Northern Devon Healthcare NHS Trust

Involving People Steering Group

Minutes of a meeting held of the Involving People Steering Group via MS Teams on Monday 27 July 2020

Minute	Title
1	**Attendees** Katherine Allen (Chair), Lisa Townsend, Carol McCormack-Hole, Tim Lamerton, Sarah Delbridge, Sue Matthews **Apologies** John Wade, Teresa Sturm, Pauline Fulford, Roz Sampson, Ella McCann, Lana Madden, Eric Hayes, George Kempton, Kharun Shah
2	**Introductions** KA welcomed the group and highlighted that it's fantastic that everyone can now participate as the dial in option has been introduced. KA asked SD to follow up with those who have not been able to attend. **ACTION** No other items where requested to be added to the agenda for this meeting.
	Action(s) SD to engage with members who have not attended to ascertain if there is anything we can do to encourage or facilitate their involvement
3 3.1	**NHS Updates** **COVID update** KA informed the group that the hospital had no COVID patients at the time; This did not include the community, but highlighted that there were no patients critically ill with COVID. The Trust is constantly monitoring the number of cases in the community to ensure we get an early heads up. The recent scenes of high visitor numbers to Woolacombe at Easter has not – so far – resulted in COVID numbers rising. KA highlighted to the group that winter planning is underway and preparations for a possible second spike is part of that to ensure we are ready. Staff are also being encouraged to take annual leave and rest after what has been a very busy period. KA highlighted to the group that the Trust has provided a whole range of support to staff, including holistic therapy, peer support, along with signposting to Mental Health and wellbeing support. SM asked what the bed occupancy was like at the hospital? KA informed SM that currently there were roughly 40% beds available. Our emergency care and outpatient services are getting steadily busier as we reinstate our capacity. We are working hard on our messages of reassurance that patients can have confidence in visiting a hospital. KA briefed the group on some of the challenges we face in reinstating our capacity whilst Covid is still present in the community. Our 1970 NDDH building cannot easily be adapted to segregate covid positive and covid negative patient pathways. For example, there is only one entrance to our theatres meaning that we can only do surgery if there are no covid positive patients in the hospital because of the risks of transmission in hospital. This is causing us some concern as our waiting lists are increasing and we want to be in a position of speeding up care, particularly in cancer and orthopaedics.

The Trust's clinicians and operational leaders have been asked to submit bids to central government to set out what we need to bring back services and ramp up our operating capacity. We are awaiting an outcome on this bid.

KA commented that in North Devon we don't have access to the independent sector, i.e. Nuffield, unlike other parts of Devon, so for us, this is of critical importance to our ability to serve our local community.

SM enquired if a programme of work included theatres or a mobile theatre. KA informed SM that theatres are included in the bid. But we also included mobile diagnostics.

CMH raised the question of whether the Trust has planned further ahead as COVID could be around for some time. KA informed the group that yes, we are making really strong plans for winter. But outside of the health sphere we are getting more active in the economic and social impacts of the virus on our community. KA highlighted that North Devon has seen a higher proportion of people claiming universal credit. Through One Northern Devon we are actively exploring ways we can mitigate the economic and health impact of the virus. This includes apprenticeships, training, career pathways into nursing and so on.

KA informed the group that the Trust has concerns that patients still might not feel confident to come into hospital for care. KA expressed that the Trust feels that it's in a good place and SD will discuss this further later in the meeting.

CHM informed KA that the information that she received about the Trust being "Open for Business" was fantastic and it gave excellent information and the engagement has been outstanding. CMH thanked the Trust for their work on this.

KA asked whether people's willingness or ability to travel might have changed as a result of COVID. SM felt that a lot of people no longer want to travel and highlighted that older people she has contact with are looking visibly frailer. CMH has also noticed this.

TL noted to the group that he had recently attended a North Devon Care Forum and the drivers had also reported similar stories. TL reported that some 70+ drivers are doing really well and risk assessments are being completed but some have given up volunteering.

TL commented that most of the car services are now up and running. There are still issues with confidence and a lot of questions raised as to what to expect when arriving at the entrance of the hospital. TL highlighted from his own experiences it has been excellent.

One issue that is currently being faced by the scheme is assisting patients to their appointments and would appreciate advice on how to support the patients with a steadying arm whilst remaining safe. And advice around the decontamination process and to check if full PPE and face visors would be required.

SD informed that that she has recently sent TL an email around this matter and has received further advice from the Trust's infection control lead consultant and will share with TL soon. TL thanks SD for this and also noted he received the risk assessments from the consultant.

TL also noted that funding has recently been received from DCC via the prompt action fund. Out of the 60 car schemes TL is involved with, 35 have received PPE. It was also highlighted that 40 out of the 60 schemes have now restarted which are mostly based in North Devon which is very encouraging.

