Royal United Hospitals Bath
NHS Foundation Trust

RUH Annual General Meeting

and Annual Members' Meeting

29 September 2022

The RUH, where you matter

Agenda

Welcome	Alison Ryan, Chair
Introduction from the Chief Executive	Cara Charles-Barks, Chief Executive
Financial Position of the Trust, Presentation of Annual Report and Account 21/22	Libby Walters, Director of Finance
Progress against the Trust's Quality Accounts 2021/22	Antonia Lynch, Chief Nurse
Hospital at Home	Robin Fackrell, Consultant Geriatrician Phillipa Nash, Therapist, Hospital at Home Team
Developments in the Emergency Department	Christopher Jones, Consultant Nurse, Emergency Department
Development of In House Care Agency - United Care Banes	Niall Prosser, Deputy Chief Operating Officer, Gina Bartlett, Project and Programme Manager, Integrated Adults Commissioning Team
Governor report to Members	Gill Little, Lead Governor
Questions to Board of Directors	Alison Ryan, Chair
Summary & Close	Alison Ryan, Chair

Introduction from the Chief Executive

Cara Charles-Barks
Chief Executive

NHS
Royal United Hospitals Bath
NHS Foundation Trust

The RUH,
where you matter

The RUH, where you matter

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

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

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

Our goals: What matters to

The people we care for

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

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

Measure: Recommend RUH as a place to have treatment score (Patient survey)

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Our goals: What matters to

The people in our community

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

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

Measure: RUH social impact score (community stakeholder survey)

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Our goals: What matters to

The people we work with

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

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

Measure: % of staff recommending RUH as a place to work (Staff survey)

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Our vision, goals and values

https://youtu.be/iw4c9IdaLsc

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Thank you for listening

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2021/22 Annual Accounts

Libby Walters
Director of Finance and Deputy Chief Executive

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At a glance 2021/22

Surplus:

- The Trust achieved a break even position
- We invested £35.4 million of capital money in our buildings and estate
- We acquired the Sulis Hospital Bath increasing our revenue by £24.6 million in the year
- We received an extra £8 million to cover our Covid costs
- We received an extra £9.1miliion to increase elective capacity
- Closing **cash balance of £48 million**

	Trust position £million
Income (including accounting adjustments)	481.0
Expenditure (including accounting adjustments)	(481.0)

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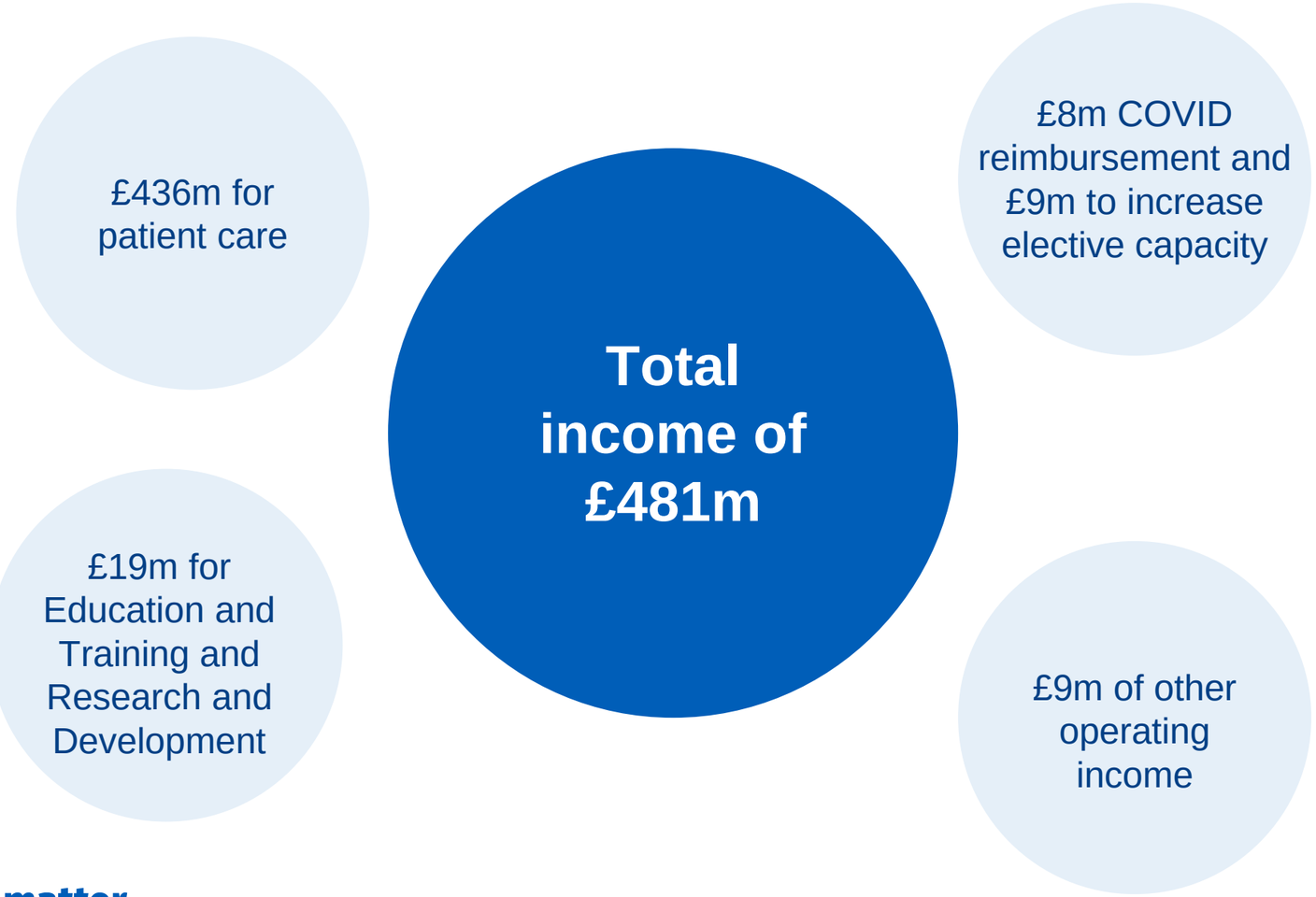
2021/22 Operating Income



