Bundle Council of Governors 15 December 2025

Royal United Hospitals Bath
NHS Foundation Trust

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

Monday 15th December 2025, 14:00 – 17:00

Venue: Microsoft Teams

No	Item	Presenter	Action	Time	Enc.
Informal Governor Welcome, Introductions, and Refreshments: 14:00 – 15:00					
Opening Business					
1.	Welcome, Introduction and Apologies:	Liam Coleman, Interim Chair	-	15:00	-
2.	Declarations of Interest		To note		-
3.	Minutes of the Council of Governors Meeting held on 11th September 2025		For approval		Enc.
4.	Action List and Matters Arising		For approval		Enc.
Local Care Organisation Update					
5.	Update from the Chief Executive and Managing Director • Group Update • Winter Planning • Operational Performance • Financial Position	Cara Charles-Barks, Chief Executive / John Palmer, Managing Director	For info	15:05	Enc.
6.	RUH Strategic and Business Plan Update	Rhi Hills, Director of Transformation	For info	16:00	Enc.
Governance					
7.	NED Feedback including Governor Log of Assurance Questions	All	For disc.	16:20	Enc./ Verbal
8.	Election Results	Roxy Milbourne, Interim Head of Corporate Governance	For info	16:30	Enc.
9.	Annual Declarations of Interest	Roxy Milbourne, Interim Head of Corporate Governance	For info	16:35	Enc.
10.	Appointment of Lead and Deputy Lead Governor	Roxy Milbourne, Interim Head of Corporate Governance	For approval	16:40	Enc.
11.	Working Group Proposal	Roxy Milbourne, Interim Head of Corporate Governance	For disc.	16:45	Enc.
Governor Updates					
12.	Stakeholder Governor Feedback	All Stakeholder Governors	To note	16:50	Verbal
Closing Business					

13.	Items for Future Work Plan / AOB	Liam Coleman, Interim Chair	For disc.	16:55	Verbal
Date of Next Meeting: 9th March 2026, 14:00 – 17:00 **Venue:** Room C, Education Centre (E7), RUH					

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
Monday 8th September 2025, 10:00 – 12:00
Room C, Education Centre, RUH, BA1 3NG

Present:
Liam Coleman, Interim Chair

Public Governors	Staff Governors	Stakeholder Governors
Anne- Marie Walker	Craig Jones	Deborah Wilson
Paul Newman		
Viv Harpwood		
Sue Toland		
Vic Pritchard		
Kate Cozens		

In attendance:
Roxy Milbourne, Interim Head of Corporate Governance
Michelle Hopton, Director, Deloitte *(item 5)*
Bernie Bluhm, Acting Chief Operating Officer
Cara Charles-Barks, Chief Executive
Sumita Hutchison, Interim Vice-Chair
Paul Fairhurst, Non-Executive Director
Simon Harrod, Non-Executive Director
Joy Luxford, Non-Executive Director
Abby Strange, Corporate Governance Manager *(minute taker)*

CG/25/09/01 Chair's welcome, introduction and apologies
The Chair welcomed everyone to the meeting. Apologies had been received from John Palmer, Managing Director, Hannah Morley and Antony Durbacz, Non-Executive Directors, and the following Governors:

Public Governors	Staff Governors	Stakeholder Governors
Di Benham	Gary Chamberlain	Alison Born
Nick Gamble	Narinder Tegally	Lucy Baker
Anna Beria	Craig Sanders	
Ian Lafferty		
Chris Norman		

The Council of Governors noted that the meeting was not quorate as only one Staff Governor was in attendance. There were no items for decision on the agenda with the exception of the amended constitution. The Council of Governors agreed to proceed with the meeting on the basis that this would be circulated to the Staff Governors for approval following the meeting.

CG/25/09/02 Declarations of Interest relevant to items on the agenda
There were no declarations of interest raised.

CG/25/09/03 Approval of the minutes of the Council of Governors meeting held in public on 11th June 2025

The minutes of the meeting held on 11th June 2025 were approved as a true and accurate record of the meeting.

CG/25/09/04 Action List and Matters Arising

There were no actions listed for closure. The following actions were discussed:

CG276 – The Interim Head of Corporate Governance asked the Governors whether they wanted to continue utilising SharePoint. The Council of Governors confirmed that they did. The Chief Executive suggested that the IT Team could potentially provide a manual to support Governor utilisation of SharePoint.

CG278 – The Interim Head of Corporate Governance confirmed that she would follow up on this action with the Communications Team.

CG/25/09/05 Presentation of the External Audit Letter

The Chair welcomed Michelle Hopton, Director, Deloitte to the meeting who summarised the annual External Audit Letter. She reported that Deloitte had 3 key areas of responsibility under the Audit Code: financial statements, Annual Report, and value for money. It was highlighted that there was a clean unmodified audit opinion excluding the significant weakness identified around financial sustainability. Several control recommendations had also been made, and good responses were provided to these by management. There would be some reflection on the lessons learned through the audit process and learning would be brought into the audit plan going forward.

The Council of Governors sought clarity on the management of the deficit position given that transformation was likely to require investment. They shared their concerns around the impact of the financial position on staff morale and patient care. The Chief Executive advised that there were opportunities to make savings across the Group by reducing duplication in corporate services. National digital investment would also be sought to reduce reliance on people and opportunities to work with commercial partners would be explored. The Trust was focused on being open and transparent with staff, particularly around redundancies, and every effort was being made to protect the delivery of clinical services. Going forward, there was a need to consider how to work differently with partner organisations to identify better ways of delivering care.

The Council of Governors asked whether the Trust received support from its community partners. The Chief Executive explained that HCRG Care Group had been the primary community provider since April 2025 and had a clear transformation strategy. There had been no significant traction to date and plans were in place to meet with the national team to understand the milestones for delivery to support the Trust's recovery.

The Council of Governors discussed the need to accelerate the aspiration to better share information between different organisations. It was confirmed that the Joint Electronic Patient Record (EPR) would resolve issues around sharing information

between the 3 acute hospitals within the Group. This would be delivered within the next 2 years and would put the Group in a better position to improve communication with primary care and across Integrated Care Board (ICB) borders. The NHS app was also due to be developed to aid this.

The Council of Governors noted the report.

CG/25/09/06 Operational Performance Recovery

The Acting Chief Operating Officer provided an overview of operational performance across Urgent and Emergency Care (UEC), cancer, diagnostics, and Referral to Treatment (RTT) in July and August. She outlined the risks to recovery in each area and provided a summary of the actions and mitigations being taken to address the key risks and issues.

The Council of Governors had an in depth discussion around demand management in the community, the availability of senior decision making staff in the Emergency Department (ED), and the impact of winter pressures. They were informed that in terms of community demand management, the acuity of the patients presenting at the Trust did not suggest a challenge around appropriate use of services. Despite this, practitioners were encouraged to educate patients around the appropriate use of services and robust governance processes were being developed to support practitioners to make decisions around this. Modelling work was ongoing to determine what resource was needed to manage demand and flow and this would inform the availability of senior decision makers. It was acknowledged that there was currently a gap, particularly overnight, and the ED Team were developing a plan around what was required. There would be no additional funding to manage the impact of winter pressures in 25/26, but a creative plan had been developed with a focus on working with community partners to create capacity.

The Council of Governors noted that while there had been an improved performance in July, this had not been sustained in August. The Acting Chief Operating Officer explained that there had been an unexpected level of demand in August which had led to overcrowding in ED. This meant that ED had not had the capacity to function well and it had been challenging for staff to continue to follow the basic processes that had improved performance in July. There was learning from a system perspective around better planning for the impact of severe heat and it had been identified that the level of demand for majors was exceeding what the Trust could cope with. While the drop in performance had been frustrating, the ED Team were developing ideas to better manage demand going forward and the department was in a much better position than it had been a few months ago.

The Council of Governors discussed the need to be able to deliver mutual aid and work differently across the Group. They sought clarity on how much coordination there was with the South Western Ambulance Service NHS Foundation Trust (SWAST) to divert patients when the Trust was under pressure. It was confirmed that this was being explored with SWAST to understand whether the allocation system was working as well as it could given the level of pressure that the Trust was under.

The Council of Governors acknowledged the impact of high bed occupancy at the Trust and noted that Non-Criteria to Reside (NCTR) numbers were heavily dependent on system partners. They were informed that there were a significant number of delays in Wiltshire, and a greater pace of recovery and change was needed from community partners. Work was ongoing around the top 10 care homes that accessed the Trust's services to understand what more could be done to offer advice and guidance to reduce their reliance on ambulance services and ED.

The Council of Governors was keen to understand the criteria for the new National Oversight Framework (NOF). The Chief Executive confirmed that this would be shared with the Governors once it was available and explained that the framework was a new way of assessing all Trusts. The Trust had initially been rated 31 out of 134 nationally but had moved to 122 as a result of its tiering position. It was likely that this would be reported in the media, and it was confirmed that 4 programmes of work were ongoing to recover the financial and operational performance positions.

Action: Chief Executive

The Council of Governors sought clarity on how often tiering was reviewed and when the Trust was likely to move out of tier 1. The Acting Chief Operating Officer confirmed that the national team reviewed tier 1 Trusts on a weekly basis and the formal exiting process relied on the credibility and robustness of plans in delivering the agreed trajectories. It would take time to move out of tier 1 and the first indicator to do so was likely to be cancer, with UEC being the most challenging. The Chief Executive Officer added that the Trust needed to stabilise its position, particularly around UEC, before beginning to deliver incremental improvements.

The Council of Governors noted the update.

CG/25/09/07 Update from the Chief Executive and Managing Director

The Chief Executive summarised the report and explained that the Trust was in the process of completing its provider capability self-assessment. She highlighted that the National Maternity Investigation was due to commence and that she had been put forward for consideration for the associated Maternity Taskforce to design and develop a framework for safe, high quality care. The Group continued to develop, and the new leadership structure would be presented at the Group Councils of Governors meeting on 1st October. A roadmap was being created, and the development of the Group risk approach and assurance arrangements would form an important part of this.

The Council of Governors noted the report.

CG/25/09/08 NED Feedback

Joy Luxford reflected on her first 4 months in post and indicated that she had been focusing on processes and assurance around external and internal audit, financial sustainability, monitoring and delivery of the annual and recovery plan, robustness of Standard Operating Procedures and delivery of safety and quality. She observed that the demand for services was putting significant pressure on operational performance

and there was an increasing need to deliver solutions within a constrained financial envelope. The Acting Chief Operating Officer would continue to have a significant impact on performance by increasing the organisation's focus on Improving Together and moving the trajectories back towards the submitted plan for the year.

The Council of Governors sought clarity on the consequence of not delivering the Trust's annual savings target. It was confirmed that the organisation had put forward an improvement plan and recovery plan with associated risks. If the Trust did not deliver an acceptable level of savings NHS England would impose a greater level of control and the organisation would no longer be able to make its own decisions. The Trust was working hard to deliver the savings target and there was a focus on quantifying and bringing savings forward at pace. The Group and the ICB were supporting the organisation with live conversations taking place around sharing risks and holding opportunities.

The Council of Governors noted the update.

CG/25/09/09 Governor Log of Assurance Questions

The Council of Governors noted the report and agreed to close assurance questions JUNE25A and JUNE25B.

CG/25/09/10 Constitution Approval

The Interim Head of Corporate Governance presented the amended Trust Constitution for approval and summarised the changes that had been made since the Council last approved it in September 2024. She explained that there had been a delay between the Council's approval of the Constitution and it being presented to the Board of Directors for approval, and in this time, additional amendments had been made.

The Council of Governors approved the proposed amendments to the Trust Constitution subject to this being circulated to the Staff Governors for approval.

Action: Interim Head of Corporate Governance

CG/25/09/11 Working Group Proposal

The Interim Head of Corporate Governance indicated that the Council had previously agreed that there were too many working groups and a solution needed to be identified to redistribute the workload. A proposal had not been progressed by the Corporate Governance Specialist and that this would need to be picked up before the next Council of Governors meeting.

The Chief Executive recommended that a discussion took place with Simon Hackwell around wider governance and how Governors would be part of this to identify which working groups were needed. It was suggested that the BSW Hospitals Group Councils of Governors meeting on 1st October would help also help to develop this further.

The Council of Governors noted the update.

CG/25/09/12 Election Update and Timeline

The Interim Head of Corporate Governance briefed the Council of Governors on the upcoming elections. She reported that the nominations stage was due to run from 8th to 23rd September and the voting stage would run from 13th to 31st October, with results due to be announced on 3rd November. She listed the seats that were open for election and advised that Rest of England and Wales had been included in the report in error.

The Chair acknowledged that it would potentially be some of the Governors last Council meeting and thanked them for their contribution, energy and commitment.

The Council of Governors noted the report.

CG/25/09/13 Lead Governor Report

Viv Harpwood presented her report and highlighted the need to elect a new Lead and Deputy Lead Governor as neither she nor Nick Gamble were standing for re-election. She thanked the Council for their support during her time as Lead Governor.
She reflected on the value of the Group Councils of Governors meetings and reiterated the need for Governors to step away from operational matters and detail scrutiny. Clarity was needed in terms of the future of the Governor role, and a question had been submitted to the Board of Directors around this. A comprehensive response had been received, and further detail would be shared with the Council as it became available. It was noted that the Annual General Meeting (AGM) was fast approaching and the event details needed to be shared with members.

The Council of Governors was concerned about the accessibility and value of the AGM now that it was due to be held virtually. The Interim Head of Corporate Governance explained that the Trust had originally planned to hold the AGM at the Apex Hotel but that this was now taking place virtually to save money. An invitation would be sent to members within the next week, and a recording would be made available online after the event.

The Council of Governors discussed their ongoing need for clarity around the future of the Governor role and the changes that were likely to be made in response to the 10 Year Plan. The Chief Executive confirmed that she was due to attend a meeting around the 10 Year Plan on 16th September which would provide further insight. She invited the Governors to share the areas they wanted to explore ahead of the BSW Hospitals Group Councils of Governors Meeting on 1st October 2025 to help shape the agenda. Viv Harpwood agreed to email the Chief Executive on behalf of the Council of Governors.

