

RU Having your say?
RU Hearing what's happening?
RU Happy to be involved?



Royal United Hospitals Bath
NHS Foundation Trust

Meet your
RUH Governors



Amanda Buss & Mike Midgley, Public Governors, City of Bath

Today's Meeting



Time	Subject	Presenter
14:00	Welcome and Introductions Your Governors and You	Amanda Buss & Mike Midgley, Public Governors
14:10	Update from the RUH Board of Directors	Dr Bernie Marden, Medical Director
14:40	Audience participation: Questions and answers	All
15:00	Keeping children out of hospital	Dr Bernie Marden, Medical Director
15:25	Audience participation: Questions and answers	All
15:45	Feedback	All
16:00	Close	

Introduction



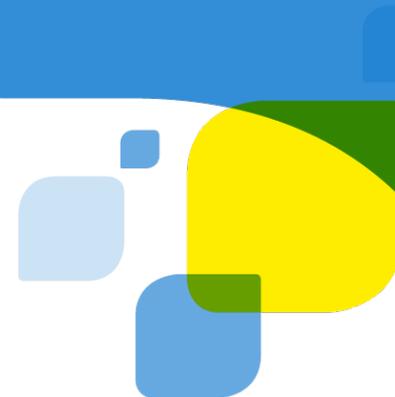
Amanda Buss
Public Governor
City of Bath



Mike Midgley
Public Governor
City of Bath



Dr Bernie Marden,
Medical Director





The Governor Role

- **To Represent the Interests of the Members and Patients**
- **To Hold the RUH Board to Account**

How do we achieve this



Representing your interests

- **Patient Experience and Environment**
- **Service Provision**
- **Influencing the Future Strategy**

Holding to Account

- **Learning from Feedback and implementing change**
- **Quality and Performance**
- **Financial Performance**

News from the RUH

Summer 2018

Everyone
Working Matters
Together
Making a
Difference

Summer at the RUH

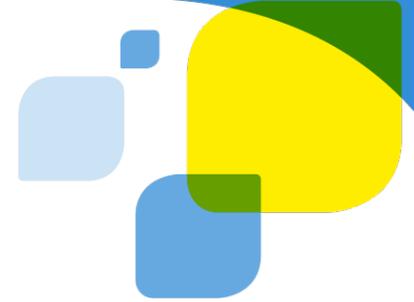


Summer at the RUH



Frailty Flying Squad

Summer at the RUH



Home First

Summer at the RUH



Get up, get dressed, get moving!

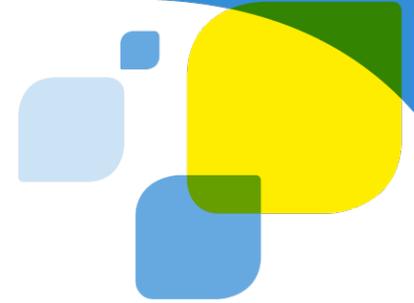


Summer at the RUH



NHS 70th Birthday

Summer at the RUH



RNHRD and
Therapies

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Improving Together

RUH Strategy 2018 - 2021

Everyone
Working Matters
Together
Making a
Difference

Hearing from you

Workshops with:

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

Survey responses:

- 200+ participants



Hearing from you

Workshops with:

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

Survey responses:

- 200+ participants

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

I know the limitations of my body best

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

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.