2021/22 Operating Expenditure

£304m on pay costs 63%

Total expenditure of £481m

£51m on drugs expenditure

£84m on other costs including £19m on the running of the estate

£42m on clinical supplies

2021/22 Capital Spend Trust

Capital Spend £35.4 million included:

- £11.6m on the Cancer Centre
- Estate redevelopment schemes £6 million
- Medical equipment £4.2 million
- £3.2m in respect of the acquisition of and subsequent capital investment in Sulis Hospital
- Digital programme £3.1 million
- £2.7m on Cancer Equipment
- £2.1m on an MRI scanner

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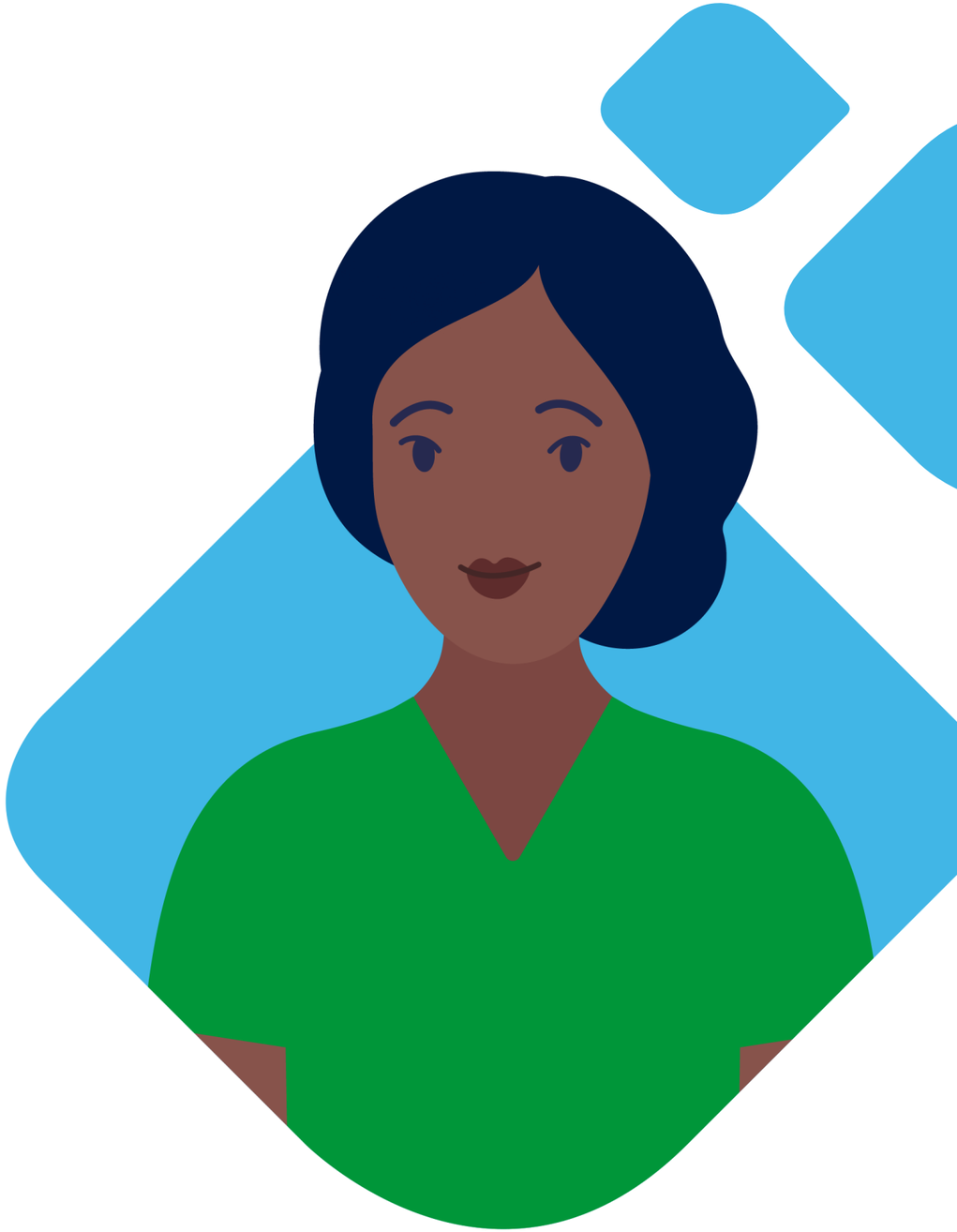
Looking into 2022/23 and onwards

- Throughput of elective work to increase
- Managing the impact of Covid
- Capital funding remains a significant pressure
- Reduced clarity on the finance regime
- Financial position remains challenging



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Quality Account Priorities

Toni Lynch
Chief Nurse

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Priorities 2021/2022 – Overview

Implementation of Enhanced Recovery

The PERIPrem Care Bundle (Perinatal Excellence to Reduce Injury in Premature Birth).

Development of a Frailty Assessment Unit

Priorities 2021/2022 – Overview

Implementation of Enhanced Recovery

Aims to get people to full health as quickly as possible after an operation.

We introduced:

- Leaflets, videos, virtual pre & post op information
- Patient goals log book (empowering people)
- Exercise routes around the hospital
- Coffee to stimulate gut function post-operatively
- ICOUGH – reduce respiratory infections

We achieved:

- Reduction in length of stay
- Increased patient empowerment & recovery
- Reduced infections

Priorities 2021/2022 – Overview

The PERIPrem Care Bundle (Perinatal Excellence to Reduce Injury in Premature Birth)

Aims to reduce neonatal morbidity & serious brain injury by 2025.

