

RUH Annual General Meeting

30th September 2015



Agenda

| | | |
|-------|---|--|
| 17:45 | Welcome and Introduction | Brian Stables, Chairman |
| 17:50 | Financial Position of the Trust | Sarah Truelove, Deputy Chief Executive |
| 18:00 | Chief Executive's Report | James Scott, Chief Executive |
| 18:10 | The Quality Improvement Journey | Helen Blanchard, Director of Nursing and Midwifery & Dr Tim Craft Medical Director |
| 18:20 | Caring for You - Caring for Children in their time of need: two scenarios – surgery and fatigue | Esther Crawley, Paediatric Consultant Fiona Kelly, Consultant Anaesthetist |
| 18:40 | Questions and Answer Session | Brian Stables, Chairman |
| 18:50 | Governor report to Members and questions | Ian Bynoe, Lead Governor |
| 19:00 | Member and Governor Working groups | RUH Governors & Non-Executive Directors |
| 19:20 | Questions to Board of Directors | Brian Stables, Chairman |
| 19:30 | Summary & Close | |

Royal United Hospitals Bath



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Financial Position of the Trust 2014/15

Sarah Truelove, Deputy Chief Executive & Director of Finance

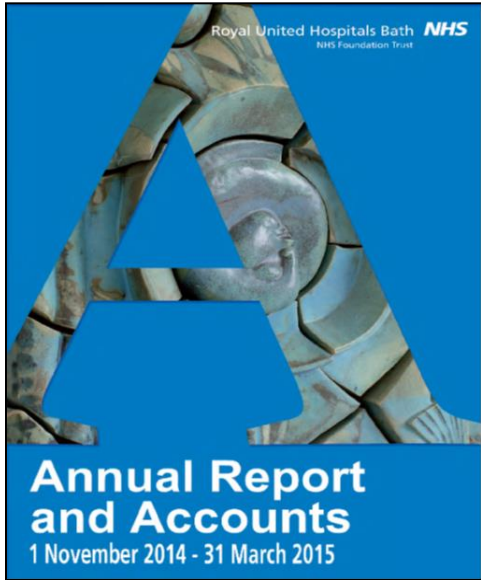


RUH acquired RNHRD

2 sets of Accounts consolidated



£2.1m surplus

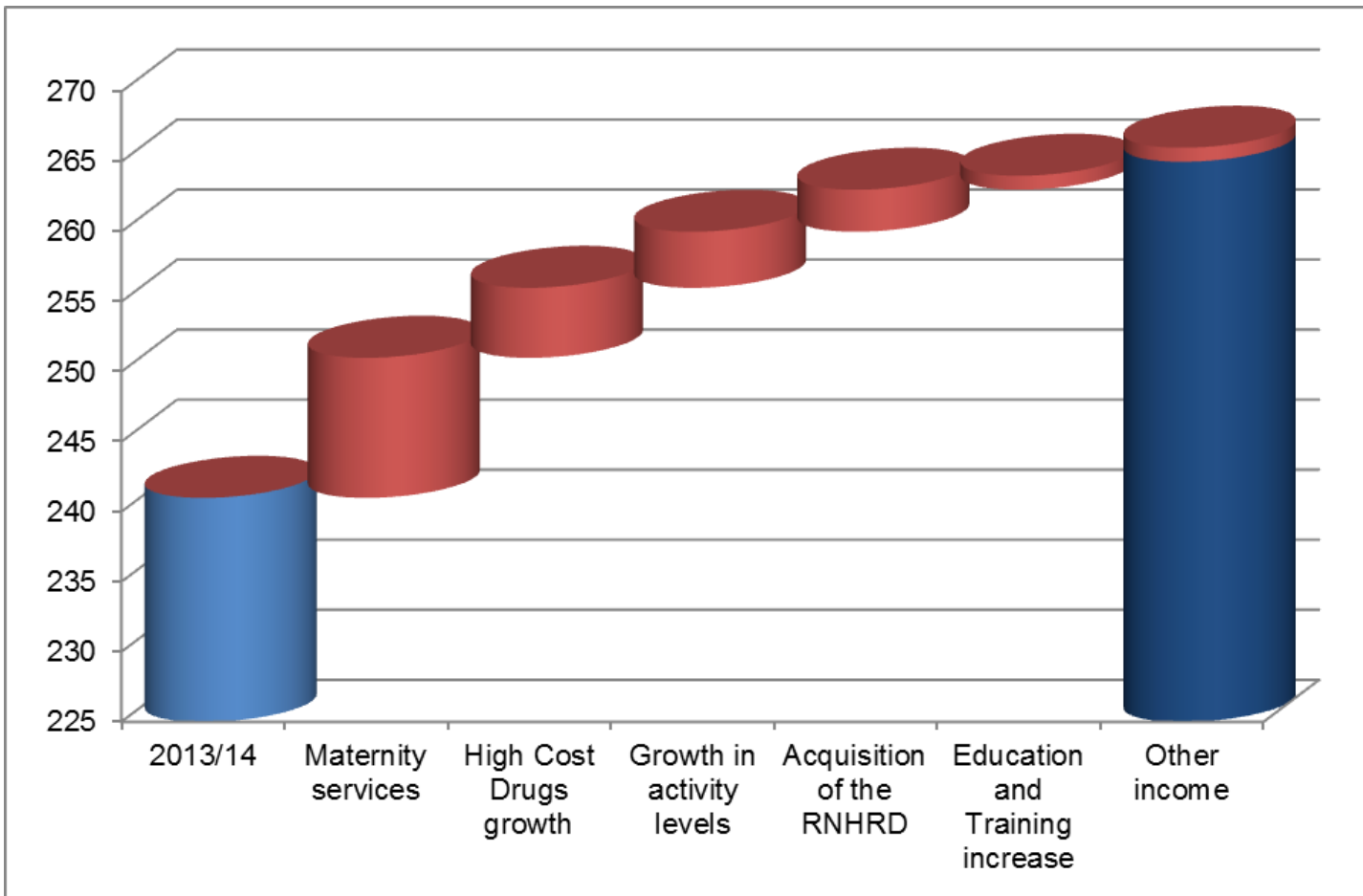


£0.4m deficit



£1.6m surplus
(Excluding technical items)

