# Bundle Council of Governors 11 June 2025

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Royal United Hospitals Bath
NHS Foundation Trust

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

## Wednesday 11th June 2025, 14:40 – 16:40

## Venue: Room C, Education Centre (E7), Royal United Hospital, Combe Park, Bath, BA1 3NG

| No | Item | Presenter | Action | Time | Enc. |
|---|---|---|---|---|---|
| **Opening Business** | | | | | |
| 1. | Welcome, Introduction and Apologies: Craig Jones, Narinder Tegally, Deborah Wilson | Alison Ryan, Chair | - | 14:40 | - |
| 2. | Declarations of Interest | | To note | | - |
| 3. | Minutes of the Council of Governors Meeting held on 6th March 2025 | | For approval | | Enc. |
| 4. | Action List and Matters Arising | | For approval | | Enc. |
| 5. | Update from the Interim Managing Director | Andrew Hollowood, Interim Managing Director | For info | 14:50 | Verbal |
| 6. | NED Introduction | Joy Luxford, Non-Executive Director | For info | 15:20 | Verbal |
| 7. | Joint Chair Introduction | Liam Coleman, GWH Chair | For info | 15:30 | Verbal |
| **Governor Updates** | | | | | |
| 8. | Membership, Community Engagement and Development Strategy Task and Finish Group | Ian Lafferty, Public Governor | For info / disc. | 16:00 | Pres. |
| 9. | Lead Governor Report | Vivienne Harpwood, Lead Governor | To note | 16:20 | Verbal |
| 10. | Stakeholder Governor Feedback | All Stakeholder Governors | To note | 16:30 | Verbal |
| **Closing Business** | | | | | |
| 11. | Items for Future Work Plan / AOB | Alison Ryan, Chair | For disc. | 16:40 | Verbal |
| **Date of Next Meeting:** 11th September 2025, 10:00 – 12:00<br>**Venue:** To be confirmed | | | | | |

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
## Thursday 6th March 2025, 10:15 – 12:30
## Pavillion Function Room, Kingswood School Upper Playing Fields, Lansdown Road, Bath, BA1 9BH

**Present**:
Alison Ryan, Chair

| Public Governors | Staff Governors | Stakeholder Governors |
|---|---|---|
| Vic Pritchard | Craig Jones | Deborah Wilson |
| Di Benham | Gary Chamberlain | Alison Born |
| Nick Gamble | Narinder Tegally | |
| Viv Harpwood | | |
| Sue Toland | | |
| Kate Cozens | | |
| Ian Lafferty | | |

**In attendance:**
Andrew Hollowood, Interim Managing Director
Paul Fairhurst, Non-Executive Director
Antony Durbacz, Non-Executive Director
Simon Harrod, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Roxy Milbourne, Interim Head of Corporate Governance
Lauren McEwan, Corporate Governance Manager *(minute taker)*

**CG/25/03/01 Chair's welcome, introduction and apologies**
The Chair welcomed everyone to the meeting. Apologies had been received from Nigel Stevens, Paul Fox and Hannah Morley, Non-Executive Directors, and the following Governors:

| Public Governors | Stakeholder Governors |
|---|---|
| Paul Newman | Lucy Baker |
| Chris Norman | |
| Anne-Marie Walker | |

**CG/25/03/02 Declarations of Interest relevant to items on the agenda**
There were no declarations of interest raised.

**CG/25/03/03 Approval of the minutes of the Council of Governors meeting held in public on 10 December 2024**
The minutes of the meeting held on 10 December 2024 were approved as a true and accurate record of the meeting subject to the Corporate Governance Manager reformatting the document.

**Action: Corporate Governance Manager**

**CG/25/03/04 Action List and Matters Arising**

The action updates were agreed, and the items listed for closure were approved except for action CG270. The following actions were discussed in further detail:

**CG270 –** The Corporate Governance Manager advised that the Governors had not yet identified any deep dive topics for the working groups to take forward. The Council of Governors agreed that the action would remain open.

