

## Involving People Steering Group

Minutes of the meeting of the Involving People Steering Group held at the Barnstaple Library, Rm 3b on Tuesday 03 March 2020

Minute	Title
1	<p><b>Attendees</b></p> <p>Katherine Allen (Chair), Holly Conway, Sarah Delbridge, Eric Hayes, George Kempton, Carol McCormack-Hole, Lana Madden, Tim Lamerton, Tony Layton, Andy Searle (minutes)</p> <p><b>Apologies</b></p> <p>John Wade, Teresa Sturm, Sue Matthews, Pauline Fulford, Roz Sampson and Ella McCann</p>
2	<p><b>Minutes of the last meeting</b></p> <p>Update on actions</p> <ul style="list-style-type: none"> <li>- CMH gave SD a paper copy of an old IPSP attendee list at today's meeting.</li> <li>- TL was able to confirm that Trauma and Orthopaedics have not yet been setup to use virtual clinics. They are using 'virtual consultations' to review patients. To avoid confusion it may be necessary to change the wording used for virtual clinics. <b>ACTION</b></li> </ul> <p>At the last meeting the members suggested that the following areas of interest were added into future IPSP agendas.</p> <ul style="list-style-type: none"> <li>- Outpatients – developments, changes in experience and support to get to appointments</li> <li>- Diagnostics – waiting times and developments</li> <li>- Pathology and other clinical support services</li> <li>- Access – transport, distance and digital methods of accessing healthcare</li> <li>- Hearing feedback from the Trust's other engagement activities, i.e. other patient groups, patient stories, quality account etc.</li> <li>- Car parking and the administration/scheduling to help transport providers support rural communities</li> <li>- Monitoring the delivery of political promises on the NHS and local impact (IT issues and multiple log-ins, pre-hab clinics, new hospital, car parking charges, EU procurement rules, how we are integrating with the new PCNs, Brexit and access to medicines) Patient stories were also noted as an area of interest.</li> </ul> <p>The group members were happy with the suggested areas of interest. KA to plan a 6 month agenda. <b>ACTION</b></p> <p>GK inquired with KA how patient stories are selected. KA informed GK they are sourced by patients coming to us with their experience or because we want to draw the Board's attention to the patient/staff impact of a risk or improvement in our care.</p> <p>KA explained that the aim of the stories is to help the Trust leadership understand the experience of care.</p>
	<p><b>Action Summary</b></p> <p><b>Action: KA to plan a 6 month agenda</b></p>
3	<p><b>Matters Arising</b></p> <p><b>Covid-19</b></p> <p>KA noted that the Trust is putting in place plans to deal with the anticipated Covid 19 outbreak.</p>

	<p>This started with some emergency planning scenarios and will ramp up over the next few weeks to ensure we are ready and we have prioritised the areas of our service that people will need from us the most.</p> <p>All our plans are being informed by the national teams – Chief Medical Officer and Government COBR. CMH said it needs to be said loudly that the NHS knows what it's doing. SD confirmed that national communications have been circulated to staff and communities. We have acted on feedback from our staff to provide more information more regularly.</p> <p>Members of the group discussed how the shops had already run out of basic supplies, particularly hand-sanitiser. Social media is fuelling some of the panic.</p> <p>KA reiterated the importance of hand hygiene.</p> <p>Lana asked whether the NHS was going to engage more? How should the voluntary sectors and carers do home visits to most vulnerable? Are we to do more over the phone? Guidance is missing. <b>ACTION</b></p> <p><b>Team changes</b></p> <p>The group were informed that Duncan Buckley has left the Trust and Sarah Delbridge (SD) will now be leading the Trust's engagement activities and will be attending these meetings going forward.</p> <p>EH and LM updated their contact details with AS. LM also noted that the spelling of her name was incorrect. AS agreed to action noted.</p>
	<p><b><u>Action Summary</u></b></p> <p><b>Action: AS to correct LM spelling to Lana Madden.</b></p> <p><b>Action: SD to make sure IPSG members were included in all relevant Covid-19 comms.</b></p> <p><b>Action: SD to explore invitee list provided by CMH.</b></p>
<p><b>4</b></p> <p><b>4.1</b></p>	<p><b>NHS updates</b></p> <p><b>Waiting times in Ophthalmology</b></p> <p>Tony Layton (ToL) was welcomed to the meeting to discuss waiting times in ophthalmology. ToL noted that we have seen a growth in referrals to the ophthalmology service at NDDH. There has also been a growth in follow-up appointments as the number of patients in our total caseload continues to grow.</p> <p>In response the Trust has put in place the following:</p> <ul style="list-style-type: none"> <li>- Extra clinics</li> <li>- Moved from booking chronologically to booking by risk factors: patient-by-patient review of risk factors to ensure high-risk patients were prioritised, and we reduce those waiting a long time</li> <li>- We have employed 'failsafe officers' to track high risk patients.</li> <li>- A new eye clinic liaison officer spends time with patients to talk about support in community, and they are more accessible than the consultants, meaning patients get better support.</li> <li>- Nurses now do a lot of the routine injections, meaning consultants support the more complex patients</li> </ul> <p>The group noted that the service sees 37,000-40,000 patients per year. ToL confirmed it is not a big team so increases in referrals raises the pressure. The waiting lists are 6 months for glaucoma and 9 months for cataracts. The CCG is considering whether offering patients waiting up to 26 weeks a choice of provider would help the Trusts in Devon manage the waiting lists better.</p> <p>CMH raised the question on how the Trust is able to manage this. ToL informed CMH that locum consultants have been employed to support the extra clinics.</p> <p>Pending lists are reviewed by clinicians and weekly meetings are held to discuss patients that have been waiting over 52 weeks to be seen.</p>

ToL noted that ophthalmology has been recognised as a national priority as there is a challenge across the whole NHS.

