Bundle Council of Governors 10 June 2026

0 Agenda
- 0.0 - Draft CoG Agenda June 26 v1.0 - 12.05.26

3 Minutes of the Council of Governors Meetings held on 24 February & 16 March 2026
- 3.0 - DRAFT Public CoG Minutes Feb 26 v1.0 - 03.03.26
- 3.1 - Draft Extraordinary CoG Minutes Mar 26 v1.0 - 16.03.26

4 Action List and Matters Arising
- 4.0 - DRAFT Public Action List Matters Arising v1.0 - 12.05.26

6 Update from the Chief Executive and Managing Director
- 6.0 - RUH MD CEO Public BoD Report June 26 v1.1
- 6.1 - 260422 RUHB 26_29 Close Down Letter
- 6.2 - NHSE SW - RUH Medium Term Financial Plan 30.04.26

7 Temporary Staffing Briefing
- 7.0 - Temporary Staffing - cover sheet BSW Hospital Group - for CoGs final
- 7.1 - BSW Hospitals Group Temporay Staffing Service briefing

8 Business Planning Update
- 8.0 - 2026-27 Business Plan - Public - Cover sheet v01 - Final
- 8.1 - Business Planning Slides - Public Board FINAL

9 Approval of Constitution
- 9.0 - FINAL - CoG Paper - SO and Constitutional changes report v1.3 - 14.05.26 1
- 9.1 - Appendix 1 - BoD standing orders clean version 7 May 2026 1

Royal United Hospitals Bath
NHS Foundation Trust

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

Wednesday 10th June 2026, 15:00 – 17:00

Venue: Room T0.24, Bath Spa University Sion Hill Campus, Sion Hill, Bath, BA1 5SF

No	Item	Presenter	Action	Time	Enc.
Opening Business					
1.	Welcome, Introduction and Apologies: Fiona Marfleet, Paul Newman, Ian Thorn	Paul von der Heyde, Chair	-	15:00	-
2.	Declarations of Interest		To note		-
3.	Minutes of the Council of Governors Meeting held on • 24th February 2026 • 16th March 2026		For approval		Enc.
4.	Action List and Matters Arising		For approval		Enc.
5.	Update from the Council of Governors Meeting in Private		To note		Verbal
Local Care Organisation Update					
6.	Update from the Chief Executive and Managing Director	Cara Charles-Barks, Chief Executive / John Palmer, Managing Director	For info	15:10	Enc.
7.	Temporary Staffing Briefing	Jude Gray, Chief People Officer	For info	15:40	Enc.
8.	Business Planning Update – Strategic Objectives	Rhi Hills, Director of Transformation	For info	15:55	Enc.
Governance					
9.	Approval of Constitution	Roxy Milbourne, Interim Head of Corporate Governance	For approval	16:10	Enc.
10.	NED Feedback and Governor Assurance Questions • No new questions raised since the Council met in February 2026. There are no open questions	Non-Executive Directors / Governors	For disc.	16:15	Verbal
11.	Membership and Outreach Working Group Update	Ian Lafferty, Public Governor	To note	16:20	Verbal
12.	Governor and NED Forum Update	Kate Cozens, Lead Governor	To note	16:30	Verbal
Governor Updates					
13.	Lead Governor Report	Kate Cozens, Lead Governor	For info	16:40	Verbal

14.	Stakeholder Governor Feedback	All Stakeholder Governors	To note	16:50	Verbal
Closing Business					
15.	Items for Future Work Plan / AOB	Paul von der Heyde, Chair	For disc.	16:55	Verbal
Date of Next Meeting: 10th September 2026, 09:00 – 12:00 **Venue:** Room C, Education Centre (E7), RUH, Bath, BA1 3NG					

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

Minutes of the Public Meeting of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust
Tuesday 24th February 2026, 15:00 – 17:00
Room T0.24, Bath Spa University Sion Hill Campus, Sion Hill, Bath, BA1 5SF

Present:
Liam Coleman, Interim Chair

Public Governors	Staff Governors	Stakeholder Governors
Anne-Marie Walker	Craig Jones	Alison Born *(until 16:20)*
Rachel Walker	Anthony Green	
Ming Keng Teoh	Fi Abbey	
Vic Pritchard	Gary Chamberlain	
Kate Cozens	Fiona Marfleet	
Chris Leadbeater		
Ian Lafferty		
Paul Newman		

In attendance:
Roxy Milbourne, Interim Head of Corporate Governance
John Palmer, Managing Director
Sumita Hutchison, Interim Vice-Chair
Paul Fairhurst, Non-Executive Director
Simon Harrod, Non-Executive Director
Joy Luxford, Non-Executive Director
Antony Durbacz, Non-Executive Director
Rhi Hills, Director of Transformation *(item 6)*
Abby Strange, Corporate Governance Manager *(minute taker)*

CG/26/02/01 Chair's welcome, introduction and apologies
The Chair welcomed everyone to the meeting. Apologies had been received from Cara Charles-Barks, Chief Executive, and the following Governors:

Public Governors	Staff Governors	Stakeholder Governors
John Drake	None	Deborah Wilson
Adam Cooksey		Cllr Ian Thorn
Anna Beria		Lucy Baker

CG/26/02/02 Declarations of Interest relevant to items on the agenda
The Council of Governors confirmed that they had no additional interests to declare.

CG/26/02/03 Approval of the minutes of the Council of Governors meetings held in public on 15th December 2025 and 3rd February 2026
The minutes of the meetings held on 15th December 2025, and 3rd February 2026 were approved as a true and accurate record of the meetings.

CG/26/02/04 Action List and Matters Arising

The action list was reviewed and the actions presented for closure were approved.

The Chair advised that that Council of Governors had met extraordinarily on 3rd February 2026 to consider urgent proposals relating to the Interim Group Chair arrangements across BSW Hospitals Group. The Joint Council of Governors Nomination and Remuneration Committee had reviewed the Group Chair recruitment process and advised that, due to only one candidate remaining, the substantive recruitment should be paused. The Council subsequently approved the appointment of an Interim Group Chair for an 18-month term, to ensure stability across the developing BSW Hospitals Group. They also approved amendments to the Group Chair job description to reflect suitability for an interim appointment.

The appointment process would proceed via the Joint Council of Governors Nomination and Remuneration Committee on behalf of all three Councils, with interviews due to take place on 9th March 2026. Each Council would convene an extraordinary meeting to approve the appointment after this date.

CG/26/02/05 Update from the Chief Executive and Managing Director

The Managing Director reported that BSW Hospitals Group continued to face a challenging financial position, with negotiations ongoing regarding the year-end deficit. Key contributory factors were urgent care pressures, high Non-Criteria to Reside (NCTR) numbers, increased drug costs, and wider inflationary impacts. It was essential for the Group to strengthen its position over the next three years to demonstrate ongoing financial responsibility. Despite unprecedented Urgent and Emergency Care (UEC) demand, each organisation had managed pressures well, and the Group had collectively delivered near zero 65-week waits, with work now focused on achieving zero 52-week waits. Significant Group level activity was underway, including several leadership appointments, and while the Electronic Patient Record (EPR) launch had been delayed until 2027, this would support future opportunities for collaborative working.

In terms of the RUH, the Managing Director reported sustained improvements despite ongoing winter pressures, with elective activity protected and trauma and orthopaedic operating maintained at Sulis. Additional year-end funding of £750k had supported accelerated work to reduce waiting lists, and the Call to Action programme was maturing, with the Trust expected to step out of elective recovery tiering imminently. Diagnostic services were on trajectory to meet agreed targets, but cancer performance remained unstable. The 28-day trajectory was being met but the 62-day position had dipped, and actions were underway to recover this. UEC pressures remained significant, prompting regional support for a £12m capital investment in a modular Urgent Treatment Centre (UTC) to improve flow. Despite intermittent challenges in meeting the four hour UEC standard, performance had exceeded 70% during the previous week, placing the Trust among the top 40 nationally. Financially the Trust remained focused on meeting the £17.5m year-end deficit target and the turnaround team was providing valuable support in stabilising the run rate and identifying savings and income opportunities.

The Council of Governors discussed NCTR and recognised that this continued to be an issue across the Group. The Managing Director acknowledged that NCTR needed to be addressed across the Group and explained that local authorities and HCRG Care Group were under pressure, particularly in terms of managing placements into the community. He advised that HCRG was in the first year of its transformation and was experiencing significant challenge in meeting the demands of the three Trusts.

The Council sought clarity on the EPR programme, and whether it would improve communication between care providers. Concerns were also shared around cybersecurity and confidentiality. The Managing Director suggested that Governors received an in depth update on the EPR at a future meeting. He explained that the EPR would provide patients with a single record across the Group and would enable the Group to develop single clinical pathways over time. In terms of communication between other care providers, this was outside of the Group's control, but it continued to influence where it could.

The Council discussed the formation of the Group and asked whether the case for developing a Group model was still compelling. The Interim Chair confirmed that the case for developing the Group model had become more compelling over time, particularly given the increasingly challenging environment that providers were operating in. The reality of the NHS infrastructure was incredibly complex, and the Group model would decrease the complexity in the longer term.

The Council sought clarity on longer term plans to address UEC pressure and asked whether it was possible to implement a dynamic solution to divert ambulances when necessary. The Managing Director confirmed that a five year plan was in development but that the UTC modular build would create a significant improvement for both staff and patients in the shorter term. This needed to be delivered at pace to ensure that the organisation could cease corridor care by November 2026 in line with the government position. Additional support was also being sought from the Integrated Care Board (ICB) and the ambulance service around NCTR and demand management. The ambulance service had the capability to divert ambulances in response to pressure, but it was difficult to deploy given that all three hospitals across BSW were pressured. Intraregional dynamic conveyancing was sought during times of extreme difficulty, but demand management solutions needed to be implemented in the longer term.

The Council of Governors noted the report.

CG/26/02/06 RUH Strategic and Business Plan Update

The Interim Chair welcomed the Director of Transformation to the meeting who summarised the strategic business planning process and provided an overview of the proposed Trust priorities for 26/27. She explained that the organisation refreshed its strategic objectives as part of the annual business planning process with a focus on the most challenged areas with the biggest opportunities for collective improvement. There were four proposed breakthrough objectives for 26/27, and they closely aligned with the commitments set out in the system plan. They centred around safety standards,

supporting and empowering staff, maximising clinical productivity and innovation, and making the most of the available resources.

The Council of Governors discussed the proposed breakthrough objectives and emphasised the need for the Trust to continue to focus on partnership working to deliver some of the improvements that were required. They were concerned about the Trust's delivery of all national standards given that it was potentially focusing on improving the combined aggregated score for four key standards. The Director of Transformation explained that the Trust was looking to mirror how it was assessed in the national framework for simplicity and outlined the Trust's commitment to the national standards as detailed in the system plan for 26/27.

The Council sought clarity on the opportunities that had been identified around consistent expectations for line management. They reflected on the importance of appraisals and ensuring the staff were given the time to complete them. The Director of Transformation explained that the relationship between staff and their line managers was key to wellbeing and there were ways for the Trust to improve how it equipped leaders to interact with their teams. There was currently lots of variability around appraisals and an electronic system had been introduced to standardise this. Further work was needed, and it was recognised that teams with low appraisal rates often cited time as the primary issue.

The Council observed that a top down approach had been taken to develop the proposed breakthrough objectives and asked whether clinical teams would have the opportunity to feed into this. The Director of Transformation explained that the priorities were driven by teams through specialty level Performance Review Meetings and acknowledged that the language in the report needed to be updated to reflect this. Fiona Marfleet indicated that this did not always happen in practice and the Director of Transformation recommended reaching out to the Coach House.

The Council of Governors noted the report.

CG/26/02/07 Item Withdrawn

CG/26/02/08 NED Feedback and Governor Assurance Questions

The Council of Governors noted that there were no open questions, and no new questions had been raised since they last met in December 2025. They did not raise any further questions.

CG/26/02/09 Appointment of Deputy Lead Governor

The Interim Head of Corporate Governance reported that in line with the agreed process, expressions of interest had previously been sought for the Lead and Deputy Lead Governor roles. Kate Cozens and Ian Lafferty had put themselves forward for the Lead Governor role, but no expressions of interest were received for the Deputy role. Following the successful appointment of Kate Cozens as Lead Governor, Ian Lafferty had been invited to take on the role of Deputy Lead Governor but had declined. Expressions of interest were subsequently received from Craig Jones and Paul

Newman, but to ensure fairness and to allow all Governors the chance to express interest, the Corporate Governance Team wrote to all Governors on 7th January 2026 to invite further nominations. No additional expressions of interest were received, and an electronic vote was held through which Craig Jones received the highest number of votes.

The Council of Governors endorsed the appointment of Craig Jones, Staff Governor as Deputy Lead Governor and confirmed that the existing approach to appointments remained appropriate for future cycles.

CG/26/02/10 Working Group Proposal

The Interim Head of Corporate Governance and Kate Cozens presented the proposal which had been developed by the Council of Governors Task and Finish Group. They reported that the existing working group model had not functioned since May 2025 due to significant corporate governance resourcing constraints and limited Governor availability. As a result, Governors had a reduced opportunity to fulfil key statutory responsibilities, including holding the Non-Executive Directors (NEDs) to account and representing the interests of members and the public. Alternative approaches had been reviewed, and it was recommended that the Council adopted a streamlined model comprising of:

- The statutory Nominations and Remuneration Committee,
- The Membership and Outreach Working Group, and
- A new Governor and NED Forum, designed to strengthen accountability, assurance, and dialogue between Governors and NEDs.

Draft Terms of Reference and a revised working group structure were presented for approval. If this was progressed, the Council would need to dissolve the Strategy and Business Planning, Quality, and People Working Groups.

The NEDs sought clarity on the expectations around the agenda for the Governor and NED Forum and whether any additional work would be required of them. They noted that the Committee Upward Reports to the Public Board of Directors would form most of the agenda and were concerned that the information could be dated by the time it was discussed by the Forum. Kate Cozens reiterated that no extra work would be required and the dialogue could be brought up to date through discussions at the meeting. The Interim Head of Corporate Governance added that governor assurance questions would continue to be logged and reported to the Board, whether they were raised during the Forum or outside of it.

The Council noted that the NED Assurance Committees would change from July 2026 and discussed the potential to roll the new working group model out across all three Councils of Governors. The Interim Head of Corporate Governance confirmed that the model could be rolled out and meetings in common could be developed, but that each Council of Governors was responsible for setting its own working group structure and the Councils at Salisbury Foundation Trust and Great Western Hospitals would need to consider whether to adopt the RUH model.

Fi Abbey considered the relationship between the Membership and Outreach Working Group and the Governor and NED Forum and suggested that there was an opportunity for the two to work together in terms of member feedback. Kate Cozens agreed and advised that the Membership and Outreach Working Group would be refreshed during the establishment of the new working group structure.

The Council of Governors approved:

- The dissolution of the Strategy and Business Planning, Quality, and People Working Groups.
- The establishment of a quarterly Governor and NED Forum.
- The draft Terms of Reference for the Governor and NED Forum.
- The proposed Council of Governors meeting structure.

CG/26/02/11 Lead Governor Report

Kate Cozens formally welcomed the newly elected Governors to their first in-person meeting and acknowledged the significant period of change for the Trust, thanking Governors for the additional time they had committed. She welcomed Craig Jones as Deputy Lead Governor and noted that they had already begun monthly meetings with the Chair and Vice-Chair to discuss current issues, understand the Trust's position, and raise concerns, with notes to be shared with the full Council. She expressed appreciation for the Council's support of the new working group structure and thanked Ming Keng Teoh for hosting a recent informal governors' meeting, noting that further informal sessions could take place if there was interest. Work had resumed on improving how hospital information was shared with local communities and parish councils and this would be supported be the re-establishment of the Membership and Outreach Working Group. Governors were reminded of the NHS Providers webinar on 3rd March 2026 regarding the ten-year plan, and of the need to submit expenses to the Membership Office on a monthly basis. The Council of Governors noted the update.

CG/26/02/12 Joint Councils of Governors Nomination and Remuneration Committee Update

Kate Cozens reiterated that the substantive recruitment of the Group Chair had been paused as recommended by the Joint Councils of Governors Nomination and Remuneration Committee following the withdrawal of two out of three candidates. The three Councils of Governors had subsequently agreed to proceed with an Interim Group Chair appointment for a period of up to 18 months with the option to extend to 24 months. Three candidates had been put forward for the interim role, and the interviews were scheduled to take place on 9th March 2026. The Council would need to convene an extraordinary meeting after 9th March to confirm the appointment.

Paul Newman confirmed that he would represent the Trust during the interviews and advised that NHS England (NHSE) would need to approve the Joint Chair appointment. He explained that NHSE had been asked to make a timely decision prior to the three Councils of Governors convening their extraordinary meetings.

The Council of Governors noted the update.

CG/26/02/13 Stakeholder Governor Feedback

The Interim Head of Corporate Governance advised that Cllr Alison Born had left the meeting early and no other Stakeholder Governors were in attendance. She confirmed that any feedback would be circulated via email.

CG/26/02/14 Items for Future Work Plan / AOB

The Chair acknowledged that a significant amount of work was taking place around the development of the Group and thanked the Governors for their time. He advised that the Council was likely to be required to convene more than one extraordinary meeting over the next few months as part of the process to appoint the Interim Group Chair, approve the Group NED model, and appoint the Group NEDs.

The meeting closed at: 17:00

Royal United Hospitals Bath
NHS Foundation Trust

Minutes of the Extraordinary Meeting of the Council of Governors of the Royal United Hospitals NHS Foundation Trust
Monday 16th March 2026, 16:00 – 17:00
held via Microsoft Teams

Present:
Liam Coleman, Chair

Public Governors	Staff Governors	Stakeholder Governors
Rachel Walker	Craig Jones	Deborah Wilson
Vic Pritchard	Anthony Green	
Kate Cozens	Fi Abbey	
Ian Lafferty	Gary Chamberlain	
Paul Newman		
Anna Beria *(from 16:20)*		

In attendance:
Roxy Milbourne, Interim Head of Corporate Governance
Abby Strange, Corporate Governance Manager *(minute taker)*

CG/26/03/01 Welcome, Introduction and Apologies
The Chair welcomed everyone to the meeting and noted that apologies had been received from the following Governors:

Public Governors	Staff Governors	Stakeholder Governors
John Drake	Fiona Marfleet	Alison Born
Adam Cooksey		Cllr Ian Thorn
Anne-Marie Walker		Lucy Baker
Ming Keng Teoh		
Chris Leadbeater		

The Chair declared a conflict of interest relating to the appointment of the Group Chair and the agreement of his notice period. Paul Newman and the Interim Head of Corporate Governance would chair the meeting, respectively, for these items. The Council of Governors agreed that the Chair could remain present during the discussions.

