



Royal United Hospitals Bath
NHS Foundation Trust

RUH Annual General Meeting & Annual Members' Meeting

30 September 2019

Everyone
Working Matters
Together
Making a
Difference

Agenda

Welcome and Introduction	Alison Ryan, Chair
Introduction from the Chief Executive	James Scott, Chief Executive
Financial Position of the Trust	Libby Walters, Director of Finance
Progress against the Trust's Quality Accounts 2018/19	Lisa Cheek, Director of Nursing & Midwifery
Nursing Recruitment and retention	
The road to zero avoidable harm	Dr Bernie Marden, Medical Director
Apprenticeships, Careers Engagement & Project Search	Claire Radley, Director for People
Performance and Improving Together	Rebecca Carlton, Chief Operating Officer
Capital Schemes and Car-Parking	Brian Johnson, Director of Estates & Facilities
System Partnerships	Joss Foster, Commercial Director
Caring for You - Stroke	Louise Shaw, Clinical Lead for Stroke Care
Questions and Answer session	Alison Ryan, Chair
Governor report to Members	James Colquhoun, Lead Governor
Member and Governor table discussions	RUH Governors
Questions to Board of Directors	Alison Ryan, Chair
Summary & Close	

Welcome and Introduction

Introduction from the Chief Executive

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James Scott, Chief Executive

Our Vision

To provide the highest quality of care;
delivered by an outstanding team who all live by our values

Our Goals

Recognised as a
listening
organisation;
patient centred
and
compassionate.

Be an outstanding
place to work
where **staff** can
flourish.

Quality
improvement and
innovation each
and every day.

Work together
with our **partners**
to strengthen our
community.

Be a
sustainable
organisation that
is fit for the future.

Our Values

Working
Together

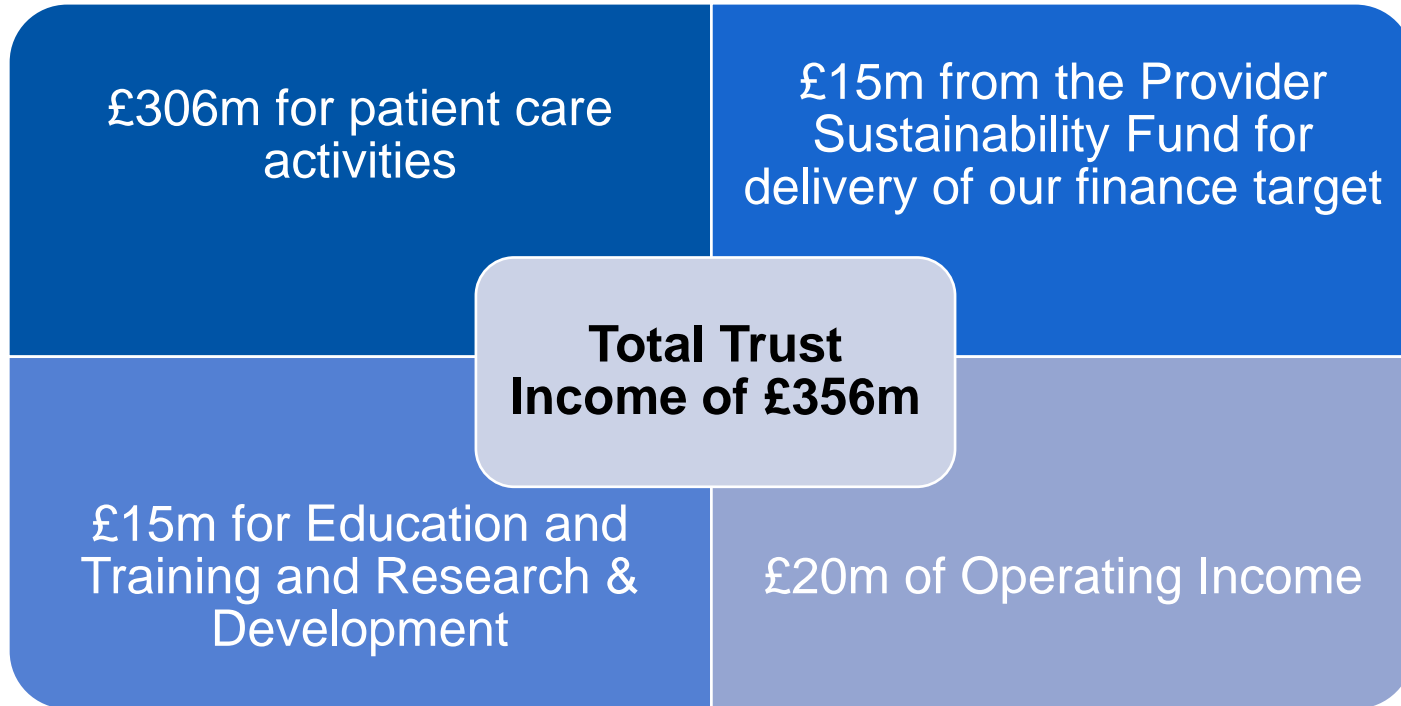
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Matters

Making a
Difference

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2018/19 Annual Accounts

2018/19 Income



2018/19 Expenditure

£213m on pay costs
63%



£43m on drugs
expenditure



**Total Trust
Expenditure of
£339m**

£46m on other costs
including £10m on the
running of the estate

£37m on clinical supplies

2018/19 Overall Position

	Trust Position £000's
Income	355,819
Expenditure	339,246
Surplus	16,573

- We delivered a surplus of £16.6 million
- This included £14.9 million of national funding
- We exceeded our plan by £3.8 million
- Closing cash balance £18.9 million

2018/19 Capital Spend



Capital Spend £36 million

- RNHRD and Therapies Build £11 million
- Oral Maxillofacial and Orthodontics £4 million
- Temporary Ward £2 million
- Medical equipment £6 million
- Technology £3 million
- Improving the estate £8 million



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Progress against the Trust's Quality Accounts 2018 - 2019

Priorities for 2018-19 - Overview



Transitional Care



Ensuring our patients with a fractured neck of femur go to theatre within 36 hours of admission



Reducing the waiting time for diagnostic tests



We will listen to patients and carers and use their feedback to improve services





Transitional Care

Neonatal Transitional Care (NTC) aims to keep mothers and babies together.