Action: Viv Harpwood, Public Governor

The Interim Head of Corporate Governance asked whether any Governors would be attending the Trust Community Day. It was confirmed that Viv Harpwood and Vic Pritchard would be attending.

The Council of Governors noted the updated and thanked Viv Harpwood for all she had done during her time as Lead Governor.

CG/25/09/14 Stakeholder Governor Feedback

Deborah Wilson reported that she was working closely with the Chief Strategic Officer and Director of Research and Innovation to reword the Memorandum of Understanding to cover work around joint research and to ensure that the University of Bath could continue to work effectively with the Group. The University was investing in 2 roles to support this work, and a meeting was also due to take place in the next week with a focus on addressing issues around inequalities of access.

The Chief Executive and Interim Chair were keen to meet with the Senior Team at the University of Bath to develop a strategy around the commercial and innovation opportunities. Deborah Wilson confirmed that she would arrange a meeting with the Executive Director of Innovation.

Action: Deborah Wilson, Stakeholder Governor

CG/25/09/15 Any Other Business

Kate Cozens provided an update on the progress of the Group Council of Governors Nomination and Remuneration Committee to appoint the substantive Group Chair.

The meeting closed at: 12:10

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 8th September 2025

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
CG276	**Lead Governor Report** Corporate Governance Manager to arrange a further SharePoint training session for Governors and to provide some documentation to go alongside this. ***Update from June 2025*** Governors were asked whether they were utilising SharePoint, and whether it would be helpful to provide another training session. They confirmed that they would welcome a written operational manual, and the Interim Head of Corporate Governance confirmed that the Corporate Governance Specialist would be asked to look into this.	**CG/25/03/12**	March 2025	Dec 2025	The SharePoint area has been under utilised during the past year with limited activity. As Governors will be aware following the workshop on 2nd December future ways of working across the 3 Trusts will be explored. **To close**	Corporate Governance Specialist
CG278	**Update from the Interim Managing Director** Corporate Governance Specialist and Communications Team to confirm whether the Trust magazine was being restarted, whether online or in print, and whether Governors could share the 'RUH in the News' updates with members. ***Update from September 2025***	**CG/25/06/05**	June 2025	Dec 2025	The online magazine is in the final stages of development before being shared with members. RUH in the News is a publication that is shared with a small audience and is not	Corporate Governance Specialist / Communications Team

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
	The Communications Team was in the process of formulating a response. The Interim Head of Corporate Governance agreed to follow up on this.				intended for onward circulation. If the Governors would like to share news with members, it is recommended that they do so via the RUH website, where all external news is published about the Trust. **To close**	
CG279	**Operational Performance Recovery** Chief Executive to share the National Oversight Framework criteria with the Council of Governors once it was available.	**CG/25/09/06**	Sept 2025	Dec 2025	The NHS Oversight Framework is available online here: https://www.england.nhs.uk/nhs-oversight-framework/. **To close**	Chief Executive
CG280	**Constitution Approval** Interim Head of Corporate Governance to circulate the amended Trust Constitution to the Staff Governors for approval.	**CG/25/09/10**	Sept 2025	Dec 2025	Staff Governors approved the Constitution following the meeting and this is now published on the Trust website. **To close**	Interim Head of Corporate Governance
CG281	**Lead Governor Report** Viv Harpwood to email areas that the Governors wanted to explore to the Chief Executive ahead of the BSW Hospitals Group	**CG/25/09/13**	Sept 2025	Dec 2025	Complete. **To close**	Viv Harpwood, Public Governor

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
	Councils of Governors Meeting on 1st October 2025.					
CG282	**Stakeholder Governor Feedback** Deborah Wilson to arrange a meeting between the Chief Executive and Interim Chair and the University of Bath's Executive Director of Innovation.	**CG/25/09/14**	Sept 2025	Dec 2025	Meeting has been arranged between University of Bath and the Trust. **To close**	Deborah Wilson, Stakeholder Governor

Report to:	**Council of Governors**	**Agenda item:**	**5.0**
Date of Meeting:	**15 December 2025**		
Title of Report:	**Chief Executive & Managing Directors Report**		
Status:	**For Information**		
Board Sponsor:	**Cara Charles-Barks, Chief Executive Officer & John Palmer, Managing Director**		
Author:	**Helen Perkins, Senior Executive Assistant to Chief Executive and Roxy Milbourne, Interim Head of Corporate Governance**		
Appendices	**None**		

1. Executive Summary of the Report

The purpose of the Chief Executive's Report is to provide a summary of key concerns and highlight these to the Board of Directors. Updates included in this report are:

Chief Executive's Report

- Risks including financial position and performance pressures

- Group
  - Joint Committee update
  - Leadership Team
  - Council of Governors Workshop
  - Board to Board development

- National/System
- NHS Trust Performance League Tables
- NHS Online
- 10 Year Workforce Plan
- Government to Tackle Antisemitism and Other Racism in the NHS
- Provider Capability Assessment
- Resident Doctors Industrial Action
- Medium Term Planning Framework

MD's Report

- Local (RUH)
  - Operational
  - Finance
  - Quality
  - Staff Survey
  - RUH In the News – a selection of news stories from the past two months

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
Not achieving financial duties will impact on the ability for the Trust to secure the economy, efficiency, and effectiveness in its use of resources.	

6.	Equality and Diversity
The government announced the immediate rollout of strengthened mandatory antisemitism and antiracism training across the health service. BSW Hospitals Group are already looking at how to develop consistent communication materials across the three organisations ahead of the new mandatory training implementation	

7.	References to previous reports/Next steps
The Chief Executive and Managing Director submit a report to every Council of Governors meeting.	

8.	Freedom of Information
Public	

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

10.	Digital
Further opportunities to improve digital sustainability and solutions should be pursued to contribute towards the future developments across all Trusts.	

Group Chief Executive and Managing Director Report

GROUP CHIEF EXECUTIVE'S REPORT

Risks

Financial Position

The financial position across the BSW Hospitals Group has been extremely challenged during the first half of the year, resulting in a £35.5m deficit at month 6. The key drivers of the overspend have consistently been the inability to deliver planned savings due to operational pressures, high cost drugs costs and temporary staffing requirements in excess of planned levels. Following the completion of the first quarter of the year a series of recovery measures were implemented from July onwards, which have demonstrated positive improvements across both the operational and financial positions.

The run rate position at M6 indicated an outturn deficit position in excess of £68m which has been partially mitigated through a comprehensive recovery plan reducing the projected outturn to £10m. Plans have been developed to support this, though there remains a significant element of risk associated with delivering plans at each of the sites. The planned impact of the recovery actions across the sites involve a mix of higher and lower risk schemes, with the high-level RAG categorisation in the table below:

Programme	Value £'m	RAG classification
Optimisation of Temporary staffing usage	8.2	
Elective and Outpatient Productivity (incl Sulis)	9.0	
Non Pay and Drugs	3.2	
Beds/Capacity	1.0	
Commercial and Group opportunities	5.9	
Technical and Other measures	7.7	
Deficit Support Funding	23.4	
TOTAL	**58.1**	

In order to deliver its contribution to the overall system financial position the Hospitals Group has also needed to find an additional £7.4m, along with the planned ICB surplus this would deliver a breakeven position for the BSW system as a whole. Measures identified to address this gap are being fully worked up to ensure there is no impact on the delivery of performance targets. A key element of delivering the operational and financial improvement programme will be through the deployment of a Turnaround team who are due to start at the RUH in early November (subject to NHSE approval and sign off). The knowledge gained from this programme will be shared and implementation across both the Salisbury and Great Western sites to enhance delivery of the recovery programme.

Performance Pressures

Elective Performance

Performance across the BSW Hospitals Group is varied in elective care with the greatest challenges at RUH due to growth in the waiting list over the last 18 months

– although since recovery plans were initiated in Q2, waiting list size has reduced and 18 and 52 week performance improved. Salisbury and Great Western Hospitals have started the year with strong performance in RTT and diagnostics although the summer has seen a reduced rate of improvement due to demand pressures.

Key challenges to be aware of from a BSW Hospitals Group perspective are:

- Demand growth in a number of specialties such as Gynaecology and Dermatology for both cancer and elective referrals. The ICB are conducting a review of data to understand drivers of growth and mitigations. Women's Health Hubs closure and reduced scope of service in the Referral Support Service may be contributing to this and further information and mitigations have been requested. The Elective Care Board has developed a proposed transformation programme for dermatology in BSW to manage rising demand and workforce constraints.

- Diagnostic capacity remains challenged particularly in ultrasound across the group where pathway changes in 25/26 have led to increased demand. Plans are in place in all Trusts to deliver increased capacity to sustain 6 week performance. The BSW Diagnostics Group oversees CDC capacity plans and has commissioned a diagnostic workforce plan to understand key constraints and opportunities across the BSW Hospitals Group.

The planning guidance for 26/27 will require ambitious plans across BSW Hospitals Group as we aim to increase performance and productivity further over the 25/26 position. A Group capacity/demand tool has now been developed and is in use across all three Trusts to ensure a rigorous understanding of the capacity required to deliver this. Effective planning will reduce system reliance on short-term and more expensive means of delivering capacity.

Urgent Care

Urgent Care performance remains challenged across the Hospitals Group although the summer saw improvements in Emergency Department performance and ambulance offloads for BSW. Winter plans have now been developed across the Group and tested via NHSE's Regional team although significant risk remains over winter if demand is higher than plan or Non-Criteria to Reside does not reduce as planned. We are working closely with our system partners particularly Local Authorities, HCRG and the ICB to ensure we can discharge patients promptly when they are ready to leave and that we increasingly manage patients in the community rather than hospital.

Finally, I particularly wanted to thank all our teams involved in managing the impact of the new SWAST 45 minute offload approach – this has been a significant change across BSW but teams have pulled together to help keep patients safe.

Group Update

Joint Committee update

Our latest BSW Hospitals Group Joint Committee meeting was held on 19th November 2025 in Devizes with focus being on discussion of Financial Sustainability & Recovery, Care Organisation Risks, and our Group Governance Roadmap, including the Group Risk and Assurance Framework. Reports on our Corporate Services Programme, and Group Narrative Development were also introduced.

Leadership Team

Quarter three has seen significant developments in the Group Leadership Team. Andrew Hollowood has been appointed as our Group Strategic Clinical Transformation Director. In November, we welcomed Jude Gray as Chief People Officer, and Simon Wade, our new Chief Financial Officer. In early December interim Director of Communications, Emma Mooney, joined BSW Hospitals.

Group Governance and Assurance Arrangements and Transition Roadmap

To support safe and effective mobilisation of our new Operating Model by April 2026, a Governance Working Group led by Managing Director, Lisa Thomas, has been established to develop a detailed governance and assurance roadmap. The proposed roadmap was introduced at the Joint Committee on 29th September 2025. The development of BSW Hospitals Group risk approach and assurance arrangements will be integral to this roadmap.

Councils of Governors Workshop

On the afternoon of 2nd December, the three Councils of Governors came together and heard the CEO confirming priorities (EPR, Recovery, Corporate Services, Clinical Transformation, & Group Development), followed by presentations and discussion on the emerging Operating Model, our developing Group Narrative and our Clinical Transformation Programme plans. The next Councils of Governors development session will be held on 3rd February in Devizes.

Board to Board Development

We held the latest of our Board-to-Board development sessions on the morning of 2nd October 2025. The session focused on our Group Development Roadmap, Strategy and planned Governance and Risk Framework. Our next Board-to-Board session is planned for 12th February 2026. In the meantime, November, December and January will see a series of development workshops focused on our Group operating model, governance and assurance. Further details will be circulated in early November.

National Update

NHS Trust Performance League Tables

In November 2024, the Secretary of State announced that NHS England would assess NHS Trusts against a range of performance criteria and publish the results. This assessment would allow NHS England to determine the support individual NHS Trusts would need to improve: those in the middle of the pack would be supported by NHS England to improve and those demonstrating persistently low performance

would receive prompt intervention, while those performing at the top may be rewarded with additional freedoms.

The first league tables were published on 9th September 2025. The rating for the Royal United Hospitals Bath NHS Foundation Trust is outlined below:

The Trust was rated 112th of 132 Trusts across the country.

The RUH is behind plan for performance against Urgent and Emergency Care (UEC), Referral to Treatment (RTT), Cancer and Diagnostic Waiting Time and Activity (DM01) standards and as a result are in Tier 1 on these four domains. The RUH has programmes of recovery actions in place for all areas. Revised trajectories forecast a return to plan for RTT and Cancer standards.

UEC: Performance remains challenged and off trajectory. This is in the context of significant increase in attendances (+12%) and ambulance conveyances (+25%) from previous year. A UEC reset programme will commence in November to enhance focus on Internal Professional Standards, Boards/Ward rounds, and Emergency Department medical model. There is ongoing work with system partners to progress delivery of system actions to reduce No Criteria to Reside (NCTR) patients.

RTT: A revised trajectory has been submitted and accepted by NHSE which forecasts a return to plan by December 2025 and achievement of year end targets for 18 weeks and 52 weeks. The 12-week challenge started on 18th August and has made strong progress in strengthening RTT management. This combined with recovery actions including insourcing, waiting list initiatives to tackle backlogs, and transformation actions to improve productivity and utilisation including the implementation of GIRFT Further Faster recommendations.

Cancer: The RUH is achieving the 31-day standard. A revised trajectory has been submitted and accepted by NHSE which forecasts a deterioration in performance on 28 days and 62 days between October-November followed by a return to plan by January 2026. Recovery actions are in place across Breast, Colorectal and Dermatology which are our top contributors to underperformance.

Diagnostics: A revised trajectory has been submitted and accepted by NHSE which forecasts year end achievement of 16.1%. This would improve performance to better than the England and Wales average but below the original plan to achieve 5%,

The financial position at the RUH over the first half of the year has been extremely challenged, but there have been signs of improvement over the last two months. The key drivers of the overspend include the inability to deliver planned savings due to operational pressures, pressures linked to the exit run rate and high cost drugs costs.