**CG271 –** The Chair shared an update on behalf of the Head of Communications who had confirmed that the Communication Team worked at both tactical and strategic level to identify what communications were needed during critical incidents and these were agreed with the Executive Team. The primary focus was on providing relevant and informative internal communications for staff, but the Trust also communicated with the public via social media and the website to highlight when the Trust was incredibly busy and to provide alternative options for healthcare. Despite this, the key message to the public was always that the Trust remained open and was seeing patients requiring urgent treatment.

The Communications Team responded to the media in a reactive way in that it provided a statement if asked by a journalist but did not invite media in to cover critical incidents. This was the standard practice across all acute Trusts in agreement with NHS England (NHSE) who had determined that it was not helpful to have continuous public commentary on operational pressures and internal critical incidents. As such, any media stories around other Trusts who had declared incidents would have been initiated by a journalist. The Trust favoured the NHSE “help us to help you” messaging to the public, particularly when experiencing operational pressures, and it also worked with the Integrated Care Board (ICB) Communications Team to share helpful messages to the public. It was acknowledged that there were risks and unintended consequences to consider in the Trust’s communications approach in that it was possible that patients could decide not to seek urgent care when needed.

The Interim Managing Director emphasised the need to remain open and calm to the public. He reported that during critical incidents, tactical and strategic meetings took place at least once a day and all communications came from the Executive Team. There were also multiple conversations with Wiltshire and Bristol around work that was taken from them.

Ian Lafferty asked if staff were bound by confidentiality. The Interim Managing Director explained that a Trust policy was in place to guide staff on what could be shared.

**CG/25/03/05 Joint Chair Appointment**

The Chair left the meeting for the duration of this item.

Sumita Hutchison presented the report and explained that the next step in the development of the Group model was to appoint a Joint Chair to support Group development and leadership. She reported that the post would be a single role across

the three organisations within the Group and was expected to create a number of benefits. There were 2 options for the process to recruit a Joint Chair. Option 1 was to proceed with an open external recruitment process and option 2 was to make an interim appointment ringfenced to the current Chairs of the 3 Trusts pending the completion of an external open recruitment process. The Council of Governors were asked to approve the Board of Directors recommendation to proceed with option 2, and to approve the establishment of a Joint Nominations Committee between the Council of Governors of the RUH, Great Western Hospitals (GWH) and Salisbury Foundation Trust (SFT). They were also asked to 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.

Craig Jones asked whether the same recommendations were being made to the Council of Governors at GWH and SFT. The Interim Head of Corporate Governance confirmed that the ask was the same and that it was possible that a decision would need to be made based on the majority if the 3 Trusts were not aligned.

Sue Toland noted that the Chair's term of office was coming to an end and asked what would happen if the GWH and SFT Chair's terms of office had also ended by the time that the recruitment took place. Sumita Hutchison confirmed that their terms of office extended beyond this initial period.

Viv Harpwood asked how long the fixed period would be before the Group went out to open recruitment. Ian Lafferty noted that the report indicated that this would be 6-8 months. Sumita Hutchison advised that the Board had discussed this at length and were recommending that the Interim Joint Chair was in post for 12-18 months in order to maintain continuity and stability for all Trusts and also provide flexibility due to the political turbulence with relation to the NHS. It was suggested that the recruitment process for a permanent Chair could then begin after 12 months to ensure there was adequate time to deliver on the early opportunities.

Di Benham asked what would happen to the Chair who did not become the Interim Joint Chair. Sumita Hutchison advised that this was not yet clear but reiterated that the ICB was recommending that an Interim Joint Chair was appointed. The Interim Head of Corporate Governance confirmed that the Interim Joint Chair would be chosen from one of the current incumbent Chair's and the remaining Chairs would leave their Trust.

