

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Monday 20th April 2026

Present:- Councillors Dine Romero (Chair), Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Michael Auton and Dr Eleanor Jackson (in place of Liz Hardman)

Co-opted Members (non-voting): Chris Batten and Kevin Burnett

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Lucy Baker (Director of Place, BSW ICB), Ceri Williams (Policy Development & Scrutiny Officer), Sarah Watts (Complaints & Data Protection Team Manager), Darryl Freeman (Executive Director for People) and Paul Scott (Interim Director for Public Health)

Cabinet Member for Adult Services: Councillor Alison Born

101 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

102 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

103 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Onkar Saini and Councillor Liz Hardman had sent their apologies to the Panel. Councillor Eleanor Jackson was present as a substitute for Councillor Hardman for the duration of the meeting.

104 DECLARATIONS OF INTEREST

There were none.

105 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

106 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Nicola James addressed the Panel and made a statement on the subject of BSW Hospitals Bank Staffing Outsourcing. A copy of the statement is attached as an online appendix to these minutes, and a summary is set out below.

'I was elected as a public governor for Bath at the RUH in 2022 and served until July 2024. I attended the meetings, read every paper. What I'm about to put on this Panel's record should concern every councillor in this room.

In September 2023 the RUH Public Board paper stated explicitly that the Trust's strategy was to grow the staff bank. Direct quote: "We're looking to support Managers to develop exit plans for high cost agency workers by recruiting to vacancies, moving agency workers onto our Bank." I heard that case made repeatedly. Experienced workers who knew the wards and the patients. Worth protecting, we were told.

By March 2026 the Trust had completely reversed that strategy, abolishing the staff bank entirely and handing it to a private equity company. No public explanation. No long term cost modelling. No transparency about what changed.

The projected saving of £3.3 to £5.4 million comes entirely from cutting employer pension contributions from 23.7% to 6%. That's not an efficiency saving. It's a cost deliberately shifted onto workers to plug a deficit.

The Trust's own consultation document named Pulse/Acacium as preferred bidder before the union consultation period had even closed on 4 March 2026. This panel should ask the trust to explain how a preferred bidder was identified before consultation concluded and what weight, if any, was given to union feedback.

This Panel has a statutory right under the Local Government and Public Involvement in Health Act 2007 to be consulted on substantial variations in local NHS services before decisions are made. Removing hundreds of workers from NHS employment across three trusts, formally opposed by recognised trade unions, is exactly such a variation. My understanding is this Panel was not consulted. Its statutory rights were entirely bypassed.

This is not responsible financial stewardship. This is deficit management by sleight of hand. And this Panel has both the right and the duty to call it out.

I'm asking this Panel to call an emergency session before August – requiring BSW trust executives to attend and answer for this decision before it becomes irreversible. To write formally to the Secretary of State. And to formally note that its statutory consultation rights were not observed.'

Baz Harding-Clark addressed the Panel and made a statement on the subject of BSW Hospitals Bank Staffing Outsourcing. A copy of the statement is attached as an online appendix to these minutes, and a summary is set out below.

'I am Branch Secretary of UNISON Bath Health Branch. I also serve as Chair of Staff Side at the RUH, and I am directly affected by this decision in my clinical role. I represent the workers directly impacted. I have formally written to the Secretary of State, Wes Streeting, about it. I am here because my members have been failed by every formal channel available to them so far.

Bank workers are not being transferred. Their NHS bank employment will cease on 1 August without choice. If they want to continue working bank shifts at the same

hospitals, the only option will be to register with a private company — Pulse, part of the Acacium Group.

There is no continuity of service. No NHS terms and conditions. And from that point forward, no ability to continue accruing their NHS pension. For a healthcare assistant working bank shifts for another ten years, the difference between a 23.7% NHS employer pension contribution and around 6% in the private sector represents tens of thousands of pounds in lost retirement income.

The Trust's own Equality Impact Assessment shows that at the RUH, 56% of bank workers are from ethnic minority backgrounds compared to 27% of substantive staff. Between 64% and 87% of bank workers are women, depending on the site. The proposed mitigation for this disproportionate impact is quoted verbatim: "encourage bank workers to take up substantive employment." That is not a mitigation. That is telling predominantly ethnic minority, predominantly female workers to reorganise their lives to suit the Trust's staffing model.

