



YEAR IN  
REVIEW  
2016/17

Royal United Hospital Bath NHS  
Lance Jukes  
Staff Nurse

WELCOME



Patients are  
at the heart  
of everything  
we do.

# Welcome to our Year in Review 2016/17 for the Royal United Hospitals Bath NHS Foundation Trust.



The following pages provide a snapshot of our achievements over the past financial year – and by ‘our’ we mean all staff throughout the organisation, whether on the frontline providing care or working behind the scenes to keep our Trust functioning day and night; all playing a vital role in ensuring the RUH continues to provide high quality care and the best possible experience for those who use our services.

We are proud of the progress made against our 2016/17 priorities – which you can read more about on pages 4-7. Safety is at the heart of everything we do and, with the express aim of continuously improving, four new priorities have been set for 2017/18 with work already underway towards achieving our goals (see pages 22-24).

The Year in Review is also a chance to outline some of the challenges we faced over the last financial year. Like many other acute Trusts, we have experienced unprecedented pressures on our Emergency Department attributable to the complex combination of increasing admissions, challenges across our wider health and care system and the growing demands of an ageing population.

Against this backdrop, however, 95% of patients attending our A&E were assessed within eight minutes, and we remain one of the top performing Trusts in the region in ensuring a swift patient handover between ambulance and A&E staff; meaning ambulance crews are quickly freed up to respond to 999 calls.

In August 2016, we were delighted to learn that, following both routine and unannounced inspections in March, the Care Quality Commission (CQC) rated overall care at the RUH as ‘Outstanding’. We recognise however that there is still more to do in our aspiration to achieve the

same outstanding rating across all five of the inspection domains (see page 24).

Work continues on delivering our ambitious estates redevelopment programme to ensure our Trust is ‘Fit for the Future’ (see page 24). The new Forbes Fraser pharmacy was operational from February 2017 – significantly improving working conditions for staff and creating more appropriate storage, preparation and distribution of medicines. Our highly-anticipated public car park opened in September 2016, creating over 300 new spaces. We have been listening to visitors and patients experiences of using the new system and have been working with parking management company ParkingEye to make a number of improvements. Looking ahead, we continue to work together with patients, carers and stakeholders on the design of our new RNHRD & Therapies Centre and the Dyson Cancer Centre.

We welcome your views on all aspects of our work – so please do get in touch with your comments, suggestions and feedback. You can contact our Membership Office by emailing [ruhmembership@nhs.net](mailto:ruhmembership@nhs.net) or by calling 01225 821262.

For a comprehensive overview of the Trust’s work and performance for the year 2016/17 our Annual Report and Quality Accounts are available to view on our website [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

## OUR PATIENTS

What our Pets as Therapy dogs bring out in patients is truly remarkable: from prompting a patient to speak following her stroke, to transporting a patient with dementia back in time to remembering his beloved first pet.



# All about our patients

## Improving Safety & Patient Experience

Each year we identify four Quality Priorities aimed at improving safety and patient experience at the Trust. For each priority, specific indicators show what the Trust aims to achieve and how progress will be measured. Here we take a summarised look at our performance against the four priorities for 2016/17 and how the work has been helping to improve outcomes for patients.

### **Priority 1: Continue to reduce the occurrence of Acute Kidney Injury (AKI)**

Acute Kidney Injury (AKI) is a sudden reduction in a person's kidney function. Between April 2016 and March 2017 the RUH had an average of 64 patients per week with an AKI, with 40% developing the AKI whilst in hospital. Our aim for 2016/2017 was to continue to improve early detection of AKI and prevent any further decrease in kidney function.

Training continued using the care bundle methodology developed in 2015/16 and regular weekly- training via the Trust's Core Skills Programme has been introduced. To date, over 1000 staff have received training. In addition to this, we have developed a new AKI/ Sepsis Simulation programme which uses typical patient scenarios and this has been very positively received by staff. Overall, our improvement work has supported a 16% decrease in AKI acquired as an inpatient since July 2016.

We have been working closely with our partners in Primary Care to support a consistent health system approach to

the identification and management of AKI. By embedding an electronic alert into our discharge summary, communication with GPs about patients who have had an AKI during their stay at the RUH has also been further improved.

### **Priority 2: Improve the outcomes for stroke patients**

Our Acute Stroke team has strengthened its working arrangements with other hospital teams to ensure patients requiring hyper-acute stroke beds (beds specifically allocated for patients suffering from acute stroke) are prioritised and that they are nursed by the specialist team within 4 hours of arrival in hospital.

We have also improved discharge arrangements for stroke patients. The Trust has been working with teams from Chippenham Stroke Unit and the Rehabilitation Unit at St Martin's Hospital to review complex circumstances and support an efficient and safe discharge pathway. The inpatient Therapy teams also continue to liaise closely with providers of stroke care in community care settings and in people's own homes.

The Trust's participation in the Stroke Sentinel National Audit Programme (SSNAP) continues. The most recent SSNAP report rated the Trust above the average performance of Trusts in the South West.

### **Priority 3: Continue to improve the experience of patients and carers at discharge**

Discharge planning was identified as a Quality Priority for the second year running – with a specific focus on the

# All about our patients continued...

experience patients have at the point at which they leave hospital.

We have done much to streamline and strengthen our existing discharge pathways and have been training staff to make sure they are using them confidently and competently. A workbook has been developed for use in training and has become a vital resource for clinical teams.

Discharge delays due to medication not being ready have been a key frustration cited in feedback from patients and carers. A multidisciplinary working group was established to make improvements and has made great progress in identifying ways to speed up the availability of medicines including extending the use of pre-prepared packs on wards and issuing prescriptions that can be dispensed by pharmacies outside of the Trust.

