



Royal United Hospitals Bath
NHS Foundation Trust

RUH Annual General Meeting and Annual Members' Meeting

20 September 2023

The RUH, where you matter



Welcome and Introduction

Alison Ryan,
Chair

The RUH, where you matter



Agenda

Welcome	Alison Ryan, Chair
Introduction from the Chief Executive <i>The RUH, where You Matter</i>	Cara Charles-Barks, Chief Executive
Financial Position of the Trust, Presentation of the Annual Report and Accounts 22/23	Libby Walters, Director of Finance
Quality Improvement at the RUH	Antonia Lynch, Chief Nurse
Caring for You: Robotic Surgery	Marc Bullock, Consultant Colorectal Surgeon and Clinical Lead for Robotic Surgery
Setting Everyone up for Success	Alfredo Thompson, Director for People and Culture
Caring for You: Hospital at Home	Kerrie Hopson, Clinical Lead for Hospital at Home and ART+
Governor report to Members	Peter McCowen, Lead Governor
Member and Governor Table Discussions <i>Opportunity for members to engage with Governors</i>	RUH Governors
Questions to Board of Directors	Alison Ryan, Chair
Summary & Close	Alison Ryan, Chair

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Introduction from the Chief Executive

Cara Charles-Barks
Chief Executive

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The RUH, where you matter



The RUH, where you matter

Let's create a future where the health of everyone matters. Everyone means the people we care for, the people we work with and the people in our community.

Working together with you we will build one of the healthiest places to live and work. We will tackle inequality whenever and wherever we see it.

We will make the most of our available resources, talent, partnerships, advances in technology, ways of working, treatments and our estate. We want to make a difference.

The RUH,

where you matter

Our vision

The RUH, where you matter

Our people groups and our goals

The people we care for

- Connecting with you, helping you feel safe, cared about and always welcome
- Consistently delivering the highest quality care and outcomes
- Communicating well, listening and acting on what matters most to you

The people we work with

- Demonstrating our shared values with kindness, civility and respect all day every day
- Taking care of and investing in teams, training and facilities to maximise our potential
- Celebrating our diversity and passion to make a difference

The people in our community

- Working with partners to make the most of shared resources to plan wisely for future needs
- Taking positive action to reduce health inequalities
- Creating a community that promotes the wellbeing of our people and environment

How we will deliver

Everyone Matters
Working Together
Making a Difference

Our values

Improving Together

Our improvement system

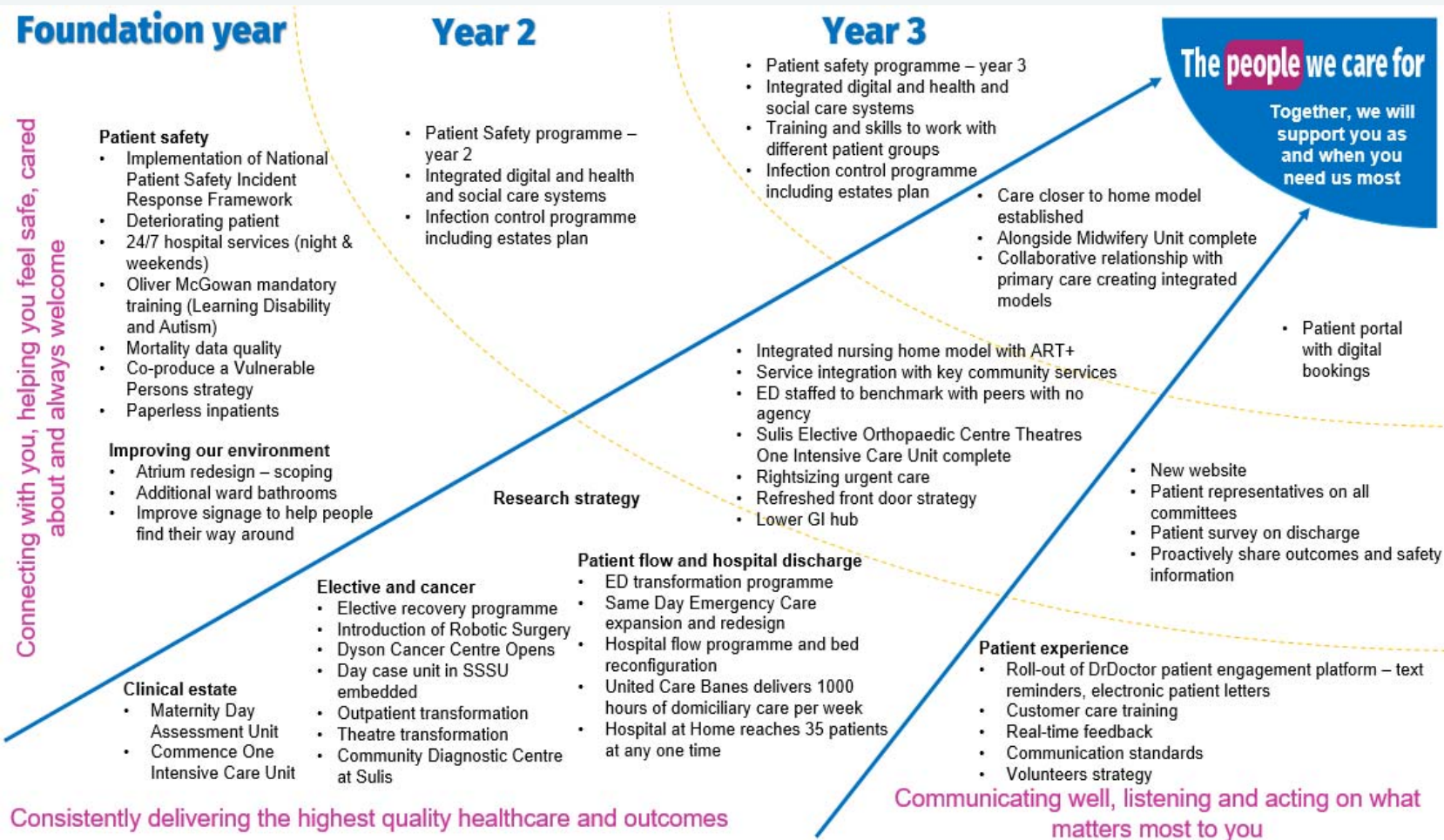


Our enabling initiatives



**I know I
matter
because...**

Our deliverables and programmes for the **people** we care for



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The RUH, where **you** matter

People are at the heart of all that we do...



The people in our **community**

Together, we will create one of the healthiest places to live and work.

The people we **work** with

Together, we will create the conditions to perform at our best.



The people we **care** for

Together, we will support you as and when you need us most.

Our improvement system:

Improving Together

Our values:

Everyone Matters

Working Together

Making a Difference



Thank you for listening

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2022/23 Annual Accounts

Libby Walters, Director of Finance



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2022/23 At a Glance

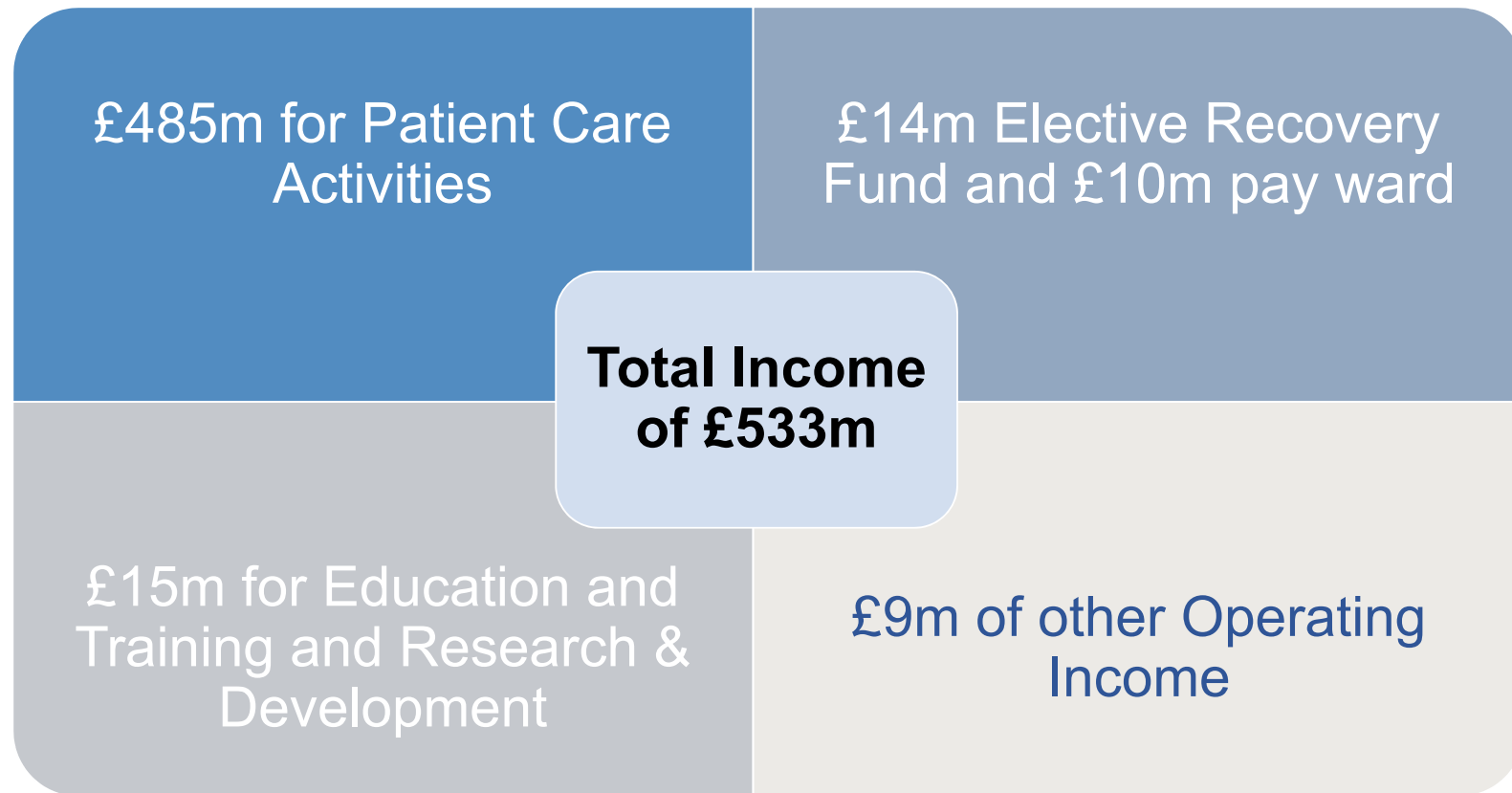
- The Trust achieved a break even position

	Trust Position £million
Income (including accounting adjustments)	533
Expenditure (including accounting adjustments)	(533)

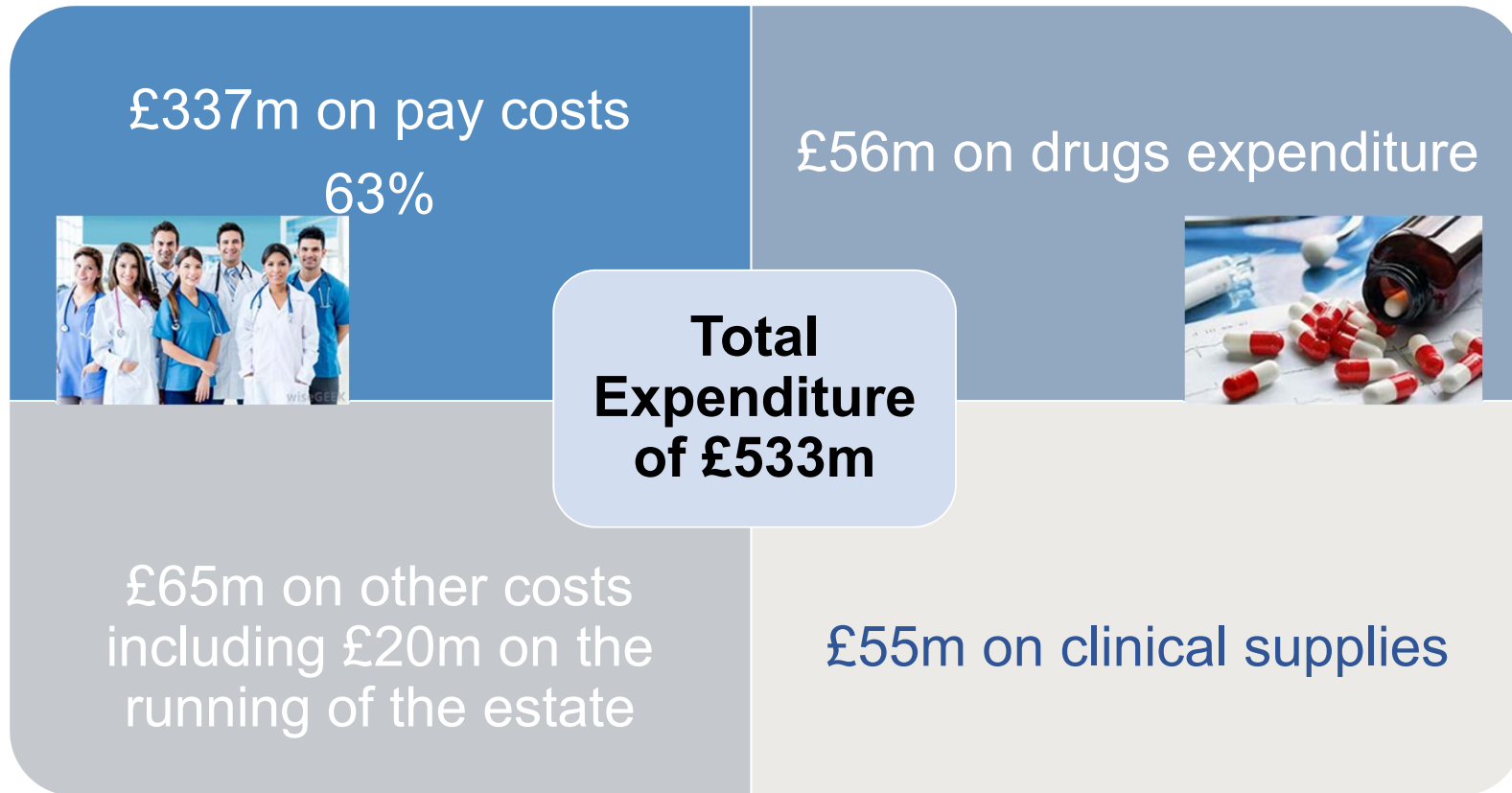
- We invested £47.7 million of capital money in our buildings and estate
- We received an extra £10.0 million to cover national pay award costs
- We received £14.3 million additional income for the Elective Recovery Fund (ERF)
- Closing cash balance of £42 million



2022/23 Operating income



2022/23 Operating Expenditure



2022/23 Capital Expenditure

Capital Spend £47.7 million included:

- £26.5 million on the Cancer Centre
- Estate redevelopment schemes £7.8 million
- Medical equipment £4.9 million
- Diagnostic equipment at Sulis £3.3 million
- Digital programme £3.1 million
- £1.7m to support additional bed capacity



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Looking Forward – 2023/24 and Onwards

- Increase the number of elective patients we see and reduce the waiting times
- Managing the impact of industrial action
- Capital funding remains a significant pressure
- Return to a sustainable financial position
- Embed a culture of innovation, continuous improvement and spending out money wisely

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Quality Improvement

Toni Lynch
Chief Nurse

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HICO (Holistic Integrated Care of Ovarian Cancer)

What is HICO?

The HICO project aim was to improve patient experience of older women receiving treatment for newly diagnosed ovarian cancer.

Patients' experience, knowledge and views gave the HICO team a unique opportunity to develop a patient-centred service.

The recruitment of patients, with lived experience of being diagnosed with and having treatment for ovarian cancer were recruited to a Patient Advisory Group (PAG) and this was key to the success of patient engagement in this project.

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Holistic Integrated Care for Ovarian Cancer (HICO)

You said, we did...