CG/26/03/02 Recommendation on the appointment of Group Chair
Paul Newman presented the outcome of the joint recruitment process undertaken across the RUH, Salisbury Foundation Trust (SFT) and Great Western Hospitals (GWH) to identify an Interim BSW Hospitals Group Chair. A full, multi-stage assessment process had been completed in early March, with input from Governors, Non-Executive Directors (NEDs), and regional and system partners. The paper recommended that the RUH Council of Governors approve the preferred candidate, noting that the other two Councils had already endorsed the same recommendation.

The appointment would be subject to standard Fit and Proper Person checks and final confirmation from NHS England.

Discussion
The Council discussed the thoroughness of the selection process and the breadth of representation on the interview panel, which included Governors from each Trust, NEDs, and national and regional NHS representatives. Governors noted a wording issue in the briefing pack, and it was confirmed that the role was explicitly framed as an interim appointment for up to 18 months, during which a substantive recruitment process would follow. The Council also considered the operational steps required following approval, including the need for regional ratification and the sequencing of communication across the three Trusts. It was confirmed that both SFT and GWH Councils of Governors had approved the recommendation, making the RUH the final approval required before the appointment could proceed.

Assurance
Assurance was provided that an agreed, consistent three-Trust process had been followed, supported by NHS England representatives throughout. Governors were also assured that initial checks had not raised any concerns, and that final Fit and Proper Persons assessments would be completed before appointment confirmation. Clarity was provided that the timelines for national sign-off were short and communications plans were ready to be enacted promptly following approval.

Conclusion
The Council of Governors approved the appointment of Paul von der Heyde as Interim Group Chair for an initial period of up to 18 months.

CG/26/03/03 NED Model
The Chair outlined the proposed model for appointing 12 NEDs to the new Group Board from 1 July 2026, setting out the recommended number of posts, the skill mix required, indicative time commitments, remuneration arrangements, and the future role of Senior Independent Directors (SID) and Vice-Chairs. The model was intended to ensure appropriate governance capacity across the new Group structure while maintaining alignment to statutory duties. The paper also confirmed that the SFT and GWH Councils had already approved the same proposal.

Discussion
The Council discussed the Governor role in future NED recruitment, noting that the process would largely mirror the structure used for the Interim Group Chair appointment. Governors considered the scale of the interview workload required within tight timelines and highlighted areas where the Corporate Governance Teams would need to design proportionate processes to avoid undue burden. A substantive discussion focused on the digital capability described within the skill mix table. Governors emphasised the importance of strong digital leadership oversight given the scale of ongoing digital transformation across the Group. It was clarified that the table was grouped for simplicity but did not preclude securing specialist digital

expertise. The Council also explored the evolving expectations around SID and Vice-Chair roles, confirming that these would be finalised once the Interim Group Chair was in post.

Assurance

Assurance was provided that substantial work had been undertaken across all three Trusts to align on the proposed NED model. It was confirmed that the skill mix was intended to provide flexibility and allow for candidates with multiple areas of expertise, ensuring that digital skills can be prioritised if needed. The Council also received assurance that independent oversight from either the Integrated Care Board (ICB) or regional NHS teams would form part of the process, and that timelines for Governor involvement would be communicated promptly once the Interim Group Chair had commenced in role.

Conclusion

The Council of Governors approved:

1. The recommended NED model including:
    a. The appointment of a minimum of twelve NEDs.
    b. The role of Group NEDs as shown in section three of the paper.
    c. The Proposed skill mix as shown in section four of the paper.
    d. An anticipated time commitment of four to five days per month.
    e. A remuneration of £18k annually.
    f. A notice period of three months.
    g. Confirmation of Vice-Chair and SID arrangements once new Interim Group Chair was in post.
2. The proposed next steps to enable timely implementation of the recommended model including the adoption of the model and agreement of the recruitment process.

CG/26/03/04 CoG Committee in Common Nomination and Remuneration Committee Terms of Reference

The Chair presented revised Terms of Reference (ToR) for a temporary Nomination and Remuneration Committee in Common for the three Councils of Governors, designed specifically to oversee the assessment and recruitment of the first cohort of Group NEDs. Earlier proposals for a more permanent and wider-ranging Joint Committee had been refined following Governor feedback to ensure the Committee remained proportionate to current needs and mindful of the upcoming appointment of the Interim Group Chair. The paper noted that this revised, narrower version of the ToR had already been approved by both SFT and GWH.

Discussion
The Council discussed the rationale for narrowing the ToR, agreeing that a targeted approach focused solely on initial NED recruitment was appropriate at this stage. Governors queried the references to SIDs within the membership arrangements and sought clarity on whether this presupposed a particular model. It was explained that existing SIDs will remain in place until 30 June 2026, after which new Group arrangements would take effect. The Council also considered potential conflicts of interest where existing SIDs may apply for Group roles and acknowledged that such situations would be managed on a case-by-case basis. Governors noted that a more permanent Joint Nominations and Remuneration Committee would need to be developed later in the year, once the Group Board had commenced.

Assurance
Assurance was provided that the ToR under consideration were consistent with those approved by the other Councils and had been shaped through collaborative discussion across the Group. The Council was assured that the structure would support timely NED recruitment ahead of the 1 July transition, and that wider governance architecture, including future permanent committees, would be developed once the new Interim Group Chair was in post and able to contribute to design.

Conclusion
The Council of Governors:

1. Approved the revised CoG Committee in Common Nomination and Remuneration Committee ToR as presented.

2. Delegated to the Committee, with immediate effect, responsibility for overseeing Group NED recruitment processes, enabling recruitment cycles scheduled for Q1 to proceed under appropriate governance.

CG/26/03/05 Required end-of-term actions to enable transition to BSW Group Chair

The Interim Head of Corporate Governance set out the proposed arrangements for issuing the contractual three-month notice period to the current RUH Chair following the Council's approval of the Interim Group Chair appointment. She explained the sequencing required to enable an orderly and supported handover period, aligned to contractual terms and the transition timeline for the new Group governance model. The paper confirmed that issuing notice now would facilitate appropriate induction, engagement with Boards and Councils, and preparation for the Chair's departure in line with the Group go-live date.

Discussion
The Council discussed the timing and requirements of the notice period, confirming that three months was in line with the existing contract. Governors considered the

practicalities of the handover and recognised the need for coordinated planning across the three Trusts once national approval of the appointment had been secured. The Council reflected on the importance of seamless leadership continuity through the upcoming transition to Group governance and acknowledged the scale of work underway across the Corporate Governance Teams to support this.

Assurance
Assurance was provided that the process followed established contractual terms and NHS governance expectations and that issuing notice at this stage was aligned to agreed timelines for Group readiness. The Council was assured that the handover would be structured, jointly coordinated, and clearly communicated to all parties once Fit and Proper Persons checks were completed and the appointment formally confirmed.

Conclusion
The Council of Governors approved the Trust Chair, Liam Coleman's, end-of-term of office date as 30 June 2026, subject to the confirmed appointment of the Interim Group Chair, thereby enabling the required three month notice period and supporting a structured handover.

CG/26/03/06 Any other business

Group go-live
The Chair recognised that it would be a busy period for the Council of Governors and the wider Group due to the timescales required in terms of the NED recruitment and ongoing work to finalise the business and financial plans. He confirmed that he would continue to meet regularly with the Lead and Deputy Lead Governors to ensure that the Council remained informed.

The Interim Head of Corporate Governance informed the Council that the Public Board of Directors dates had been changed in preparation for the Group Board arrangements which would come into place from 1 July 2026. She confirmed that the new dates were as follows:

- Wednesday 1st May 2026
- Wednesday 3rd June 2026

Both meetings would take place between 09:30 – 12:00 at Bath Spa University's Sion Hill Campus.

The meeting closed at 16:35

Royal United Hospitals Bath
NHS Foundation Trust

Agenda Item: 4.0

Action list of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust following the meeting held on 24th February and 16th March 2026

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
CG284	There are no open actions.					

Report to:	**Council of Governors**	**Agenda item:**	**6**
Date of Meeting:	**10 June 2026**		
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 Katie McClean, Executive Assistant**		
Appendices	**Appendix 1: NHSE acceptance of final medium term plan for 2026/27 to 2028/29** **Appendix 2: Trust update on MTFP contract conditions**		

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
  - Financial Position and 2026/27 Plan
  - Urgent and Emergency Care (UEC)

National update

- Secretary of State for Health and Social Care
- Resident Doctors Industrial Action

Group

- Joint Committee
- Leadership Team
- Group Governance and Assurance Arrangements and Transition Roadmap
- Group Priorities and Prioritisation Approach
- EPR Deployment Options Appraisal
- Model of Care Transformation Programme
- Corporate Services Transformation Programme
- Group Board Meetings
- Councils of Governors Workshop

Managing Director's Report

- Local (RUH)
  - Operational
  - Finance
  - Quality
  - Business planning update
  - Year end position
  - Executive appointments
  - Use of Trust Seal
  - Membership

- Consultant Appointments
- RUH In the News – a selection of news stories from the past two months

2.	Recommendations (Note, Approve, Discuss)
The Council 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 and 2026/27 Plan
The Group entered 2026/27 with an improving but still high-risk financial profile. RUH closed 2025/26 with a year-end deficit of £20.5m against a forecast £34m, and is recognised nationally as one of the most improved providers for diagnostics, elective recovery and UEC. SFT have an efficiency programme of £32.5m that is fully identified but high-risk in delivery, internal turnaround support has been implemented to support delivery. GWH has commenced with external financial turnaround support arrangements to assist with the delivery of a challenging £47.2m efficiency requirement. Group-wide CIP delivery for 2026/27 will remain a Joint Committee focus throughout the year.

Urgent and Emergency Care (UEC)
UEC pressure remains the dominant operational and quality risk across the Group. RUH is now the most improved provider in England for average days to discharge (ranked 51st), is in the most-improved cohort nationally for 4-hour performance (2024/25 v 2025/26) to further support pathway improvement; a 100-day UEC challenge will launch on 27 May. SFT continues to operate under sustained pressure, with ED 4-hour performance at 69.3% against a plan of 78% and bed occupancy above 96%. No-criteria-to-reside numbers remain elevated across all three sites.

Across the Group there is robust clinical oversight of Corridor Care in each Care Organisation and reporting is now underway in line with national requirements. As part of the BSW UEC Reset at system-level, elimination of Corridor care is expected to be an output of reduced demand, improved flow within and out of Care Organisations. Internal actions to improve flow are overseen at UEC Improvement Boards with a focus on internal changes to support more timely discharges and reduced internal delays whilst in hospital and on leaving. GIRFT support in GWH and RUH has focused on Clinical Operational standards, and this is being replicated in SFT. Frailty at the front door and long length or stay reviews are areas of focus.

National Update

Secretary of State for Health and Social Care
The Rt Hon James Murray MP was appointed as the Secretary of State for Health and Social Care on 14th May 2026. The Secretary of State is responsible for the work of the Department of Health and Social Care, including overall financial control and oversight of NHS delivery and performance and oversight of social care policy.

The Rt Hon James Murray has served as the Member of Parliament for Ealing North since 2019 and was previously Chief Secretary to the Treasury from 1st September 2025 to 14th May 2026.

Resident Doctors Industrial Action
Resident Doctors in England will take industrial action from 7.00 am on Monday, 15th June to 6.59 am on Friday, 19th June.

As in previous cases, in depth planning for the industrial action is being undertaken at each Care Organisation to ensure that disruption to services for our patients is kept at a minimum.

Group Development

Joint Committee
Our latest BSW Hospitals Group Joint Committee meeting was held on 20th May 2026 with focus being on discussion of Financial Sustainability & Recovery, Integrated Performance Report, Risk Register and Board Assurance Framework Development, the Roadmap for transition to Group Board, the Corporate Services programme, Temporary Staffing Model, and our Organisational Development Programme. A report from the May Group Joint Committee has been included with June Trust Board papers.

Leadership Team
The Group executive leadership team is almost fully established albeit with two interim positions still in place. Recruitment for the substantive Group Chief Digital and Information Officer is complete – following interviews held on 28 April, Jonathan Hinchliffe has been appointed.

In Care Organisations, interviews for the substantive RUH CMO post were held in early March, an offer has been made and we anticipate our new CMO starting in-post in August. Following the announcement of the planned retirement of Toni Lynch in June 2026, recruitment has been completed, with Jason Lugg being appointed as the next RUH Chief Nursing Officer.

Non-Executive Model. The Joint Committee reviewed and approved our planned NED model on 18th February; subsequently, the three Care Organisation Councils of Governors (CoGs) met, and each endorsed the recommended model. In readiness for our Group Board launch, we now are nearing completion of the Group-wide NED appointment process.

Group Governance and Assurance Arrangements and Transition Roadmap
The governance development work supporting support safe mobilisation of our new Operating Model, is continuing led by our Governance Working Group, meeting fortnightly. Supporting this work, the Non-Executive Governance Reference Group meets monthly. On 5th May, the NED team considered the Governance Roadmap, our Safe to Start Gateway tool, and detailed transition timeline. The team also discussed draft Standing Financial Instructions and the planned Scheme of Reservation and Delegation.

On 7th May, we achieved a significant milestone by signing a formal partnership agreement between our three Care Organisations. This was the final formal step in establishing our Group Board. Working as one Board will provide clear oversight, faster and better co-ordinated decisions and a consistent approach to risk, quality and

safety, allowing us to work at scale, making joint investment and estates decisions for the benefit of our community.

In April and May, the pilot Risk and Assurance Committee met and continued its work shaping how group-level risk and assurance will operate ahead of go-live planned in July. A Shadow Risk & Assurance meeting is planned for 1st June, to test new ways of working.

Group Priorities and Prioritisation Approach.
Our five areas of prioritised focus for the Group and Care Organisations remain as follows:

1. Recovery (Performance & Finance)
2. EPR implementation
3. Transforming Models of Care through the acute services review and clinical services framework design
4. Completion of the Corporate Services Review
5. Developing our Group

The Group Leadership team meets weekly to ensure progress is maintained in these priority areas.

EPR Deployment Options Appraisal
The EPR programme team, led by Jonathan Hinchliffe, Chief Digital & Information Officer, has been working with suppliers and our Executive team on delivery planning. The Board met on Thursday 7th May and following discussions, approved a recommendation for Go Live phasing for the shared EPR Programme. The first Go Live will be in mid-July 2027 for GWH, with the second Go Live in late-October 2027 for both SFT and RUH concurrently.

Model of Care Transformation Programme.
The Model of Care Transformation programme, led by Andrew Hollowood, Chief Clinical Transformation Officer, is in development: a clinical stocktake has been completed to inform the selection of first wave specialties to establish Clinical Transformation Groups to explore potential service models, using a set of design principles, founded on serving our population, supporting our teams and reduction of unwarranted variation.

A Steering Group and Working Group are in place, and the governance structure has recently been reviewed to include Elective Care and UEC as part of the Steering Group to enable sharing of best practice, reduce silo working and duplication of work.

Corporate Services Transformation Programme
Our Corporate Services Transformation Programme, led by Jude Gray, Group Chief People Officer, is making progress with the design stage for services completed and consultation exercises now underway. The Steering Group and Design Authority meet regularly, and designs have been approved for eight services. SLAs are being developed for each of the shared corporate services. The financial impact of the programme is being tracked for each service, with clear targets set for 26-27 & 27-28. Detailed phasing of benefits is being planned by service leads.

Group Board Meetings
The 2026/27 Group Board dates including a series of Board development days are being scheduled. From July, Group Boards will be held on the first Thursday of the month.

Councils of Governors Workshop
A Councils of Governors development session was held on 30th April 2026 with the agenda for the day being co-designed by lead Governors to address priorities. The session was well attended and following introductions by Group Chair Paul Von Der Heyde and the Non-Executive Director team, there were updates and discussion on our Model of Care Transformation, Financial Sustainability and the EPR Programme. Lead Governors also facilitated discussion groups on member engagement.

MANAGING DIRECTOR'S REPORT

In September 2025, the Trust moved into Tier 1 for four performance targets, Urgent and Emergency Care (UEC), Referral to treatment (RTT), Cancer and Diagnostics and Segment 4 against the new NHS Oversight Framework (originally ranking 112 / 134). As a result, we set out six priority areas to focus our improvement as part of a Trust wide 'Call to Action' - UEC, financial recovery, 65 week waits for RTT, Cancer 28-day faster diagnosis, diagnostics backlog waits and patient safety. The Oversight Framework for Q3 2025/26 was published in March 2026 and the Trust remains in Segment 4 but has improved its ranking to 102 / 134.

Key improvements include RUH maintaining zero 65 week waiters as of April 2026, and an improved ranking on the 4-hour standard (for all types performance) with the RUH improving from 113/123 in October to 95/123 at year end. We also achieved the national target to reduce the number of patients waiting to less than 1% of our total waiting list ahead of trajectory. The month 1 position for 2026/27 remains stable but several metrics are rated amber and red and continue to require focused management attention.

We continue to report progress via our assurance meetings cycle with the regional team for all performance areas with internal assurance being provided via the Finance and Performance Committee reporting to the Board of Directors. Further details on all operational performance and financial recovery are provided below.

1. Operational

Urgent and Emergency Care

4-hour performance in April slightly decreased by 1.62% to 61.02%. The average ambulance handover delay from April 2026 was 33.1 minutes, an improvement from 44.92 minutes on average in March. The average Non-Criteria to Reside (NCTR) number was 89.4. Our performance for Medical Same Day Emergency Care (SDEC) was 42.1% of all medical admissions for April 2026, exceeding the national standard of 40%.

We continue to embed our internal professional standards which involve improving board/ward rounds, reducing long length of stays (> 14 days), a redesign of our escalation processes, streaming within Emergency Department (ED) Majors and Urgent Treatment Centre (UTC) and preparing to move the UTC in October 2026. The UEC care standard remains our biggest challenge and one that poses significant clinical risk, along with poor patient experience. At the end of May, we will launch a 100-day challenge focused on driving improvement in our non-admitted patient cohort. This is a cohort of patients where performance is the responsibility of the Trust, and we will be using detailed breach analysis to identify trends and opportunities to make the necessary improvements.

- **Emergency Department:** Monitor non-admitted performance across UTC and ambulatory ED, including Extended Emergency Medicine Ambulatory Care (EEMAC) activity, time to triage, and delays to being seen.
- **Specialties:** Provide details of all 4-hour breaches where delays are specialty-related to drive solutions, improving ED response times and decision-making.

- **Wards:** Work with system partners to track and escalate the 7-48-48 positions daily, monitor discharges by 12:00, and review post-15:00 discharges to identify delays and agree improvements.

