

Involving People Steering Group

Minutes of a meeting held of the Involving People Steering Group via MS Teams on Thursday 14 January 2021

Minute	Title																
1	<p>Attendees Jess Newton, Sarah Delbridge, Holly Conway, George Kempton, Sue Matthews, Barbara Martin, Lana Madden, Tim Lamerton, Tracey Watts, Louise Flagg, April Adams, Amy Williams, Andy Searle</p> <p>Apologies Katherine Allen, Teresa Sturm, Eric Hayes, Kharun Shah, Ella McCann, Pauline Fulford, John Wade, Lisa Townsend, Carol McCormack-Hole</p>																
2	<p>2.1 Matters Arising</p> <p>Minutes were agreed to be a true and accurate recording. SD asked the group if they were happy to have the minutes uploaded to the Trust website as their names would appear in the public domain. The group were happy to have their names appear and were informed that the minutes will be approved at each meeting, before they are uploaded to the website.</p> <p>2.2 Actions</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th>Lead</th> <th>Outcome</th> </tr> </thead> <tbody> <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>03.11.20 - 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. 14.01.21 –SD will follow up with Encompass South west</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>03.11.20 – 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. 14.01.21 – April Adams will make contact with DRSS to discuss their letters.</td> </tr> <tr> <td>01.09.20</td> <td>SD to raise query of patient choice being clear in appointment letters with Outpatient Redesign group</td> <td>SD</td> <td>03.11.20 – 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. 14.01.21 – April Adams exploring following discussion at IPSG - bring update to next meeting.</td> </tr> </tbody> </table>	Date	Action	Lead	Outcome	01.09.20	SD to contact CAB and see if we can work more closely together, possibly Poverty Action Group and COMPASS	SD	03.11.20 - 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. 14.01.21 –SD will follow up with Encompass South west	01.09.20	SD to email GK in order to receive a copy of the DRSS referral letter	SD	03.11.20 – 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. 14.01.21 – April Adams will make contact with DRSS to discuss their letters.	01.09.20	SD to raise query of patient choice being clear in appointment letters with Outpatient Redesign group	SD	03.11.20 – 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. 14.01.21 – April Adams exploring following discussion at IPSG - bring update to next meeting.
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01.09.20	TL to speak to Karen Evans to obtain a list of local groups for the distribution of the Stakeholder newsletter	TL	03.11.20 – TL will share on Facebook. LF will add the link their Facebook link and also on their newsletter. TL will share this with LF. 14.01.21 – LF has shared on Facebook. Closed
03.11.20	SD to inform the group of any changes made to the letter.	SD	14.01.21 – Has shared the updated letter with group. Closed
03.11.20	WA to attend next PSN meeting, SD to check if invitation needed.	WA/SD	14.01.21 – WA will be attending the next meeting and has accepted to attend. Closed
03.11.20	JN to circulate the HIP 2 Trust redevelopment programme presentation to the group	JN	14.01.21 – External comms to be sent out and engagement with stakeholders has begun. Closed
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	14.01.21 – On-going feedback from stakeholders has begun. Action can be closed.
03.11.20	SD to email CMH the survey (outpatient appointments, including remote appointment questions).	SD	14.01.21 – CMH will be sent the survey in a word format. Closed
14.01.21	AA to look into the telephone appointment SM where incorrect information was given.	AA	
14.01.21	Telephone waiting list solution – consider how admin teams can be involved to support clinic flow	AA/AW	
14.01.21	IPSG minutes – aim to send round to IPSG members one week before meetings to give adequate time to read papers	AS/SD/JN	
14.01.21	SD to consider feedback from group on survey questions for Outpatient Survey.	SD	

	14.01.21	HC to send My Sunrise presentation around to the group	HC	
	14.01.21	HC to find out if the My Sunrise App team are looking to make the app web-based.	HC	
	14.01.21	SD to share a list with TL displaying GPs that will be using the Leisure Centre for vaccinating their patients.	SD	
	14.01.21	SD to share with the group key COVID vaccine information on scams	SD	
	14.01.21	LM to send vaccine query to SD for forwarding on to CCG contacts	LM	
	14.01.21	NDHT and RD&E integration - Find out more about future arrangements for council of governors	JN	
3	NHS Updates			