TL highlighted that the volunteer drivers would appreciate knowing if they might need to travel further to the Nightingale and what services are likely to be starting up, along with any

	hospital plans. It was noted that it would be fantastic if younger drivers come on board as more drivers are required. TL also noted to the group that there have been funding issues as a lot of grants have stopped or have been used for COVID. Issues long term will be getting the patients over 70 into hospital. SM raised the question if the offer of testing for COVID included volunteer drivers? KA was not sure, but she would check and confirm. **ACTION** KA highlighted that there is currently a small pot of funding that was set aside for volunteer co-ordinators to deliver medications to help the NHS and has not been used. KA offered to link TL with One Northern Devon to see if any volunteers might be available. These volunteers would have been DBS checked by the Trust. TL informed KA that not many would be needed. It might be an encouragement to communicate that the expenses from volunteer car driving could help people to keep their car on the roads. KA will forward TL's contact details to Andrea Beacham. **ACTION** SM enquired about testing and who would this include at NDHT? I.e. Sodexo, contractors and Trust staff? She also noted that some had found it difficult to get the test in the early stages. KA informed the members that all staff including Sodexo are eligible for the testing service. The support from RD&E ensured that the results were received within 12 hours. It was also noted that the Trust has 15 rapid tests allocated with a turnaround of 20 minutes, which is a fantastic resource. SM commented that the Nightingale has a waiting list of 2,000 patients going in over the next 2 months and would these patients be just Devon? KA informed SM that it's a resource for Devon and Cornwall but would need to clarify this number. **ACTION** CMH noted that since the pubs and other establishments were able to open, Carol has heard comments "it's all over", "back to normal". People need to be informed that we still must take care and stay alert. Unsure of how this message can be sent out without scare-mongering. SM noted that she had recently been to Appledore and there was very little social distancing taking place and felt that we had not been through a pandemic. SM was the only person wearing a mask. TL raised a question if someone has a mobility issue, are home testing kits being sent out to them. KA informed TL that there are home kits being sent out via the GP or they are posted out to patients. TL also raised a question on behalf of a volunteer driver that people need to self-isolate for two weeks and then be tested for a procedure; does this include those coming in for an outpatient appointment? SD informed TL that select patients are tested before outpatient appointments e.g. respiratory patients. TL thanked SD for this information and will inform the driver.
3.2	**Our redesign plans and the engagement activities to ensure patient voice in our Decisions + engagement activities that are safe to do during COVID** At the last meeting, we asked the group for their advice and input into how we captured the experience of patients using our outpatient service and their feedback on the virtual

appointments.

Members asked us to make sure we asked about both the F2F in-hospital experience as well as the online and telephone experience. Sarah D presented the engagement report to date, which had the following highlights:

- Positive feedback on telephone appointments and patients appreciated that they did not have to travel
- Video appointments were well received and from a survey sample of 490, these patients saved 9,000 miles of traveling to appointments.
- 92% of the patients surveyed would like to continue with video appointments.
- Staff were also asked what they felt about video appointments and most were very positive.
- The use of video appointments has dropped slightly and the Trust is looking into the reasons for this.

KA noted that there are areas that the Trust will need to look at as part of the feedback. The signage has been raised as an issue and consistency of staff behaviour.

SD asked the group if there was any feedback about outpatient appointments that the group wanted to share.

SM highlighted that she felt the main issue was signage and where to go, especially with changes in access to the building.

KA informed the group that the Trust will walk in the shoes of patients and trace the journey, as normally the trust would have volunteers and chaperones.

SM noted that someone she knows had to attend an urgent appointment in Ladywell and when she arrived the doors were locked. This person then had to walk to the Main Entrance in the rain.

TL noted information that patients could pass onto drivers would be useful as they have experienced similar issues where entrances have changed. SD asked TL if there would be a particular format preference for this information. TL informed SD that it would just need to be clear and straightforward which a patient could pass onto a co-ordinator.

KA noted to the members that both sites are currently reviewing patient information leaflets in regard to COVID. The aim is to make the information is clear and readable and would welcome any comments to ensure we get it right.

KA thanked the group for their feedback and asked the members to inform her of any further issues experienced.

KA highlighted that the conversations at these meeting are really important. At the last meeting, a conversation was taken to the consultants and informed that they need to hear these conversations and wished for SD to do more engagement. The report was a result of these conversations which are so important.

LT informed KA that she had recently attended a beyond COVID meeting that talked about engagement and noted it was more strategic. LT will forward KA details.

KA informed the group that currently there is a debate if patients should choose their preferred method of appointment or whether it should be consultant led. By engaging with patients, the clinicians can be informed of patients preferred method.

