Northern Devon Healthcare NHS Trust

Involving People Steering Group

Notes of a conversation held of the Involving People Steering Group via MS Teams on Tuesday 03 May 2020

Minute	Title
1	**Attendees** Katherine Allen (Chair), George Kempton, Sarah Delbridge, Tim Lamerton, Kharun Shah, Sue Matthews, Holly Conway, Andy Searle (minutes) **Apologies** John Wade, Teresa Sturm, Pauline Fulford, Roz Sampson and Ella McCann, Carol McCormack-Hole, Lana Madden, Eric Hayes
2	**Introduction and future meetings** KA welcomed the group and suggested the next meeting could be held over the phone to ensure everyone could participate. The suggestions to the group were to discuss the following topics: • How the NHS prepared for COVID • Share insights of what might happen next • The impact on the group due to COVID • Trusts communications to the local community
3	**How the NHS prepared for COVID** KA informed the group that at the end of February the Trust, working with partners in primary care, social care and patients and their families created as much capacity in hospital as possible to prepare for a surge in COVID-19 admissions. At that time we had no Covid-19 positive patients and our community teams put in huge efforts to ensure we could support all NDDH inpatients to be discharged safely home or to another setting. Our community and social care teams then ensured care plans and support were in place for any onward care. The NHS as a whole declared major incident status in March. Senior clinical leads, professional leads (i.e. infection control) and managerial leads have met twice a day to enable quick decisions around policies, protocols and actions. The hospital was completely and quickly reorganised to create COVID and non-COVID areas. KA highlighted that it has been noted that members of the public are worried about coming into hospital. The Trust wants to give reassurance and to relay the important message that if people don't feel well or have symptoms of cancer they must come into hospital. The group were informed that non-urgent surgery and outpatient appointments were reviewed by clinical teams, and were postponed or switched to a telephone or video appointment, unless a face-to-face appointment was absolutely necessary.

KA highlighted to the group that the Trust has good levels of PPE and acknowledged support from the community making face visors and other aids to help make PPE more comfortable.

GK noted that the hospital was very efficient in clearing beds ready for the surge and asked if lessons were learnt that could be carried forward? KA replied to say that yes, we are looking at whether there were areas we could learn from.

Trust staff were surprised to see how quiet car park has been, which highlighted that patients have not been coming into hospital for serious illnesses like stroke, cancers or heart attacks in the numbers that we would normally expect.

We have a high degree of certainty that people have been delaying their care and this will cause problems for their longer term outcomes. There may be some positives about people not coming to hospital because they have found another – more appropriate - way of managing their illness. We want to explore this more before reaching any concrete assumptions.

SM highlighted that there might be extra pressure on primary care, which could mean people are missed completely if patients have not contacted them? KA agreed, and noted that we are keeping in close contact with GPs, who have also revolutionised their practice to incorporate a lot of patient phone calls. Our consultants have been calling patients to say they must come if urgent, and some patients have refused to come in.

The Emergency Department has noticed a small increase in patients using the department, but we're still far below usual levels. It's hoped that a safe, steady level will remain and the Trust can shift resources to the right places.

SM noted that the Rheumatology Department has recently won an award for the virtual clinics and expressed if this would be a good opportunity to roll out the system further. SM raised the question what preparation would be in place for patients who feel unsafe coming into hospital and how could the community could help?

KA responded by saying the Trust is based its approach on our knowledge of community transmission so are assuming people might have COVID until testing negative.

The Trust's communication team have been asked to produce short videos and publications demonstrating what staff look like in PPE. This is hoped to demonstrate the protection being used for patients and staff.

SM asked if patients are not socially distanced they would not be safe? KA highlighted that on our wards beds have been spread apart to keep patients socially distanced and along with staff in full PPE they are then protected. SM raised that if a patient was attending a clinic and not wearing PPE, and had not been tested and assuming they have COVID and the person next to them has COVID this could lead to patients not feeling confident, as they could catch it.