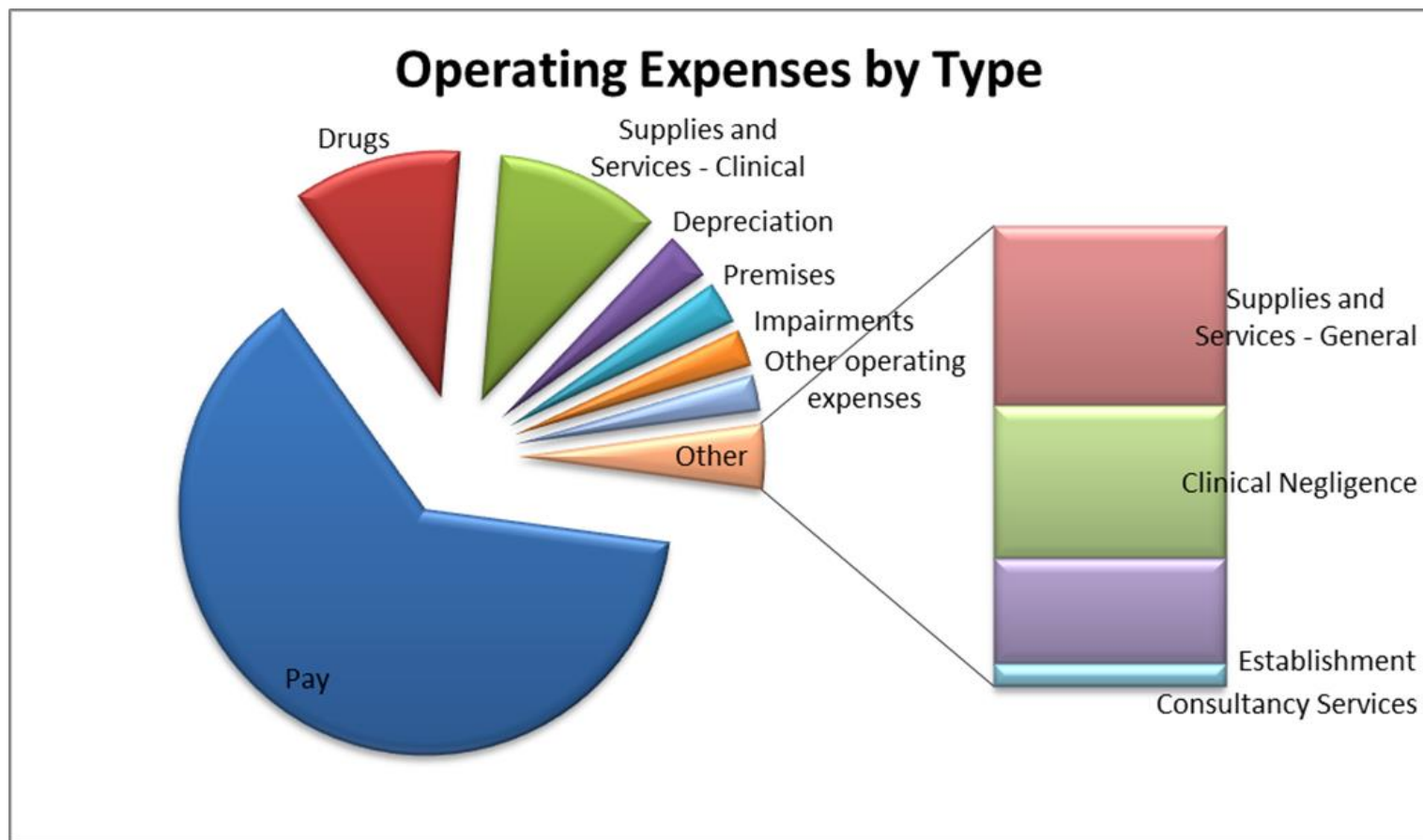
Key Changes- increase in income



RNHRD “Absorption Accounting” impact”

- Relates to the transfer of assets and liabilities between bodies and the Department of Health
- Did not impact on the “operating” surplus of the Foundation Trust
- RNHRD assets transferred within year resulting in exceptional gain for 2014/15
- Exceptional gain of £7m in 2014/15 accounts to recognise the balance sheet assets transfer from the RNHRD

What we spend our money on



2015/16 Financial Outlook

- Nationally anticipated to be the most challenging financial year in recent times
- Emergency pressures continue to rise
- Planned deficit of £0.9m excluding exceptional items
- Challenging £14m QIPP programme
- £30m planned Capital programme to improve facilities at RUH site and integrate RNHRD site services

Why we need to deliver



2014/15 Chief Executive's Report



Quality of Care: Our Continued Focus



Emergency Laparotomy – Clinical Research

- Urgent surgery for life-threatening conditions in the abdomen
- Research - RUH and 3 other hospitals
- Significant reduction in the risk of dying after emergency laparotomy (from 15% to 9.6%)
- Having proved that lives can be saved, the recommendations from the RUH are now being adopted across the whole NHS

Dementia Friendly Environment

- Open Visiting Times – allowing constant access to family
- Patient activity coordinator – reducing boredom and providing meaningful activities
- Proactive involvement of carers and relatives in patient journey

Key Corporate Milestones 2014/15



1st June – Maternity Services Tender Award

1st November – NHS Foundation Trust

1st February – Coming together with the RNHRD

Ongoing Challenges

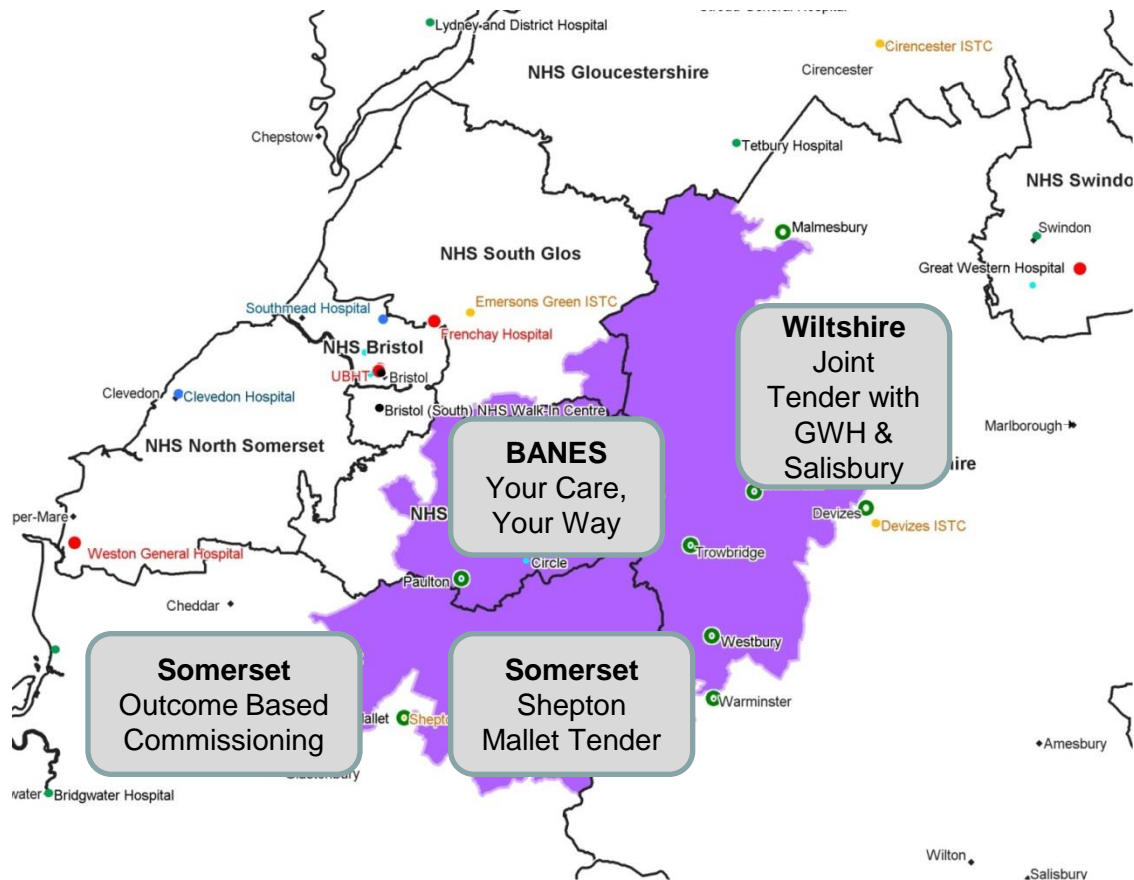
Nurse Staffing:

- Extra £3.1m investment
- Rotational posts
- Return to practice
- Assistant Practitioners
- Overseas recruitment

Delivery of 4 hour A&E target – 90.5%



Five Year Forward View



Relocating services from the Min



**Building a sustainable future together
for RNHRD services**



Why are we relocating RNHRD services?