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

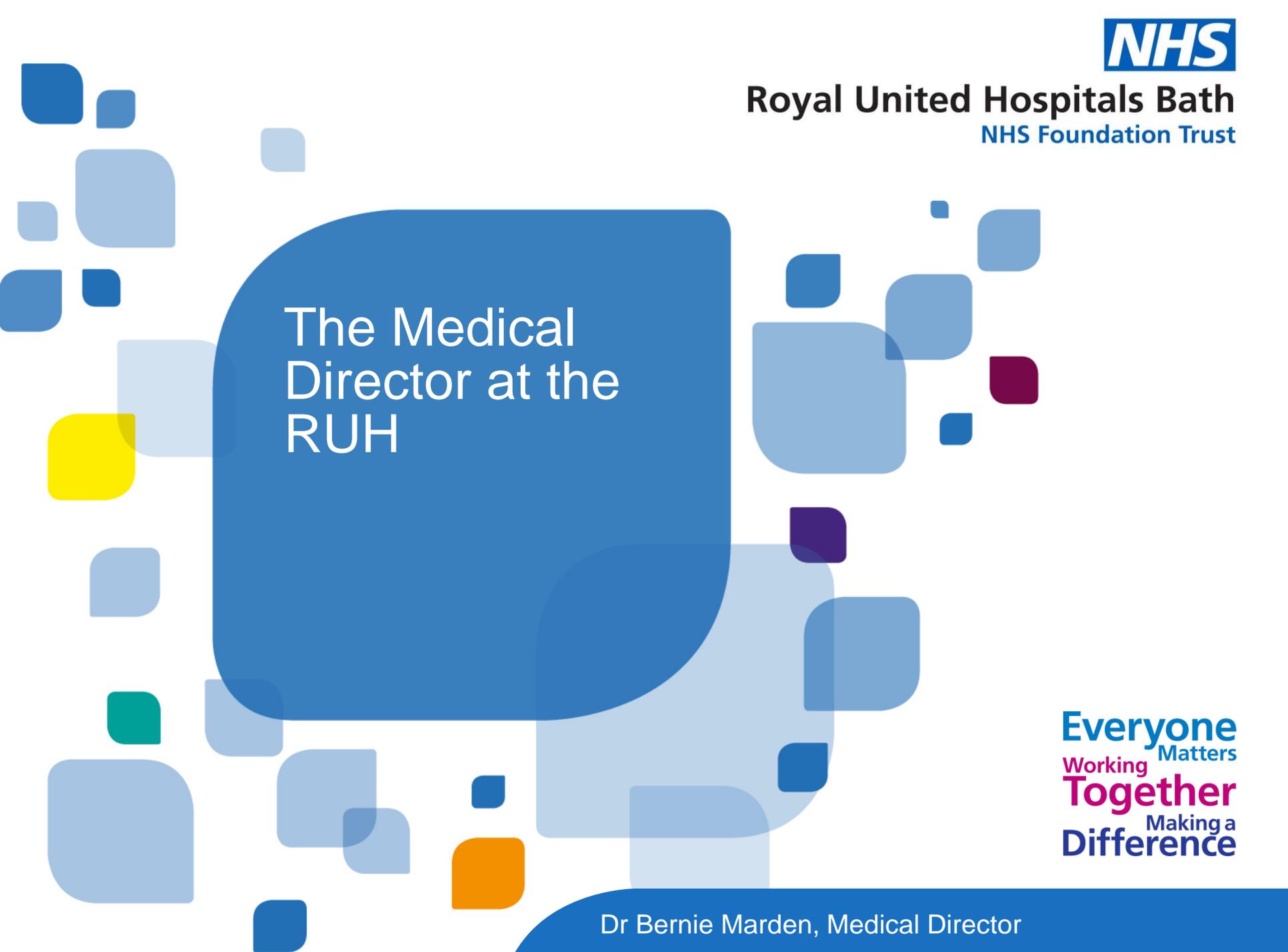
Be a **sustainable** organisation that is fit for the future

Our values

Working
Together

Everyone
Matters

Making a
Difference

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The Medical Director at the RUH

Everyone
Working Matters
Together
Making a
Difference



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"Oh, that's the new Chief Medical Officer making his rounds. He's kind of old school."