Patient Information



Learning – patients told us there was too much printed information provided at diagnosis, they asked for up-to-date, accurate, useful information to be held in one place where it could be accessed when they needed it.

Outcome - development of webpages

<https://www.ruh.nhs.uk/HICO>

Patient Care Plan



Learning – patients thought there were a lot of appointments to attend and different specialists to see as part of their treatment they suggested a work book, e.g. to keep a record of appointments, questions to ask, contact details, checklists for treatment, patient diary/ notes.

Outcome – development of an A5 care plan

Patient Appointments



Learning – patients suggested to increase follow-up contacts specialists could see patients during their chemotherapy treatment.

Outcome – therapists visit patients in the chemotherapy suite when patients are receiving their chemotherapy to provide information and advice and 'check-in' with them

Surgical Menopause Support



Learning – patients identified a need for support and information for patients who have surgical menopause.

Outcome – development of information on the webpage and links with the RUH menopause clinic to enable referral for support

With thanks for funding from:



Gestational Diabetes Digital App

What is the app?

The diabetes app was introduced to improve the care of women with diabetes during pregnancy.

This innovative app supports the antenatal care diabetes team and helps the closer monitoring and responsive contact with women throughout their pregnancy. The app allows the team to streamline their service to target support where it is needed most.

The app also supports the reduction in health inequalities by using technology to improve communications with the diabetes team. Specifically women from low income backgrounds and those for whom English is not their first language.

Service Benefits from using the App

- ✓ Significant reduction in the need for face to face appointment
- ✓ 100% of women seen in the first week of diagnosis of gestational diabetes against previous wait of 2-3 weeks
- ✓ Waiting times now fully compliant with current NICE guidance
- ✓ The App facilitates women to be able to message and the team to be able to respond in their first language improving safe communication.

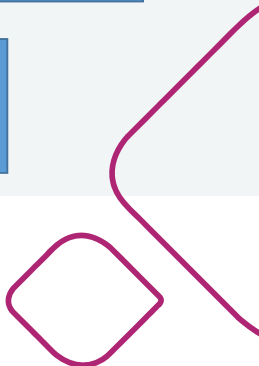
Patient Experience of using the App

So far 100% of patients surveyed feel that the technology to record their blood glucose was easy to use

The app was helpful, made it much easier and reduced having to visit the hospital in person

Felt very supported - was always on hand when I needed advice

Positive attitude of diabetes staff and dietician made me feel at ease



Acute Frailty Pathway – The Frailty Phone

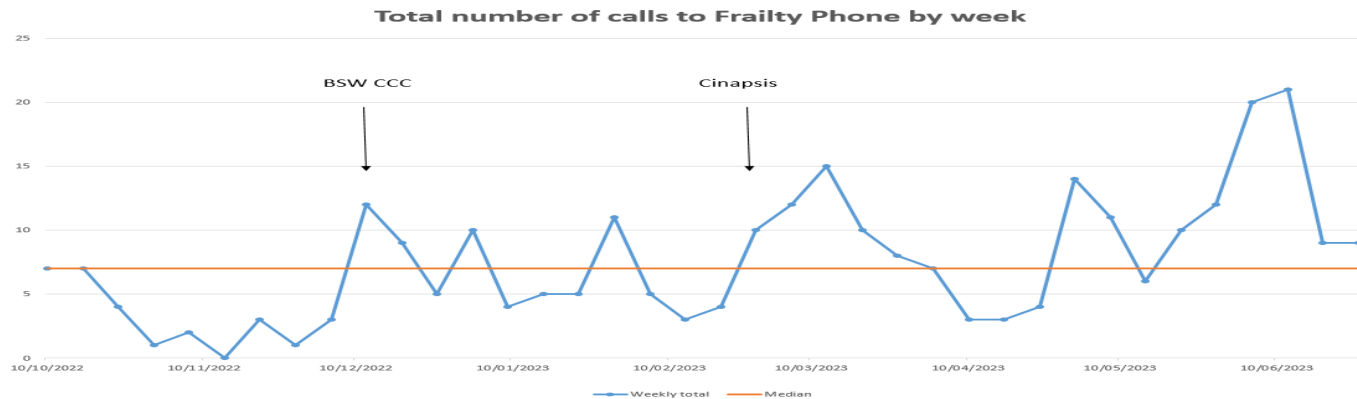
What is the acute frailty phone?

The frailty phone was introduced to further enhance the acute frailty pathway by allowing community clinicians direct access to a Consultant Geriatrician to discuss urgent patient cases.

The community clinician can use the phone for patients where admission to the RUH is being considered. The phone is available 8am-8pm Monday to Friday and 8am-5pm at weekends.

A patient centred plan can then be agreed with the referring clinician and agree next steps. These may include direct admission to one of the Older Persons Assessment Areas (avoiding ED), providing timely advice or signposting the referrer to other options (e.g. hospital@home).

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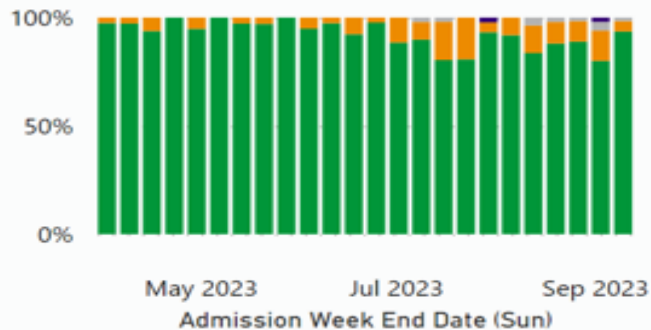


Admission Method for All Non-Elective Activity

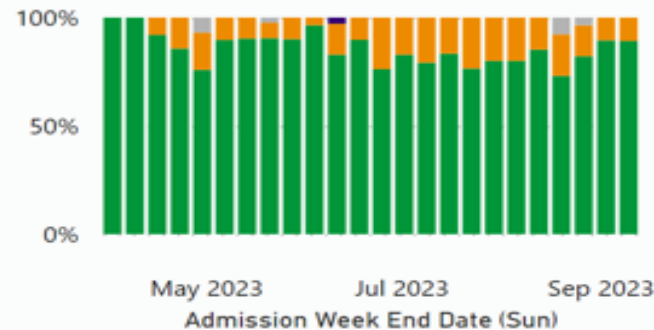
by First Admitted Location

● ED ● GP Direct Admit ● Other ● Other Direct Admit

Older Persons Assessment Unit



OPRAA



Immersive Technology in Healthcare



“ If you could be anywhere as part of your care, where would you choose? ”

- Virtually teleporting Dorothy House Hospice patients to outdoor spaces or activities of their choice
- Friends and family can borrow a 360° camera to share favourite places or moments
- Content viewable on phones or tablets as well as virtual reality headsets.

Back to Basics Patient Safety Campaign

- RUH team has filmed four immersive 360° films illustrating patient safety priorities
- Viewer feels as if they are sat at end of patients beds as their stories unfold
- Soon to be shared across the Trust.

Presented at NHS75 Innovation showcase event, Royal Institute London, also at Bath Digital Festival and invited to showcase at TedXBath October event
RUH Research and Innovation Award 2022.

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Robotic Assisted Surgery at the RUH

2023 Annual General Meeting

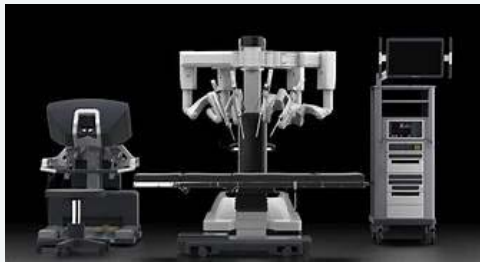
Mr Marc Bullock, Consultant Colorectal Surgeon
and Clinical Lead for Robotic Surgery

BM BCh MA (oxon) PhD FRCS

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What does the surgical system look like?