We introduced:

- Premature birth guidance
- Point of care testing
- Staff education
- Treatment guidelines to meet the 11 evidence based interventions

What have we achieved?

- Implemented all 11 guidelines, delivering safe care
- Raised profile of premature birth

Priorities 2021/2022 – Overview

Continuation of a Frailty Assessment Unit

Aims to provide expert, rapid assessment & treatment of frail people

- Launched Older Persons Assessment Unit (OPAU)
- Direct admissions to OPAU
- Specialist assessment
- Spacious environment
- End #PJ paralysis

What have we achieved?

- Reducing length of stay
- Impacted by COVID-19
- Commitment to improve

Thank you for listening

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Hospital at Home

Robin Fackrell
Consultant Geriatrician and Associate Medical Director (BSW)

Phillipa Nash
Therapist within Hospital at Home Team

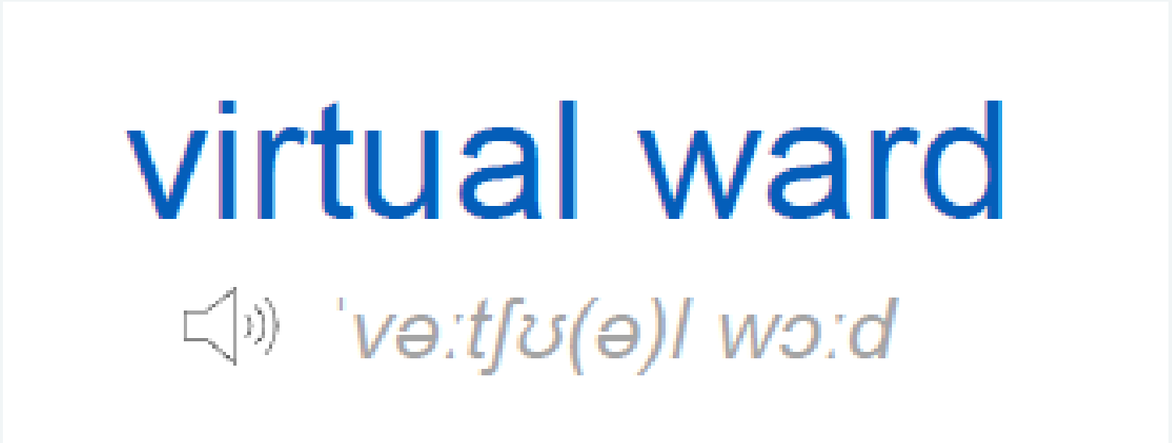
Definition

What is a virtual ward;

- A Virtual Ward is a safe and efficient **alternative to NHS bedded** care that is enabled by technology

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

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



National and Regional Priority

Following is taken from the 22/23 priorities and operational planning guidance;

- By December 2023, we expect systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual beds per 100,000 population. Successful implementation will require systems to:

- Maximise their overall bed capacity to include virtual wards

- Prevent virtual wards becoming a new community-based safety netting service; they should only be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge 23 | 2022/23 priorities and operational planning guidance

- Maintain the most efficient safe staffing and caseload model

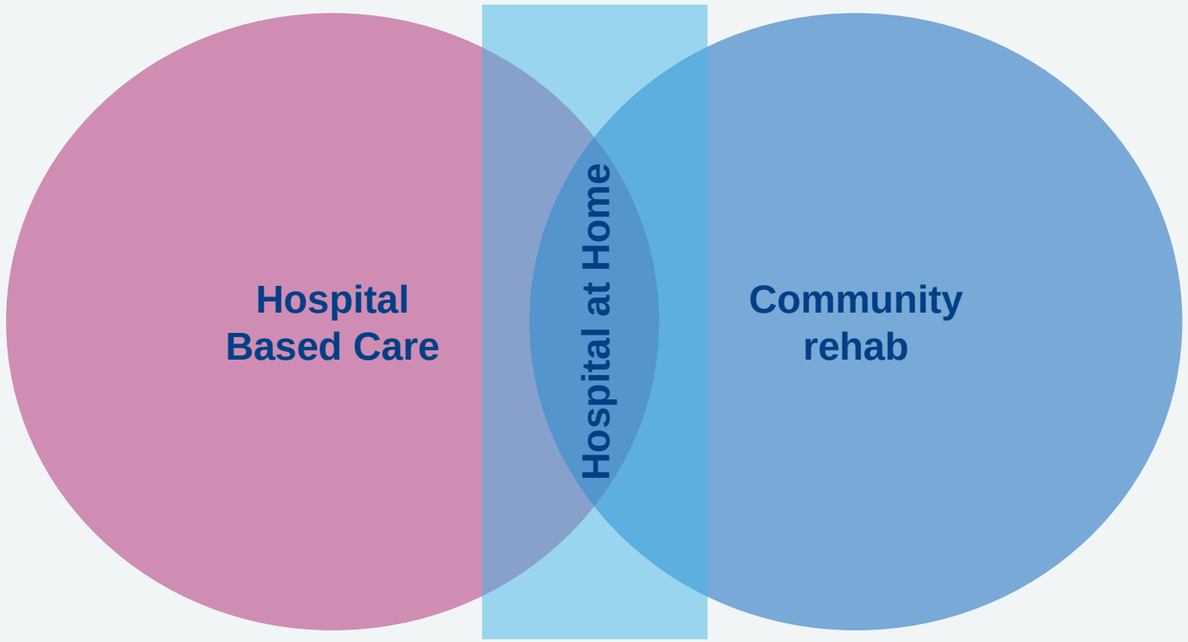
- Manage length of stay in virtual wards through establishing clear criteria to admit and reside for services

- Fully exploit remote monitoring technology and wider digital platforms to deliver effective and efficient care

Conceptual Model

- Hospital at Home (H@H) is a targeted intervention that provides acute hospital level care in an individual's own home that is equivalent to that provided within a hospital.

- Older people with frailty are at particular risk of being affected by institutionalisation and delirium. Some 30 to 56% have been shown to experience a reduction in their functional ability between admission to hospital and discharge.