Referral to Treatment
We have a high level of confidence in our RTT recovery plans. The improvements and lessons learned from the elective 12-week challenge are continuing to support our recovery and the programme approach has been shared with the NHS England team. We are continuing to keep our focus on good Patient Tracking List (PTL) management with a strengthened governance and executive oversight of our processes. Evidence that we are focusing on the right things is visible in our performance numbers again this month.

In April, RTT performance saw an increase in overall performance of 1.2% to 70.3% vs trajectory of 68.3%. The percentage of patients waiting less than 18 weeks for their first outpatient appointment was 73.8% (+ 0.8% from March) The target for over 52-week waiters was achieved with 0.47% of patients on the waiting list being over 52 weeks vs the Trust target of 1%. The Trust continued to maintain having zero patients waiting over 65 weeks.

Cancer
In April, performance (unvalidated) declined against all three national standards. Having achieved the national 80% standard in February and March, April is currently 79.0% with Colorectal followed by Urology, Gynae and Breast seeing the largest reduction. 31 Day performance is showing a reduction but remains above the national target at 94.3%. 62 Day performance has improved marginally to 69.1% but remains considerably below trajectory (75.6%). The most notable improvements were in Colorectal, Lung and Skin. However, this was counteracted by deterioration in Urology who reduced by 15.3%.

Diagnostics
In April 2026, 85.32% of patients received their diagnostic within the 6-weeks against the 85.40% target. Performance decreased 0.76% from March 26. However, this decrease was due to a reduction in denominator, as the Trust received less referrals. Total breaches, overall, reduced by 44 from the previous month.

2. Finance

The overall financial position at month 1 is a deficit of £2.9m which is £1.3m adverse to plan. This is driven by:

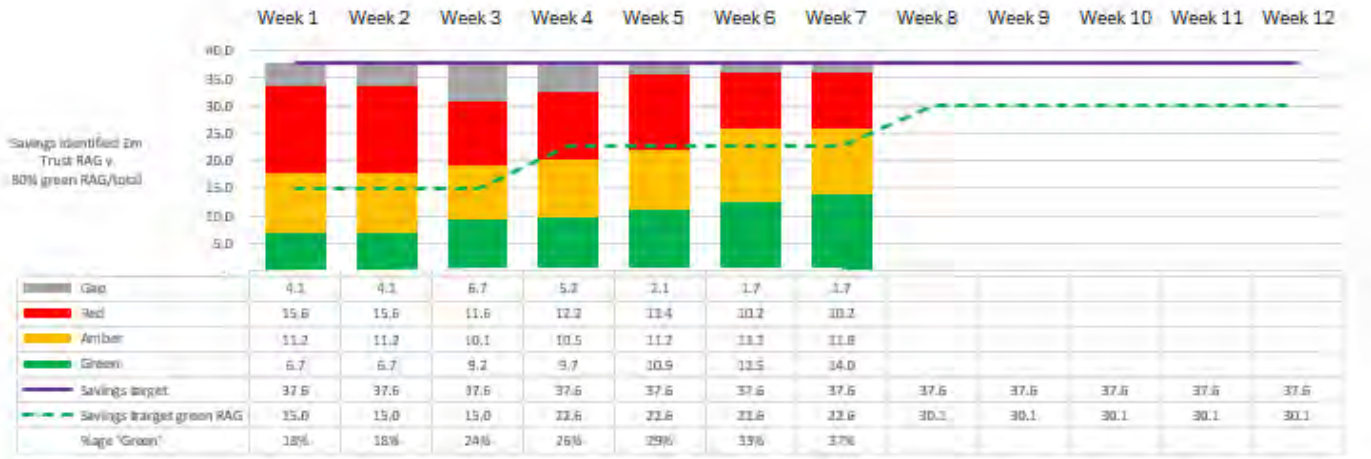
- Industrial action: £303k
- Expenditure budgets: £439k
- Funding gaps: £194k
- Sulis: £134k

The Trust is required to deliver 15% or £5.64m of its Cost Improvement Programme (CIP) and to have 80% of schemes rated green by the end of Q1.

The total identified savings opportunities are £35.5m against a target of £37.6m. Work is underway to move to opportunities and plans in progress to 'green' or 'in delivery', with targets of 40% in April, 60% in May, and 80% in June.

At week 5 the Trust had £10.9m worth of schemes rated green, representing 29% of the total savings target. At week 7 the Trust now has £14.0m of schemes rated green, representing 37% of the total savings target.

Figure 1: CIP Savings Profile



3. Quality

Care Quality Commission (CQC)

In May 2026, the CQC published the report following their unannounced inspection of Urgent and Emergency Care in October 2025. The outcome of this was a rating of 'Requires Improvement' for Urgent and Emergency Services. The CQC downgraded the rating for 'Caring' from 'Good' to 'Requires Improvement.' The safe, responsive, and well-led domains were also rated as 'Requires Improvement' with effective rated as 'Good.'

Item 13 provides a full briefing on the CQC report, an associated action will be presented in due course.

Nursing and Midwifery Council

The Chief Nursing Officer for England, accompanied by the Chief Executive of the Nursing and Midwifery Council, led a briefing to all Chief Nursing Officers on 21 May 2026 regarding an investigation in the Nursing and Midwifery Council (NMC).

The NMC have identified that systems and processes relating to the screening of applicants requesting to join the NMC register had not been followed for 12 years. The processes relate to the screening of applicants' suitability and safety to practice from a health and conduct perspective. The NMC have reviewed 18,086 applications, of which, 98% require no further action. As of 27 May, the NMC is contacting 421 nursing and midwifery professionals who will be asked to provide further information for a more a detailed assessment by an Assistant Registrar.

All employers have been advised that they do not need to take any action unless contacted directly by the NMC and the Trust has a plan to support any staff member who may receive a letter from the NMC.

The Chief Nursing Officers across BSW Hospitals Group will report to the Care Organisation Management Committee should any staff be contacted by the NMC.

Excel at Every Level Accreditation
The accreditation framework continues to be the largest quality improvement initiative undertaken across the organisation. Since the last public Board of Directors, the Breast Unit and the Older Persons Unit Short Stay have been awarded Gold Accreditation.

Patient Experience award winners
In April, we announced the winners of our annual Patient Experience Awards. These awards shine a light on the exceptional work taking place across the hospital to improve the experience of patients, families and carers. They celebrate the compassion, creativity and commitment of colleagues who go above and beyond to make a real difference. Award winners included Diabetes environmental improvements, improvements to our Uro-gynaecology pessary clinic and improving digital inclusion for patients.

4. Business planning update

Executive Summary
The Care Organisation continues to operate in a highly pressurised environment with both GP referrals and emergency demand exceeding plan at month 1. Whilst we continue to demonstrate good progress in our elective recovery plans for referral to treatment, diagnostics, cancer wait times, there remains significant system demand pressures for emergency care and we have seen in dip in our 4 hour performance in April compared to May, although remaining above the planned trajectory.

The focus for quarter 1 remains the sustained improvement in elective operational standards (RTT, Cancer, Diagnostics) and improved partnership working to reduce urgent demand and NCTR discharge delays with a focus on patients being discharged home (P0) delayed over 24hrs and length of stay of patient discharged to a community setting (P2). The UEC team are developing a UEC 100 day challenge to support improvements across all non-elective pathways as well as planning for the relocation of the Urgent Treatment Centre by quarter 3.

Year-to-date financial performance is £1.3m adverse to plan, driven by savings shortfall, industrial action, and contract funding gaps. Cash balances remain a risk ,and system finance performance is adverse overall. Key priorities for Quarter 1 include closing the financial gap and strengthening savings delivery confidence, through the maturity of CIP schemes to achieve 80% Green by the end of June 2026, coupled with the delivery of the quarter 1 CIP target (15%). This is supported by continued productivity improvement which is reporting a 3.7% year on year improvement, putting us in the 2nd quartile nationally.

Focused improvement work continues to address the deteriorating pressure injury performance across the Trust and remains a key priority. This includes targeted support in wards that have experienced clusters of pressure injuries, alongside a Trust wide task and finish group reviewing relevant systems and processes.

Data shows that during April 98.7% of inpatients did not fall in our care. Trust wide in April 90.0% of adult inpatients had a falls risk assessment completed within 6hours of admission and falls per 1,000 bed days in April were below the National Audit for inpatient falls (NAIF) benchmark of 6.6.

Workforce continues to present a degree of risk, with elevated sickness absence (5.62%) and appraisal compliance impacting productivity, staff wellbeing and overall organisational resilience. Notwithstanding these pressures, vacancy levels remain low. This reflects the success of targeted recruitment campaigns, particularly within the Emergency Department and across Trust-wide Healthcare Support Worker roles. The Care Organisation continues to demonstrate strong attraction, supported by sustained low levels of turnover.

Work is in progress to develop a more focused Healthier Workforce Programme, identified as a breakthrough objective for this year in response to high sickness levels. It's purpose is to provide a clear and structured approach to improving the physical, mental, and emotional wellbeing of staff, thereby enabling a healthier, more resilient workforce and supporting the delivery of high-quality patient care.

Figure 2: Business Plan 2026/27 Scorecard

		Performance against trajectory (in year)			3 Year Plan Profile		
Domain	Metric	26/27 NHSE Instruction	Current Month Trajectory	Apr-26	Year End 26/27 RUH Plan	Year End 27/28 RUH Plan	Year End 28/29 RUH Plan
UEC	ED Attendance Growth	*Versus 25/26 actual*	-0.5%	3.6%	-0.5%		
	NEL Admission Growth	*Versus 25/26 actual*	-4.6%	12.4%	-4.6%		
	Eliminating Corridor Care	*0> 45mins by Nov '26*	*Trajectory*	556 (15%)	0	0	0
	4-hour ED performance (type 1)	*66.9% by Mar '27*	58.7%	61.2%	66.9%	72.9%	79.1%
	4-hour ED performance (all types)	*82% by Mar '27*	69.1%	71.1%	75.3%	80.2%	85.0%*
	12-hour ED performance	*96.1%*	*Trajectory*	92.0%	93.7%	94.7%	95.0%
	Ambulance handover	*Reduce toward 15 mins*	33 mins	33.1 mins	30 mins	29 mins	28 mins
Elective & Diagnostic	GP Referral Growth	*Per planning assumption*	0.0%	10.9%	0.0%		
	18w RTT Performance	*74.7% for RUH*	68.3%	70.3%	74.7%	83.4%	92.0%
	52 Week Waiters	*Reduction towards zero*	331	183	198	62	0
	52 Week Waiters %	*Improvement on 1%*	0.9%	0.5%	0.8%	0.4%	0%
	Diagnostics 6 week wait	*13.1% for RUH*	14.6%	14.7%	12.50%	9.0%	1.0%
Cancer	28 day FDS	*80% annual ave*	80.2%	79.1%*	80.0%	80.5%	80.7%
	31 day	*94%*	92.8%	92.5%*	94.2%	96.0%	96.1%
	62 day RTT	*80%*	75.3%	68.9%*	80.5%	82.7%	85.1%
Workforce	30% Reduction in agency use	*30% improvement from M06*	*Trajectory*	13.3 WTE	5 WTE	3 WTE	0
	10% reduction in bank spend	*10% reduction from M06*	*Trajectory*	283.7 WTE	237 WTE	-10%	-10%
	Sickness rate (rolling 12 month average)	*Improvement*	*Trajectory*	5.5%	4.8%	4.6%	4.4%
Finance	2% productivity improvement	*(min 2% improvement)*	6.7%	6.5%	5.0%	2.7%	1.5%
	Savings Plan	*37.6m (£56.6m over 3 yrs)*	1,883	1,400	37.6m	10.3m	8.7m
	Balanced or surplus financial position	*Balance or surplus*	-1,610	-2,886	0.0m	0.0m	0.0m
Discharge	Non Criteria to Reside (NC2R)	*Number of NC2R*	86	89			
	Pathway 0 - Home	*% within 24 hours*	*tba*	94.0%			
	Pathway 1 - Home with support	*% within 48 hours*	*tba*	50%			
	Pathway 2 - Community setting	*% within 48 hours*	*tba*	15%			
	Pathway 3 - Residential care	*% within 7 days*	*tba*	60%			

* draft - unvalidated position

Summary of performance across the breakthrough objectives and key standards

RUH 4-hour performance - in April 2026 was 61.02% on the RUH footprint (unmapped), a decrease of 1.62% from March's performance (62.64%). Non-admitted

performance was 71.62%, which is a slight decrease against March's 73.03%. Admitted performance was 39.45%, which is a decrease from 42.46% in March.

Corridor Care - The RUH implemented the use of a corridor in the Emergency Department in October 2025 with launch of Wait 45 (W45), to support timely ambulance handover. In April 2026, the number of patients who spent > 45 minutes of their ED visit in the corridor was 566, representing 15% of all ED attendances during that time. Eliminating corridor care will form part of the 100-day UEC Challenge in June 2026 and we will define countermeasures to address performance improvement.

Elective waits - in April, RTT performance saw an increase in overall performance of 1.2% to 70.3% vs trajectory of 68.3%. The percentage of patients waiting less than 18 weeks for their first outpatient appointment was 73.8% (+ 0.8% from March) The target for over 52-week waiters was achieved with 0.47% of patients on the waiting list being over 52 weeks vs the Trust target of 1%. The Trust continues to sustain the position of having zero patients waiting over 65 weeks.

Diagnostic waits - in April 2026, 85.32% of patients received their diagnostic within the 6-weeks against the 85.40% target. Performance decreased 0.76%from March 26. However, this decrease was due to a reduction in denominator, as the Trust received less referrals. Total breaches, overall, reduced by 44 from the previous month.

Cancer waits - Cancer performance will now be reported as last month's position, previously reported one month in arrears. In April, performance (unvalidated)declined against all three national standards. Having achieved the national 28 day 80% standard in February and March, April is currently 79.1% with Colorectal followed by Gynae and Breast seeing the largest reduction. 31 Day is currently showing a reduction to 92.5% although further validation/recording of treatment is expected to bring an improvement to near the national 94% standard. Waiting times for Minor Operations (MOPS) in Skin remains the area of most challenge. 62 Day performance has been maintained at 68.5% with a minor improvement expected on completion of validation.

5. Year end position

An enormous amount of effort has been made across the organisation to improve performance and provide better services for patients through the Call to Action over the last 6 months of 2025/26. The National super stats were published in the third week of May and demonstrated the step change improvements we have made across all of our key indicators.

Figure 3: Improvement Progress during 2025/26

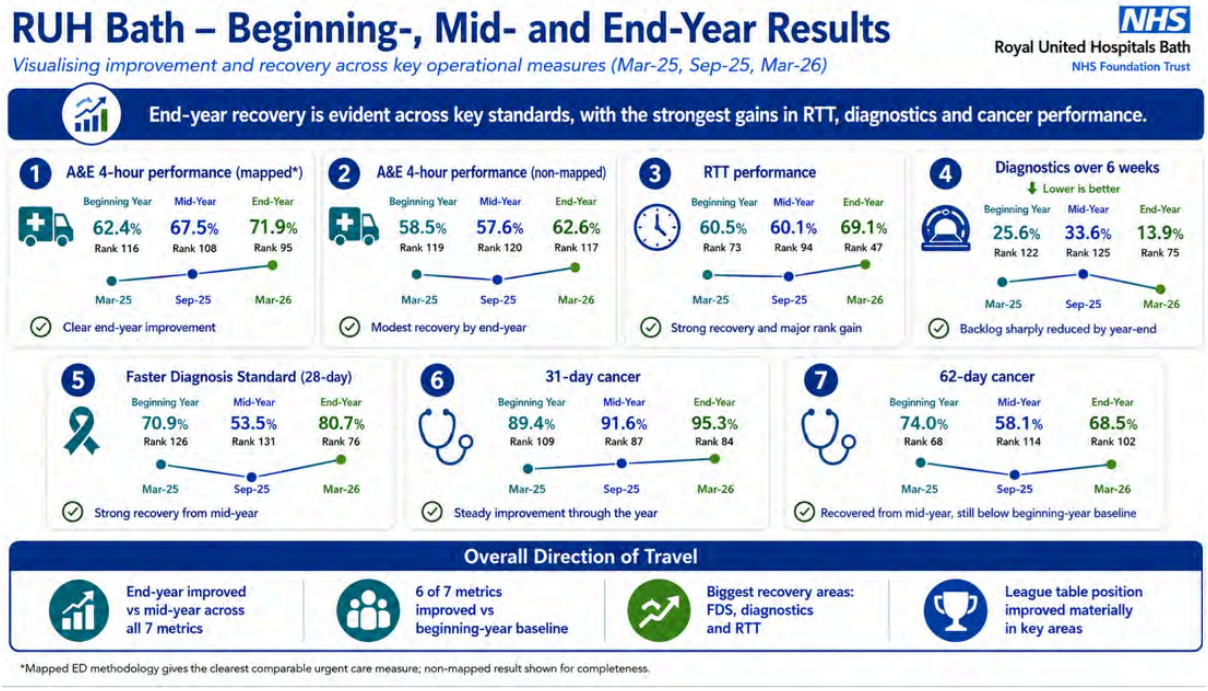
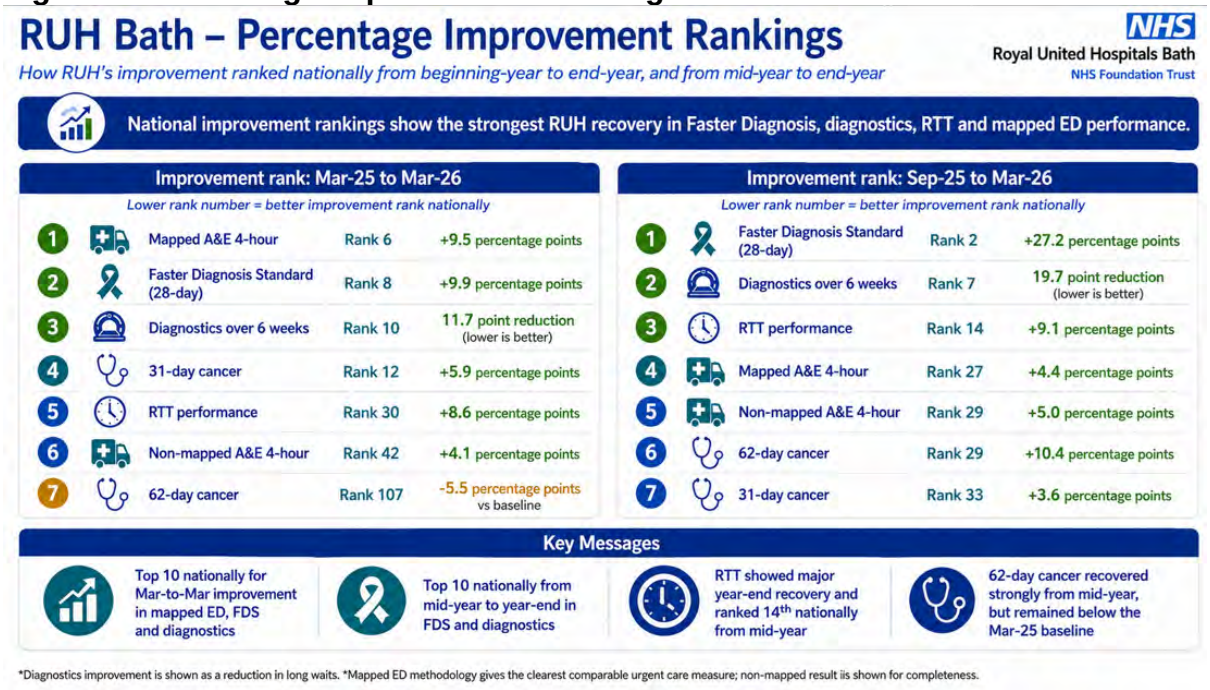


Figure 4: Percentage Improvement Rankings 2025/26



Some of the key areas to celebrate include:

- Top 10 nationally for Mar-to-mar improvement in mapped 4 hour performance, 28 day Faster Diagnostics standard and Diagnostics 6 week wait standard
- Referral to Treatment showed significant year end recovery in our position, ranking 14th nationally from the mid year point.
- 62 days cancer standards recovered strongly from the mid-year but remains a challenge in terms of meeting national standards.

