of Governors away day – 3rd December 2024 Governor Strategy and Business Planning Working Group – January 2025, February 2025	

8.	Freedom of Information
Public	

9.	Sustainability
The Trust is required to contribute to delivery of the BSW Medium Term Financial Plan (MTFP) which sets out the requirement of all organisations in the system to support a route back to financial breakeven. Our planning framework will help us to consider how we can make the best use of our shared resources with the system for the year ahead. Considering our impact on environmental sustainability as well as our local population is an important part of planning. The decarbonisation project will continue in 2025 with some capital contribution from the Trust to enable ongoing progress towards carbon net zero.	

10.	Digital
Digital transformation will form a key part of enabling the actions in the national planning guidance in line with the Government drive from analogue to digital. Digital capacity will be reviewed as part of the planning process in light of the shared EPR project which is due to go live for the RUH in Quarter 4, 2025/26. Future considerations of Artificial Intelligence (AI) and Robotic Process Automation (RPA) will be incorporated into digital planning to support productivity and efficiency improvements.	

Royal United Hospitals Bath
NHS Foundation Trust

Strategic & Operational Business Planning Update

2025-2026

Council of Governors

6th March 2025

The RUH, where you matter

Introduction & Contents

The purpose of this document is to provide an update on the development of the Trust strategic and operational plan for 2025/26.

Business planning – our future depends on it

- Planning for the future is a standard activity for most organisations. Nationally, NHS organisations submit their annual plans by ‘system’ (our system being Bath, North East Somerset, Swindon and Wiltshire (BSW))
- All systems are required to deliver an overall ‘balanced’ plan (delivering a range of operational and quality standards within the funding envelope provided). Within systems each partner has its own part to play in delivering that final plan and makes a commitment to that.
- A National oversight framework of the plan includes a range of mechanisms to hold organisations and systems to account for delivery to plan. Mechanisms may include different levels of external intervention/support/resource.
- Our plan must demonstrate how we are continuing to address key challenges in order to deliver against national and system requirements including a positive trajectory towards our Vision: The RUH where You Matter.

Our vision

The RUH, where you matter

Our people groups and our goals

The people we care for

- Connecting with you, helping you feel safe, cared about and always welcome
- Consistently delivering the highest quality care and outcomes
- Communicating well, listening and acting on what matters most to you

The people we work with

- Demonstrating our shared values with kindness, civility and respect all day every day
- Taking care of and investing in teams, training and facilities to maximise our potential
- Celebrating our diversity and passion to make a difference

The people in our community

- Working with partners to make the most of shared resources to plan wisely for future needs
- Taking positive action to reduce health inequalities
- Creating a community that promotes the wellbeing of our people and environment

How we will deliver

Everyone Matters
Working Together
Making a Difference

Our values

Improving Together

Our improvement system

Our enabling initiatives

Trust Priorities 2024/25

Royal United Hospitals Bath NHS Foundation Trust

The people we care for

The people we work with

The people in our community

Trust goals

- Patient safety incidents (moderate to catastrophic)
- Number of patients over 65 weeks
- Overall patient experience score
- % recommend RUH as a place to work
- % staff say the organisation acts fairly with regard to career progression
- % staff experiencing discrimination at work
- Delivery of breakeven position
- Equity of access to RUH for all
- Carbon emission reduction

Breakthrough goals 24/25

Why not home? Why not now?
Reducing inpatient length of stay top 25% of acute trusts

Discrimination
% of staff reporting they have experienced discrimination at work

Making best use of available resources
Delivery of financial plan

Enabling Breakthrough Goal: We "Improve Together" to make a difference
(measured by the adoption of tools, routines and behaviours of Improving Together via a quarterly maturity assessment)

Trust-wide projects

- **Atrium Redesign**
- **Community Diagnostics Centre (Sulis)**
- **Paperless Inpatients**
- **Quality Governance**
- **Sulis Elective Orthopaedic Centre (SEOC)**
- **Single Intensive Care Unit (ICU)**

- **Basics Matter**
- **Compassionate Leadership**
- **Dignity at Work**
- **Equality, Diversity & Inclusion (EDI)**
- **Learning and Development**
- **Reducing Discrimination**
- **Staff Engagement and Experience**

- **Health Inequalities Programme**
- **Community Services Tender**
- **Heat Decarbonisation**
- **Financial Improvement Programme** – Clinical productivity, Pay Bill, Income and cost controls
- **Single Electronic Patient Record (EPR)**

Some of our achievements in 2024/25

The people we care for

- Increased surgical capacity through Modular Theatre, SEOC and Frome Theatre
- Dyson Cancer Centre and Maternity Day Assessment Unit open. One ICU works almost complete.
- Paperless inpatients go-live
- Vulnerable People Strategy signed off – due for publication in February
- CQC 2024 UEC Survey – RUH ED only 1 of 9 Trusts rated 'better than expected in England. Maternity services in top 3% of maternity departments in England

The people we work with

- Basics Matter: Halo launched – vacancies and change of conditions now managed through the system
- External turnover is low across the Trust continuing to be better than the target of 1%
- Introduction of Independent Equality, Diversity and Inclusion Advisors
- Violence, Prevention and Reduction policy launched
- 101 teams are now running regular Improvement Huddles, enabling staff to raise improvement ideas

The people in our community

- First RUH Community Day and first RUH Sustainability Day
- Decarbonisation of the estate project has commenced to help achieve carbon net zero by 2030
- Health inequalities: new digital inclusion service for patients
- Formation of BSW Hospitals Group
- On track to deliver £36.6m Cost Improvement Programme through driving productivity and reducing costs

Royal United Hospitals Bath
NHS Foundation Trust

Strategic A3s Annual Refresh

2025/26

The RUH, where you matter

Strategic A3s Annual Refresh

Feedback from Governors

- Joint Board of Directors and Council of Governors Development Session held on 3rd December 2024
- Included a review of draft strategic A3s; feedback below has fed into further development of the A3s

