Northern Devon Healthcare NHS Trust

Involving People Steering Group

Minutes of a meeting held of the Involving People Steering Group via MS Teams on Tuesday 03 November 2020

<table>
<tr><th>Minute</th><th>Title</th></tr>
<tr><td>1</td><td>Attendees
Katherine Allen, Jess Newton, Sarah Delbridge, Lisa Townsend, Holly Conway, Carol McCormack-Hole, George Kempton, Sue Matthews, Barbara Martin, Lana Madden, Tim Lamerton, Tracey Watts, Louise Flagg, Ms Cheryl Baldwick, Heather Brazier, Will Aspinall, Andy Searle
Apologies
Teresa Sturm, Eric Hayes, Kharun Shah, Ella McCann, Pauline Fulford, John Wade.</td></tr>
<tr><td>2</td><td>2.1 Matters Arising
KA welcomed all to the group. Group introduced themselves to new members. Minutes were approved as a true and accurate recording.
2.2 Actions
<table>
<tr><th>Date</th><th>Action</th><th>Lead</th><th>Outcome</th></tr>
<tr><td>01.09.20</td><td>SD to contact CAB and see if we can work more closely together, possibly Poverty Action Group and COMPASS</td><td>SD</td><td>03.10.20 - SD has made contact. Invite has been sent to a local Healthwatch champion. SD to follow up with Encompass South west. This will ensure that the group have insight on impacts.</td></tr>
<tr><td>01.09.20</td><td>AS/Niki Kinkaid to include action grid at the start of minutes going forwards</td><td>AS/NK</td><td>03.10.20 – Action grid created. Closed</td></tr>
<tr><td>01.09.20</td><td>SD to email GK in order to receive a copy of the DRSS referral letter</td><td>SD</td><td>03.10.20 – copies were forwarded. SD was awaiting approval of Comms plan, including consideration of end to end communication e.g. DRSS letters. Plan has been approved and letter is being considered. Head of Outpatients is attending January meeting to discuss.</td></tr>
<tr><td>01.09.20</td><td>SM to catch up with KA about cardiology patient feedback</td><td>SM/KA</td><td>03.10.20 – discussion has been held. Agree to park this for now, and pick again if needs to be explored further. Closed.</td></tr>
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	01.09.20	SD to look at sharing Alan's story at the next PSN meeting and on TV screens in GP surgeries	**SD**	03.10.20 – JN took this to the last PSN meeting. Since filming, Alan has sadly passed away and the decision made was not to release the film further. His wife was pleased to hear about the film and the impacted it's had. His wife is happy for the film to be used internally. Closed
	01.09.20	SD to raise query of patient choice being clear in appointment letters with Outpatient Redesign group	**SD**	03.10.20 – SD raised this to the Outpatient Redesign group and they are in agreement. Head of Outpatients to look at the wording in the letters. This will require work as the letter is large, so it will need to be reduced and made clearer for patients.
	01.09.20	SD to update remote appointments comms plan taking into account end-to-end communications	**SD**	03.10.20 - Incorporated into above action. Closed
	01.09.20	SM to send SD suggestions for stakeholder newsletter mailing list	**SM**	03.10.20 – suggestions have been forwarded to SD. SM sending out via the PSN meetings. Closed
	01.09.20	TL to speak to Karen Evans to obtain a list of local groups for the distribution of the Stakeholder newsletter	**TL**	03.10.20 – TL will share on Facebook. LF will add the link their Facebook link and also on their newsletter. TL will share this with LF.
	01.09.20	SD to arrange ophthalmology update for next meeting	**SD**	03.10.20 – WA attended today's meeting. Closed
	01.09.20	SD to ask for update on how the Trust is working with the Hospice	**SD**	03.10.20 – SD spoke to the end of life care lead at NDDH, along with Devon Cares lead. At the start of the pandemic the hospice at home service could not operate as it normally would. As a result the Devon Care providers had offered support. Hospice at home now back up and running. Closed

	28.07.20	Volunteer drivers – Are they included in the testing	**KA/SD**	03.10.20 – SD has spoken to the head of the testing cell. Policy has been reviewed; there is scope for volunteer drivers to be tested. SD and TL to discuss outside of the meeting. Closed
	03.11.20	SD to inform the group of any changes made to the letter.	**SD**	
	03.11.20	WA to attend next PSN meeting, SD to check if invitation needed.	**WA/SD**	
	03.11.20	JN to circulate the HIP 2 Trust redevelopment programme presentation to the group	**JN**	
	03.11.20	JN asked the group for their views on how to approach the HIP 2 project with the wider community and would welcome their views via email.	**Group**	
	03.11.20	SD to email CMH the survey (outpatient appointments, including remote appointment questions).	**SD**	