Royal United Hospitals Bath NHS Foundation Trust Hospital at Home

All Hospital@Home patients have an individually tailored care plan and receive two or three visits a day which can support with Observations, blood tests and treatment such as IV antibiotics. Pts also get a daily whiteboard and Multi-disciplinary Team discussions, just like in hospital. Patients get the care they need, just in their own home.

Inclusion Criteria

- Bath and North East Somerset (B&NES) GP
- Inpatient at RUH and investigations and treatment plan have been commenced
- Patient deemed ready to transfer to own home and Personal Treatment Plan
- Patient deemed safe at home between community visits.
- Patient agrees to discharge with RUH Hospital at Home support

Exclusion criteria

- Medically stable – only requiring social care input
- The patient requires care during the night and/or additional care between the prescribed RUH H@H visits.
- The patient is not registered with a B&NES GP

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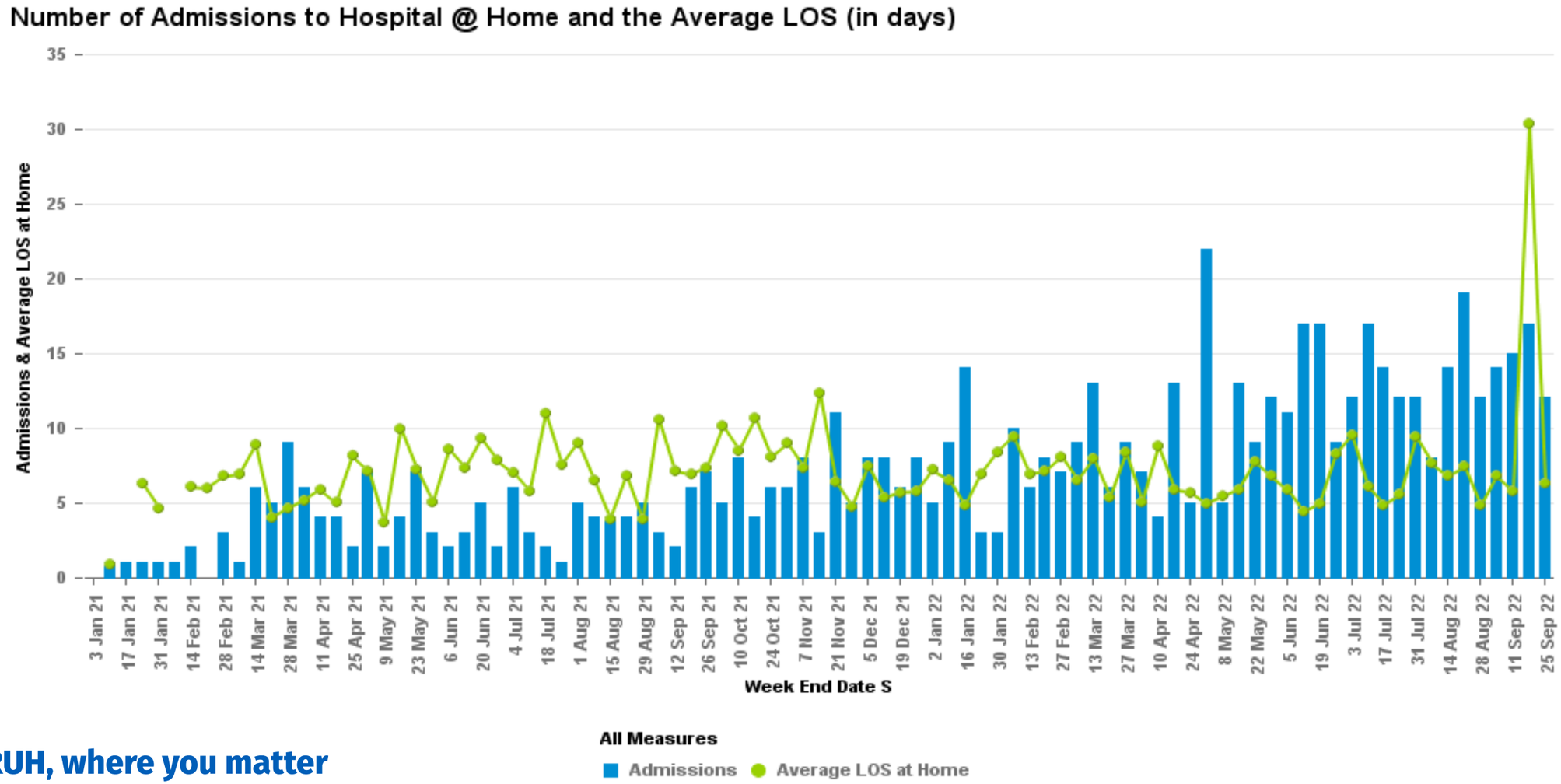
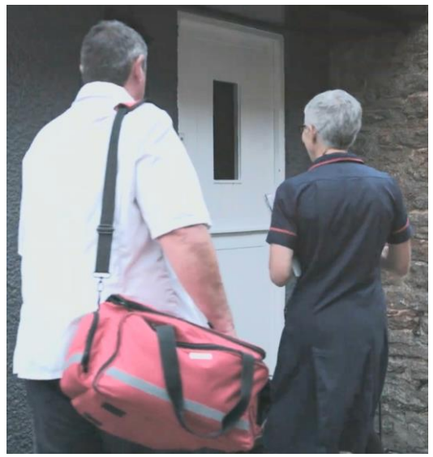
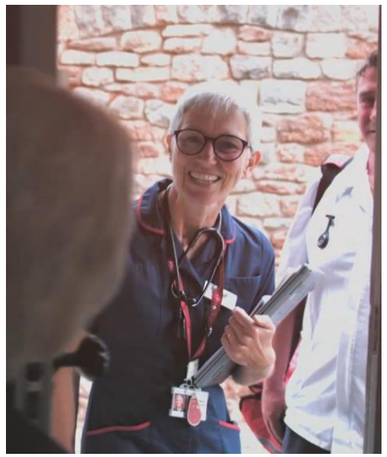
Activity so far