HC raised the question if a tracking system is used? ToL informed HC that a system called Medisoft is used which is really effective. TL fed back that as high intensity users of the service, they thought it was brilliant and really impressed with the care and how well the team listen to patients.

GK enquired what future plans are in place. ToL informed GK that the Trust are currently working on plans that are considering ideas like remote (telephone or video) follow-ups. GK asked if we would use the facilities that high street providers have got. ToL commented that this is sometimes a more expensive solution than using the NHS and we would need to validate the calibration / standard of the diagnostic equipment they use.

TL wondered if the team could be spilt to cover community sites. ToL informed TL that the team is too small to achieve this – we get more capacity from the team when they are centralised.

ToL noted that if a patient did not attend their appointment the receptionist usually calls the patient to enquire why they weren't able to attend. TL enquired if the patient did not attend due to transport issues? SD offered to assist ToL with gathering the data. **ACTION**

KA asked the group to think about any impact of the waiting lists and feedback on the situation they'd heard ToL describe.

TL confirmed that with the car schemes you need to bear in mind that volunteer activity is a lot less at weekends. Cancelling appointments, moving appointment venues etc has a huge financial impact and disruption on community transport.

Before making changes to the service, TL asked to be included in discussions about the impacts. Please don't send to RD&E – it's full! With planning and pre-warning anything is possible. Good parking. Having four dedicated spaces at NDDH for volunteer car drivers was brilliant.

4.2

**Transport**

TL mentioned a review of volunteer transport and KA asked if he would be happy to table it at the next meeting so we could discuss it. **ACTION**

TL gave an example of the leg ulcer clinic moving from GP surgery to a community hospital. This wasn't communicated to the volunteers and took the car drivers by surprise.

TL informed the group that the Go North Devon travel guide is due to be updated soon.

CMH commented that reimbursement information hard for people to know and asked the NHS how to ensure this message got to people.

KA agreed to look at those patients that are most likely to have to travel to Exeter or Plymouth to access care - children, cancer, orthopaedics and neurology and review the information we give people. **ACTION**

TL talked about overcoming people's reluctance to claim back their costs. Schemes will help people go to cashier on day, as long as they have paperwork. We could add in the phone number for reclaiming on appointments.

SD will review the information we put on our website about patients reclaiming costs for transport.

CMH asked that with the developing RD&E relationship, will this become more important as more people will have to travel?

<p>4.3</p>	<p>KA confirmed that there was no intention to make more people travel. But that it was still a really important issue to make sure people knew their entitlements.</p> <p><b>HIP 2 – new hospital funding in Northern Devon</b></p> <p>KA gave a brief overview that NDHT anticipates shortly receiving the first part of the funding which will help us scope what sort of facility we need. We are organising ourselves to get the best value for the taxpayer.</p> <p>GK said there was a great deal of interest in these plans and the public would like to know.</p> <p>EH confirmed that in conversation with the local MP about the Tyrrell she had advised the LoF to ask the Trust to consider the Ilfracombe building within the same plans.</p> <p>KA confirmed that the funding could only be spent at NDDH, and there were separate schemes for community. Also, that as soon as we have more certainty, we will definitely communicate to the public on the process.</p>
<p>4.4</p>	<p><b>Holsworthy</b></p> <p>KA shared with the group a recommendation document that has been produced by the community group in Holsworthy. This group formed to back in 2017 when the inpatient beds closed and were tasked with understanding local health needs and priorities and recommending ways to meet those needs.</p> <p>A copy of the document was given to the group to read.</p> <p>CMH commented that the brilliant thing they've done is listed what else is in the community, everything they have in Holsworthy, social, children, clubs. Everything that supports wellbeing that isn't a hospital bed. And they have listened to the community.</p> <p>KA highlighted the sections on carers and social isolation as being of interest to some of the group.</p>
<p>4.5</p>	<p><b>Maternity</b></p> <p>KA highlighted to the group that the maternity service at NDDH has recently been in the local media because several reviews were being published. In addition two cases - from 2005 and 2010 – had recently been settled in court.</p> <p>The court award two settlements of £8 million and £18 million to the families that have been affected. KA noted that it has taken this long due to the assessments required to assess the care needs of both children.</p> <p>There is a lot in the public domain about the reviews, the CQC inspection results and the actions the Trust has taken to improve the maternity service. This was one of the reasons why the Trust required the support from Royal Devon and Exeter Foundation NHS Trust. The unit has made significant improvements and the whole team has worked really hard.</p> <p>KA asked the group if they had any concerns or queries. It can always go back on the agenda if we pick up worries from the community.</p>
<p>4.6</p>	<p><b>NHS Staff Survey results</b></p> <p>SD informed that group that all staff at the Trust were asked to complete the annual staff survey and the results for NDHT are really positive.</p>

