RUHaving your say? RUHearing what's happening? RUHappy to be involved?

Royal United Hospitals Bath NHS Foundation Trust

Meet your RUH Governors

Helen Rogers & Nick Houlton Public Governors

> Nikki Heywood Tasse Visbay Northe Tasse

Today's Meeting

Time	Subject	Presenter
Time	Subject	Fresenter
17:00	Welcome and Introductions Your Governors and You	Helen Rogers & Nick Houlton, Public Governors
17:10	Update from the RUH Board of Directors	Fiona Bird, Head of Business Development
17:35	Audience participation: Questions and answers	All
18:00	Healthy Mind & Healthy Lifestyle	Prof. Julian Hughes, RICE Professor of Old Age Psychiatry
18:25	Audience participation: Questions and answers	All
18:45	Feedback	All
19:00	Close	

Introductions







Helen Rogers, Public Governor North East Somerset

Nick Houlton, Public Governor North East Somerset

Fiona Bird, Head of Business Development





Update from the RUH

North East Somerset Constituency meeting 15th May 2018

Fiona Bird, Head of Business Development







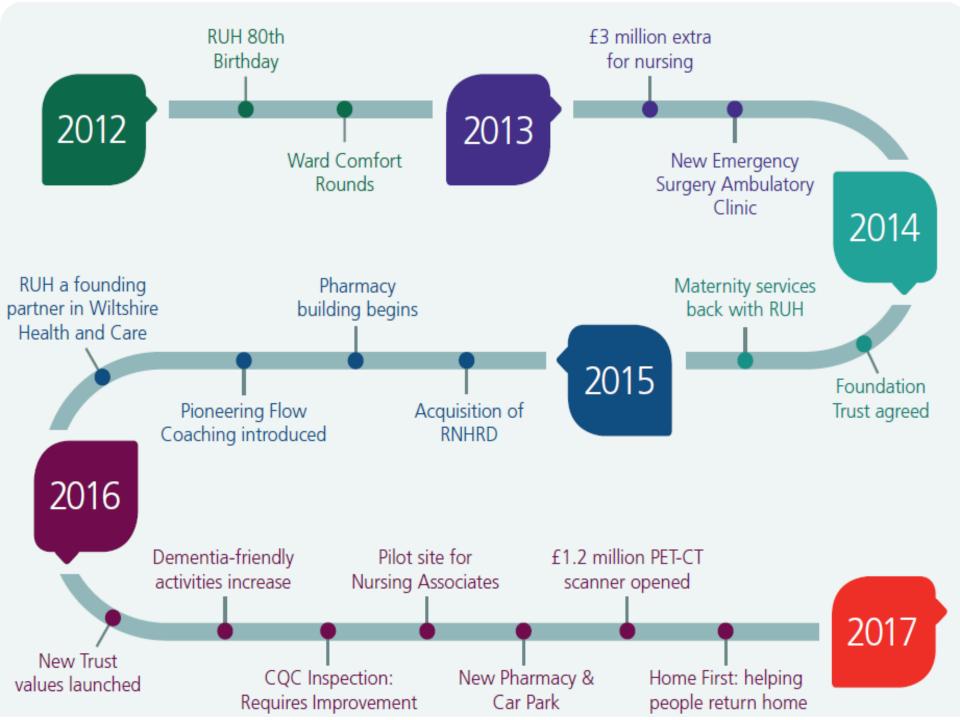






Improving Together RUH Strategy 2018 - 2021

15 May 2018



Review last five years at RUH and recent performance

Look at external environment, learn from best practice

Engage with members, volunteers, partners, staff

Draft vision, goals, key priorities Ask members, volunteers, partners, staff for feedback

Agree three year strategy, communicate widely



- 300 members of staff
- 140 public members and volunteers
- 30 representatives from partner organisations

Review last five years at RUH and recent performance Look at external environment, learn from best practice

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Draft vision, goals, key priorities Ask members, volunteers, partners, staff for feedback

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What we heard – from staff

It feels like we are trying too hard/doing too much and have been for a long time This should not just be target driven...trust and empowerment are important

I'm not sure that this proposed vision can be delivered, given the on-going and increasing pressure on all types of resources within the NHS

Well managed, meaningful projects involving staff at all levels. All staff know that they can lead, improve.

Focus on communication ... so that the employees understand what is going on ... and vice versa, so that the management and employers understand the employees.

What we heard – from patients and partners

Quality targets should be shared with patients so they and their families and carers have a clear understanding about what the Trust is striving to achieve and what part they can play in realising those goals.

Shared ownership and responsibility to make things better.

An outstanding hospital would feel safe as soon as you enter

Enough clinical staff to meet patient needs promptly, safely and with dignity

Healthcare is not a constant, and no single day is perfect.

I know the limitations of my body best It seems to me that this is all highly desirable... I wish you well in achieving the end result.

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		veryone Matter	Dif	Difference					

Urgent Care Centre transfer

2018/19

Refreshed People Strategy

Becoming an outstanding employer

Organisational Development Programme

Support Services Transformation

Radiology refurbishment and expansion

RNHRD/Therapies build

Foundations for Integrated Care

STP Maternity Strategy

2019/20

System Capacity model

Enhanced system demand/supply modelling

Surgical Assessment Unit refurbishment

New models of care in partnership

Research and Development Hub

Patient Portal

2020/21

Delivering sustainable systems together

Cancer Centre build

What does this mean for the Trust?

Our vision

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What does this mean for the Trust?



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IMPROVING TOGETHER 2018 - 2021



Thank you

Any questions?