These improvements provide a strong base on which to build during 2026/27.

6. Executive Appointments

Over the coming months, there will be changes to the Trust's Executive leadership team, following substantive appointments to the Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) roles.

Toni Lynch, Chief Nursing Officer, will retire in June 2026 after 5 years at the Trust. I would like to thank Toni for her leadership not only of nursing, midwifery, AHPs and Estates and Facilities but the Trust as a whole. Toni has made a significant and lasting contribution to the Trust, strengthening and developing the professional agenda and improving patient outcomes and experience. Jason Lugg, currently Deputy Chief Nursing Officer, has been appointed as her successor.

Dr Kheelna Bavalia's secondment as Interim Chief Medical Officer, concludes in June 2026; I would like to record my thanks for her leadership and contribution to the Trust over this time. Dr Rebecca Maxwell has been appointed as substantive CMO and will join later in August 2026 with interim cover arrangements being finalised.

These changes support continuity of leadership and strengthen our focus on quality, finance, performance and group readiness.

7. Use of Trust Seal

The Trust Seal has not been used since the last meeting.

8. 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/

9. Consultant Appointments

The following Consultant appointments were made since the last report to Board of Directors:

Dr Catherine Morgan was appointed as Consultant Neurologist and will join the Trust in June and is currently working at the Trust in Speciality Training.

Dr Alexandra Rogers was appointed as Consultant in Dermatology and will join the Trust in September from Southampton University Hospital.

Dr Samuel Copson was appointed as Consultant in Emergency Medicine and will join the Trust in July from North Bristol NHS Trust.

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

More than a century of nursing work celebrated at the RUH
In April we celebrated the 'Class of 96' – four nurses at the RUH who trained together at the RUH and still work here today. Reflecting on their time at the RUH, they highlighted significant changes including advances in technology and the growth of the hospital, alongside the challenges of the Covid-19 pandemic. They also emphasised the strong sense of teamwork, supportive culture and career development opportunities that have contributed to their continued commitment to the RUH.

Deaf awareness boxes launched
In May we marked Deaf Awareness week and the launch of Deaf Awareness boxes across all our medical and surgical wards. The boxes have been introduced to help staff communicate with patients who are deaf or having hearing loss. They contain a range of products and resources including whiteboards, spare hearing aid batteries and information cards.

Thank you Bernard and Jane Rymer
We said farewell and thank you to Bernard and Jane Rymer, who stepped down as Friends of the RUH Chair (Bernard) and Treasurer (Jane) in April after an incredible twenty years of volunteering. Bernard and Jane have transformed the charity, which oversees volunteers, runs the RUH's onsite shop and popular B18 cafe as well as providing thousands of pounds of charitable grants to the RUH. We are incredibly grateful for their dedication, professionalism and resilience, and the countless hours they have given to ensure the charity can support so many projects and people.

Celebrating Midwives, Nurses and Operating Department Practitioners
In May we marked International Day of the Midwife, International Nurses' Day and National Operating Practitioner Day. Staff were invited to celebrate with afternoon tea, a service in our spiritual care centre and other activities. The day provided an opportunity to shine a spotlight on these teams for all the work they do every day to provide high quality, compassionate care.

RUH brings cancer care closer to home for Frome and neighbouring community
In May we highlighted that people in Frome and the surrounding area can now access cancer care closer to home, thanks to our new satellite clinic.The new Systemic Anti-Cancer Treatment (SACT) Centre, based at Frome Medical Centre, opened earlier this year and has already provided care for over 200 patients. Patients still receive their initial treatment at the Medlock Unit at the RUH's Dyson Cancer Centre. Suitable patients continue their therapy in Frome and still receive treatment from the Medlock

Unit's team of nurses. Feedback from patients has been very positive, and we are grateful to the Bath Cancer Unit Support Group for their support in purchasing and installing equipment.

25 years of supporting babies and their families

In May we celebrated 25 years of a vital community outreach service which has supported thousands of babies cared for in the neonatal unit at the RUH. The service provides care and support to babies that have been looked after in the Dyson Centre for Neonatal Care and who still need additional support in the first few weeks or months at home.The team visits families once they are home from hospital to provide help with things like feeding and nursing care. They also provide practical and emotional support for parents and can signpost families to professional support services.

Eye Unit makeover

Our Eye Unit makeover was completed in May, creating a brighter, more welcoming and accessible space for patients and staff. New flooring provides a seamless route for visibly impaired patients and improved lighting reduces glare and makes the clinic more comfortable for people with visual sensitivity. The Unit also includes a dedicated play area for younger patients and comfortable seating to make visits less stressful for families. We are grateful to Friends of the RUH and Time is Precious for their support to make this refurbishment possible, along with the Pollock Family and Friends of the Eye Unit.

To: Cara Charles-Barks, CEO Royal
United Hospitals Bath NHS Trust

NHS England
South West Region
South West House
Taunton
TA1 2PX

22 April 2026

Sent via email

Dear Cara,

Royal United Hospitals NHS Foundation Trust

Acceptance Status: Accepted with conditions

I am writing in response to the submission **of your final medium-term plan for 2026/27–2028/29** and your **five-year- Integrated Delivery Plan**, and to set out next steps. Thank you for the extensive work across the organisation that has contributed to the development of these plans. Annex One of this letter summarises the key commitments your organisation has set out for delivery and any supporting actions to address key issues that have been agreed.

As we move into implementing the plans our shared focus moves firmly toward delivering the strategic shifts and long-term transformation required to reset NHS performance and build a sustainable, modern health and care service. The Medium-Term Planning Framework set a clear expectation that organisations will work over multiple years to restore constitutional standards, strengthen community-based care, and accelerate prevention and digital transformation. Planning over multiple years does not end with acceptance of the plan; as the focus moves to delivery, foundational work will continue as you work on understanding any changes in the demand and capacity of your services and population health needs.

Transforming our services remains essential to achieving the required outcomes for patients as well as productivity and efficiency improvements to ensure sustainability. We will continue to work with you to ensure your organisation has access to the development and improvement support needed to strengthen capability and capacity.

Your submitted plan has been reviewed against the expectations set out in the national guidance and has been assessed as:

- **Compliant with Conditions**

Although the BSW Hospitals Group has submitted a breakeven plan across all three years, we have significant concerns regarding the current deliverability of the financial plan. The financial plan has significant delivery risks as the efficiency programme lacks the level of maturity and credibility required. Progress in developing a robust, evidence based efficiency plan has been limited. The plan includes a £117.34m efficiency requirement (7.1%), of which 18.2% remains unidentified and 54.7% is assessed as high risk, significantly undermining confidence in deliverability.

Effective oversight of the delivery of these plans will be important to ensure that the ambitious trajectories are met. We will review progress against these plans with you through our Regional governance arrangements which include System Delivery Stocktake meetings, System Mid Year Review meetings, Provider Oversight meetings, Tiering and other performance and delivery meetings, to ensure that there is continuous oversight, alignment across organisations, and transparent governance.

We are aware that the data collection template for “Percentage of clinically urgent appointments seen on the same day” for the 2026/27 period is not expected until after the main planning round has concluded. With that in mind please note specific discussions may be needed around this area following issue of this letter.

We will work with you over the course of 2026/27 to support you in delivering this plan which your Board has approved. It is important to note if you are unable to deliver against your commitments, this will lead NHS England to consider the full range of regulatory options available to us as part of any subsequent escalation.

Please let me know if you wish to discuss any of the above. I would be grateful if you could share this letter with your full Board.

Yours sincerely,

Sue Doheny
Regional Director

Copy to:
Simon Wade, Group Chief Finance Officer
Jude Gray, Group Director of People
John Palmer, Managing Director

Annex One

Below is the outcome of your full submission and the compliance against the key ambitions within the three years until 2028/29:

Programme: Multiple selections | ICB: All | Provider: Royal United Hospitals Bath | View: Provider

Programme	Measure Name	26/27 Plan	Target/Baseline	27/28 Plan	Target/Baseline	28/29 Plan	Target/Baseline
Ambulance	Ambulance handovers >45 minutes %	7.6	0.0	0.0	0.0	0.0	0.0
Ambulance	Average handover time	30.0	73.3	29.0	30.0	28.0	29.0
A&E	A&E <4 hour performance % - all types	75.3	82.0	79.9	83.0	82.0	85.0
A&E	A&E <4 hour performance % - children	88.1	95.0	95.1	95.0	95.1	95.0
A&E	A&E 12+ hour attendances - types 1&2	7,915.0	8,141.0	5588.0	7915.0	5675.0	5588.0
Cancer	Cancer % treated within 31 days of DTT	94.2	94.0	94.6	96.0	96.1	96.0
Cancer	Cancer % treated within 62 days of referral	80.5	80.0	79.0	82.5	81.9	85.0
Cancer	Cancer FDS % within 28 days	80.0	80.0	80.5	80.0	80.7	80.0
Elective RTT	RTT % within 18 weeks	74.7	74.7	83.4	83.4	92.0	92.0
Elective RTT	RTT waiting list size	32,987.0	38,352.0	29547.0	29567.0	26785.0	20762.0

Specific issues that require ongoing review and/or further system action are:

CONDITIONS PLACED ON 18 MARCH PLAN ACCEPTANCE			
Plan area / Metric	**Outstanding Issues**	**Conditions**	**Success Criteria & Timescales**
UEC	Not meeting 4 hours in years 1-3, not meeting 12 hours in year 3, increases in handovers high across all 3 years – need a plan to achieve national standards	Reliance on Capital schemes. Factor in the expected improvements within capital builds and GIRFT improvement across all UEC metrics for their return on their investment in years 2 and 3	Plans shared and agreed with NHS E by end April 2026
Workforce	No change in plans submitted. Do not currently have granular workforce plans.	Expect development of detailed workforce plans which underpins the submitted plan, triangulated with finance and activity and for these to be shared with the regional team.	Plans shared and agreed with NHS E by end April 2026
Cancer	Compliant plan, however, delivery is dependent on the funding from Cancer Alliance, which is not full, so a risk to delivery	Trust need to consider further additional actions to close the gap and mitigate the risk	Plans shared and agreed with NHS E by end April 2026
Productivity	Not delivering target in Years 2 and 3	Need to focus on delivery of CIP as a means to improving implied productivity. To be included in desktop deep dive in Q1 to provide assurance on efficiency delivery, with the expectation that efficiency plans are identified during Q1 and progress monitored monthly, not just at quarter-end.	
Finance	Although the BSW Hospitals Group Trust has submitted a breakeven plan across all three years, there remains a material concern regarding the maturity and credibility of the efficiency programme. Progress in	Clear plans to derisk savings plan, with agreed milestones and progress updates to be provided fortnightly. Clear plan to derisk the financial plan, with agreed milestones and progress updates to be provided monthly. The expectation is risks should be fully mitigated.	CIP plans should be fully identified by the end of June 2026 and the percentage of CIP deemed

	developing a robust, evidence-based efficiency plan has been limited. The plan includes a £117.34m efficiency requirement (7.1%), of which 18.2% remains unidentified and 54.7% is assessed as high risk, significantly undermining confidence in deliverability.	Retriangulation of financial and workforce plans once savings proposals are confirmed, to ensure workforce assumptions remain robust and deliverable. Acceleration of contract finalisation, including resolution of any outstanding contractual issues and securing all necessary approvals to enable contracts to be signed without delay. Full implementation of all controls set out in the 2025/26 Financial Management Arrangements and continue with any recovery actions implemented during 2025/26. Establishment of a formal Cash Management Committee, with agreed terms of reference and agenda, aligned to best practice examples available on the ONF site. Organisations should appreciate that securing revenue cash support is likely to be challenging and therefore they should endeavour to manage cash constraints internally or with the use of system support. It is unlikely that any provider is able to access cash support greater than the value of its planned deficit. All investments and discretionary cost pressures over £50k should be subject to organisational, system and NHSE review in line with existing 'Triple Lock' arrangements. Development of sufficient mitigations to offset any financial impact should planned subsidiary savings be delayed or not approved during 2026/27.	high risk should be no more than 20% by the end of June 2026. Retriangulation of finance and workforce completed by the end of June 26

BSW HOSPITALS GROUP

NHS
Royal United Hospitals Bath
NHS Foundation Trust

Directors' Office
Royal United Hospitals Bath
NHS Foundation Trust
Combe Park
Bath
BA1 3NG

Email: cara.charlesbarks@nhs.net
www.ruh.nhs.uk

30th April 2026

Sent via Email
Sue Doheny, Regional Director, NHSE South West
Jeff Buggle, Director of Finance, NHSE South West

Dear Sue and Jeff,

Royal United Hospitals Bath Medium Term Financial Plan (MTFP) Contract Conditions, 18th March 2026

We are writing in response to the contract close down letter received on 22nd April 2026 which set out the formal response to our MTFP submitted on 18th March 2026. The letter confirmed that our plan was assessed as ***Compliant with Conditions***.

There were five conditions placed on the RUH plan acceptance:

UEC	Reliance on Capital schemes. Factor in the expected improvements within capital builds and GIRFT improvement across all UEC metrics for their return on their investment in years 2 and 3
Cancer	Trust needs to consider further additional actions to close the gap and mitigate the risk
Workforce	Expect development of detailed workforce plans which underpins the submitted plan, triangulated with finance and activity and for these to be shared with the regional team
Productivity	Need to focus on delivery of CIP as a means to improving implied productivity. To be included in desktop deep dive in Q1 to provide assurance on efficiency delivery, with the expectation that efficiency plans are identified during Q1 and progress monitored monthly, not just at quarter-end
Finance	Clear plans to derisk savings plan, with agreed milestones and progress updates to be provided fortnightly. Retriangulation of financial and workforce plans once savings proposals are confirmed. Acceleration of contract finalisation. Full implementation of all controls set out in the 2025/26 Financial Management Arrangements. Establishment of a formal Cash Management Committee

Please find an update on these conditions as requested including progress since our last correspondence.

UEC
We have seen an effective winter response despite seeing 5.6% growth in ED Attendances and 12.8% increase in non-elective admissions during 2025/26.
We have seen a strong March performance for UEC, which has resulted in RUH Bath being in the top 10 most improvement hospitals for 4 hours in the country. This has resulted in us gaining an additional £2m capital funding to support our transformation of UEC.

The plan delivers an improvement in 4-hour performance of 9.6% (from December 2025 baseline) to 75.3% by March 2027. This improvement is reliant on the capital plan for a modular build which will see the move of the UTC in October 2026, separating patient flows and increasing capacity for patient assessment in both UTC and Majors pathways. We are adopting a 100-day plan under Bernie Bluhm's leadership to ensure our improvement pathways are in place in ED and UTC so that the modular is immediately optimised when it is installed.

Performance improves to 80.2% in year 2 of our plan and 82.0% in year 3 through a number of transformation schemes including a move to a single surgical SDEC footprint, a frailty hub, 7-day therapy provision, increased GP productivity and expansion of MIU provision.

This is also predicated on significant levels of demand management support from our partners, 2.1% of ED Attendances and 4.8% non-elective admissions.

Cancer Standards
As part of the business plan for delivery of Cancer Standards, the Trust identified the need for circa £1.6m SWAG funding in addition to the RUH investments / business cases agreed as part of 2026/27 business plan to respond to capacity constraints and growth in demand. Following price improvements and accelerated delivery of internal schemes, the Trust has managed to reduce the external funding requirement to £1.3m.

£840k of the external funding has already been secured from SWAG for quarter 1 and 2, with the remainder being held in a ring-fenced pot which will be allocated to the RUH quarter by quarter based on delivery of our performance trajectory.

As at the end of quarter 4, we have seen achievement of the year end position for 28 days and 31 days (pending final validation) with 62-day cancer standard improving but below plan. Robust plans are in place to continue our improvement across all three cancer standards therefore confidence in successfully securing the additional SWAG funding is high. The key risk in delivering year end performance is delayed or unsuccessful delivery of business plan investments which are reliant on recruitment to difficult to fill roles (i.e. dermatology, pathology and radiology consultants).

Figure 1: Year End Position 2025-26

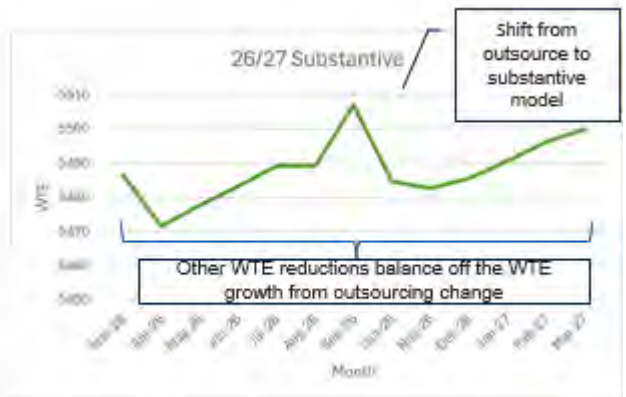
Domain	Metric	25/26 Year End plan	Mid year (September 2025)	Current Performance (March 2026)
UEC	4-hour ED performance (type 1 / all types)	72% / 78%	57.6% / 67.6%	62.6% / 71.6%
	12-hour ED performance	4.9%	9.0%	8.2%
	Ambulance handover	33 mins	74.9 mins	44.9 mins
Elective	18w RTT Performance	68.7%	58.2%	69.1%
	52 Week Waiters	<1%	1.93%	0.55%
Diagnostics	DM01	*16.1%*	34.8%	13.9%
Cancer	28d FDS	80%	53.7%	82.2%*
	31d	94%	91%	94.0%*
	62d RTT	75%	58.3%	64.4%*
Finance	2% productivity improvement	£20.5m	£32.0m	£20.5m

Workforce

Our MTFP has full triangulation between workforce, finance and activity. The workforce plan is built up from schemes to improve our elective standards through a shift from outsourcing and premium rate models to substantiative, more cost effective models. This will increase WTE but reduce the overall cost base. This is coupled with productivity and efficiency plans including bank and agency reductions linked to reduced sickness and use of escalation areas which reduce WTE. The net effect of this is a broadly static WTE position whilst reducing the overall costs of provision.