Over 500 patients supported during first year



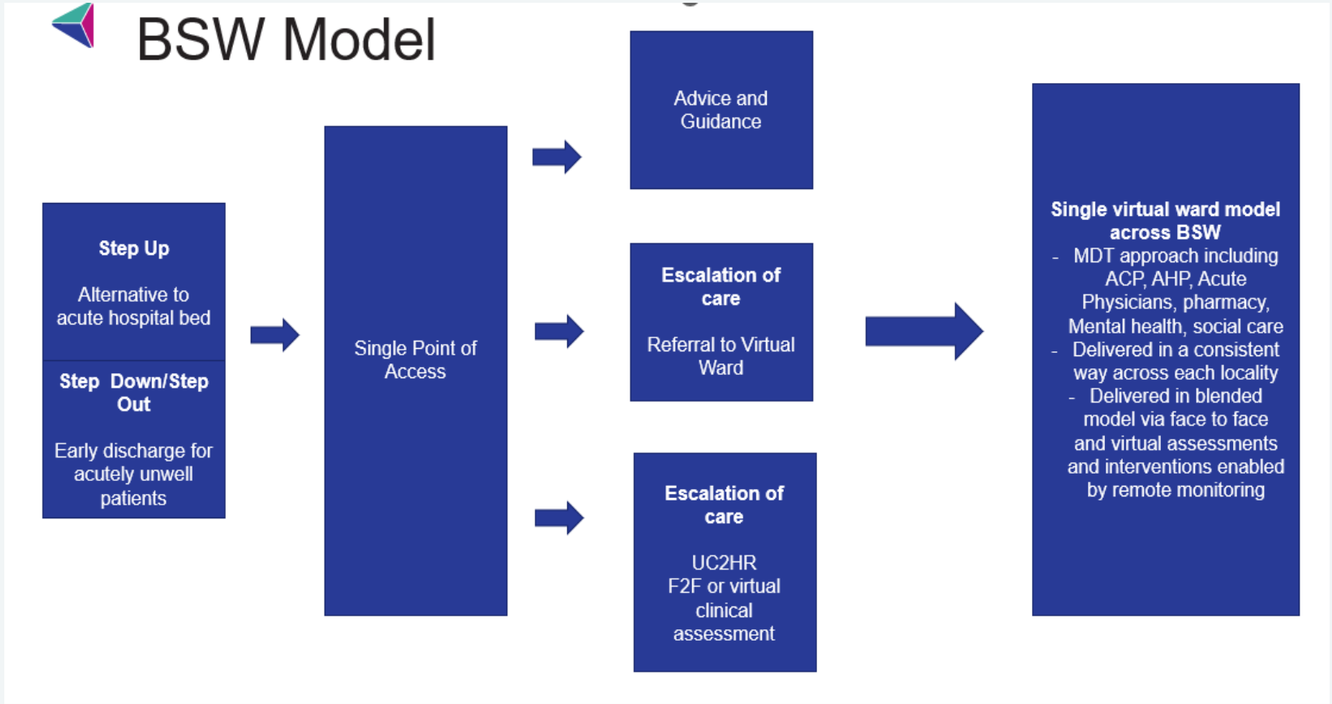
Working Together - Patient Story



BSW development of virtual wards

- RUH helping to lead the development of the plan
- Plans deliver the ambition of 40 beds per 100,000 population by March 24 (360 beds)
- Will support admission avoidance as well as early supported discharge
- Development of model between all providers within BSW
- Developing in additional digital technology to help support more patients at home



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Emergency Department, RUH

Chris Jones
Consultant Nurse, Emergency Department

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The people we work with

CQC Areas for Improvement

Action	Improvement	Status
MUSTS		
(1) Ensure there are sufficient numbers of suitably qualified, competent and experienced paediatric nurses	Now have 24/7 Children's Nurse cover in the ED.	**On track**
SHOULD		
(2) Review the numbers of senior medical staff on duty	New Advanced Clinical Practitioner (ACP) service in place and recruitment of more senior doctors in progress to achieve 5 clinician overnight.	**Partially compliant**
(3) Review the plan for over crowding in the ED	Improvements to waiting room environment have launched a system for streaming. New Rapid Assessment and ambulance cohort area.	**Completed**
(4) Develop a process for the clinical oversight of patients remaining in an ambulance	SOP developed by clinical lead with South West Ambulance Service and Bristol Ambulance Service. Ambulance Cohort area.	**Completed**
(5) Record the time a patient is seen by the doctor	Urgent care paperless. ED majors documentation encourages time stamp with plans to go paperless 2022 summer.	**On track**
(7) Provide responsive care and treatment in line with national performance standards.	Trust and system wide plan to address overcrowding in the ED. *Improving Patient Flow Together*	**On track**

Workforce

Overall recruitment – **80 total staff**

- Introduction of new roles – Progress Chaser, Physio Practitioner, Urgent Care Coordinator, Ambulance Cohort Area Paramedic.

- ED Safe Staffing Review completed by January 2022. Significant uplift to nurse staffing over next 18 months. Medical staffing paper in progress.

- Future roles – 'Helicopter' band 7, 24/7 Urgent Care Senior Nurse 24/7, Resus Coordinator, Waiting room and Mental Health HCAs, Streaming and Rapid Assessment & Treatment (RAT) Nursing Team, Fit to Sit Nurse.

Governance & Risk

- Full review of risks undertaken – improved oversight of risks with clear action plans in place to address.
- Active promotion of reporting incidents which has transformed culture.
- Roundtable events, with broad multidisciplinary attendance, to support education and shared learning from incidents and complaints.
- Re-invigoration of Patient Safety Checklist and Matron led Daily ED Quality Walk Around
- Peer review of ED in January 2022 by Bristol ED Consultant Nurse.