An Integrated Discharge Service – which brings together the various health and social care teams who organise support and care for patients beyond discharge – has been established with referrals through a single simple process growing consistently since it started.

Finally, a joint end of life care initiative (between the Trust's Specialist Palliative Care Team, Wiltshire Commissioners, and Dorothy House) to provide an Enhanced Discharge Service was launched in July 2016. The service facilitates a rapid discharge for patients in their last two weeks of life to their preferred place of care. To date, 43 patients have been supported by this service.

## **Priority 4: to improve communication with outpatients and their carers**

In August, a twelve-day event called the '15 Steps Challenge' examined our outpatient experience through the eyes of patients, carers, general public and staff. Working together in teams, they generated a wealth of feedback about the standards we all expect and what contributes to a good first impression. Many improvements have been introduced as a result across our outpatient departments including 'Nurse in Charge' badges, team picture 'Welcome' board at department entrances, clearer processes for booking in, and improved information about any delays to clinics.

The Patient Portal – an online space where patients view parts of their medical records and clinic correspondence – is under development; the next step is to identify the best implementation solution to bring its benefits to life.

The Royal National Hospital for Rheumatic Diseases' (RNHRD) outpatient booking team was fully integrated into the booking team at the RUH. This centralisation and alignment of booking services is a key component underpinning the delivery of sustainable RNHRD services, including supporting their move to purpose-built new premises on the RUH site.





## Patient and Carer Experience Strategy

A considerable amount of work was undertaken during the year 2016/17 towards drawing up a comprehensive Patient and Carer Experience Strategy. The strategy is the result of extensive engagement with patients, carers, families and Trust members and has been influenced by national policy, our commitments under the NHS Constitution, and the standards set and assessed by the Care Quality Commission.

Providing the best possible experience for patients means making sure they feel safe, that they have trust and confidence in the staff caring for them, and that they receive excellent quality services in a clean and pleasant environment. The Patient and Carer Experience Strategy will help us to build upon the good work we are already doing to: **Listen** to patients and carers when it comes to care and their experience of our services; **Communicate** effectively with patients and carers about all elements of their care and about our plans for the future; and **Involve** patients and carers not just in their own care but also when it comes to decisions, developments and improvements to our hospital sites and services.

### 100,000 Genomes

The RUH is taking part in an exciting national project that aims to transform treatments for NHS patients with cancer and rare diseases.

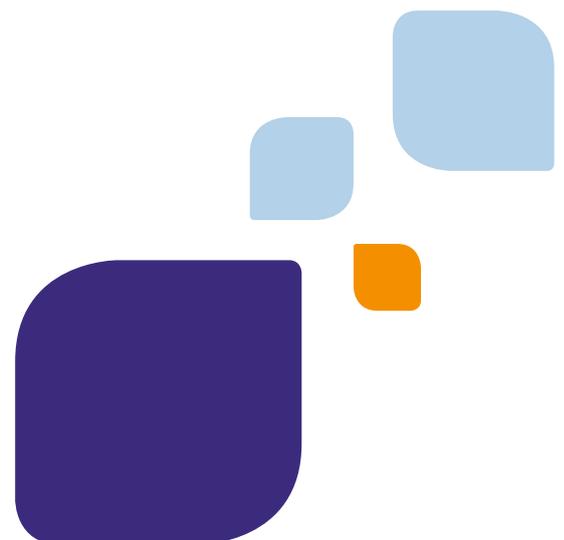
An individual's genome is essentially the pattern or code of genetic material for that individual. New

understanding about genetically driven or influenced disease can be gained by comparing the genetic codes of different individuals. Nationally, the government-backed 100,000 Genomes project aims to analyse the genetic code of over 100,000 people with cancer and rare diseases.

Our involvement in the project began in 2016, and we are part of the West of England Genomic Medical Centre – one of thirteen across the UK – and have already begun inviting patients who meet the criteria for the programme to take part.

The analysis could lead to the development of more effective diagnoses and individualised therapies in the future.

For further info about Genomics visit: [www.genomicsengland.co.uk](http://www.genomicsengland.co.uk)



# Home First



When a patient no longer requires acute care, hospital is not the best place for them to be. Prolonged inactivity leads to rapid muscle ageing. Home First is an innovative new discharge pathway that aims to reduce the length of stay for patients who are clinically well enough to leave hospital but who might need a bit of extra support to return to their usual place of residence. Regitse Lewis is joint-lead on the Home First pathway:

“By enabling a patient to return to the familiarity of their usual place of residence – either to their own home or a to community care setting – we know that we can help avoid further functional decline for the patient and help them maintain their independence.

“Home assessment is a key part of Home First. Hospital can be a disorienting place and patients are often far more capable of caring for themselves when they are in a familiar setting. Assessments undertaken in a patient’s home environment are often a far more accurate reflection of their ability to care for themselves than assessments performed in hospital.

“The more a person can get up and do the little things – water the plants, draw the curtains, get dressed, feed the cat – the stronger and more independent they will remain. We call this the ‘power of pottering’; in hospital it is much harder for someone to find reasons to potter and stay active. So getting a patient home and on their feet can really help speed their recovery, build their strength and help them maintain their independence.

“From a professional perspective, Home First has been a great opportunity for us to work even more closely with our colleagues in the community. It’s rewarding to know we’re all working with the shared goal of providing real continuity of care for patients going from the acute to the community setting.