<36

Ensuring our patients with a fractured neck of femur go to theatre within 36 hours of admission

Patients who receive surgery within 36 hours are more likely to have improved recovery following surgery





Reducing the waiting time for diagnostic tests

Patients can wait a long time to have some invasive diagnostic tests



We will listen to patients and carers and use their feedback to improve services

We will actively collect, use and share patient and carer experience feedback to improve services, quality of care and patient, family and carer experience.

Patient experience – helping us to do better

We're committed to ensuring that we give patients, their families and carers the best possible experience – and your feedback is a crucial part of helping us to achieve that.

We actively engage with people who use our services, listening to what you say and making improvements where necessary. Which is what we did after hearing Josie and baby Ivy's story and from Bridget and her son Harry. Both mothers told us of the practical difficulties they encountered in being able to stay close to their children on the wards – and we've since made the changes they asked for.

Josie & baby Ivy's story

"I was told I needed an immediate C-section at 27 weeks and five days of my pregnancy. The anaesthetist met first was really good and put me at my ease, making me laugh, and there were so many professional people around me, preparing me for theatre. The midwife stayed with me from the moment I arrived until after the C-section, and really helped me to keep calm.

"When Ivy was born she was taken straight to NICU (Neonatal Intensive Care Unit). I was really worried – I'd wanted to have the most natural birth possible. It was hard for me not to have that initial skin to skin contact with her. I was really upset. Eventually I was taken, in my bed, to see her for the first time.

"When she came out of intensive care we were moved to a different room. This wasn't explained to me and it was quite a shock to turn up one day to find she had moved. In intensive care the nurses were watching over Ivy all the time and checking she was happy and comfortable. In the new room I just felt there wasn't as much help. I was still nervous about handling and changing Ivy and it would have been nice to have had someone watching and advising. I feel quite alone in that room. Also it would be good to have a specialist to advise about breastfeeding and premature babies.

Another difficulty was having to leave Ivy at night – that was really hard. I wanted to stay with her as much as possible. I think there should be the option of being able to stay in NICU next to your baby, because four or five parent rooms aren't enough."

What we did

As a result of Josie's story, changes were made to improve the experience of parents in NICU. This includes making sure parents are consistently informed if their baby is moved; providing overnight beds for parents to stay beside their baby when the NICU accommodation is full; and implementing training for all staff on how to support mums to breastfeed their babies.



Bridget and Harry's story

"Harry is known on the Children's Ward and, when he had a seizure on New Year's Day in 2017, he was admitted and I was able to stay with him, sleeping on a chair that converts to a bed. I was very impressed with that.

"The next time he was admitted, in October 2017, he was 18 and was placed in the adult Respiratory ward. He was in an area with six men, one of whom was confused and talkative. I couldn't leave Harry because he is vulnerable, and I'm his advocate and interpreter, so I stayed with him on an upright chair by his bed. I hardly got any sleep and by morning I was exhausted.

"A similar thing happened the next month when Harry was admitted. This time I asked for and was given a reclining chair, which I was very grateful for and I managed to get some sleep.

"It would be good if the hospital could provide some bedside chairs that can become beds in RUH adult wards, or that could be stored and brought out if needed. It could be flagged on Harry's care plan and hospital passport. When you're tired and stressed you don't feel like trying to negotiate where to sleep. In Children's they got to know us and would put us in a side or twin room."

What we did

Bridget's story was shared with the Learning Disability team who were successful in a bid to buy recliner chairs for the wards so that family carers can sleep comfortably next to their loved one. All wards have recliner chairs and 'Family and Carer Boards' are also on display in each ward highlighting the important role that carers play and that the hospital actively welcomes carers.

Sharon Mankh, Lead for Patient and Carer Experience, said: "Honest and moving personal stories like these are absolutely vital to us to help us understand their experience of the care they have received. They help us to learn the good, the bad and what could be done to improve the experience of others in the future."



Governors Quality Working Group



Nursing and Midwifery Workforce

Recruitment & Retention

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Lisa Cheek, Director of Nursing & Midwifery



National Picture



National Shortage of Registered Nurses



Decrease in RN over next 5 years (RCN 2018)



4% reduction in applications for undergraduate courses in nursing (UCAS 17/18).



Ageing nursing workforce

Local Picture



Band 5 vacancy rate is 18.7%, down from 26.7%



Band 5 nursing turnover rate 14.4%



17% of nursing workforce >55 and could retire within the next 5 years.

How are we addressing the workforce situation?



Student Nurses



International Nurses



Nursing Associates
Victoria Dixon & Hope Wells



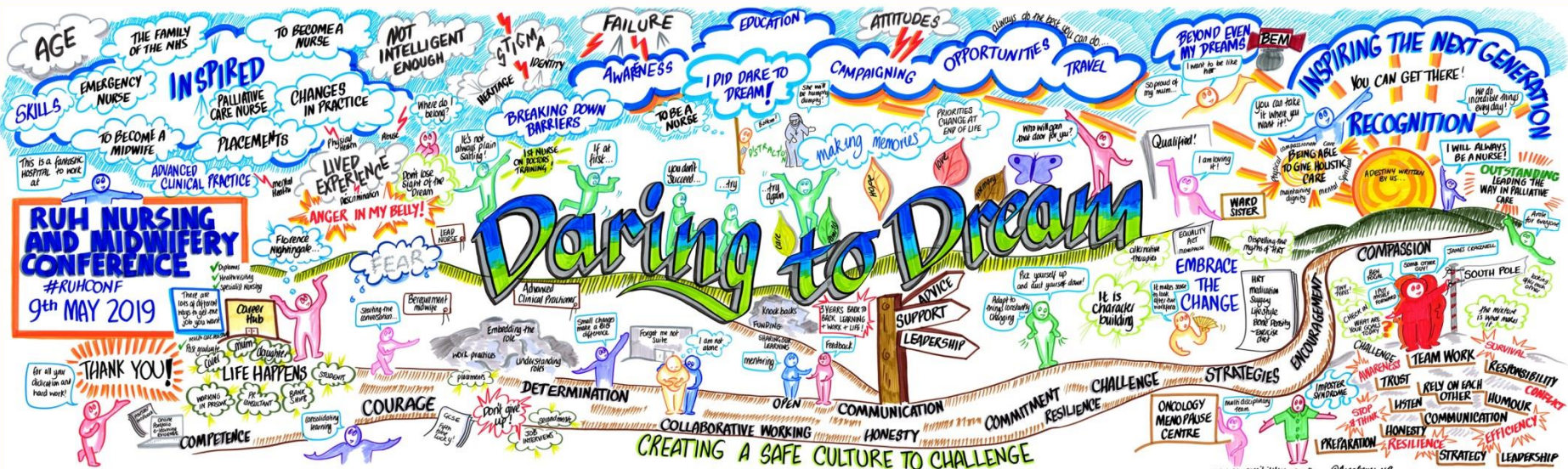
Return to practice nurse
Caroline Harcombe