- Bringing together the expertise of our clinical teams will benefit our patients further improving outcomes and patient experience
- Ensuring sustainable services for the future both operationally and financially
- Creation of a single research hub driving significant growth in research opportunities thereby increasing innovation and further developing clinical knowledge and skills

A careful and phased approach

- Endoscopy service successfully combined with service at RUH
- Time to start thinking about relocating other RNHRD services
- Phased approach to ensure services relocate in a safe and patient centred way



A careful and phased approach

- Appropriate engagement and consultation before individual service moves



***Our core aim to maximise patient benefit
and maintain high quality care***

Approximate timings for proposed relocations

| 2016/17 | 2017/18 |
|--|---|
| <ul style="list-style-type: none">• Paediatric CFS/ME service• Paediatric Rheumatology service <p>Consultation and engagement for the Paediatric services will launch in October 2015.</p> | <ul style="list-style-type: none">• Adult Fatigue Services• Rheumatology• Biologics• Orthopaedics• Dermatology• Therapies• Clinical Measurement• Pain Services |

We would like to hear your views

- There are a number of ways you can have your say:
 - We welcome your feedback at any stage ruh-tr.haveyoursay@nhs.net
 - Be part of the focus groups co-designing new facilities
 - Feedback on service specific proposals
- Further information and details about how to get involved are available at www.ruh.nhs.uk

Car Parking



Royal United Hospitals Bath



NHS Foundation Trust

Our Quality Journey - Quality Accounts priorities 2014/15

Dr Tim Craft, Medical Director

Helen Blanchard, Director of Nursing and Midwifery



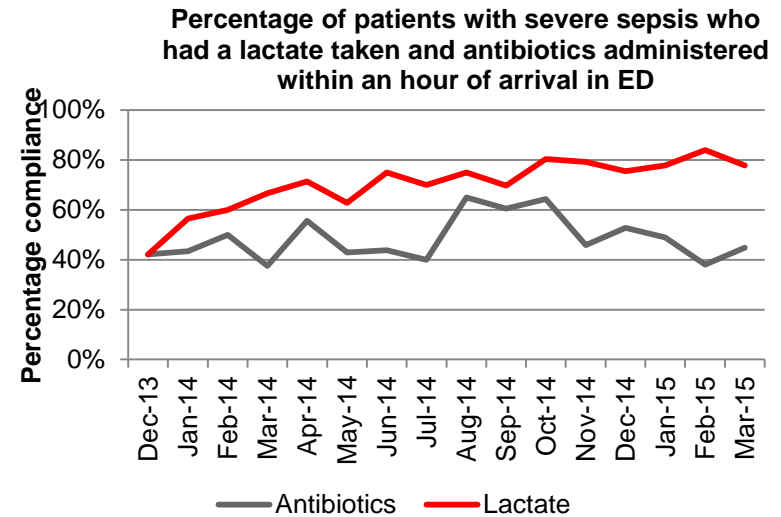
Improving the identification and treatment of Sepsis – our ambition

- Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.
- In the UK 37,000 people die from sepsis every year, more than from breast or bowel cancer.
- Raising awareness of signs and symptoms across all healthcare professionals and with the public to seek help early
- Increase identification of patients arriving in our Emergency Department with severe sepsis
- Improve the percentage of patients in whom lactate (specific blood test for identifying severe sepsis) is taken within an hour of arrival in the Emergency Department



What we achieved

- **100 more patients** with Sepsis each month between January – March 2015 compared to January – March 2014
- Faster recognition of severity of sepsis (lactate)
 - 2013 lactate < 1 hour in 40% patients
 - 2014 lactate < 1 hour in 70% of patients
 - April to August this year 80% of patients



- Improved the timeliness of antibiotics (within 1 hour of arrival in ED)

| | |
|-----------------------|------------------------------------|
| 2013 | 29% |
| 2014 | 51% |
| April - August 2015 | 61% |
| 2014 | 63% had antibiotics within 2 hours |
| April and August 2015 | 80% had antibiotics within 2 hours |

What we achieved

- Public awareness of sepsis - *Caring for You* event (November 2014)
- Over 700 staff received sepsis training over a 60-day period in 2014 – now embedded as part of our routine training programmes
- Patient story heard at Board of Directors and further learning developed



- Celebrated World Sepsis Day in September 2014 across the hospital

Improving the care of inpatients with Diabetes – our ambition

- 5% of the population but 20% of hospital inpatients
- Adopt a proactive approach to diabetes management, initially to wards with high numbers of patients with diabetes
- See more patients in their first 24 hr in hospital and agree a care plan with them
- Increase support and training for ward staff
- Reduce insulin errors, medication errors and hypoglycaemia prescription errors by 33% in all areas served by the Acute Diabetes Team
- Ensure all patients seen by the Acute Diabetes Team for hypoglycaemia and diabetic ketoacidosis are treated to national best practice standards

What we achieved

- We established a proactive team of specialist nurses that visit everyone with diabetes on a daily basis on wards with high numbers of diabetes patients. They also educate & support ward nurses and doctors to look after patients with diabetes

| Aim | Results after 6 months |
|--|---|
| Increase percentage of diabetes patients seen by the specialist team to 60-70% | 85% |
| Reduce hypoglycaemic episodes by 50% | 50% reduction achieved |
| Reduce medication errors by 50% | Achieved a 36% reduction |
| Reduce length of stay for patients with diabetes | Reduction of 1.9 days per patient on the target wards |
| Increase patient self administration of insulin | From 88 to 90% |
| Increase qualification for Best Practice Tariff | Achieved national Best Practice Tariff |

- In January 2015, the acute diabetes team (ADT) took the programme to a further 5 wards. Early indications show that within the first 2 months, the service delivered:
 - A 30% reduction in hypoglycaemic episodes
 - A 50% reduction in medication errors
 - An increase in the numbers of patients seen by the specialist diabetes team

Our ambition – to reduce Hospital Acquired Pressure Ulcers

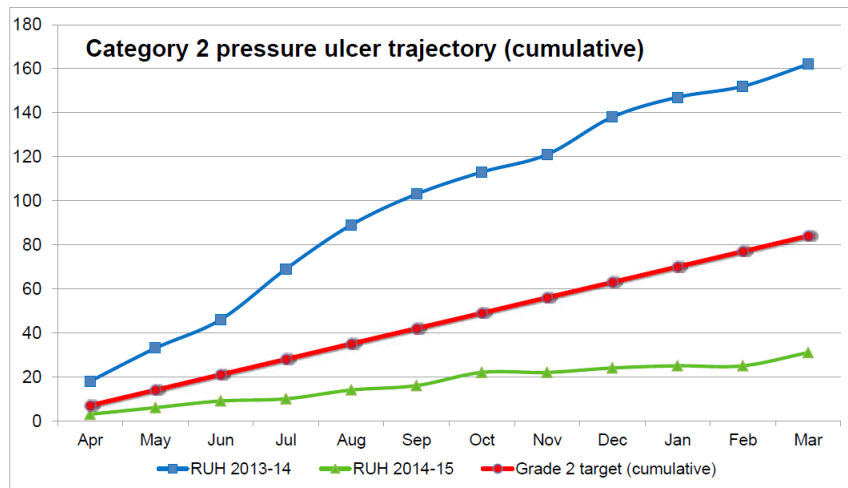
Most pressure ulcers are avoidable and their prevention is a critical part of providing holistic nursing care.

What we said we would do:

1. Eliminate all avoidable hospital acquired category 3 and 4 pressure ulcers
2. Reduce all avoidable category 2 hospital acquired pressure ulcers by 50%
3. Ensure 95% of all nurses and healthcare assistants are trained and competent in the steps for pressure ulcer prevention
4. Monitor all pressure ulcers (hospital acquired or present on admission)
5. Audit our records

What we achieved.....