The consultation process initially excluded bank workers entirely. Only after union challenge were they invited into information sessions — not consultation, information. They were presented with a decision that had already been made. Both UNISON and all of Staff Side formally opposed this in writing. We were heard once and then overridden. I have written formally to the Secretary of State describing this as privatisation by stealth. No response has been received. This Panel should add its voice to that letter without delay.'

The Chair asked if they had taken formal action to seek that the decision is called-in by the Secretary of State for Health and Social Care.

Baz Harding-Clark replied that they had not and said that they had written to the Secretary of State for Health and Social Care to outline their concerns, describing the decision as "privatisation by stealth."

Councillor Joanna Wright asked what impact the decision will have on the hospitals concerned.

Baz Harding-Clark replied that it would severely put at risk the ability to put staff in place at short notice and could potentially have an impact on patient care.

Councillor Lesley Mansell asked if the public were yet aware of this decision.

Nicola James replied that she had written a post regarding the issue on the social media platform 'X' that had now been shared thousands of times and also received some feedback. She added that the body 'Protect our NHS (BANES)' alongside some further Unions were not aware of the decision until recently notified.

Baz Harding-Clark added that he did not believe that the decision had yet been made public.

Councillor Mansell asked what effect the decision will have on staff pensions.

Baz Harding-Clark replied that their future pension accrual within the NHS Pension Scheme would end entirely and be replaced by an approximately 6% employer contribution opposed to the current 23.7% NHS employer pension contribution, which represents a 17.7% reduction in employer pension contribution.

The Chair queried why staff pensions would not be protected under the TUPE Transfer of Undertakings (Protection of Employment) regulations.

Baz Harding-Clark replied that TUPE protections do not apply to zero-hours bank arrangements.

Lucy Baker, Place Director, BSW ICB stated that she had received a briefing from the RUH that morning and that she would work with the BSW Hospitals Group to bring further information to the Panel.

Councillor Paul Crossley asked if the appointed private company had any other contracts with the RUH. He added that it was his view that outsourcing was generally a bad solution.

Baz Harding-Clark replied that he was not aware of any other contracts between the RUH and Pulse (Bank Partners).

Councillor Michael Auton commented that for bank staff to lose their current benefits would have a huge impact on their livelihoods.

The Chair commented that she was shocked to hear that Lucy Baker had only been briefed by the RUH regarding the issue this morning.

Councillor Eleanor Jackson commented that many members of staff choose to do bank work due to its flexibility.

Baz Harding-Clark replied that this was correct and said that a large proportion of staff make that choice due to being a carer or having childcare responsibilities.

Kevin Burnett said that he was concerned about the potential levels of service should experienced members of staff decide to not continue in their roles. He asked if it had been explained why the decision had been made.

Baz Harding-Clark replied that they had been told that there was not a sufficient infrastructure in place to cover all three hospital sites. He added they currently use Allocate for their bank system and that for a small investment this could be upgraded to Allocate Cloud.

He stated that he did not believe that Unison members will sign up to the new arrangements and that this will put staff and public safety at risk.

Councillor Mansell said that she thought it was her understanding that such outsourcing arrangements could only be made with agreements by the Unions. She asked how the service would be monitored if it is outsourced.

Baz Harding-Clark replied that UNISON and all Staff Side organisations have formally opposed the decision in writing and that this had been heard once and overridden. He added that there are 13 unions which represent staff within the RUH and all disagree with the decision made.

Lucy Baker said that she would ask the questions / raise the points made today with the BSW Hospitals Group.

Councillor Wright said that she would like to see BSW Hospitals Group senior management team explain the decision and the process undertaken prior to it.

The Chair commented that the decision looks like a substantial variation and therefore the Panel should have been consulted before any such decision had been made.

The Chair asked Lucy Baker to provide initial feedback to the BSW Hospitals Group of the points raised during the meeting so that they could begin to form a response.