Kate Cozens asked how quickly an Interim Joint Chair would be appointed if the Council was to proceed with option 2. Nick Gamble suggested that this could progress quite quickly if the GWH and SFT Council of Governors were supportive of option 2. The Interim Head of Corporate Governance stated that a Joint Nominations Committee would still need to be established to agree the recruitment, job description, and the appointment process that needed to be followed.

The Council of Governors approved the establishment of a Joint Nominations Committee between the RUH, GWH, and SFT. They supported the development of a job description and person specification for a Joint Chair and were in support of the

creation of a Joint Nominations Committee between the three hospitals. They also approved the Board's recommendation to proceed with option 2 with the caveat that there would be an initial interim appointment of 12-18 months prior to open recruitment.

**CG/25/03/06 CEO and MD Update Report**

The Interim Managing Director provided a summary of the report and highlighted that Amanda Pritchard, Chief Executive, NHSE would be stepping down from her role at the end of the financial year and Stephen Powis, National Medical Director, NHSE had also announced his decision to step down in the coming months. Work continued to develop the Group model and transitional funding had been received to identify a partner to work with the Group so that it could progress at pace. Work with Browne Jacobson was also ongoing to develop the Joint Committee Terms of Reference and recruitment to the 3 Managing Director positions was in progress with interviews due to be held in early April.

The 2024 NHS Staff Survey results were under embargo until 13th March and the team were working through these. The Electronic Patient Record (EPR) Programme continued to progress, and the Group was currently in the design phase. This was a big programme of work and there would be a testing and training phase before the RUH was due to go live in March 2026. NHSE had identified the governance structure around this as an exemplar and had replicated it against others.

Alison Born asked whether the shared EPR would include community services and expressed concern around the sharing of patient data. The Interim Managing Director explained that the programme did not include community services, but that information would be shared through the NHS app. This development would enable patients to own their own data.

Di Benham noted that there would be a period of downtime during the shared EPR go live. The Interim Managing Director confirmed that the Group would communicate with commissioners about the reduction of data during this period.

Anna Beria asked whether the implementation of the shared EPR was being managed internally. The Interim Managing Director explained that there were several external companies working with the Group around the shared EPR to ensure there was adequate resource to maintain the day-to-day functions of each Trust.

Paul Fairhurst asked whether the shared EPR presented an opportunity to enhance cyber security. The Interim Managing Director indicated that it provided an opportunity to reconsider cyber security and information technology overall, particularly in terms of how the Digital Team was structured, how coding was managed, and how the digital system was managed as a Group.

The Interim Managing Director reported that there had been a number of critical incidents during the winter period due to outbreaks of flu and norovirus and poor flow through the hospital. This had impacted 4-hour performance and ambulance handovers, and the Trust was working hard to improve non-criteria to reside (NCTR) and the percentage of handovers completed within 30 minutes. The Trust achieved a referral to

treatment performance of 60.2% in January and while there had been an overall reduction in treatment time, further improvement was required. Cancer performance was improving but diagnostics continued to fall below target and the Trust was working with its partners to rectify this. In terms of finance, the Trust had reforecast to a £9m deficit which would carry over into 2025/26 and this had been driven by non-pay and operating income budget overspends, clinical supplies and consumables, and pay.

There were a number of items to celebrate within the report, including the Trust's declaration of compliance with all 10 safety actions in the Maternity Incentive Scheme, the Maternity and Paediatric Research Teams who had just recruited their 1000th young participant to a major study, and a new fundraising campaign that had been launched by Bath Cancer Unit Support Group to support a new Trust Cancer Treatment Centre based in Frome. The Trust had also recently achieved a full compliance rating with the national Emergency Preparedness, Resilience, and Response 2024 Core Standards and had been awarded the Safe, Effective, Quality Occupational Health Service Accreditation.

Viv Harpwood asked whether the Trust was able to benchmark its operational performance data against other Trusts. The Interim Managing Director stated that the Trust was looking at benchmarking data nationally, particularly around length of stay and same day emergency care, but it had a good understanding of its position in other areas. The Chair asked Viv Harpwood to confirm what information the Governors would find useful so that the Membership Team could share this.