The run rate position at M4 indicated an outturn deficit position in excess of £30m which has now been partially mitigated through a comprehensive recovery plan

which has reduced the projected outturn to £26m. In order to deliver its contribution to the overall system financial position the Trust needs to deliver a minimum of £17m outturn deficit position, with plans developed to support this. The table below indicates the planned impact of the recovery actions and the risk designation associated with them:

Programme	Value £'m	RAG classification
Optimisation of Temporary staffing usage	2.3	
Elective and Outpatient Productivity	1.4	
Sulis productivity recovery and stretch	2.0	
Technical measures	1.7	
High Cost Drugs	2.0	
Other	2.2	
TOTAL	11.6	

Further information on the leagues tables can be found via https://www.england.nhs.uk/long-read/nhs-oversight-framework-nhs-trust-performance-league-tables-process-and-results/

NHS Online

The NHS is setting up an 'online hospital' – NHS Online – in a significant reform to the way healthcare is delivered in England.

The innovative new model of care will not have a physical site, instead digitally connecting patients to expert clinicians anywhere in England. The first patients will be able to use the service from 2027.

This will mean that patients can be seen faster, as teams triage them quickly through the NHS App and let them book in scans at times that suit them at Community Diagnostic Centres closer to home.

NHS Online will provide a huge boost to patient waiting times, delivering the equivalent of up to 8.5 million appointments and assessments in its first three years – four times more than an average Trust – while enhancing patient choice and control over their care.

Initially the focus will be on a small number of planned treatment areas with the longest waits but over time this will be expanded to more treatment areas. Treatment areas will only be offered if the NHS knows it is it is clinically safe to do so remotely.

10 Year Workforce Plan

The government announced that it is seeking evidence and views primarily from healthcare organisations and those with expertise in workforce planning to inform the development of the 10 Year Workforce Plan.

As part of the 10 Year Health Plan for England: fit for the future, the government conducted the biggest ever public and staff engagement exercise on the future of the

NHS. In the 10 Year Health Plan they set out how they will reinvent the healthcare model from:

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

The 10 Year Workforce Plan will build on the 10 Year Health Plan to set out how the government will deliver a new workforce model with staff who are aligned with the future direction of reform and have real hope for the future.

Rather than a formal consultation on specific proposals, this call for evidence is an opportunity to provide views on the government's plans for the next decade and to share examples and case studies that will support its delivery. The call for evidence closed on 7th November 2025.

Further information regarding the 10 Year Workforce plan can be found via https://www.gov.uk/government/calls-for-evidence/10-year-workforce-plan

Government to Tackle Antisemitism and Other Racism in the NHS

The Prime Minister has ordered an urgent review of antisemitism and all forms of racism in the NHS, as part of wider efforts to tackle discrimination in the health service. Lord John Mann will lead the review, looking at how to protect patients and staff from racism and hold perpetrators to account.

At the same time, the government announced the immediate rollout of strengthened mandatory antisemitism and antiracism training across the health service, and NHS England will review its uniform guidance so patients and staff always feel respected in NHS settings.

BSW Hospitals Group are already looking at how to develop consistent communication materials across the three organisations ahead of the new mandatory training implementation.

Provider Capability Assessment

As part of the NHS Oversight Framework (NOF), NHS England required all NHS Trusts to complete an annual self-assessment of their organisations capability against the following six areas, derived from the Insightful Provider Board:

1. strategy, leadership and planning
2. quality of care
3. people and culture
4. access and delivery of services
5. productivity and value for money
6. financial performance and oversight

These areas will inform a self-assessment which is intended to strengthen board assurance and help oversight teams take a view of NHS trust capability based on boards' awareness of the challenges their organisations face and subsequent actions to address them. NHS England regional teams will then use the assessment and evidence behind it, along with other information, to derive a view of the organisation's capability.

Each organisation within BSW Hospitals Group - Great Western Hospitals, Royal United Hospitals Bath and Salisbury NHS Foundation Trusts submitted their self-assessment and associated evidence by the deadline of Wednesday, 22nd October 2025.

Resident Doctors Industrial Action

The British Medical Association have announced that Resident doctors in England are set to strike from 7am on 17th December 2025 until 7am on 22nd December 2025.

The Trust's within BSW Hospitals Group – Great Western Hospitals, Royal United Hospitals Bath and Salisbury NHS Foundation Trusts will start to look to plan and prepare for the industrial action should it go ahead, adopting similar approaches to previous episodes of strike action.

Medium Term Planning Framework

On 24th October 2025 NHS England published the Medium Term Planning Framework – delivering change together 2026/27 to 2028/29. This framework is designed to return the NHS to much better health over the next three years with reduced waiting times and access to local care restored to the level patients and communities expect.

Further information on the Medium Term Planning Framework can be found via https://www.england.nhs.uk/publication/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/

MANAGING DIRECTOR'S REPORT

The RUH has been placed into Tier 1 for Urgent and Emergency Care (UEC), Referral to Treat, Diagnostics and Cancer performance.

The organization continues to be held to account in weekly tiering meetings for each of its performance domains by NHSE regional and national; which are then triangulated with NOF4 Financial Recovery and all performance domains once a month. Fortnightly meetings are also taking place with GIRFT (Getting It Right First Time) to support both UEC and planned care.

Broadly, the organization is conducting itself professionally in these engagements with well prepared positions beforehand and good interactions with the regional and national teams. We are beginning to see good indications about RTT, Diagnostics and Cancer performance with some positive messaging coming from national leads in month. However, UEC is genuinely under severe and novel demand pressure and hence we have had in short order during the last month a national UEC visit from Sarah-Jane Marsh on the 2nd October (national COO for UEC) and an ED focused visit from Sue Doherty and Trevor Smith on the 29th October (regional Chair and CMO).

Alongside these important discussions there have been multiple iterations of financial recovery planning for both the Group and RUHB which are culminating in H2 meetings for the System (3/11) and RUHB only (13/11) – the latter of which will be an oversight discussion with Jim Mackey, Chief Executive of NHSE.

I launched a series of "Call to Actions" to all staff on 1st October. The call to action meetings continue to be socialised through in-person meetings focusing on each of the priority areas.

RUH Bath Call to Action

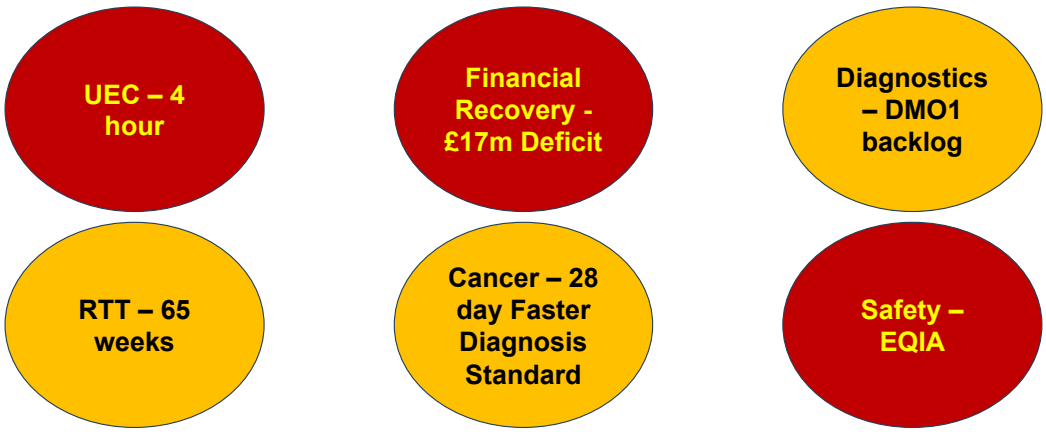

Figure 2: Call to Action

1. Operational Performance

Urgent and Emergency Care

4-hour performance improved from 55.8% in October to 57.7% in November, and average ambulance handover time has improved further to 32 minutes vs a target of 33 minutes. This is in the context of rising attendances, particularly in frail older patients conveyed by ambulance. 19% of beds are occupied by NCTR patient's vs a system plan for 12.6% in November which is adding to operational pressures. RUH has commenced with a UEC reset programme which will focus on refreshing internal professional standards, improving board/ward rounds, redesign of escalation processes and streaming within ED Majors and UTC.

Referral to Treatment (RTT)

18-week performance remains on track with our recovery trajectory whilst total wait list size and percentage of waiters over 52 weeks has increased due to the planned correction of pain services pathways. A major performance goal for RUH is to eliminate 65 week waits by 21st December 2025. This requires RUH to treat ~50 patients per week from this cohort which the Trust remains on target to do, however there remains risks in some patients particularly in Gastroenterology and Pain services. These patients are being monitored in daily PTL huddles, and mutual aid from partner Trusts is being arranged to support capacity constraints.

Cancer

28-day (faster diagnosis) performance deteriorated significantly in September, which was anticipated as part of backlog clearance measures. Performance for October has recovered back above our trajectory and indications are that November performance will be maintained at trajectory. 31-day performance remains on the trajectory. The 62-day performance deteriorated in September and remains below the trajectory. The largest driver for this is Skin minor operations, Colorectal, Breast and Urology. There is ongoing work to expedite recovery actions to return performance back to trajectory before the end of the financial year.

DM01 (Diagnostics)

A revised recovery trajectory which sees an ambitious but realistic improvement in performance to 16.1% against the DM01 standard 5% was reviewed and agreed with NHS England. October performance was 29.5% ahead of the recovery trajectory of 30.3%, and an improvement from 33.6% in September. Ultrasound and the Echo are the major drivers of underperformance. Deep dives are being conducted at a modality level to ensure that capacity is sufficient to achieve and sustain DM01 performance. In particular, this will look at capacity and demand across RUH and Sulis and assess if activity currently delivered through insourcing and outsourcing can be provided in-house in a more cost-effective model.

Improving professional standards

As part of our UEC reset programme, we have refreshed and relaunched our Internal Professional Standards. These standards lay out expectations of how clinical teams will work to essentially support the timely assessment of patients by our senior clinical decision makers, timely transition of care where needed, and flow through our hospital. They are used in many well-performing Trusts and align with published GIRFT (Getting It Right First Time) Clinical Operational Standards which were published earlier this year. We will be monitoring our progress against key metrics through weekly dashboard reviews. This is a change to our current way of working and will not be straightforward to embed. It is a mindset and culture change and inevitably will require changes in rota arrangements in some departments, the extent of which will surface as we progress. We will maintain oversight of this through a UEC programme board and through current divisional governance arrangements.

Winter Planning

The challenges during the winter period include:

- Increased Emergency Department attendances
- Increased demand for admission
- Seasonal demand for specialist services and admission
- Infection affecting bed capacity - expecting escalation in flu cases
- Discharge delays
- Staffing resilience

The winter plan agreed at Board centres around:

- Mitigating aspects of bed demand management, including change of use of the elective orthopaedic ward Philip Yeoman from 19/12/2025 (12 beds).
- St. Martins additional bed capacity (20 beds) from the end of December 2025.
- Increase in workforce and resources:
    - Increase discharge coordinators to support 7 day working
    - Discharge team to be put in place to support flow and senior review of patients outside of core specialty bed base – leading to reduced length of stay
    - Increased therapy resource at the weekends to support 7 day working
    - Additional ward pharmacy resource

- Increased discharge lounge capacity from February 2025 with the opening of a new facility.

2. Finance

The RUH developed a breakeven operating plan, with no NHSE Deficit Support Funding allocation. Plan phased in 12ths across year. The Trust has committed to forecast outturn of £17m, as part of BSW Hospitals Group £22m; partly offset by £14.6m ICB surplus; leaving BSW System residual gap of £7.4m.

The RUH has so far identified a further stretch contribution of £1.6m to support closing remaining gap and support System receipt of 23.7m Deficit Support Funding

The current performance at Month 6 Year to Date - £13.0m adverse to plan, however this is overachievement against forecast trajectory by £0.5m in month.

Key Drivers for this are:

- £10.5m - Savings, of which Urgent care demand £1.6m, Group stretch £2.2m
- £3.0m underlying prior year
- £0.6m ICB commissioned high cost drugs
- £0.1m Sulis subsidiary
- £0.9m Resident doctors
- £0.3m Pay Award
- £0.3m Resident Doctors Strike July

Actions completed so far are:

- A review of Investments has been completed.
- The Grip & Control checklist reviewed by NHSE and ongoing governance and oversight through the Trust's Finance and Performance Committee and Audit and Risk Committee approved, with dedicated team resource.
- Workforce controls further escalated to weekly all Executive team face to face process, and enhanced medical staff controls. Line by Line review of Recruitment pipeline underway.
- Activity & Income forecast triangulated with Sulis and with ICB.
- A proposal to commission a Turnaround team to support delivery of our plans is underway.

In terms of the key underpinning conditions for RUHB delivery:

- Some system contribution for contracting the Turnaround Team.
- Achievement of 9% NCTR in order to maintain UEC flow and therefore elective ringfences.
- Assessment of safety.
- Maintenance of RTT investment of £2.4m.

Next Steps:

Further, Faster opportunities of £1.6m identified via £1.35m further pay and cost reduction aligned to Turnaround team impact; and £0.3m further balance sheet review

Risks:

- Risks of £6.1m identified against £17m trajectory
- New Risks arising of £0.25m Industrial action; £0.4m ED Workforce following CQC inspection and stretch savings of £1.6m
- Total risks requiring ongoing mitigation of £8.35m

3. Quality

Care Quality Commission Unannounced Inspection
The Care Quality Commission (CQC) undertook an unannounced inspection of the Emergency Department (ED) and Urgent Treatment Centre (UTC) on 21st October 2025. The onsite inspection lasted 2 days. The inspection continues and the Trust is responding to the additional data requests from the CQC and following this the Trust awaits the draft report.

Excellent Care at Every Level
The Excellent Care at Every Level Accreditation Programme is the most significant quality improvement programme across the Trust. Since the last public Board of Directors, the Discharge Lounge achieved Bronze Accreditation, and the Intensive Care Unit were awarded Gold Accreditation. Gold Accreditation is a wonderful achievement and testament to the standards they set themselves for the people we care for and the people we work with. We are enormously thankful and proud of the work they do.