“Ideally, patients should not have to make major life-decisions about long-term residential or nursing care at a point of crisis. Home First means that our patients and their relatives are supported so that long-term care planning can take place outside of the acute setting.”

“We’re working with our partners in the community to support patients back where they want to be – home.”

# Working to reduce Acute Kidney Injury



Vicky Selby has worked in the Quality Improvement Team at the RUH for two years and is a Project Support Officer for the team working to reduce the incidence of Acute Kidney Injury (AKI) at the Trust.

“The project team is made up of doctors and nurses working on the wards, clinical leads and other services such as radiology, pathology, pharmacy and IT. We all work together to lead quality improvements that will help improve patient care; we do this by supporting staff to work and think differently and creatively.

“Acute Kidney Injury is a sudden deterioration in a person’s kidney function, which can result from a number of factors, including low blood pressure as a result of a serious acute illness, dehydration, a side effect of some medications, or a combination of all of these. It is relatively common, occurring in about 1 in 5 of all hospital admissions in the UK.

“As part of the project to reduce the incidence of AKI at the Trust, we developed a training programme for staff focusing on rapid identification and treatment of AKI. By picking up and treating an AKI early, we can help contribute to reducing the length of time a patient might have to stay in hospital – enabling them to return home to their loved ones sooner.

“We also felt it was really important that we raised awareness of what an AKI is for our patients; so we developed some clear and informative patient information leaflets that are given to patients who have been diagnosed with an AKI. We wanted to empower them to manage their kidney health and give them the confidence to raise the subject of any symptoms they may be experiencing.

“I have really enjoyed working on this project and seeing first-hand how the actions we are taking are making a real difference to our patients.”

“I have really enjoyed working on this project and seeing first-hand how the actions we are taking are making a real difference to our patients. The improvements we make may be measured in stats and numbers – but behind every statistic is a patient. And that is what I like to keep in the forefront of my mind as the team strives to improve quality.”

## OUR STAFF



"The Chaplaincy is here to provide support not just to our patients and their families but also to our staff."

*RUH Lead Chaplain The Reverend Narinder Tegally*

# All about our staff

## Health & Wellbeing

We offer a wide range of support services for staff, provide onsite facilities that encourage active and healthy lifestyles, and run health campaigns, all aimed at giving our staff the best opportunities to stay healthy, happy and able to perform at their best.

Throughout 2016/17 we used a range of publications and communication channels to make sure staff know all about the support available to them, and to encourage them to take advantage of what is on offer.

We took part in Stoptober 2016 – a national month-long campaign – guiding staff to smoking cessation support. We also ran a successful Trust-wide Flu Fighter campaign (encouraging staff to get vaccinated for the benefit of themselves and their patients) with uptake of the vaccine increasing significantly compared with previous years.

Onsite Yoga, Pilates, Zumba, and Mindfulness and Meditation classes for staff are on offer and we continued to encourage cycling to work through holding information days in our Lansdown foyer.

Supporting mental health, we provided forums for staff to process

the often difficult emotional aspects of their work and our Employee Assistance (EAP) team continued to provide vital one-on-one counselling and group workshops to help staff identify effective strategies to maintain and increase resilience and wellbeing.

It's about identifying people with the ability and aptitude and giving them every opportunity to develop.

## Supporting & integrating new roles:

### Apprenticeships and Nursing Associates

Apprenticeships are becoming increasingly important to the RUH, serving the function of bringing in fresh talent to the NHS as well as enabling existing staff to develop their skills as part of their employment at the Trust. The range and scope of apprenticeships on offer is ever expanding, and opportunities are available in both clinical and non-clinical areas of the Trust's activities.

This flourishing of an apprenticeship culture is guided by our Widening Participation team, who support apprentices in their roles, encouraging them to participate in all that the RUH has to offer its staff.

The Nursing Associate is a new support role that has been proposed nationally to sit alongside existing healthcare support workers and fully-qualified registered nurses to deliver hands-on care for patients. The RUH is a key partner within the test site where, together with partners North Bristol NHS Trust and the University of the West of England (UWE), we will help Health Education England to shape and develop this new role for future cohorts.

There are currently 14 trainees now working and learning on the wards, and spending one day a week studying at UWE.

Once qualified, Nursing Associates will support the whole nursing

## All about our staff continued...

team and, because they undertake a higher level of training, will undertake some tasks and roles which were previously only undertaken by Registered Nurses.

We are also supporting the introduction of the Physician Associate role. Physician Associates support doctors in the diagnosis and management of patients and have the potential to provide extra support to ward staff in much the same way as the Nursing Associates. We currently have one Physician Associate supporting the Acute Stroke team alongside teaching on the course at UWE.

### Staff Survey 2016

All NHS trusts are required to participate in the national NHS Staff Survey. The survey, conducted annually by NHS England, is an important tool for telling us what we're doing well and in which areas we can further improve as an employer. A total of 2,242 RUH staff members took part in the 2016 survey (the results of which were published in March 2017) representing a 46 per cent response rate and above the average of acute trusts in England.

The highlights from the 2016 survey notably included the overall score for staff engagement being once again higher than average for acute trusts, with recommendation of the RUH as a place to work or receive treatment and percentage of staff contributing to improvements being particularly strong components of that. In addition, since the co-development of our new values we have seen a significant improvement in manager communication scores.

The survey also allows us to identify areas for further improvement, which this year related particularly to the themes of processes and confidence in reporting errors and incidents as well as an ongoing trend of staff experiencing aggression from patients.

