Royal United Hospitals Bath
NHS Foundation Trust

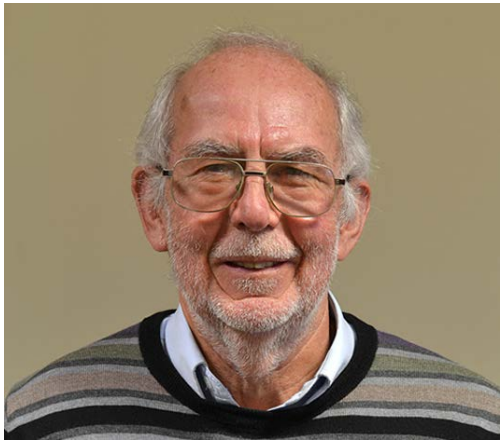
Meet your RUH Governors

Anne Martin & Mike Welton,
Public Governors

Today's Meeting

Time	Subject	Presenter
18:00	**Welcome and Introductions** Your Governors and You	Anne Martin & Mike Welton, Public Governors
18:05	**Fit for my Future**	Dr Rosie Benneyworth, Director of Strategic Clinical Services Transformation
18:40	**Audience participation:** Questions and answers	**All**
18:50	**RUH Update from the Board of Directors** • Home First	James Scott, Chief Executive & Gina Sargeant, Head of Therapies & Clinical Site
19:10	**Audience participation:** Questions and answers	**All**
19:25	Feedback	**All**
20:00	Close	

Introductions



Mike Welton
Public Governor
Mendip

Anne Martin
Public Governor
Mendip

NHS
Somerset
Clinical Commissioning Group

Mendip Governor Constituency Meeting

15 October 2018

Fit for my future

SOMERSET
County Council

The Case for Change

- **Greater focus on prevention of ill health & promotion of positive health and wellbeing**
- **Tackle inequalities**
- **More integrated, holistic services based on the needs of the individual, and supporting their independence**
- **Shift resources from hospital inpatient services towards community based services to support people in their own homes & sustain their independence**
- **Recognise that mental health is as important as physical health**
- **Ensure that when people need emergency & specialist care they have the right access to the skills & expertise they need**
- **Achieve financial sustainability**

Urgent & Emergency care
Emerging change proposals

- **Develop single integrated system for accessing emergency & urgent care services**
- **Develop network of urgent treatment centres in line with national guidance**
- **Review stroke services to determine best future model, including stroke and neuro rehabilitation**
- **Review options to enhance specialties which are most vulnerable and support delivery of efficient elective care at acute hospitals**

Proactive care, LTC and frailty
Emerging change proposals

- **Work with local communities and neighbourhoods to improve health and wellbeing – encourage people to address risk factors linked to lifestyle**
- **Support primary care to deliver consistent proactive care to support health & wellbeing through care planning, care coordination; health coaching; drawing on local networks of support**
- **Neighbourhood team model which can provide alternatives to hospital admission**
- **Single unified approach to supporting people who are frail**
- **Community based packages of care to support people following hospital discharge**
- **Integrated care model for diabetes**

Mental health & Learning Disability Emerging change proposals

- **Primary mental health care.** Improve IAPT performance through primary care link workers & streamlined referral processes.
- **Secondary mental health care**. Increase capacity in community mental health services & improve outcomes for people with complex health problems, including earlier support for people with emerging disorders such as psychosis.
- **Mental health crisis care.** More investment in intensive home treatment; develop alternatives to admission for people in crisis.
- **Learning disabilities.** Enhanced learning disability services to improve universal health & social care offer.
- **Better services for people with memory loss.** Earlier diagnosis, more care in people's own homes, reduction in use of residential facilities.

Children's and maternity services Emerging change proposals

- **More collaboration between paediatric doctors, nurses & other professionals working across Somerset to provide a more consistent & accessible service to children and families**
- **Multi-agency teams based in community / locality hubs in local neighbourhoods**
- **Review support services for emotional and mental health to understand the gap and potential opportunities**
- **Review transition arrangements for young people moving from children's to adult services**
- **Greater access to midwife-led births as standard for most women**
- **Centralisation of high-risk and complex maternity cases through staff specialisation and locally based expertise**

Planned care services
Emerging change proposals

- **Transform outpatient services by streamlining current processes & offering alternatives to traditional appointment systems, such as telephone appointments and virtual clinics**

- **Ensure sufficient capacity in right place 24/7 to support early diagnosis & provide better clinical access to tests**

Cancer services
Emerging change proposal

- **Progress Somerset-wide network model for cancer services which addresses workforce challenges & delivers consistently high standards of cancer care**