4. NHS Staff Survey 2025

The NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. Over 1.4 million NHS staff can take part in the 2025 survey. It is run independently and provides an opportunity for every member of staff to share, anonymously and in confidence, what it is like for them working in the NHS. The survey closed on 28th November with the Trust achieving a 52.1% response rate.

5. Membership

We are always actively seeking new members to help us shape the future of the hospital and as a member of the Trust you can influence many aspects of the healthcare we provide.

By becoming a Member, our staff, patients and local community are given the opportunity to influence how the hospital is run and the services that it provides. Membership is completely free and offers three different levels of involvement. Through the Council of Governors, Members are given a greater say in the

development of the hospital and can have a direct influence in the development of services.

Simply sign up here: https://secure.membra.co.uk/RoyalBathApplicationForm/

6. RUH In the News – a selection of news stories from the past two months

New fruit and veg stall at the RUH
In October the RUH teamed up with local grocer Dean Cooper, from Wild About Fruit and Veg, to provide a fresh produce stall at the hospital's Weston site.
The stall is on the main RUH site Monday- Thursday and is already proving popular with staff and visitors. The fruit and vegetable stall was introduced in response to staff feedback and is the latest addition to the RUH to provide patients, visitors and staff with more food and drink choices when they are at the hospital.

RUH researchers launch new stroke study

Researchers at the RUH launched a new recruitment drive in October for a study looking at how two different medications might help people who have suffered a particular type of stroke. The national LACunar Intervention (LACI) Trial-3 is investigating whether two types of medication may help patients who have had a cerebral small vessel disease (lacunar) ischaemic stroke.

As there are no treatments for small vessel disease, this study is looking at the use of two drugs that are used for other diseases to see if they help to prevent the small vessel disease from causing another stroke or negatively impacting cognitive function.

RUH welcomed Greg Davies and Time is Precious

In October the RUH was delighted to welcome local charity, Time is Precious, along with one of its patrons, comedian, actor and TV host, Greg Davies, for a visit. Founders of Time is Precious, Nicky and Neil Halford, set up the charity in memory of their son Ben, who sadly died following a cancer diagnosis. Ben spent a lot of time at the RUH during his illness and this experience inspired Nicky and Neil's vision: to help create a more comfortable and relaxed atmosphere for children and their families in hospital or at home.

Greg popped by during a break from his sell out tour and several nights at The Forum in Bath to see the amazing contribution that Time is Precious has made to the RUH in person as well as meet some of our staff and patients.

Birth registration service launched for babies on the Neonatal Intensive Care Unit at the RUH

From 7th November, parents of babies who are receiving care on the neonatal unit at the Royal United Hospitals (RUH) Bath NHS Foundation Trust will be able to register their baby's birth at the hospital. This means they don't need to travel off site and leave their babies to visit a register office. Working with Bath & North East Somerset Council, the new registration service will be available every Wednesday to register the births of babies on the RUH's neonatal intensive care unit and transitional care unit. Parents have a legal responsibility to register their baby's birth within 42 days of their birth and this is normally done at a register office. By offering birth registration within the hospital, the RUH and the council aim to minimise separation and reduce stress for families.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**5.1**
Date of Meeting:	**15 December 2025**		
Title of Report:	**Integrated Performance Report**		
Status:	**For Information**		
Board Sponsor:	**Bernie Bluhm, Acting Chief Operating Officer** **Toni Lynch, Chief Nursing Officer** **Jude Gray, Chief People Officer** **Simon Wade, Chief Finance Officer**		
Author:	**Operational Team** **Rob Elliot, Lead for Quality Assurance** **Matt Foxon, Deputy Chief People Officer** **Jon Lund, Director of Operational Finance**		
Appendices	**Appendix 1: Integrated Performance Report slide deck**		

1. Executive Summary of the Report

The report provides an overview of the Trusts Performance for the period up to and covering October 2025, aligned to our True North Pillars and breakthrough objectives agreed for the year.

The slide pack includes an overarching Executive summary with each section providing a more detailed summary on key indicators and measures monitored via the Integrated Performance Report.

This programme drives improvement on the three nationally reported measures: price cap compliance, framework provision and our total spend on agency as a percentage of our total pay bill.

Operational Performance

The average ambulance handover delay for October was 36.8 minutes, a decrease of 44.09 minutes on average compared to September 2025. Through October 2025 the total hours lost was 1,094. This is a 1,766-hour decrease compared to last month's lost hours of 2,860. 59.8% of handovers were completed within 30 minutes, and 28.4% in less than 15 minutes, indicating a requirement to continue improving to meet the 33-minute target.

RUH 4-hour performance in October was 56.63% on the RUH footprint (unmapped), a decrease of 0.93% from September's performance (57.56%). Non-admitted performance was 68.69%, which was a decrease against the performance for September (70.35%) and admitted performance remained static at 28.69% (September 28.66%).

The numbers of patients going through our MSDEC (761) increased again in October compared to September (720) and FSDEC numbers (37) continue to be elevated, with our performance for MSDEC at 39.2% for October 2025 (September 38.2%). This is just below the national target of 40% of patients going through an SDEC pathway.

In October, 70.49% of patients received their diagnostic within the 6-weeks against the 69.70% target. Performance improved 4.08% from previous month (USS and

MRI). In month, 360 additional diagnostic tests were delivered when compared to September.

In September (Cancer performance is reported one month in arrears) performance deteriorated against all three standards. 28 Days was significantly impacted by first appointment waiting times in Breast and Skin, with performance deteriorating by 12.2% to 53.5%, but recovery is expected earlier in October and further improvement in November. 31 Days reduced by 4.4% to 91.6%. 62 Days reduced by 7% to 58.1%, with most specialties seeing a reduction in performance, the biggest of which was in Skin due to patients having waiting longer for first appointments and treatment.

In October, RTT saw an increase in overall performance of 0.6% to 60.7%. The percentage of patients waiting less than 18 weeks for their first outpatient appointment was 63.9% (+1.7% from September). Total over 52-week waiters increased from 565 to 644 (+14%). For patients over 65 weeks, the Trust saw an increase from 44 to 83 patients. Theatre performance was maintained at 80% capped utilisation.

Quality

Pressure Ulcers

For October 2025, the RUH reported 0.6 pressure ulcers per 1,000 bed days (10 pressure ulcers). The RUH reported three category 3 pressure ulcers (the scorecard incorrectly states 4), five category 2 pressure ulcers and two category 2 medical device related pressure ulcers.

Locations were on the heel, sacrum, scrotum, foot and ear. The themes were variance in skin checks and off-loading of pressure particularly under the medical device. The Divisions are working closely with the wards on action plans for improvement.

Falls

In October 2025 there were 4 reported falls that resulted in moderate harm to patients, 1 in an outpatient area, 1 in the community and 2 in inpatient areas. Any new actions or areas of learning from these incidents were agreed and included in the falls work plan to ensure improvement work is planned and completed.

Infection Prevention and Control Update

There were 7 cases of Clostridioides Difficile infection (CDI) (3 HOHA and 4 COHA) reported during October 2025. Cases continue to be found in the older populations in 73% of cases being over 75 yet there are no specific contributors with reference to the cases identified at RUH. October 2025 saw a rate of 41 cases per 100,000 bed days.
There were 5 cases of E. coli infection reported during October 2025 (2 HOHA and 3 COHA). With the urinary source remaining the highest contributor, only 2 cases were catheter related. October 2025 rate was 30 cases per 100,000 bed days.
The MSSA cases have seen a marked decrease with work continuing on training and practice assessment.

Patient Support and Complaints

In October the Trust received 30 new formal complaints, this compares to 46 received in September. The complaint rate per 1000 contacts is 0.44 and the number of

reopened complaints remains low (1) with the majority of contacts satisfied with the outcome/response. 66% (target 90%) of complaint responses were closed within the agreed timeframe.

Safe Staffing
The combined shift fill rates for days for RNs across the 24 inpatient wards/departments was 79% and 90% respectively for nights. The combined shift fill for HCSWs was 87% for the day and 100% for the night shift.

Perinatal Update
The September MatNeo report highlights areas of focus for the service:

- Neonatal cot capacity poses a significant challenge due to planned NICU maintenance at NBT from October 2025, with a high-risk score of 16 and mitigation through escalation protocols and staffing contingencies.
- Maternity triage medical review processes are being strengthened to achieve full compliance with RCOG guidance. This remains a high-risk area for the service, and a focused deep dive into SHO review timelines is planned to drive improvement and mitigate the risk.
- Workforce pressures, particularly on Mary Ward Maternity Support Workers, and recruitment challenges in neonatal staffing are ongoing concerns. There is also a need for improved data quality in BadgerNet audits since transition to new EPR.

Despite these pressures, the service provides positive assurance in several areas.

- Mandatory training compliance remains strong at over 90%, and all perinatal deaths have been reviewed with no significant care concerns.
- Digital improvements are progressing, with CTGs transitioning to a digital format in December and ultrasound reporting moving to BadgerNet in November.
- Outstanding practice includes successful triage staffing model pilot, enhanced audit processes, and impactful health campaigns such as STOPtober, which achieved a 65% quit rate among participants.

Workforce
Actual Total WTE in October 2025 was 5779 an increase on the September position. The RUH is currently 146wte over plan, the majority of which is due to a growth in substantive wte.

- The vacancy rate has further reduced to – 0.47% in M7.
- Bank usage has further decreased in October, but we are still exceeding the planned bank usage as outlined in the workforce plan.
- Agency spend as a proportion of the total pay bill remains below target and within the expected range at 0.68, a small increased from last month's 0.38% and is well within the control parameters and below the 2.5% target.
- The overall in month sickness rate for September was 5.71%, equivalent to over 9500 WTE days lost. Compared to recent history (2024 -4.64% ; 2023-3.93%), this rate is particularly elevated for the time of year.
- In-month turnover in October was relatively low at 0.37%, which in turn has further cut the 12-month rate to 7.06%.
- The target percentage figure for Appraisal completion is 90%; Appraisal rate

increased marginally again to 79.2% in M7.

- Mandatory Training compliance continues to meet target at 88.95% in M7, though has fallen fractionally for the third month.

The priorities within our People agenda will continue the work around financial recovery, management of sickness absence and improving appraisal compliance.

Summary of ongoing countermeasures are being taken to improve the 5 key standards:

Non-attendance due to sickness:
Training continues for the new Wellbeing and Supporting Attendance Policy and the People Hub are working through the top 50 absences ensuring long term sickness cases are appropriately managed.

Appraisal Compliance and Quality:
The appraisal rate remains approximately 11% below our compliance target of 90%.

Divisional People Partners are implementing a suite of targeted interventions aimed at supporting managers in improving compliance. The work continues to keep pressure on increasing compliance, whilst encouraging a more rigorous focus on quality improvement. Appraisal and line manager engagement is central to effecting meaningful workforce changes whilst keeping colleagues engaged and healthy.

Agency and Bank Usage
Agency wte has risen in October to 11.3 and is 8wte over the originally submitted workforce plan and 5wte over the revised numerical plan but remains one of the lowest levels of agency usage nationally.

Agency remains a workstream that continues to have significant focus to support our financial position. Medical and Dental remains the highest spend on agency provision (90% of agency spend). To support we have three Oncology Consultants with start dates ranging from October 2025 to February 2026 supporting our agency exit strategy.

Bank wte has reduced and is now only 5wte over the originally submitted workforce plan and on target with the revised numerical plan. We have seen large reductions in NHS Infrasturcture and Support to Clinical. This is due to recruiting substantive staff to posts that were originally filled by bank shifts. We continue recruit to vacancies to reduce reliance on bank particularly in Emergency Medicine.

Trust led Workforce Controls continue to support the reduction in temporary staffing usage and spend.

Agency costs are currently less than 1% of the total pay costs, well below the 3% expectation. Bank costs are currently at 4.7% of the total pay costs.

Recruitment
Workforce controls remain in operation to support a sustainable workforce for the

future. This includes a recruitment freeze for non-clinical roles although business critical roles have an escalation route to maintain the safety and performance of services. A new Executive led VCARP process is now in place that has been running since October 2025.

Finance

The RUH Group is £14.140m adverse to plan at the end of October, of which £14.169m arising in RUH Trust and £0.029m favourable in Sulis. This is significantly adverse to plan and has triggered regulatory intervention, immediate enhanced expenditure controls & a Call to Action across the organisation. The trust has secured funding and regional approval to commission a Turnaround team who started in the Trust on 17 November. The Trust is subject to Finance Override in National Oversight Framework (NOF) and taken together with UEC and Elective performance delivery places the Trust is Level 4.

The key driver is £10.9m variance arising from under delivery of the £29.7m savings programme and acceleration of delivery plan and scoping of further areas to close the unidentified gap must be top priorities for the organisation. £11.6m remains unidentified at his time and there are delivery risks within planned schemes. £3.4m arises from UEC savings where demand growth and higher than planned NCTR are the key contributors.

Operational budget pressures have reduced in the month, however cumulative pressures arise from increased spend on high cost drugs and devices (£0.85m), Pay Award (£0.3m) Resident Doctors budget pressures (£0.9m), and Resident Doctor Strike (£0.3m). This is partly offset by increased cost controls and non-recurrent benefits (£2.9m) and reduced utility costs (£0.1m). Sulis is favourable to plan by £0.029m. Performance against NHS and private patients is offsetting the under performance on CDC activity based income. Further adverse variances arise from deterioration in the exit run rate from 24/25 (£3.5m)

Cash balances for the Trust are £31.4m, this includes cash received in advance. Robust cashflow forecasts have been undertaken which show cash balances reducing to £16.9m by April on a do nothing scenario and c£22.8m in line with Recovery trajectory. £19m is judged to be the minimum working cash limit to enable contractual obligations to be met in time.

For July 2025 the Trust had an implied productivity improvement of 2.4% against the breakthrough objective of 6.7%. Cost weighted activity grew by 5.4% compared to inflation adjusted cost growth of 2.9%. Given that some of the activity growth is in non-elective activity we do not see a direct financial benefit from this productivity.

The RUH Group underlying deficit has been re-assessed at £47.2m, to align with 25/26 Recovery Actions; and becomes the baseline for 26/27 planning.