3	**NHS Updates**
3.1	**Clinical prioritisation** CB and HB came to the group to present a patient letter for comment. CB informed the group that as a result of COVID-19 all routine operations were stood down from April until June 2020. In July 2020, routine operations were allowed to start again, which meant some high priority and long waiting patients were able to have their operation. There are still lots of people waiting to be seen and CB highlighted that waiting lists have been impacted by COVID-19 and have grown larger. To ensure high priority patients were seen first once routine operations could restart, NDHT clinicians reviewed the waiting lists to identify patients who required their procedure first. This also took into account those who had been waiting some time for their procedure. CB informed the group that the Trust will be contacting all patients awaiting routine surgery to update them on the Trust's current position and let them know their priority level. The Trust is doing this by letter and the wording has been shared with IPSG members for feedback. As part of the letter, patients are invited to contact the hospital if they need to let us know their condition has worsened and also if they are choosing not to come into hospital right now and want to postpone. CB and HB asked the group for their comments on the letter. KA asked if this was a requirement that all hospitals must do this (send this letter). CB confirmed that was correct, and noted that NDHT was working on this letter before it was made a requirement. GK asked the following questions-

	As a result of a second lockdown, will the letter still be posted out to patients and would this not give false hope? HB confirmed that the letter will still be sent out to patients, as its felt important to have that dialogue with the patient and hear from patients who might have concerns. CB noted that no time scales can be given to those with a low priority level because no-one can predict this given the current situation. However, the letter is worded in a way that aims not to give false hope. It was also highlighted an FAQ sheet will be prepared for patients. The second question raised was when does the timescale for a patient wait start? HB noted that the timescale would start when the Consultant reviewed the patient's case. CB also added that priority 1 patients are already in hospital and priority 2 have been receiving their procedure. So these patients will not receive the letter, it is priority 3 and 4 patients who will be receiving the letter. The last question raised was to ask why priority 1 has been mentioned in this letter as it has no relevance to those receiving the letter. HB noted that it was added for consistency and help patients understand the overall picture. The patient will be informed of their level.

	The attendees highlighted the importance of prioritising and that patients will be seen if their case is urgent. KA also raised that nationally it's been noted the NHS is not doing enough to engage with patients, so this process is a move in the right direction. GK asked if patients awaiting an MRI, CT scan will receive a letter. GK was informed that they will be contacted. He also noted if a patient was to read the letter and was cancelled at the last minute, it could cause anxiety and disappointment. HB noted that the hospital is conscious of this and is carefully monitoring the situation. SM felt that the letter would be helpful for patients to understand that the hospital is looking to treat patients safely. She also queried whether the priority level for the patient should be higher up the letter. SM also agreed that level 1 and 2 should be on the letter and suggested a sentence to say those patients will be contacted shortly or are in treatment. As it will show patients the urgent cases are being dealt with safely. CMH was impressed by the letter and felt that it would be very welcomed by patients. CMH did note that if the patient was a level 4, some might not contact the hospital and asked if GPs were being consulted. CB replied to say that it's up to the patient if they wish to make contact if they feel their condition has got worse, and felt the easiest route for them would be to inform the hospital. BM felt the letter was useful, but maybe some of the wording needs to change around all patients being understanding. HB noted that most patients have been very understanding. KA suggested that the letter can be looked at and changed. TL suggested that "if your condition has become worse" should be higher up the letter as it would be an action as some might not read the whole letter, but felt it was a very good letter. It was noted if a telephone number should be added, just in case there are people who don't have access to email and will allow them to telephone. HB stated that a telephone number will be provided on the letter. CB and HB thanked everyone for their feedback and will make changes to the letter as a result. SD will inform that group of any changes made to the letter **ACTION**
3.4	**COVID update** HB noted that the Trust has seen a rise in patients being admitted and testing positive for COVID-19 and currently there are 17 patients who have tested positive. The group were informed that there has been a lot of ward changes and one ward has been allocated for COVID patients. This will ensure the best care can be delivered and minimise the risk of COVID transmission. Visitors' guidance has changed due to the increase of COVID patients. All patients are tested. Elective patients are tested 3 days before coming into hospital and will only continue with the procedure if they have a negative result. Patients admitted via a GP or through the Emergency Department are also tested and HB noted that the Doctors within that department