She added that once the BSW Hospitals Group had been contacted officially they would be asked to respond in writing within five working days.

Councillor Wright asked if the Panel would be writing to the Secretary of State regarding the decision made.

The Chair replied that would be dependent on the response received.

The Chair, on behalf of the Panel, thanked Nicola James and Baz Harding-Clark for their statements.

107 MINUTES: 9TH MARCH 2026

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

The Chair asked if an update could be provided on the proposed changes to the Connecting Families service that were raised at the last meeting.

The Executive Director for People replied that the consultation remained ongoing and that a regular dialogue was taking place between the Senior Leadership Team and the Unions.

He added that expressions of interest in certain roles would not be sought until the consultation had closed.

He said that the consultation had been extended until 17th July 2026 and that further engagement activities have been planned. He added that at this stage the new structure of the service is anticipated to be issued on 1st September 2026 and go live on 1st November 2026.

He stated that following on from the all Councillor briefing in March 2026 a further briefing would be sought for some time in May 2026.

The Chair commented that the previous briefing had been helpful and welcomed the offer a further one.

Councillor Joanna Wright said that it was good to hear that talks are ongoing, but said it was her understanding that many staff still don't feel part of the consultation. She added that she believed that further strikes are planned, or at least being considered and asked what can be done to avoid such action, given the likely impact it would have on the public.

The Executive Director for People replied that he was aware that Unison had held an indicative ballot of their members which had shown that they were in support of taking strike action. He added that the Council would seek to mitigate risks should a strike take place and would work with the Unions to attempt to avoid such action.

Councillor Wright says she recalls being told that there would not be a fire and rehire process and asked if an explanation could be given to those staff that had received a letter stating that their role no longer existed.

The Executive Director for People replied that the process around the deletion of posts has been explained to those concerned and that the letters sent were part of the HR process. He added that in many cases the reason for the letter was that the role was to be subject to a change in title. He stated that five posts were at risk of redundancy.

Councillor Wright said that she remained unhappy with how the process had been carried out so far, especially for the five people whose roles were at most risk.

The Executive Director for People replied that the consultation is still ongoing and that support is being given to those members of staff whose roles are at most risk.

The Chair, on behalf of the Panel, thanked him for his update.

Kevin Burnett raised the issue of supervised teeth brushing in schools and asked if Public Health could consider whether this role should be undertaken by Health Visitors rather than school staff.

Lucy Baker, Place Director, BSW ICB replied that as there wasn't a Public Health officer currently present, she would relay that point to them.

Kevin Burnett referred to the statement made by Becky Somerset, Director, 3SG where she spoke of the £250,000 worth of savings to be made from Contract Management and any impact that this may have on the Third Sector. He said that they should be consulted on any potential impact and for their work to be protected where possible.

He added that he would welcome a review of the Council's budget setting principles to be held prior to next year.

108 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following points from her update.

Dementia Strategy

- A multi-agency Steering Group is established, including representatives from B&NES Council, ICB, AWP, Alzheimer's Society, ReMind, CMHT, carers, care-home and home-care providers, and local VCSE organisations. The approach is rooted in co-production, with focus groups and surveys planned to ensure lived-experience shapes priorities.
- The Dementia Strategy Steering Group met for the first time on 27 November 2025 and for a second time on 26 February 2026. There are now 24 members of the group from a broad range of health, care, community and voluntary sector organisations. The NHS Dementia 100 Self-Assessment Toolkit is being used to benchmark current pathways and processes and to identify areas of good practice, variation and gaps requiring improvement. This work will help inform priorities to be addressed through the strategy.
- Engagement Activity:
 - Informal visits to groups to gather insight into the lived experience of people with dementia and carers.
 - Frontline staff engagement through surveys and attendance at team meetings
 - Engagement conversations with RUH, Ambulance Service, Police and VCSE organisations
 - Identification of people with dementia and carers willing to participate in formal focus groups
- Next Steps
 - Completion of mapping, gap analysis and identifying priorities from the Dementia 100 tool by the end of April
 - Analysis of feedback from staff surveys and informal visits by end of May to inform priorities.
 - Delivery of formal engagement (focus groups and public survey) from March onwards.
 - Analysis of dementia data and alignment with other local strategies and priorities by end of April

Sensory Impairment Support Service

- The new service was successfully mobilised on 1 January 2026 under a new partnership between Sight Support West and the Royal Association of the Deaf. Providers and commissioners continue to raise awareness of the service with residents, partner organisations, and local services through practitioner communications, social media, the Live Well B&NES resource, the One Stop Shop and the Community Wellbeing Hub.