You can read more about the national survey here [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)

### Staff Involvement in Estates Re-development

It is important to us that the development of our facilities meets the needs of both our patients and our staff. Those who work within our facilities can add enormous value to the design process of any re-development or refurbishment – as they are often best-placed to tell us what would make for a more efficient and effective environment in which to work and have a unique insight into how design can have an impact on performance.

Pharmacy Staff were very closely involved in the design and build of the new Forbes Fraser Pharmacy – the construction of which took place throughout 2016/17. As a result, the pharmacy was designed to be more integrated and streamlined.

“It’s a great opportunity for me – I’m learning on the job within the Trust, I’m enjoying the course, and I’ve met a good bunch of friends.”

Trainee Nursing Associate Jodie Cox

# Andrea's experience



In 2005, Andrea Murphy qualified as a Staff Nurse specialising in trauma orthopaedics at the RUH. Just two years later, she was diagnosed with a life-changing heart and lung condition called Pulmonary Hypertension (PH).

Pulmonary Hypertension occurs when the walls of the pulmonary arteries thicken and become stiff or are blocked by blood clots, making it difficult for them to expand and allow blood through to the lungs. It's very rare, affecting just 7,000 people in the UK. Though treatments for PH have advanced considerably in recent years, there is no cure. Average life expectancy following diagnosis is around six to seven years – though many people go on to live a lot longer.

Andrea recalls, "When I first started feeling unwell, I simply thought I was unfit. I'd been suffering shortness of breath, and routine tasks left me feeling out of sorts. When I was diagnosed I remember thinking, 'Ok, give me some pills and I'll get on with it.' I had no idea just how life-changing PH would be."

"At just 27, I was told to take

medical retirement and began to think that all the things I had dreamed for my future would never happen. Being a nurse, I was surrounded by lives affected by illness every day – but I never thought the tables would be turned on me. Overnight, I stopped being the nurse and became the patient. But I was determined not to let the illness define me and continuing with my work as a nurse at the RUH is an important part of that."

"Most of my patients have no idea I'm ill. I work because it's good for me – I need to feel part of something bigger and make a difference. On the Eye Unit, we work miracles – restoring peoples' sight. Work helps keep life normal."

"I work hard to manage my condition and staying healthy and well is a daily balancing act. Fortunately, the RUH runs a monthly satellite PH clinic overseen by Dr Coughlan from the Royal Free Hospital in London. This service is invaluable to me and others in the South West who would otherwise need to travel to London for treatment."

"In July 2016, I was admitted to the Intensive Therapies Unit (ITU) at the RUH with severe sepsis. No-one expected me to pull through, but I did. And I am so grateful for the wonderful care I received on the unit."

"It's been really important to me to own my condition. As a Nurse, it surprises me how easily some people hand over control of their conditions and their lives."

# Our charities

The RUH is supported by a number of in-house charities who help raise significant funds towards major projects and enhance the lives of patients, carers and staff by providing extra comforts, activities and services not covered by standard NHS budgets. Below are just some of the highlights of our main charities for the year 2016/17.

### Forever Friends Appeal

In February 2017, the FFA (in association with the Royal National Hospital for Rheumatic Diseases Charitable Fund) pledged their commitment to raise a minimum of £2 million towards the new RNHRD & Therapies Centre.

The Brownsword Charitable Foundation set the public and other funding bodies a bold 'Match Funding Challenge' to help the FFA achieve the target. Every pound donated to the Therapies Appeal will be matched by the Foundation up to the £1 million mark.

In March 2017, Sir Tony Robinson teamed up with the FFA and the RUH older person's team to launch an ambitious Volunteer Dementia Project. The £200k project will take a holistic and progressive approach to transforming dementia services at the RUH. The project will provide 5,000 hours of support, delivered by 160 volunteers, across the next three years and will incorporate a volunteer befriending service to address loneliness and volunteer-led activities on the wards (delivered in partnership with the Alzheimer's Society, RICE, and RUH arts charity Art at the Heart).

In addition to the above, the FFA's work to raise funds for the Dyson Cancer Centre continues alongside its programme of exciting fundraising events.

### Friends of the RUH

In 1957, the Friends of the RUH began as a small team of volunteers keen to offer a befriending service to the hospital's

patients. The charity has since grown into a large organisation, whose teams of skilled and dedicated volunteers provide vital support across the whole of the RUH – from staffing the hospital shop and Friends Coffee Shop to supporting new mothers to breastfeed; from bringing a little joy to hospital-bound patients at Christmas to pointing carers towards vital support services. But the charity does more than just provide volunteer services – they also give financial support to a number of special projects across the hospital each year which included, in 2016/17, our arts exhibition and new electronic patient information screens.

The year 2017 is a special one for the Friends, as they celebrate their Diamond Jubilee.

To mark this important milestone, the Friends planted two trees alongside a commemorative plaque and raised over £5,000 at the 1950s-themed fete.

The Friends of the RUH are currently fundraising to improve the hospital shop. All profits from the shop are reinvested back into the RUH and the much-needed refurbishment will help the shop grow and fund more projects for years to come.

### Friends of the RNHRD

The Association of Friends of the RNHRD is a voluntary organisation with a large membership from right across the country; many of its members being former RNHRD patients and their families.

They have an active Management Committee who manages funds, co-ordinates a programme of fund-raising events and provides volunteer services at the Mineral Water Hospital site including running a mobile library, visiting long-stay patients and supporting staff.



Discussions are taking place to consider the merging of the RUH and RNHRD Friends in the future.

### Art at the Heart

Multi-award-winning arts charity, Art at the Heart (AATH) hosts stunning art exhibitions in public areas across the Trust, delivering workshops, concerts and arts programmes on the wards – including the popular Artsparks children's programme kindly funded by St John's Foundation – and by working together with the hospital to enhance clinical spaces through clever design and the commissioning of art pieces and installations.