**Action: Lead Governor**

Kate Cozens asked whether there was any incentive for the Maternity Incentive Scheme (MIS), other than reputational excellence. The Chair confirmed that (MIS) was a financial incentive program designed to enhance maternity safety within NHS Trusts. It rewarded Trusts with reduced insurance premiums that could demonstrate they had implemented a set of core safety actions, ultimately aiming to improve the quality of care for women, families and newborns.

Anna Beria asked if the increase in National Insurance applied to the Trust. The Chair confirmed that this did not apply to the organisation.

The Council of Governors noted the update.

**CG/25/03/07 NED Presentation**

Paul Fairhurst provided an overview of his career including his 25-year commercial career, his work for the Jubilee Sailing Trust, and his role as a charity trustee for Designability and Back Up. He talked about his lived experience as someone with a spinal cord injury and hearing loss and shared the lessons that he had learned as a Non-Executive Director, as well as the key assurance issues that he had identified.

Anna Beria asked whether the Non-Executive Director position took more than 2-3 days per month. Paul Fairhurst confirmed that the role required a bigger time commitment but

explained that this was the same in any hospital. He acknowledged that the time commitment was increasing due to the development of the Group model.

The Council of Governors noted the presentation.

**CG/25/03/08 2025/26 Trust Strategic Plans and A3s**

The Interim Managing Director provided an update on the business planning process for 2025/26 and progress to date. He summarised the national expectations and reported that the scale of the challenge for 2025/26 was substantial given the position of national finances and ongoing recovery, both financially and operationally post covid. Some of the areas that needed to be considered included NCTR which needed to be reduced by half, and the You Matter Strategy in terms of the impact of decision making on staff. The Trust's full submission deadline was 19th March 2025, and the full system submission deadline was 27th March 2025.

The Council of Governors received a summary of Trust achievements in 2024/25, and the Interim Managing Director shared the Group Strategic Planning Framework vision and reported that key metrics had been identified to enable this, including corporate projects and longer-term strategic initiatives. He provided an overview of the Trust Priorities for 2025/26 including the breakthrough objectives.

Gary Chamberlain sought assurance on planning for the future as the workforce began to age. The Interim Managing Director stated that the local population was ageing at a greater rate than anywhere else. He confirmed that the Chief People Officer did track the age of staff and there was an option for staff to retire and return. The Trust had one of the highest retention rates in the country and this was a significant achievement. The Chair also added that she was meeting with the Council and education sector to look at recruitment and how to get people into work via apprenticeships.

Alison Born asked what percentage of the budget the savings plan was. The Interim Managing Director confirmed that it was 6%. The Chair added that the Group model was an opportunity to reduce duplication and create efficiencies to ensure that the 3 Trusts were more cost effective.

Kate Cozens noted that a 2% increase in demand was predicted and asked when this was likely to occur. The Chair indicated that the increase in demand was likely to impact the Trust soon, and there were already areas where this had occurred. The Trust would be monitoring this and would be focusing on admission avoidance.

Anna Beria asked how the Trust planned to achieve the required pay bill reduction. The Interim Managing Director advised that work around this was ongoing but explained that part of this would be delivered through the reduction of NCTR as the Trust would not need to manage this by opening additional areas. There were currently only 5 members of agency staff at the Trust, and this was also being reviewed.

The Council of Governors noted the report.

**CG/25/03/09 Report from Joint Board of Directors and Council of Governors Strategic Planning Away Day**

The Corporate Governance Manager provided a summary of the outputs from the Joint Board of Directors and Council of Governors Strategic Planning Away Day in December 2024. The report summarised feedback from the session, indicated how it had been incorporated into the Trust's strategic planning for 2025/26, and listed areas to be taken forward through the Governor working groups.

The Council of Governors noted the report.