Retire and Return nurses
Julie and John Sexton, & Dianne Corbett



Acute Stroke Unit



The road to zero avoidable harm

The Road to Zero Avoidable Harm

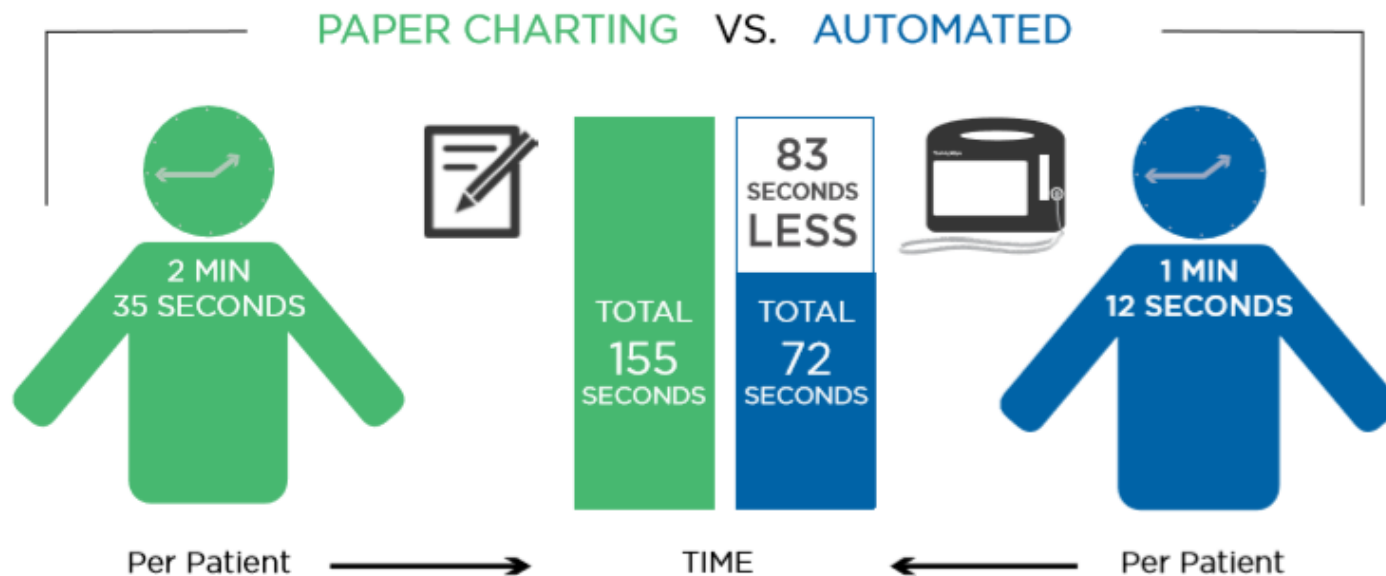
Quality

Improvement and
innovation each
and every day

E-Observations Project



Improved Care and Efficiency



Apprenticeships, Careers Engagement & Project Search

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Claire Radley, Director for People

The Trust had 77 apprentices starts:

14 from Corporate

11 from Woman's & Children

12 from Clinical

40 from Medical

There were 12 apprentices complete :

2 pass

4 merits

6 distinction

58% towards the public sector target of 2.3 per cent of the workforce to be apprentices



Apprenticeships undertaken:

Accountancy 6

Bus Admin & Customer Services 4

Healthcare Sciences 7

Leadership & Management 6

Healthcare Support Worker 24

Nursing Associates 19

Pharmacy 9

Public Sector Commercial 2

We scored **9** out of **10** in our work experience satisfaction survey

166 young people have completed work experience

Work experience has taken place in **48** departments

This equates to almost **500** days of work experience

We have held an evening careers fair attended by **117** local young people from **29** schools and colleges.



PROJECT SEARCH

The Trust has hosted the Project Search programme since 2009. In that time, more than 90 students have graduated and over 40 are now in paid employment at the RUH.

DFN Project | SEARCH 

The Trust was awarded a prestigious HSJ award in November 2018 to recognise its achievements in widening participation through the Project Search partnership.



NHS
Royal United Hospitals Bath
NHS Foundation Trust

Fosse Way School


The Bath & Mendip Partnership Trust



Six students graduated in July 2019. Five of those have already gained paid employment and four of those are working here at the Royal United Hospital.

Medical Equipment Library



Fracture Clinic



Acute Stroke Unit



Waterhouse Ward



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Performance and Improving Together

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Rebecca Carlton, Chief Operating Officer

Improving Together - what does the future look like?

- 1 Dedicated time for **Proactive Planning and People Development**
- 2 A forum for team led **Daily Continuous Improvement**
- 3 A system to manage larger scales issues through **aligning individual teams and RUHB's strategic goals**
- 4 Improving the practices that **sustain improvements**



Strive to engage every single front line member



Engage:

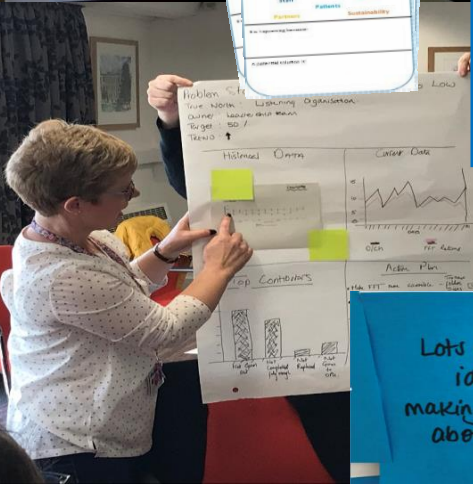
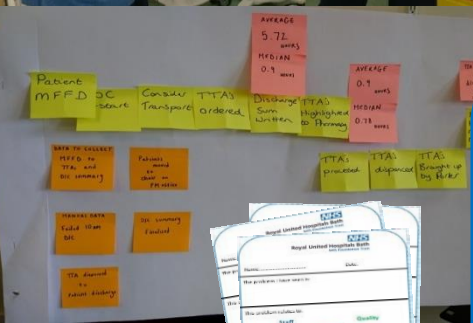
- Involve those who perform the job everyday
- Make it 'real' for your colleagues
- Provide opportunity to be involved