- We had no hospital acquired category 4 pressure ulcers and 4 category 3.
- Reduced avoidable hospital acquired category 2 pressure ulcers by 82%



- 96% of our front line staff have been trained in what to do to prevent a pressure ulcers developing

What we achieved.....

- All pressure ulcers are reported on admission and our community partners are made aware
- 95% of our care records and the patients comfort record have been completed accurately
- We have used patient stories to help staff understand the impact on their lives ***‘See it My Way - living with a pressure ulcer’*** in November 2014

Be even more vigilant

Understand how long it takes for a pressure ulcer to heal

Listen and understand people's concerns and the impact it has on their lives

Keep up good practice of checking and moving patients

Listen more carefully to patients and carers

Learning from feedback – our ambition

- Improve the way in which we manage our complaints process
- Understand from those involved in a complaint, what matters to them
- To make the complaints process less formal and resolve concerns/worries more quickly
- To reduce the number of complaints that were 're-opened'
- To recognise the emotions and stress for staff involved in a complaint
- Ensure that we made improvements in care and services following patient feedback

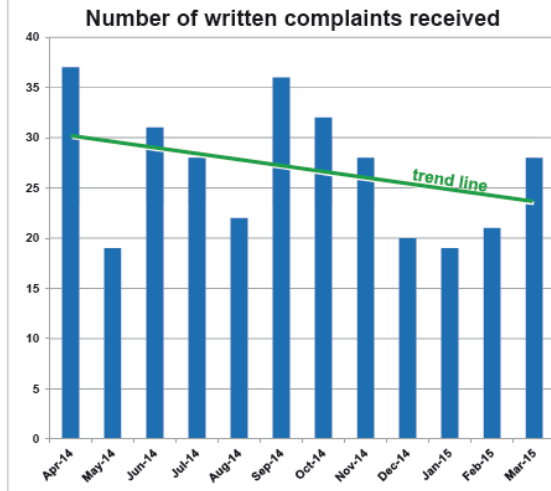
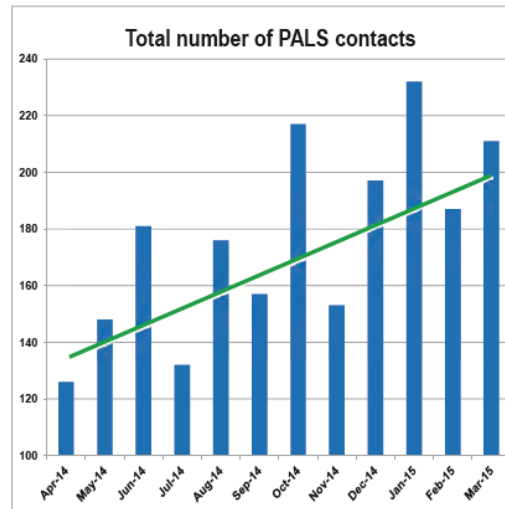
Learning from feedback – what we achieved

- In April 2014, we held a **workshop with patients and carers** who had been involved in a complaint
- Set up **training courses** for staff involved in the complaints process
- Created a play with a local arts company ***‘See it My Way – the different perspectives of a complaint’***
- **75% of staff said that it had increased their knowledge and understanding**
- **85% of staff said that the session had changed the way that they would work with people who have had reason to complain**



Learning from feedback – what we achieved

- The number of written complaints has reduced from 385 in 2013/14 to 310 in 2014/15
- The number of complaints reopened also reduced from 31 in 2013/14 to 15 in 2014/15



Preparing a Child for an Operation at the RUH

Dr Fiona Kelly - Consultant Anaesthetist



Paediatric Anaesthesia at the RUH

- 1300 children per year
- Existing measures in Bath to reduce anxiety
 - Children
 - Parents
- New RUH paediatric anaesthesia film



Existing Measures in Bath to Reduce Anxiety

Preoperative visit by anaesthetist

- Good preoperative preparation
 - proven to minimise distress
- All children are seen by
 - Ward nurses
 - Anaesthetist
 - Surgeon
 - Play specialist



Play specialists



Ernie



Team of paediatric nurses



iPads for Distraction in the Anaesthetic Room



Bandages on the toys' arms too...



Often the smallest things help the most...



National Guidance

The Royal College of Anaesthetists
Educating, Training and Setting Standards in Anaesthesia, Critical Care and Pain Medicine

Search

Home › For Patients and Relatives › Information for Children and Parents

- Patients and Relatives Overview
- Who are Anaesthetists?
- Information about Anaesthesia
- Information for Children and Parents**
 - Young Person's Web Guide
- Commercial Printing of our Leaflets
- Making Anaesthesia Safer
- Common Concerns and FAQs
- Complaints about your Doctor or treatment
- The Lay Committee (LC)
- Patient information Publications

Information for Children and Parents

The information materials on this page are for children and young people. Whatever the reason you are visiting these pages, we hope that you will find something interesting and that you enjoy reading.

RCoA information materials for children and young people

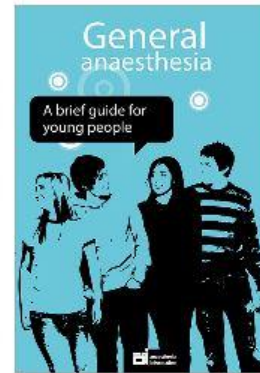
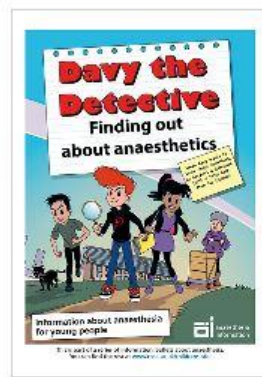
The leaflets below have been created especially for young people. Hundreds of young people and children from the age of 4 upwards have helped a team of parents, play specialists, nurses and doctors write the leaflets. There are three leaflets, all in different styles, and also an online web guide which is a more detailed guide for teenagers and young adults. Choose the one that appeals to you – or read them all if you want to! There are several versions so that you can either read them online or print them off to look at later.

- Rees Bear has an anaesthetic
- Davy the Detective
- General anaesthesia

Royal College of Anaesthetists' booklets

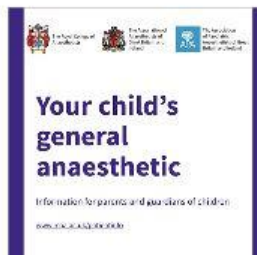
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RCoA information for parents and carers of children having an anaesthetic

The below is a useful leaflet for parents and can help you understand what to expect and what choices you may be able to make together.



RUH Paediatric Anaesthesia Film


- Two paediatric anaesthesia films
 - < 8 years
 - > 8 years
- Filmed at RUH with RUH staff
- Aim to reduce anxiety
 - Children
 - Parents





- Link to film on RUH website
 - Admission letter to parents
- Shown on DVD on paediatric ward
 - On day of surgery by play specialists



Royal United Hospital Bath 
NHS Trust



Royal United Hospital
Combe Park
Bath
BA1 3NG

Parent or Guardian of [REDACTED]

9am - 4pm Monday - Friday
01225 821821 Option 2

22 JAN 2014

Dear Parent or Guardian of [REDACTED]

The following admission has been booked for your child.

Admission Date: 26 FEB 2014
Admission Day: Wednesday
Admission time: 07:30
Ward: Childrens Centre - B15
Consultant: Andrew McBride
Specialty: Trauma and Orthopaedics

Please contact the number at the top of the page if you cannot accept or are unable to attend the above date.

On arrival to the hospital please report to the above ward and do not bring any unnecessary valuables.

If your child develops a cold or other illness between now and the admission date, please contact your GP for advice.

