All Constituency Governor & Members' Meeting – Monday 24th May 2021

Questions and Answers from Members & the Public

Building Our Future Together – New Hospitals Programme Richard Graham, Deputy Medical Director & Sheena Hobbs, NHP/HIP2 Strategic Communications & Engagement Lead	
Question	**Response**
The Mendip area and the Somerset CCG are missed off of the RUH slides. Could I remind you that nearly 20% of patients come to the RUH from Mendip/Somerset. This was also missed during the consultation.	**Response from Richard Graham, Deputy Medical Director** We absolutely realise that a large proportion of our patients come from Somerset and Mendip and we are working with KPMG on the future of the system with Somerset and Mendip in scope. The work we are talking about today is more RUH centric, about our clinical strategy and how we deliver healthcare at the RUH and our existing community sites. Our work on the system with KPMG will encompass the entirety of the RUH catchment area. We are in a very complex health situation as we are part of the Bath, Swindon and Wiltshire Integrated Care Alliance (ICA). Somerset is not in this ICA which means we need to work through each stage carefully as not all of our catchment area is based in one ICA. It is complicated but Somerset and Mendip are a priority for us and we will be ensuring that we consult properly there.
Who assesses performance against Key Performance Indicators?	**Response from Richard Graham, Deputy Medical Director** Performance is assessed at all levels, including internally at the RUH, through our Banes, Swindon and Wiltshire (BSW) system, NHS Improvement/England and the Department of Health who receive Hospital Episode Statistics (HES) data.
I'm really keen to understand how Governors have sought feedback during the pandemic from members/public. How have views been shared with the Directors and management?	**Response from Gill Little, Lead Governor** All Governors would agree that we have found the pandemic much more difficult time in terms of liaising in a meaningful way with the public and our members. Most Public Governors are members of community groups or liaise with community groups and we have had feedback from this. For example, in January, one of our Governors obtained feedback from 40 members of a community group relating to maternity services, which we were able to feed into the organisation. Many Governors, including myself, are also part of their local GP Patient Participation Group (PPG) and have received feedback through this. In some ways we have been able to continue our contact with the public and our members but it has been difficult and we would

	really like to ensure that as soon as we're able to meet with you physically, we do so. I would also like to highlight that you are welcome to contact the RUH Membership Office at RUHmembership@nhs.net with any enquiries or questions which can be fed back to Governors or other internal personnel. **Response from Alison Ryan, Chair** I am the Chair of both the Board of Directors and Council of Governors and there is an architecture of subcommittees beneath both committees. There is a good feedback loop between the work that the Governors do, which is informed by members and the public. The equivalent group of Non-Executive Directors (NEDs) and Executive Directors ensure that this is fed into how the hospital is run. With many new Governors this system is in development but will be much livelier once everyone is up to speed. I also have meetings every 4-6 weeks with Gill Little, Lead Governor, who updates me on the Governors. The NEDs are held to account by the Governors for the performance of the Board of Directors. We also have incentive to ensure that the mechanisms for feeding back member and public views work properly as I am appointed by the Governors and the NEDs and I do not get our jobs confirmed unless we do this.
Sheena What public events have you had for members? I've certainly never been invited to anything or seen anything on social media or the website.	**Response from Sheena Hobbs, NHP/HIP2 Strategic Communications & Engagement Lead** We were under strict restrictions in the last couple of months due to the local elections and we could not go out extensively to advertise any events or workshops to the public. At the beginning of March an email invitation and an update on the New Hospital Programme went out to our membership asking them if they would be interested in getting involved or being invited to any of our workshops, along with the opportunity to complete a survey. 63 people responded and were all sent invitations to many workshops that each of our clinical workstreams ran over the last couple of months. 54 members of the public have now participated in these mini workshops. We are now going to go into a wider public launch, with communications and a new survey due out this week. This will be promoted extensively via our social media channels and our website as well as through partner channels such as voluntary and 3rd sector organisations. You will have opportunity to continue to take part, we are still in the co-development stage