<p>3.1</p>	<p>Remote appointment updates</p> <p>AA and AW attended the meeting to give an update on remote appointments used in Outpatients. AA informed the group that appointments have continued during the pandemic. This has helped to ensure that face to face appointments remained safe for patients to attend if required, by reducing footfall.</p> <p>The number of patients attending appointments in November 2020 was at the same level as in November 2019. AA highlighted to the group that 50% of patients came to their appointment in person and the remaining were non-face-to-face.</p> <p>Most non-face-to-face appointments were completed over the telephone, and a small percentage attended a video consultation. It is hoped that this method will increase over time.</p> <p>The group were shown two patient stories on their views of remote appointments, which were presented at the last Trust Board meeting. The first informed the group that it was more convenient for them, as they do not drive and did not need to travel, and the interaction with the clinician had a good outcome. Whereas the second story explained how it does not meet their needs and they would source other ways to see someone e.g. attend the Emergency Department or GP out of hours.</p> <p>SD noted to the group that the Trust Board were pleased to hear both stories as it gave them insight on patients' very different views, which the Trust can learn from when considering what type of appointment to offer patients.</p> <p>AA noted a policy has been created to assist clinicians on the most appropriate appointment for a patient i.e. if an examination needs to take place, a face to face appointment would be required. Whereas, if a conversation was only required, a telephone appointment would be most appropriate.</p> <p>The importance of patient's choice was noted and SM raised the question as to when would a conversation be held with a patient asking for their choice of appointment, as SM noted this has not happened yet.</p> <p>AA noted that the Trust is currently working on this and looking at how we are best to establish these conversations with patients. When a new referral comes into the trust, the clinicians will triage the referral and conclude which method of appointment would be most suitable. After this point, further work needs to take place capturing patient's views when booking appointments. AA highlighted that a review of patient letters will take place soon, as currently they are confusing and some information is out of date. A leaflet will also be sent out with patients' letters to contact the Hospital if they are not happy with the method of appointment made for them.</p> <p>SM noted that she had recently had an RD&E telephone appointment. When the clinician called later than the time stated, she was informed that they have no set times to call. AA noted that SM was informed incorrectly and will look into this. ACTION</p> <p>BM highlighted that some patients might be happy with some telephone appointments but wondered if at least one face-to-face appointment should be given. BM has also recently been informed that an individual recently had a telephone appointment and was unable to take time off work and had to sit go and sit in their car, and wondered if there was something that could be done to allow patients to attend their telephone appointment at a time booked for them.</p> <p>AW highlighted to the group that clinicians had experienced difficulty when contacting some patients.</p>
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A survey was carried out with clinical staff and the outcomes were as follows:

- On at least one occasion, 82% of clinicians could not get hold of the patient or the patient was not in a suitable environment to talk.
- On at least one occasion, 54% of clinicians found that a patient was not prepared or had to reschedule their appointment.

A potential solution has now been explored - for patients to call for their appointment and go into a virtual waiting room, instead of the clinician calling the patient. This would be a direct line, so a patient would not need to go via main switchboard. AW asked the group for their thoughts.

SM felt that the patient and the clinician would need to be given the same times for this to work. It was also noted the letter should have an emphasis this is an appointment with a consultant, which they could show their employer who might allow for this time off.

GK raised the question - would there be a contact within the waiting room to ensure patients are advised of delays to avoid a cost to the patient? AW noted that this would be a free phone number.

LM noted that timings can be an issue, especially to those who might be a main carer for someone, but liked the idea of a waiting room.

BM noted it was good to hear that the call would be free for the patient and wondered if the waiting room would be manned?