**CG/25/03/10 NED Update on Questions from Governors**

The Chair advised that 2 questions had been raised by Sue Toland in advance of the meeting. The first was around digital exclusion and how confident the Non-Executive Directors were that the Trust was sufficiently supporting communication with those who were not able to use the internet. The second was around keeping patients informed of waiting times and the Non-Executive Directors were asked whether they were supportive of accurate waiting times being made available on the Trust website and via its telephone service.

**Digital Exclusion**

Sumita Hutchison advised that the Trust used multiple means of communication including the telephone and post. She acknowledged that there was a risk that some people would struggle to communicate digitally and provided assurance that a hybrid model would be used where there were any developments regarding digital communications.

Sue Toland shared her concern that people who were not able to communicate digitally would not know how to ask for communication via telephone or post.

**Waiting Times**

The Interim Managing Director stated that there were different waiting times for different specialities and acknowledged that this significantly impacted patient experience. He advised that waiting times changed continuously, particularly within outpatients, and they were approximate rather than specific to individuals.

Sue Toland stated that she had received a letter to say that she could ring for an appointment as she had waited for so long. When she called the number provided, she was informed that the waiting time was double the length shown on the Trust website. The Chair advised that it was important for Governors to feed this information back so that it could be shared with the Patient Experience Team. Paul Fairhurst commented that communication was crucial and was a consistent theme through all patient experience issues.

**CG/25/03/11 Governor Working Group Updates**

**Strategy and Business Planning Working Group**

Di Benham reported that the working group had held a face-to-face meeting in the Trust Engine Room which contained a visual representation of the Trust's strategy and consisted of 4 walls: performance, project, vision, and strategic initiatives. They had received an overview of each of the walls and it had been valuable to understand each board and how they were used in action. The working group also received an update on the strategy, including a description of the challenges around the 2025/26 planning guidance which would require the Trust to think creatively in terms of eliminating inefficiencies. Finally, the group had discussed the shared EPR which was due to go live at the Trust in March 2026. This was a major project and significant preparation was required, particularly in terms of the downtime that was required during go live.

**Quality Working Group**
Kate Cozens reported that the working group received an overview of the Emergency Department deep dive that had been done and would receive a further update around the mapping exercise that was being undertaken. They had also received interesting presentations on the Trust's ambulance handover protocols and the hospital at night. He took the opportunity to thank the Membership Team for their support.

**Membership and Outreach Working Group**
Anna Beria advised that she was co-Chair of the working group with Ian Lafferty. She reported that the working group was in the process of re-writing the Membership, Community Engagement and Development Strategy with the support of the Head of Strategic Projects. The aim was to create a strategy that was specific, measurable, attainable, relevant, and timely (SMART). The working group also discussed the Trust community magazine and were informed that while it was not possible to return to providing a printed edition, a digital newsletter was in concept. Parish and community newsletters were currently being used to share information about the Trust and the Governors were encouraged to attend community meetings that were already established rather than rely solely on constituency meetings as these could be costly. There had been a discussion around social media as a way to boost the Governor profile, but not all Governors had agreed with this, and it was felt that the Council would need to take this forward collectively.

**People Working Group**
The working group noted the report.

**CG/25/03/12 Lead Governor Report**
Viv Harpwood reported that 8 Governors would come to the end of their term on 31st October 2025 which meant that there would be a period of change and instability. She also announced that Anne-Marie Walker was planning to step down from her role as Governor for Rest of England and Wales. The training day with NHS Providers was discussed at the most recent Informal Governors meeting and there was also a demonstration of the Governor SharePoint page. Only 5 Governors were in attendance, and it was suggested that a further training session on SharePoint was arranged. The Corporate Governance Manager stated that she would provide another training session and some documentation to go alongside this.

**Action: Corporate Governance Manager**

Di Benham said that when she had accessed the SharePoint site, she had been able to edit the page. The Corporate Governance Manager thanked Di Benham for this information and confirmed that she would review the permissions.