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Daily ED Quality Walk Around

Date:

Area	Completed	Comments
Environment		
PPE trolleys at entrances	Y / N	
PPE available at nurses stations	Y / N	
Hand hygiene observation	Y / N	
PPE compliance	Y / N	
Social distancing	Y/N	
Staff room check	Y/N	
AGP		
Cubicle Checklists	Y / N	
Resus Trolleys	Y / N	
PPE Trolley	Y / N	
Majors/High Care		
Cubicle Checklists –	Y / N	
Sharps Bins	Y / N	
Resus Trolleys Spotcheck(weekly)	Y / N	
Gynae Emergency Trolley	Y/N	
Sluice check	Y / N	
Dirty Linen stored correctly	Y / N	

Safe – Environment Improvements

- New Resuscitation Unit Summer 2021, with negative pressure cubicles.
- Ambulance Cohort Area (ACA) opened with support from Bristol Ambulance/SWAST for ‘queuing in’ patients’ – December 2021.
- New Children’s ED opened December 2021 – created new child and adolescent friendly environment.
- Upgrade/improvements to waiting room area.
- IPC improvements in Majors – cubicle partitions installed.
- Dedicated Hot Lab opened Summer 2022.
- Improvements to Majors Staff Base.

Training & Development

- Robust education plan supporting courses critical to staff in Emergency Care.
- This is in line with national guidance.
- Current low turnover of ED staff highlighting improved staff retention.

Compassionate Care

- Patient plaudits shared with ED staff by matron.
- Use of volunteers and support roles to promote comfort.
- Debriefs, support from the Chaplaincy and Employee Assistance Programme, TRiM, Mental Health First Aiders being trained.
- 3 x decompression days held by Senior Leadership Team in autumn and spring, all members of staff to promote well being and team building and to boost morale.
- Focus on civility #CivilitySaveLives.
  Civility month in ED Summer 2022.

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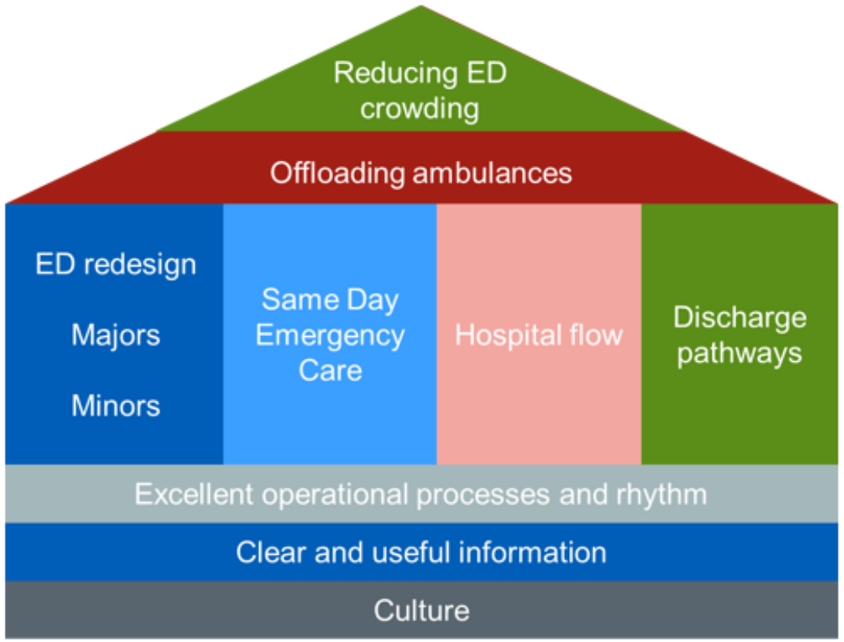
On arrival to the ED, I was treated with respect, they were caring and was treated in a timely manner.

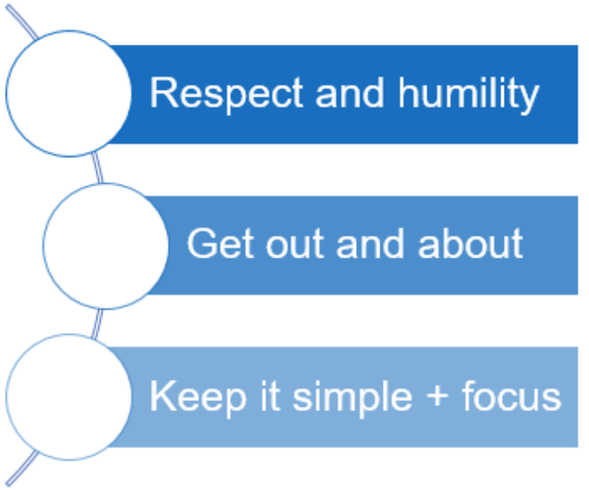
Every single member of staff that I met was caring, compassionate, positive and reassuring. I arrived feeling very unwell and quite anxious but everyone put me at ease.

I was treated at A&E yesterday. I am very grateful for the outstanding professionalism and great kindness of all the staff there, in all the current difficulties.

