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 1 September2020

Minute	Title
1	**Attendees** Katherine Allen (Chair), Carol McCormack-Hole, Tim Lamerton, Sarah Delbridge, Sue Matthews, George Kempton, Lana Madden, Niki Kinkaid (minutes) **Apologies** John Wade, Teresa Sturm, Pauline Fulford, Ella McCann, Eric Hayes, Kharun Shah
2	**2.1 Matters Arising** Please amend the minutes on page 2 to reflect that there are currently only 8 of the schemes in North Devon. Amend page 6 to reflect that SM has been making facemasks with 'Frontline PPE' and offering them to the Alliance. **2.2 Actions**

Date	Action	Lead	Outcome
01.09.2020	SD to contact CAB and see if we can work more closely together, possibly Poverty Action Group and COMPASS	**SD**	
01.09.2020	AS/NK to include action grid at the start of minutes going forwards	**AS/NK**	
01.09.20	SD to email GK in order to receive a copy of the DRSS referral letter	**SD**	
01.09.2020	SM to catch up with KA about cardiology patient feedback	**SM/KA**	
01.09.2020	SD to look at sharing Alan's story at the next PSN meeting and on TV screens in GP surgeries	**SD**	
01.09.2020	SD to raise query of patient choice being clear in appointment letters with Outpatient Redesign group	**SD**	
01.09.2020	SD to update remote appointments comms plan taking into account end-to-end communications	**SD**	
01.09.20	SM to send SD suggestions for stakeholder newsletter mailing list	**SM**	
01.09.20	TL to speak to Karen Evans to obtain a list of local groups for the distribution of the Stake Holder newsletter	**TL**	
01.09.2020	SD to arrange ophthalmology update for next meeting	**SD**	

	01.09.2020	SD to ask for update on how the Trust is working with the Hospice	**SD**	
	28.07.20	Volunteer drivers – Are they included in the testing	**KA/SD**	**SD spoke to head of testing cell who didn't think it had been captured in the current policy, but she would raise it at the Gold Meeting and feedback their response.**
	28.07.20	KA to forward TLs contact details to Andrea Beacham	**KA**	Done
	28.07.20	Nightingale Waiting List figures	**SD**	Done SD found out more from Sam Wadham-Sharpe. Nightingale are currently doing CT, ECG & Ultrasounds. We haven't sent patients, but we have benefited as they have sent their Ultrasound team to provide services here.
	28.07.20	SD to follow up with some members of group who haven't been able to attend.		Done SD spoke to EH who is looking to continuing to attend. SD spoke to Roz Sampson, who informed her that she was stepping down due to no longer representing a GP surgery. KA raised that it would be good to contact CAB and see if we can work more closely together, possibly Poverty Action Group and COMPASS **ACTION**

There was a short discussion around the format of the minutes, whether they are accessible or too long. TL to share an example of their minutes with SD. It was decided to include an Action Grid at the beginning. **ACTION**

	Action summary Action - SD to contact CAB and see if we can work more closely together, possibly Poverty Action Group and COMPASS Action – AS/NK to include action grid at the start of minutes going forwards
3	**NHS Updates**
3.1	**COVID update** KA informed the group that we are watching universities and schools going back

	very closely. We have a great resource in the Nightingale Hospital and if there is a second wave we are in a much better place. Our focus is on ensuring that staff are rested and taking annual leave. We've been putting a lot of effort into making sure that we debrief so that we know what worked well and what didn't. Alongside all of this, are our efforts to bring back our electives, such as cancer treatments, operations and outpatient appointments, so that we bring back the activity levels. We're making plans but we are aware that they may be undone by what happens in the community. There has been some feedback from the GPs who feel that there hasn't been the proper recognition of their working 'over and above' during the first wave. They feel that the resources that are needed to ensure that they can continue in this way haven't been put in place and they don't feel as though there is joined up working between the Trust and Primary Care. KA reassured that we are listening to Primary Care. There is a formalised link and they are attending the Outpatient Redesign and Recovery Group, and there is also the Collaborative Board at Operational Level. GK raised a question regarding a letter sent out from DRSS as there are no timescales included in the communication. KA asked for a copy of the letter in order that she could take a look and provide some feedback. SD to email GK in order that he can send the letter through to her. **ACTION**
3.2	**Redesign and Recovery Update** SD gave an update: From March, April, May about 63% of our appointments were done remotely, generally the feedback has been positive and we're now looking at embedding that good practice and continuing to do this. In terms of routine appointments the majority of our services have now gone through our Clinical Reference Group for approval to restart and we're looking at our backlog of routine appointments now. The amount of face to face appointments is going to increase as we carry out procedures that had been delayed. We've also been engaging with our staff around remote appointments and we need to make sure that it works for them as well in order to help them to continue to do it. SM asked a question regarding whether the survey covers appointments across North Devon including RD&E. In short 'No', however they are following the same model as us. SM discussed a specific pathway concerning a cardiology patient. KA felt that what's being detected is that we have rapidly implemented a model of care and are now having to go back and refine the process. KA recommended that SM's friend put in a feedback in order that this can be brought to our attention. KA suggested that a patient story could be done to share it with the necessary team. SM to catch up with KA. **ACTION** **Funding** We have received some government funding as in the Government press release. The press release says that it's for the use of Emergency Departments. Our plan is to use it for Same Day Emergency Care because ED was refurbished a year ago. We do need to provide a space onwards from ED in the patient pathway for patients