The people we care for

Reducing avoidable harm

Focus on reducing patient harm- how to measure reduction

Review wording of problem statement to bring out patient safety

Include cultural and environmental enablers

Focus on proactive response, not reactive

The people we work with

Change management is key and upskilling staff

Importance of frontline leadership

Culture is key- authenticity, communication

Ensure regular forums for staff feedback

The people in our community

Finance

Use language that describes productivity, efficiency, value, waste reduction and sustainability

Balance of productivity with quality and safety

Future thinking and how current improvements will impact on and contribute towards future ambitions

Opportunities through the Group model

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Breakthrough Objectives

2025/26

The RUH, where you matter

BSW Hospital Group SPF

BSW Hospitals Group

Scope Consideration: Group Strategic Planning Framework

Vision: Working together, learning together, improving together to provide excellent care for our population

Vision metrics

- Developing an engaged workforce
- Making our teams diverse and inclusive
- Making our services safer
- Improving timely access to our services
- Improving the experience of those who use our services
- Improving our financial sustainability
- Improving health equity

Strategic Initiatives 3-5 years

- Transforming model of care/ left shift
- Increasing sustainability
- Becoming an effective group
- Delivering digital maturity

Corporate Projects

Breakthrough Objectives 12-18 months

- Reducing waits for our patients
- Increasing value/productivity
- Reducing avoidable harm
- **Improving staff satisfaction**

Trust Priorities 2025/26

Royal United Hospitals Bath NHS Foundation Trust

The people we care for | The people we work with | The people in our community

Vision Metrics (7-10 Years)

- *Providing safe and effective care*
- *Right care, right time, right place*
- *Improve the experience of those who use our services*
- Recommending RUH as a place to work
- Fair career progression and development
- Reducing discrimination from managers, colleagues and others
- Deliver a sustainable financial position
- Equity of access to RUH for all
- Carbon emission reduction

Breakthrough Objectives 2025/26

Valuing Patient & Staff time
Improving ambulance waiting times

Recognising and valuing colleagues' work
Increase percentage of staff feeling valued

Productivity
Maximising value, eliminating waste

Corporate Projects 25/26 *(to be prioritised)*

Theatres Transformation
- Theatre Utilisation
- Getting it Right First Time Standards
- Sulis Elective Orthopaedic Centre (SEOC)

Outpatient Transformation
- Clinic Utilisation
- Patient Initiated Follow ups
- Clinical admin redesign
- Digital inclusion for DNAs

Non-Elective Care
- Same Day Emergency Care (SDEC)
- Admission Avoidance - Streaming Pathways
- Reduction in NCtR with Community partners

- **Corporate Services Redesign**
- **Electronic Patient Record (EPR) Implementation**

Enabling Project – Clinical Value Review

Enabling Project – Capacity & Demand

Strategic Initiatives (3-5 Years)

- **Integrated front door**
- **Patient Safety Incident Response Framework (PSIRF)**
- **Sustaining Improving Together Operational Management System (OMS)**
- **Collaboration as and at Group**
- **Shared Electronic Patient Record (EPR) Benefits**
- **Community Transformation Year 2 - 5**
- **Artificial Intelligence / Automation Programme**
- **Deliver Medium Term Financial Plan**
- **Reduction in Carbon Emissions – 80% by 2028**

Royal United Hospitals Bath
NHS Foundation Trust

Operational Business Planning Update

2025-2026

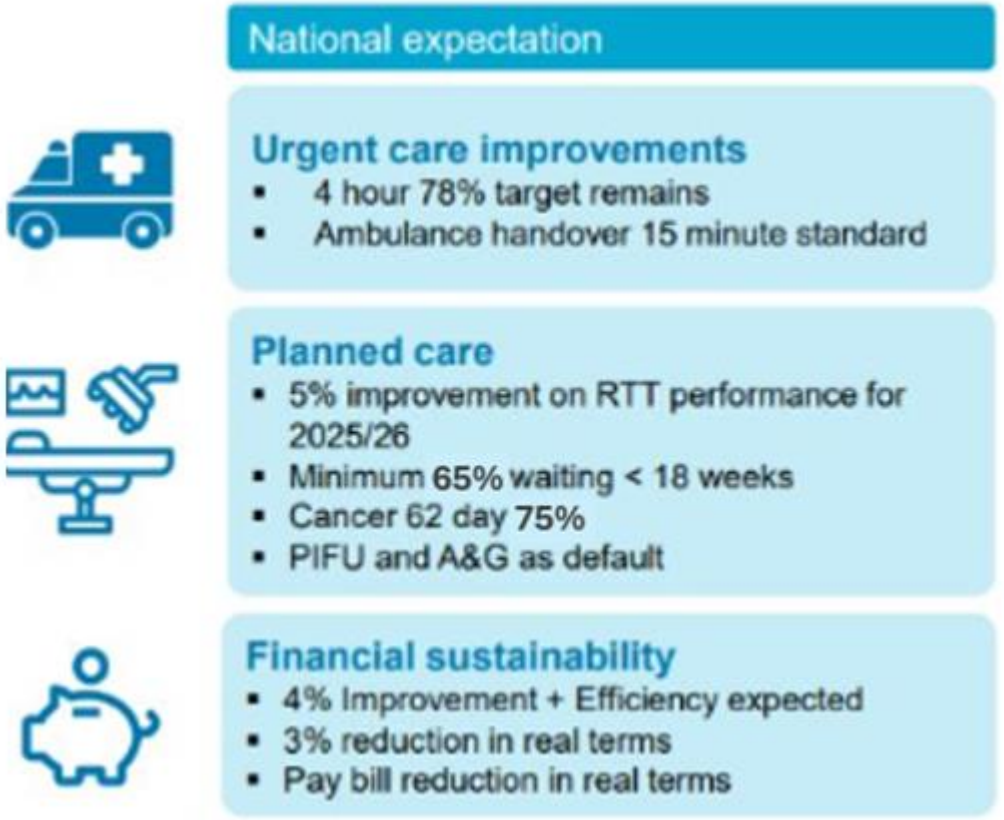
The RUH, where you matter

National Planning Guidance

The national planning guidance was published on 30 January 2025

Key messages;