In 2016/17, AATH made a significant contribution to the RUH's new Forbes Fraser Pharmacy; commissioning the artwork and contributing to the building's bright and airy interior design. The charity commissioned Dr Michele Whiting from the University of Bath to produce a suite of four large-scale drawings inspired by the art of pharmaceutical research.

The charity continues to be involved with a number of key projects at the Trust, including the Dyson Cancer Centre, the RNHRD & Therapies Building and the soon-to-be-completed Multi-faith Centre.

## Justine's experience

In 2016, Bath resident Justine Elliott was diagnosed with terminal cancer and was told she had between six and 18 months to live.

"I received my diagnosis the week before Christmas. My cancer was diagnosed at a late stage and I was told it was terminal. It was truly a life-changing time for me, my family and friends. However, it provided an opportunity for me to help others and focus on leaving a legacy that I would feel proud of."

Justine signed up to take part on the Forever Friends Appeal's annual Walk of Life fundraising event and raised an incredible amount - £20,345. To date, this is the largest amount raised by an individual who has taken part in the event and accounted for over a fifth of the total £120,000 raised.

Justine said: "Since the diagnosis, I've had chemotherapy, life-saving surgery and several procedures at



the RUH and I would like to pay back the kindness that the staff and community have shown me. That's why I've chosen to raise funds for the hospital's new Dyson Cancer Centre."

"Come the day of the walk I was already five months on from my diagnosis. Ten miles may not seem much to some, but after five rounds of chemo it felt like a marathon to me. I was pleased to have achieved it, and I'd like to thank everyone who helped me towards reaching my target. Although I may not be here to see the new Cancer Centre built and open for patients, I know that everyone who passes through its doors will benefit immensely from it."

Emily Lynch, Events and Community Officer, The Forever Friends Appeal said: "We are so very grateful to Justine for her incredible fundraising for the new Cancer Centre at the hospital – she is truly inspirational."

The new Dyson Cancer Centre will be a state-of-the-art facility for cancer diagnosis and treatment, transforming care for RUH patients and their families. The Forever Friends Appeal is raising a minimum £8.5m towards the cost of the facility, an estimated £28 million.

# Membership & governance

As a Trust we continue to benefit from the support and involvement of our growing membership. As we go to print, our membership stands at 11,508.

Through the Council of Governors, members are given a voice that can directly influence the development our services. In the summer of 2016, our first governor elections since becoming an NHS Foundation Trust in November 2014 were held. In October 2016, five new public governors were appointed to represent members in the constituencies of City of Bath, Mendip, North East Somerset, North Wiltshire and South Wiltshire.

During the Council of Governors meeting of 6 December 2016, the Chairman asked all Governors to consider if they wished to put themselves forward for the role of Lead Governor and submit any expressions of interest and supporting statements to the Membership Office. An anonymous ballot took place and the Council of Governors confirmed the appointment of Chris Callow as Lead Governor on 6 March 2017.

## Caring for You

The Membership Team works hard each year to produce an interesting programme of Caring for You (CFY) events that give members behind the scenes access and unique insight into the work of the hospital and its associated charities.

In 2016/17, the team hosted events



in areas as diverse as Cardiology, the Estates Re-development plans, and a behind the scenes look at our Emergency Department (ED). This year, the programme has already looked at the work we are doing to prevent falls and fractures at the Trust, how we support mental health, and the tremendous work the Forever Friends Appeal do to raise funds for the hospital. Events are always well attended and provide members with a greater insight into the work of the Trust.

## Engaging with our members

Constituency meetings run throughout the year, and in 2016/17 five meetings were held across the region. The meetings provide an important platform for members to engage with the hospital via their appointed governors. Local governors are on hand at the meetings to listen to members' views, and to provide updates about the Trust's activities. The meetings usually include presentations from hospital staff on a range of issues and areas of the Trust's work.

Throughout 2016/17, the Staff

Governors continued to engage with staff by attending team meetings to find out more about the experiences of staff and to also inform them about the role of a governor.

## You Said, We Did

Since March 2017, the Membership Team has used a new regular feature in the RUH's Insight magazine called 'You Said, We Did' to respond to questions, suggestions and concerns put forward by members of the Trust. In many cases, full articles and features accompany the feedback provided on the Membership pages. Feedback from members is obtained via the AGM, Constituency Meetings, and throughout the year through direct contact with the Governors and the Membership Office. We will continue to use this as a forum for engagement in forthcoming editions.

A full and updated calendar of Caring for You events and constituency meetings can be found on the Membership page of the RUH website:

[www.ruh.nhs.uk/membership](http://www.ruh.nhs.uk/membership)

# 12 months at the RUH



## New CT Simulator for Radiotherapy

The Radiotherapy Department acquired a new Computed Tomography (CT) Simulator. The equipment means that patients requiring complex radiotherapy no longer need to travel to Bristol for scans, greatly enhancing the overall service we are able to provide.

The simulator provides much clearer, more detailed imagery enabling the most technically advanced treatment techniques to be used.



## Reputation for dementia care impresses

Twenty visiting dementia specialists from Germany visited the RUH and described dementia care at the hospital as 'inspirational'.

One visitor said: "It was interesting to understand the multidisciplinary approach the RUH has to dementia care. There are many ideas we can take back with us to improve our own care."