There remains a gap in our current CIP programme of circa £5.2m which remains unidentified. As further schemes develop in maturity, any impact on workforce will be incorporated into our plans accordingly.

Figure 2: Overall impact of workforce plans 2026/27



WTE	FOT 31/03/2026	FOT 31/03/2027	Change
Substantive	5486.5	5499.95	13.45
Bank	250.82	237.38	-13.44
Agency	10	5	-5
Total	5747.32	5742.33	-4.99

Staff sickness levels have been increasing across the organisation; coupled with a sustained periods of winter pressures and industrial action, we recognise an increasing risk to staff morale, health and well-being. One of our Breakthrough Objectives for 2026/27 is to improve our sickness rate to 4.8%. This will be achieved through our Healthier Workforce Programme which will adopt a range of interventions to support and empower staff to retain health and at work.

Productivity
It is recognised that the productivity expectations in the plan of 6% are over and above the level of productivity opportunity identified in the national benchmarking. This will require the trust to be operating in the top decile of productivity (currently in top quartile for most indicators) and delivery of transformation change to release the level of financial benefit required.

Benchmarking identified £43.3 million in opportunities over a three-year period compared to a need to delivery £27.6m of savings in year 1 of the plan. Mitigations to this mismatch include a clear focus in the plan to maximise on the productivity gains delivered during quarter 4 through the successes of the Elective Sprint Funding as well as seeking to maximise commercial income, alongside BSW Hospitals Group partners, and leverage value from our wholly owned subsidiary, Sulis Hospital.

Other productivity areas include proactively manage bio-similar high-cost drug switching, work with partners to reduce the overall length of stay of our non-criteria to reside patients (currently bottom quartile) and reduction in sickness absence rates.

Finance
We have reset our governance and resourcing to mirror the Group Task & Finish; Care Organisation new financial framework & governance; and reduction in Turnaround support.

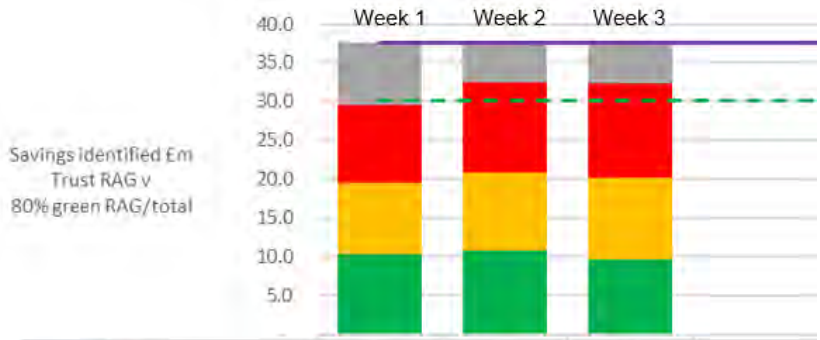
Savings targets have been set for divisions, corporate teams and against our commercial strategy and we are tracking the development of our savings plan maturity weekly using a visual savings totaliser (see example below).

The programme reports into the Financial Improvement Programme Board (FIPB), supported by Divisional Financial Improvement Review Meetings (FIRMS) with a clear focus on;

(i) Delivery of 15% of our CIP plan in quarter 1 (£5.64m) and

(ii) Maturing to 80% of CIP schemes as Green by the end of quarter 1

Figure 3: Savings Totaliser



Gap	8.1	5.1	5.2	
Red	10.0	11.6	12.2	
Amber	9.3	10.2	10.5	
Green	10.3	10.7	9.7	
Savings target	37.6	37.6	37.6	37.6
Savings 80% green RAG	30.1	30.1	30.1	30.1

We will continue to provide fortnightly updates on progress against the maturity of the CIP programme.

We appreciate your ongoing support and look forward to working with you and system partners to delivery this ambitions plan.

Your sincerely

Cara Charles-Barks
Chief Executive

Great Western Hospitals NHS Foundation Trust,
Royal United Hospitals Bath NHS Foundation Trust,
Salisbury NHS Foundation Trust

cc: John Palmer, Managing Director, Royal United Hospitals Bath
Simon Wade, Chief Financial Officer, BSW Hospitals Group
Jude Gray, Group Chief People Officer, BSW Hospital Group,

***Enc**: RUH Bath Trust Priorities 2026/27*

BSW HOSPITALS GROUP

NHS
Royal United Hospitals Bath
NHS Foundation Trust

RUH Priorities 2026/27

The RUH, where you matter

	The people we care for	The people we work with	The people in our community
Our Strategic Initiatives	***Partnerships*** *As a community, we face significant challenges. We will create strong partnerships to deliver the best possible services for our patients*	**Service Redesign** *We have £140m capital funding to transform our hospital and we will use it to design services and spaces that are truly fit for the future*	**Commercial Opportunities** *We can harness commercial opportunities to fuel innovation, grow new services and reinvest in the NHS for the future*
Our 2026/27 Breakthrough Objectives	**Achieve safety standards**  Eliminate Corridor Care Reduce NC2R Length of Stay Zero 52 weeks Cancer 28-day diagnosis 80% Diagnostic Waits 12.5%	**Support and empower our staff**  Improve sickness rate absence to 4.8%	**Making the most of our resources**  Deliver £37.6m of Savings Exceed 2% Productivity
Our Corporate Projects	UTC Modular Build Advice & Refer Demand Management & Discharge	Healthier Workforce Programme Clinical Admin Transformation Medical E-Rostering Staff Accommodation	Digitalisation of Outpatients Shared EPR Trowbridge Neighbourhood & Community Diagnostic Centre Project Clean Heat

Report to:	Council of Governors	Agenda item:	7
Date of meeting:	10 June 2026		

Report title:	Changes to the provision of Temporary Staffing Services			
Status:	Information	Discussion	Assurance	Approval
		x		x
Approval Process: (where has this paper been reviewed and approved):	N/A			
Prepared by:	Eugenie Mellon, Group Associate Director for HR Ops and Dave Roberts, SFT Associate Director Communications Engagement and Community Relations			
Executive Sponsor:	Jude Gray, BSW Hospitals Group Chief People Officer			
Appendices	Briefing re Outsourcing of Temporary Staffing Services			
BAF Risk link				

Recommendation:

To inform Council of the decision to create a single BSW Hospitals Bank service provided by Bank Partners and provide assurance that engagement was undertaken.

Executive Summary:

Following engagement with trade unions, workers, and employees, as well as a review of best practice across the NHS, a formal procurement process was undertaken. As a result of this process, Bank Partners was appointed.

The new model will consolidate the three existing Bank services into a single, Group-wide service.

Key features include:

- A unified Temporary staffing model “Bank” across all three hospital organisations
- Centralised workforce management and deployment
- A single digital platform for shift access and booking

Expected Benefits

The outsourced solution is designed to:

- Deliver measurable improvements in cost, quality, and worker satisfaction
- Maximise Bank fill rates, particularly in critical areas such as neonatal nursing

- Ensure full compliance with NHS employment standards
- Enable greater workforce mobility across the Group
- Reduce reliance on agency (contingent) labour
- Strengthen data analytics for performance monitoring and compliance

The BSW Hospitals Group began reviewing options for a temporary staffing operating model in April 2025, following agreement from the three Trust Boards (GWH, SFT and RUH) to undertake a procurement exercise.

Between April and October 2025, the BSW Hospitals Group partnered with the NHS Workforce Alliance to identify an approved NHS framework to support the undertaking of a thorough and robust procurement process, designed to ensure compliance, value for money, and the selection of a high-quality partner aligned to the Group's workforce objectives

In November 2025, an options paper was submitted to the BSW Hospitals Group Joint Committee outlining:

- continuation of the current operating model (no change)
- a shared service model across BSW Hospitals Group
- the use of an external temporary staffing provider

The BSW Hospitals Group Joint Committee agreed to proceed with further exploration of the external provider option, subject to additional assurance regarding quality and service impact.

In November 2025, a revised recommendation was presented to the BSW Hospitals Group Joint Committee, which supported progressing to formal consultation with Trade Unions.

In January 2026, the procurement of a potential Temporary Staffing service provider recommendation paper was submitted to the three Trust Financial Boards for procurement approval and onward recommendation to the three Trust Boards.

The BSW Group Executive Committee also considered the procurement proposal in March 2026.

Between December 2025 and March 2026, the Group undertook a comprehensive programme of engagement and consultation with staff side representatives, bank workers and the temporary staffing team. This included:

- Regular consultation with the BSW Partnership Group as a standing monthly agenda item
- 30-day consultation through each Care Organisation (Trust) staff-side partner forum (forum in which consultation takes place with our recognised Trade Unions)
- Open forums with bank workers, with Trade Unions invited to attend (17th, 24th, 25th and 26th February and the 2nd and 3rd March)
- Open forums with temporary staffing employees (24th November 19th January and 23rd February)

This programme of activity provided multiple opportunities for stakeholders and Trade Unions to review the proposals, raise questions, and provide feedback, ensuring that consultation was meaningful, inclusive and robust. All recognised Unions were consulted and invited by their respective staff side forums to respond to the consultation in accordance with our agreed Group Managing Organisational Change Policy.

To support Partnership working, Staff Side Chairs at each of the three Care Organisations were also invited to talk through the consultation feedback with the Group Chief People Officer and this information was shared with Joint Committee. During the process assurance was given that pay rates would be set by BSW Hospitals Group and mirror the AfC rate card - and a number of other issues were clarified.

The contract stipulates that workers must have appropriate recruitment checks completed and receive training in line with NHS standards. This provides assurance that the bank service will be appropriately monitored and maintained to agreed standards.

The management of the temporary staffing service will continue to be maintained on Care Organisation (Trust) sites, ensuring an ongoing on-site presence in the delivery of the service

A final decision was made by the BSW Hospitals Group Joint Committee on 20th March 2026.

Considerations

It is recognised that:

- Some workers may find the change unsettling, particularly in relation to pension arrangements
- Some may seek substantive NHS roles or alternative employment

However, the new model will offer advantages for many workers, including:

- Access to a wider range of shifts across multiple sites
- Increased flexibility via a single system
- Greater visibility of available work opportunities

Summary

The new temporary staffing model represents a significant transformation in how flexible workforce capacity is managed across the BSW Hospitals Group. It aims to reduce costs, improve efficiency, enhance workforce experience, and strengthen resilience, while balancing the impact of change on existing members of the Bank.

Group Vision Metrics	Select as applicable:
Developing an engaged workforce	
Making out teams diverse and inclusive	
Making our services safer	
Improving timely access to our services	
Improving the experience of those who use our services	
Improving our financial sustainability	
Improving health equity	

Briefing re Outsourcing of Temporary Staffing Services

May 2026

Purpose

To provide an overview of the new model for temporary staffing across the Bath and North East Somerset, Swindon and Wiltshire (BSW) Hospitals Group, including procurement outcomes, workforce implications, and anticipated benefits.

The Group consists of Royal United Hospitals Bath NHS Foundation Trust (RUH), Great Western Hospitals Swindon NHS Foundation Trust (GWH) and Salisbury NHS Foundation Trust (SFT).

Background

Temporary staffing in the NHS - commonly referred to as “the Bank”- provides essential workforce flexibility to cover:

- Annual leave and sickness absence
- Periods of increased demand
- Short-term operational pressures

The Bank workforce includes both clinical staff (e.g. nursing, midwifery, allied health professionals) and non-clinical roles (e.g. administrative, estates, catering, and portering staff). Medical staffing is not included within this model.

Across the BSW Hospitals Group, temporary staffing arrangements have historically operated through three separate Bank services aligned to individual organisations.

Review and Procurement

A comprehensive review was undertaken across the Group to identify opportunities for a temporary staffing model that was more:

- Efficient
- Cost-effective
- Resilient

Following engagement with trade unions and workers and analysis of best practice across the NHS, a formal procurement process was conducted. The process resulted in the appointment of Bank Partners (Acacium Group) as the single provider of temporary staffing services across the BSW Hospitals Group.

Proposed Operating Model

The new model will consolidate the three existing Bank services into a single, Group-wide service.

Key features include:

- A unified Temporary staffing model “Bank” across all three hospital organisations
- Centralised workforce management and deployment
- A single digital platform for shift access and booking

Expected Benefits

The outsourced solution is designed to:

- Deliver measurable improvements in cost, quality, and worker satisfaction
- Maximise Bank fill rates, particularly in critical areas such as neonatal nursing
- Ensure full compliance with NHS employment standards
- Enable greater workforce mobility across the Group
- Reduce reliance on agency (contingent) labour
- Strengthen data analytics for performance monitoring and compliance

Workforce Implications

- Substantive staff in Temporary Staffing Services at the three hospitals will be offered the opportunity to transfer to Bank Partners under TUPE arrangements.
- Existing Bank Workers will be offered a seamless onboarding process to the new provider
- Terms and conditions for pay will mirror those under **Agenda for Change (AfC)**
- Workers will retain:
    - NHS email access
    - Unsocial hours enhancements
    - Weekly pay
    - Substantive Temporary Staffing managers will remain onsite

The streamlined transfer process (no interviews required) will support continuity for both workers, teams and managers.

Pensions

- Bank workers will no longer be eligible for the NHS Pension Scheme from the point the service transfers to the new provider (Bank Partners)
- All accrued NHS pension benefits will be fully protected
- All bank workers, including bank only workers, will be offered access to a pension through People’s Pension a Not For Profit pensions provider. About us - People's Pension

Monitoring of the new Bank service.

The contract stipulates that workers must have appropriate recruitment checks completed and receive training in line with NHS standards. This provides assurance that the bank service will be appropriately monitored and maintained to agreed standards.

Bank Partners is committed, under contract, to delivering the temporary staffing workforce to agreed fill rates, which will be managed in accordance with the Service Level Agreement. Bank Partners are also committed to providing a consistent service and maintaining a high level of quality in line with NHS standards.

In preparation for implementation, there is a clear plan in place, including weekly meetings with the Bank Partners and key stakeholders across BSW Hospitals Gorup to ensure a smooth transition. Quality and safety will be maintained throughout the transition and for the duration of the contract.

The management of the temporary staffing service will continue to be maintained on Care Organisation (Trust) sites, ensuring an ongoing on-site presence in the delivery of the service.

Considerations

It is recognised that:

- Some workers may find the change unsettling, particularly in relation to pension arrangements
- Some may seek substantive NHS roles or alternative employment

However, the new model will offer advantages for many workers, including:

- Access to a wider range of shifts across multiple sites
- Increased flexibility via a single system
- Greater visibility of available work opportunities

Summary

The new temporary staffing model represents a significant transformation in how flexible workforce capacity is managed across the BSW Hospitals Group. It aims to reduce costs, improve efficiency, enhance workforce experience, and strengthen resilience, while balancing the impact of change on existing members of the Bank.

Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Council of Governors	Agenda item:	8
Date of Meeting:	10 June 2026		

Title of Report:	RUH Strategic and Business Plan Update: 2026/27 – 2028/29 Medium Term Plan
Status:	For information
Board Sponsor:	John Palmer, Managing Director
Authors:	Rhiannon Hills, Director of Transformation Jon Lund, Director of Operational Finance Business Planning Subject Matter Experts (SMEs)
Appendices:	Appendix 1: Medium Term Plan 2026/27 – 2028/29 summary

1. Executive Summary of the Report

This report provides the Council of Governors with a summary of the RUH's Medium Term Plan 2026/27 – 2028/29, focussing on the plan for this financial year including our Care Organisation priorities for 2026/27.

Business plan submission

In Autumn 2025 the RUH began development of a Medium Term Plan, in part in response to the October 2025 publication of NHS England's *Medium Term Planning Framework – delivering change together 2026/27 to 2028/29*. The plan was developed in collaboration with our BSW Hospitals Group partners, Great Western Hospitals NHS Foundation Trust and Salisbury Foundation Trust, and with the BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB).

The Medium Term Plan was submitted to NHS England as part of the BSW ICB submission of the system plan on 12 February 2026.

Following submission of the plan, the regional executive team assessed the BSW plan and asked that the RUH reviewed our submission in a number of areas.

As a result, two changes were made to the plan - an improvement to our 4 hour trajectory for March 2029 to achieve the national target of 85% and an additional £1.5m of savings, offset by a reduction in transitional funding. Together, these two changes addressed the feedback from the regional team and to reflect local changes across BSW Hospitals Group to improve our financial position.

The revised plan was submitted on 18 March 2026 and sets out our objectives for the next three years, covering performance activity, workforce, finance, transformation and quality, to meet the needs of our local population and national goals. We have now moved into monitoring delivery against the operational plan.

Medium Term Plan 2026/27 – 2028/29

Appendix 1 provides an overview of the Medium Term Plan 2026/27 – 2028/29, including:

- **Review of last year**'s delivery against our plan for 2025/26

- **The Strategic Initiatives, Breakthrough Objectives and Corporate Projects** agreed for 2026/27

- **Performance plan**, which ensures compliance with RTT, cancer and diagnostic performance targets planned, and improvement in urgent and emergency care access targets over the three years, achieving the national target for 4 hour performance in March 2029.

- **Workforce plan**, outlining our intention to maintain static workforce numbers. Reduced staff numbers in some areas, related to efficiency and corporate redesign, will be offset by increased substantive staff in clinical specialities to reduce outsourcing costs and improve service sustainability.

- Milestones outlined for the **transformation** over the next three years in clinical services, corporate services, digital and the RUH estate

- Stretching **financial plan**, requiring a £55.0m recurrent Cost Improvement Programme over the next 3 years, with highest savings plan in 2026/27 and forecasting a breakeven position in all years.

The plan notes several enablers required to deliver the plan, including significant demand management to bring urgent and emergency care (UEC) attendances back within funded levels, additional funding for elective and cancer care and required capital investment in UEC and inpatient wards.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked:

- **To note** the summary of the 2026/27 – 2028/29 Medium Term Plan, approved by the Extraordinary Board of Directors meeting on 10 February 2026,

- **To note** the risks contained within the plan and mitigations planned to address these.