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Key Hole Surgery



Robotic Surgery

- Wristed instruments
- 3-Dimensional vision

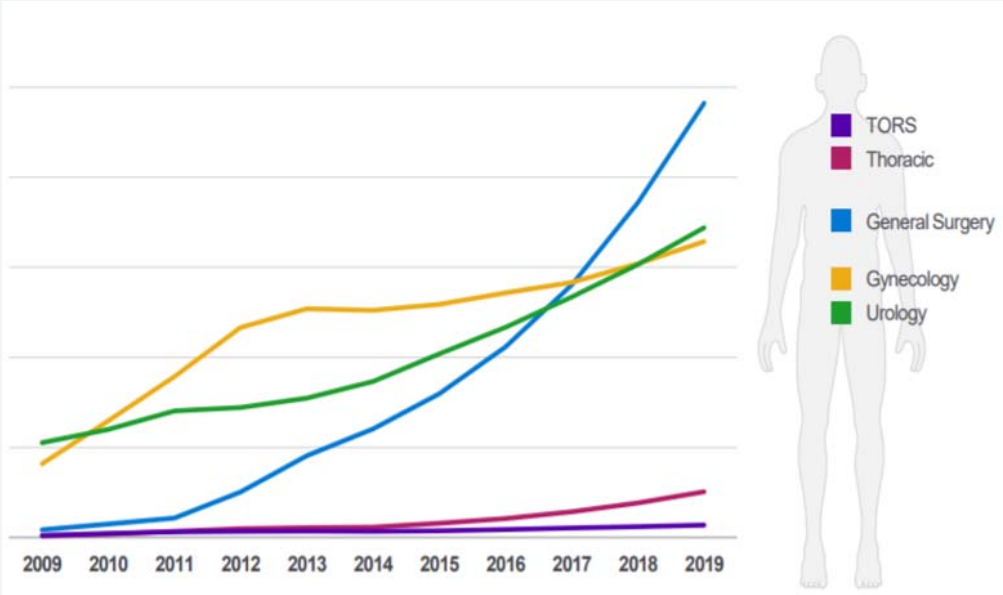
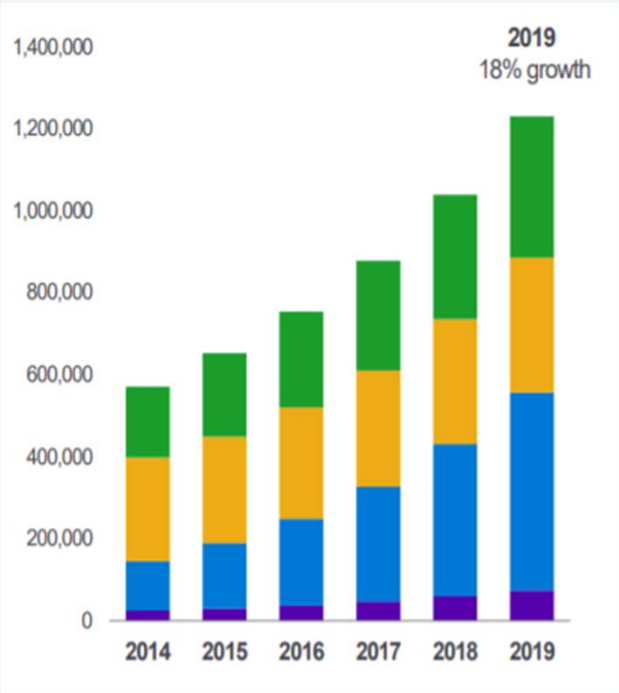


Laparoscopic Surgery

- 'Straight stick' instruments
- 2-Dimensional vision

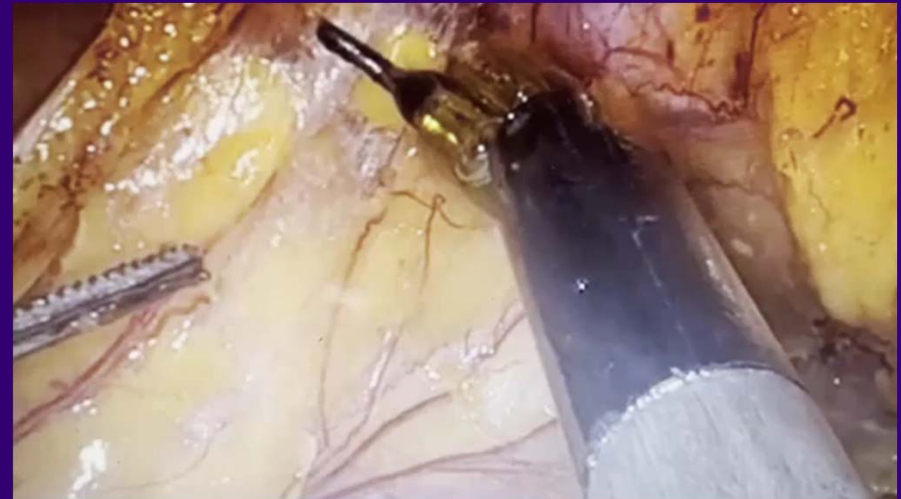


Robotic Surgery has taken off in the UK



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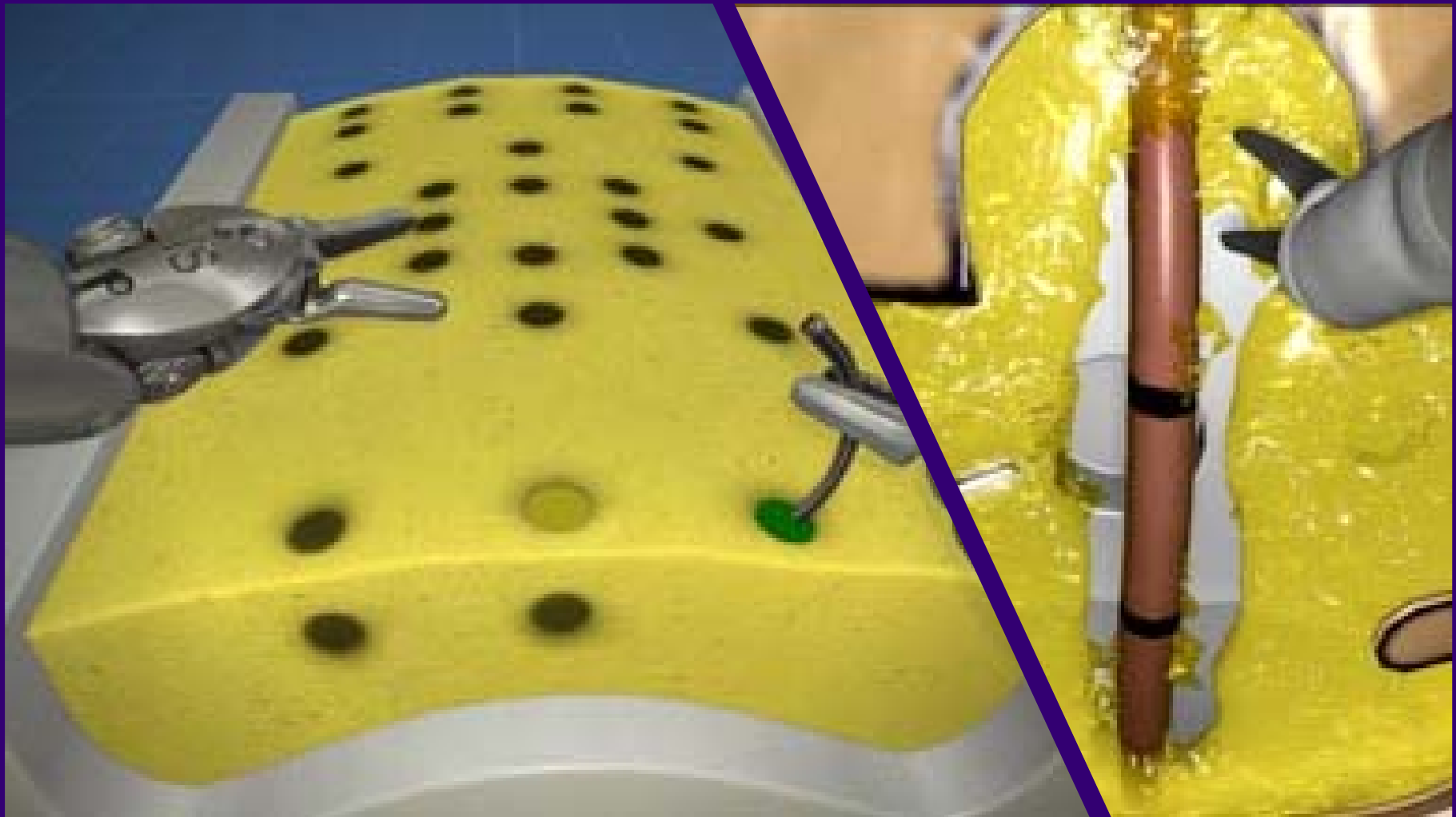
Robotic Surgery in Action