AW informed BM that whilst in the waiting room the patient would be placed on hold, until the clinician answered the call. AW liked the idea to have the waiting room manned and to arrive the patient, and will explore this further. **ACTION**

SD highlighted to the group a survey seeking feedback on experience of outpatient appointments that had been circulated to the group prior to the meeting, and highlighted the importance of obtaining patient feedback. The group were informed that the next piece of work will be to continue to engage with patients for their feedback on appointments experienced.

GK highlighted that he was not able to review meeting documents fully, as there was not sufficient time to read and prepare his thoughts and comments. GK asked for documents to be emailed out at least 7 days prior to the meeting. **ACTION**

The survey includes questions to understand patients' views on remote appointments and Friends and Family Test questions, so patients are only asked these questions once for their convenience, instead of in multiple separate instances. The questions will also include demographic questions.

SD informed the members that the questionnaire included specific question that the Rheumatology service would like to explore to understand the impact of remote appointments for their patients.

This survey will go live first for video appointments, and the patient will be able to complete it at the end of their appointment via a link.

SD noted that the next phase will be to ask patients who attend a telephone appointment to complete the survey. Patients will receive a leaflet with their appointment letter on how to access the survey. If a patient is not able to access the survey, a volunteer could contact the patient for their feedback if they have given consent.

For face-to-face appointments, the Trust is considering whether a patient could have the option to

	<p>take away a paper copy with a free return envelope, or have access to an iPad to complete the survey. SD asked the group for their comments.</p> <p>SM noted that questions were very clear and liked the option of a free text box, so patients could provide comments. SM also noted within the questions for the video and telephone appointments, if there should be prompts i.e. how long they waited to be contacted.</p> <p>BM noted that within question 9 about advantages, if we should also ask for the disadvantages. BM also wondered within the Rheumatology section, if asking for the patient's NHS number is really needed? As not everyone will know where to find their number? SD will check with the department, as to whether they will need this information, and will consider the other feedback from the group. ACTION</p> <p>JN thanked AW and AA for attending the meeting and AW and AA thanked the group for their valued comments and input.</p>
<p>3.4</p>	<p>My Sunrise App</p> <p>HC gave the group an update on the My Sunrise app. Could not share the presentation prepared, so HC will circulate to the group after the meeting. ACTION</p> <p>The app was created 3 years ago by two doctors from Truro Hospital. A presentation was delivered to Trust staff by one of the doctors (George Brighton) after which the Trust decided to use the app.</p> <p>The cancer network has funded the use of the app for 3 years. The app can be downloaded for free and will be relaunched officially in April 2021. The app is for those patients who have recently been diagnosed with cancer. This will be a useful way to access all the information and advice they will need. Further information will be added, along with pathways for specific cancers.</p> <p>GK asked HC if she had the opportunity to look into the issue of accessing the app. HC informed GK that the app can only be accessed via a tablet or smart phone. HC has a meeting with George Brighton next week and will raise the question if they are looking to make the app web-based. ACTION</p>
<p>3.2</p>	<p>COVID update</p> <p>JN provided an update to the group. The Trust is currently in a good position and has prepared for an increase in admissions. The new variant of the virus has been very low locally and cases within the older population have fallen. Within the Devon area, it is hoped that the recent lockdown has come into force at the right time.</p> <p>JN noted to the group that the Trust was the only Trust within the peninsula to have gone beyond the required target in the recovery of elective activity.</p> <p>SD informed the group that the Trust has started delivering Covid vaccinations. The first delivery of the vaccine was on Monday 28 January 2021, and the Trust started vaccinating on Tuesday 29 January 2021. The Trust has vaccinated over 3,000 people so far.</p> <p>There have been a large number of those wishing to have the vaccine from frontline and health and social care workers. The Trust has also vaccinated some patients over 80 coming for their outpatient appointment. Primary Care has also started their vaccination process at the Barnstaple Leisure Centre.</p>