Focus on Medical Director

Reviewing Medical Model

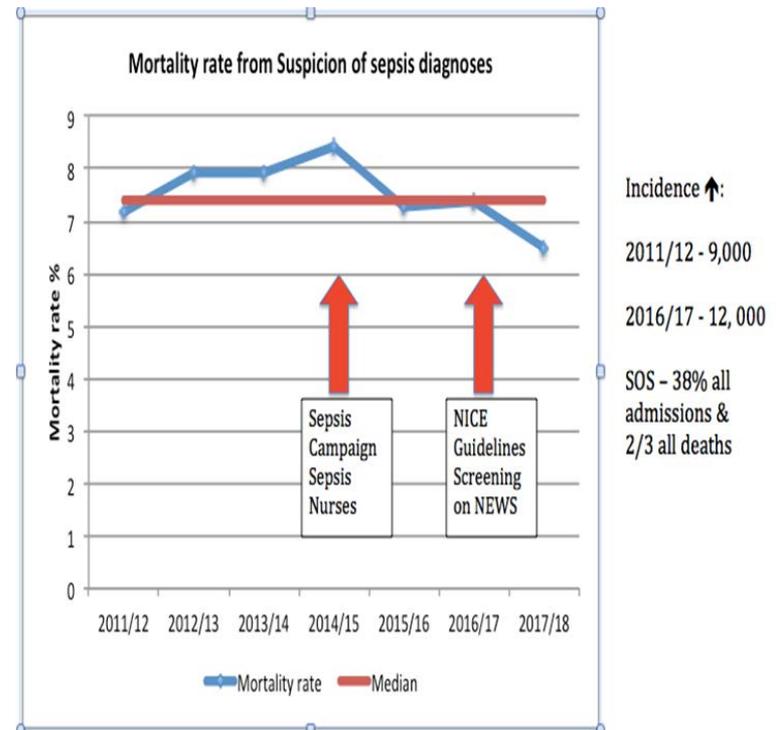
Safety Priorities

Deteriorating patient

Sepsis

Medicines management

Digital Programme



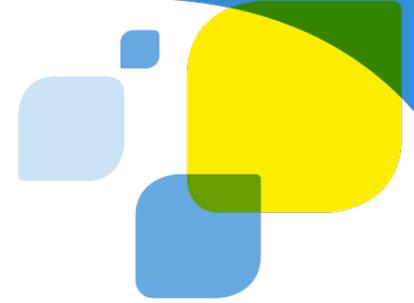


Thank you

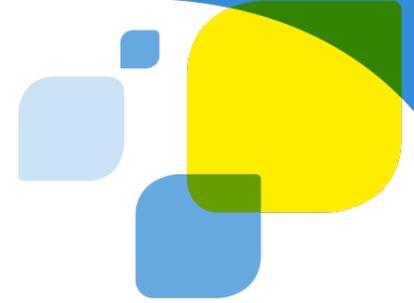
Any questions?

Keeping Children Out of Hospital

Dr Bernie Marden, Medical Director and Paediatrician



Children in Hospital



Philosophy of care



- Families would rather be at home
- Points for potential influence
 - Promoting early discharge
 - Use of assessment unit
 - Alternatives to admission
- Sharing and mitigating risk

Promoting early discharge

- Change in thresholds for discharge
- What could be done as an outpatient?
 - Completion of antibiotic course
 - Daily dressing changes
- Managing risk
 - Setting expectations & safety netting
 - Direct discussion

Direct discussion & readmissions

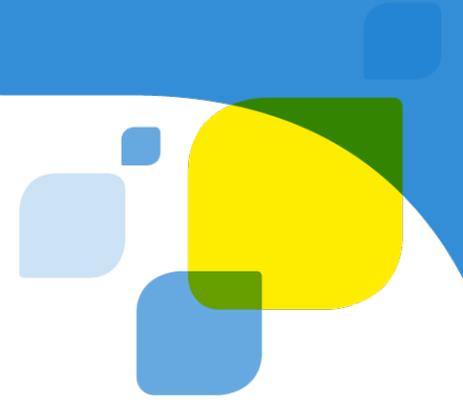
- Average of 35 patients per month given direct discussion (Apr-Jun)
- Readmission data
 - 156 out of 6775 non-elective medical patients (2.3%)