KA confirmed that this was very much in our minds as we move to planning our

	outpatient and clinics going forward. We have fewer people coming in to hospital as we're doing more telephone and video appointments, but the social distancing in our public spaces and waiting areas is really important to enforce. There is guidance coming out which KA will share with the group. **ACTION** TL would find this useful as there has been requests for volunteer drivers and the scheme does not feel confident enough to currently fulfil these requests. They are currently putting together guidance with Moses Warburton as you're not able to social distance in a car. KA asked SD to comment on the guidance received for the hospital's community workers? SD noted it was very complex and not clear enough. It was highlighted if two members of staff worked in the same place of work they could travel together. TL highlighted that Moses' advice was not to do it unless in same household. Fluid resistant masks must be worn and alcohol wipes used. The vehicle would need to be deep cleaned after each journey. TL also noted that there is a shortage of this type of mask. TL wondered if self-made masks could be used and trusted? GK commented that there have been lots of conversions around the masks. Face masks used by the public protected the wearer from passing the virus onto others. SM has recently taken someone into hospital and the person came out wearing a mask given by the department. SM noted if that's the standard being used in departments that are open, then would it be suitable to go in and out of an appointment if issued? This would make people feel confident attending. KA thanked the group for such a constructive conversation about face masks and perceptions of their safety coming into hospital. It has been really useful and will inform our information to patients in future. SM asked KA about swab testing staff and the community and if a tracker system might be used for those who have come into contact with Covid positive people? KA replied that the Trust has access to tests via its relationship with the RD&E, whose lab receives our swabs and returns the results in less than 24 hours. The national contact tracing programme is expected shortly and will be managed nationally. The Trust would not have the capacity to run a track and trace system for our whole population. We have developed a North Devon contact tracing service for our partners and care homes to ensure we all support each other. This uses the same approach as Sexual Health diseases to track people who may have come into contact with Covid. The relationship with RD&E has vastly increased our ability to test our staff and local key workers. This was a bonus, as the Trust wanted to know what their baseline was and to ensure that the doctors are detecting the virus when people come in. On one weekend we tested every patient on the wards and there were no unexpected positive results. This gave reassurance that the doctors are detecting

	COVID-19 correctly. Members had a discussion on some of the issues raised during this update. SM asked if there were links with primary care for testing? KA informed SM that McDonalds has been opened to test key workers. SM asked if this was open for everyone to attend? KA noted only eligible patients and NDHT staff and their families can attend. There are other pop-up testing facilities for members of the public. GK expressed his view that there is a misunderstanding around swab testing as you can test negative one day and be tested again a few days later and test positive. GK also highlighted that there is limited valued without effective contact tracing. The antibody testing was noted to be a better test as it would show who has a resistance to the virus. GK noted it would help to reduce the fear by informing the public the strategies of keeping patients safe in hospital and it's safe to attend if required. SM also suggested linking in with primary care, as patients might not want a telephone call and would prefer to come in. GK asked if video consultations would be rolled out further to other specialisms? KA informed GK that what we thought would take 9 months to roll out actually only took 3 weeks due to the urgency of Covid. We are now going back over the plans with the clinicians to check it is working properly and ironing out problems. It is not suitable for all specialities. HC noted it has been a huge success in cancer services for follow-up appointments when a patient does not need to attend hospital. GK asked KA if the Trust have separate entrances for those with COVID and one for other health conditions? KA informed the group that the Trust is currently working on this and seeing what we can do to separate patients. It was highlighted that it will be a difficult task to complete in such a small hospital. SM asked KA how Devon Cares are supporting the agencies in the community? The Trust has supported providers with weekly conference calls and helped them interpret new guidance when it was published. KA gave an example of a care home in South Molton who had an outbreak of COVID and the staff from Hugh Squier Ward in South Molton, the community teams and NDDH infection prevention and control supported them through it. SM noted that North Devon have been lucky that Devon Cares is managed by the Trust. KA asked KS if she had seen anything around the risk to BAME people and if there had been any concerns within the community? KS noted that there has been a request to support the Royal Devon and Exeter hospital staff but nothing in North yet. KS noted that Hikmat are running lots of exercise and children's classes 2-3 times a week via Zoom. Children are posted packages before the classes commence. Counselling sessions are being currently setup. KA noted that there could be a lot of anxiety and asked KS to inform her if any