Improving Patient Flow Together

- Whole hospital and system wide approach to reducing overcrowding in the Emergency Department
- Utilising Improving Together Methodologies to support change
- Dedicated Executive, Project Management and Operational Improvement support





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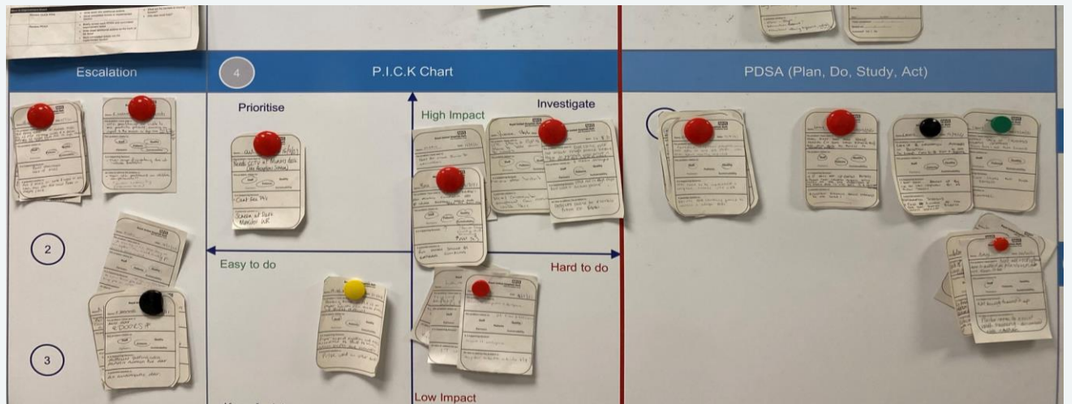
Huddles

- Weekly Improving Together Huddles.
- Opportunity to hear from the teams what is working and what is not.
- Identify improvement actions that matter to the team.



Responsive – Urgent Care

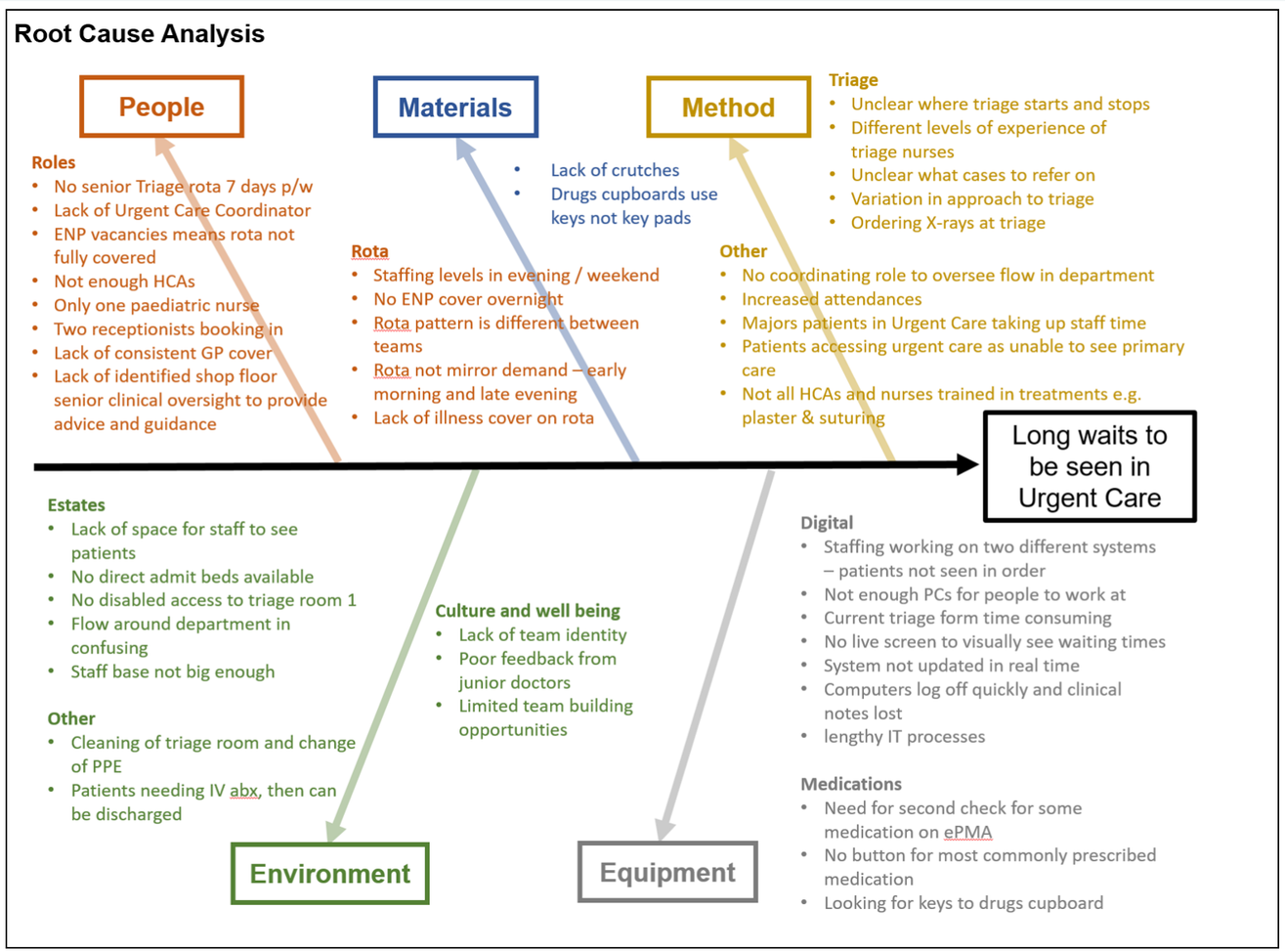
- Improving Together methodology being used to fully understand root causes of flow challenges in Urgent Care.
- Fortnightly Urgent Care Working Group supported by Weekly Huddles. Monthly majors improvement group.
- Fully integrated workforce with clear improvement plan for key work streams

Root Cause Overview

TRIAGE PROCESS / ROLE	ONE SYSTEM	ENVIRONMENT	CULTURE
			
There is lack of clarity where triage starts and stops There is lack of clarity of the role of the triage nurse leading to them getting too involved	Staffing working on two different systems is impacting waiting times Not enough computers for staff to use System not being updated in real time	Not enough space for staff to see patients and flow around department is confusing Lack of staff base makes it difficult for team to work together as team	Lack of team identity Poor feedback from junior doctors and GPs Limited team building opportunities