	used their judgement well to check if a patient is displaying symptoms. CMH noted that the Trust newsletter is excellent, which CMH sends to people she knows. CMH raised the following questions- Would the hospital see an increase in COVID patients which would result in not being able to admit further patients? HB noted it would depend on people's behaviours and highlighted that in North Devon most people do follow the rules and advice. CMH asked if the Trust will use the Nightingale in Exeter. HB informed the group that the Nightingale is ready for use. It would work on a trigger system and when they are alerted for it to open. HB also noted if the Nightingale is not used, this would be a positive message for the whole of Devon. The following questions were raised by SM- Did the patients come into the hospital with COVID or did they contract COVID whilst in hospital? SM was informed that most of the patients did come into hospital with COVID and there have been a small number of patients contracting COVID whilst in hospital. There is a track and trace system setup, staff are informed of how to behave, correct use of face coverings. BM asked if there is a programme for testing staff? HB informed BM that the Trust is testing staff and members of their family if they have any of the symptoms. Within the last 48 hours, further national guidance has been released on testing staff.
3.2	**Ophthalmology update** WA informed the group of updates made within Ophthalmology. Ophthalmology is one of the largest specialties within the Outpatients Department. As a result of the pandemic, there have been a lot of challenges for the department. The main challenge for the service is the social distancing requirements, which has resulted in a reduction in the amount of patients that can be seen. The department is following guidance from the Royal College of Optometrists, which is to see those first who are at the greatest clinical risk. This has resulted in some routine patients having a longer wait to be seen. WA gave the reassurance that if a patient feels that their sight may be deteriorating, there is a pathway then can follow via their GP or community optometrist. They can also contact the department and where they will be asked a few questions and a nurse will call them back and schedule an emergency appointment. WA informed the group that 500 cataract patients are awaiting a pre-assessment appointment and the average pathway for a patient is currently 12 months. Before COVID the average pathway was 9 months. The second largest area for referrals is for the glaucoma service and currently 250 patients are waiting to be seen and are over the 18 weeks to wait national target. Patients have been placed into a traffic light system to prioritise those who need to be seen most urgently, which was developed by the clinicians. WA noted that red and amber patients have been booked, and the green patients are waiting for their appointment. A letter has been sent to those patients to reassure that whilst they are low risk they will be seen.

	The group were informed of positive developments, that TW has joined the service as an eye clinic liaison officer. TW will give support and guidance to patients along with pastoral support. Some services have been expanded to Bideford Hospital, along with extra doctor clinics. The department is also looking to expand over to South Molton Hospital in the near future. This would allow patients to be seen closer to home. WA highlighted that vulnerable patients can be seen at "green sites" where there are no inpatients staying who might have COVID. TW added that she has been providing support over the phone to patients as a result of the pandemic. When it's safe to do so, TW will go into the clinics and community clinics. GK raised a question as to whether a generic standard letter should be sent, rather than two letters. WA noted that the ophthalmology specific letter was sent out before the routine waiting list letter and wanted to give patients reassurance. BM asked if the department was looking to do injection clinics at the Tyrell when the MIU reopens? WA informed BM that Bideford was more equipped for the service to get up and running. The department also completed a postcode analysis, which highlighted that most of the patients were located near the Bideford and South Molton areas. Once clinical areas become available at South Molton, more activity will take place there. WA wanted to highlight again to the group that the department is ensuring that the most clinically urgent patients are being seen. CMH noted that ophthalmology has also been discussed at the PSN meetings and asked if it could be arranged for WA to attend the next PSN meeting. WA agreed. **ACTION** - WA to attend next PSN meeting, SD to check if invitation needed.
3.3 a	**Collaborative Agreement** NDHT and the RD&E are continuing to explore joining together more formally to benefit patients in Northern and Eastern Devon. This decision was made by both boards in December 2019. JN informed the group that both boards have agreed a Strategic Outline Case, which describes the benefits this will bring to both organisations, patients, local communities and staff. This is a formal document that has been sent to the national team. They will review the document and advise on the next steps to take within the next few months. JN highlighted that both Boards have agreed that the preferred legal route is merger by acquisition, with RD&E acquiring NDHT. This is because this is the most common legal mechanism of joining NHS organisations and allows the joined organisation to be a Foundation Trust. The next steps are to work with staff on new ways of working. A joint clinical strategy will be drawn up across both sites, supported by estates investment at NDHT through the Health Infrastructure Programme (HIP2). Achieving a digital solution that will supply a patient information system across both sites is also seen as a key enabler to the integration. KA noted to the group that both boards are clear that we are treating this as a partnership, which is very important for North Devon, as RD&E have learnt lessons from NDDH.