The Trust operates within BSW Integrated Care System which has reported a £29.0m adverse variance to plan year to date, of which BSW Hospitals Group is £39.0m adverse to plan, inclusive of £13.7m lost deficit support funding; partially offset by ICB favourable variance to plan of £10.0m.

The ICS is still being challenged to deliver a breakeven plan for the year, the initial stage is for RUH to deliver a £17m deficit, and in acknowledgment of this planned system deficit support oi £23.7m has been made committed. Even this position would still leave a £10m gap to be closed through further actions across the ICS.

2.	Recommendations (Note, Approve, Discuss)
The Council of Governors is asked to note the report.	

3.	Legal / Regulatory Implications
Trust Single Oversight Framework.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The Integrated Performance Report is linked to the Board Assurance Framework and Risk Register.	

5.	Resources Implications (Financial / staffing)
Operational, Financial, Workforce, and Quality Assurance risks as set out in the paper.	

6.	Equality and Diversity
NA	

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

9.	Sustainability
None identified.	

10.	Digital
None identified.	

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Integrated Performance Report

November 2025
(October data)

The RUH, where you matter

Executive Summary

Performance

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Executive Summary

Quality

Pressure Ulcers
For October 2025, the RUH reported 0.6 pressure ulcers per 1,000 bed days (10 pressure ulcers). The RUH reported three category 3 pressure ulcers (the scorecard incorrectly states 4), five category 2 pressure ulcers and two category 2 medical device related pressure ulcers.

Locations were on the heel, sacrum, scrotum, foot and ear. The themes were variance in skin checks and off-loading of pressure particularly under the medical device. The Divisions are working closely with the wards on action plans for improvement.

Falls
In October 2025 there were 4 reported falls that resulted in moderate harm to patients, 1 in an outpatient area, 1 in the community and 2 in inpatient areas. Any new actions or areas of learning from these incidents were agreed and included in the falls work plan to ensure improvement work is planned and completed.

Infection Prevention and Control Update
There were 7 cases of Clostridioides Difficile infection (CDI) (3 HOHA and 4 COHA) reported during October 2025. Cases continue to be found in the older populations in 73% of cases being over 75 yet there are no specific contributors with reference to the cases identified at RUH. October 2025 saw a rate of 41 cases per 100,000 bed days.
There were 5 cases of E. coli infection reported during October 2025 (2 HOHA and 3 COHA). With the urinary source remaining the highest contributor, only 2 cases were catheter related. October 2025 rate was 30 cases per 100,000 bed days.
The MSSA cases have seen a marked decrease with work continuing on training and practice assessment.

Patient Support and Complaints
In October the Trust received 30 new formal complaints, this compares to 46 received in September. The complaint rate per 1000 contacts is 0.44 and the number of reopened complaints remains low (n=1) the majority of contacts are satisfied with the outcome/response. 66% (target 90%) of complaint responses were closed within the agreed timeframe.

Safe Staffing
The combined shift fill rates for days for RNs across the 24 inpatient wards/departments was 79% and 90% respectively for nights. The combined shift fill for HCSWs was 87% for the day and 100% for the night shift. This fill rate should be no less than 90% to achieve safe staffing levels.

Executive Summary

Quality continued

Perinatal Update
The September MatNeo report highlights areas of focus for the service:
• Neonatal cot capacity poses a significant challenge due to planned NICU maintenance at NBT from October 2025, with a high-risk score of 16 and mitigation through escalation protocols and staffing contingencies.
• Maternity triage medical review processes are being strengthened to achieve full compliance with RCOG guidance. This remains a high-risk area for the service, and a focused deep dive into SHO review timelines is planned to drive improvement and mitigate the risk.
• Workforce pressures, particularly on Mary Ward Maternity Support Workers, and recruitment challenges in neonatal staffing are ongoing concerns. There is also a need for improved data quality in BadgerNet audits since transition to new EPR.

Despite these pressures, the service provides positive assurance in several areas.
• Mandatory training compliance remains strong at over 90%, and all perinatal deaths have been reviewed with no significant care concerns.
• Digital improvements are progressing, with CTGs transitioning to a digital format in December and ultrasound reporting moving to BadgerNet in November.
• Outstanding practice includes successful triage staffing model pilot, enhanced audit processes, and impactful health campaigns such as STOPtober, which achieved a 65% quit rate among participants.

Executive Summary

Workforce

Actual Total WTE in October 2025 was 5779 an increase on the September position. The RUH is currently 146wte over plan, the majority of which is due to a growth in substantive wte.

- The vacancy rate has further reduced to – 0.47% in M7.
- Bank usage has further decreased in October, but we are still exceeding the planned bank usage as outlined in the workforce plan.
- Agency spend as a proportion of the total pay bill remains below target and within the expected range at 0.68, a small increased from last month's 0.38% and is well within the control parameters and below the 2.5% target.
- The overall in month sickness rate for September was 5.71%, equivalent to over 9500 WTE days lost. Compared to recent history (2024 -4.64% ; 2023- 3.93%), this rate is particularly elevated for the time of year.
- In-month turnover in October was relatively low at 0.37%, which in turn has further cut the 12-month rate to 7.06%.
- The target percentage figure for Appraisal completion is 90%; Appraisal rate increased marginally again to 79.2% in M7.
- Mandatory Training compliance continues to meet target at 88.95% in M7, though has fallen fractionally for the third month.

The priorities within our People agenda will continue the work around financial recovery, management of sickness absence and improving appraisal compliance.

Summary of ongoing countermeasures are being taken to improve the 5 key standards:

Non-attendance due to sickness:
Training continues for the new Wellbeing and Supporting Attendance Policy and the People Hub are working through the top 50 absences ensuring long term sickness cases are appropriately managed.

Appraisal Compliance and Quality:
The appraisal rate remains approximately 11% below our compliance target of 90%.

Divisional People Partners are implementing a suite of targeted interventions aimed at supporting managers in improving compliance. The work continues to keep pressure on increasing compliance, whilst encouraging a more rigorous focus on quality improvement. Appraisal and line manager engagement is central to effecting meaningful workforce changes whilst keeping colleagues engaged and healthy.

Workforce continued

Agency and Bank Usage

Agency wte has risen in October to 11.3 and is 8wte over the originally submitted workforce plan and 5wte over the revised numerical plan but remains one of the lowest levels of agency usage nationally.

Agency remains a workstream that continues to have significant focus to support our financial position. Medical and Dental remains the highest spend on agency provision (90% of agency spend). To support we have three Oncology Consultants with start dates ranging from October 2025 to February 2026 supporting our agency exit strategy.

Bank wte has reduced and is now only 5wte over the originally submitted workforce plan and on target with the revised numerical plan. We have seen large reductions in NHS Infrasturcture and Support to Clinical. This is due to recruiting substantive staff to posts that were originally filled by bank shifts. We continue recruit to vacancies to reduce reliance on bank particularly in Emergency Medicine.

Trust led Workforce Controls continue to support the reduction in temporary staffing usage and spend.

Agency costs are currently less than 1% of the total pay costs, well below the 3% expectation. Bank costs are currently at 4.7% of the total pay costs.

Recruitment

Workforce controls remain in operation to support a sustainable workforce for the future. This includes a recruitment freeze for non-clinical roles although business critical roles have an escalation route to maintain the safety and performance of services. A new Executive led VCARP process is now in place that has been running since October 2025.

Executive Summary

Finance

The RUH Group is £14.140m adverse to plan at the end of September, of which £14.169m arising in RUH Trust and £0.029m favourable in Sulis. This is significantly adverse to plan and has triggered regulatory intervention, immediate enhanced expenditure controls & a Call to Action across the organisation. The trust has secured funding and regional approval to commission a Turnaround team who started in the Trust on 17 November. The Trust is subject to Finance Override in National Oversight Framework (NOF) and taken together with UEC and Elective performance delivery places the Trust is Level 4.

The key driver is £10.9m variance arising from under delivery of the £29.7m savings programme and acceleration of delivery plan and scoping of further areas to close the unidentified gap must be top priorities for the organisation. £11.6m remains unidentified at his time and there are delivery risks within planned schemes. £3.4m arises from UEC savings where demand growth and higher than planned NCTR are the key contributors.

Operational budget pressures have reduced in the month, however cumulative pressures arise from increased spend on high cost drugs and devices (£0.85m), Pay Award (£0.3m) Resident Doctors budget pressures (£0.9m), and Resident Doctor Strike (£0.3m). This is partly offset by increased cost controls and non-recurrent benefits (£2.9m) and reduced utility costs (£0.1m). Sulis is favourable to plan by £0.029m. Performance against NHS and private patients is offsetting the under performance on CDC activity based income. Further adverse variances arise from deterioration in the exit run rate from 24/25 (£3.5m)

Cash balances for the Trust are £31.4m, this includes cash received in advance. Robust cashflow forecasts have been undertaken which show cash balances reducing to £16.9m by April on a do nothing scenario and c£22.8m in line with Recovery trajectory. £19m is judged to be the minimum working cash limit to enable contractual obligations to be met in time.

For July 2025 the Trust had an implied productivity improvement of 2.4% against the breakthrough objective of 6.7%. Cost weighted activity grew by 5.4% compared to inflation adjusted cost growth of 2.9%. Given that some of the activity growth is in non-elective activity we do not see a direct financial benefit from this productivity.

The RUH Group underlying deficit has been re-assessed at £47.2m, to align with 25/26 Recovery Actions; and becomes the baseline for 26/27 planning.

The Trust operates within BSW Integrated Care System which has reported a £29.0m adverse variance to plan year to date, of which BSW Hospitals Group is £39.0m adverse to plan, inclusive of £13.7m lost deficit support funding; partially offset by ICB favourable variance to plan of £10.0m.

The ICS is still being challenged to deliver a breakeven plan for the year, the initial stage is for RUH to deliver a £17m deficit, and in acknowledgment of this planned system deficit support oi £23.7m has been made committed. Even this position would still leave a £10m gap to be closed through further actions across the ICS.

Trust Priorities 2025/26

NHS
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 (12-18 months)

Valuing Patient & Staff time
Achieving ambulance offload times

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

Productivity
Maximising value, eliminating waste

Corporate Projects 2025/26

- **Urgent and Emergency Care**
- **Corporate Services Redesign**
- **Theatres Transformation**
- **Outpatient Transformation**
- **Central (efficiency and income)**

Enabling Projects – Clinical Value Review, Demand & Capacity, Digital Transformation, Leadership Development, Embedding Improving Together, Group Design

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**

What is an Integrated Performance Report (IPR)

Our IPR is a summary view of how our Trust is performing against various strategic and operational objectives. It is divided into three sections aligned to our People Groups. **The People We Care For** section includes information on performance against key access targets, quality of care and patient experience. **The People We Work With** with section includes information around our workforce and the **People In Our Community** section includes information on our Finances. Within these sections the following terms are used;

Key Term	Definition
Breakthrough Objective	Trust wide area of focus for the next 12-18 months. We are striving for an improvement of more than 20-30% in the metrics over this period.
Key Performance Indicator (KPI)	Key metric that is monitored as part of the NHS National Operating Framework and relates to improving patient care and increasing positive outcomes
Alerting Watch Metric	A metric that has triggered one or more business rules and should be monitored more closely to address worsening performance or celebrate achievement if improving.
Non-Alerting Watch Metric	A metric that we are monitoring but is not a current cause for concern as it is within expected range.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**6**
Date of Meeting:	**15 December 2025**		

Title of Report:	**RUH Strategic and Operational Business Plan Update**
Status:	**For information**
Board Sponsor:	**John Palmer, Managing Director**
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 2026/27 and progress to date.

It focuses on:

- Planning context and the challenges we face
- Strategic planning timeline and A3 refresh
- 2026/27 operational planning timeline and approach

Planning context

This planning round presents a significant challenge, reflecting the current national financial position and the ongoing operational and financial recovery for the organisation. We are currently pursuing some of the most ambitious savings and income targets to date in parallel with managing substantial financial and operational pressures and risks.

In September 2025, the Trust moved into Tier 1 for all four performance targets, UEC, RTT, Cancer and Diagnostics. Recovery plans have been developed for performance targets and our financial position, which requires the implementation of short-term measures to address delays in delivery and to make up the gap in the non-delivery of our savings plans year to date.

The 2026/27 operational and financial requirements are considerable and over and above what is already required as part of our recovery plan. To achieve next year's objectives, we must continue to address fundamental aspects of how care is delivered and focus on transformation change to deliver the NHS longer term ambitions and the three big shifts, as set out in the NHS 10 Year Health Plan:

- Hospital to community
- Analogue to digital
- Sickness to prevention

Operational Planning Timeline

National planning guidance was published on 24th October 2025. The guidance marks a significant shift from annual planning to long term planning, with a requirement for all organisations to provide an integrated five-year plan demonstrating medium-term financial sustainability.

There is no longer a requirement to submit a 'system' plan, however plans must align strategic and operational priorities, be coordinated across organisations and spatial levels, and show clear triangulation between finance, quality, activity, and workforce.

As summarised in ***Appendix 1: Slide 11***, the guidance sets out clear expectations for 2026/27 and 2028/29 in relation to performance, workforce and finance.

The Trust is required to submit a draft plan to NHSE on 17th December 2025 and a final plan on 12th February 2026.

Planning Approach
Due to the very tight timeframe for the development of a plan, we have adopted two approaches:

- **'Deep dive' planning** for eight specialties in phase one, and a further three specialties in phase two. This will involve detailed planning including demand, capacity, workforce, cost pressures and transformation priorities.

- **'Light touch' planning** for all other specialties – rollover of 2025/26 plan with opportunity for specialties to note significant changes to incorporate into plan.

For the first draft submission, this is based on a top down approach with the intention that for the final submission, this will be overlayed with the bottom up planning to strengthen our plans and support assessment of deliverability and key risks.

Board Assurance Checklist
The new Board Assurance checklist has now been published. There are seven areas of assessment which require a maturity scoring from 1 (full assurance) to 4 (no assurance). The seven areas are as follows:

- Foundational activities (phase 1)
- Governance and leadership
- Plan development
- Productivity
- Risk
- NHS standard contract and commissioning
- Workforce

The Board Checklist will be signed off by the Board of Directors and submitted as part of both the draft and final submissions with an expectation of improving scores through the planning process.