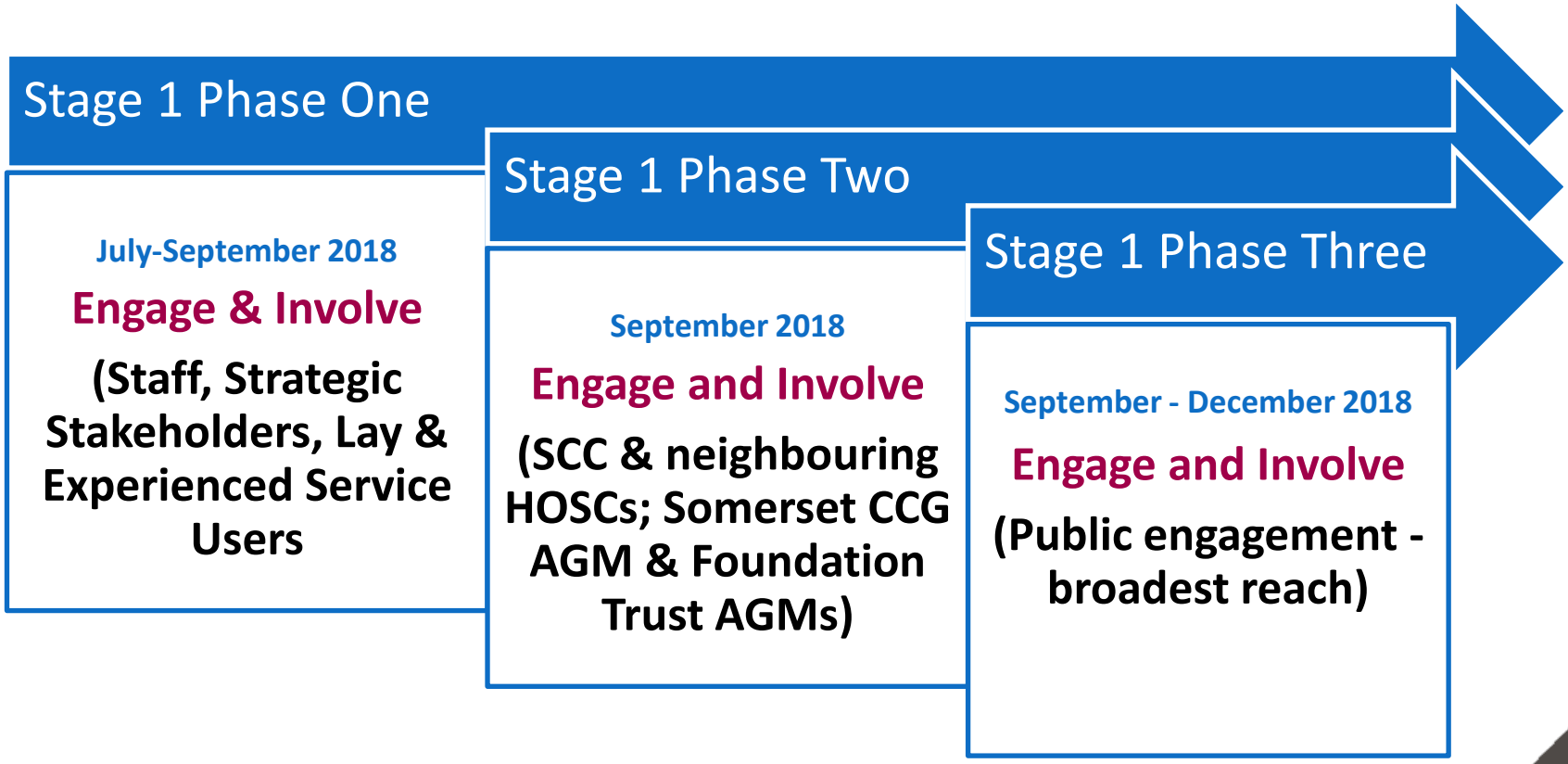
NHS
Somerset
Clinical Commissioning Group