	where we would value input from all organisations and individuals.
Richard said compassionate treatment of staff leads to compassionate treatment of patients. How do you suggest this levels with the way so many staff currently feel with low morale and feeling underrated?	**Response from Richard Graham, Deputy Medical Director** Our staff our tired from working long hours throughout the pandemic in a risky occupation with exposure to the virus and the existential threat of a pandemic. We have acknowledged this and have increased staff support and initiatives to support our staff in different ways. We have also developed different ways of communicating with our staff and have completely changed our internal communications strategy in order to support this. Every member of staff was given an extra day of leave to do something restorative with and we have been encouraging staff to acknowledge that they are tired, to take their leave, and to rebuild from that. There is not necessarily in low morale amongst staff, they are optimistic about the future but we have to acknowledge the amazing service they have performed for our population. We are doing everything we can to support them so that they are able to look after our patients compassionately.
What guarantees will there be of patient confidentiality after digitalization of patient records? (e.g. commercial access and the vulnerability of the NHS to cyber-attacks)	**Response from Richard Graham, Deputy Medical Director** There are lots of layers of digital security in our information system but no system is perfect. We take the highest care with patient records and are regulated under many statutory responsibilities. We do everything we can to optimise security in the systems that we procure and use and to ensure that we keep patient records safe and secure. I can assure you that we comply with all the regulations and I do not think records will be any more vulnerable than they are currently, but it will be a different way of working. We will be doing more research and development using anonymised patient records, but patients can opt out of this if they do not want to be part of it.

Update from the RUH Board of Directors – RUH COVID Recovery Plan Rhiannon Hills, Deputy Chief Operating Officer	
The society for hand surgery estimate that nationally it will take 40 months to catch up on the backlog of hand surgery, do the RUH have measures for how long it will take to catch up on backlogs in the	**Response from Rhiannon Hills, Deputy Chief Operating Officer** We are currently working through this, we have just submitted our recovery plans in terms of what capacity we have and the team are working through what impact that will have in terms of a positive reduction in waiting times. You are right to say there is a significant backlog and we will need to look at new ways of working to help that but we haven't quite got that yet.

various categories of surgery?	There have been some national campaigns to encourage people who have not accessed care and treatment during the pandemic to do so now if they are concerned about their condition. We are mindful that there will be more patients coming into the hospital now which will result in an increase in demand. We are working with national Public Health to put messages out to the public to access support as they would have done pre-COVID.

RUH Success Story – Critical Care Follow Up Clinic Andy Georgiou, Consultant in Anaesthesia and Intensive Care Medicine, Caroline Ficke, Senior ICU Physiotherapist, Jenny Smerdon, Senior ICU Psychologist & Gaynor Bush Alsop, Senior Sister, ICU	
It sounds like people suffer hallucinations as a result of sedation drugs and their brains trying to make sense of the altered environment. Looking at how many people receive care afterwards, is there a role for informing all patients with this knowledge, alongside keeping the follow up clinics for more vulnerable identified persons?	**Response from Caroline Ficke, Senior ICU Physiotherapist** A leaflet has been developed this year in collaboration with the outreach team that covers all aspects of recovery after Critical Care, with a particular focus on normal experiences for many patients' recollection of Intensive Care. This leaflet is given to patients when they are discharged from Intensive Care, especially if they have experienced hallucinations or deliriums. The outreach team can also provide the leaflet to patients on a ward if the recollections surface in the days after leaving Intensive Care whilst the patient is on another ward. Families can also be given the leaflet as they often find the provision of the information to be helpful.
Did your clinic impact on whether people experience Long COVID do you think?	**Response from Caroline Ficke, Senior ICU Physiotherapist** The team has managed to collaborate with colleagues in Respiratory and many of the patients we are seeing 2-3 months post Critical Care have already been seen in the COVID clinic and by the Respiratory consultants. We have also established networks with community partners and the Long COVID group for the BSW area so we are all learning about Long COVID but has been fantastic to link with all the other services that are developing, to work together to prevent repetition for patients. We have found some of our patients to be experiencing symptoms of Long COVID such as fatigue and breathlessness.