Outcome:

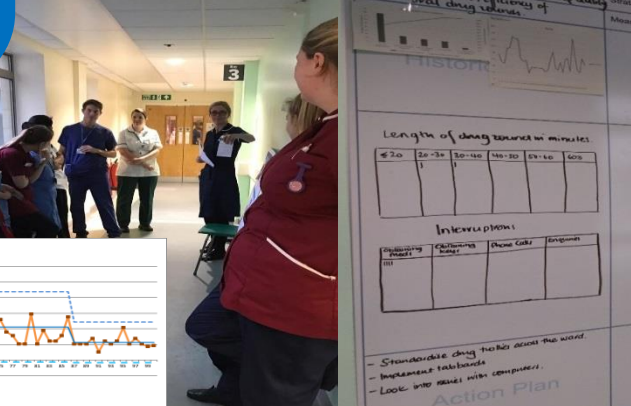
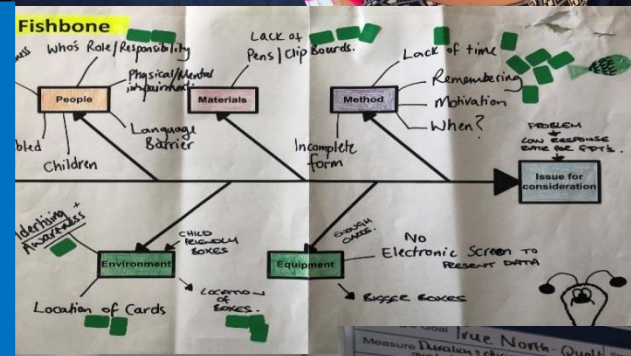
- An organisation full of 'problem solvers' who are making improvements that matter on a daily basis



Process	Observation Frequency	Observation
MEDICATION ROUNDS	1 x DAILY	
WARD ROUNDS	2-3 x WEEKLY	
LINEN USAGE / BED CHANGES	2 x DAILY	
DISCHARGE & PATIENT	2 x WEEKLY	



Bath Improvement System Frontline



Lots of good ideas - making us think about change.

Estates and Facilities

Parking

- Long Term Parking Strategy
- Safety improvements to internal roads
- Working closely with B&NES on sustainable travel, public transport



Current 10 Year Strategy



Dyson Cancer Centre



**Brownsword
RNHRD &
Therapies Centre**



OMFS & Orthodontics

Multi-faith centre

**Forbes Fraser
Pharmacy**

**Apley House Health Informatics
and Medical Records building
Pathology and
Mortuary**

**New patient and
visitor car park**

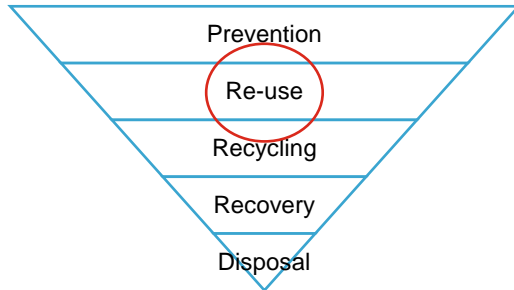
GP Walk-in-Centre

**Dyson Neonatal
Unit**

2009



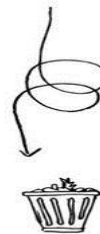
Improve and articulate our sustainability vision and action plans