	concerns arise with the Northern Devon community. KS will also send links to KA on Hikmat services that are currently available. **ACTION**
	Action summary: Action - SD to share guidance on Trust's work with social distancing and isolating patients from each other with IPSG Action - KS will send links to KA on Hikmat services that are currently available.
4	**What might happen next** KA informed the group that the Trust is maintaining its preparations in case of a potential second surge as the South West did not see levels as high as other parts of the country. It is thought that when lockdown ends a lot of people will want to come down on holiday and this may cause numbers to rise. KA emphasised that as there will be a Nightingale in Exeter we will be in a good position to deal with a second surge across Devon and Cornwall. SM asked how many numbers of outpatient appointments would be put back in? As there have been talks at STP level to be reduced by 30% before all this happened. KA noted it would be difficult to tell at present – we are working out how many people we can safely get through our buildings and who is appropriate for telephone calls. HC noted within cancer services they have been working with stratified follow ups. This is when a patient completes their treatment they have a number of follow-up appointments to monitor them. We can now use remote monitoring for some patients. A lot of the patients have welcomed this change as it has meant they don't need to travel to the hospital. The patient would come in if necessary or if they wish too, as deemed through remote monitoring. TL commented that this was good as there's always a complaint about bringing someone in for an appointment when you don't need to. GK asked if there is a timescale of the surge. KA noted that we don't know but are remaining alert to trends and numbers of tests as schools go back and there is a lift on tourism. SM raised concern of people coming down on holiday and the start of a blame culture, noting signage she has seen recently. KA said that the need to help people keep safe would be required and that the Trust has a wealth of expertise. SM also noted that the police have been excellent in the pandemic and it's sad the safeguarding is still in place but sensible. GK asked if the Nightingale will remain in place for longer. KA noted that the Nightingale is to be opened in June and is now at the old Homebase building in Sowton. It is a flexible space to meet healthcare needs and KA noted that its use could change. SM noted we should hopefully be able to learn from those countries that are further

	along and have started to open up their country. KA informed that group that council meetings are taking place next week to discuss economic recovery and the Trust has been invited to attend.
5	**Engagement with the community on the next stages** HC highlighted how amazing the communities has been with the support with Facebook pages and groups of volunteers and how fantastic it has been seeing communities coming together. TL noted if it comes back twice- anything in place now is good. The group were informed that the Trust is currently working on two campaigns. The first is an 'NHS open for business' to engage with 7 categories of patient that the NHS is not seeing enough of. The categories consist of heart attacks, cancers, ED, children, end of life, dementia, and learning disabilities/autism as referrals from these groups have reduced. The second is to capture what the NHS has done differently to transform and modernise itself as a result of COVID. This will also require lots of patient feedback and engagement. Things are starting, but it will take a little while to get going. We expect to do lots of engagement about this, but as safely as we can. KA asked the group if there was any issues or concerns in the community or groups the Trust should be aware of and if support can be offered. GK suggested information to reduce the fear factor would be useful which could be passed to other groups to help spread the word. KA enquired if leaflets would be useful. GK would find electric information more useful as this could then be emailed out. KA noted that the Trust is planning to prepare videos and information for children to help them understand what staff look like in PPE. TL suggested if posters should be placed in public places for those who don't have internet access and also in village shops. SM also suggested putting posters up in supermarkets. SM suggested sending information to the PPG as this would be passed onto other groups. SD to incorporate suggestions into Open for Business comms plan. **ACTION** It was noted that this would be difficult for those with dementia. KA noted that the admiral dementia nurse at the hospital has been making contact with patients and their families. SM asked KA if the group could help in anyway. KA noted that she had an interesting conversation with friends about people that were not coming into hospital and staying at home. Have the group had similar conversations? Group members have also had similar conversations and SM also felt GPs may be thinking similarly. GK felt it's very much Chinese whispers and there is a lack of good information and not enough positive information. TL noted it would be good to see positive Facebook feeds from the Trust, as currently all you see is deaths in

	hospital via the North Devon news feeds. SD noted that they are currently planning to show the pathway through the hospital and showing how we are keeping everyone safe.
	Action summary: Action – SD to pick up group's suggestions for Open for Business comms plan.
6	**Updates from the group** KA asked the group if they had any items they wanted to share. GK shared with the group the cancer car service is still running and transporting patients. GK noted that masks are worn and the cars are deep cleaned after every journey. KA asked if they had seen a decline in requests made. GK informed KA that at the start of the lockdown there was a decline but it has now picked up again. KA noted when the cancer video is undertaken it would be worth taking footage of the use or wearing masks and the deep clean of the car. KA asked the group how they were. The group are doing well and some have changed their working patterns. KA asked the group to email her if they require any assistance. SM will telephone CMH to inform her of the conversations had at the meeting.
	Date of Next Meeting Monday 20 July 2020 at 2pm , via MS Teams – video call

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	Present
Carol McCormack-Hole (CMH)	Devon Senior Voice with Devon Communities Together	Apologies
George Kempton (GK)	Go N Devon, NHS Retirement Fellowship	Present
Eric Hayes (EH)	Ilfracombe Access Group/ Tyrell Hospital League of Friends	Apologies
Roz Sampson (RS)	PPG/PSN	Apologies
Sue Mathews (SM)	SOHS	Present
Lana Madden (LM)	Devon Carers	Apologies
Kharun Shah (KS)	Hikmat Devon CIC	Present
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)	