- **To note** the Strategic Initiatives, Breakthrough Objectives and Corporate Projects for 2026/27.

3. Legal / Regulatory Implications

We are mandated to submit an annual plan that works to support the achievement of the system control total and address our underlying deficit while also delivering key performance and quality standards. To enable this, we must have a robust approach and process for business planning.

Non delivery of statutory targets may result in regulatory action.

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

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

Key risks to delivery of the plan are:

- **Sustained growth in urgent care demand** continues to exert pressure on UEC performance, flow and capacity, impacting on quality, safety of care and financial sustainability. The plan is reliant on a high level of demand management and a reduction in non-criteria to reside patients.

- The Medium Term Financial Plan is stretching but deliverable. However an **unprecedented level of savings are required, particularly in 2026/27**, in excess of the productivity opportunity identified through national benchmarking and in advance of critical enablers such as capital investment and Shared EPR go-live.

- **Capacity to deliver change**, given the scale of transformation required.

- **Workforce** - there remains a risk that if savings schemes are not delivered, it will require workforce reductions over and above what has been planned. Sickness levels have increased across the organisation coupled with sustained periods of winter pressures increasing risk to staff morale, health and well-being.

5.	Resources Implications (Financial / staffing)

The financial and workforce requirements for 2026/27 are a significant ask in addition to the savings delivered during 2025/26.

Financial and workforce controls remain in place, with undelivered savings from 2025/26 rolling forward. The financial framework for 2026/27 is assuming 2.2% new growth funding as well as new 2.5% efficiency expectations, with rolled-over divisional budgets and vacancy factors.

6.	Equality and Diversity

Equality and Diversity is a critical lens through which we must consider all our Trust plans. A Quality and equality impact assessment (QEIA) has been undertaken as part of the planning process. For all transformational changes identified in the plan EQIAs will be completed as part of the programme set up.

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

7.	References to previous reports/Next steps

Business Planning Updates to Finance & Performance Committee, Management Executive Committee, Council of Governors and Board of Directors

8.	Freedom of Information
Public	

9.	Sustainability

The Trust is required to contribute to delivery of the BSW Medium Term Financial Plan (MTFP) which sets out the requirement of all organisations in the system to support a route back to financial breakeven.

Considering our impact on environmental sustainability and our local population is an important part of our role as an Anchor institution. Project Clean Heat, our decarbonisation project, will continue in 2026/27 with some capital contribution from the Trust to enable ongoing progress towards carbon net zero.

10.	Digital

Digital is a key enabler to support the transformation changes and is in line with the Government drive from analogue to digital set out in the NHS 10 Year Plan. There is an on-going challenge to access digital capacity and funding to support transformation in light of the Shared EPR project timelines.

The revised shared EPR planning timetable has now been proposed and estimates of impact on activity and performance shared. RUH go live most likely to be end of October 2027. It has been agreed that for the purposes of the submission, no adjustment to activity or financial plans will be applied. Mitigations will be sought through front loading activity and additional Independent Sector (IS) capacity to mitigate any loss of capacity.

Further work to explore digital opportunities is underway, in particular around digital communication and process automation e.g. ambient voice technology (AVT).

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NHS Foundation Trust

RUH Medium Term Plan 2026/27 – 2028/29

The RUH, where you matter

Delivering on our vision – business planning

To ensure we are providing high quality care for the people and communities we serve, we need to plan for our future.

We are now working together as part of BSW Hospitals Group with Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust. This partnership helps us improve services across Bath and North East Somerset, Swindon and Wiltshire.

Like all NHS organisations, we have developed a three year plan setting our how we will use our resources and meet national priorities. This includes improving access to services, supporting our workforce and maintaining financial sustainability.

We know the challenges are significant, with growing demand and pressure on services. Our plan contains a number of delivery risks resulting from the financial and operational context we are working in. We are working to mitigate those risks in collaboration with our partners. We have also already made strong progress, including improvements in elective, diagnostic and cancer care. We are working hard to build on these improvements as we start to deliver this plan.

We are ambitious for the future. This plan sets out how we will continue to improve services and outcomes for our patients through our *Improving Together* approach.

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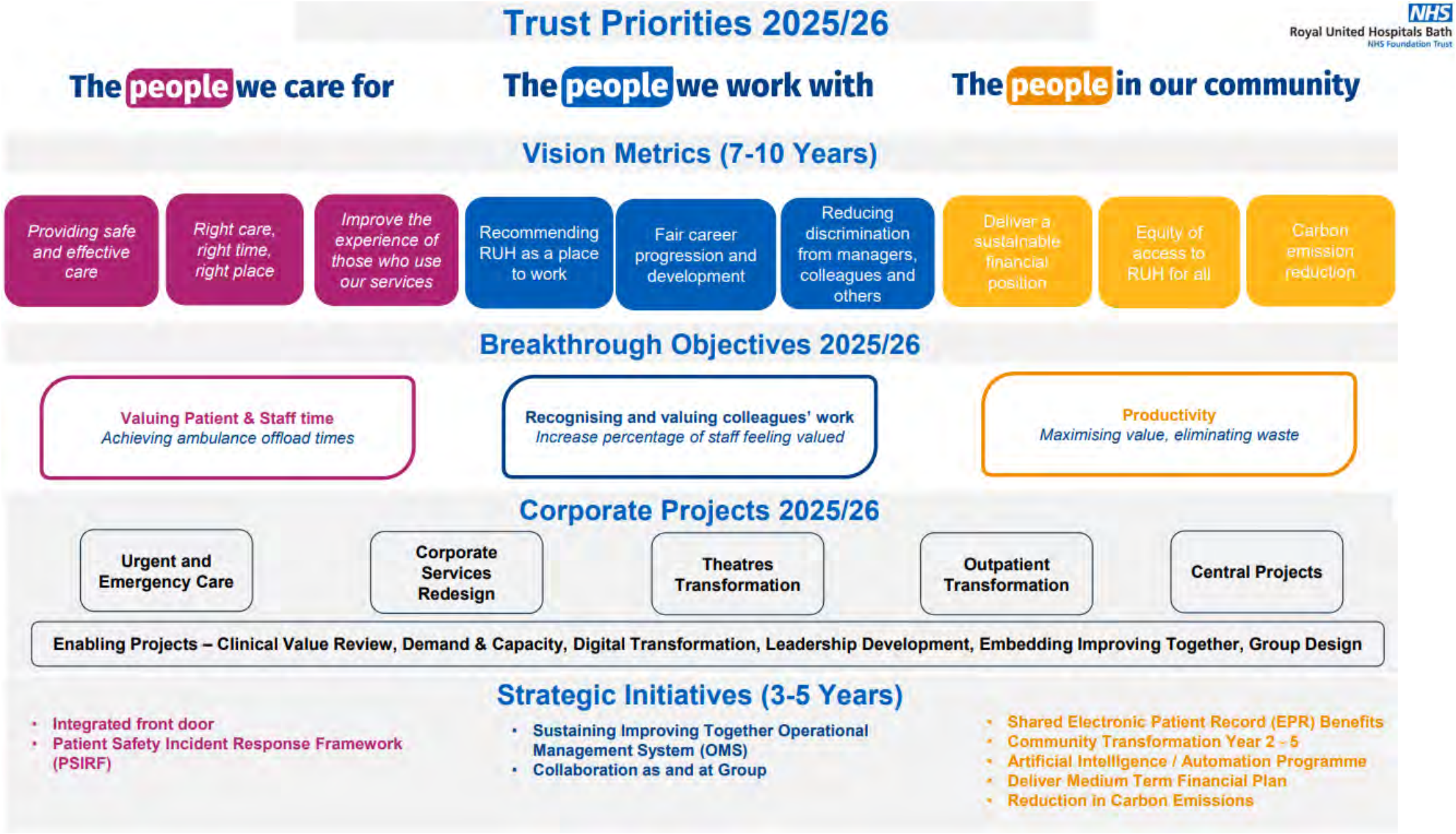
Review of 2025/26

The RUH, where you matter

2025/26 RUH plan



Overview of RUH progress against standards

During 2025/26, the RUH focussed on 10 key standards, shown in this table.

Recognising that we needed to make a material improvement in all areas, in September 2025 we launched our ‘Call to Action’, asking the whole organisation to focus efforts on urgent and emergency care, financial recovery, safety, referral to treatment (RTT) times, cancer standards and diagnostics.

Together, over the six months to the end of the year, we delivered:

- **Urgent and emergency care** – despite unprecedented growth in demand, improvement in 4 and 12 hour ED performance, although still below national expectations
- Strong recovery in **elective, diagnostic** and **cancer** standards, in most to above national standards
- A recovery of our **financial** position to meet our plan.

	Metric	25/26 Year End plan	Mid year (September 2026)	March 2026
Urgent and Emergency Care	4-hour ED performance (type 1 / all types)	72% / 78%	57.6% / 67.6%	62.6% / 71.9%
	12-hour ED performance	4.9%	9.0%	8.2%
	Ambulance handover	33 mins	74.9 mins	44.9 mins
Elective	18w RTT Performance	68.7%	58.2%	69.1%
	52 Week Waiters	<1%	1.93%	0.55%
Diagnostics	DM01	16.1%	34.8%	13.9%
Cancer	28 day FDS	80%	53.7%	80.7%
	31 day	94%	91%	95.3%
	62 day RTT	75%	58.3%	68.5%
Finance	2% productivity improvement	£20.5m	£32.0m	£20.5m

We have further to go together, but going in to 2026/27 we are on an improving trajectory.

RUH Bath – Beginning-, Mid- and End-Year Results

Visualising improvement and recovery across key operational measures (Mar-25, Sep-25, Mar-26)

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End-year recovery is evident across key standards, with the strongest gains in RTT, diagnostics and cancer performance.

1 A&E 4-hour performance (mapped*)

Beginning Year	Mid-Year	End-Year
62.4%	67.5%	71.9%
Rank 116	Rank 108	Rank 95

Clear end-year improvement

2 A&E 4-hour performance (non-mapped)

Beginning Year	Mid-Year	End-Year
58.5%	57.6%	62.6%
Rank 119	Rank 120	Rank 117

Modest recovery by end-year

3 RTT performance

Beginning Year	Mid-Year	End-Year
60.5%	60.1%	69.1%
Rank 73	Rank 94	Rank 47

Strong recovery and major rank gain

4 Diagnostics over 6 weeks

Lower is better

Beginning Year	Mid-Year	End-Year
25.6%	33.6%	13.9%
Rank 122	Rank 125	Rank 75

Backlog sharply reduced by year-end

5 Faster Diagnosis Standard (28-day)

Beginning Year	Mid-Year	End-Year
70.9%	53.5%	80.7%
Rank 126	Rank 131	Rank 76

Strong recovery from mid-year

6 31-day cancer

Beginning Year	Mid-Year	End-Year
89.4%	91.6%	95.3%
Rank 109	Rank 87	Rank 84

Steady improvement through the year

7 62-day cancer

Beginning Year	Mid-Year	End-Year
74.0%	58.1%	68.5%
Rank 68	Rank 114	Rank 102

Recovered from mid-year, still below beginning-year baseline

Overall Direction of Travel

- End-year improved vs mid-year across all 7 metrics
- 6 of 7 metrics improved vs beginning-year baseline
- Biggest recovery areas: FDS, diagnostics and RTT
- League table position improved materially in key areas

*Mapped ED methodology gives the clearest comparable urgent care measure; non-mapped result shown for completeness.

RUH Bath – Percentage Improvement Rankings

How RUH's improvement ranked nationally from beginning-year to end-year, and from mid-year to end-year

NHS
Royal United Hospitals Bath
NHS Foundation Trust

National improvement rankings show the strongest RUH recovery in Faster Diagnosis, diagnostics, RTT and mapped ED performance.

Improvement rank: Mar-25 to Mar-26

Lower rank number = better improvement rank nationally

1	Mapped A&E 4-hour	Rank 6	+9.5 percentage points
2	Faster Diagnosis Standard (28-day)	Rank 8	+9.9 percentage points
3	Diagnostics over 6 weeks	Rank 10	11.7 point reduction (lower is better)
4	31-day cancer	Rank 12	+5.9 percentage points
5	RTT performance	Rank 30	+8.6 percentage points
6	Non-mapped A&E 4-hour	Rank 42	+4.1 percentage points
7	62-day cancer	Rank 107	-5.5 percentage points vs baseline

Improvement rank: Sep-25 to Mar-26

Lower rank number = better improvement rank nationally

1	Faster Diagnosis Standard (28-day)	Rank 2	+27.2 percentage points
2	Diagnostics over 6 weeks	Rank 7	19.7 point reduction (lower is better)
3	RTT performance	Rank 14	+9.1 percentage points
4	Mapped A&E 4-hour	Rank 27	+4.4 percentage points
5	Non-mapped A&E 4-hour	Rank 29	+5.0 percentage points
6	62-day cancer	Rank 29	+10.4 percentage points
7	31-day cancer	Rank 33	+3.6 percentage points

Key Messages

- Top 10 nationally for Mar-to-Mar improvement in mapped ED, FDS and diagnostics
- Top 10 nationally from mid-year to year-end in FDS and diagnostics
- RTT showed major year-end recovery and ranked 14th nationally from mid-year
- 62-day cancer recovered strongly from mid-year, but remained below the Mar-25 baseline

*Diagnostics improvement is shown as a reduction in long waits. *Mapped ED methodology gives the clearest comparable urgent care measure; non-mapped result iis shown for completeness.

2025/26 highlights

The people we care for

Began offering patients chemotherapy, immunotherapy and hormonal therapy at Frome Medical Practice, bringing care closer to home for the over 200 patients already treated there

Opened the new Sulis Orthopaedic Centre to reduce waiting times for NHS patients

Celebrated our Endoscopy team achieving JAG accreditation for high quality gastrointestinal endoscopy services

Launched mouth care boxes for our inpatient wards, improving oral hygiene care

Set up a new support group for patients with heart failure

Began recruiting patients to a new national stroke study for small vessel stroke, part of our extensive clinical research programme with over 200 active programmes

The people we work with

Launched our Compassionate Cancer Support policy to support staff working with cancer, in partnership with a national charity, Working With Cancer.

Took part in the national Volunteer to Career scheme, supporting people in to NHS careers

Celebrated our colleagues throughout the year, handing out 21 awards to teams and individuals, alongside national awards and recognition of many of our staff

Celebrated the 50th anniversary of the RUH Radiology department

Shared inspiring stories of our staff as part of our *Start your story at the RUH* recruitment campaign

The people in our community

Continued work on Project Clean Heat, our plan to decarbonise the RUH estate, installing solar panels and air and water source heat pumps across our site

Worked with local Diabetes charities and patient support groups to transform our Diabetes Centre with patient-designed murals

With a local grocer, launched a new fresh produce stall outside the main entrance to the RUH

Held our second RUH Community Day, inviting our local community in to meet staff, learn more about the RUH and get health and wellbeing advice

Worked with partners on the development of Trowbridge Integrated Care Centre, providing outpatient maternity and specialty clinics from the new facility

With Bath and North East Somerset Council, began offering a birth registration services for babies in our Neonatal Intensive Care Unit

The RUH, where you matter

Royal United Hospitals Bath
NHS Foundation Trust

Medium term plan - 2026/27

The RUH, where you matter

National planning context

The national planning guidance, *Medium Term Planning Framework – delivering change together* was published in October 2025. Key messages:

Delivering recovering and improving access

A clear expectation to restore core performance standards with sustained reduction in waiting times and improved access to urgent, elective, cancer and diagnostic services.

Focussing resources on frontline care

Requirement to reduce unwarranted variation and overhead, releasing capacity and investment back in to clinical services and workforce.

Transforming care

Continued emphasis on delivering the NHS 10 Year Plan three strategic shifts – treatment to prevention, analogue to digital, hospital to community.

Enabling locally led transformation

Systems and providers are expected to take greater ownership for delivery, working collaboratively to meet the needs of their populations

Strengthening delivery arrangements

Increased focus on robust planning, financial sustainability and demonstrable outcomes over the three year period

Medium Term Plan – summary

Our three year plan sets out how we will improve services for patients, support our staff and ensure we are financially sustainable.

It focussed on delivering **better access to care and improved outcomes** for our population, including reducing waiting time for treatment, improving urgent and emergency care, ensuring timely diagnosis and treatment for conditions such as cancer.

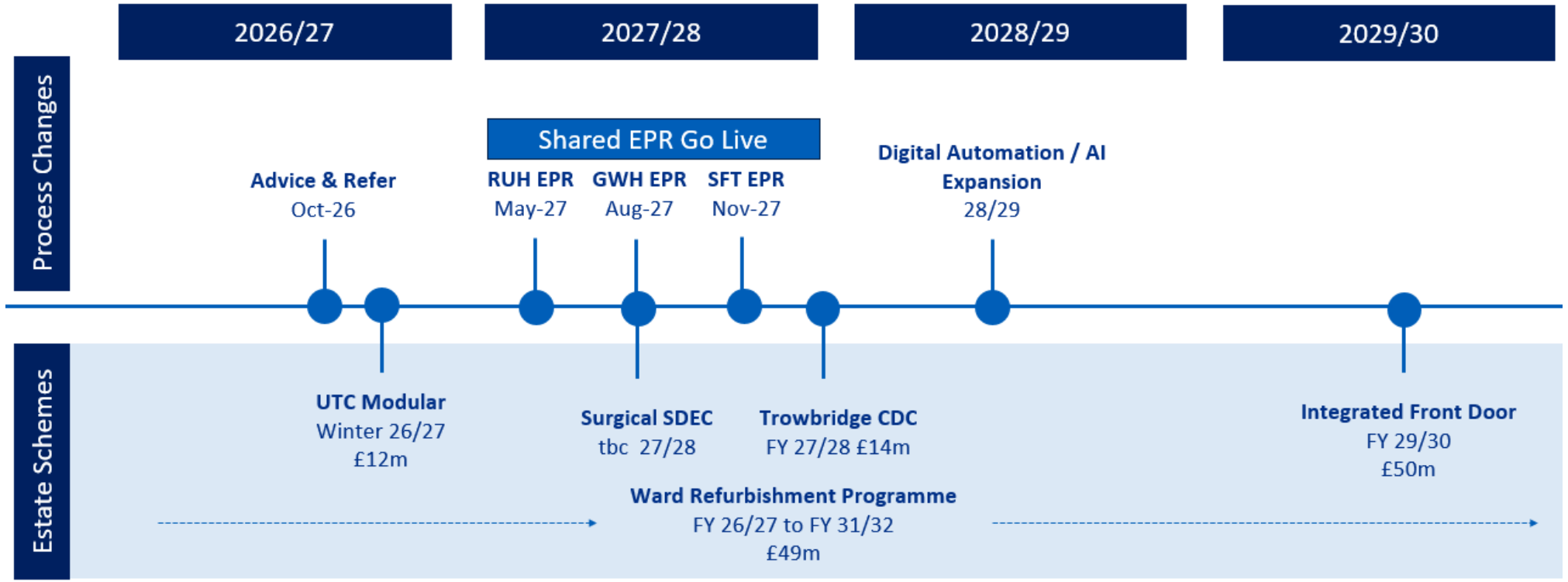
Alongside this, the plan describes how we will **increase the amount of care** we provide, making better use of our theatres, clinics and diagnostics, while also supporting more people to received care closer to home where appropriate.