**Action: Corporate Governance Manager**

The Council of Governors noted the report.

**CG/25/03/13 Stakeholder Governor Feedback**

Alison Born reported that the Council continued to work constructively with the Trust, particularly around the flow of patients, and 10 fewer NCTR patients had been recorded in February 2025 than in February 2024. The Chair added that the relationship had really flourished over the last 24 months.

Vic Pritchard reflected on how much B&NES Council had achieved and asked whether they could explore working more closely with Wiltshire. Alison Born stated that the Council did share information with Wiltshire.

Deborah Wilson reported that the Vice Chancellor and colleagues from the University of Bath had visited the Trust in February. The visit had been hosted by Richard Graham, Director of Research and Innovation and they had met with the Interim Managing Director and other Trust colleagues to discuss how they could continue to collaborate across a range of research and other activities. The University of Bath was also in discussion with B&NES Council and other anchor and commercial organisations around the development of a new Bath Riverside Innovation Quarter.

The Council of Governors noted the update.

**CG/25/03/14 Items for Future Work Plan**

The Chair noted that the Council required further information on the following items:

- Addressing Digital Exclusion.
- Benchmarking of Performance Metrics.

She reminded the Council of Governors about the importance of behaving with kindness and civility towards all members of staff and colleagues. She informed them that Peter Dixon, Membership and Governance Administrator had now left the organisation, and The Corporate Governance Manager would be leaving at the end of March.

**CG/26/03/15 Any Other Business**

The Council of Governors confirmed that they had extended Alison Ryan's term of office as Chair for a further 3 months from 1st April 2025 to 30 June 2025.

*The meeting closed at: 13:00*

**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 6th March 2025

| 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**<br>Council of Governors to redevelop the Membership, Engagement and Development Strategy at the next Membership and Outreach Working Group meeting.<br><br>***Update from March 2025***<br>A Task and Finish Group has been established and has met. It has been agreed that the strategy will be brought to the Membership and Outreach Working Group in May for approval, before being presented to the Council of Governors in June for ratification. | **CG24/09/12** | Sept 2024 | June 2025 | Ian Lafferty will be presenting an update at the June Council of Governor meeting. **To close**. | Council of Governors |
| CG270 | **Council of Governors Effectiveness Self-Evaluation Results**<br>The Governors to inform the Corporate Governance Manager the deep dive topics which they would like to discuss at Februarys Working Group meetings<br><br>***Update from March 2025***<br>The Governors had not yet identified any deep dive topics for the working groups to take | **CG/24/12/11** | Dec 2024 | June 2025 | The Quality Working Group have suggested topics that they would like to look at as part of their workplan. The work plan has been updated. Governors to advise the Membership Office of | Council of Governors |

| Action No | Details | Agenda Item Number | First Raised | Action by | Progress Update & Status | Lead |
|---|---|---|---|---|---|---|
| | forward. The Council of Governors agreed that the action would remain open. | | | | ideas as they arise. **To Close.** | |
| CG274 | **Approval of the minutes of the Council of Governors meeting held in public on 10 December 2024**<br>Corporate Governance Manager to reformat the minutes from the previous meeting. | **CG/25/03/03** | March 2025 | June 2025 | Complete. Minutes from the previous meeting reviewed and formatting updated. **To close** | Corporate Governance Manager |
| CG275 | **CEO and MD Update Report**<br>Lead Governor to confirm what operational performance benchmarking data the Governors would find useful so that the Membership Team can share this. | **CG/25/03/06** | March 2025 | June 2025 | No suggestions put forward. **To close** | Lead Governor |
| CG276 | **Lead Governor Report**<br>Corporate Governance Manager to arrange a further SharePoint training session for Governors and to provide some documentation to go alongside this. | **CG/25/03/12** | March 2025 | June 2025 | Question - Are Governors using the SharePoint, would it be helpful to provide another training session? Open | Corporate Governance Manager |
| CG277 | **Lead Governor Report**<br>Corporate Governance Manager to review the permissions on the Governor SharePoint site to ensure that Governors could not edit the page. | **CG/25/03/12** | March 2025 | June 2025 | Permissions reviewed and updated. **To close** | Corporate Governance Manager |