	<p>More people completed the survey this year, so it is also more representative. We scored highly on support given to staff by their line managers, staff morale, staff engagement and staff satisfaction with the quality of care.</p> <p>GK asked why more staff don't take part in the survey and queried whether it was because they could be identified, or whether we only heard from the happy ones.</p> <p>KA confirmed that the survey is totally anonymous and that experience tells us that we definitely don't just hear from 'happy' staff, they really do use it to tell us how to be a better employer.</p> <p>GK also asked if we were planning any events around the Year of the Nurse and Midwife and whether we could include retired nurses and midwives in these celebrations. <b>ACTION</b></p>
	<p><b><u>Action Summary</u></b></p> <p><b>Action: TL to gather and analysis patient Ophthalmology data as to whether they did not attend their appointment due to transport. SD assist.</b></p> <p><b>Action: SD to review the information we put on our website about patients reclaiming costs for transport.</b></p> <p><b>Action: SD to ask LB and GK about involving the NHS Retirement Fellowship in our plans for the Year of Nurse and Midwife.</b></p>
<p>5</p>	<p><b>Group Updates</b></p> <p>TL reported that he had shared common sense advice with volunteer car drivers re: coronavirus. Drivers are also vulnerable people. Simple advice put together.</p> <p>TL also asked the Trust to promote opportunities for volunteering as a car driver. TL to send information over so NDHT can advertise on the website- role description. TL will share report at next meetings – social kindness. <b>ACTION</b></p> <p>EH updated the group that the Pod at Combe Coastal in Ilfracombe is about to be launched. Waiting for advertising to be done.</p> <p>EH also updated on a visit from the new MP Selaine last week. She came to the Tyrrell. KA mentioned that she had visited NDDH a few weeks ago and we welcomed the interest in our services. EH has also invited her to a One Ilfracombe meeting.</p> <p>HC updated the group on her progress in working more closely with Petroc – encouraging students doing food and beauty treatments to make links with the patients using the Cancer and Wellbeing Centre. <b>ACTION.</b></p> <p>CMH tabled a leaflet from Torbay that had been circulated in error in Northern Devon. It looked a really good idea and gave information in paper form on essential local services. <b>ACTION</b></p> <p>GK- noted it's the WHO year of Nurses and Midwives which the retired fellowship are celebrating. It was suggest that SD link this with the Retired fellowship group.</p> <p>LM - On Friday 06 March 2020 there will be a carer's event at Bideford hospital.</p> <p>The event will be held in the old Willow Ward.</p> <p>TL – shared with the group a reported named Social Kindness and recruitment posters for volunteer drivers. TL currently working on the profile for a volunteer driver. TL will forward the report and posters to AS for further circulation.</p> <p>HC – Informed the group that she has organised an event at Petroc for careers looking after cancer</p>

	<p>patients to receive beauty treatments. It hoped that the students will come to the new Cancer and Wellbeing Centre to perform treatments.</p> <p>HC also noted that the Oncology Department were recently nominated for the HSJ award. The Department have reached the finals and will be attending the award ceremony in Manchester.</p>
	<p><b><u>Action Summary</u></b></p> <p><b>Action: HC work with CMH to publicise cancer events for carers by post, phone and contact CMH network to see if can drum up interest.</b></p> <p><b>Action: SD to contact the CCG for more info on whether anything similar happening in ND</b></p> <p><b>Action: SD to enquire about marketing material meant for Torbay being sent to North Devon people.</b></p> <p><b>Action: Year of the nurse action with retirement fellows.</b></p>
	<p><b><u>Date of Next Meeting</u></b></p> <p>Tuesday 5 May 2020, 2pm via Zoom – video call, dial in – or email discussion</p>

## Attendees

Name	Job Title	Present/ Apologies
Katherine Allen (KA)	Director of Strategy, NDDH (Chair)	Present
Tersea 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	Present
Carol McCormack-Hole (CMH)	Devon Senior Voice with Devon Communities Together	Present
George Kempton (GK)	Go N Devon, NHS Retirement Fellowship	Present
Eric Hayes (EH)	Ilfracombe Access Group/ Tyrell Hospital League of Friends	Present
Roz Sampson (RS)	PPG/PSN	Apologies
Sue Mathews (SM)	SOHS	Apologies
Lana Maddon (LM)	Devon Carers	Present
Tim Lamerton (TL)	NDVS (CVS)	Present
Ella McCann (EM)	NDVS (CVS)	Apologies
Pauline Fulford (PF)		Apologies
John Wade (JW)		Apologies
<b>In attendance</b>		
Andy Searle (AS)	Service Transformation Team Secretary (for minutes)	
Tony Layton (ToL)	Group Manager, NDDH	