Engagement plans

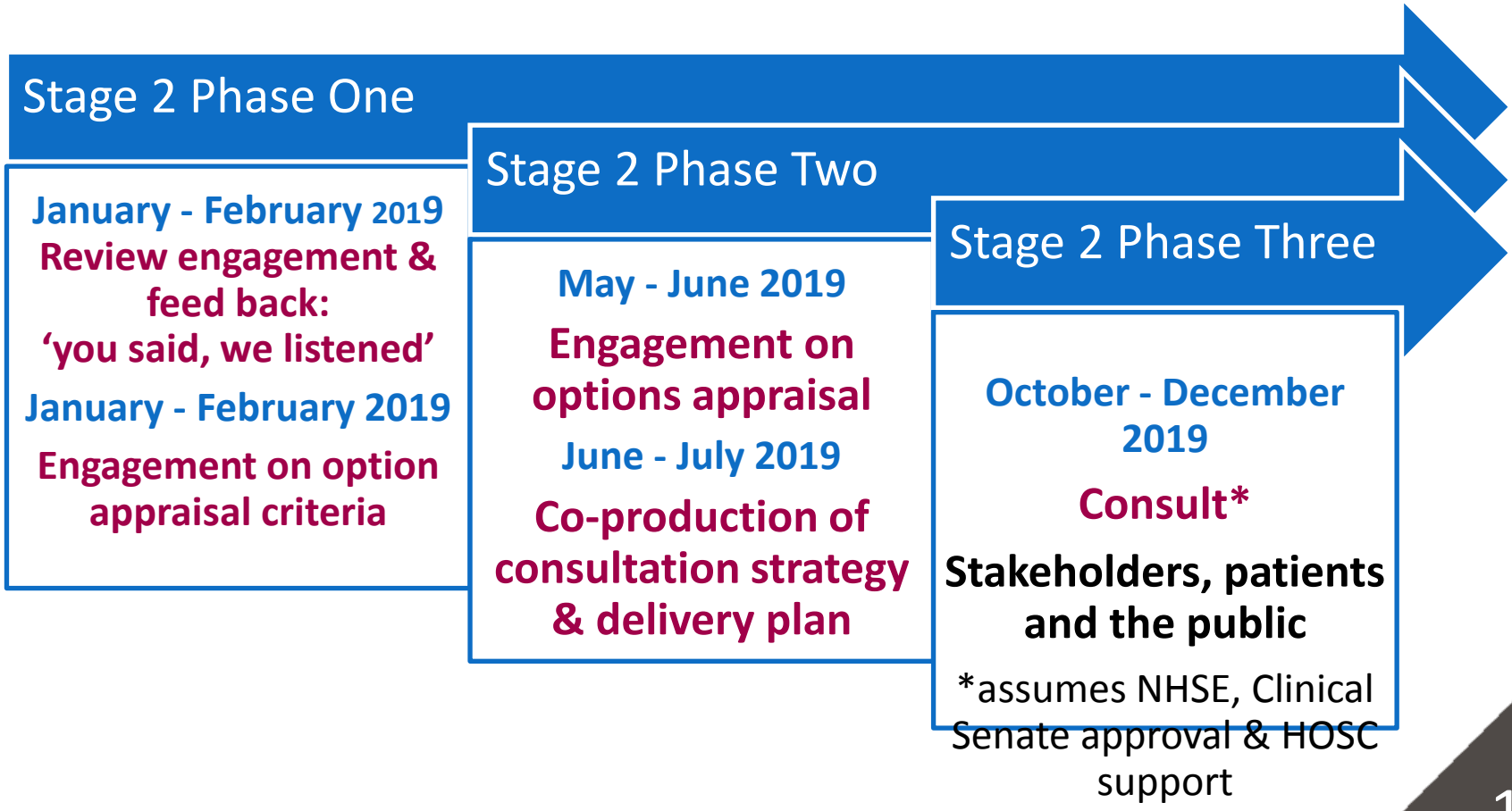
Fit for
my future

SOMERSET
County Council

Our engagement & communications process - Stage 1



Our engagement & communications process - Stage 2



Our approach

- understand frustration that previous change & transformation programmes appear to have led to nothing
- deliberately established a dynamic timeline to demonstrate momentum & show our commitment to deliver
- engagement events and opportunities in the autumn; nothing is set in stone; genuinely seeking views
- selection of appraisal criteria & subsequent option appraisal process will involve stakeholders & experienced service users & public
- co-production of formal consultation strategy and delivery plan

Thank you for listening

Any Questions?