Category	Readmissions	Admissions	RUH %
Paediatrics < 1	149	4,028	3.7%
Paediatrics >= 1	182	4,043	4.5%
General Surgery	33	471	7.0%
T&O	14	477	2.9%

Use of assessment unit

- Shifts expectation away from admission
- Initiation of treatment and observation
 - Respiratory illnesses, D&V
- Managing risk
 - Includes opportunity for clinic review

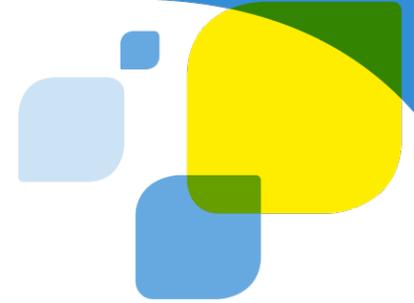
Avoiding admissions



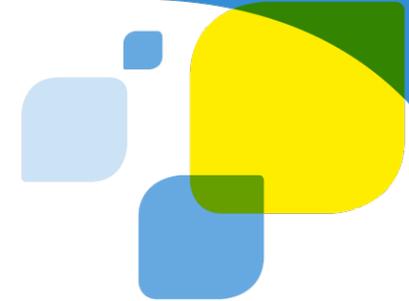
1. Impact of demand management on non-elective pathway
2. Long term conditions
 - e.g diabetes, cystic fibrosis

1. Demand management

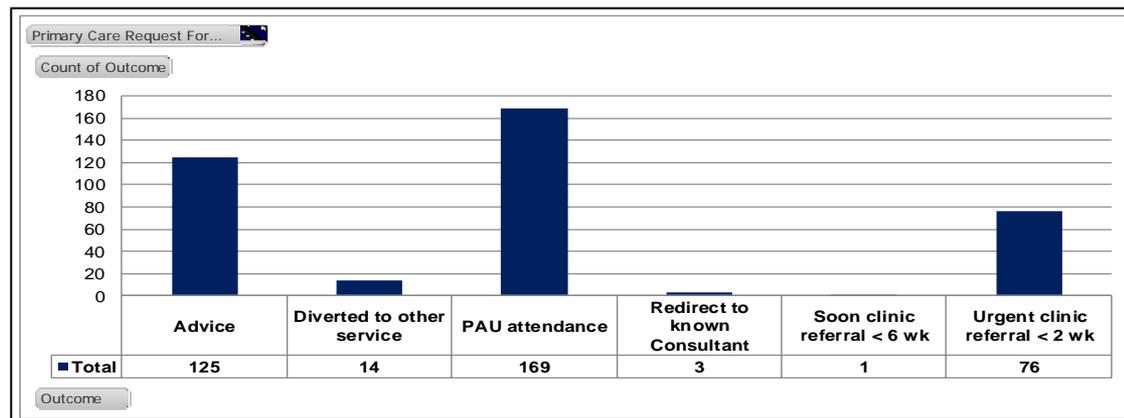
- Consultant availability for phone advice
Mon-Fri, 9-5
 - Primary care, ED, SWAST
- Redirection of referrals from acute team
- Risk shared with referrer



Impact of demand management



- 10% reduction in PAU admissions



- 45% seen on PAU
- 20% seen in urgent clinic
- 32% advice only

2. Long term conditions

- Diabetes admission avoidance

Year Of Admission	Admissions
2013	101
2014	76
2015	81
2016	77
2017	65

- Since January

- 34 admissions, of which 21 newly diagnosed
- 4 diabetes related

Key to success

- Understanding what families need
 - What it is
 - Who is sharing responsibility – parent/GP/consultant
- Availability of experienced advice



Questions..?