- NHS is facing major challenges in meeting growing needs of an ageing population
- The NHS must live within their means, ensuring taxpayers money is spent wisely
- Improve services for patients, focusing on three shifts:
  - hospital to community
  - analogue to digital
  - sickness to prevention
- Maintaining quality and safety of our services
- Planning guidance is more focused with a small set of headline ambitions and key enablers
- Focus needs to be improving productivity, tackling unwarranted variation, reducing delays and waste



Planning Timeline

Planning Timeline (overarching)

Subject to clarification on national submission dates and further discussion with Integrated Care Board

Last updated 18/02/2025

NHSE National Guidance

September 2024

- Kick Off Workshop ✓
- Specialty level engagement begins ✓

October 2024

- Strategic A3 development ✓
- BSW system planning summit (18/10) ✓

November 2024

- Strategic A3 development ✓
- Specialty plan development ●
- Workshops & facilitated sessions ✓

December 2024

- Corporate plan development ●
- A3 reviews at Board and Council of Governors away day ✓

January 2025

- Board 15/01 – A3, scorecard sign off ✓
- Divisional plan development & review meetings ✓
- 17/01 – System Gateway Event ✓
- TME 29/01 – Trust plan v1 review ✓

February 2025

- Divisional objective dialogue
- FPC –Trust plan v2
- TME – Trust plan v2 & Trust risks & business cases
- Divisional plan review meetings
- **First headline plan submission to NHSE**

March 2025

- Board 05/03 – Plan v2 approval
- 03/03 - System Gateway Event (tbc)
- **Full system submission to NHSE**

April 2025

- System Board to Board meetings 7-14 April
- RUH Business Planning Workshop (outcomes and implementation)

RUH headline submission:
19/02/2025
System headline submission:
27/02/2025

RUH full submission:
19/03/2025
ICB sign off:
TBC
Full System submission:
27/03/2025

Report to:	**Council of Governors**	**Agenda item:**	**9**
Date of Meeting:	**6 March 2025**		

Title of Report:	**Report from Joint Board of Directors and Council of Governors Strategic Planning Away Day Session on 3 December 2024**
Status:	**For information**
Board Sponsor:	**Joss Foster, Chief Strategic Officer & Alison Ryan, Chair**
Author:	**Fi Abbey, Head of Strategic Projects** **Lauren McEwan, Corporate Governance Manager**
Appendices	**None**

1. Executive Summary of the Report

This paper provides a summary of the outputs from the Joint Board of Directors' and Council of Governors' Strategic Planning Away Day Session held on 3 December 2024.

It summarises the feedback from the session, shows how this has been incorporated into the Trust's strategic planning for 2025/26 and lists some areas to be taken forward through the governor working groups.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to note the report and approve the items for the working groups to review.

3. Legal / Regulatory Implications

NHS Foundation Trusts have a legal duty to have regard to the views of the Council of Governors when preparing the Trust's forward plan.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

Failure to have regard to the views of the Council of Governors when preparing the Trust's forward plan could result in the Trust being in breach of the NHS FT Provider Licence.

5. Resources Implications (Financial / staffing)

N/A

6. Equality and Diversity

The engagement of Governors and the views of members helps support equality diversity and inclusion in our future plans.

7. References to previous reports

N/A

8. Freedom of Information

Public

9.	Sustainability
The Away Day itself focused in on specific elements of our strategic plans and for The People in our Community, this included discussions about financial sustainability rather than environmental sustainability. Environmental sustainability has, however, been taken forward through its own strategic A3 and continues to be a Trust priority as per the 2025/26 vision metrics.	

10.	Digital
Digital advancement will continue to be a key enabler for the delivery of our Trust strategy over 2025/26, in particular looking at how new technologies can support the focus on enhancing productivity.	

Joint Board of Directors and Council of Governors Strategic Planning Away Day Session on 3 December 2024

1. Introduction

The NHS Act (2006) gave the Council of Governors a number of statutory roles and responsibilities. Under this legislation, in preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.

In order to achieve this duty, the Governor Strategy and Business Planning Group has the opportunity to input into this plan and also monitor progress against it at its quarterly meeting. In addition to this, each year, the Trust holds a joint Board of Directors and Council of Governor Away Day.

During the 2024/25 financial year, an Away Day was held on Tuesday 3rd December at Kingswood School. This timing is aligned to the business planning timeline, to allow meaningful input into the strategic planning for 2025/26.There were 8 Governors and 6 Non-Executive Directors (NEDs) in attendance and this report provides an overview of the session and suggested actions as a result.

2. Interaction between NEDs and Governors

Alison Ryan posed the following statement to the Governors and NEDs who were in attendance and asked them to discuss this; how the NEDs and Governors could mutually support each other to do their roles. A summary of each table discussion can be seen below.

Table 1 felt that a joint training session between the Governors and NEDs on data and how to interpret this and use it to hold NEDs to account, would be beneficial. This would include data like the IPR.
They also felt that building better relationships between the NEDs and Governors was needed to help reach out to the membership.

Table 2 felt that in depth briefings would be helpful to aid Governors understanding, for example on Sulis and finance.

Table 3 felt that scoping out priorities and aligning more with patient experience and staff was needed. Governor engagement with patients, members and the public were extremely important to aid with discussion within the working groups.

Table 4 felt that there could be some development and learning around shaping assurance questions for NEDs. This would bring richness to a question to the NEDs that needed more than a binary answer.