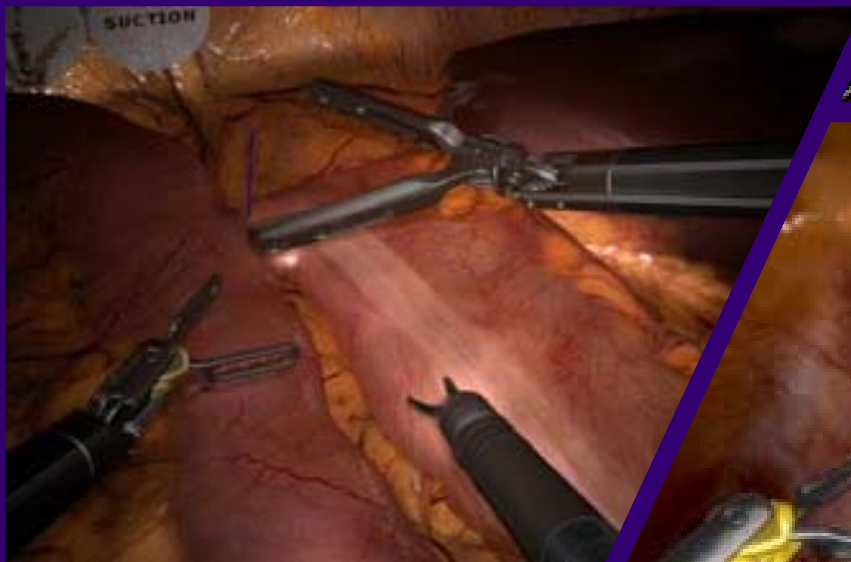
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Patient Benefits

- Reduced LOS/ITU stay
- Reduced blood loss/fewer complications
- Greater surgical precision (nerve saving surgery/fewer stomas)
- Less pain
- Prolonging surgical careers
- Safer surgical training and supervision
- Surgical recruitment
- Protecting local surgical services
- Financial savings (eventually)
- Reducing health inequality



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Next Steps

1. To become a centre of excellence and national training centre for robotic surgery – attracting the brightest and the best staff to the RUH
2. Building links with the University of Bath and other partners. Research and innovation for the benefit of our patients

Summary

1. Robotic Surgery is a well-established technology internationally and now been rolled out across the UK
2. The RUH has adopted robotic surgery in the first wave nationally and rollout across colorectal, general, gynae oncology and urological surgery has been smooth.
3. There are direct patient benefits which come with improved precision, but the greatest benefits may derive from improvements in surgical training and the ability to maintain fit highly skilled surgical workforce
4. Virtuality reality will become an important component of training at the RUH and will help trainees build competencies away from the patient bedside in total safety

Thank you for listening

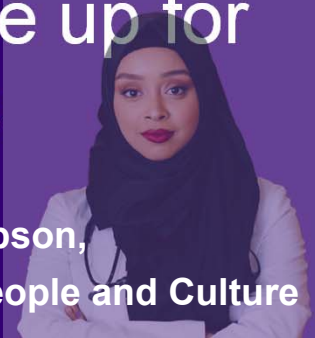
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Leading employer

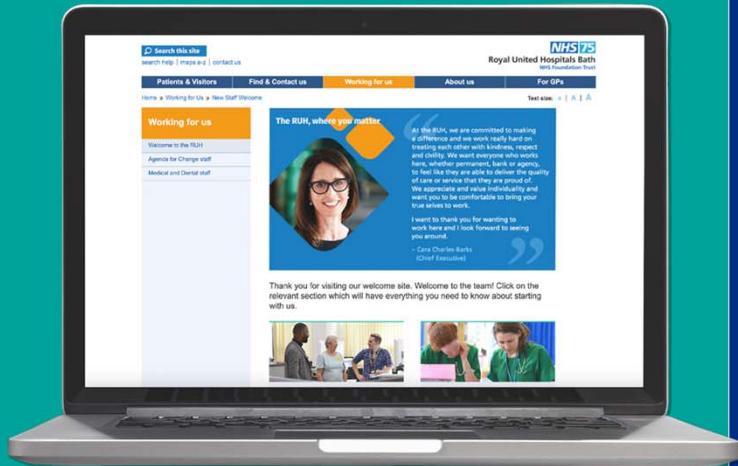
Setting everyone up for success

Alfredo Thompson,
Director for People and Culture



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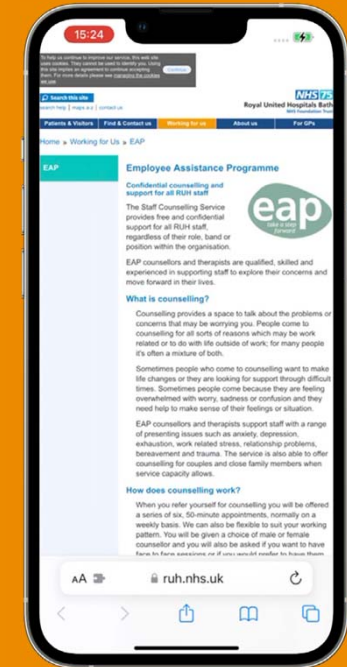
Onboarding



Benefits



Employee Assistance Programme



Learning and development

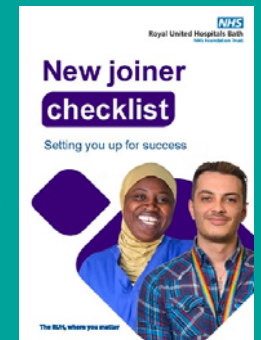
Learn Together

“Learn Together is our learning system, where employees can see and complete all relevant training”.

Facilities and Services



Employee Guides



ED&I workstreams

EVP and Employer brand

Launching soon

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NHS EDI Improvement Plan 2023

RUH Response

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High-impact actions

High Impact 1: Feasible objectives on EDI for Chair & Executives and Board members

Success criteria: Annual Chair & CEO reports on EDI objectives to Board members February 2023

Key actions:

- 1. Chair and CEO to lead by example and ensure their own actions are visible and transparent.
- 2. Chair and CEO to ensure their own actions are visible and transparent.
- 3. Chair and CEO to ensure their own actions are visible and transparent.

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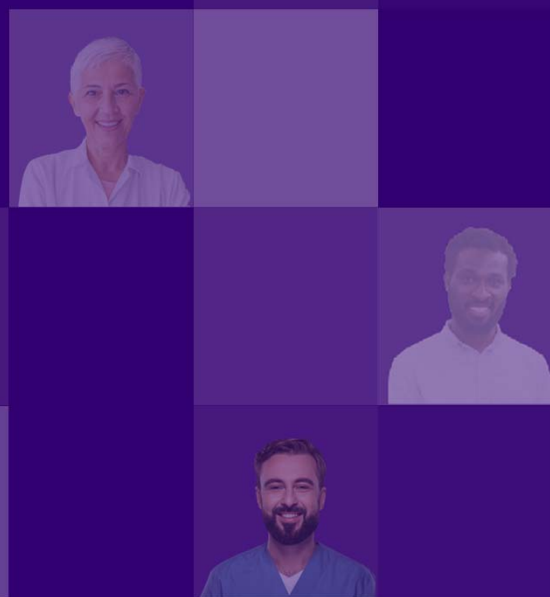
High Impact 2: Feasible recruitment processes and talent management processes

Success criteria: Recruitment and talent management processes are inclusive and equitable.

Key actions:

- 1. Review recruitment and talent management processes to ensure they are inclusive and equitable.
- 2. Implement changes to recruitment and talent management processes to ensure they are inclusive and equitable.
- 3. Monitor and evaluate the impact of changes to recruitment and talent management processes to ensure they are inclusive and equitable.