Advocacy Services

- The new contract for advocacy services in B&NES went live on April 1st, with The Advocacy People (TAP) as the newly commissioned provider, replacing POhWER. Transition arrangements were carefully managed and progressed smoothly, with no disruption to people receiving advocacy support. The service will support residents to understand their rights, express their views, participate in decisions, and have their statutory rights met.

Learning Disability Provider Service

- Work continues to review the services delivered by the in-house learning disabilities teams in B&NES. This includes working closely with SEND and Children's Social Care, introducing structured transition frameworks to ensure smoother journeys for young people as they progress into adult services. The changes reflect our commitment to promoting independence, inclusion, and choice for everyone accessing Adult Social Care.

Update on Combe Lea CQC Inspection

The Care Quality Commission (CQC) undertook an unannounced inspection of Combe Lea on 11th December 2025 and the assessment closed on 9th January 2026. The CQC report was published on 30th January 2026 with a rating of Good and a score of 75%.

Drug and Alcohol Conference

- In February, Bath & North East Somerset Council hosted its first local Drug and Alcohol Conference, bringing together nearly 100 professionals from over 20 organisations across health, social care, enforcement, academia and the voluntary sector. The event combined lived-experience testimonies, expert presentations on emerging drug trends and enforcement challenges.
- The conference was well-received, strengthened partnership working across the system, and has helped shape local priorities for preventing drug- and alcohol-related harm in B&NES.

Good Food Local Benchmarking Survey and Food Strategy

- B&NES Council has completed a submission to the Sustain Good Food Local Benchmarking Survey which all local authorities in the South West agreed to complete during January 2026.
- In addition, the Council has developed a Food Strategy for B&NES that will be published this Summer. The Strategy has been developed in collaboration with partners and community groups and with engagement with communities. The Strategy celebrates the people, projects and local food assets we already have, and sets a clear shared vision for the next five years.

Kevin Burnett offered his congratulations in relation to the CQC report for Combe Lea and asked if all residential care homes in B&NES were now rated as 'Good'.

The Director of Adult Social Care replied that all five Extra Care Homes were rated as 'Good', Combe Lea is 'Good' and that Cleve Court, after its last inspection, was one mark off from being rated as 'Good'.

Kevin Burnett asked if resources were in place to retain these ratings.

The Director of Adult Social Care replied that she believed so and said that a balanced budget had been achieved within Adult Services and that a strong Senior Management team was in place.

Councillor Born added that she felt there were good building blocks in place to do so, including having many substantive staff in place.

Councillor Lesley Mansell asked if an update could be provided with regard to School Streets.

The Chair replied that this matter is within the remit of the Climate Emergency & Sustainability Panel and that there was now a Council web page available for people to find out more information.

Councillor Mansell asked if the Cabinet Member for Adult Services had raised any questions directly with the Royal United Hospital regarding the issue of Bank Staff Outsourcing that was raised earlier in the meeting.

Councillor Born replied that she had not been aware of the issue until the public statements had been made this morning.

Kevin Burnett asked if it should be the role of schools to carry out supervised teeth brushing activities and whether this was more a role for Health Visitors.

The Interim Director of Public Health replied that it was acknowledged that schools were already a very busy place to work within and said that it was more likely that there would be a focus for this activity in our more deprived areas. He added that prior to beginning school the issue might be addressed through the Best Start in Life Group that work within community settings.

Kevin Burnett asked if an update could be provided on the cross Council action plan that was seeking to improve the physical and emotional wellbeing of children and adults, and reduce health inequalities across Bath and North East Somerset.

The Interim Director of Public Health replied that progress with some elements of the Be Well B&NES programme were further ahead than others and that he would be willing to provide an update to a future meeting.