A key part of the plan is delivering significant **improvements in productivity and efficiency**, so that we can reinvest resources into frontline services and live within our means. This includes reducing reliance on temporary staffing, simplifying how we work and using technology to support us, and growing our portfolio of commercial activities.

Overall, the plan describes how we will build on our early improvements in 2025/26 to recover performance, transform the way care is delivered, and create a sustainable future for our services over the next three years.

Medium Term Plan – summary

The plan also sets out how we **will invest in our services and infrastructure**, including digital systems, estate improvements and new ways of working, to ensure we can meet future demand and continue to improve care. The image below summarises planned capital investment over the next three years:



On the next slide, we summarise the outcomes our Medium Term Plan 2026/2027 – 2028/29.

RUH Business Plan 2026/27 to 2028/29

	Metric	RUH plan Mar '26	26/27 national standard	26/27 RUH Plan	27/28 national standard	27/28 RUH Plan	28/29 national standard	28/29 RUH Plan
UEC	4-hour ED performance (type 1 / all types)	72% / 78%	**82% by Mar '27**	75.3%	**83%**	80.2%	**85%**	85.0%
	12-hour ED performance	**4.9%**	**3.9%**	6.3%	**Year on year reduction**	5.3%	**Year on year reduction**	5.0%
	Ambulance handover	**33 mins**	**Reduce toward 15 mins**	30 mins	**Further improvement**	29 mins	**15 mins**	28 mins
Elective & Diagnostic	18w RTT Performance	68.7%	**74.7% for RUH** ***(65% or 7% Improvement, whichever is higher)***	74.7%	**Bridge between 74.7% and 92% Target**	83.4%	**92%**	92.0%
	52 Week Waiters	<1%	***Improvement on 1%***	198 (0.8%)		62 (0.4%)		0
	DM01	16.1%	***3% improvement at ICB level 13.1% for RUH***	12.5%	**To bridge between 13.1% and 1%**	9.0%	**99%**	1.0%
Cancer	28d FDS	80%	**80% annual ave**	80.0%	**80% annual ave**	80.5%	**80% annual ave**	80.7%
	31d	94%	**94%**	94.2%	**96%**	96.0%	**96% annual ave**	96.1%
	62d RTT	75%	**80%**	80.5%	**82.5%**	82.7%	**85%**	85.1%
Workforce	30% Reduction in agency use	5.0 WTE	***30% improvement relative to M6***	-5wte	**Improvement**	-2wte	**Zero agency spend**	0
	10% reduction in bank spend	261 WTE	***10% reduction relative to*** **M6**	-10%	**Improvement**	-10%	**30% reduction relative to 25/26**	-10%
	Sickness rate (rolling 12 month average)	5.3%	**Improvement**	4.8%	**Improvement**	4.6%	**4.1%**	4.4%
Finance	2% productivity improvement	6.7%	**% for RUH** ***(2% improvement)***	5.0%		2.7%	**"Sustained improvement"**	1.5%
	Savings Plan	15.0m (29.7m)	**37.6m (£56.6m over 3 yrs)**	37.6m	**10.0m**	10.3m	**8.6m**	8.7m
	Balanced or surplus financial position	£20.5m	**Balance or surplus**	0.0m	**Balance or surplus**	0.0m	**Balance or surplus**	0.0m

Setting our 2026/27 priorities

Using our Improving Together improvement methodology, we have set our Breakthrough Objective, Corporate Project and Strategic Initiatives for 2026/27. Together, these harness our collective efforts to deliver the outcomes set out in the Medium Term Plan.

Breakthrough Objectives

A set of key objectives derived from the most pressing organisational issues. They are defined with yearly targets and deployed to relevant frontline teams to focus on.

They require a significant breakthrough in addressing a problem and constitute a major stretch for the organisation.

12-18 months timeframe

Corporate Projects

Direct and significant contribution to the Breakthrough objectives or a national mandate

Large scale change that requires resources from across the organisation

Benefits in year

Strategic Initiatives

Longer-term initiatives which support the Trust strategy. They have an executive sponsor and involve multiple teams.

3 – 5 years timeframe

2026/27 priorities

The RUH, where you matter	The people we care for	The people we work with	The people in our community
Our Strategic Initiatives	***Partnerships*** *As a community, we face significant challenges. We will create strong partnerships to deliver the best possible services for our patients*	**Service Redesign** *We have £140m capital funding to transform our hospital and we will use it to design services and spaces that are truly fit for the future*	**Commercial Opportunities** *We can harness commercial opportunities to fuel innovation, grow new services and reinvest in the NHS for the future*
Our 2026/27 Breakthrough Objectives	**Achieve safety standards**  Eliminate Corridor Care Reduce NC2R Length of Stay Zero 52 weeks Cancer 28-day diagnosis 80% Diagnostic Waits 12.5%	**Support and empower our staff**  Improve sickness rate absence to 4.8%	**Making the most of our resources**  Deliver £37.6m of Savings Exceed 2% Productivity
Our Corporate Projects	UTC Modular Build Advice & Refer Demand Management & Discharge	Healthier Workforce Programme Clinical Admin Transformation Medical E-Rostering Staff Accommodation	Digitalisation of Outpatients Shared EPR Trowbridge Neighbourhood & Community Diagnostic Centre Project Clean Heat

What our plan is reliant on

Fewer people needing hospital care where appropriate
The plan assumes that, working with our partners in BSW, we can safely reduce demand on urgent and emergency services by supporting more people in the community and avoiding unnecessary attendances.

Investment in key facilities and buildings goes ahead
Delivery depends on funding for improvements such as a new Urgent Treatment Centre and longer-term redevelopment of the hospital front door

We continue to receive national and system funding support
The plan assumes specific funding is secured (e.g. for cancer care and elective recovery) and that additional activity above plan will be paid for.

We can treat more patients and reduce waiting times with available capacity
It relies on increasing activity and making full use of available theatres, clinics and diagnostic services, with potential to do more if extra funding is available

Workforce changes improve efficiency without impacting care
The plan assumes we can reduce reliance on temporary staff, manage vacancies, and reshape the workforce while maintaining safe, high-quality services.

Significant cost savings and productivity improvements are delivered
A key assumption is that ambitious efficiency savings and productivity gains can be achieved across the organisation.

National funding assumptions hold true
This includes pay awards and inflation being funded as expected and key programmes (like go live of Shared Electronic Patient Record) being delivered without major disruption.

Ongoing improvement support and transformation capacity is maintained
The plan assumes continued support for improvement and enough organisational capacity to deliver major changes alongside day-to-day services.

RUH 5 Year Strategic Staircase

While we are focussed on delivery in 2026/27, we are also taking a longer term view of our future, outlined in the strategic staircase.

The staircase will continue to evolve as we make progress, but helps focus our efforts on the big strategic changes we want to make for our patients, our staff and our communities.

2025/26

Group
- Corp Services - First Phase Services
- EPR preparation
- Clinical Transformation Preparation
- Group Governance preparation

Care Organisation
- Risk Model: Design and Build
- Statutory Target Recovery
- Call to Action
- Turnaround
- CQC ED Response

Capital
- UEC Environmental improvements
- UTC Business Case
- Integrated Front Door BC
- MEA – asset realisation

£20.5m Deficit

2026/27

Group
- Corporate Services – Second Phase Services
- EPR – 1 year out
- Clinical Transf'ion: Phase 1
- Group Governance established
- Commercial Strategy established

Care Organisation
- UEC Build – Phase 1
- RTT Compliance 52 weeks
- CQC Requires Improvement Back to Good plan
- Digital – Ambient Voice Technology roll out

Capital
- UEC Modular (£12m)
- Estates Safety Fund £5.3m
- Build SULIS Business Case for Private Patient Expansion – Manor House
- Sale and leaseback residences and car park

c. £11m

2027/28

Group
- EPR implementation x 3
- Clinical Transformation: Phase 2
- GWH PFI completion
- R&D Expansion
- Collaboration with Universities
- Group Elective Strategy

Care Organisation
- EPR imp October
- UEC Build – Phase 2
- CQC Good
- Digital Implementation Plan
- Administration Transformation
- Robotic Surgery Expansion

Capital
- Integrated Front door (£50m)
- Estates Safety Fund ward refurbishment (£8.9m pa)
- Increase Sulis NHS Private Patient footprint
- Backlog maintenance plan

c. £9m

2028/29

General Election

Group
- Clinical Transformation: Phase 3
- Optimise EPR

Care Organisation
- UEC Build – Phase 2
- Digital Plan Implemented
- CQC Outstanding
- Launch of Integrated Training School
- Corporate Administration Transformation

Capital
- Integrated Front door (£50m)
- Estates Safety Fund Ward refurbishment (£8.9m pa)
- Expand to SULIS Swindon
- Backlog maintenance programme

Break even

2029/30

Group
- Clinical Transformation: Phase 4
- Optimise EPR

Care Organisation
- UEC – Integrated Front Door completion
- Digital Plan Implemented

Capital
- Integrated Front door (£50m)
- Estates Safety Fund Ward refurbishment (£8.9m pa)
- Expand to SULIS Swindon
- Backlog maintenance programme
- Rejoin Future Hospitals Programme?

Break even

Royal United Hospitals Bath
NHS Foundation Trust

Moving into delivery – Q1 2026/27

The RUH, where you matter

Q1 2026/27

We are now moving in to delivering the plan.

Our Improving Together framework gives us the tools, behaviours and routines to deliver and monitor our priorities. Priorities have been cascaded through our Divisions, specialties and teams, so everyone can understand how they contribute.

The next two slides summarise our:

- Priority corporate projects for the first quarter of 2026/27
- Performance against the standards set out in the plan in April 2026, the first month of 2026/27, in our Business Plan Scorecard.

The Integrated Performance Framework to Board of Directors provides Board of Directors with a monthly overview of our progress against the standards and objectives outlined in the plan

What do we need to achieve in Quarter 1?

Achieve safety standards

- Maintain elective and cancer activity and performance
- NC2R - P0 24hrs and reduce P2 LoS to push resources into P1
- UEC 100 day Challenge

Support and empower our staff

- UTC Business Case submitted
- Staff Accommodation Strategic options case
- People Strategy

Designing our future together

Making the most of our resources

- 80% of CIP schemes to Green
- Deliver 15% of our CIP plan (£5.64m)
- Commercial Strategy launch (Private Patients first)
- Ambient Voice Technology (AVT)

Becoming an Effective Group

- Set up new CO Governance structure
- Improve Risk Management approach
- Corporate Services Redesign
- EPR Readiness

Business Plan scorecard

2026/27 Business Plan Scorecard

		Performance against trajectory (in year)			3 Year Plan Profile		
Domain	Metric	26/27 NHSE Instruction	Current Month Trajectory	Apr-26	Year End 26/27 RUH Plan	Year End 27/28 RUH Plan	Year End 28/29 RUH Plan
UEC	ED Attendance Growth	*Versus 25/26 actual*	-0.5%	3.6%	-0.5%		
	NEL Admission Growth	*Versus 25/26 actual*	-4.6%	12.4%	-4.6%		
	Eliminating Corridor Care	*0> 45mins by Nov '26*	*Trajectory*	556 (15%)	0	0	0
	4-hour ED performance (type 1)	*66.9% by Mar '27*	58.7%	61.2%	66.9%	72.9%	79.1%
	4-hour ED performance (all types)	*82% by Mar '27*	69.1%	71.1%	75.3%	80.2%	85.0%*
	12-hour ED performance	*96.1%*	*Trajectory*	92.0%	93.7%	94.7%	95.0%
	Ambulance handover	*Reduce toward 15 mins*	33 mins	33.1 mins	30 mins	29 mins	28 mins
Elective & Diagnostic	GP Referral Growth	*Per planning assumption*	0.0%	10.9%	0.0%		
	18w RTT Performance	*74.7% for RUH*	68.3%	70.3%	74.7%	83.4%	92.0%
	52 Week Waiters	*Reduction towards zero*	331	183	198	62	0
	52 Week Waiters %	*Improvement on 1%*	0.9%	0.5%	0.8%	0.4%	0%
	Diagnostics 6 week wait	*13.1% for RUH*	14.6%	14.7%	12.50%	9.0%	1.0%
Cancer	28 day FDS	*80% annual ave*	80.2%	79.1%*	80.0%	80.5%	80.7%
	31 day	*94%*	92.8%	92.5%*	94.2%	96.0%	96.1%
	62 day RTT	*80%*	75.3%	68.9%*	80.5%	82.7%	85.1%
Workforce	30% Reduction in agency use	*30% improvement from M06*	*Trajectory*	13.3 WTE	5 WTE	3 WTE	0
	10% reduction in bank spend	*10% reduction from M06*	*Trajectory*	283.7 WTE	237 WTE	-10%	-10%
	Sickness rate (rolling 12 month average)	*Improvement*	*Trajectory*	5.5%	4.8%	4.6%	4.4%
Finance	2% productivity improvement	*(min 2% improvement)*	6.7%	6.5%	5.0%	2.7%	1.5%
	Savings Plan	*37.6m (£56.6m over 3 yrs)*	1,883	1,400	37.6m	10.3m	8.7m
	Balanced or surplus financial position	*Balance or surplus*	-1,610	-2,886	0.0m	0.0m	0.0m
Discharge	Non Criteria to Reside (NC2R)	*Number of NC2R*	86	89			
	Pathway 0 - Home	*% within 24 hours*	*tba*	94.0%			
	Pathway 1 - Home with support	*% within 48 hours*	*tba*	50%			
	Pathway 2 - Community setting	*% within 48 hours*	*tba*	15%			
	Pathway 3 - Residential care	*% within 7 days*	*tba*	60%			

* draft - unvalidated position

Report to:	RUH Council of Governors	Agenda item:	9
Date of meeting:	10 June 2026		

Report title:	Amendments to the Trust Constitution to support BSW Hospitals Group Board			
Status:	Information	Discussion	Assurance	Approval
				x
Approval Process: (where has this paper been reviewed and approved):	The Board of Directors approved the revised Standing Orders and the proposed amendments to the Constitution on 7 May 2026. The proposed constitutional amendments are now presented to the Council of Governors for approval.			
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Executive Sponsor:	Paul von der Heyde, Group Chair			
Appendices	Appendix 1: Trust Board Standing Orders			
BAF Risk Link	-			

Recommendation:

The Council of Governors is asked to:

1. Approve the proposed amendments to the Trust's Constitution, as set out within this paper, to enable the commencement of the BSW Hospitals group governance arrangements, noting that these amendments do not alter the statutory role or powers of the Council of Governors.
2. Note that the revised Standing Orders (Appendix 1), approved by the Board of Directors, are given effect through approval of the constitutional amendments.

Executive Summary:

The three Trusts - Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust - have entered into a revised Partnership Agreement to establish formal group working arrangements through a General Purpose Joint Committee (the "Group Board").

On the 7th May 2026, the Trust Board approved the adoption of revised Standing Orders for the Board of Directors to support the operation of the BSW Hospitals Group Board (a General

Purpose Joint Committee), established under the Partnership Agreement between the three Trusts.

To give full effect to these arrangements, a number of limited amendments to the Trust's Constitution are required. These amendments are primarily procedural in nature and are intended to ensure alignment between the Constitution, the revised Standing Orders, and the Partnership Agreement.

Under the statutory framework, amendments to the Constitution require approval by both the Board of Directors and the Council of Governors.

Approval by the Council of Governors is also a condition of the Partnership Agreement and is required before the group governance arrangements can formally commence.

The proposed amendments are limited to governance processes required to support effective joint working and do not alter the statutory roles, responsibilities or accountabilities of the Trust or the Council of Governors.

Group Vision Metrics	Select as applicable:
Developing an engaged workforce	x
Making our teams diverse and inclusive	x
Making our services safer	x
Improving timely access to our services	x
Improving the experience of those who use our services	x
Improving our financial sustainability	x
Improving health equity	x

Amendments to the Trust Constitution to support BSW Hospitals Group Board

1. Background and Context

Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust have entered into a revised Partnership Agreement to formalise joint working arrangements.

This includes the establishment of a General Purpose Joint Committee, known as the BSW Hospitals Group Board, to support collaborative decision-making across the organisations.

Each Trust remains a separate statutory NHS foundation trust with its own Constitution, and retains responsibility for its own functions and decisions.

In order to support the lawful and effective operation of the Group Board, aligned governance arrangements are required across all three Trusts. This includes:

- adoption of mutually compatible Standing Orders (approved by the Board of Directors); and
- approval of consequential amendments to each Trust's Constitution.

2. Constitutional Amendments

The proposed amendments to the Trust's Constitution relate primarily to procedural governance arrangements.

They are intended to:

- align governance arrangements with the practical operation of Boards, Committees in Common and the Group Board;
- ensure consistency across the three Trusts; and
- maintain lawful, transparent and auditable decision-making arrangements.

Summary of key changes

The main changes proposed for **Royal United Hospitals Bath NHS Foundation Trust** include:

- **Meeting arrangements**
    - Reduction in notice period for Board meetings and public notice from 5 days to 3 days
    - Reduction in circulation period for agendas and papers from 5 days to 3 days

- **Motions and decision-making**
    - Reduction in notice period to move or amend motions from 14 days to 10 days
    - Change in requirements for urgent written motions from three-quarters of voting directors to a simple majority to confirm acceptance
    - Introduction of time limits for motions (5 minutes to move, 3 minutes to reply)
    - Reduction in the number of signatures required to rescind a motion from 4 members to 3 members
    - Clarification that decisions may be determined by a **majority vote**, replacing previous three-quarters voting requirements
- **Quorum and governance thresholds**
    - Change in quorum from at least one third of members to at least one half of voting members
    - Changes to arrangements for suspension of Standing Orders, including:
        - reduction in quorum requirement from three-quarters to two-thirds of those present
        - reduction in voting threshold from three-quarters to a majority of those present
- **Use of the Trust Seal**
    - Introduction of provision to allow use of the seal between Board meetings at the discretion of the Chief Executive and Chair
    - Introduction of additional controls relating to use of the seal for capital, property and engineering matters
    - Change in reporting of seal use from the Board to the Audit Committee on a quarterly basis

These changes are procedural in nature and do not alter the fundamental role of the Board of Directors or the Council of Governors.