	who may not need to be admitted. SM asked as to whether some of this money was going to be used to reopen the MIUs in Bideford and Ilfracombe. KA shared that plans are being worked on to reopen the MIUs. We're very conscious that there are a lot of minors coming through ED but our capacity for diagnostics is radically reduced due to having to deep clean between patients, as well as sending the same staff to man Bideford. The other element that's bothering GPs is that they're picking up more and can't get quick treatment in MIUs. When coming in to the Main Entrance you'll see the Cardio Drop Off, and the teams are doing a lot of work to make the patient experience as convenient as possible and help to reduce the amount of people in the building. We're trying to be as responsive as possible, to be as creative and innovative as possible. It's really important for people to feedback their experience. CMH raised a question about the new CT scanner. SD updated the group that there is a mobile CT scanner at the back of maternity and groundworks are about to begin for the new CT Suite. KA added that along the lines of spending every penny that we get wisely, we were awarded some funding towards the critical infrastructure. We don't want to completely rebuild but there are specific areas that need to be upgraded and modernised. We are currently going through the process of site surveys and this will all take about 5 years. SM asked whether the upgrade to the theatres wasn't now going to go ahead. KA was able to share that in fact the upgrades had happened during Covid when we realised that we weren't going to be doing the electives that were planned. And we're pleased to say that Elective Orthopaedics recommenced in July.
3.3	**Engagement Activities** SD shared about the Endoscopy Engagement work that she's being doing. The team want to know about patients' experiences going to Endoscopy. There was some interesting feedback around Covid swabbing and we are looking at 'Self-Swabbing', there will be a trial during September to see how that improves the patient experience. SD will bring back a report regarding the Endoscopy Services. KA felt that the clinicians are very interested in how we can improve our services, but we really want to make sure that we pick up the things that our patients and community are concerned about too. SD is also continuing to ask about remote appointments in order that we can continue to learn from that too. SD has also started work on Surgery Engagement as the surgeons would like an understanding about the different appointments that patients have before their surgery. Specifically who they would want to see at those appointments to give them reassurance and whether they would prefer to be seen face to face rather than remotely.

	CM shared that she had asked a group of 10 diabetic patients this kind of question and they felt that it was important to have a very detailed face to face pre-op. SD would like to incorporate this feedback to the surgeons, and may ask for help to get that engagement into the public arena. CM suggested asking the diabetic group, PPG and PSN.
3.4	**Communications Plan For Remote Appointments (draft)** SD shared the draft comms plan that she has written about face to face and remote appointments. The clinicians are concerned about harm as result of the remote appointments, due to not seeing physical nuances or reactions, particularly with telephone appointments. SM commented that she picked up that in the evaluation there is no mention of patient outcomes, particularly as it's got to be the primary evaluation, if the treatment is as successful and recovery rate as quick then it's proven that there has been no harm. KA mentioned that there is also a question about who chooses, in order to make it a responsive and convenient service. CM pointed out that there is still a group of people who wouldn't do anything unless they can be seen face to face. KA felt that it shouldn't always be the clinician's decision what type of appointment should be offered. We're still trying to engage with as many people as possible in order to help to develop the process and get it right. SD asked for feedback surrounding the key messages to patients and the public. What is the most important message from the perspective of the patient and the general public? GK felt that most people would be happy to have a consultant appointment via telephone. SM raised the issue of patient choice, as she feels that it's not currently implied in the appointment letter received by patients. SD asked to review the letter and ask at the Outpatient Redesign group. **ACTION** KA asked SD to include in objectives that it is end to end communications, including patient information leaflets. **ACTION** SD shared a patient experience video. CM asked SD to take to the next PSN meeting. SM requested it as a rolling feed on the patient board at GP surgery. **ACTION** SD wanted to understand whether people care about the challenge that we face with respect to waiting lists or do they really only care that they will get good care. SM said that's where the outcome stuff comes from. If they know that this is successful then they will recognise that this is a positive benefit. She felt that the impact of the wording used is key to have the right impact.
3.5	**Think 111 First** SD updated the group on a piece of work the CCG is leading on, working with Trusts across Devon. It's part of our system-wide winter planning. We are very aware of the challenges of running an efficient and safe ED during Covid in the winter. Some of these challenges include overcrowding. The campaign is about