Councillor Joanna Wright commented that she believed that School Streets was an issue that should concern Public Health and asked why this Panel could not be involved in that work in some way.

The Chair replied that she would raise the matter again when the PDS Panel Chairs and Vice-Chairs meet next week.

Councillor Wright referred to the recent motion to Council regarding 'Enabling outdoor play and community belonging' and said that a task group should look at this alongside the work of the Local Plan.

The Chair replied that this matter was on the agenda to be discussed further by the PDS Panel Chairs and Vice-Chairs at their meeting next week.

She thanked the Cabinet Member for Adult Services for her update on behalf of the Panel.

109 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

Lucy Baker, B&NES Place Director, BSW ICB addressed the Panel and highlighted the following areas from the update.

Dentistry

- She gave confirmation and assurance that any NHS funding returned by dentists is recycled for further procurement and commissioning and that all such funding is fully committed.

Blood pressure roadshows in B&NES

- Work is currently underway to explore opportunities to extend this activity beyond Bath city centre, including potential locations in more rural communities across B&NES such as the Somer Valley and surrounding areas. This approach aims to improve reach and accessibility, particularly in areas where residents may experience barriers to routine health checks.

Neighbourhood Health Planning: Progress in B&NES

- BSW ICB and B&NES partners are actively developing a locality Neighbourhood Health Plan, led through the Integrated Care Alliance (ICA) and Health and Wellbeing Board (HWB). The Plan will set out how services are organised around defined neighbourhoods of approximately 30,000 to 50,000 people, with Integrated Neighbourhood Teams (INTs) bringing together general practice, community health services, social care, VCSE partners and local community assets.
- Community INT mobilisation commenced from April 2026 under the ICBC contract with HCRG. In BaNES, the initial focus is on high priority cohorts: people with moderate to severe frailty, care home residents, and those who are housebound or approaching end of life.

NHS 111 Press 2 – Mental Health Call Handling - New Interim Call Handling Arrangement

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are engaging an external partner under a PSR (provider selection regime) direct award contract for up to 12 months to undertake the NHS 111-2 call handling function for Bath, Swindon, and Wiltshire.
- This arrangement enables us to stabilise the service, strengthen governance, and apply established, evidence-based processes to clinical decision-making.
- The revised model provides enhanced oversight and assurance regarding the quality and safety of care delivered via additional and more structured clinical audit processes. Furthermore, the new model will provide better data quality to help inform future decision-making.
- The added functionality provided by engaging with an external partner will also allow for wider integration into the physical health 111 service and other emergency response processes. This will support professional callers to access the right advice and guidance in a timely manner, but also service users to get the right response for their needs at the right time.

Kingfisher Unit - Revised opening date

- Earlier this year, AWP reported a significant flood within the building which caused extensive damage on the ground floor. This required detailed investigation and specialist assessments to understand the long-term implications. This work has now been completed, with all damaged materials removed and the drying process underway.
- AWP's contractor has now confirmed that they expect to hand the completed building over on 17 August. Following this, AWP will begin the necessary preparations for operational use and anticipates that the building will open and receive its first patient on 5 October 2026.

Response to Meningitis outbreak in Kent

- While there were no cases in Bath or North East Somerset, health services in the area were fully briefed and part of a general response to the outbreak of meningococcal disease in Kent.
- GP services were able to offer MenB vaccinations upon request to eligible patients who could not access vaccination at local vaccination clinics at the University of Kent, for example, because they had returned home from campus for the Easter holidays.
- Parents were also urged to keep an eye out for symptoms of meningococcal disease and septicaemia among children and to seek urgent medical attention if symptoms were identified.

New service identity for BSW Community Health

- HCRG Care Group has launched a new service identity for Bath and North East Somerset, Swindon and Wiltshire Community Health, alongside a series of key improvements to how people and professionals access care. This includes the introduction of a Single Point of Access, Integrated Neighbourhood Teams, and a Digital Front Door. Together, these changes are designed to make services easier to navigate, support earlier intervention, and deliver more coordinated, person-centred care closer to home.
- In Bath and North East Somerset specifically, this work has been supported by the Corporate Communications Manager at Bath & North East Somerset Council, helping to ensure strong local alignment and visibility.
- This is an ongoing programme of engagement, and HCRG are continuing to work closely with stakeholders to communicate these changes. The provider will maintain a sustained communications effort over the coming weeks to build awareness, support adoption and ensure that both residents and partners are confident in accessing and referring into services.