NEW ROLES	ROTA	SYSTEM SUPPORT	MEDICINE MANAGEMENT
			
Unable to support senior triage role 7 days per week Lack of Urgent Care Coordinator to provide oversight of department Additional Nurses &HCAs	Illness and injury roles are not aligned Rota pattern does not align to demand, particularly in evenings and weekends	MIU hours / service offer does not match demand seen at acute Patients accessing Urgent Care as unable / unwilling to access alternatives	Second check for some medication on ePMA No button for most commonly prescribed medication Looking for keys to drugs cupboard

Root Cause Analysis



ED Leadership Vision

Royal United Hospital Emergency Department and Urgent Care Centre

Thank you for listening

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Development of In House Care Agency - United Care Banes

Niall Prosser
Deputy Chief Operating Officer

Gina Bartlett
Project and Programme Manager,
Integrated Adults Commissioning Team

Background context of what caused our focus

The Challenges we faced

- Population is getting older and people's need for care become more complex, the need for social care intervention also increases
- System struggling to get additional private provided domiciliary care capacity.
- RUH have circa 50 pts waiting for rehabilitation. Community provider have 60 pts waiting to step out of Reablement services and into either domiciliary care or nursing home capacity.
- As part of this analysis BANES system identified a gap of 1,500 hours of care per week.
- Finances remain tight across the whole system

There must be a better way!

Proposal that came together

Agreed create an in-house home (domiciliary) care service, in collaboration with the RUH and BANES council.

This approach has several key components:

- Offer an integrated health and social care provision. Utilising both the social and health care inline with CQC registration
- Provide1000 hours of care within the community of B&NES (33 wte). Service will provide up to 25% of the council commissioned domiciliary care market
- Managed and run by the Council and RUH,
- It offers a long-term plan, puts challenge into the current domiciliary care market
- RUH able to offer sponsorship to support market and recycle profit margin back into direct pay, offering a higher hourly rate then current market rate and compete with hospitality
- Job descriptions, staff benefits, inductions and training that straddle health and social care

Progress to date and Next steps

Progress so far

- Service went live 6th June 2022.
- 40 job offers to home care assistants have been made, including 1 senior.
- 17 home care assistants and 1 senior working in the service.
- Packages of care are now being delivered - quickening progress
- Induction supported by RUH and B&NES.

Next steps

- Onboarding of 19 new home care assistants over the next several weeks. Finalising recruitment
- Increase number of packages of care being delivered within the community
- Exploring expansion of UCB to other areas of pressure eg care homes
- Service fully operational by November 2022 – providing circa 40 service users care.
  - This will support releasing 35 patients out of Reablement services, and creating capacity to pull 35 patients out of the RUH.

Thank you for listening

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Governors Report to Members

Gill Little
Lead Governor

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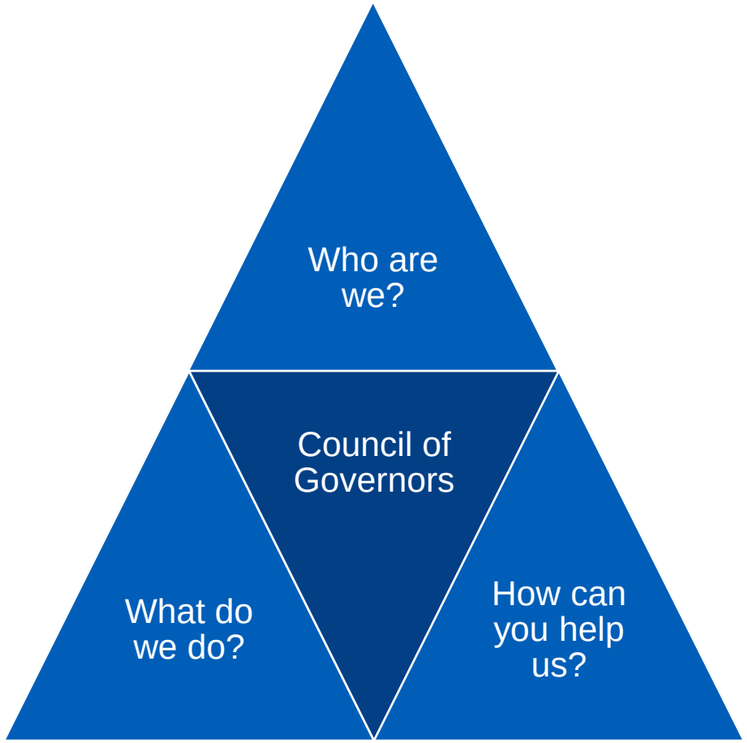
Public Governors











Staff Governors




Stakeholder Governors



Key Role and Responsibilities

- Hold the Board of Directors to account through the Non-Executive Directors
- Represent the interests and views of the members and general public
- Appoint and re-appoint the Chair and Non-Executive Directors

Public Engagement - Representing Your Interests

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Governors As Conduits

Listen to our members

Hear concerns or ideas
Seek answers where needed

Communicate back

How you can help us to be more effective

- How do you want to be communicated with?!
- Governor articles in Insight magazine
- Social media
- Website content
- Online or physical meetings
- Surveys/Questionnaires
- Governor inbox/email

Annual Review of the Trust Constitution

- No significant changes are proposed this year

- There is a slight tweak to paragraph 13.1.4 to confirm that an elected governor can hold office for a maximum of 9 years – it is proposed that the requirement for these to run consecutively be removed

- The rest of the amendments are presentational to:
    - *Reflect the change from Clinical Commissioning Groups to the Integrated Care Board*
    - *Update the names and number of Board Committees, and*
    - *Refer to the latest version of the NHS Foundation Trust Code of Governance.*

- Members are asked to approve these changes to the Trust Constitution

Summary

- The Governor structure is there for you, our members.
- It works best when it is used well
- Each Public Governor is YOUR representative, and we want to hear from you
- Council of Governor Annual Report: https://www.ruh.nhs.uk/about/AGM/
- Governor inbox/email – ruhmembership@nhs.net

Thank you for listening

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Question to Board of Directors

Alison Ryan
Chair

Thank You

Alison Ryan
Chair

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NHS

Royal United Hospitals Bath

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