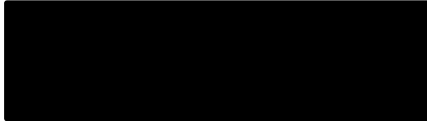
The Department of Anaesthesia has produced a short film to help prepare children and their parents for an upcoming operation. It shows what to expect from the time of admission right through until discharge from hospital. It only takes 3 minutes to watch and we are sure you will find it useful. If you have any questions please ask the doctor, nurse or play specialist when you come to the Children's Ward. The film can be found at www.ruh.nhs.uk/filmsforchildren If you do not have access to the internet, please contact the Department of Anaesthesia on 01225-825057 for a copy of the DVD

Medication

Please bring all the medications that your child is currently taking with you to this appointment. All medicines will be returned to you.



Royal United Hospital Bath 
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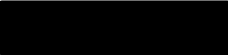


Royal United Hospital
Combe Park
Bath
BA1 3NG



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Patients & Visitors

[Our Services](#)[Emergency Department / A&E](#)[Urgent Care Centre](#)[Advice & Support](#)[Complaints & Compliments](#)[Out of Hours Healthcare](#)[NHS Constitution](#)[Protecting your Information](#)[Research & Development](#)[Getting Involved](#)[Help us improve](#)[Useful Links](#)

Paediatric Department

- ▶ [About us](#)
- ▶ [Patient Information & Links](#)
- ▶ [Films for children](#)
- ▶ [Consultant & Contact Information](#)
- ▶ [Clinics](#)

Films for children

A guide through the anaesthetic process

Coming into hospital for surgery is often a daunting prospect for our patients and perhaps especially so for parents and younger children.

To help alleviate some of this stress, Senior Registrar Beccy Leslie and Consultant Anaesthetists Rowan Hardy, Fiona Kelly, and Paul Hersch have worked with a video production company to produce two films to help guide children and parents through part of that process.