3. Relationship to Standing Orders

The Board of Directors has approved revised Standing Orders, which are provided at Appendix 1 for completeness. The revised Standing Orders:

- provide a consistent framework for Board and Group Board operation, including arrangements for quorum, voting and public access;
- confirm that each Trust remains sovereign and retains its statutory functions; and

- support the effective operation of joint committees under the Partnership Agreement.

The constitutional amendments presented in this paper ensure that the Constitution is aligned with these Standing Orders and can operate effectively in practice.

The Council of Governors is not asked to approve the Standing Orders as a standalone document; however, as the Standing Orders form part of the Trust's Constitution, approval of the proposed constitutional amendments will incorporate and give effect to the revised Standing Orders.

4. Statutory and Governance Framework

The proposed amendments are consistent with:

- the National Health Service Act 2006, including provisions relating to joint working arrangements and constitution amendments;
- the NHS England Code of Governance for NHS Provider Trusts (2022); and
- the requirements of the Partnership Agreement, including:
    - adoption of compatible Standing Orders; and
    - approval of constitutional amendments by both the Board of Directors and Council of Governors prior to commencement.

The Trust has taken external legal advice to support these arrangements. This advice confirms that the establishment of the BSW Hospitals Group Board and the proposed amendments to the Constitution are within the Trust's powers under the National Health Service Act 2006, are consistent with the Trust's statutory duties, and provide an appropriate and compliant governance framework for joint decision-making. The advice also confirms that the arrangements maintain the sovereignty and accountability of each Trust. Further detail can be made available to Governors on request.

The revised Standing Orders, and their alignment across the partner Trusts, provide an appropriate and compliant governance framework to support joint decision-making.

5. Implications for the Council of Governors

The proposed amendments:

- do not change the statutory role of the Council of Governors;
- do not alter the sovereignty of the Trust as an independent NHS foundation trust;
- ensure that governance arrangements remain robust and compliant as the Trust operates within a group model; and
- are required to enable the agreed group arrangements to proceed.

The proposed amendments do not alter the statutory powers, duties or accountabilities of the Council of Governors. Governors will retain their existing roles, including holding the Non-Executive Directors to account, approving significant transactions (where applicable), and approving amendments to the Constitution. The amendments are limited to governance processes required to support effective joint working and do not transfer decision-making authority away from the Trust or dilute its accountability arrangements.

6. Next Steps

Subject to approval by the Council of Governors:

- the amended Constitution will take effect once all Trusts have completed their approval processes; and
- the Partnership Agreement conditions will be satisfied, allowing the Group Board arrangements to formally commence.

Appendix 1 - To be adopted by each individual foundation trust

Standing Orders for the Practice and Procedure of the Board of Directors (the Board of Directors)

Introduction

Great Western Hospitals NHS FT, Royal United Hospitals Bath NHS FT and Salisbury NHS FT approved arrangements to establish a group model to support increased joint working and collaboration between the three organisations and wider system, in line with the powers set out in the Health and Care Act 2022. To support the joint working, a Group Chief Executive and Group Chair have been appointed, however, all three trusts remain as individual statutory organisations with individual constitutions. Therefore, for the purposes of this document references to the Chair and Chief Executive will remain singular and not 'joint' or 'group'.

1. Purpose

1.1 These Standing Orders (SOs) set out the framework for how the Board of Directors conducts its business. They should be read alongside the Trust's Constitution, Scheme of Delegation (Reservation and Delegation of Powers), and Standing Financial Instructions (SFIs). As a public benefit corporation, the Trust may contract in its own name and acts as corporate trustee for charitable and other funds.

1.2. Interpretation

Unless the context requires otherwise, terms bear the same meaning as in the Constitution.

1.3 The Chair of the Trust is the final authority on the interpretation of these SOs, advised by the Chief Executive and the Company Secretary.

1.4 Clear working days means Monday to Friday, excluding public holidays.

2. Board of Directors – Corporate Role and Composition

2.1 All business shall be conducted in the name of the Trust.

2.2 The responsibilities of the Board of Directors are set out in the Constitution.

2.3 All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.4 Powers of the Trust shall be exercised by the Board of Directors save where delegated under these SOs.

2.5 In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

2.6 Directors acting on behalf of the Trust as a corporate trustee are accountable for charitable funds held on trust to the Charity Commission. Accountability for non-charitable funds held on trust is to NHS England.

2.7 Composition of the Board of Directors

In accordance with the 2006 Act, the 2012 Act, and the Constitution, the composition of the Board of Directors of the Trust shall be:

(a) Non-Executive Chair (who shall have a casting vote);

(b) a minimum of 5 (five) other Non-Executive Directors (ie not including the Chair). One Non-Executive Director will be nominated by the Chair, and noted by the Council of Governors, as the Senior Independent Director; and one Vice Chair (and approved by the Council of Governors);

(c) a minimum of 5 (five) Executive Directors (but not exceeding the combined number of Non-Executive Directors and the Non-Executive Chair) including:

- the Chief Executive (the Accounting Officer)
- the Chief Financial Officer
- the Chief Medical Officer
- the Chief Nursing Officer
- the Managing Director

(d) the Board of Directors may appoint non-voting corporate directors to attend meetings of the Board of Directors but shall not have a vote.

(e) in the event that the number of Non-Executive Directors (including the Chair) is equal to the number of Executive Directors, the Chair (and in his absence Deputy Chair) shall have a second or casting vote at meetings of the Board of Directors.

(f) The validity of any act of the Board of Directors is not affected by any vacancy among the Directors or defect in the appointment of a Director.

2.8 Non-Executive Directors (including the Chair)

Non-Executive Directors are appointed by the Council of Governors. A person may only be appointed as a Non-Executive Director if:

- they are a member of the Public Constituency; and
- they are not disqualified by as stated in the Constitution.

2.9 The Non-Executive Directors are to be appointed for a period of office determined by the Council of Governors at general meeting of the Council of Governors not exceeding 3 years.

2.10 The Council of Governors at a general meeting shall decide the remuneration and allowances and other terms and conditions of office of the Chair and other Non-Executive Directors.

2.11 Joint Directors

Where more than one person is appointed jointly to a post in the Trust which qualifies the holder for executive directorship or in relation to which an executive director is to be appointed, those persons shall become appointed as an executive director jointly, and shall count for the purpose of Standing Order 2.7 as one person.

3. Chair of the Board of Directors

3.1 The Chair of the Trust is the Chair of the Board of Directors.

3.2 The Chair is appointed by the Council of Governors. The appointment shall be in accordance with SO 2.8.

3.3 The regulations governing the tenure of office of the Chair shall be in accordance with SO 2.8.

3.4 At any meeting of the Board of Directors, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair shall preside.

3.5 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside.

3.6 Vice-Chair

Where the Chair of the Trust has died or has otherwise ceased to hold office or where they have been unable to perform their duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in the Schedule to these Regulations shall, so long as there is no Chair able to perform their duties, be taken to include references to the Vice-Chair. In such cases the Vice-Chair shall act as Chair of the Board of Directors.

3.7 The appointment of the Vice-Chair shall be at the general meeting of the Council of Governors, for such a period, not exceeding the remainder of his term as a Non-Executive Director, as the Council of Governors may specify on appointing them.

3.8 Any Non-Executive Director so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Council of Governors. The Council of

Governors may thereupon appoint another Non-Executive Director as Vice-Chair in accordance with the provisions of SO 3.7.

3.9 Senior Independent Director

The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, for such period not exceeding the remainder of his term as a Non-Executive Director, as they may specify on appointing them.

3.10 Any Non-Executive Director so appointed may at any time resign from the office of "senior independent director" by giving notice in writing to the Chair. The Board of Directors (in consultation with the Council of Governors) may thereupon appoint another independent Non-Executive Director as "senior independent director" in accordance with the provisions in SO 3.9.

3.11 The “senior independent director” shall perform the role set out in the best practice advice in the Code of Governance for NHS Providers (2022, effective April 2023) (issued by NHS England).

4. Meetings of the Board of Directors

4.1 Admission of the Public and Press

Meetings of the Board of Directors shall be held in public unless the Board of Directors resolves to conduct all or part of a meeting in private for reasons of confidentiality, public interest, or other proper grounds. When the public and press are present, the Chair will make any arrangements necessary to ensure the orderly conduct of business. Members of the public or representatives of the press are not permitted to record proceedings in any manner without the prior agreement of the Chair.

4.2 Calling of Meetings

Ordinary meetings will be held at such times and places (including by electronic means) as the Board of Directors determines. The Chair may call a meeting at any time.

If the Chair does not call a meeting within seven days of a requisition signed by at least one-third of the Directors, those Directors may call the meeting for the specified business.

4.3 Notice of Meetings

A written notice specifying the business proposed shall be delivered or sent electronically to every Director so as to be available at least 3 clear working days before the meeting (save in emergencies).

Public notice of the time, place and public agenda for a public meeting shall be published at least 3 clear working days prior to the meeting.

4.4 Lack of service of the notice on any director shall not affect the validity of a meeting.

4.5 Agendas and Supporting Papers

Agendas will be sent to members of the Board of Directors 3 Clear Days before the meeting and supporting papers, whenever possible, shall accompany the agenda, save in emergency giving rise to the need for an immediate meeting as set out in SO 4.19.

Failure to serve the agenda and (where relevant) supporting papers on more than three members of the Board of Directors will invalidate the meeting. An agenda and supporting papers shall be presumed to have been served one day after posting and in the case of by electronic communication on the day it is sent.

4.6 Setting the Agenda

The Board of Directors may determine Standing Items to appear on every agenda. A Director desiring an item to be included on an agenda shall make a written request to the Chair at least 10 clear working days before the meeting. Requests made later may be included at the discretion of the Chair.

4.7 Petitions

Where a petition is received, the Chair will include it on the agenda of the next Board of Directors meeting.

4.8 Chairing of Meetings

The Chair presides if present; in their absence the Vice Chair presides; failing that, a Non-Executive Director chosen by those present will preside. Where the Chair is excluded due to conflict, the Vice Chair or a Non-Executive Director chosen by those present will preside.

4.9 Chair's Ruling

Statements shall be relevant to the matter under discussion. The decision of the Chair on order, relevancy, regularity, and procedure is final.

4.10 Notices of Motion

A Director wishing to move or amend a motion shall give written notice to the Chair at least 10 clear working days before the meeting. The Chair shall include all such notices that are in order and permissible. This does not prevent motions being moved without notice on business already on the agenda.

4.11 Emergency Motions and Written Motions

Subject to the Chair's agreement and SO 4.12, an emergency motion may be notified in writing up to one hour before the meeting, stating grounds of urgency.

With the Chair's consent, urgent business may be effected by written motion where all Directors have been notified and the required simple majority confirm acceptance within 5 clear working days; the resolution shall be recorded in the minutes of the next meeting.

4.12 Motions: Procedure at and During Meetings

Motions may be proposed by the Chair or any Director present and must be seconded. The Chair may, at their discretion, refuse to admit any motion not duly notified except those relating to: receipt of a report; consideration of business before the Board of Directors; accuracy of minutes; proceeding to next business; adjournment; or that the question be now put.

Amendments must be relevant and not negate the original motion. When amended, the amended motion becomes the substantive motion. The mover of the substantive motion has a right of reply at the close of debate.

Motions : Under debate

The mover of a motion shall have a maximum of 5 minutes to move and 3 minutes to reply. Once a motion has been moved, no member of the Board of Directors shall speak more than once or for more than 3 minutes.

Motions : To rescind the motion

Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the member of the Board of Directors who gives it and also the signature of three other members of the Board of Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate committee of the Board of Directors or the Chief Executive for recommendation.

When any such motion has been dealt with by the Board of Directors, it shall not be competent for any member of the Board of Directors, other than the Chair, to propose a motion to the same effect within 6 calendar months. However, the Chair may do so if he considers it appropriate. This SO shall not apply to motions moved in pursuance of a report or recommendations of a committee of the Board of Directors or the Chief Executive.

4.13 Voting

The Board of Directors shall aim to make decisions through discussion and by consensus. It is not a requirement for all decisions to be subject to a vote. The Chair of the meeting at which any particular decision is to be taken shall be responsible for determining whether a vote is required and what form this will take. Where the Chair determines that a vote should take place, the decision put to a vote shall be determined by a majority of the votes of Directors present and voting. If votes for and

against are equal, the Chair of the meeting shall have a casting vote. Voting may be by show of hands, oral expression, appropriate electronic means, or paper ballot at the Chair's direction or if requested and seconded.

If at least one-third of Directors present so request, the voting (other than by paper ballot) may be recorded to show how each Director voted or abstained. No proxy voting is permitted.

An Officer formally appointed to act up for an Executive Director may exercise that Director's voting rights; representatives without acting-up status may not.

4.14 Minutes

Minutes shall be drawn up and submitted for agreement at the next meeting. Discussion shall be limited to accuracy or where the Chair considers discussion appropriate. Approved minutes of public sessions shall be made available to the public, save for items considered in private.

4.15 Quorum

No business shall be transacted unless at least half of voting members of the whole number of voting Directors are present, including at least one Executive Director and one Non-Executive Director. Directors excluded due to conflicts of interest do not count towards the quorum.

4.16 Suspension of Standing Orders

Except where this would contravene statute or the Constitution, any one or more SOs may be suspended at a meeting provided that at least two-thirds of Directors are present (including one Executive and one Non-Executive Director) and a majority of those present vote in favour. The decision and matters discussed during suspension shall be recorded and reviewed by the Audit Committee.

4.17 Record of Attendance

The names and status of those present shall be recorded in the minutes. Apologies should be submitted in advance to the Company Secretary.

4.18 Meetings by Electronic Communication

A Director participating by interactive and simultaneous electronic communication shall be regarded as present. The meeting place shall be determined by resolution, or failing that, where a majority of attendees are physically present, or the Chair is present. Quorum must be maintained throughout. Minutes shall state that the meeting was held by electronic means and that all Directors could hear each other.

4.19 Emergency Meetings

In the event of an emergency giving rise to the need for an immediate meeting of the Board of Directors, failure to comply with the notice periods in SOs 4.2 and 4.3 shall not prevent the calling of, or invalidate, such a meeting provided that every effort is made

to make personal contact with every Director who is not absent from the United Kingdom and the agenda for the meeting is restricted to matters arising in that emergency.

5. Arrangements for the Exercise of Functions by Delegation

5.1 Subject to the Constitution and any relevant NHS guidance, the Board of Directors may delegate functions to committees, sub-committees, joint committees, or Officers subject to restrictions and conditions as the Board of Directors thinks fit.

5.2 The Chief Executive shall determine which functions they will perform personally and nominate Officers for remaining functions, and shall maintain a Scheme of Delegation for Board of Directors approval and periodic review

5.3 Emergency powers retained to the Board of Directors may, in urgent circumstances, be exercised by the Chief Executive and the Chair after consulting at least two Non-Executive Directors, with actions reported to the next Board of Directors meeting for ratification.

6. Delegation to Committees, Joint Committees and Committees-in-Common

6.1 The Board of Directors may appoint committees consisting wholly or partly of Directors and, where permitted, persons who are not Directors. Terms of reference, membership, powers, reporting arrangements, and applicability of these SOs shall be approved by the Board of Directors. Committees may establish sub-committees only where expressly authorised, and may not delegate executive powers unless the Board of Directors so authorises.

6.2 Joint committees may be established with one or more other NHS bodies.

6.3 The Board of Directors may choose to meet in common with the Board of any other organisation and permit any of its Committees and Sub-committees to do the same

6.4 Confidentiality applies to committee business until reported or otherwise concluded, and thereafter where the Board of Directors or Committee resolves that the matter is confidential.

7. Declarations of Interests and Register of Interests

7.1 Directors must declare any direct or indirect, actual or potential pecuniary or other relevant and material interests in proposed or existing transactions or matters concerning the Trust, as soon as they become aware. Declarations shall be recorded and the Director shall withdraw from discussion and not vote on the matter.

7.2 The Trust shall maintain a public register of Interests of Directors. Interests generally regarded as relevant and material include directorships; ownership or shareholdings in organisations seeking to do business with the Trust; positions of authority in health and care charities; connections with organisations contracting for NHS/Trust services; research funding; pooled funds under separate management; and any connection with entities entering financial arrangements with the Trust.

8. Standards of Business Conduct

8.1 Directors and Officers must comply with the Directors' Code of Conduct, national guidance on standards, and the Trust's policies. Interests in contracts must be declared in writing to the Chief Executive or Company Secretary. Canvassing for appointments is prohibited. Relationships with candidates must be disclosed. External consultants acting for the Trust are subject to these standards.

9. Custody of Seal and Sealing of Documents

9.1 The common seal of the Trust shall not be affixed to any documents unless the sealing has been authorised by a resolution of the Board of Directors or of a committee thereof, or where the Board of Directors has delegated its powers in accordance with the Scheme of Delegation. The Board of Directors has resolved that the seal may be used between Board of Directors meetings, based on business need, at the discretion of the Chief Executive or Chief Financial Officer.

9.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Financial Officer (or their Nominated Officer) and authorised and countersigned by the Chief Executive (or their Nominated Officer who shall not be within the originating directorate).

9.3 Where it is necessary that a document shall be sealed, the common seal of the Trust shall be affixed in the presence of two Officers duly authorized by the Chief Executive, and also not from the originating department, and shall be attested by them.

9.4 Register of sealing

The Company Secretary shall make an entry of every sealing (numbered consecutively) in a book maintained for that purpose and shall ensure that each entry is signed by the persons who shall have approved and authorised the document and those who attested the seal. The Company Secretary shall make a report of all sealings to the Audit Committee at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

10. Signature of Documents

10.1 Where required in legal proceedings, documents shall be signed by the Chief Executive unless otherwise authorised. The Chief Executive or nominated Officers may sign agreements not required to be executed as a deed where the subject matter has been approved by the Board of Directors or a duly authorised committee.

11. Duty to report non-compliance with Standing Orders

11.1 If for any reason these SOs are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board of Directors for action or ratification. All members of the Board of Directors and Officers have a duty to disclose any non-compliance with these SOs to the Company Secretary as soon as possible.

12. Miscellaneous

12.1 Standing Orders to be given to Directors and Nominated Officers

The Chief Executive shall ensure Directors and nominated Officers receive and understand these SOs.

12.2 The SFIs and Scheme of Delegation have effect as if incorporated into these SOs.

12.3 These SOs should be reviewed periodically by the Board of Directors (at least every three years).