## PET-CT Scanner

The RUH became the first hospital in the South West to acquire a PET-CT scanner. The state-of-the-art equipment is used for the detection and diagnosis of cancer and dementia. Previously, patients requiring a PET-CT scan would travel to Cheltenham for scans.

A donation of £1.3m from Bath Cancer Unit Support Group made the acquisition possible with the RUH investing a further £1.4m to cover installation.

# 12 months at the RUH continued...



## Shortlisted for sepsis training scheme

An innovative training scheme about rapid identification and treatment of the potentially life-threatening condition sepsis led to the RUH being shortlisted for a National Patient Safety Care Award.

To date, more than 1000 staff have been trained on the scheme. This year, Trusts across the South West will use the RUH's model, reaching up to three thousand staff across the region.



## Elder Friendly Quality Mark

Two RUH wards which care for elderly patients achieved national recognition of the quality of care they provide to patients.

Midford and Waterhouse wards both received The Royal College of Psychiatrists' 'Elder Friendly Quality Mark' which recognises excellence in the care of older people. Only 32 wards in the UK have received the Elder Friendly Quality Mark, three of them here at the RUH.



## New car park opens

A total of 300 new spaces were made available to visitors and patients, with the opening of a new car park at the RUH site.

Visitors can now pay by card, cash or phone in all car parks at the RUH. The new car park is a short walk from the hospital's main entrance and will be directly opposite the Dyson Cancer Centre.

October '16



### Patient Choice Awards success

Consultant Rheumatologist Dr Raj Sengupta and the RNHRD's specialist arthritis team both received National Ankylosing Spondylitis Society Awards for the work they do to support patients.

Voted for by patients, the awards recognise health care professionals who have gone above and beyond to help people with Ankylosing Spondylitis (AS), a form of inflammatory arthritis.

November '16

# THE LANCET Neurology

### Ground-breaking research in childhood epilepsy

A study by RUH doctors and colleagues at the University of Bath has discovered an improved way of treating a rare form of childhood epilepsy that could reduce long-term damage from the condition.

The worldwide trial found the combination of a hormonal treatment and an anti-epileptic drug is significantly more effective at stopping spasms than hormone treatment alone.

December '16



### Initiative brings baby closer

A video link-up system was introduced by the maternity team for mothers and babies who cannot be together immediately following birth. Whilst every effort is made to keep mothers and babies together, there are times when the need for intensive or additional care means this isn't possible.

The new video screens mean that mothers who cannot be with their babies don't have to feel like they're missing out.

# 12 months at the RUH continued...



## ESAC shortlisted for three national awards

The RUH's Emergency Surgical Ambulatory Care (ESAC) unit received nominations for three national Health Service Journal awards. The unit provides a 'same-day' service for patients with common surgical problems and has led to a reduction of around 120 bed admissions a month.

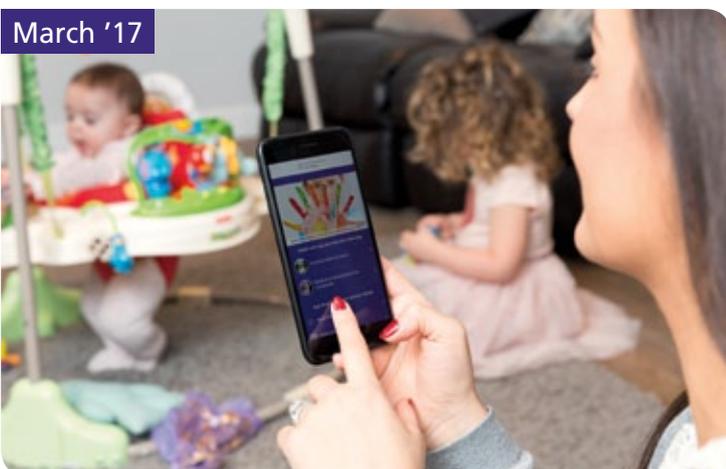
The service has proved so effective that the model has since been adopted by NHS Trusts across the country.



## PAT-Dogs in the spotlight

Our Pets as Therapy (PAT) Dogs came under the media spotlight in February.

BBC Points West presenter Ali Vowles spoke to patients, visitors and staff about the benefits of PAT-dog visits on the wards. The dogs and their handlers were also invited into the studio for Dr Phil Hammond's Saturday morning show on BBC Bristol as well as appearing on BBC Radio Wiltshire.



## HANDi App launched

The RUH launched HANDi App: a free locally-tailored mobile app, providing expert advice to parents, carers and health care professionals on common childhood illnesses.

Developed in association with RUH Paediatric Consultants, and with the backing of local GPs, the app provides expert advice on how best to manage the six most common childhood illnesses.

# Sharon's experience



**Theresa Peters (left) with Sharon Burge (right)**

Sharon Burge has been living with lymphoma for the past 14 years. Lymphoma (also known as lymphatic cancer) is a disease of the body's white blood cells. Normally, cells in our body divide and grow in a controlled way. But in the case of lymphoma white blood cells called lymphocytes become abnormal and grow out of control. These lymphocytes can build up in one part of the body and form a lump (tumour).

Sharon Burge's lymphoma began when she developed a lump that she and her GP believed was a hernia. When it deteriorated rapidly one weekend she came into the Emergency Department and was diagnosed.

"I was told I'd live for only six months if I didn't begin treatment straight away. So I was very lucky really. I had intensive chemotherapy for high-grade lymphoma and have now been left with low-grade which is incurable – but I have learned to live a normal life with it; that's what's really encouraging.

"When I began my treatment I thought most people in my position would die. Then I met a patient who was very much alive and that gave me great hope for the future."