Suggested actions could include:

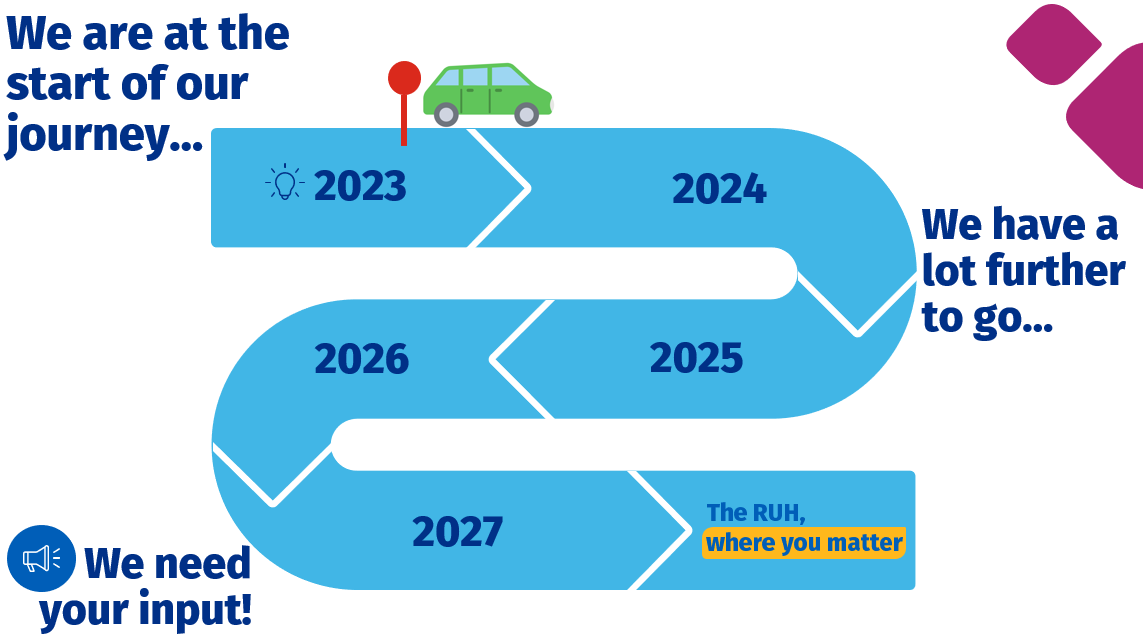
- Organising a training session regarding interpreting data and the Integrated Performance Report
- Organising a development session on assurance questions
- Asking the Membership and Outreach Working Group to focus on how Governors engage with members and the public to receive as much rich feedback as possible

- Governors could suggest topics where they would like to understand more to enable in depth briefings to be produced on areas of interest

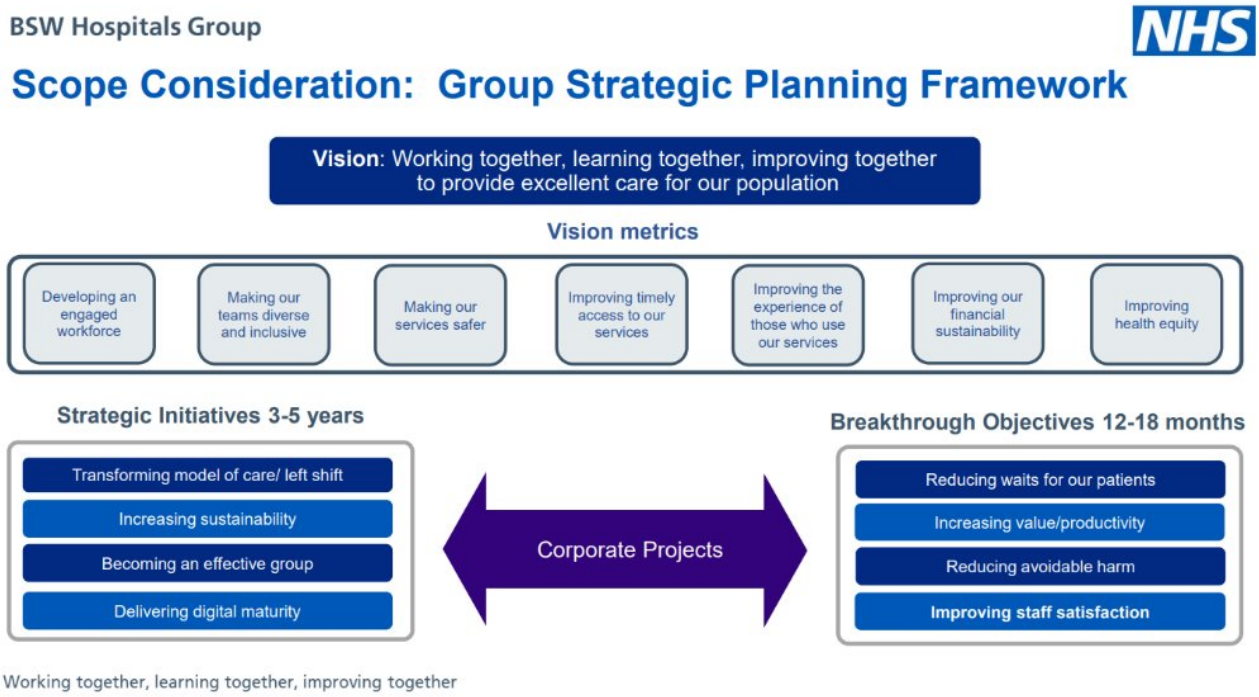
3. Strategic and operational planning overview

Cara Charles- Barks, Chief Executive Officer opened the session with an overview of the Group and what this meant going forward. She explained that each Trust would have its own strategy and eventually there would be one Group strategy, with each Trust owning different layers of the strategy specific to their needs and requirements.

Joss Foster, Chief Strategic Officer explained that the aim of the afternoon was to enable Governors to input into the Trust's Strategic Planning for 2025/26.



Joss Foster went on to provide an overview and the context of the Strategic Planning Framework before Governors and the Board split into three groups to focus on more detailed discussions on the draft Strategic A3s. Executive leads were supported by members of the Strategy Team and spent time with Governors and NEDs to talk through current thinking for the priority and seek Governor input.