LINEAR ECONOMY



RECYCLING ECONOMY



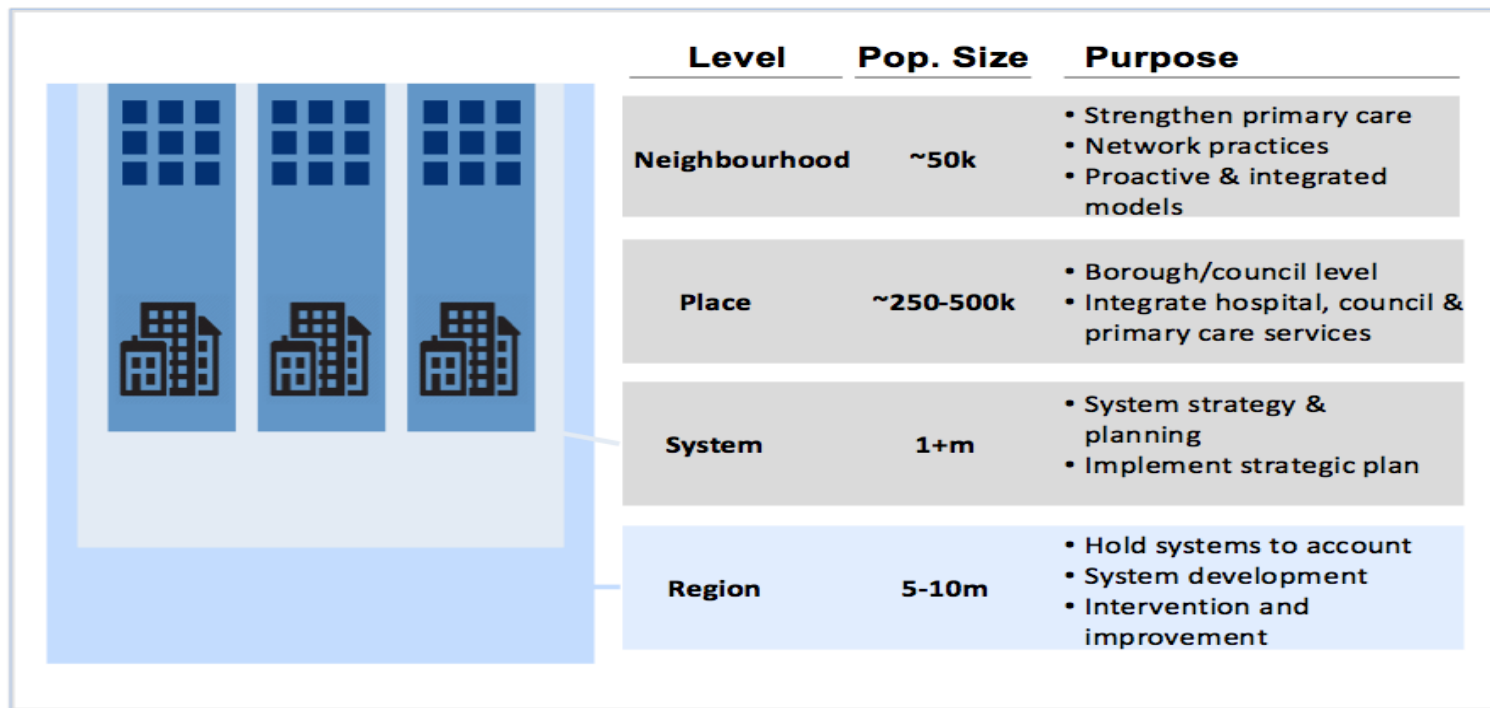
CIRCULAR ECONOMY



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System Partnerships

Integrated care systems



BSW system example:

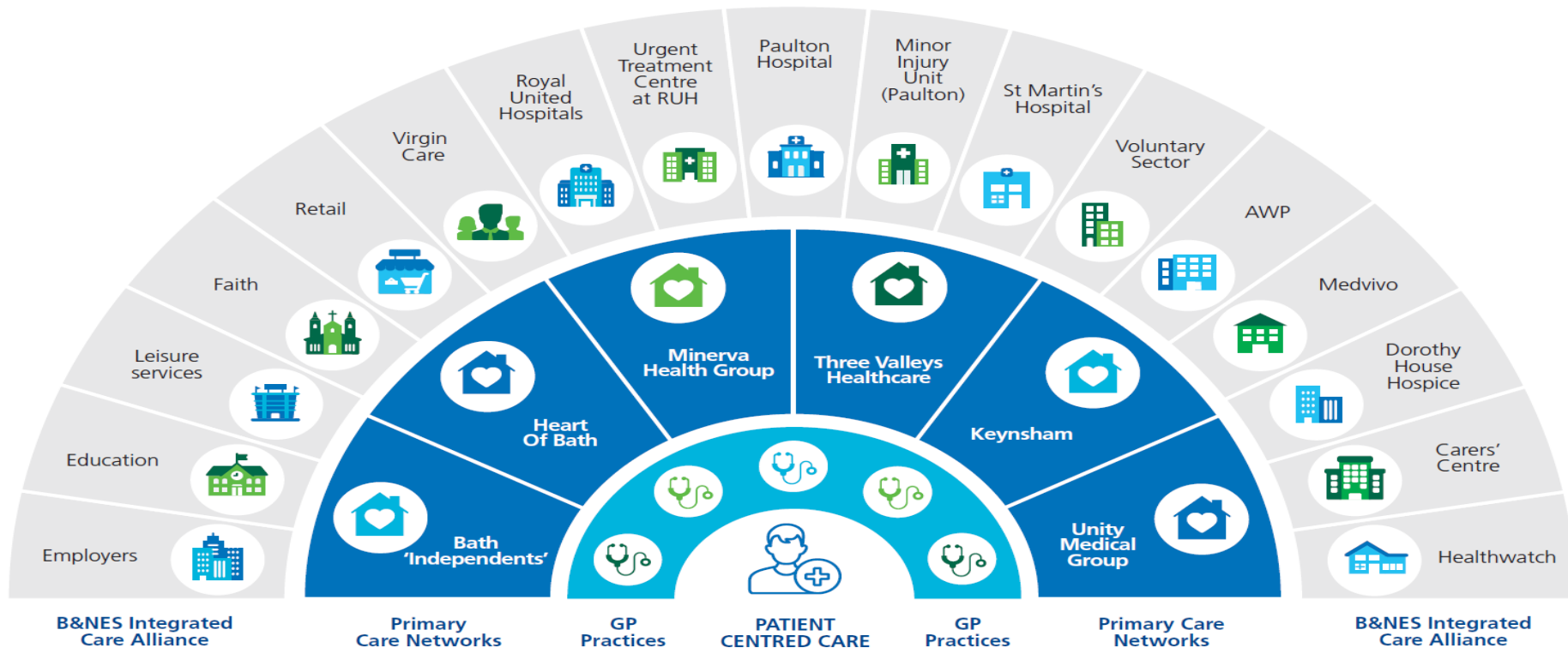
Priorities

- Creating locality-based integrated teams supporting primary care.
- Shifting the focus of care from treatment to prevention and proactive care.
- Developing an efficient infrastructure to support models of care.
- Establishing a flexible and collaborative approach to workforce.
- Enabling better collaboration between acute providers



1. **Improve the Health and Wellbeing of our Population**
2. **Develop Healthy Communities**
3. **Sustainable Secondary Care Services**