Royal United Hospitals Bath
NHS Foundation Trust

# Membership, Community Engagement and Development Strategy

## Task and Finish Group

June 2025


**The RUH, where you matter**

# Why are we here?

Committed to maintaining, growing and engaging with our membership in line with statutory duties

Desire to have a clear and meaningful longer-term strategy for delivering this commitment

The Governors Membership and Outreach Working Group has established this task and finish group to develop a strategy that includes the following:

- Overall key **objectives** and initiatives for engagement, aligned to Trust's You Matter Strategy
- Rooted in the **why** as well as the **what**
- Steps/actions required to **deliver** plans
- Focus on **impact** and **benefits**
- Clarity on **measures** that will track progress against objectives
- Consideration of the **constraints** and how these might be managed to ensure Governors can effectively represent people in their constituency

**The RUH, where you matter**

# Structure

Task and Finish Group

Strategic Vision / Purpose

Key Goals and Objectives

Success Measures

Membership and Outreach Working Group

Routes to Engagement

Set out in the strategy where these will be taken forward by the Membership Team with oversight from the Membership and Outreach Working Group to agree an implementation plan

# Assumptions

- Membership strategy purpose to ensure systems and processes are in place to establish, maintain and develop an active membership with **governors supported to represent the views of the wider public**.
- Whilst members of the public include everyone (staff, patients, community, constituents), the RUH Membership is specific in that they are groups we can readily engage with to gain external views and input.
- The existing strategy is similar in content to the GWH and SFT strategies and is along the right lines. It will need to be updated and refreshed but there is a lot of good content to retain.
- Aware that the new Group Model is evolving. This strategy is applicable to RUH Foundation Trust's current reach.
- Aware that current Government initiatives and  remodelling of Health and Social care may impact on current form and format of Membership and Governance requirements. This strategy assumes status quo.
- The process for setting/agreeing and reviewing actions is an iterative one.



# Strategic Membership Model

# 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)

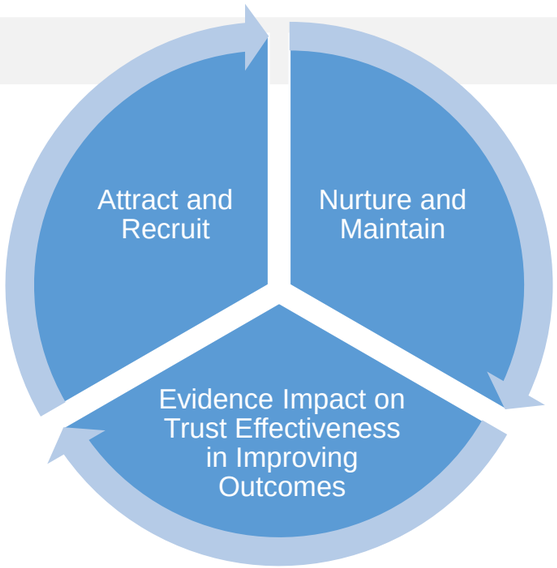
- *Providing safe and effective care*
- *Right care, right time, right place*
- *Improve the experience of those who use our services*
- Recommending RUH as a place to work
- Fair career progression and development
- Reducing discrimination from managers, colleagues and others
- Deliver a sustainable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

## Membership Community and Outreach Strategy

## Strategy Vision

"To develop a diverse and representative membership which will inform the Trust's governance and services to reflect the changing and developing needs of our local population"

## Strategic Membership Model



# Strategic Objectives

Royal United Hospitals Bath NHS Foundation Trust

## The people we care for

### Quality and Performance

- Improve the quality of interaction, communication, and engagement with members.
- Ensure members' views are sought on needs for service development.