The following Strategic A3s were discussed:

The people we work with	• Alfredo Thompson, Chief People Officer
The people we care for	• Ed Nicolle, Head of Cancer Services • Reston Smith, Deputy Chief Medical Officer
The people in our community	• Jon Lund, Interim Chief Financial Officer

Each group looked at the problem statement and current situation of each goal. Everyone was given the opportunity to discuss the vision and goals and understand how the Trust was hoping to achieve this goal and what the measures of success would be. In addition to this, Governors utilised feedback from the AGM and their constituents to engage with the Board and input into plans.

After a short break, the away day moved on to look at four specific areas of work planned for 2025/26, these included:

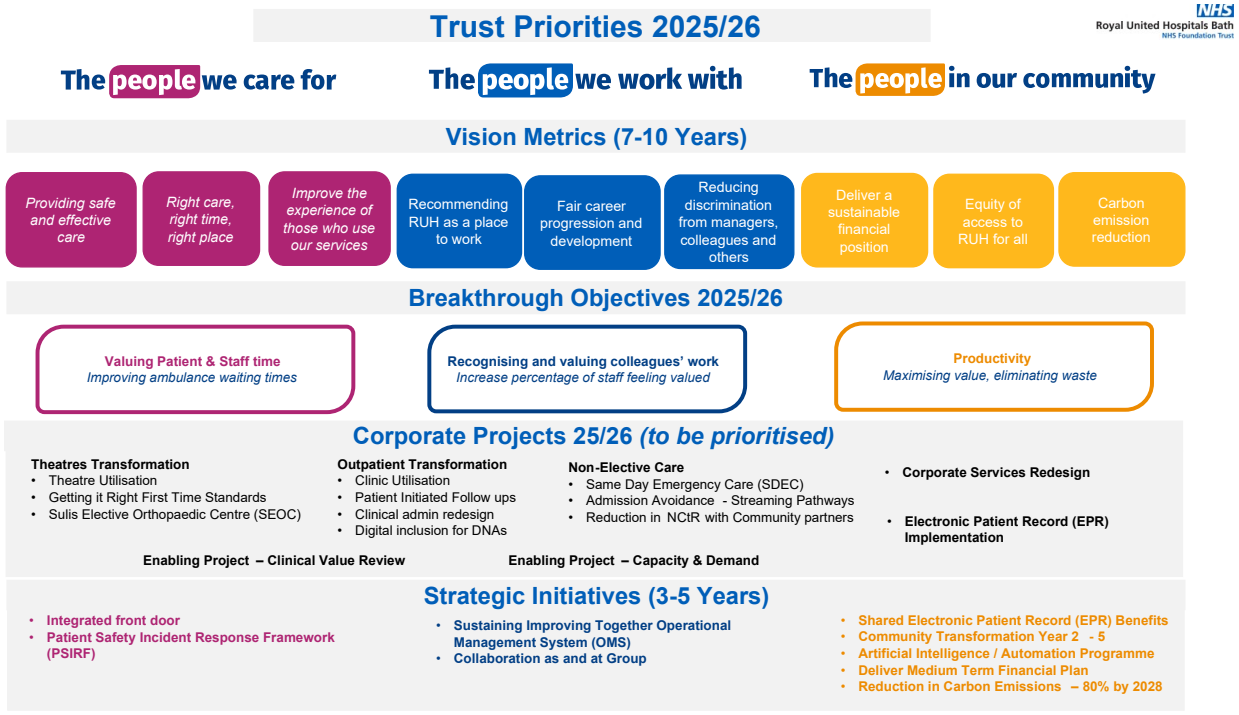
Anchor Organisations	• Fi Abbey, Head of Strategic Projects • Ashleigh Harvey, Head of Strategy and Development

Health Inequalities	• Veronica Kuperman, Health Inequalities Lead • Reston Smith, Deputy Chief Medical Officer
Improving Together	• Lisa Lewis, Head of Coach House • Rhiannon Hills, Director of Transformation
Reducing Discrimination	• Alfredo Thompson, Chief People Officer • Matt Foxon, Deputy Chief People Officer

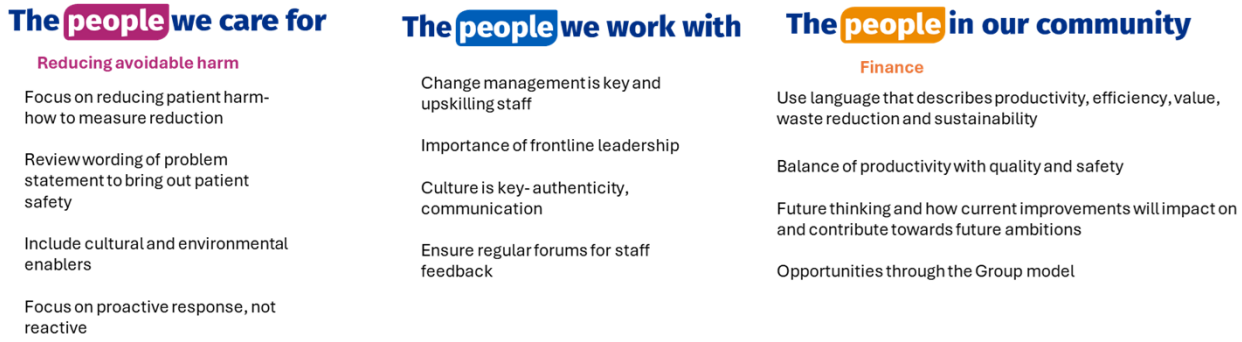
4. Outputs from the day

During each session detailed above, Governors were invited to share their reflections on the RUH plans. This feedback has been incorporated into the strategic A3s and, where required, will be picked up in more detail by the Governor Working Groups to enable more in depth conversations. The feedback has also been shared with Board of Directors at their January meeting, as part of the quarterly strategic planning update.

It was highlighted that, although the Strategic A3s cover their respective areas of focus, there needs to be a mechanism to join up the A3s and ensure they work together to deliver our strategic ambitions. The Trust's Engine Room offers this join up, with the Trust Management Executive reviewing delivery on a monthly basis. The diagram below shows how the different components of the Engine Room work together to deliver our Trust strategy. The Governors Strategy and Business Planning Working Group were invited to visit the Engine Room in February 2025 as part of their quarterly meeting.