The Chair asked if the Community Health work would yet include Dorset.

Lucy Baker replied that at this stage it would not.

Councillor David Harding asked if the dangers of vape sharing have been communicated as part of the actions in connection with the recent Meningitis outbreak.

The Interim Director of Public Health replied that it was unclear at present as to whether this was a direct cause and said that the action of vaping has its own risks in causing damage to the throat. He added that the local universities have been highlighting potential risks and guidance to students.

Councillor Joanna Wright asked if the amount of dentist funding returned was known.

Lucy Baker replied that she would seek to confirm the actual amount on behalf of the Panel.

Councillor Wright raised the matter of alleged misogyny within the NHS. She said that she had been made aware by some female residents that having approached their GP regarding iron deficiency they had been advised to take iron supplements rather than having iron administered intravenously through an iron infusion. She asked if the ICB were aware of such complaints and had any figures relating to this.

Lucy Baker replied that she was unsure as to the data that would be held on this issue, but would relay the point to colleagues. She added that a National Women's Health Strategy had recently been launched.

Kevin Burnett referred to the clustering arrangements for the ICB and asked what key points were being considered when deciding between Dorset and South Gloucestershire.

Lucy Baker replied that regular conversations on this matter are held between the ICB and the Local Authority as to what the impacts could be.

The Director of People added that the future footprint of local services is very much a live topic with conversations taking place between the Council, the ICB and WECA (West of England Combined Authority). He added that the aim will be to seek the best possible services for residents.

Kevin Burnett asked if the Panel's view would be sought on Local Health Planning.

The Director of People replied that he anticipated that their view would be sought but said that there was not a process or mechanism in place yet to do so.

Councillor Lesley Mansell explained that she had been made aware that some members of the public were struggling to use the new Single Point of Access for Community Health.

Lucy Baker replied that she would welcome receiving additional feedback on this matter and was aware that data is being collected / monitored and said that this would be shared when ready to do so.

Councillor Eleanor Jackson said that she was concerned by these system changes for residents without the necessary IT access or knowledge. She also raised the matter of cancer tests ceasing when over the age of 75 and Covid vaccinations being given to those who are over 75 years of age.

Lucy Baker replied that a phonenumber is still available for use for residents who do not have access to the internet and said that not all services would be solely accessible through the Digital Front Door.

She added that decisions relating to testing and vaccinations will be made using a clinical evidence base and guidance from the UK Health Security Agency (UKHSA). She said that individual concerns should be raised through their GP.

The Chair asked if there was a national strategy in place for universities and colleges to follow with regard an outbreak of meningitis.

The Interim Director of Public Health replied that he was not aware of an overall strategy and said that since the recent cases a great deal of joint working had been carried out and remains ongoing.

He explained that vaccinations for Meningitis B began in 2015 and was introduced for babies born on or after May 1, 2015.

He stated that it was not easily transmitted and that if cases are found a contact tracing exercise will be put into place.

The Chair, on behalf of the Panel, thanked Lucy Baker for attending and for the update report supplied.

110 CARE QUALITY COMMISSION (CQC) LOCAL AUTHORITY ASSESSMENT - ASC IMPROVEMENT PLAN PROGRESS UPDATE

The Cabinet Member for Adult Services and the Director of Adult Social Care introduced the report to the Panel.

Councillor Lesley Mansell said that she was pleased to see that improvements had been made within this year alongside bringing some services back in house. She asked how this would be maintained.

The Director of Adult Social Care replied that improvements remain ongoing and that she was especially proud of the Occupational Therapy Assessment Centre. She added that it was expected that the CQC would return for a further inspection within the next six months and that evidence was already being gathered in preparation.

Councillor Michael Auton asked what support was in place for residents having issues with regard to Direct Payments.