"I'm not bitter. I don't ask 'why me?' rather 'why not me?' No-one is that special. Cancer just hits."

Sharon Burge

"Now I help run the Bath Lymphoma Association Support Group which I believe is incredibly important for patients at all stages of treatment. For instance, losing my hair was more important to me than having cancer – so I can understand people's concerns and can reassure them that there is hope for the future. Patients can support patients in so many ways like that and show them there is a way through."

Theresa Peters, Macmillan Haematology Clinical Nurse Specialist at the RUH said: "The Bath Lymphoma Association Support Group is proving a huge benefit to people living with lymphatic cancer. It's one thing for me as a health professional to give people medical facts and information, but the benefits of people with the condition talking to each other and offering psychological and emotional support are enormous. Patient experience is so useful I'd like to bottle it and hand it out."

The group meets in the Oasis Centre (Building E6, opposite the Education Centre) at the RUH several times a year. Forthcoming dates can be found on the Lymphoma Association website via this link: <http://bit.ly/2uCGahN>

OUR FUTURE

# Our Future





Below we take a look ahead to what we hope to achieve not just in 2017/18, but over the coming years. The future is full of challenges, but it also holds exciting opportunities and work has already begun on developing a positive and ambitious 3-year strategy.

**Patient safety and continuous improvement of patient outcomes are at the centre of everything we do – and our 2017/18 Quality Improvement priorities provide us with four key areas of focus. In addition to working on these priorities, we will also be forging on with our extensive Estates and Facilities re-development plan to ensure we are Fit for the Future.**

### Priorities for 2017/18

Our priorities for 2017/18 have been influenced by the progress made against the 2016/17 priorities, other quality indicators, organisational learning themes, and feedback from our staff, patients, Foundation Trust Members and stakeholders.

- **Priority 1: To further improve the identification and management of patients with frailty**
- **Priority 2: Management of jaundice in newborn babies**
- **Priority 3: To continue to improve the experience of patients and carers at discharge**
- **Priority 4: To continue to improve sepsis management**

We will feed back about our progress against these priorities throughout the year through our Board of Governors, constituency meetings, membership events, via our social media channels and our website, and through Trust publications.

Full details about the improvements we have committed to make in 2017/18, and how we aim to make them, can be found in the Quality Accounts section of

our Annual Report 2016/17, which can be viewed on our website: [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

### 3-year strategy

Looking back over the past three years we've achieved a number of key milestones resulting in rapid and significant transformation. Beginning with a pivotal 2014/15, we welcomed Maternity Services back to the Trust and saw the birth of a whole new Women & Children's Division. Later in the same year, we achieved our long-standing ambition of becoming an NHS Foundation Trust – which then paved the way for us to secure the future of the world-leading specialist services of the Royal National Hospital for Rheumatic Diseases (RNHRD) for patients both locally and nationally.

The following two years have been spent exploring the opportunities these changes have brought, including: working together with our partners in new ways (for example through the formation of Wiltshire Health and Care), the creation of new organisational values, Flow Coaching and Quality Accreditation Schemes rolled out across all our services, the introduction of new roles, and some significant capital investments. This phase of considerable transformation has been underpinned and guided by a five-year strategic plan, which will run until the end of 2017/18.

Work is now underway to define a new and equally ambitious three-year strategy which will not only see us through the challenges we face but which will also make the most of the opportunities open to us. It's a work in progress, and we will be seeking input from stakeholders, members, governors and our partners along the way. We aim to have further

detail to share by the end of 2017, but the core ambitions that will sit at the heart of the plan are:

### Making 'Outstanding' happen

Our most-recent CQC report highlighted some areas of our work as already being outstanding – most notably the overall care with which we treat our patients. But it is our ambition to be outstanding in everything that we do and we need to establish a clear and workable plan that all of our staff can proactively engage with and be guided by to achieve that goal. We have already started to pin down some key components of what 'Outstanding' should look like, and will be using our stakeholder engagement process to develop that further. The next step will be to set the framework that will inform everything we do – as individual members of staff, across teams, specialties, divisions and the Trust as a whole – to make 'Outstanding' happen.

### Creating a truly system-wide approach

Excellent healthcare cannot be delivered in isolation but relies upon the whole system pulling together to face, jointly, the challenges we all share. The Trust has been active in the huge strides in 'cross-working' that have been made across the communities we serve, including the work of Sustainability and Transformation Partnerships (STPs) with the purpose of creating and meeting shared goals and commitments. We plan, over the next three years, to explore the ways in which these partnerships can be further developed and deepened to the benefit of our patients, carers and staff. The overarching ambition is to create multi-organisational teams, networks and structures that can sustainably support the health and wellbeing of our local communities.

### Strengthening our values

Our staff are the making of us – and we are so proud of the commitment

they show in caring for our patients and the pride they have in working at the RUH. To many, the RUH is more than just a workplace and it is this sense of community that we aim to build upon over the next three years. As well as working to further embed our Trust Values so that they are stitched into the very fabric of the organisation, we will continue to build upon the comprehensive range of health and wellbeing support and services already on offer to our staff.

### Fit for the Future

Our redevelopment project to make the Trust 'fit for the future' continues to make excellent progress. Design and preparatory works continue for our major project – the provision of the new Dyson Cancer Centre. But there's lots more going on to transform the Trust's estates and facilities.

Following the completion of our new Forbes Fraser Pharmacy, demolition of our old pharmacy cleared the area which will house the new purpose-built RNHRD and Therapies Centre and building work will begin shortly. Meanwhile, the process of selling the Mineral Water Hospital building in Bath's city centre continues.