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RUH Hospital at Home

Kerrie Hopson, Clinical Lead for Hospital at Home and ART+

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Virtual Wards provide hospital level care at home

virtual ward

🔊 'və:tʃʊ(ə)l wɔ:d

A virtual ward is a safe and efficient **alternative to NHS bedded care**.

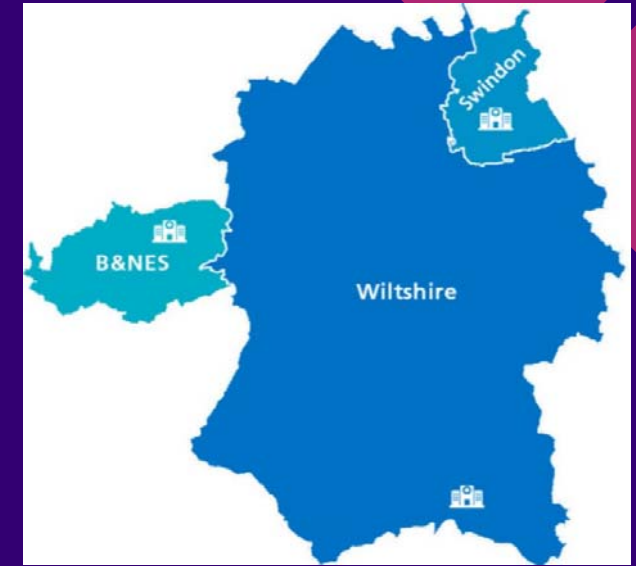
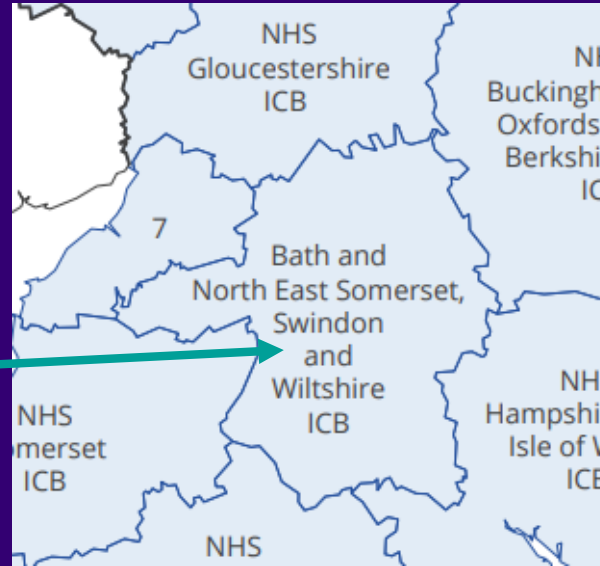
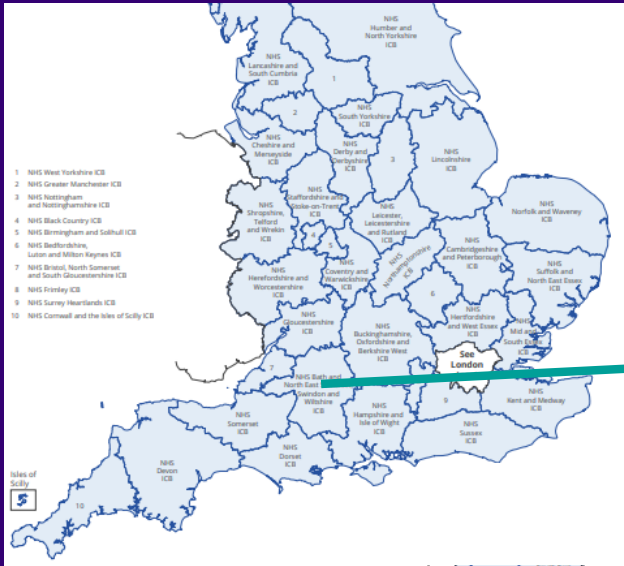
Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.

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BaNES, Swindon and Wiltshire (BSW) ICB



BSW Virtual Ward trajectories

CCG	Population
B&NES	205,000
Swindon	237,000
Wiltshire	492,000
Total	934,000

Phases/ Location	Q3 2022/23	Q4 2022/23	Q1 23/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
BaNES	30	45	55	65	75	90
Swindon	30	45	55	65	75	90
Wiltshire	10	32	56	90	135	180
ICB Total	70	122	166	220	285	360

What is Hospital at Home?



Started in January 2021 as a four month pilot project

Improving Together

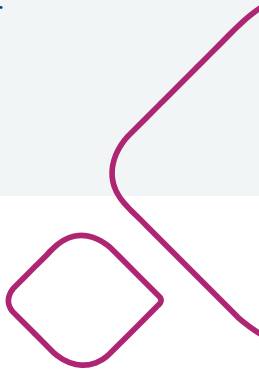
'Step down' model:

- Accelerating discharge of admitted patients
- Referral from inpatient team
- Reducing length of inpatient stay
- Supported 1225 patients to date

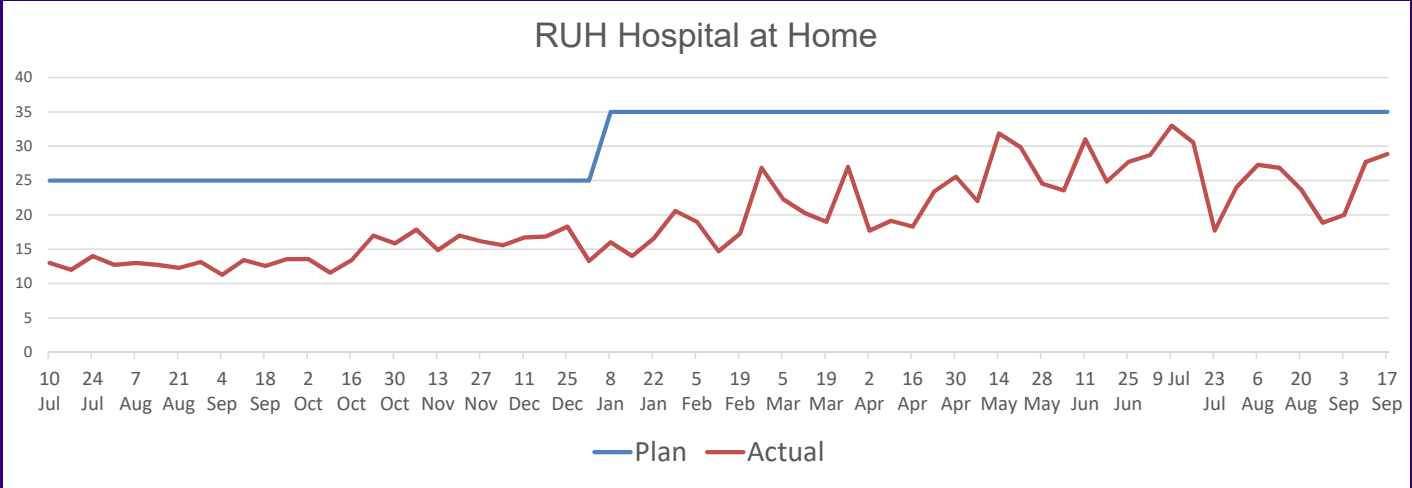
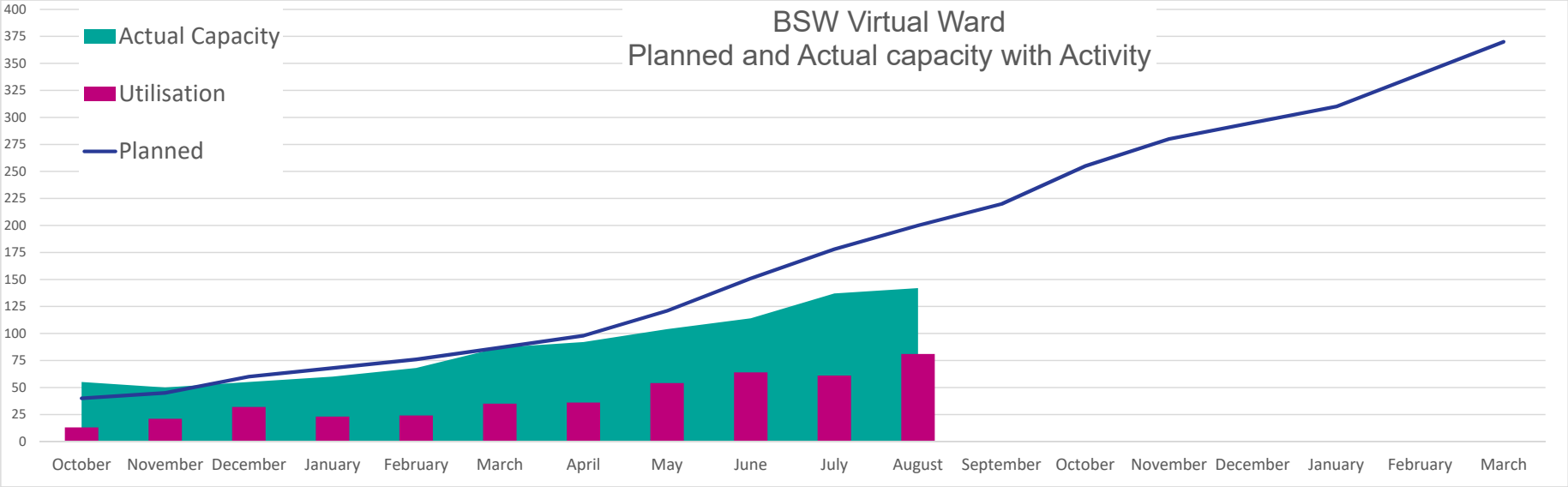