	encouraging people to contact 111 for an assessment rather than coming directly to ED. The idea is that someone could ring 111 and have an appointment booked for them to attend ED. The group raised that the 111 system is widely not trusted. KA commented that the credibility issues have been clocked. The drive for this campaign is different this time in order to reduce overcrowding in ED and the Commissioners are looking at this alongside other things.
	Action summary Action – GK to send DRSS letter to SD Action – SM to catch up with KA about cardiology patient feedback Action – SD to look at sharing Alan's story at the next PSN meeting and on TV screens in GP surgeries Action – SD to raise query of patient choice being clear in appointment letters with Outpatient Redesign group Action – SD to update remote appointments comms plan taking into account end-to-end communications
4	**Group updates**
	GK - Cancer Care Car Service The service continued to run throughout 'Lockdown' although the numbers using the service were greatly reduced. This is now increasing. There have been a number of people upset at the resumption of parking charges. KA commented that an eye is being kept on this as we are very conscious that we are in a rural location, and encouraged GK to raise it if it becomes more of an issue. CM – No Group Meetings People now have a lack of confidence of going back in to the community to do their normal everyday things such as shopping. She finds the Stakeholder newsletters very helpful and sends them on to as many groups as possible. There is a real fear that something is going to happen within the next month. TL – patient transport ND and Torridge only have 1 scheme waiting to restart. Everyone is doing something but with much reduced capacity. They have noticed that groups that stopped and went in to isolation are struggling to come back out. If they stayed busy then they have kept busy. He raised the issue of portering, particularly when taking patients to and from appointments as patients are much less fit than they were before. He also felt that mental health is going to be a significant issue moving forward. He did ask whether there are any IPSG meetings taking place at other hospitals and whether we have contact information for them. KA said that we could find them. KA felt that the issues that have been raised by CM, TL & GK are very important and our organisation needs to hear them. We know that clinicians on the front line

	feel but this provides some colour to the picture around the challenges that our community are facing. TL feels that any positive message saying that it's safe to come back to the hospital would be good. SM – Feels that frailty and loneliness are a problem. She feels that better distribution of the newsletter would be good and can provide other names for distribution. SD said that she would be happy to receive the list and co-ordinate sending it out. **ACTION** SM also fed back that SOHS Group had commissioned and published a report on the underfunding of the NHS in Devon and its impact on services through Covid. SM to send CM a copy. SM asked about Ophthalmology and the services provided. SD will find out and report back next time. **ACTION** SM also asked about the relationship between the services at NDDH and the Hospice. Whether there had been any knock on effect due to the reduction of hospice at home services and whether this had impacted the hospital. SD said that she would look into this for the next meeting. **ACTION** LM – Devon Carers There has been a massive change in the way they work, particularly via video and telephone rather than visits. There has been an increase in referrals to the hospital discharge services (quadrupled) and they have noticed a decline in the mental health of carers particularly as many of them are caring for people living with dementia or learning disabilities. Positive outcome is that Cornwall and Devon police recognise the Carers Alert Card so that they had freedom to move around when the lockdown was strictly in place. There was a good network with the Alzheimer's Society. Seen an increase in 1 on 1 telephone support services, as the day centres and sitting services had to step down. They have had lots of positive feedback with respect to the changes. They've also started ZOOM support groups and have employed an IT Champion in order to facilitate helping carers to download apps and programmes on to their devices. SD commented that the Trust is also interested in supporting people to engage with video appointments, so would appreciate LM sharing any learning from this work.
	Action summary Action – SM to send SD suggestions for stakeholder newsletter mailing list Action – SD to arrange ophthalmology update for next meeting Action – SD to ask for update on how the Trust is working with the Hospice
5	**Closing Business**
	N/A

	Date of Next Meeting
	Tuesday 03 November 2020 – 2PM 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	Present
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	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
In attendance		
Andy Searle (AS)	Service Transformation Team Secretary (for minutes)	Apologies
Niki Kinkaid (NK)	Divisional Support Secretary, Note Taker	Present