The old chapel in Zone C is being replaced by a new purpose-built Multi-faith Centre, which will be more conveniently located, accessible 24 hours a day, and which will provide a greatly-enhanced environment for patients, staff and visitors seeking a place for prayer or quiet reflection. Work is currently underway and the building is due to be completed before the end of 2017. In addition to this, a major refurbishment of our Radiology department has also started. A new extension will house new CT and MRI scanners and existing equipment will be upgraded. Improvements will also be made to the reception and waiting areas.

## The Howland family experience



**Amy Howland (left) and wife Chloe Howland (right) with new arrivals Beau, Albie and Jude.**

Multiple pregnancies are considered to be higher risk, so mothers expecting more than one baby will be under the care of a team of consultant obstetricians and midwives who will monitor the pregnancy carefully as it progresses. Following birth, it is not uncommon for the babies to require some form of extra care – and are often admitted to the Neonatal Unit, even if only for a short time or as a precautionary measure.

**In June 2017, Amy Howland gave birth to triplet boys, Jude, Beau and Albie.** In this exceptional case, the three boys were safely born by caesarean and remained on Mary Ward with their mothers from the moment they arrived. The couple credit the successful birth of their babies to the outstanding team work of those providing their care.

Amy's wife, Chloe Howland, said: "Our experience of the maternity service was exceptional from start to finish. We were particularly impressed by how joined up the care was – there was no sense of division or of hierarchy. It really felt like we were being cared for by a team, who worked seamlessly

together with one shared goal – the safe arrival of our sons."

The support continued on Mary Ward as Amy recovered and the couple got to know their little ones. "We felt so lucky to be able to stay together on the ward", said Amy. "It was important to us both that Chloe could be there overnight, so that we could figure out how to look after our boys together and establish the routines that we would be taking home with us. In that respect, the whole team was excellent – giving us the space we needed to find our feet and stepping in with support and advice when we needed it."

"We managed to get into a good routine by the time we left the RUH, and – thankfully – we have been able to keep this going at home. The boys are really good.

They love to sleep together – like little teaspoons in a drawer! Their personalities are already beginning to take shape.

"Our first trip to the supermarket, however, was a bit of an eye-opener. Triplets are so uncommon that we were stopped constantly the whole way around the store. It was exhausting! Not something we want to try again in a hurry!"

"Everything was planned so carefully; each of our babies was assigned his own dedicated care team."

# Financial Summary

2016/17

The hospital experienced another challenging year, reflective of the ongoing pressures faced by the wider NHS. However, the Trust was successful in exceeding its planned surplus of £0.9m achieving a total surplus of £1.5m.

This was achieved, in large part, due to savings of £13.6m – and despite the impact high demand on the Trust's emergency services had on levels of planned care. The savings were the result of cost and quality improvement programmes designed to maximise efficiencies within the Trust whilst maintaining high quality patient care.

Based on its performance, The Trust met the financial standards set by NHS Improvement and was awarded an additional £10.15m – including a £1.16m bonus for exceeding planned projections.

## How we spend our money

- **£194m on pay**, representing 63% of operating expenses
- **£42.2m on medicines**, representing 14% of operating expenses
- **£27.1m on clinical supplies**, representing 9% of operating expenses

## £18.7m Capital expenditure

- **£4.4m Medical equipment and the related enabling works**
- **£2.2m Information management and technology**
- **£5.4m RUH estate upgrades including a theatre and ward refurbishment**
- **£6.7m RUH redevelopment programme, including the new Forbes Fraser Pharmacy**

### In 2017/18 we plan to invest a further £29.1m

Main schemes include:

- Building of the RNHRD & Therapies Centre
- Radiology refurbishment (including new and upgraded equipment)
- Development and implementation of the Electronic Patient Record (EPR)



To obtain a full version of the Trust's annual accounts please visit the RUH website: [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

## Louis's experience



Within the UK, the number of participants recruited into clinical research studies in 2016/17 exceeded 665,000 – the highest number of clinical research participants in any given year. Research and Development (R&D) is an incredibly important part of the healthcare system. By taking part in health research people are helping the NHS improve healthcare and develop life-saving treatments.

A large number of clinical staff at the RUH are involved in research. Some will be conducting this work on behalf of the Trust or within their area of expertise, and some will be contributing to larger-scale national or international studies.

The RUH is currently involved in a UK-wide clinical trial aimed at improving muscle function in older people. The LACE trial is testing whether a commonly used heart pill and a food supplement could improve the health of older people by improving muscle strength. All participants take part for a year, and will be given a heart pill (Perindopril) or a matching dummy tablet, and also a food supplement powder (Leucine) or matching dummy powder. The research team will test

how muscle strength, muscle size, daily function and quality of life change over the course of the year.

Louis Brown has been taking part in the LACE trial since January 2017. He first heard about the trial through an issue of the Trust's patient and membership magazine Insight and thought he sounded like a suitable candidate so got in touch. He said: "Having been involved in research in steel during my career as an aircraft engineer, I appreciate the value of research across all industries. As I have previously been a patient at the RUH, I also liked the idea of making a contribution to the hospital that might help other patients in the future."

"Initially, I had to attend the hospital a couple of times. But as time has passed the number of visits has decreased. I reached the sixth-month point in July and have two more visits to go this October and next January.

"I have really enjoyed being involved and – of course, this may have absolutely nothing to do with the trial – I have noticed that my hair seems to have started growing much more than expected at my 90 years of age!"

Research builds upon the collective body of understanding we possess about illnesses, leading to breakthroughs in treatment and helping to enhance the skills of staff.

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