2.	**Recommendations (Note, Approve, Discuss)**

Council of Governors are asked;

- **To note** the planning approach and timeline for Full Plan submission.

3.	Legal / Regulatory Implications

The National Planning Guidance published in October 2025 sets out the legal and regulatory implications for the Trust in 2026/27.

The following reports/plans will also influence the 2026/27 planning round:

- Reforming Elective Care for Patients – January 2025
- Government's 10 Year Health Plan – July 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. To enable this, we must have a robust approach and process for business planning.

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

The requirements for 2026/27 are a significant ask over and above what is already being delivered for the current year.

In the context of needing to develop a multi-year plan against an ambitious national timeline, internal capacity to undertake the work required to develop a five-year plan by February 2026 is a significant ask. Our underpinning Group strategy is being developed in parallel to a similar timeline and the outputs of this are key to support our multiyear strategic view. There remains a risk to the level of underpinning detailed planning that can be achieved within these tight timescales and the misalignment of strategic and operational planning during this planning round.

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.

Planning for 2026/27 continues to assume performance recovery by year-end, though risks remain—particularly for RTT, UEC, Diagnostics and financial delivery. Additional scrutiny due to turnaround status, national uncertainty, and system-level changes also continue to present challenges. Mitigations are underway, including refreshed transformation priorities and collaborative planning across the BSW Hospitals Group.

In recognition that we need expert help to deliver the savings required, we have secured a credible turnaround team who will support us in our challenge to achieve the £17m deficit position for year end, ensuring a transfer of skills to enable a sustainable programme of improvement to be established for future years.

5.	Resources Implications (Financial / staffing)

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

Delivery of the recovery plan continues to place significant pressure on organisational capacity, and internal capacity and capability to meet the condensed national planning timeline remains a concern.

Financial and workforce controls remain in place, with any undelivered savings from 2025/26 rolling forward. While Group-level initiatives and corporate redesign offer future benefits, these are unlikely to ease current pressures.

With partners, we will need to focus on working collectively across the system to support long term sustainability and support the shifts from hospital to community care and from sickness to prevention.

6.	Equality and Diversity

Equality and Diversity is a critical lens through which we must consider all our Trust plans. Quality and equality impact assessments (QEIA) form part of the process for any transformational changes identified in the programme and is highlighted as part of the Board Assurance Checklist.

In addition, taking positive action to reduce health inequalities remains a key priority and plans include a continued focus on digital inclusion and working with our Mental Health partners to improve services for those requiring mental health support whilst in our hospital.

7.	References to previous reports/Next steps

Business planning updates to Council of Governors.

Key dates:
15th December 2025 – sign off of draft plan, Extraordinary Board of Directors
17th December 2025 – sign off by Joint Committee
17th December 2025 – submission of draft plan to NHSE
12th February 2026 – submission of final plan to NHSE

8.	Freedom of Information

Private – contains time sensitive and contractually sensitive information

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.

Considering our impact on environmental sustainability and our local population is an important part of our role as an Anchor institution. The decarbonisation project will continue in 2026/27 with some capital contribution from the Trust to enable ongoing

progress towards carbon net zero. There is an ongoing financial risk in relation to the financial challenges of the subcontractor which may impact on the Trust which will be reported via the project governance and Non-Clinical Governance Committee.

10.	Digital

Digital is a key enabler to support the transformation changes identified and is in line with the Government drive from analogue to digital. There is an on-going challenge to access digital capacity and funding to support transformation in light of the shared EPR project timelines. The EPR programme structure and timeline is currently under review with an anticipated shift in the roll out plan for the overall programme and may have additional financial consequences for the programme impacting the Medium Term Financial Plan.

Further work to explore digital opportunities will form part of the strategic A3 refreshes with each Delivery Group.

Royal United Hospitals Bath
NHS Foundation Trust

Strategic & Operational Business Planning Update

2026-27

Council of Governors

15th December 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 2026/27

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Strategic Planning 2026/27	
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- Strategic A3 Refresh	Slide 7
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Operational Planning 2025/26	
- Planning context and guidance	Slides 10-11
- Planning approach	Slides 12-13
- Planning timeline	Slides 14-15

Delivering on our vision – business planning

Our future depends on it

- We need to plan for our future. Nationally, we are mandated to submit an annual Trust plan which also informs the 'system' plan (our system is Bath, North East Somerset, Swindon and Wiltshire – often referred to as BSW).
- This will be the first year that we are formally working as a Group of Care Organisations therefore we are not working in isolation.
- The other significant change this year is that we are required to submit a five-year plan and both the funding and performance expectations have been set out across the period.
- NHS England expect systems to deliver 'balanced' plans (plans that operating within the funding envelopes that are provided), within systems each partner is expected to deliver against what they have committed to – without this the system is impacted. Providers are also expected to meet nationally determined targets.
- Failure to deliver could mean more intervention from national and regional teams and less control for us locally. It could also mean that the Trust loses out on investment or additional funding.
- Our current context means we have many challenges to overcome due to increased demand, financial pressures and need to recover against our national performance metrics. Our planning work will set us up to deliver what we are all here to do – provide the best possible care for the people we care for and the people in our community.

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 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
Achieving ambulance offload times

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

Productivity
Maximising value, eliminating waste

2025/26 Q3 change to 'Call to Action' priorities

Patient Safety

4 hour performance

Diagnostics - DM01

Referral to Treatment (RTT)

Cancer performance

Staff Well Being

Delivery of Financial position

Corporate Projects 2025/26

Urgent and Emergency Care

Outpatient Transformation

Elective Care

RTT

Diagnostics

Cancer

Financial Delivery

Royal United Hospitals Bath
NHS Foundation Trust

Strategic A3s Annual Refresh

2026/27

The RUH, where you matter

Strategic A3s Annual Refresh

Strategic A3s play a vital role in shaping our Trust's priorities for the year ahead.

They define our Breakthrough Objectives and identify the strategic projects that require dedicated resources and oversight.

For this cycle, **Strategic A3s will be completed by January 2026** and subsequently reviewed in alignment with the Group Strategy as this is developed.

The current Strategic A3s in development include:

- **Urgent and Emergency Care (UEC)**
- **Outpatients**
- **Diagnostics** (All demand for MRI, CT, and Ultrasound)
- **Cancer**
- **Estates**
- **Digital**
- **People**
- **Finance**

Each A3 will outline:

Problem Statement and Current Situation
Future Design Principles
Key Projects and Countermeasures for yrs 1,2,3
And Critical Dependencies

Strategic Planning Timeline

October 2025

A3 refresh for UEC, outpatients and diagnostics

November 2025

Agree transformation priorities for Medium Term Plan

December 2025

We are here

Commence high-level strategic A3 reviews – baseline assessment against Group Strategy

January 2026

Trust priorities for 2026/27 agreed by the Board

Proposed breakthrough objectives for 2026/27 shared for comment

February 2025

Develop Trust response to Group Strategy

Exec to Division objective dialogue

Divisional Scorecard updated

March 2026

Division to Specialty Objective Dialogue

Specialty Scorecard updated

April 2026

Division to Frontline Objective Dialogue

Performance Boards updated

Royal United Hospitals Bath
NHS Foundation Trust

Operational Business Planning Update

2026/27

The RUH, where you matter

Planning context

- All organisations are asked to provide a **credible, integrated 5-year plan and demonstrate how financial sustainability** will be secured over the medium term.

- Plans must align, joining up strategic and operational planning, be coordinated coherently across organisations and different spatial levels and demonstrate robust triangulation between finance, quality, activity and workforce.

- The Government Spending Review published earlier in the Summer provides much greater stability and certainty of medium-term funding.

- Draft submission **17th December 2025**
- Final submission **12th February 2026**

- Trusts and ICBs to submit plans but there will be no 'system' plan. Each trust in the Group will submit their own plan but we are working closely to ensure alignment between Care Organisations as appropriate. Prior to the first submission, the Trusts need to share plans with the ICB plan by **5th December 2025.**

- This will be a **multi-year plan submission**:
  - Year 1 – detailed plan – month by month
  - Year 3 – indicative plan - quarterly
  - Year 5 – directional / strategic plan – growth trajectory

- Each Board will need to complete an assurance checklist, similar to last year's planning round.

Planning Guidance

Expectations in 2026/27:

Performance:

- Deliver 7% RTT improvement or reach 65% by March 2027
- Cancer: 80% FDS, 94% (31-day), 80% (62-day)
- Diagnostics: 20% or better for >6-week waits, local improvement of 3%
- A&E: 82% 4-hour target

Workforce:

- Reduce agency spend by 30%
- Implement consultant job planning reforms (95% signed off)
- Reduce sickness absence toward 4.1%
- Prepare for multiprofessional job planning, statutory training reform and leadership framework

Finance:

- Deliver break-even without deficit support funding
- Achieve 2% productivity improvement year-on-year
- Prepare for new UEC payment model and capital allocations
- Submit triangulated plans with board assurance

Expectations in 2028/29:

Performance:

- Achieve 92% RTT performance
- Cancer: 80% FDS, 96% (31-day), 85% (62-day)
- Diagnostics: 1% of patients waiting >6 weeks
- A&E: 85% 4-hour target

Workforce:

- Zero agency spend by 2029/30, 10% yoy reduction in bank
- Multiprofessional service-level job planning across all services
- Reduce sickness absence toward 4.1%
- Full implementation of Management & Leadership framework and College of Executive and Clinical Leadership curriculum

Finance:

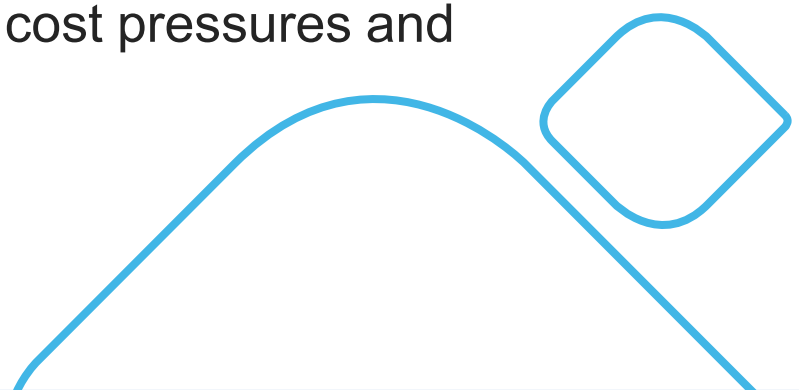
- Deliver balanced or surplus position without deficit support
- Achieve minimum 2% productivity improvement yoy
- Operate within multi-year allocations & fully adopt UEC model
- Compliance with new financial oversight, trust-level productivity reporting and costing dashboards

Approach

Due to the very tight timeframe for development of our plan, we are adopting two approaches:

- **Light-touch/top-down specialties**: Use rolled-over 2025/26 recurrent budgets, activity and workforce as a baseline. Minimal changes expected however any significant changes should be captured and fed into divisional plans.

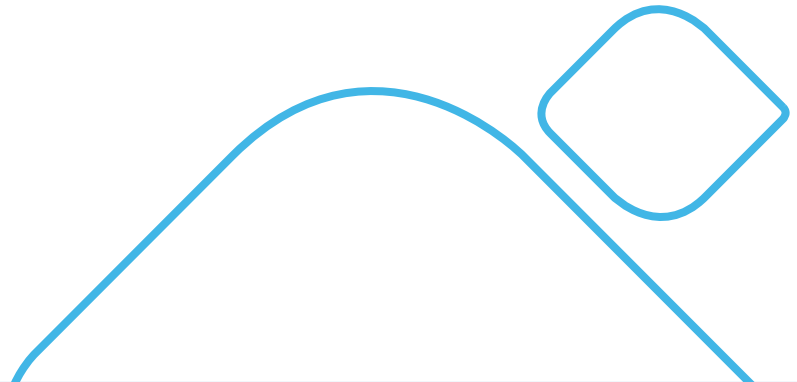
- **Deep-dive specialties**: Baseline will be consistent with light-touch specialities, however additional tailored support will be available from BI, Finance, and Workforce to support more detailed planning, including demand, capacity, workforce, cost pressures and transformation priorities.



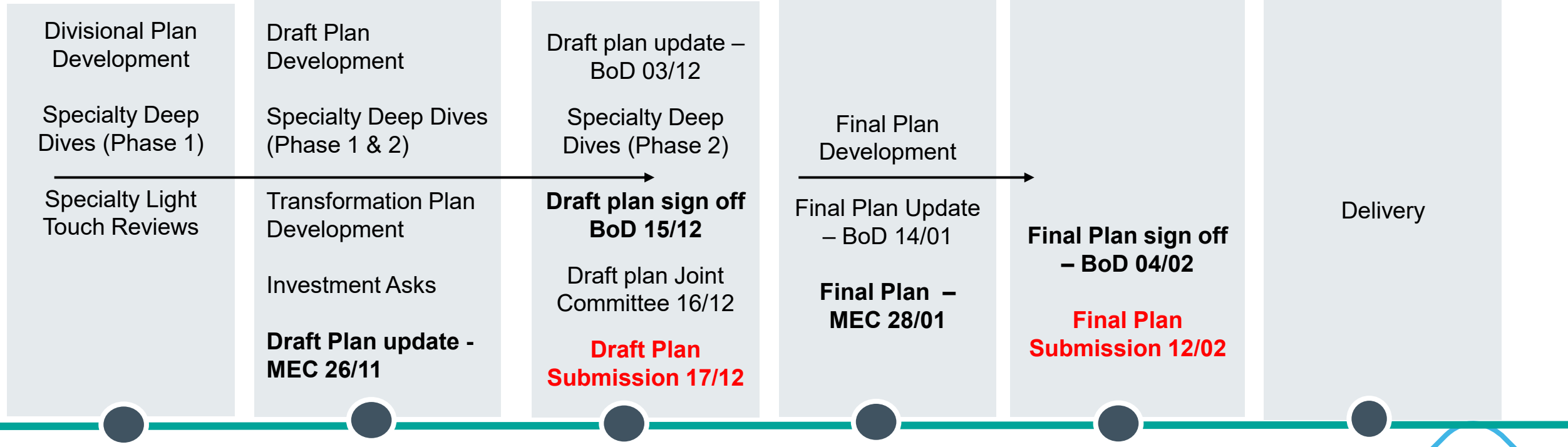
Specialty Deep Dives

Phase 1	
Cardiology	Haematology & Oncology
ENT	OMFS
Gastroenterology	Pain
General Surgery	T&O

Phase 2	
Dermatology	Radiology
Obstetrics & Gynaecology	



High Level Operational Planning Timeline



Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**7**
Date of Meeting:	**8 September 2025**		

Title of Report:	**Governor Log of Assurance Questions and Responses**
Status:	**For Information**
Board Sponsor:	**Liam Coleman, Interim Chair**
Author:	**Roxy Milbourne, Interim Head of Corporate Governance**
Appendices	**Appendix 1: Governor Log of questions November 2025**

1. Executive Summary of the Report

The Council of Governors has a duty to hold the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors.