The Director of Adult Social Care replied that a manager was now in place within the service to provide support to residents.

Kevin Burnett asked if there were any current areas of focus for the service.

The Director of Adult Social Care replied that they were in the process of setting their current priorities and hoped to have concluded this by May. She added that she would like to see waiting times continue to decrease, implementation of their digital offer (for those residents that are able to) and work towards making safeguarding personal.

Councillor Eleanor Jackson raised the issue of older parents that still have responsibility for their child with learning difficulties who are now an adult, and asked what should be done to make sure arrangements are in place if they are no longer able to care for them.

The Director of Adult Social Care replied that they do track families that have adults with learning disabilities and urged them to contact the service to attempt to put a plan in place should such a situation occur.

The Director of People stated that he had recently visited the Occupational Therapy Assessment Centre and commended its work. He also wished to praise the Director of Adult Social Care for her leadership of the service and the response to the CQC inspection.

The Panel **RESOLVED** to:

- i) Note the summary of progress towards the Adult Social Care Improvement Plan which highlights main themes and action for achieving a good Care Quality Commission rating.
- ii) Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in Autumn 2026.

111 COMPLAINTS AND FEEDBACK ANNUAL REPORT FOR ADULT SOCIAL CARE 2024 - 2025

The Cabinet Member for Adult Services and the Complaints and Data Protection Team Manager introduced the report to the Panel.

They explained that the report sets out the number of complaints, compliments and concerns received between April 2024 and March 2025 and details the types of complaint received, the handling of these complaints and the actions taken by the Service to ensure learning is derived from the complaints and related feedback.

Kevin Burnett asked if any particular positives or concerns should be noted.

The Complaints and Data Protection Team Manager replied that the handling of complaints has improved which should be seen as a positive. She added that when complaints are responded to in good time, they are less likely to escalate.

She said that a concern would be whether they could maintain their current levels alongside retaining the ability to learn from complaints that are received.

Kevin Burnett asked if any complaints were received regarding external sources that would be deemed out of their hands.

The Complaints and Data Protection Team Manager replied that there had been a recent increase in complaints relating to finance / charges relating to DWP (Department for Work and Pensions) issues. She added that these would likely show through in the report for 2025-26.

Councillor Lesley Mansell asked what work can be done to improve / gather any missing data. She also asked how information is shared with our providers.

The Complaints and Data Protection Team Manager replied that until this year there was not a source in place to gather specific data. She added that from 1st April 2026 there was a database in place which should lead to more detailed reporting.

She said that in terms of information sharing she regularly meets with the Head of Commissioning to discuss complaint handling so that she can relay any issues.

The Chair asked when the Panel would receive the next edition of this report.

The Complaints and Data Protection Team Manager replied that this would be around September 2026.

The Panel **RESOLVED** to note the contents of the report.

112 PANEL WORKPLAN

The Panel reviewed the workplan, noting items to be brought forward, including:

- Response from the BSW Hospitals Group re: Bank Staffing Outsourcing
- ASC Improvement Plan – Progress Update (Autumn 2026)
- Complaints and Feedback Annual Report for Adult Social Care 2025-26 (September)

Councillor Eleanor Jackson raised the issue of access to the Sulis Hospital in Peasedown St John as the 522 bus service has now been rerouted.

Lucy Baker replied that she would relay this matter to colleagues and suggested it might be worth exploring whether transport to the site was available through the NHS.

Councillor Lesley Mansell suggested that she would like the Panel to receive an update that covers home care and hospital discharges and any further information on how the current budget is affecting 3rd sector organisations.

The Chair proposed that the Panel receives a future report relating to the Neurodiversity Strategy.

The Panel **RESOLVED** to note their current workplan and these proposals for future updates / reports.

The meeting ended at 12.15 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

WRITTEN SUBMISSION TO B&NES CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL Monday 20 April 2026 | Nicola James, Former Public Governor, RUH Bath NHS Foundation Trust, Sept 2022 to July 2024

I was elected as a public governor for Bath at the RUH in 2022 and served until July 2024. I attended the meetings, read every paper. What I'm about to put on this panel's record should concern every councillor in this room.