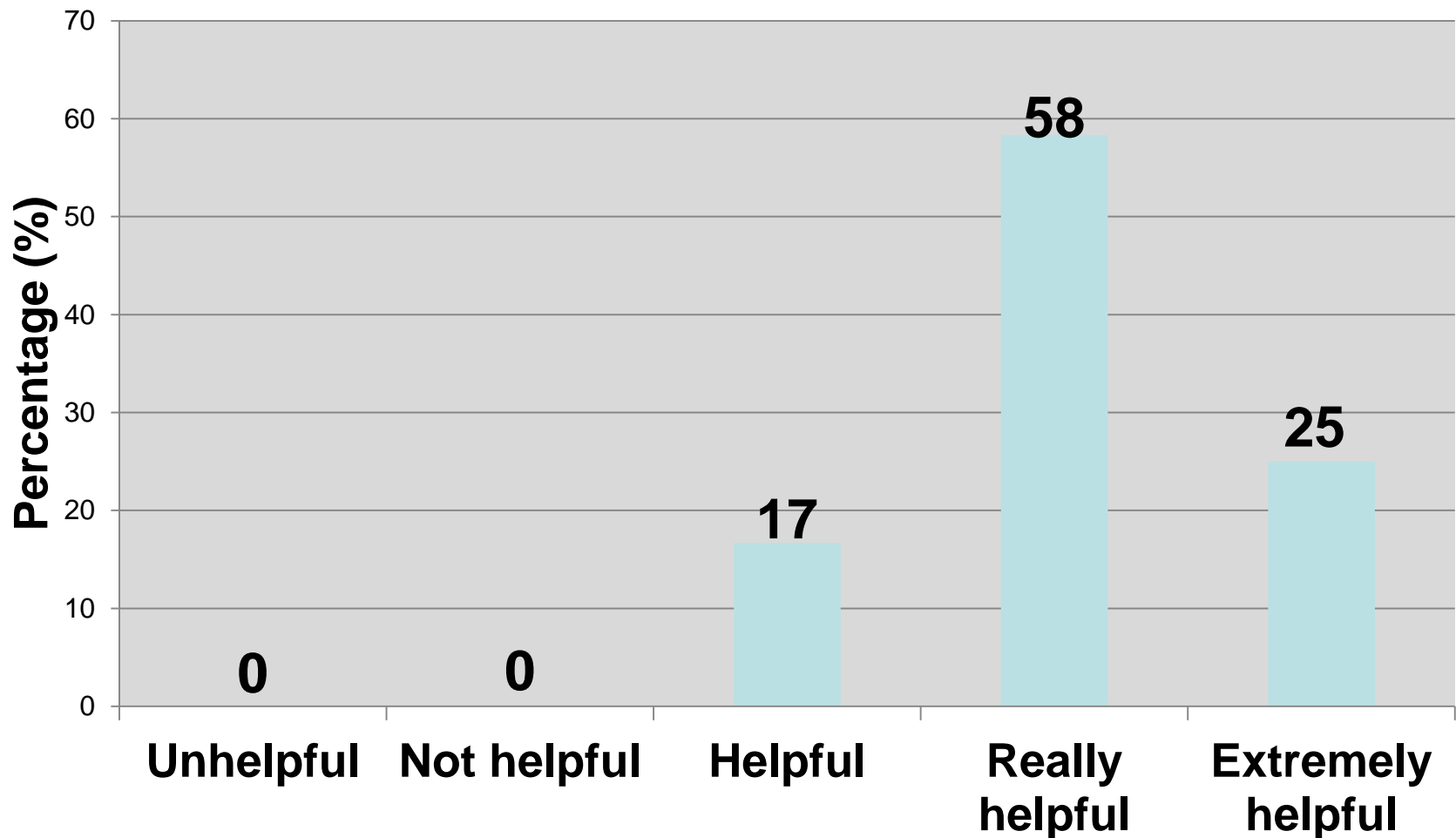
For 8 years and over



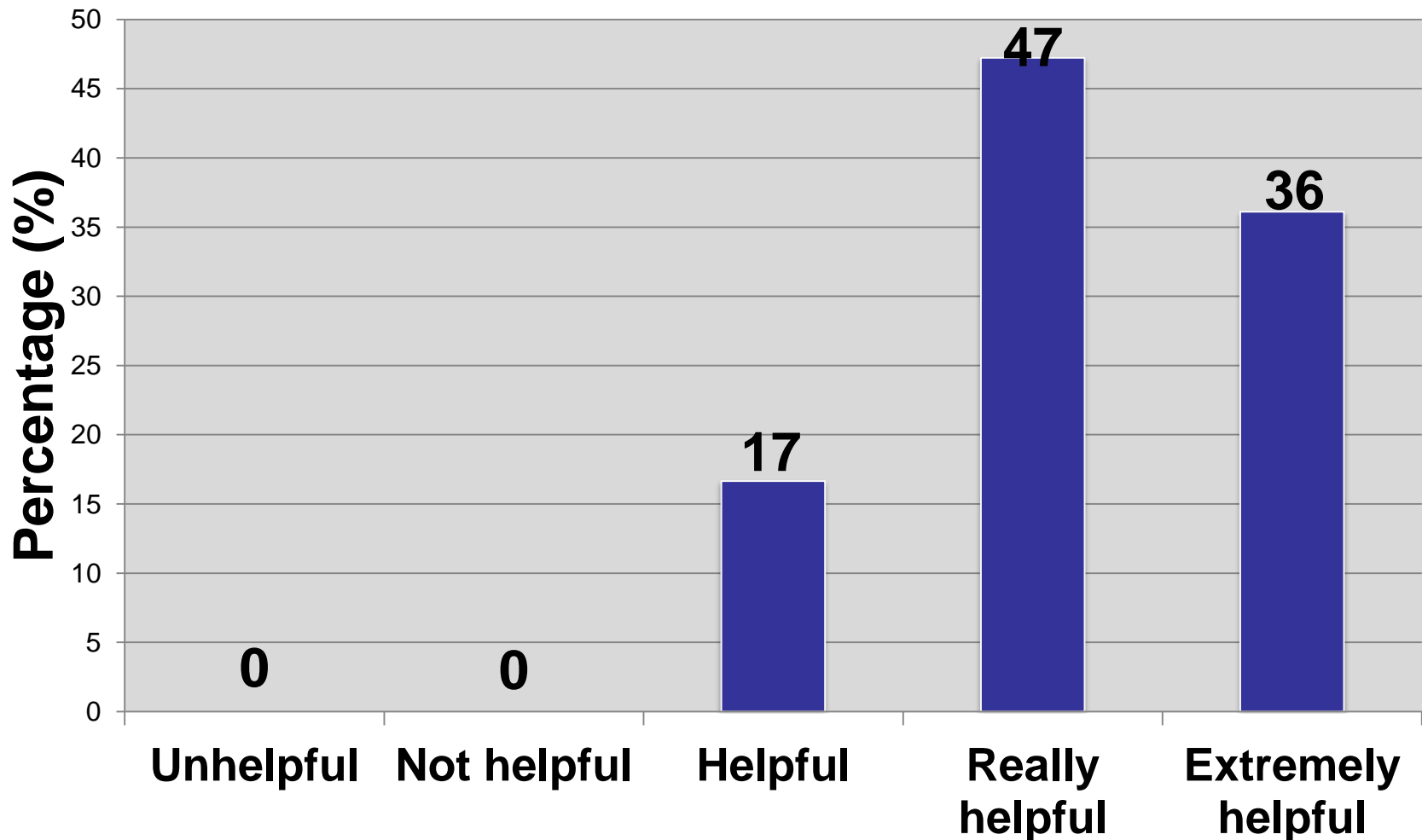
For under 8s



What did your *child* think about the film?



As a Parent, what did *you* think of the film?



- Film helped us to know what to expect
 - 100% of children and parents
- Film made their children more relaxed
 - 100% of parents
- 100% would recommend it to friends

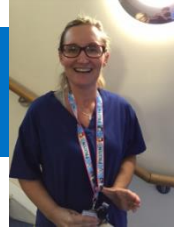
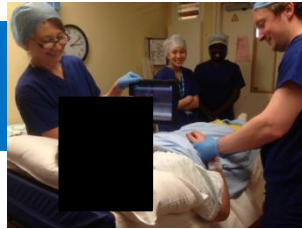
National and regional impact

- Royal College of Anaesthetists
 - RUH film recommended to all UK departments
- Southwest anaesthetic society
 - Winner trainee prize 2014
- UK Association of Paediatric Anaesthetists
 - Presentation at national congress 2013



Here is our film....

http://www.ruh.nhs.uk/patients/services/clinical_depts/paediatrics/videos.asp?menu_id=1

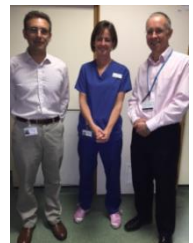


Thank you!

RUH League of Friends

Paediatric anaesthesia team

Dr Beccy Leslie, anaesthetic registrar



Any questions?

fionakelly1@nhs.net





Royal United Hospitals Bath



NHS Foundation Trust

Paediatric Chronic Fatigue Syndrome

Esther Crawley - Paediatric Consultant



What is it?

- *“persistent or debilitating fatigue that is not lifelong, the result of ongoing exertion, alleviated by rest, explained by other conditions and that results in a substantial reduction in activity”*
- Children 3 months
- Additional symptoms (1-4 depending on definition)



Fukuda 1994, Reeves 2004, NICE 2007

| Symptom | Paediatric (N=866) | Adult (N=861) |
|-------------------------|--------------------|---------------|
| Post-exertional malaise | 97.5% | 96.6% |
| Cognitive dysfunction | 80.6% | 96.3% |
| Sleep disturbance | 94.8% | 95.2% |
| Muscle pain | 74.8% | 87.9% |
| Joint pain | 61.6% | 73.3% |
| General malaise | 72.9% | 72.3% |
| Headaches | 79.8% | 67.8% |
| Sore throat | 61.2% | 47.9% |
| Dizziness | 65.7% | 46.0% |
| Painful lymph nodes | 44.9% | 38.0% |
| Nausea | 61.1% | 36.2% |
| Palpitations | 31.3% | 26.7% |

Is it important?

- Its common:
 - 2.4% disabling fatigue (3 months)
 - 1.3 % disabling fatigue (6 months)
 - 1% miss \geq one day/week with CFS/ME
 - 0.09% unable to attend school at all
- It's disabling:
 - Mean time at school - 2 days per week
 - 50% will be bed bound at some stage

Its devastating for families

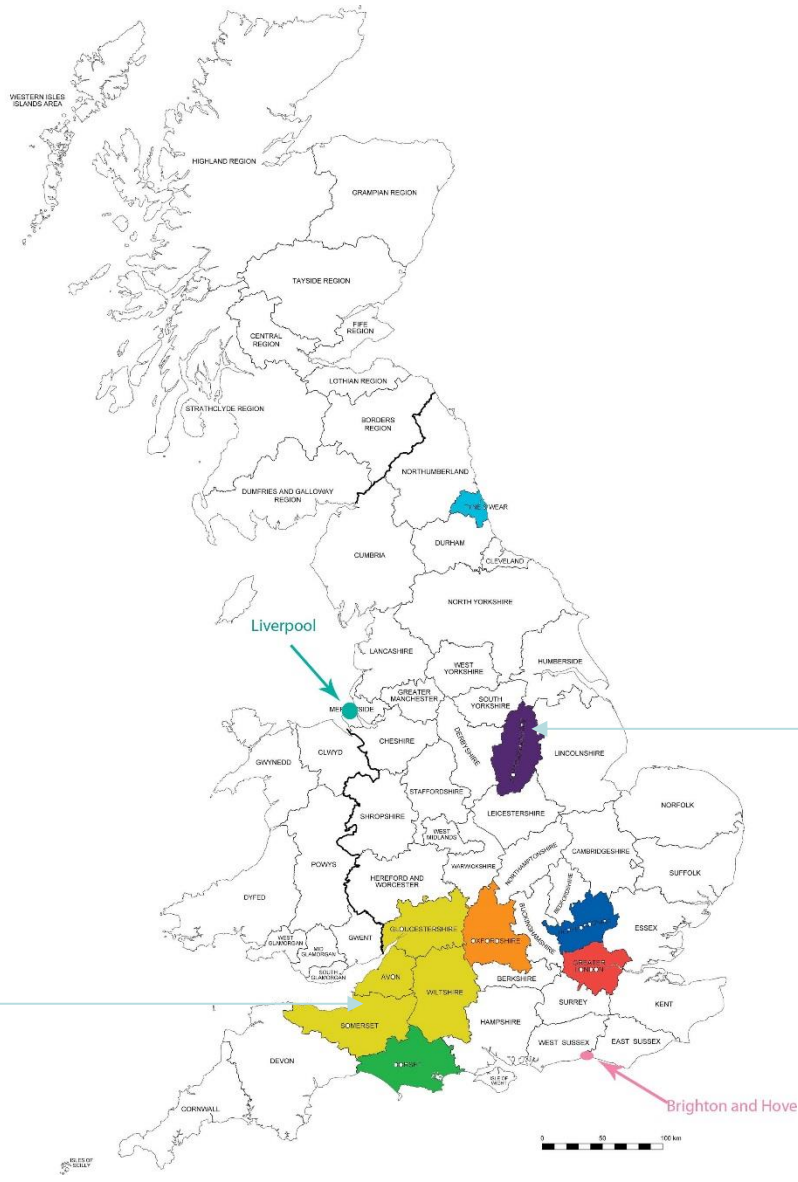
- 30% of children develop problems with anxiety or depression
- Mothers stop working
- Siblings suffer
- Families struggle with the diagnoses, uncertainty and stigma