Royal United Hospitals Bath

The Mind and Mindfulness in Connection with Health

Julian C. Hughes, RICE Professor of Old Age Psychiatry

Wiki Hav

Mind and Body

René Descartes (1596-1650):

'I think, therefore I am' (*Cogito* ergo sum).

Physical stuff and mental stuff

How do they interact?



What about ...?



Spirit – the non-physical realm

Spirituality – 'the human need to construct a sense of meaning in life' [Payne & McFadden, 1994]

'**Spirituality** refers to the suprasensible 'something there' in human existence, which deals with an awareness of being part of something bigger than the individual self or even the entire material order' [Sapp 2010]

'...**religion** tends towards the 'institutionalization' or 'regularization' of the spiritual, that is, what is commonly associated with church, synagogue, or mosque' [Sapp 2010]

Links between the mind and the brain

Dementia – loss of brain tissue and loss of neurotransmitters; plaques and tangles in the brain

- **Depression** decreased levels of neurotransmitters in the brain, e.g. serotonin
- Schizophrenia low levels of dopamine in the brain
- Stroke bleeds causing physical and mental symptoms
- Head injuries changes in personality etc.

The Lancet Commissions

Dementia prevention, intervention, and care



Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta, Sergi G Costafreda, Jonathan Huntley, David Ames, Clive Ballard, Sube Banerjee, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Eric B Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

www.thelancet.com Published online July 20, 2017 http://dx.doi.org/10.1016/S0140-6736(17)31363-6

Key message:

2 Be ambitious about prevention

We recommend active treatment of hypertension in middle aged (45-65 years) and older people (aged older than 65 years) without dementia to reduce dementia incidence. Interventions for other risk factors including more childhood education, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity might have the potential to delay or prevent a third of dementia cases.

Psychoneuroimmunology

Immune function (e.g. cytokines, interferon, hormones, the adrenal glands) impaired by 'stress', e.g. bereavement, examinations, surgical operations

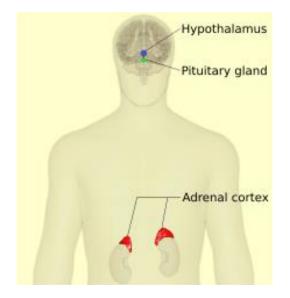
Adrenal glands controlled by the hypothalamus:

hypothalamic-pituitary-adrenal axis

But affected by social factors,

e.g. good social support





Psychological variables and cancer

- Type 'C' personality
- Hopelessness
- Depression
- Life event stresses
- Social support
- Attitude to disease ('fighting spirit', 'active coping' versus 'helplessness-hopelessness', 'passive coping')

[Jennifer Barraclough, 2000]

Cognitive-behaviour therapy

Behaviours e.g. avoidance

Feelings e.g. nervousness and palpitations Thoughts e.g. They'll think I'm stupid Family Practice, 2015, Vol. 32, No. 1, 3–15 doi:10.1093/fampra/cmu060 Advance Access publication 22 September 2014



Effectiveness of cognitive behavioural therapy for anxiety and depression in primary care: a meta-analysis

Conal Twomey^{a,b}, Gary O'Reilly^a and Michael Byrne^c

^aSchool of Psychology, University College Dublin, Dublin, Ireland, ^bSchool of Psychology, University of Southampton, Southampton, UK, ^cPsychology Department, Health Service Executive Dublin Mid-Leinster, Offaly, Ireland

*Correspondence to Michael Byrne, Principal Psychologist Manager, Health Service Executive Dublin Mid-Leinster, Health Centre, Arden Road, Tullamore, County Offaly, Ireland; E-mail: michaelj.byrne@hse.ie

Received April 19 2014; revised July 1 2014; Accepted August 17 2014.

CBT is effective for anxiety and depression in primary care

www.thelancet.com Vol 386 July 4, 2015

Articles

Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): a randomised controlled trial



Willem Kuyken, Rachel Hayes, Barbara Barrett, Richard Byng, Tim Dalgleish, David Kessler, Glyn Lewis, Edward Watkins, Claire Brejcha, Jessica Cardy, Aaron Causley, Suzanne Cowderoy, Alison Evans, Felix Gradinger, Surinder Kaur, Paul Lanham, Nicola Morant, Jonathan Richards, Pooja Shah, Harry Sutton, Rachael Vicary, Alice Weaver, Jenny Wilks, Matthew Williams, Rod S Taylor, Sarah Byford oa

Interpretation We found no evidence that MBCT-TS is superior to maintenance antidepressant treatment for the prevention of depressive relapse in individuals at risk for depressive relapse or recurrence. Both treatments were associated with enduring positive outcomes in terms of relapse or recurrence, residual depressive symptoms, and quality of life.

Mindfulness

'Being mindful is not passive; it is a dynamic way of being ...that requires firstly an awareness of self, and then requires an awareness of awareness of self, within each unfolding moment.

Christopher Johns (2004) Being Mindful, Easing Suffering; p. 20

Bert Leguit



- 'Postscript: Reflections from a Buddhist perspective'
- In: Christopher Johns (2004) Being Mindful, Easing Suffering; pp. 251-252
- 'Being aware of every moment, it means living in the here-and-now; the present. When one is aware of this moment only, there is no thinking about the past or the future. ...
- The only thing that is real, is this moment. Only this. Living and working in the here-and-now gives a lot of pleasure. There are no sorrows for the past, there are no considerations about the future; there is only this one, clear, brilliant moment.'





Thank you

Julian C. Hughes RICE Professor of Old Age Psychiatry University of Bristol, Honorary Consultant and Stakeholder Governor Royal United Hospitals Bath NHS Foundation Trust

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RICE

The Research Institute for the Care of Older People