In September 2023 the RUH Public Board paper stated explicitly that the trust's strategy was to grow the staff bank. Direct quote: "We're looking to support Managers to develop exit plans for high cost agency workers by recruiting to vacancies, moving agency workers onto our Bank." I heard that case made repeatedly. Experienced workers who knew the wards and the patients. Worth protecting, we were told. By March 2026 the trust had completely reversed that strategy, abolishing the staff bank entirely and handing it to a private equity company. No public explanation. No long term cost modelling. No transparency about what changed. The projected saving of £3.3 to £5.4 million comes entirely from cutting employer pension contributions from 23.7% to 6%.

That's not an efficiency saving. It's a cost deliberately shifted onto workers to plug a deficit. The trust's own consultation document named Pulse/Acacium as preferred bidder before the union consultation period had even closed on 4 March 2026. This panel should ask the trust to explain how a preferred bidder was identified before consultation concluded and what weight, if any, was given to union feedback.

This panel has a statutory right under the Local Government and Public Involvement in Health Act 2007 to be consulted on substantial variations in local NHS services before decisions are made. Removing hundreds of workers from NHS employment across three trusts, formally opposed by recognised trade unions, is exactly such a variation.

My understanding is this panel was not consulted. Its statutory rights were entirely bypassed. The executives making this decision will not be accountable for its consequences. When the Acacium contract comes up for renewal, when there's no in-house bank to fall back on and costs escalate, those executives will have moved on. The workers who lost their pension contributions will still be living with the consequences.

The taxpayers who fund this will still be paying the price. As will patients. This is not responsible financial stewardship. This is deficit management by sleight of hand. And this panel has both the right and the duty to call it out. I'm asking this panel to call an emergency session before August - requiring BSW trust executives to attend and answer for this decision before it becomes irreversible. To write formally to the

Secretary of State. And to formally note that its statutory consultation rights were not observed.

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Monday 20 April 2026 Baz Harding-Clark, Branch Secretary, UNISON Bath Health Branch Chair of Staff Side, Royal United Hospitals Bath NHS Foundation Trust

I am Branch Secretary of UNISON Bath Health Branch. I also serve as Chair of Staff Side at the RUH, and I am directly affected by this decision in my clinical role. I represent the workers directly impacted. I have formally written to the Secretary of State, Wes Streeting, about it. I am here because my members have been failed by every formal channel available to them so far.

Bank workers are not being transferred. Their NHS bank employment will cease on 1 August without choice. If they want to continue working bank shifts at the same hospitals, the only option will be to register with a private company — Pulse, part of the Acacium Group, a private equity-backed organisation.

There is no continuity of service. No NHS terms and conditions. And from that point forward, no ability to continue accruing their NHS pension. For a healthcare assistant working bank shifts for another ten years, the difference between a 23.7% NHS employer pension contribution and around 6% in the private sector represents tens of thousands of pounds in lost retirement income.

The Trust's own Equality Impact Assessment shows that at the RUH, 56% of bank workers are from ethnic minority backgrounds compared to 27% of substantive staff. Between 64% and 87% of bank workers are women, depending on the site. The proposed mitigation for this disproportionate impact is quoted verbatim: "encourage bank workers to take up substantive employment." That is not a mitigation. That is telling predominantly ethnic minority, predominantly female workers to reorganise their lives to suit the Trust's staffing model.

The consultation process initially excluded bank workers entirely. Only after union challenge were they invited into information sessions — not consultation, information. They were presented with a decision that had already been made. Both UNISON and all of Staff Side formally opposed this in writing. We were heard once and then overridden. I have written formally to the Secretary of State describing this as privatisation by stealth. No response has been received. This panel should add its voice to that letter without delay.

We have seen similar patterns before. At Great Western Hospital, one of the trusts involved in this decision, outsourced facilities services have previously led to disputes over pay and conditions, including industrial action involving workers employed by Serco. These situations highlight the risks when staff are moved out of NHS employment — particularly around pay parity, accountability, and terms and conditions.

That is what outsourcing looks like in practice. That is the future these bank workers face.