Their Voice

- *Mother: "it was quite frightening times, yeah, because I didn't know really what was happening, she was, you know, getting worse, she was deteriorating, she was (sigh) struggling to eat, um, you know sometimes, you know, speak, and I was thinking 'I don't know what to do'"*
- "It's quite hard because my mum is on unpaid leave, so we don't have much money. So I feel a bit annoyed, 'cause my sisters had to stop swimming and piano 'cause it costs too much, and I feel a bit guilty for that, because they cannot learn that because of me."
- I used to want to be basketball player...its not looking too good now
- "Cause when I am well, I am really energetic and sporty, and outgoing, but at the moment I feel as if I have changed, because I've not been as well, I feel like I have changed as a person, and I am not as energetic and outgoing and stuff... which has been quite hard to get my head around, 'cause I don't really understand what I have kind of turned into..."

Is it worth treating?

- For those that access specialist services: 63% full recovery 6 months
- Compared to 8% with no specialist service



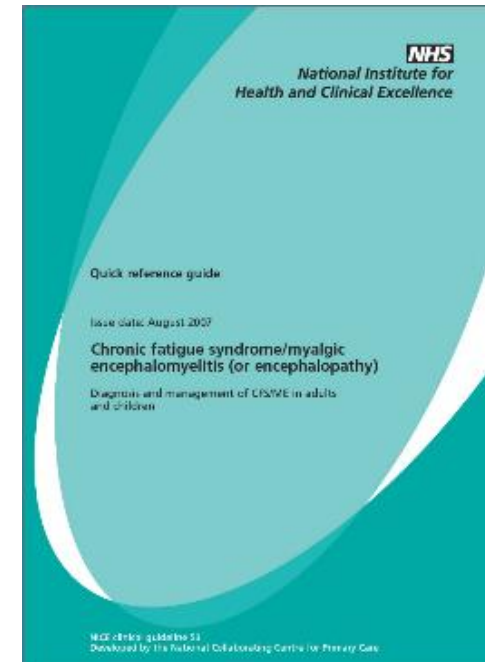
RUH Macclesfield Satellite

RUH Bath/Bristol

What do we offer? [NICE 2007]

- General advice:
 - Sleep Management
 - Symptoms

- Treatments:
 - Activity Management
 - Cognitive Behavioural Therapy
 - Graded Exercise Therapy



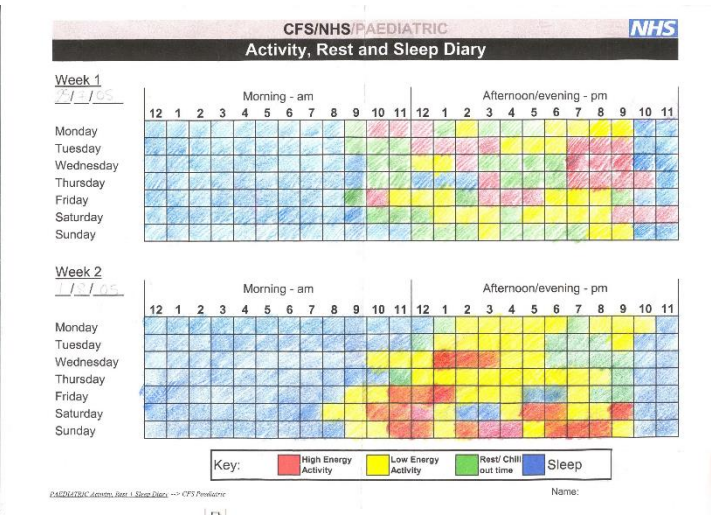
Some facts and figures

- We assess 450-500 new patients/year
- 10 times larger than the 2nd largest service
- Local provider: Wiltshire, Somerset & Gloucester
- UK provider if no local service
- 42% contribution

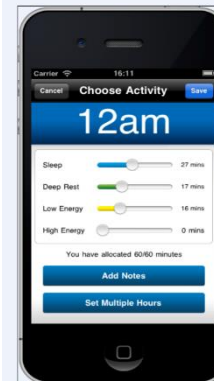
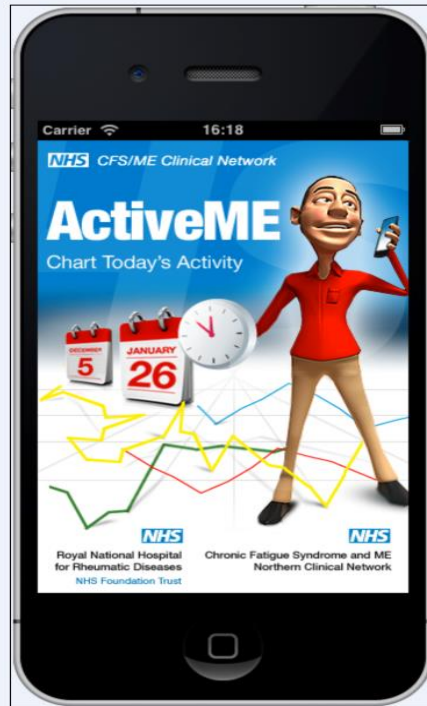
What innovation?

- Developed treatment for children
- Only provider domiciliary services
- Developed satellite model
- Research intensive
 - MAGENTA
 - FITNET-NHS