Feedback from table discussions on the Strategic A3s and strategic workstreams is shown here:



In addition to the comments specifically on the Strategic A3s, which has been fed into their subsequent development, the governors have requested for the following to be picked up specifically by the **Strategy and Business Planning Working Group**:

- Focus on lived experience voice and the staff voice in our strategies
- Bringing in Governors' expertise to help navigate challenges faced by the hospital
- Looking at how Governors can be more active in gaining member/public input into the strategic planning process
- Ensuring alignment of strategies with National plans

The **Membership and Outreach Working Group** are best placed to take forward suggestions from Governors about how we can enhance engagement with members (see suggestions in section 5).

The **People Working Group** can support delivery of the Leadership, People and Culture Plan for 2025/26, ensuring the necessary cultural changes are being delivered.

The **Quality Working Group** will continue to support conversations around patient safety; the discussions at the Away Day centred on creating a patient safety culture where people feel able to report concerns.

A common theme from table discussions was around the role of BSW Hospitals Group in future operational and strategy delivery. Some questions, thoughts and ideas were as follows:

- How can we better share learning across three providers and other organisations in the system? Particularly in relation to patient safety and near misses.
- What are the assumed efficiencies for year 1 of the group model?
- What learning is there from other areas (e.g. Bristol) who have moved to a group model in terms of cost reductions?
- What is the group approach to try ways of improving productivity? What would be beneficial to do at group level vs local
- How can we scale administration across the 3 hospitals to reduce cost?

5. Survey Feedback

Feedback on the session was received via a survey on the day.

Attendees found it helpful to have an opportunity to meet teams and engage with directors.

> "It was good that the issues being discussed were initiatives that were currently being worked on by the hospital directorates. Having Board Execs, or Senior Managers who are responsible and accountable for the work outcomes lead the discussion groups was effective. The activities were more focussed, and the use of the A3s clearly demonstrated the complexity of the initiatives and the various strands and approaches being explored." *Governor Feedback*

Attendees said they would like future sessions to include the following:

- More about how the voices of our population are used
- Progress on strategic delivery
- Update on performance after we have transitioned to the Group model

They also suggested the following as enablers to engagement with members; as per above, this can be looked at further by the Membership and Outreach Working Group:

- Clarity on what we need to ask members and what we need from those conversations
- Opportunities to link in with PPGs
- Using existing channels for disseminating information e.g. Parish Council, community newsletters
- Member/public events in constituencies- suggestion to run an initial event in one constituency which all governors attend then roll out across other areas

6. Next steps

Work to develop the Strategic A3s has continued and an update was provided to the Strategy and Business Planning Working Group in February. Breakthrough Objectives for 2025/26 have been signed off by Board, and TME, through the Engine Room, is in the process of prioritising corporate projects to support delivery of our Breakthrough Objectives.

The feedback from the Away Day will be taken forward by the Governor Working Groups as set out in section 4 above.

7. Recommendation

The Council of Governors is asked to note the report and approve the items for the working groups to review.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**10**
Date of Meeting:	**6th March 2025**		

Title of Report:	**Governor Log of Assurance Questions and Responses**
Status:	**For Information**
Board Sponsor:	**Alison Ryan, Chair**
Author:	**Lauren McEwan, Corporate Governance Manager**

1. Executive Summary of the Report

This report provides the Board of Directors with an update on all questions on the "Governors' log of assurance questions" and subsequent responses. The Governors' log of assurance questions is a means of tracking the communication between the Governors and the Non-Executive Directors (NEDs). Governors are required to hold the NEDs to account for the performance of the Board and this is one way of demonstrating this.

There have been no new questions since the last meeting of Council of Governors on 10th December 2024 when all questions were closed.

2. Recommendations (Note, Approve, Discuss)

The report is presented for information.

3. Legal / Regulatory Implications

None

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

There are no risks on the risk register.

5. Resources Implications (Financial / staffing)

There are no resource or financial implications.

6. Equality and Diversity

All Governors no matter their background can input into the NED questions.

7. References to previous reports

September 2024.

8. Freedom of Information

Public

9. Sustainability

Governors have asked questions on various topics including sustainability.

10. Digital

Governors have asked questions on various topics including digital.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors Meeting**	**Agenda item:**	**11**
Date of Meeting:	**6 March 2025**		

Title of Report:	**Governor Working Group discussion and updates**
Status:	**For discussion**
Board Sponsor:	**Alison Ryan, Chair**
Author:	**Lauren McEwan, Corporate Governance Manager**
Appendices	**Appendix 1: Strategy & Business Planning Working Group Agenda** **Appendix 2: Quality Working Group Agenda** **Appendix 3: People Working Group Agenda** **Appendix 4: People Working Group – Chairs Report** **Appendix 5: Membership & Outreach Working Group Agenda**

1. Executive Summary of the Report

The Council of Governors has established five smaller committees and working groups that conduct detailed reviews of areas of key importance to the hospital.

There are currently four regular Working Groups that take place quarterly and a Nomination and Remuneration Committee that meets as required.

The Working Groups are sub-groups of the Council of Governors and as such should be chaired by a Governor.

As a minimum, Governors should attend meetings of the Council of Governors, but are encouraged to attend working group meetings to help improve accountability and enable feedback to be escalated to the Board where appropriate. It is also important to remember that the role of a Governor is voluntary and people's commitment levels vary.

The agendas for the last meetings are attached as appendices for information and the Governors that chaired each meeting will be invited to provide the Council of Governors with feedback on the work of each group. Chairs are responsible for providing an update to the Council of Governors.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to note the update and discuss the work that the Governor Working Groups had undertaken during the last quarter.

3. Legal / Regulatory Implications

The only sub-group of the Council of Governors meeting that the Trust is required to have is the Nomination and Remuneration Committee. Best practice however is that additional working groups are created.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
Not applicable	

5.	Resources Implications (Financial / staffing)
The role of a Governor is voluntary, and this should be considered during the discussion.	