The role of governors in 'holding to account' is one of assurance of the performance of the Board.

At the RUH, Governors hold the NEDs to account for the performance of the Board by combining the following activities:

- Reading Board papers
- Observing Public Board meetings
- Holding discussions with Committee Chairs
- Engaging with NEDs at joint away days.

This report provides an update on the latest 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 NEDs and is presented to each Council of Governors meeting.

One new question, NOV25, was raised since the last report was presented in September 2025. This relates to staff concerns about ongoing corporate redesign work and the need for communication, transparency and engagement.

The question was sent to Sumita Hutchison, Vice-Chair, and Paul Fairhurst, Senior Independent Director who subsequently met with the Staff Governors to hear the feedback that they had received from staff in more detail. This was then escalated to the Senior Responsible Officer for the Corporate Services Redesign and Board of Directors as a whole. A Corporate Services Review briefing with Jude Gray took place with all staff on 9th December. Non-Executive Directors have scheduled a regular meeting with Staff Governors to hear staff concerns.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to note the report and close assurance question NOV25.

3. Legal / Regulatory Implications

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

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 raise questions of NEDs at any time.	

7.	References to previous reports
This paper is presented to every Public Council of Governors meeting.	

8.	Freedom of Information
Public	

9.	Sustainability
Governors have asked questions on various topics including sustainability. The log of assurance questions is held online.	

10.	Digital
Governors have asked questions on various topics including digital. The log of assurance questions is held online.	

Royal United Hospitals Bath
NHS Foundation Trust

Appendix 1: Governor Log of Assurance Questions

Date:	**12th November 2025**
Source Channel	**Email from Staff Governor**
Date Sent & Responder	Sent to Sumita Hutchison, Vice-Chair, Paul Fairhurst, Senior Independent Director, and Hannah Morley, Non-Executive Director via email on 12th November 2025.
Question and ID	**NOV25** Could you provide assurance that staff concerns about the corporate redesign are being actively addressed and that measures are in place to improve communication, transparency, and engagement.
Process / Action	Sent to Sumita Hutchison, Vice-Chair and Paul Fairhurst, Senior Independent Director via email on 12th November 2025.
Answer	The question was sent to Sumita Hutchison, Vice-Chair, and Paul Fairhurst, Senior Independent Director who subsequently met with the Staff Governors to hear the feedback that they had received from staff in more detail. This was then escalated to the Senior Responsible Officer for the Corporate Services Redesign and Board of Directors as a whole. A Corporate Services Review briefing with Jude Gray took place with all staff on 9th December. Non-Executive Directors have scheduled a regular meeting with Staff Governors to hear staff concerns.
Closed?	Open. To be closed at the next Council of Governors meeting on 15 December 2025.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**8**
Date of Meeting:	**15 December 2025**		

Title of Report:	**2025 Governor Election Results**
Status:	**For noting**
Board Sponsor:	**Liam Coleman, Interim Chair**
Author:	**Roxy Milbourne, Interim Head of Corporate Governance**
Appendices	**Appendix 1: Report on voting and uncontested report**

1. Executive Summary of the Report

The process to elect new Governors began on 8th September 2025. The following successful candidates were elected to the RUH's Council of Governors and began their term on 3rd November 2025:

Name	Constituency
Rachel Walker	City of Bath
Ming Keng Teoh	City of Bath
Anna Beria	North East Somerset (re-elected)
Nick Craw	Mendip
Christopher Leadbeater	North Wiltshire
Adam Cooksey	South Wiltshire
Fi Abbey	Staff
Anthony Green	Staff

2. Recommendations (Note, Approve, Discuss etc)

The Council of Governors is asked to note the report

3. Legal / Regulatory Implications

NHS England's Code of Governance requires each NHS Foundation Trust to appoint or elect Governors.

4. Risk (Threats or opportunities link to risk on register etc.)

N/A

5. Resources Implications (Financial / staffing)

None

6. Equality and Diversity

Any member of the Trust can put themselves forward to become a Governor.

7. References to previous reports

This report is presented after each Governor election.

8. Freedom of Information

Public.

2025 RUH Governor Elections

The process to elect new Governors began on 8th September 2025.

Civica Engagement Services acted as the Trust's Returning Officer, and all election material was distributed and received by them. All eligible members within the following constituencies were able to put themselves forward to become a Governor:

- City of Bath
- North East Somerset
- Mendip
- North Wiltshire
- South Wiltshire
- Staff (two vacancies)

The following successful candidates were elected to the RUH's Council of Governors and began their term on 3rd November 2025:

Name	**Constituency**
Rachel Walker	City of Bath
Ming Keng Teoh	City of Bath
Anna Beria	North East Somerset (re-elected)
Nick Craw	Mendip
Christopher Leadbeater	North Wiltshire
Adam Cooksey	South Wiltshire
Fi Abbey	Staff
Anthony Green	Staff

A copy of the election results is attached at appendix 1 for your information

Recommendation
The Council of Governors is asked to note the election results.

Report of Voting

ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 31 OCTOBER 2025

CONTEST: Public: City of Bath

RESULT		2 to elect
WALKER, Rachel	129	**ELECTED**
TEOH, Ming Keng	101	**ELECTED**
MORRIS, Robert	80	
HEAD, Christopher (Chris)	70	
TOLAND, Sue	56	
PEEL, Tracey	27	

Number of eligible voters		2,353
Votes cast by post:	67	
Votes cast online:	201	
Total number of votes cast:		268
Turnout:		11.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		268

CONTEST: Public: North East Somerset

RESULT		1 to elect
BERIA, Anna	107	**ELECTED**
MANSELL, Lesley	51	

Number of eligible voters		1,775
Votes cast by post:	58	
Votes cast online:	103	
Total number of votes cast:		161
Turnout:		9.1%
Number of votes found to be invalid:		3
Total number of valid votes to be counted:		158

CONTEST: Public: Somerset (Mendip)

RESULT		1 to elect
CRAW, Nick	67	ELECTED
DRAKE, John	22	
CHANNON, Geoffrey	16	

Number of eligible voters		1,135
Votes cast by post:	42	
Votes cast online:	63	
Total number of votes cast:		105
Turnout:		9.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		105

CONTEST: Public: Wiltshire North

RESULT		1 to elect
LEADBEATER, Christopher	54*	ELECTED
BROWN, Alan	51	
HEAD, David Robert	7	

*result confirmed be recount

Number of eligible voters		1,564
Votes cast by post:	55	
Votes cast online:	57	
Total number of votes cast:		112
Turnout:		7.2%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		112

CONTEST: Public: Wiltshire South

RESULT		1 to elect
COOKSEY, Adam	126	ELECTED
COLQUHOUN, James	61	
NICHOLSON, Paul	24	

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Number of eligible voters		2,151
Votes cast by post:	80	
Votes cast online:	135	
Total number of votes cast:		215
Turnout:		10.0%
Number of votes found to be invalid:		4
Total number of valid votes to be counted:		211

CONTEST: Staff

RESULT		2 to elect
ABBEY, Fi	268	**ELECTED**
GREEN, Anthony	218	**ELECTED**
MARFLEET, Fiona	205	
RADHAMMA, Vinod	143	
PERRY, Larissa	128	
LONG, Cameron	106	
UTHUP, Shiju	99	

Number of eligible voters		6,629
Votes cast online:	704	
Total number of votes cast:		704
Turnout:		10.6%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		704

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Royal United Hospitals Bath NHS Foundation Trust

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Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**9**
Date of Meeting:	**15 December 2025**		

Title of Report:	**Annual Register of Governors Interests**
Status:	**To note**
Board Sponsor:	**Liam Coleman, Interim Chair**
Author:	**Roxy Milbourne, Interim Head of Corporate Governance**
Appendices	**Appendix 1: Register of Governors Interests**

1. Executive Summary of the Report

The Council of Governors current Register of Governors Interests is attached at appendix one for information and noting. The Council is responsible for noting this register annually.

2. Recommendations (Note, Approve, Discuss)

The Council of Governor is asked to note the Register of Governors Interests and highlight any anomalies.

3. Legal / Regulatory Implications

The Trust's Constitution requires Governors to declare interests that could conflict with the impartial discharge of their duties and which could cause conflict between their private and their NHS duties

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

The consequences of not dealing with a conflict of interest can be significant. It can result in reputational risk, a failure to act in the best interest of the RUH, and poor governance.

5. Resources Implications (Financial / staffing)

There are no financial or staffing implications.

6. Equality and Diversity

All Governors are required to declare interests as they arise.

7. References to previous reports

This is an annual report and was last presented in December 2024

8. Freedom of Information

Public

9. Sustainability

The register of Governors declared interests is saved electronically.

10. Digital

The register of Governors interests is stored electronically on the Trust's membership database and is available to the public.

Appendix 1
Council of Governors Declarations of Interest – as of 4th December 2025

Royal United Hospitals Bath
NHS Foundation Trust

Governor	Constituency	Interest 1	Interest 2	Interest 3
Public Governors				
Rachel Walker	City of Bath	None		
Ming Keng Teoh	City of Bath	None		
Vic Pritchard	North East Somerset	Member of the Conservative Party Since1991		
Anna Beria	North East Somerset	Member of the Liberal Democrat Party since 2007		
Adam Cooksey	South Wiltshire	None		
Ian Lafferty	South Wiltshire	Trustee on Board of Cares Support Wiltshire, and a member of the Finance Sub Committee - commenced September 2022	Director (Chair) of Dorothy House Trading LTD (Unremunerated position) - commenced March 2013	
Paul Newman	North Wiltshire	Trustee of Chippenham Hospital League of Friends - commenced 2021		
Christopher Leadbeater	North Wiltshire	None		
Nick Craw	Mendip	To be confirmed		
Kate Cozens	Mendip	None		
Anne-Marie Walker	Rest of England and Wales	Support worker at a local charity - commenced 9th January 2023	Son is a nurse at the BRI - commenced 25th September 2023	Son's girlfriend's sister works at the RUH - commenced 2023
Staff Governors				
Craig Jones	Staff	None		
Gary Chamberlain	Staff	None		
Craig Sanders	Staff	None		
Fi Abbey	Staff	None		
Anthony Green	Staff	None		
Stakeholder Governors				
Lucy Baker	BSW CCG	Employee of BSW ICB - commenced 2020.		
Ian Thorn	Wiltshire Council	To be confirmed		
Alison Born	BaNES Council	Partner in Born Health Ltd which is a healthcare consultancy. Not anticipated to be a conflict of interest - commenced 2012	Elected member of BaNES Council 2nd May 2019	
Deborah Wilson	University of Bath	Employed by the University of Bath which has various contracted arrangements with the RUH across the portfolio of teaching and research activities - commenced October 2022		

Report to:	Council of Governors	Agenda item:	10
Date of Meeting:	15 December 2025		

Title of Report:	Lead Governor Appointment
Status:	For approval and discussion
Board Sponsor:	Liam Coleman, Interim Chair
Author:	Roxy Milbourne, Interim Head of Corporate Governance
Appendices	Appendix 1: Lead & Deputy Lead Governor Role & Responsibilities

1. Executive Summary of the Report

The previous Lead and Deputy Lead Governors chose not to stand for re-election in the 2025 constituency-wide elections to the RUH Council of Governors and their terms of office subsequently ended on 31st October 2025.

Following the close of the elections to the Council of Governors, the Corporate Governance Team initiated the agreed selection process for appointing the Lead and Deputy Lead Governor which is outlined as follows:

- The Membership Office to seek expressions of interest for the role of Lead Governor / Deputy Lead Governor;
- Each candidate, even if unopposed will provide a short statement setting out what they would bring to the role;
- The Membership Office will circulate all statement(s) to the Governors;
- If there is a single nomination, the Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining;
- If there is more than one nomination, there will be an election conducted by the Membership Office using an electronic survey. If there is a tie in the number of votes, the Trust Chair has a casting vote;
- If there are no nominations, the Trust Chair, in consultation with the Council of Governors Nominations and Remuneration Committee will appoint a Lead Governor / Deputy Lead Governor.
- The Council of Governors have expressed concern in relation to the resilience of the Lead Governor role following the 2020 elections in which the Lead Governor was not re-elected. To reduce the impact of this the Council has agreed to appoint a Deputy Lead Governor to succeed the Lead Governor and provide continuity of experience and knowledge.

The Corporate Governance Team contacted Governors via email on Thursday 13th November to seek expressions of interest, setting a deadline of Tuesday 25th November. Expressions of interest were received from two Public Governors, Kate Cozens and Ian Lafferty, for the role of Lead Governor. No expressions of interest were received for the Deputy Lead Governor role.

An electronic survey containing statements from both candidates was circulated to the Council of Governors via email on Wednesday 26th November and Governors were asked to vote for their preferred candidate by close of play on Sunday 30th November. 15 Governors voted in total and Kate Cozens, Public Governor, Mendip was successfully elected as Lead Governor.

Ian Lafferty was invited to take on the role of Deputy Lead Governor but declined the role, therefore as no expressions of interest were received for the role of Deputy Lead Governor, Governors are asked to consider putting themselves forward for the role. If we receive more than one expression of interest, a process as stated above will take place.

The Lead and Deputy Lead Governor Role and Responsibilities is attached at appendix 1 for your information.