	GK raised a question around a protected funding pot for NDHT in the event of a merger. KA noted if we were to merge, financial modelling for both sites will take place. SM asked if there will be a public consultation first, or are we managing the process with NHSI first. KA noted that a public consultation would not be required for organisational form, but there would in relation to the clinical strategy. It was also noted that the integration would be for the benefit for patients and not for a financial benefit. BM enquired if each of the Trusts' budgets will be ring fenced for their services. KA was not able to confirm at this stage, but highlighted each organisation would know what budget they require. The commissioner will also need to take responsibility of ensuring that resources are provided to each of the services. SM also commented that Northern Devon might see consultants wanting to come to the hospital. KA agreed, as consultants may want to move out of the bigger cities and come to a more rural setting, with the possibility of working over both sites.
3.3 b	**Health Infrastructure Programme (HIP) 2** JN gave a presentation to the group named "Trust Redevelopment Programme". It was highlighted that this would be a vital part of both trusts in developing the joint clinical strategy in delivering care to patients. Northern Devon has been included in the Government's health infrastructure plan to bid for a share of £3.7 billon hospital building fund. It was highlighted that this will be the biggest investment in NDDH since it was built and would protect the NHS long into the future. JN noted that the Trust is aware that NDDH is a much loved site and has strong support from the local community. The Trust will look at redeveloping the current site. A Programme Board has been setup. Zahara Hyde has been appointed as Programme Director to lead this project. The Trust is now in conversations with staff and the community and is agreeing the ambition of what is needed for Northern Devon. JN highlighted the following ambitions for the Trust and would welcome feedback from the group. JN highlighted the overall ambitions through a PowerPoint slide and asked for any feedback either immediately or via email/phone later. Fit for future: • Services for our population • Estate • Workplace • Digitally optimised • Right care. Right place. GK raised a question around the 'promotes innovation' part, and asked if North Devon would become a training hospital. KA noted this will be looking at the way care is delivered and recognise more can be done. SM asked JN to circulate the presentation to the group. **ACTION** JN summarised the presentation to say this shows a national commitment to our hospital and this is a great opportunity to engage with the community in developing the hospital for the future. The Trust will describe its vision for future healthcare and play a part in the prosperity of the community and this will allow working more clinically with other trusts in the region.

	CMH asked if COVID has had an impact on this programme. KA informed CMH that it has, and a small part of the funding has been used to employ Healthcare Planners and they will be looking into the question CMH has raised. Planners are also looking into this for 40 other hospitals. JN asked the group for their views on how to approach the project with the wider community and would welcome their views via email. **ACTION** BM noted that it would have to be carefully managed as it might upset those awaiting procedures who would rather see the money spent on investing in services now. KA understood BM's comments and noted that it would require carefully planned communication to show this is a positive investment.
3.5	**Engagement activities** An Endoscopy engagement report was circulated to the group prior to today's meeting for information. Group can discuss further with SD if they wish. SD is looking to develop a survey around continuous learning from patients around remote appointments. Currently working on a plan to deliver this survey. Item to be discussed further at the next meeting. SM noted that progress made so far is excellent and lists just the correct amount of questions and allows the opportunity to leave comments. However, it was noted that we need to ensure that everyone can use the survey if they don't have internet access. SD to email CMH the survey. **ACTION**
3.6	**My Sunrise App** Item deferred and to be presented at the next meeting.
	Action summary • SD will inform that group of any changes made to the letter. • WA to attend next PSN meeting, SD to check if invitation needed. • JN to circulate the presentation to the group. • JN asked the group for their views on how to approach the project with the wider community and would welcome their views via email. • SD to email CMH the survey.
4	**Group Updates**
	Patient Experience Team The team has been working with LM and have secured free parking for carers at NDDH, South Molton and Bideford. Free meals will be provided for carers supporting relatives and friends. Carers need to register with Devon Cares and obtain a card to access those free benefits. The use of iPads for video calls for patients is being rolled out to all wards.
	Action summary (None)
5	**Closing Business**
	No issues raised.
	Date of Next Meeting
	Date in January 2021 tbc.

Attendees

Name	Job Title	Present/ Apologies
Katherine Allen (KA)	Director of Strategy, NDDH (Chair)	Present
Jess Newton (JN)	Head of Communications, NDDH (Vice Chair)	Present
Teresa Sturm (TS)	Patient Experience Matron, NDDH	Apologies
Sarah Delbridge (SD)	Interim Communications and Engagement Officer	Present
Lisa Townsend (LT)	Patent Experience Co-ordinator	Present
Holly Conway (HC)	MacMillan Living With 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	Apologies
Sue Matthews (SM)	SOHS	Present
Lana Madden (LM)	Devon Carers	Present
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
Tracey Watts (TW)	Eye Clinic Liaison Officer, NDDH	Present
Barbara Martin (BM)	SOHS	Present
Louise Flagg (LF)		Present
In attendance		
Ms Cheryl Baldwick (CB)	AMD Planned Care	Present
Heather Brazier (HB)	Divisional Director for Surgery	Present
Will Aspinall (WA)	Service Manager for Surgery	Present
Andy Searle (AS)	Service Transformation Team Secretary (for minutes)	Present