Quality Improvement

- Improving Together QI methodology
- Improvement Science for Leaders (IS4L)
- Patient feedback



BSW Virtual Ward Data



Hospital at Home Inclusion Criteria

- Patient agrees to discharge with RUH Hospital at Home
- Inpatient at RUH and investigations and treatment plan have been commenced
- Patient ready to transfer to own home and Personal Treatment Plan
- Patient safe at home between community visits
- No care needs during the night



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Hospital at Home Exclusion Criteria

- Medically stable – only requiring social care input
- Any suspected long bone fractures
- Unstable patients e.g. haemorrhage, high National Early Warning Score (NEWS)
- Head injury with loss of consciousness / on blood thinners

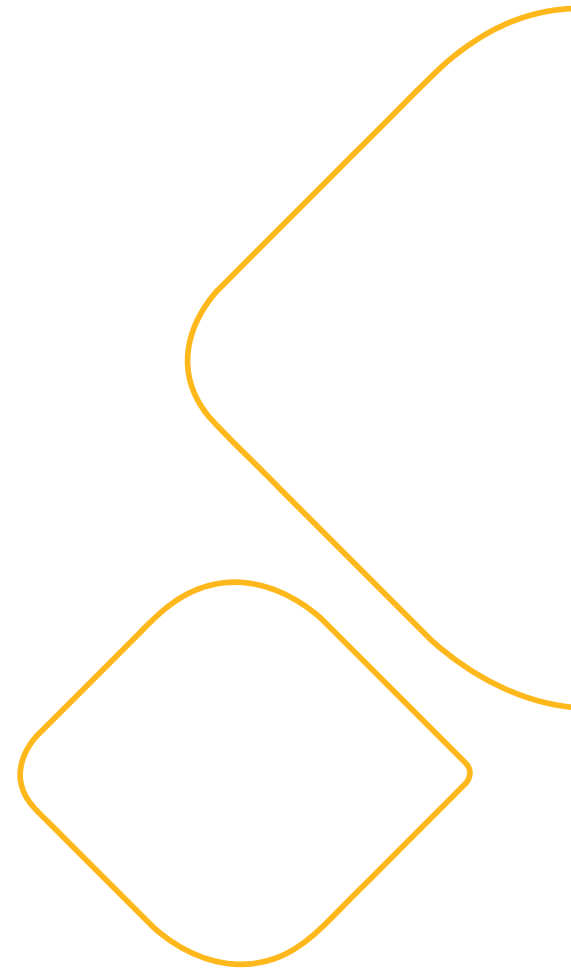
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Hospital at Home – What We Do

- 08:00 to 18:00, seven days a week
- Short-term intervention of 1–14 days.
- Daily input (visit) from multidisciplinary team
- Medical Consultant, providing specialist leadership
- Patients have “inpatient status”
- Hospital-level treatments (intravenous fluids, therapy, and oxygen) as well as medical, nursing and therapy input
- Communication with GPs – admission email and discharge summary

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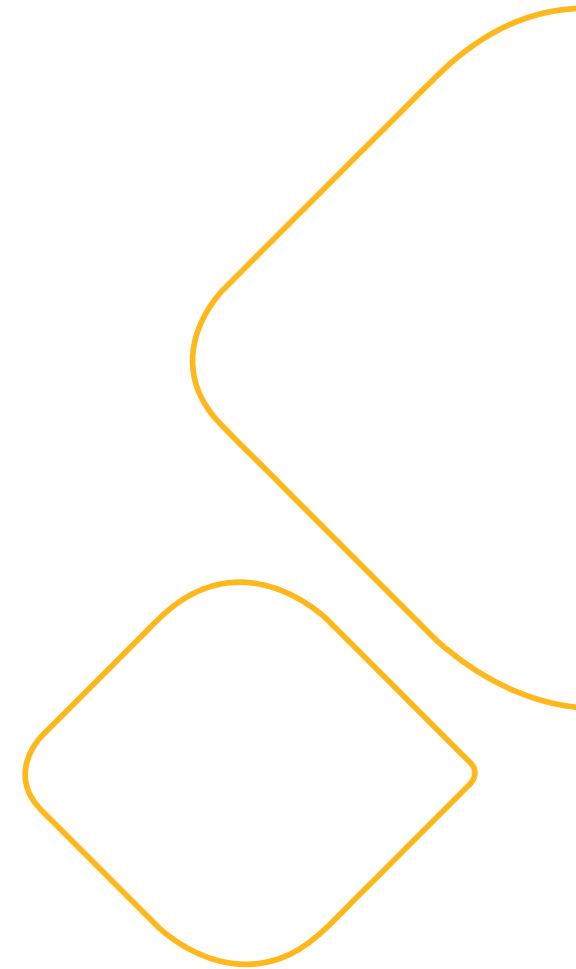