2.	Recommendations (Note, Approve, Discuss etc)
The Council of Governors is asked to note the appointment of Kate Cozens, Public Governor, Mendip as Lead Governor. Governors are asked to consider putting themselves forward for the Deputy Lead Governor role.	

3.	Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)
NHS England's Code of Governance requires each NHS Foundation Trust to appoint or elect a Governor as Lead Governor.	

4.	Risk (Threats or opportunities link to risk on register etc)
N/A	

5.	Resources Implications (Financial / staffing)
None	

6.	Equality and Diversity
All Governors were invited to express an interest in the roles of Lead and Deputy Lead Governor.	

7.	References to previous reports
Process for Electing a Lead Governor – January 2021. Lead Governor Appointment and Deputy Lead Governor Role – December 2022.	

8.	Freedom of Information
Public.	

9.	Digital
An online voting system was used for this process.	

10.	Sustainability
This process took place virtually.	

Appendix 1:

Lead & Deputy Lead Governor Role & Responsibilities

Role: Lead or Deputy Lead Governor of the Council of Governors

Accountable to: Council of Governors

Period of Office: Subject to annual reappointment (limit of 2 years in office)

Lead Governor Responsibilities:

1. Assist the Trust Chair to organise the business of the Council. In particular to support the Chair to set the agenda for the Council meetings and to advise the Chair on the process for consulting the Council on any matters between meetings. Encouraging all Governors to take part in Governor Working Groups.

2. Assist the Chair to promote amongst Governors a constructive, patient-focussed culture, and generally to further a good relationship with the Board of Directors.

3. Assist the Chair to develop and implement a programme of development for the Council.

4. Act as a point of contact for any Governor wishing to raise matters with the Chair, in the event that a Governor may not wish to do so directly.

5. In the absence of the Chair or any Non-Executive Director, chair any meeting of the Council of Governors.

6. In the event that NHS Improvement wishes to contact the Council directly, or the Council decides to exercise its powers to contact NHS Improvement in line with the Trust's Constitution, act as the point of contact between the Regulator and the Council. This will include any referral by the Council to the Panel established by NHS Improvement to advise the Council.

7. Carry out the role described in Appendix B of NHS Improvement's FT Code of Governance 2010 (as amended from time-to-time) – see Appendix 1.

Deputy Lead Governor Responsibilities:

1. Act as Deputy in the absence of the Lead Governor.
2. To support the resilience of the Council of Governors by working with the Lead Governor to gain experience and knowledge.
3. To succeed the Lead Governor providing they are still an elected Governor and this is supported by a majority on the Council of Governors.
4. In the permanent absence of the Lead Governor, the Deputy Lead Governor would be required to act as Lead Governor until further elections are held.

Appointment:

The Lead Governor shall be appointed by the Council of Governors. All candidates for appointment/re-appointment must submit a supporting statement, and a decision will be taken at a meeting of the Council of Governors by secret ballot.

The Deputy Lead Governor appointment shall follow the same process.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**11**
Date of Meeting:	**10 December 2025**		

Title of Report:	**Working Group Proposal**
Status:	**For Approval**
Board Sponsor:	**Liam Coleman, Interim Chair**
Author:	**Roxy Milbourne, Interim Head of Corporate Governance**

1. Executive Summary of the Report

In June 2024, the Council of Governors agreed to set up a Task and Finish Group to review and reduce the number of working groups in response to feedback from NHS Providers. NHS Providers made this suggestion because the Trust:

- Has more working groups than other Trusts across the country.
- Has struggled to ensure that each working group has adequate Governor representation.
- Has increasingly finite resource to administer working groups, meaning that the existing model is not sustainable.

The Task and Finish Group and Council of Governors worked to review the working group structure throughout the remainder of 2024, but the Council of Governors subsequently approved a proposal to retain the existing working group structure in December 2024 and to try and make it more effective and efficient. It was agreed that this would be reviewed in 6 months' time (June 2025) to determine whether there had been an improvement.

Following the Council of Governors' decision and the subsequent departure of colleagues who previously provided dedicated support, the Corporate Governance Team has found it increasingly difficult to support the Governor working groups in their current format. Furthermore, some Governors had indicated that they did not have the availability to dedicate to attend working group meetings. As a result, no working groups have convened since May 2025, with all statutory responsibilities being discharged solely through the full Council of Governors.

The Council of Governors and Corporate Governance Team need to work together to create a sustainable way forward for everyone, recognising Governor availability, the support that the Corporate Governance Team can realistically provide, and the longer term changes that are likely to take place as part of the establishment of BSW Hospitals Group.

It is within the Councils' gift to decide which working groups that they have but it is recommended that the Council looks to reduce the number of working groups, replacing them with fewer meetings that are of greater value to those involved. The Council of Governors is asked to note the report and consider how to proceed.

2.	Recommendations (Note, Approve, Discuss)
The Council of Governors is asked to note the report and consider how to proceed.	

3.	Legal / Regulatory Implications
The Council of Governors is required to meet at least 4 times per year and establish a Nominations and Remuneration Committee in line with statutory requirements.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The Council of Governors are required to hold the Non-Executive Directors to account for the performance of the Board, both individually and collectively. Working groups could be used to fulfil this function.	

5.	Resources Implications (Financial / staffing)
The existing working group model is unsustainable both in terms of Governor availability and the support that the Corporate Governance Team can provide.	

6.	Equality and Diversity
Not applicable.	

7.	References to previous reports/Next steps
Outcome of the Working Group Task and Finish Group – September 2024 Working Group Task and Finish Group – December 2024	

8.	Freedom of Information
Public	

9.	Sustainability
Not applicable	

10.	Digital
Not applicable	

Council of Governors Working Group Proposal

Background

In June 2024, the Council of Governors agreed to establish a Task and Finish Group to review and improve the structure of the Governor working groups. Their main aim was to ensure that the Council of Governors could effectively fulfil its statutory duties, particularly holding Non-Executive Directors (NEDs) to account, while also making the best use of governors' and Non-Executive's time and capacity.

Feedback was received from NHS Providers that the Trust:

- Has more working groups than other Trusts across the country.
- Has struggled to ensure that each working group has adequate Governor representation.
- Has increasingly finite resource to administer working groups, meaning that the existing model is not sustainable.

Existing Structure

The existing working groups are detailed as follows:

- **Strategy and Business Planning Working Group**
  - Meets 4 times a year.
  - Reviews plans and strategies regarding the future of the hospital, ensure that members' views are represented as well as the needs of the local community.

- **Quality Working Group**
  - Meets 4 times a year.
  - Listens 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.

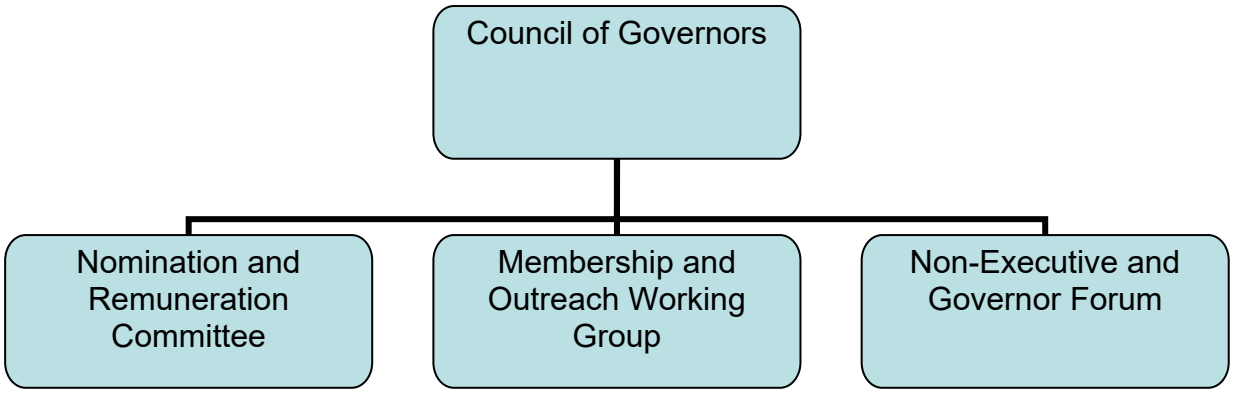
- **Membership and Outreach Working Group**
  - Meets 4 times a year.
  - Aims to grow and develop the Trust's membership and facilitates communication and engagement between Governors, members and the local community.

- **People Working Group**
  - Meets 4 times a year.
  - Seeks confidence on workforce related matters including recruitment, retention, culture, and equality, diversity, and inclusion.

- **Nomination and Remuneration Committee**
  - Meets as required.
  - Oversees the recruitment of the Chair and other NEDs as well as making recommendations to the Council of Governors on their remuneration.

CoG Task and Finish Group overview

The Task and Finish Group first met in August 2024 and considered the following proposal which had been developed from a review of the working group structures of other acute NHS Foundation Trusts. The proposal was based on Pennine Care NHS Foundation Trust which follows the NHS Provider recommended model. It encompasses the Nomination and Remuneration Committee as the key statutory Committee that the Council is required to have. The proposed working groups under this model are detailed as follows:



- **Chair, Non-Executive Director (NED) and Governor Forum**
  - To meet 4 times a year.
  - Supports the Council of Governors' duty to hold NEDs to account for the performance of the Board of Directors, addressing matters relating to:
    - Quality improvements against core standards.
    - Patient Safety and experience.
    - Contractual requirements, risks and issues.
    - Financial sustainability.
    - Partnership working within the wider health and social care economy.
    - Progress against strategic goals and objectives.
    - Regulatory and statutory compliance.
    - Trust achievements and best practice.

- **Membership and Outreach Working Group**
  - To meet 4 times a year.
  - Core function remains the same.

- **Nomination and Remuneration Committee**
  - to meet as required.
  - Core function remains the same.

This proposal was designed to provide the same level of information in a more focused manner and to allow the Governors to engage with the NEDs on a more regular basis. The Task and Finish Group did not feel comfortable with this proposal and developed another proposal to merge the Quality and Strategy and Business Planning Working Groups into a 'Performance Working Group'. The proposal was submitted to the Council of Governors for approval in September 2024; however, the Council asked the Task and Finish Group to revisit the original proposal based on Pennine Care NHS Foundation Trust.

The Task and Finish Group next met in October 2024 and received the Terms of Reference of Pennine Care NHS Foundation Trust's Chair, NED and Governor Committee and a draft Terms of Reference for the Performance Working Group to review. The Group felt that although Pennine Care had a good case, it would be best to continue with the existing structure and to try and make it more effective and efficient. The Council of Governors approved this proposal in December 2024, agreeing to review the situation in 6 months' time (June 2025) to determine whether there had been an improvement in working group attendance.

Following the Council of Governors' decision and the subsequent departure of colleagues who previously provided dedicated support, the Corporate Governance Team has found it increasingly difficult to support the Governor working groups in their current format. Furthermore, some Governors had indicated that they did not have the availability to dedicate to attend working group meetings. As a result, no working groups have convened since May 2025, with all statutory responsibilities being discharged solely through the full Council of Governors.

Proposal
Following the election and an intake of new Governors, it is proposed that the Council of Governors and Corporate Governance Team work together to create a sustainable way forward for everyone, recognising the core statutory responsibilities for Governors, Governor availability, the support that the Corporate Governance Team can provide, and the longer term changes that are likely to take place as part of the establishment of BSW Hospitals Group.

The Council of Governors has a number of statutory duties including:

1. **Holding the Non-Executive Directors to Account**
    - The Council of Governors must hold the non-executive directors (NEDs), both individually and collectively, to account for the performance of the Board of Directors. This means seeking assurance that the Board is operating in the best interests of patients, members, and the wider community, and that it is putting patients first. Governors do this by asking questions, seeking evidence, and ensuring robust challenge and scrutiny of Board decisions.
2. **Representing the Interests of Members and the Public**
    - Governors are required by law to represent the interests of both the members of the NHS Foundation Trust and the public. This involves engaging with local communities, gathering feedback about their experiences and needs, and communicating these views to the Trust.

The Chair, NED and Governor Forum could be established by the Council of Governors to help fulfil its statutory duty of holding the Non-Executive Directors (NEDs) to account for the performance of the Board of Directors. The Committee's main purpose is to:

- **Support the Council of Governors** in seeking assurance that the Trust is meeting its responsibilities in areas such as quality of care, patient safety, financial sustainability, regulatory compliance, and progress against strategic goals.

- **Provide a forum** for governors to ask questions and receive answers from NEDs and subject matter experts, ensuring that the Board is making effective decisions in the best interests of patients and the wider community.
- **Receive and review reports** from key Board sub-committees (such as Quality, Performance and Finance, Audit, and others) to monitor the Trust's performance.

Key Benefits of the Chair, NED and Governor Forum

1. Strengthens Accountability
- Provides a structured opportunity for Governors to hold Non-Executive Directors (NEDs) to account for the performance of the Board of Directors, ensuring that the Trust is well-governed and that Board decisions are robustly scrutinised.

2. Enhances Communication and Transparency
- Facilitates open dialogue between Governors, NEDs, and the Chair, allowing for the exchange of information, clarification of Board decisions, and discussion of key issues affecting the Trust.

3. Supports Governor Effectiveness
- Ensures Governors have access to timely, high-quality information and the opportunity to ask questions, seek assurance, and develop a deeper understanding of Trust performance and strategy.

4. Promotes Collaborative Working
- Encourages collaborative relationships between Governors and the Board, supporting a constructive and effective approach to governance and oversight.

5. Focuses on Strategic Priorities
- Allows the agenda to be centred on quality, strategy, governance, risk, and operational and financial performance, ensuring that meetings address the most important issues facing the Trust.

6. Provides a Forum for Feedback
- Offers Governors a platform to share feedback from members and the public, and to discuss how the Trust is meeting and improving the healthcare needs of its community.

With the exception of the Nomination and Remuneration Committee, it is within the Council's discretion to determine which working groups it wishes to establish. However, it is recommended that the Council considers streamlining its structure by reducing the number of working groups and replacing them with fewer, more focused meetings that deliver greater value to participants. The Council of Governors is invited to note this report and consider the next steps.