6.	Equality and Diversity
The Governor role is open to all members.	

7.	References to previous reports
A similar report was presented at the last Council of Governor meeting in December 2024.	

8.	Freedom of Information
Public	

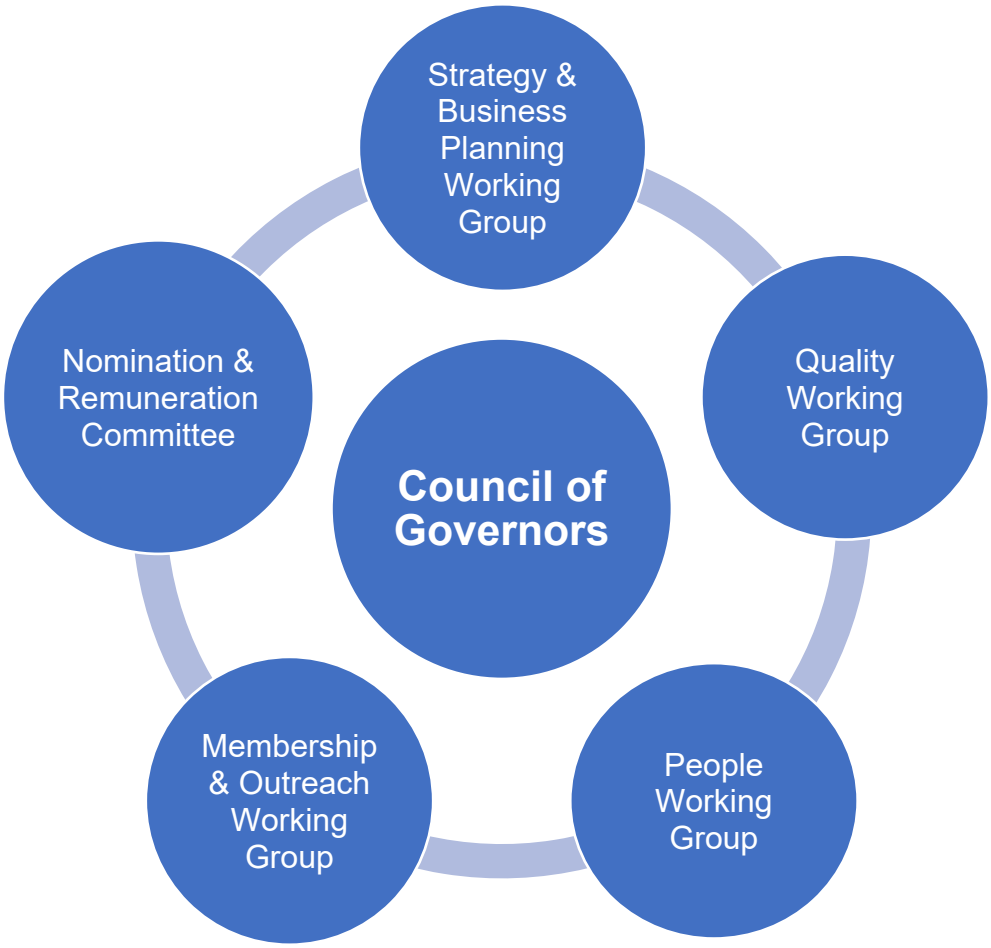
9.	Sustainability
Not applicable	

10.	Digital
Not applicable	

Council of Governor Working Groups

The Council of Governors has established five smaller committees and working groups that conduct detailed reviews of areas of key importance to the hospital.

There are currently four regular Working Groups that takes place quarterly as follows (Nomination and Remuneration Committee meets as required):



Governor working groups are supported by the Membership & Governance Team as well as an Executive Director, and seek assurance from the Non-Executive Directors, to help improve accountability and enable feedback to be escalated to the Board where appropriate. The role of each Working Group is as follows:

Strategy & Business Planning Working Group
Reviews plans and strategies regarding the future of the hospital, ensuring that member's views are represented as well as the needs of the local community.

Quality Working Group
To listen to patients and members to understand how we can improve patient experience at the RUH and to ensure Quality, patient experience, patient safety and clinical outcomes are of a high standard.

Membership & Outreach Working Group
Aims to grow and develop the Trust's membership and facilitates communication between Governors, Members, and the local community.

People Working Group
The groups seeks confidence on any workforce related matters including Recruitment, retention, culture and Equality and Diversity.

Nominations and Remuneration Committee
Oversees the recruitment of the Chairman and other Non-Executive Directors as well as making recommendations to the Council of Governors on the remuneration of the Chair and other Non-Executive Directors

Role within Working Groups

Governors assist in the development of ideas, advise on issues and act as the Trust's 'eyes and ears' in the community and throughout the Trust with Governors having the following distinct roles:

Advisory - providing a steer on how the Trust can carry out its wider business to satisfy the needs of members and the wider community.

Guardianship - acting as guardians to ensure that the Trust operates in accordance with its purpose and authorisation and as "trustees" for the welfare of the organisation.

Strategy - advising on the longer-term direction of the Trust so that the Board of Directors can develop effective policies.

Working Group Chairs are responsible for providing a verbal or written (if they are unable to attend) update at Council of Governors meetings.