B&NES system example





Caring for You

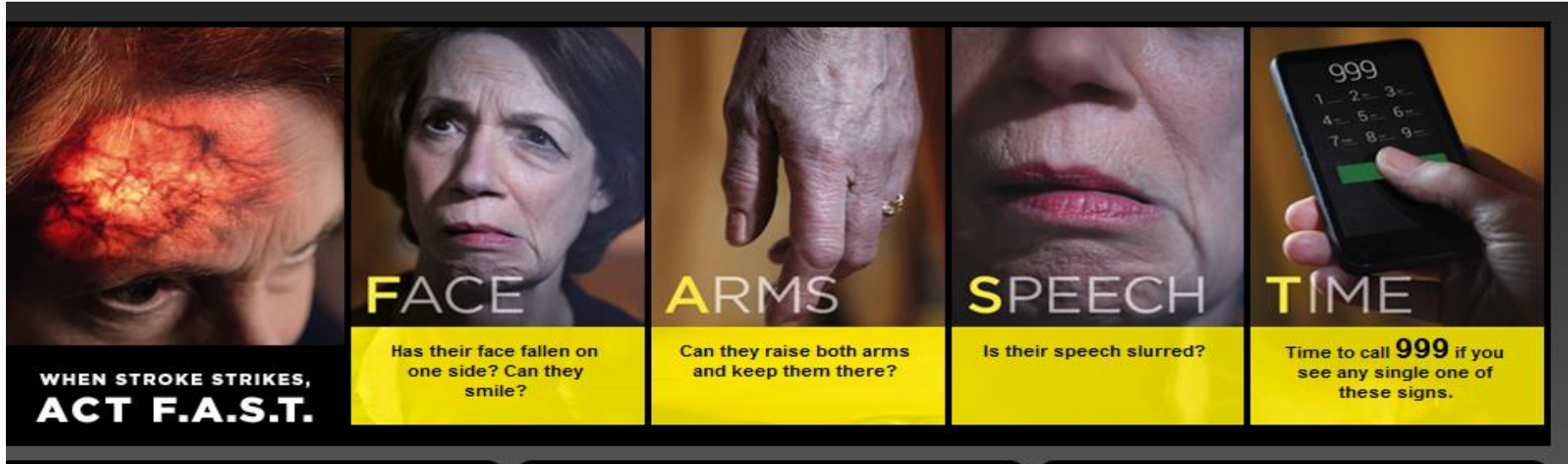
Stroke Medicine

This is an exciting time to be working in stroke!



- Stroke medicine is rapidly changing
- More acute interventions are possible to “cure” or “minimise” strokes at onset
- Management in the first few days is more acute
- Brain imaging is giving us so much more information and guiding treatment
- Back on the national agenda, in the Long Term Plan
- Research studies in all areas of stroke
- I sometimes get to see people who would have been disabled for life, walk out the door after just a couple of days admission
- I want to see more of that and more lifelong CARE

Know the FAST TEST



Why you must act FAST

- A stroke is a medical emergency requiring immediate medical help
- Recognising a stroke and calling 999 for an ambulance is crucial
- The sooner somebody gets urgent medical attention, the better their chances of a good recovery

What is a stroke?