TL commented that clinicians might face patients not wanting to come in and those that can be done remotely should be. KA noted when they can, they should be as the building has

	limited space due to social distancing, so clinical input is required to confirm who does need to come in. The members were informed that engagement around patients' views is taken into account when decision making. SD's aim is to produce more reporting around specific issues that are currently in the team's thinking. CMH highlighted that people assume everyone has access to technology to use video appointments. Telephone is a safer bet as most will have a phone and hands free. SD is currently working on another engagement project to gather views from patients about whether they feel it's important to them if they should meet their surgeon before their operation. CMH felt this should be done regardless. SM agreed with this comment raised, as long as the patient felt safe and at their pre op which told what's happening and can understand in plain English. KA highlighted it's about expectations and what point in the patient's journey should they come in. The group felt this would be a good question to investigate. The Endoscopy team are looking to see if they can see more patients safely and have requested patient feedback on the changes they have made. SD is currently working with Endoscopy on this. SM noted if rapid testing would assist. LT enquired how SD was getting this feedback. SD informed LT she is gathering this information by telephoning patients and talking through patient journeys. SM enquired if the engagement report can be shared with primary care and other networks. KA was happy for this information to be shared. The communications team plan to share the report on our website and stakeholder update.
3.3	**Collaborative Agreement with Royal Devon & Exeter** First agreement has now ended and a new agreement has been drafted. NDHT has now addressed their issues raised. NHS England is very supportive of the agreement. Both trusts are looking to obtain a grant to obtain a digital system both sites will use. An advantage for North Devon is that more money has become available which will benefit patients and allow for care to be closer to home. KA also highlighted that the chair has agreed to stay for another year to see the Trust through COVID. SM raised a possible issue for rural North Devon if services became centralised and have to travel further. TL also highlighted that some people may not want to travel an hour and a half down the road. SM also commented about cancer patients turning down treatment as they can't get to Exeter or are far too unwell. KA noted that part of the bid for money was joint diagnostics and to make best use of available capacity and the use of resources that will benefit both sites. It was also noted by KA that Oncology patients are diagnosed and treated here in North Devon and the same

	should happen with other services, and looked into if this does not happen. SM asked what support has been offered to the Community Services. KA highlighted that a lot of therapy staff assisted in the community to avoid admissions and discharge delays. KA informed the group that Caroline Sandford-Wood a local GP Practice Manager has been invited to attend the Ops meetings.
	Action(s) SD to find out if the Trust is offering testing to volunteer drivers KA to forward TL's contact details to Andrea Beacham KA to check Nightingale waiting list number and whether NDHT patients are being referred there
4	**Group updates** **CMH-** noted that she has not been able to attend her usual meetings due to COVID and has to rely on the telephone and getting feedback on how they all are. She also highlighted that a lot of the people she knows are no longer interested in going out and noted this is damaging for people's mental health. CMH has helped with rebuilding confidence on coming into hospital by showing them the leaflets that were produced. CMH has reopened the pub and this has become really good for social contact at a safe distance. **SM**– has been making face coverings with the Barnstaple Alliance. In September will be assisting with the nurse training at Petroc and noted that the course has been popular and the course is now full. Lots of volunteers are now looking to train. **TL** – there has been a slow recovery for the schemes, however journeys have started again and the information received has been excellent. Would like to receive information about assisting patients with a steady arm. **LT-** has been worked on the "virtual visiting" which started for end of life patients, but has now been rolled out further. The knitted hearts project has also been successful which was to tackle separation issues, and the mail box has been very busy.
5	**Closing Business** KA noted to the group that she would like to extend the membership of this group. TL noted that Karen Evans might know of people who would like to join the meetings
	Date of Next Meeting Monday 02 September 20 – 10am via Microsoft Teams

Attendees

Name	Job Title	Present/ Apologies
Katherine Allen (KA)	Director of Strategy, NDDH (Chair)	Present
Teresa Sturm (TS)	Patient Experience Matron, NDDH	Apologies
Sarah Delbridge (SD)	Interim Communications and Engagement Officer	Present
Holly Conway (HC)	MacMillan Living and Beyond Cancer Project Officer, NDDH	Apologies
Carol McCormack-Hole (CMH)	Devon Senior Voice with Devon Communities Together	Present
George Kempton (GK)	Go N Devon, NHS Retirement Fellowship	Apologies
Eric Hayes (EH)	Ilfracombe Access Group/ Tyrell Hospital League of Friends	Apologies
Roz Sampson (RS)	PPG/PSN	Apologies
Sue Matthews (SM)	SOHS	Present
Lana Madden (LM)	Devon Carers	Apologies
Kharun Shah (KS)	Hikmat Devon CIC	Apologies
Tim Lamerton (TL)	NDVS (CVS)	Present
Ella McCann (EM)	NDVS (CVS)	Apologies
Pauline Fulford (PF)		Apologies
John Wade (JW)		Apologies
In attendance		
Andy Searle (AS)	Service Transformation Team Secretary (for minutes)	