Royal United Hospitals Bath
NHS Foundation Trust

News from the RUH

2018

James Scott, Chief Executive

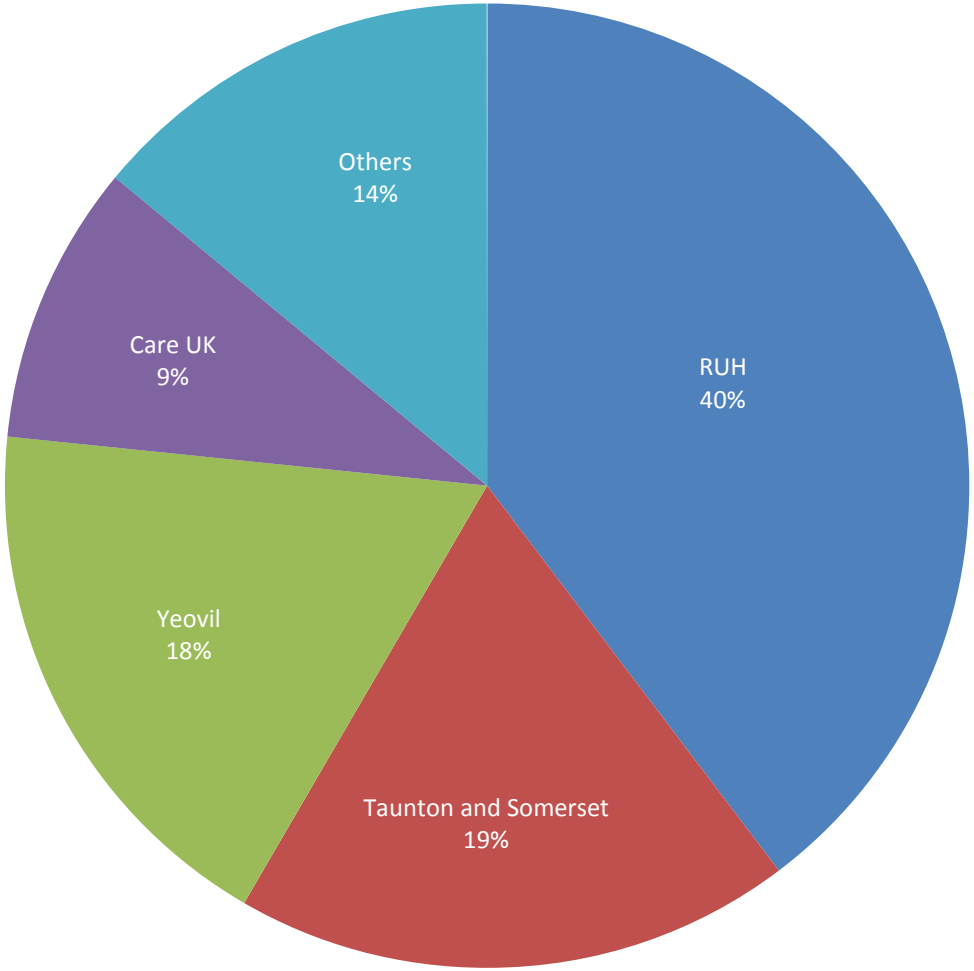
Making the RUH fit for the future

CQC Outcome

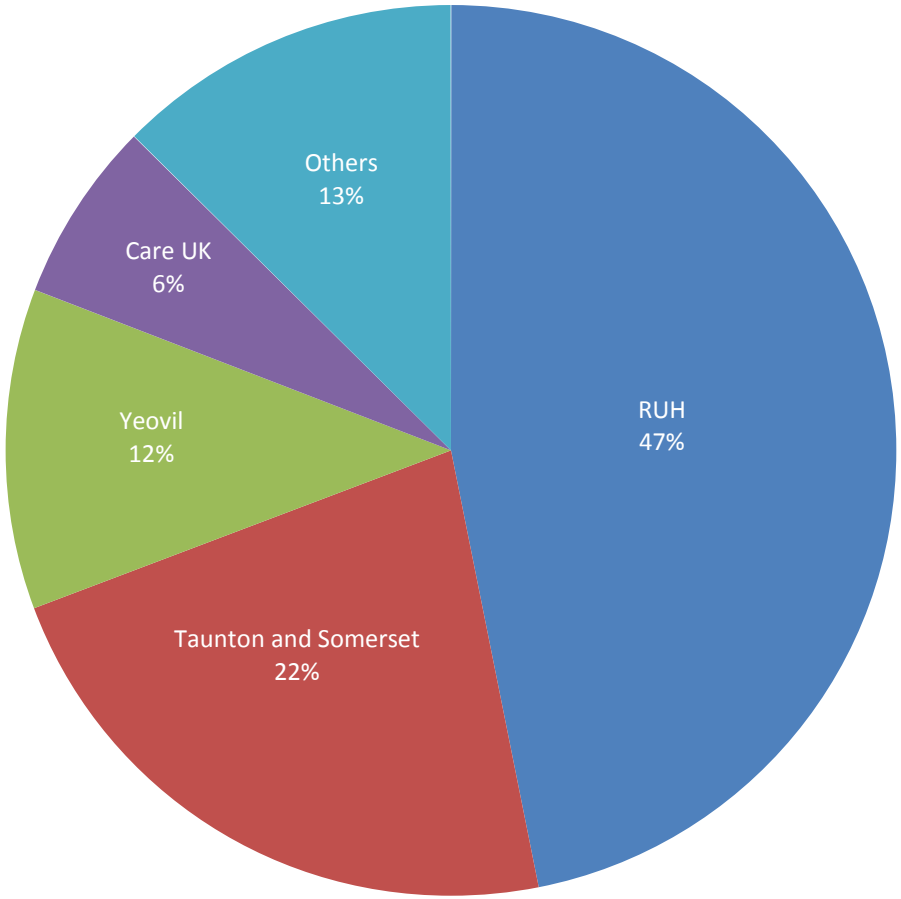
Ratings for the Royal United Hospital Bath (RUH)