Blockage: 85%



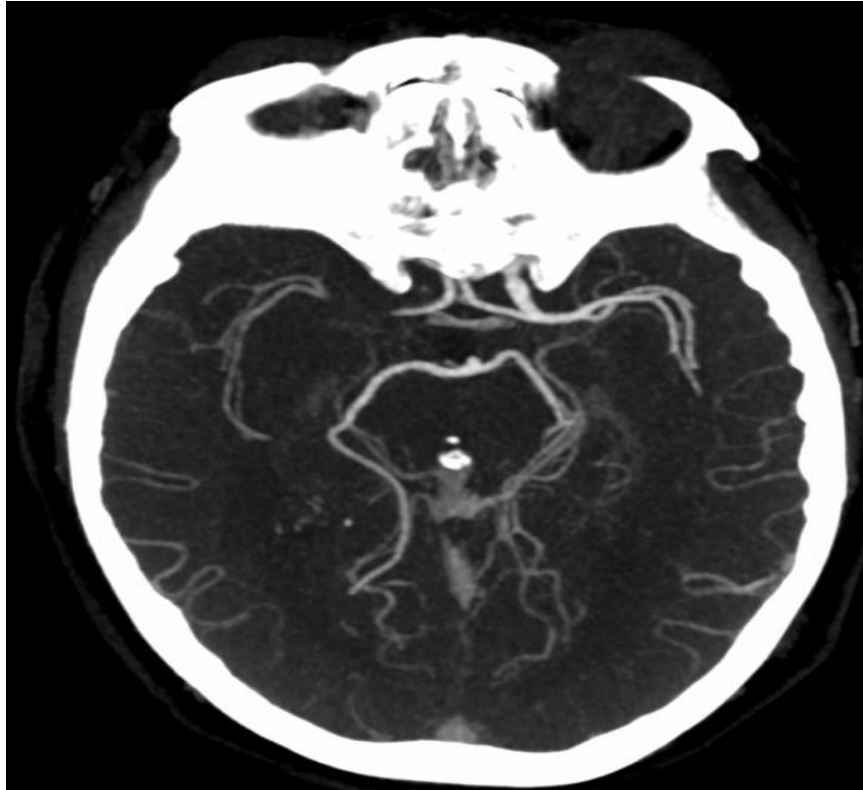
Bleed: 15%



Plain CT scan shows blood immediately

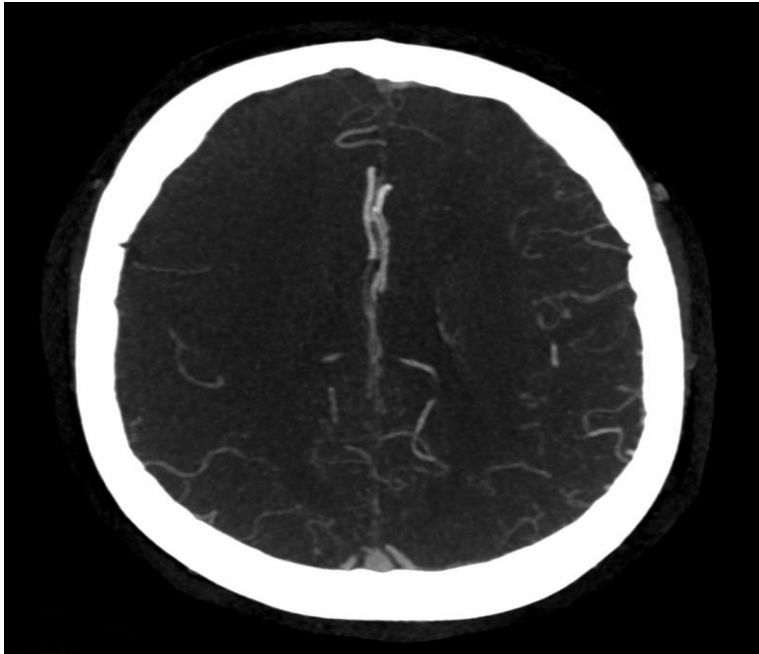


More advanced CT scans help with clots



Dual Phase CT Angiogram

Early arterial phase

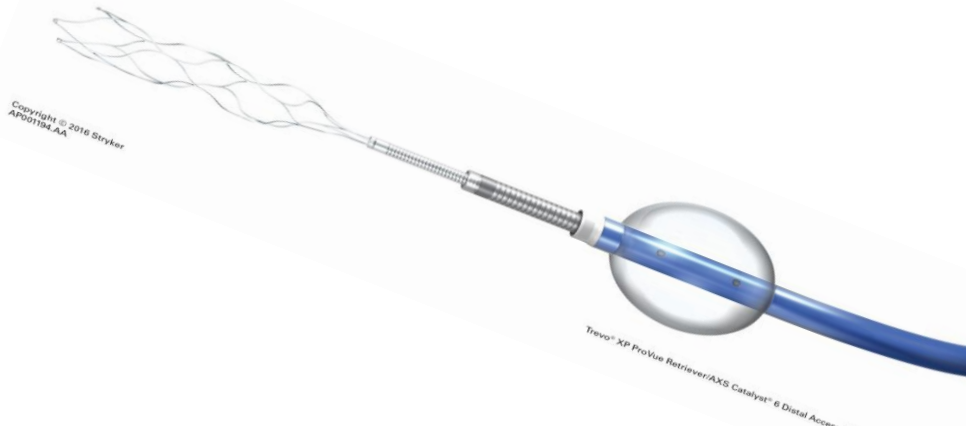
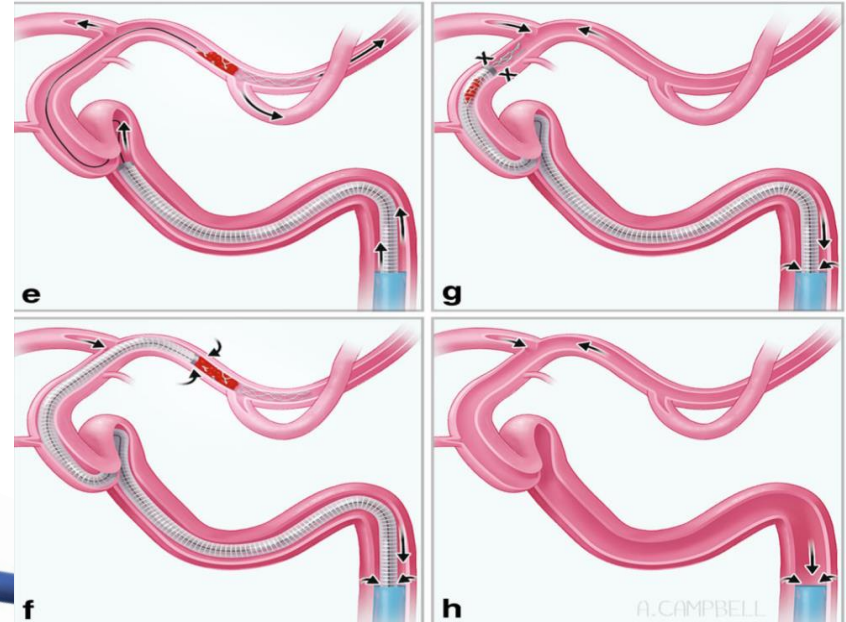