## The people we work with

### Impact enablers

- Develop infrastructure and processes for efficient and effective dialogue between the Trust and its members.

## The people in our community

### Membership and General Public

- Develop a membership that reflects the diversity of the communities the Trust serves.

## Key Outcomes

- Engaged and supportive increasing membership representative of the demographics of our Community.
- Informed members who understand the Trust's direction of travel.
- Evidence of Membership participation in contributing to Trust's strategy and service provision priorities.
- Strong Membership support for Governors in their role both of representation and holding NEDs to account.

# 12 – 18 Month “Breakthrough” Goals

- Achieve  growth in Public Membership age groupings 30 - 59.
- Achieve growth in Public Membership Ethnicity defined by index figure as  significantly underrepresented.
- Achieve improved frequency of communication to individual Members.
- Achieve consistent communication to General Public and Membership on relevant Health matters.
- Achieve greater participation and pro-active communication from Membership to elected Governors.

# Key Actions

The latest available analysis of the public membership age demographics suggests that our membership is considerably underrepresented in the three age groupings 30-39, 40-49, and 50-59, with all three groups having significant negative index numbers ranging from **69-87**, where the database provider has advised that a positive index of between **80-100** equals a good representation. Similarly, in the same report the analysis of breakdown of membership ethnicity shows a number of groups where public membership is significantly underrepresented.

**Action:**

Implement a membership recruitment plan which will increase new membership to the three target age ranges, and to attempt to increase membership in underrepresented ethnic groups.

Detailed within the latest available report on public membership demographics is confirmation that when joining as members a total of 8570 responses were received to indicate that “keeping in touch” was a factor in deciding to become a member. Similarly, 2640 individual responses indicated a desire to “get involved”.

During 2024 a total of xxx items of communication were sent to individual members. These comprised xxx in respect of invitations to the AGM, xxx advising dates for public meetings and xxx general news items of health interest.

**Action:**

Increase the frequency of relevant communication to individual members to recognise and benefit from the willingness Members’ responses indicates

A key driver in the membership decision is the implied commitment that members’ views on Trust performance and strategic direction will be actively encouraged. Currently it is questionable whether evidence to support this exists.

**Action:**

Initiate and facilitate processes to both encourage and welcome members views, both through the frequency of unsolicited members’ communication direct with the Membership Office (2024 xxx contacts made), through specific questions formally directed to Governors, either in person or routed through the Membership Office (2024 xxx), and from members’ questions at Public Trust Meetings.

### Quality and Performance

- Improve the quality of interaction, communication, and engagement with members.
- Ensure members' views are sought on needs for service development.

### Impact enablers

- Develop infrastructure and processes for efficient and effective dialogue between the Trust and its members.

### Membership and General Public

- Develop a membership that reflects the diversity of the communities the Trust serves.

## Measures of Success

- Increase in historic "baseline" numbers of member specific communications.
- Evidence of pro-active activity to illicit membership views.
- Governor and member feedback on relevance of messaging to inform on health outcomes.
- Regular and relevant local/community communication.

- Evidence that Trust's strategic decision -making process and practice includes opportunity for membership views.
- Increase from current baseline in frequency of Governor questions to NEDs.

- Positive progress from current baseline membership demographics in age, ethnicity and gender to more closely reflect that of the Trust's community.

# Routes to Engagement

- Attendance at Public Meetings
- Consultations and Surveys
- Communication Channels
- Engagement Events
- Governor Interaction
- Youth Membership Opportunities
- Simplified Membership Process
- Website Updates
- Recruitment Material
- Membership Database
- Dynamic Levels of Membership
- Members’ Focus Groups
- Membership Benefits
- Membership Profile Monitoring
- Constituency Meetings
- Governor Profiles
- Governor Access
- Newsletters
- AGM

# Next Steps

I keep **six honest serving men** (They taught me all I knew); Their names are What and Why and When and How and Where and Who.

Rudyard Kipling

How? Who?