Core Service	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent and Emergency Services *(2018 inspection)*	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement (Decreased from Good)	Requires Improvement
Medical Care (including older people's care) *(2018 inspection)*	Good	Good (increased from Requires Improvement)	Good	Good (increased from Requires Improvement)	Good	Good (increased from Requires Improvement)
Surgery (including Gynaecology) *(2016 inspection)*	Good	Good	Good	Requires Improvement	Good	Good
Critical Care *(2018 inspection)*	Good (increased from Requires Improvement)	Good	Good	Good (increased from Requires Improvement)	Good (increased from Requires Improvement)	Good (increased from Requires Improvement)
Maternity *(2018 inspection)*	Good (increased from Requires Improvement)	Good	☆ Outstanding (increased from Good)	☆ Outstanding (increased from Good)	☆ Outstanding (increased from Good)	☆ Outstanding (increased from Good)
Services for Children and Young People *(2018 inspection)*	Good	Good	☆ Outstanding	Good	Good	Good
End of Life Care *(2016 inspection)*	Good	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding
Outpatients *(2016 inspection)*	Good	Not rated	Good	Requires Improvement	Good	Good
Overall	**Good**	**Good**	☆ Outstanding	Requires Improvement	**Good**	**Good**

Emergency Patients from Mendip



Outpatient Attendances from Mendip



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Home First

Everyone Matters
Working Together
Making a Difference

Gina Sargeant, Head of Therapies & Clinical Site

Global Aim

Our challenge is to improve everybody's understanding, in our hospitals and communities, that home is the best place to recover, regain and maintain independence.

The Home First group will evidence the balance of risk of hospital versus home, in order to ensure that all stakeholders will have a shared philosophy of what Home First represents.

Minimise hospital stay, maximise independence at home.

#homefirst


Collaborative Working
Department
Guide

Award Winning Service

Dedicated Transport

Patient Journey

Anne is 91 and was admitted with a chest infection. She has some memory problems but was managing fine at home before she became unwell. Her chest infection made her delirious and knocked her off her feet. Anne lives alone. Her daughter found her on the floor and Anne was brought in to hospital.

After her infection Anne was “more muddly”. She had lost her confidence and was worried about going home. She could only stand for short periods and she had been given a walking frame to get mobile again. Anne’s daughter was happy to help with shopping and to pop in a couple of times a week but couldn’t do any more.

Anne went home with Home First Transport. The community team visited her at 11:00 and assessed her at home. Anne could manage to get in and out of bed but couldn’t get off her toilet. She was getting very tired and not managing to cook for herself, and was not taking her medicines at the right time. The community team went back that afternoon and raised her toilet and supplied a high chair so she could sit down by the basin to wash and dress herself. They visited twice a day and helped and encouraged her to wash and dress, make meals and prompt her to take her tablets, getting Anne to do a little bit more every day.

Anne settled in well at home. Within a week she was back on her feet and the team only needed to support her once a day.

10 days later Anne was much less muddled. Her confidence and stamina had improved and she was able to look after herself again at home. The team gave Anne information around telecare including a falls alarm “just in case”.

Home First enabled Anne to get home at the right time and supported her to regain her independence. Anne found the thought of going home “really daunting” and didn’t think she’d ever be able to manage on her own again at her age. She was surprised that she got so much better so much more quickly at home. She said getting a decent night’s sleep in her own bed made a big difference as did the patience and encouragement of the people helping her.

Anne is still thriving at home.

Discharge Home is always considered first

Think Home First

Assume Home First

Why Not Home First?

Thank you for listening

Any Questions?