Steve's Story – RUH Hospital at Home

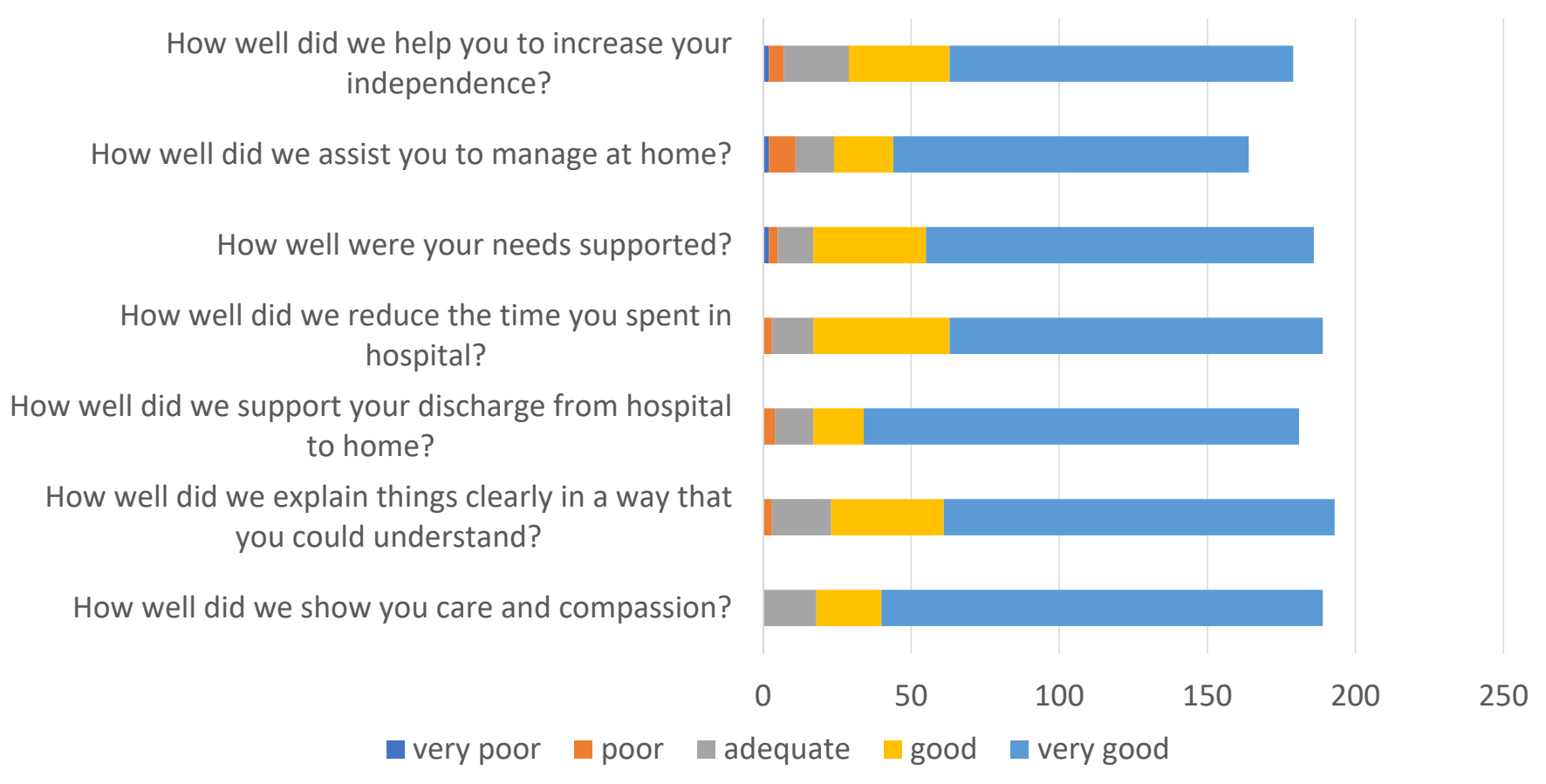


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<https://clipchamp.com/watch/u8bgktqHqy0>



Feedback – 100% would recommend the service



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Feedback – 100% would recommend the service

Do you have any other comments on areas we could improve or areas in which we have done well?

I DON'T THINK YOU COULD DO BETTER. WELL DONE

Do you have any other comments on areas we could improve or areas in which we have done well?

This is indeed an excellent initiative. There is no doubt that Hospital at Home has a significant role in hopefully freeing up beds as well as improving patient experience. The team of nurses and physiotherapists and doctors were first class - kind, helpful and efficient. Best wishes from

Do you have any other comments on areas we could improve or areas in which we have done well?

I think the Hospital at Home scheme is excellent and would like to thank you for the help you have given me and your efficiency - well done! I very much appreciate all your help.

Thankyou so very much for giving me the chance to recover - "At Home".
You have given me (us) a route forward that at times, seemed unlikely.
You are, all of you, very special and for that :-
Thankyou.

“ In hospital my wife’s Alzheimer’s was becoming more and more intrusive and without the normal stimulation she couldn’t do the things she was used to. She clearly didn’t need 24/7 medical care. We were really confident that at home she would quickly return to her routine and regular activities, like jigsaw puzzles or walking in the afternoon. But we needed regular monitoring of her condition and that is what was provided by the Hospital@Home team. ”

“ I have no words really, just my heartfelt thanks to you all. ”

“ Regular monitoring of my husband’s condition was provided by the Hospital at Home team and what was so remarkable and brilliant was that whoever came they were fully briefed and knew everything about my husband. The flexibility amongst the team to get different grades of clinician and various therapists – it was an array of first-class clinical help. ”

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Thank you for listening

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NHS Foundation Trust

Governor Report to Members

Peter McCowen, Lead Governor

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What do Governors do?

- Represent your interests and views and listen to your concerns
- Hold Non-Executive Directors to account for the performance of the Board of Directors
- Help to shape the way the RUH's services are delivered
- Keep you updated on the latest developments at the hospital
- Provide a direct link between the RUH and the community it serves
- Appoint and re-appoint the Chair and Non-Executive Directors



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What did we achieve in 2022/23?

- Appointed three new Non-Executive Directors to replace Jeremy Boss and Anna Mealings and enhance clinical representation within the group
- Observed Board of Directors meetings and sub Committees and held Non-Executive Directors to account
- Welcomed 2 re-elected and 7 newly elected Governors to the Council of Governors
- Reflected on the Trust's strategic plans and input member views into the business plan
- Broadened our understanding of discrimination in healthcare and Equality, Diversity and Inclusion at the Trust
- Monitored progress against the Quality Account Priorities
- Participated in the Ward Accreditation Programme

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What does the future hold?

- 8 newly elected and re-elected Governors will be joining the Council of Governors from 1st November
- We are relaunching our popular Caring for You events
- We will be looking to increase our outreach and engagement in the local community
- We will be inputting member views into the 2023/24 business plan

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How can you contact your Governors?



Telephone

01225 826288 / 821262



Email

RUHmembership@nhs.net



Post

Freepost RSLZ-GHKG-UKKL

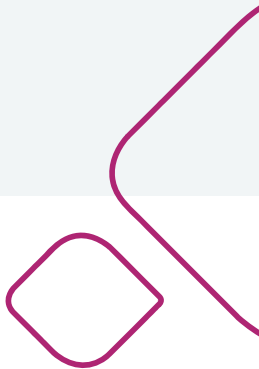
Membership Office

Royal United Hospital Bath NHS Trust

Combe Park

Bath

BA1 3NG

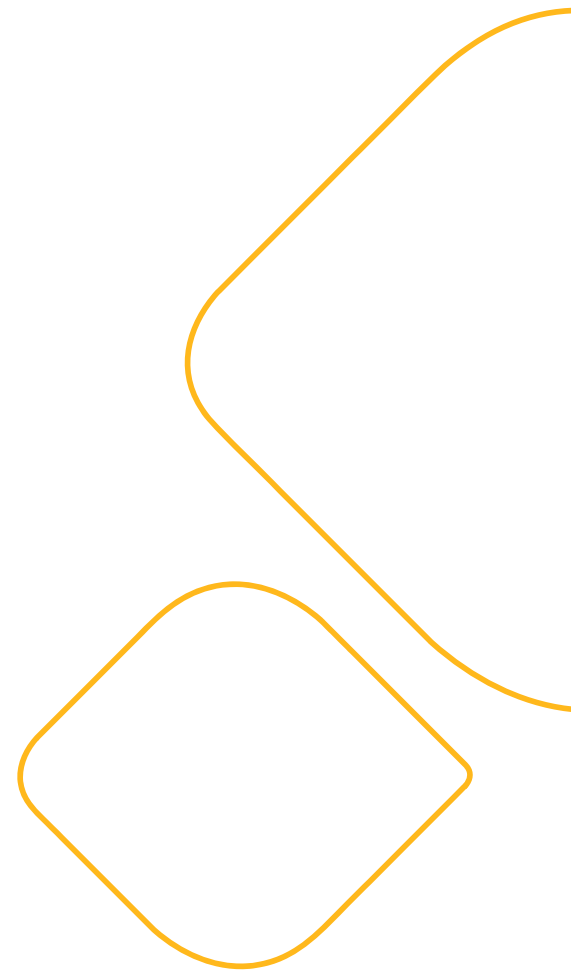


Your feedback

Your Governors are here to represent your views and interests and we need to hear what you think to make sure that the RUH meets the needs of the local community. Our question to you tonight is:

“ In our You Matter Strategy, we state our ambition to **create a community that promotes the wellbeing of our people**. How could we improve the information we give you to support you to manage your own health? We are interested in your thoughts about the general information we share with the community as well as the information that you receive individually, for example when you have a clinical appointment ”

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Questions to the Board of Directors

Alison Ryan
Chair

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Thank You

Alison Ryan
Chair

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