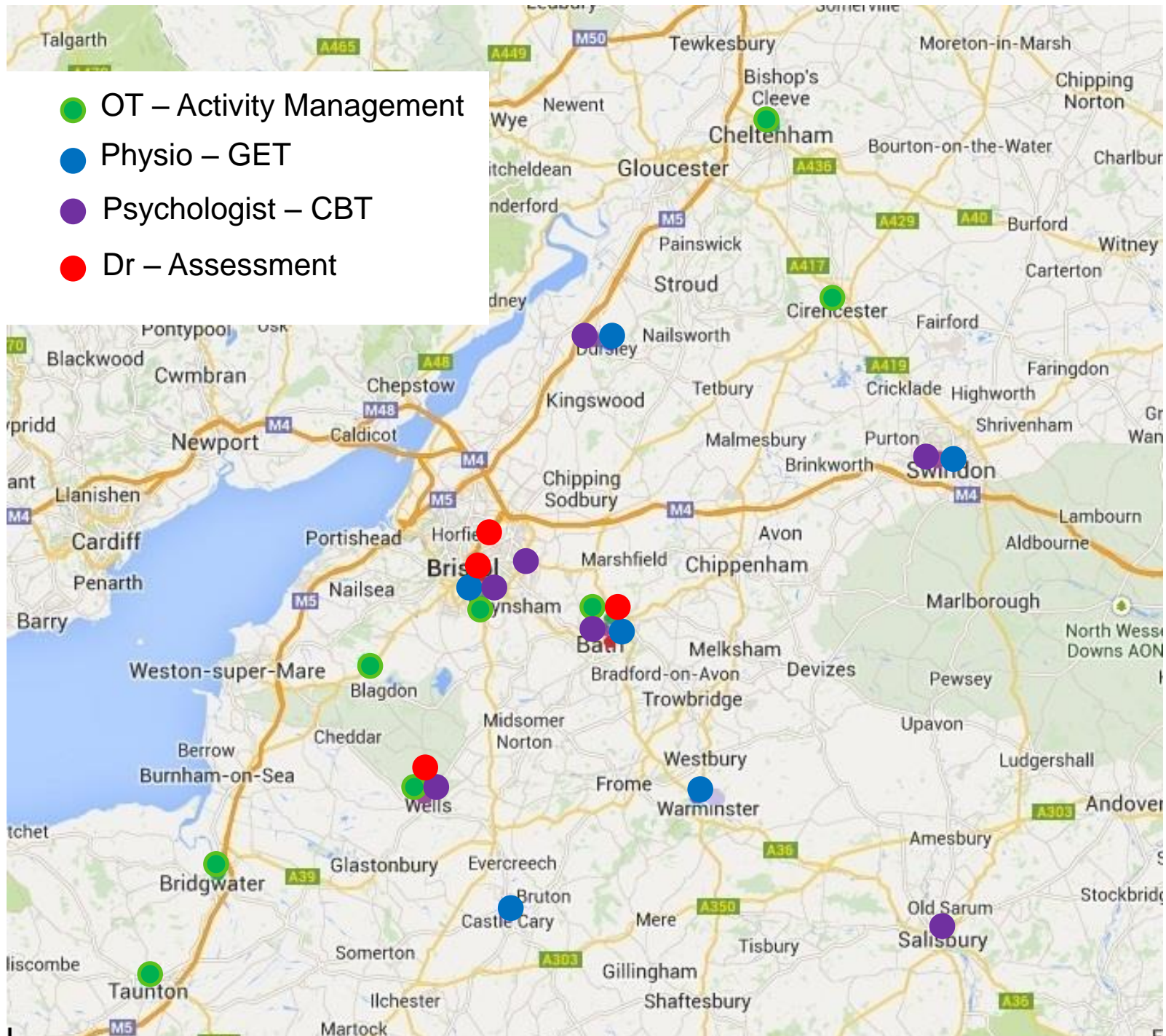
Innovative approaches



iPhone App



- OT – Activity Management
- Physio – GET
- Psychologist – CBT
- Dr – Assessment



Research

- Every child with CFS/ME should have the opportunity to take part in research
- >3.6 million research funding 6 years
- Current Research:
 - MAGENTA trial (multicentre RCT)
 - Internet use in teenagers
 - Development of an Outcome measure
 - Treatment of severely affected

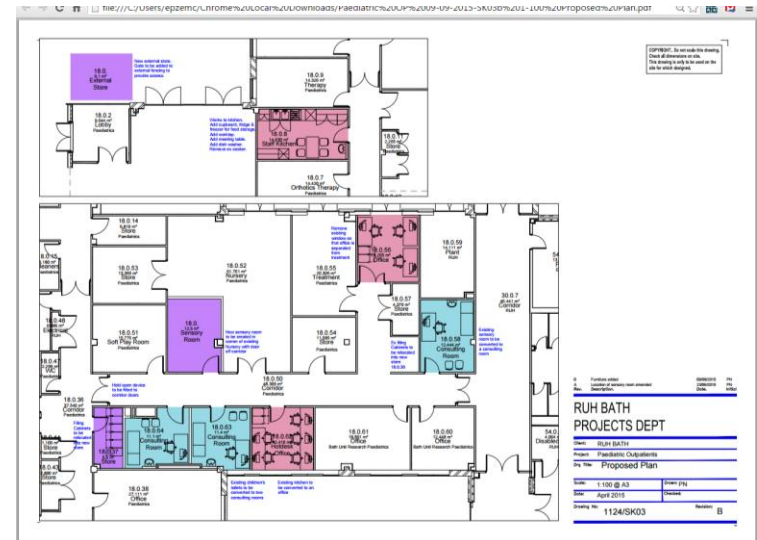
Research 2016

- UK BPSU surveillance study
- FITNET-NHS
 - Test the effectiveness and cost-effectiveness of internet based CBT throughout the UK

Vision: Effective and Cost effective treatment should be available to all children with CFS/ME in the UK

The move

- Only affects RNHRD clinics
- Clinic rooms safe & child friendly
- Improved parking
- Team together
- Better access to paediatric services





Royal United Hospitals Bath
NHS Foundation Trust



NHS
National Institute for
Health Research



Any Questions?

Brian Stables,

Chairman

Royal United Hospitals Bath



NHS Foundation Trust

Lead Governor's Report to Members 2014 - 2015

Ian Bynoe, Lead Governor



How we have worked:

- Council of Governor meetings in public
- Specialist Governor Working Groups
- Attendance at Board of Director meetings
- Presence at the Trust's Patient and Carer Experience Group as well as Trust Audit Committee
- Annual planning and review meetings
- Constituency meetings, surveys and other contacts

Key themes during the year:

- Trust performance against emergency care and referral to treatment standards
- Trust's risk rating by Monitor and Care Quality Commission (its regulators)
- Quality Accounts priorities
- Acquisition of Royal National Hospital for Rheumatic Diseases (RNHRD)
- Estate developments on the Combe Park site

Key decisions during 2014-2015:

- Approving Trust acquisition of RNHRD after systematic review of plans and process
- Agreeing member feedback procedure
- Developing the Membership Development Strategy
- Involved in the development of the Trust's Strategic Plan

Elections 2014/15

- Successful elections were held in line with the Trust's election rules for the following:
 - 1 Staff Governor seat
 - Phill Lunt successfully elected
 - 1 seat in the North Wiltshire Constituency
 - Chris Callow successfully elected
- We also welcomed the following new Stakeholder Governors:
 - Christine Reid, Stakeholder Governor for Wiltshire CCG
 - Cllr Vic Pritchard, Stakeholder Governor for BaNES Council

What in 2015-16?

- Further recruitment of public Members
- Improved monitoring of Board of Director meetings
- Increasing and developing constituency contacts

Member feedback or queries on reports to:

The Membership Office can be contacted via the following methods:



01225 82 62 88



RUHmembership@nhs.net



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

Changes to the Trust's Constitution

Changes to NHS Foundation Trusts' Constitutions need to be approved by both the Board of Directors and by the Council of Governors.

Constitutional Changes also need to be ratified at the next Annual Members' Meeting.

The Annual Members' Meeting is requested to ratify the following Constitutional Changes:

Changes to the Constitution for Ratification

The Board of Directors and the Council of Governors approved the following changes to the Constitution in November 2014:

- The Trust agreed to adopt Monitor's (the Regulator) new rules for public and staff governor elections which allow for the use of e-voting technology in addition to postal voting.
- The Trust agreed to amend the Constitution by deleting a section on the nominations process for Non-Executive Directors on the basis that the nominations process of Non-Executive Directors was set out in detail in the terms of reference of the Council of Governors' Nominations and Remuneration Committee.

Changes to the Constitution for Ratification

The Board of Directors and the Council of Governors approved the following changes to the Constitution in December 2014 to come into effect upon the acquisition of the RNHRD on 1 February 2015:

- The sections on public membership and staff constituencies to include the RNHRD members.
- A new section was added – “Effect of the Acquisition - On the Acquisition Date all assets and liabilities of RNHRD (save for criminal liabilities) shall transfer by operation of statute and the RNHRD Acquisition to the Trust.”

Any Questions?

A few copies of a paper setting out the constitutional changes in full are available on your tables.

The full Constitution is available on the Trust's website at: www.ruh.nhs.uk

Member and Governor Working Groups

- What do you think the priorities should be for the RUH during the coming year, especially with regard to patient care?
- What **one** thing would you like the RUH to do differently to improve patient experience?

Any Questions?

Brian Stables,

Chairman

Summary & Close

Brian Stables,
Chairman