Second phase 40 seconds

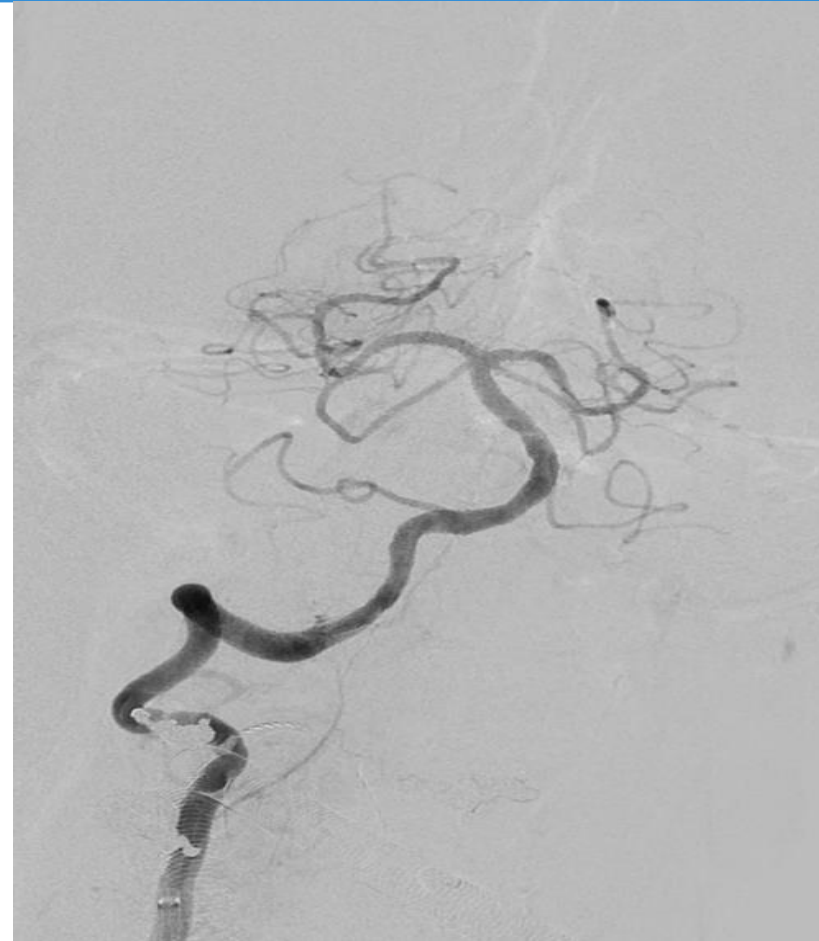


Clot extraction

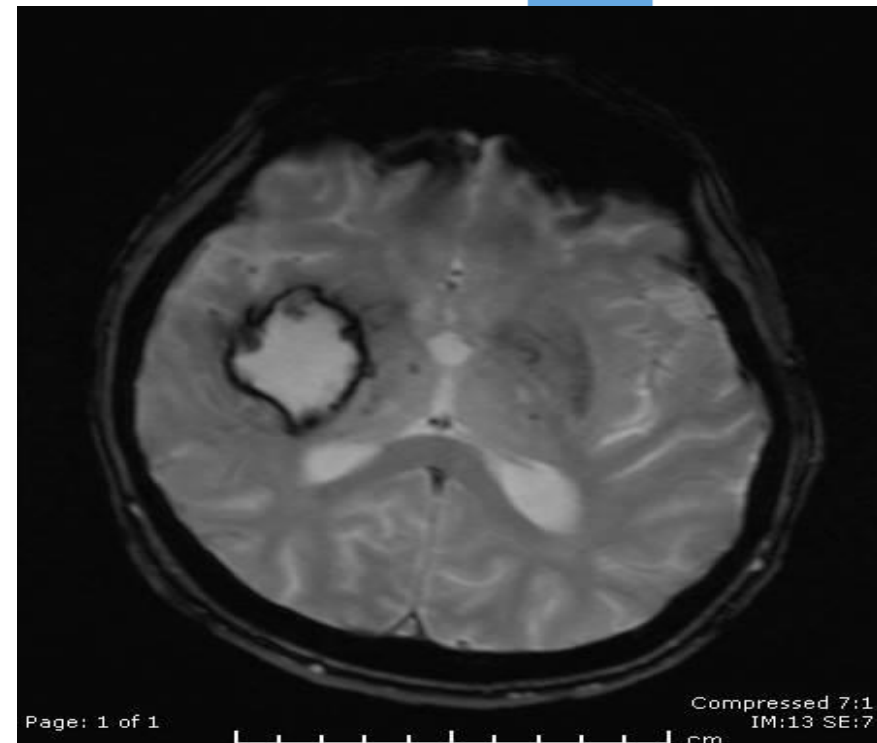
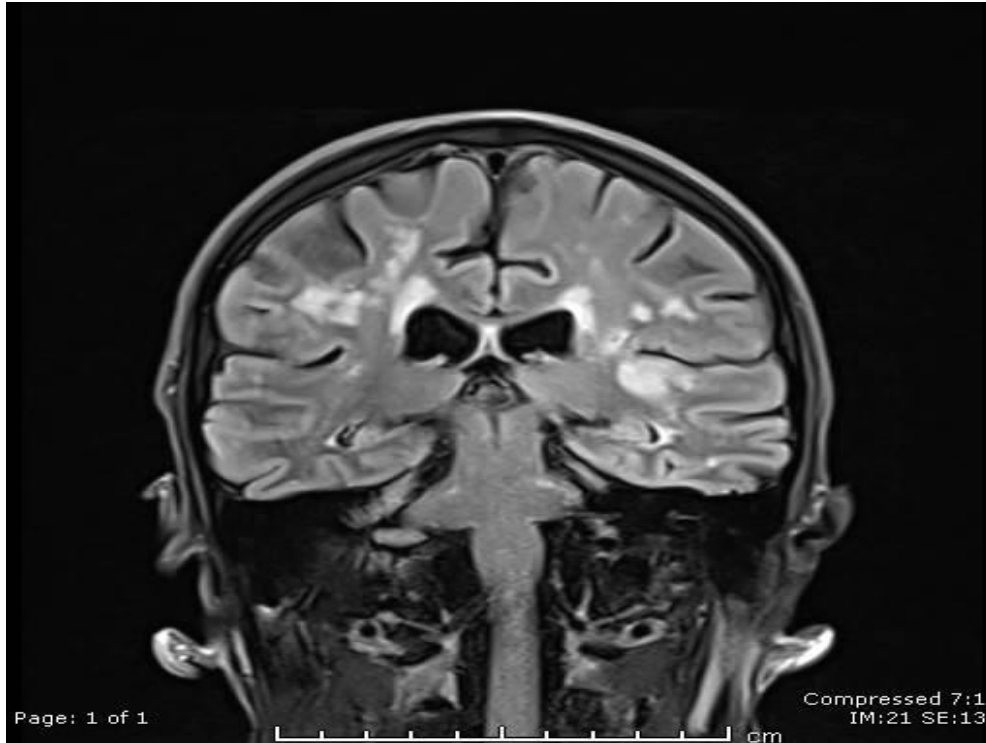
- Stent-retrievers combined with aspiration catheters
- “SAVE technique”
- Balloon guide catheters



Before and after clot retrieval



MRI gives us lots of useful background information



Where next for RUH Stroke?

- Plan to expand hyper-acute provision to 2 bays
- More monitoring capacity and move away from mixed sex bay
- Developing advanced nursing roles across Emergency Department and Stroke Unit
- Ward therapists embedding rehab approach within ward-based nursing care
- Expand weekend therapy service so fully 7 days
- Continuing to support international stroke research: 7 trials currently recruiting

Sentinel Stroke National Audit Programme

Routinely Admitting Teams		Number of patients		Overall Performance		
Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level
Gloucestershire Royal Hospital	237	235	C↑	A	A	C↑
Great Western Hospital Swindon	123	122	E↓	A↑	C↓	D
North Bristol Hospitals	220	219	C↓	A	A	C↓
North Devon District Hospital	101	94	B↑	A	A↑	B↑
Royal Cornwall Hospital	193	195	B	A	A	B
Royal Devon and Exeter Hospital	216	208	A	A	A	A
Royal United Hospital Bath	159	162	B	A	B	B
Salisbury District Hospital	91	86	B	A	A	B
Musgrove Park Hospital	177	174	B↑	A	A	B↑
Torbay Hospital	163	143	B↑	A	A	B↑
University Hospitals Bristol Inpatient Team	115	109	D	A	B	D
Derriford Hospital	206	200	B	A	A	B
Weston General Hospital	48	57	D	C	A	D
Yeovil District Hospital	100	107	B↑	A	A	B↑

Looking ahead

- Working with and supporting our neighbours to provide the best stroke care
- Work with GWH Swindon and Salisbury via Acute Hospitals Alliance
- Work with community providers to develop community rehabilitation
- Training in primary care around stroke prevention and Life After Stroke
- Exploring use of technological solutions and Artificial Intelligence



Governor Report to Members

Key Highlights of the year



1. Engaging with RUH members and the public at 9 different Constituency Meetings and 7 Caring for You events
2. Observing Board of Directors' meetings, participating in Governor Working Groups and benefitting from Away Day training
3. Taking part in 15 steps observations, the ward accreditation scheme and other clinical visits that enabled Governors to gain insight first hand
4. Appointing Alison Ryan, the new Chair of the Board of Directors and publicly expressing thanks to the outgoing Chair, Brian Stables, for his 9 years of service.

Question for you tonight



**How can we better engage
with our members and the
public?**

How can you contact your Governor?

The Membership Office can be contacted via the following methods:



01225 82 12 62



RUHmembership@nhs.net



Freepost RSLZ-GHKG-UKKL
Membership Office
Royal United Hospitals Bath NHS Foundation
Trust
Combe Park
Bath
BA1 3NG



Questions to the Board of Directors

Alison Ryan,
Chair



Thank You

Alison Ryan,
Chair