Appendix 1

Governor Strategy & Business Planning Working Group Agenda

6 February 2025, 13:30 – 15:00

RUH Engine Room, Mezzanine Room 1, E9, RUH

Item	Subject	Time	Enc.	Presenter
1.	Welcome, introduction, apologies:	13:30	Verbal	Chair
2.	Minutes of the Governor Strategy & Business Planning Meeting held on 7 November 2024		Enc.	
3.	Action list and matters arising		Enc.	
4.	Tour of the Engine Room	13:40	Verbal	Rhiannon Hills / Lisa Lewis
5.	RUH Strategic and Business Plan Update	14:10	Pres.	Rhiannon Hills
6.	Joint BSW Electronic Patient Record	14:30	Pres.	Spencer Thorn / Simon Vaughan
For Information				
7.	Governor Observer Board Committee Updates • Finance and Performance Committee • Non-Clinical Governance Committee	14:50	Enc. / Verbal	Anne-Marie Walker / Nick Gamble Anna Beria
Closing Business				
8.	Questions for NEDS	14:55	Disc.	All
9.	Future Work Plan		Disc.	
10.	AOB		Disc.	
Date and time of next meeting: Thursday 8 May 2025, 10:00 – 11:30				

Appendix 2

Governor Quality Working Group Agenda

12th February 2025, 14:00 – 16:00

Virtual Meeting via Teams

Item		Time	Enc.	Presenter
1.	Welcome, introduction, apologies	14:00	Verbal	Chair
2.	Minutes of the Governor Quality Meeting held on 12th November 2024		Enc.	
3.	Action list and matters arising		Enc.	
4.	Review of the Trusts Integrated Performance Report	14:05	Enc.	Jason Lugg and Sarah Hudson
5.	Review of the Trusts Emergency Department reset week	14:30	Enc.	Fenella Maggs and Calum Macgregor
6.	Trust Ambulance Handover Protocols	14:45	Enc.	Fenella Maggs, Calum Macgregor and Sarah Hudson
7.	Progress against Quality priorities	14:55	Enc.	Jason Lugg
8.	Hospital at Night	15:15	Enc.	Anita West, Jason Lugg and Sarah Richards.
9.	Quality Governance Committee Governor observation report	15:30	Verbal	Kate Cozens
10.	Discussion with NEDs	15:40	Verbal	All
11.	AOB		Verbal	
Date and time of next meeting: Wednesday 14th May 2025, 13:00 – 15:00				

Appendix 3

Governor People Working Group

24 February 2025, 10:00 – 12:00

Virtual via Microsoft Teams

Agenda

Item	Subject	Time	Enc.	Presenter
	Welcome, Introduction and Apologies	10:00	Verbal	Chair
2.	Minutes of the People Working Group held on: 4 November 2024		Enc.	
3.	Action list and matters arising			
4.	People Programme Exceptions Report	10:05	Enc.	Matt Foxon
5.	People Strategy for 2025/26 Onwards	10:25	Verbal	Ben Padfield
6.	Leadership Framework	10:45	Verbal	Ben Padfield / Alfredo Thompson
7.	Staff Survey Results	11:05	Enc.	Ben Padfield
8.	People Committee Observation Report	11:25	Enc. / Verbal	Anna Beria / Kate Cozens
9.	Staff Governor Feedback	11:30	Verbal	Staff Governors
Closing Business				
10.	Questions for NEDs	11:50	Verbal	Chair
11.	Future work plan discussion		Enc.	All
12.	Any other business		Verbal	
Date and time of next meeting: 29 May 2025, 10:00 – 11:30 via Microsoft Teams				

Appendix 4: Governor People Working Group - Chairs Report

We met on Teams and the meeting was attended by:

- Craig Jones (Chair and Staff Governor),
- Matt Foxon (Deputy Chief People Officer),
- Hannah Morley (Non-Executive Director),
- Lauren McEwan (Corporate Governance Manager),
- Kate Cozens (Public Governor),
- Gary Chamberlain (Staff Governor),
- Sue Toland (Public Governor),
- Alfredo Thompson (Chief People Officer),
- Ben Padfield (Associate Director for Culture)

There was a previous action for the Deputy Chief People Officer to look into why some projects that were in progress were shaded grey on the previous meeting's papers – the Deputy Chief People Officer explained anything in grey was paused.

The Deputy Chief People Officer updated on the People Plan, including:

- a rework of the People Strategy. Money has been invested in Halo to help workflow management and an AI chatbot that can help with getting information on polices
- appointment has been made to allow progress of Restorative Just and Learning, (the learning from when something doesn't go to plan)
- Staff were surveyed on changing to a standardized leave year (to allow buying and selling of annual leave) – staff voted against this

The Chief People Officer updated on Staff Survey results:

- strategic aim is to get as many staff as possible to recommend the RUH as a place to work. This correlates to better patient care. This year there has been a decrease from 68% last year to 64%
- positives were in people feeling supported by their colleagues, a passion for the work, and learning and development opportunities
- Staff moral and wellbeing has decreased, attributed to removal of paid breaks and increased workload and lack of support from line managers, and excessive workload

The Associate Director of Culture spoke about the Leadership Framework. The aims are:

- To provide a RUH programme of leadership and management development
- A Core Leadership Programme, to empower and support our leaders to take us forward, relying on our Coaching capacity
- Leaders who can help resolve issues without the need to only escalate above the manager

Appendix 5

Governor Membership & Outreach Working Group Agenda

20th February 2025, 13:00 – 14:30

Virtual Meeting via Teams

Item	Subject	Enc.	Time	Presenter
1.	Welcome, Introduction, apologies.	Verbal	13:00	Chair
2.	Minutes of the Governor Membership and Outreach meeting held on 20th November 2024	Enc.		
3.	Action lists, matters arising	Enc.		
4.	RUH Community Magazine	Verbal.	13:05	Amy Feldman
5.	Governor social media	Verbal.	13:25	Amy Feldman
6.	Membership Strategy – Task and Finish Group update	Verbal.	13:40	Lauren McEwan / Ian Lafferty
7.	Annual Membership Demographic & Engagement Analysis	Enc.	13:55	Lauren McEwan
8.	**Governor Outreach Discussion** Some prompts for thought: • Proactively seek to form links with hard to reach and underrepresented groups in the constituencies. • Are we accessible enough, how are we hearing diverse voices and speaking to them? • Identify engagement initiatives utilised by other Trusts to ensure that new ideas are embraced and implemented. (Benchmarking) • Surveys, Plans, Ideas?	Disc.	14:10	All
9.	Review Quarterly Feedback	Enc.		All
10.	Questions for NEDS	Disc.		All
11.	AOB	Verbal		All
Date and time of next meeting: 19th May 2025, 13:00 – 14:30				