	<p>The key message the NHS is focusing on is - ‘don’t contact us, as we will contact you’. SD asked the group if there would be happy to share this message with the wider community and direct people to the NHS website for trusted information and updates.</p> <p>It was also highlighted the importance of being aware of current scams, as the NHS would never ask for information such as bank account details. SD will send information to the group around being aware of scams and what to look out for. ACTION</p> <p>LM noted that she has been asked questions around when a carer for an over 80 year old should start contacting the NHS? SD noted that this would be system led and we were not able to answer the question, but asked LM to email her and she will forward her details on to someone who can answer LM’s question. ACTION</p> <p>LF noted that NDVS are preparing their next newsletter and asked SD to forward the scam information and the message the NHS will contact you, as this can be featured in the newsletter. LF noted that this information can also be added to their website. ACTION</p> <p>TL asked if the Trust knew which GP practices were vaccinating through the Leisure Centre. SD will share a list with the group, which displays all the local GPs that are using the Leisure Centre to vaccinate their patients. ACTION</p>
<p>3.3</p>	<p>Collaborative Agreement</p> <p>In October 2020 a strategic case was submitted to the regulators, which is a formal document informing them of the intent of joining together and which highlights the benefits this will bring to both organisations, patients, local communities and staff. This was approved by regulators in December 2020, which means we are now working at pace to develop detailed plans for joining our services, with a plan to join the organisations in April 2022. As agreed by both Boards, 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. This is positive for NDHT as this will mean that stakeholders will have a voice in the direction of the organisation for Northern Devon. The intention is for this to feel like a joining of two equals. A clear message will be given to our stakeholders and staff that this is a partnership.</p> <p>GK raised the question as to whether there will be a budget for the whole Trust or would it be split into two budgets? JN informed that the services we provide are commissioned, so the joined organisation will be given budgets to deliver services across both sites. Within the strategic case, one of the highlighted enablers of the integration is formal recognition of the rural subsidy required to ensure services can be delivered from the most remote hospital in mainland England.</p>
<p>3.4</p>	<p>Our Future Hospital</p> <p>Visual identity has now been designed for this project. More people have been recruited to the programme to ensure we have a team in place focusing on how we want to use potential investment do develop our hospital.</p> <p>In December 2020, we held a number of meetings across five main clinical pathways – urgent and emergency, planned care, long term conditions, women’s and children’s and diagnostics – to have an early conversation about our ambitions for this investment. We had clinicians and staff from across the Trust and local healthcare system, as well as patient and public representatives at these meetings. There are three main strands to this programme: the clinical strategy, our digital strategy and the supporting estate.</p> <p>JN asked the group how we should gather feedback on the ambitions from the community? SM</p>

<p>3.5</p> <p>3.6</p>	<p>noted it might be helpful to target different community groups, along with specialist groups and think about the questions you want to be asked.</p> <p>SM raised the following question: Would a group of shadow governors be formed for North Devon? As RD&E currently have this setup as part of their foundation status. Or would a setup of councillors in waiting be formed for North Devon? Alternatively, a re-election of governors to work across both sites?</p> <p>JN was not able to provide a response at this time, but would raise the question and report back at the next meeting. ACTION</p> <p>NHS England consultation on review of NHS access standards</p> <p>This is a review of NHS standards with a focus on urgent and emergency care, for example to see 95% of patients within 4 hours of requiring care within the emergency department. SD sent an update to the group for information and there is an online survey they can take part in.</p> <p>University of Exeter Academy of Nursing Patient and Public Advisory Group</p> <p>The group is currently looking to recruit someone from North Devon area to be part of the group. SD wanted to share this with the group in case they or someone they knew might be interested.</p>
	<p>Action summary</p> <ul style="list-style-type: none"> • AA to look into the telephone appointment SM where incorrect information was given. • AW to explore idea of a waiting room as part of potential telephone appointment solution. • IPSG minutes – aim to send round to IPSG members one week before meetings to give adequate time to read papers – AS/SD/JN • SD to consider group feedback on Outpatient Survey • HC to circulate My Sunrise App presentation after meeting • HC to query with app developers if they are looking to make the app web-based. • SD to share with the group information on scams relating to vaccination • LM to email SD with vaccination question, for passing on to CCG colleagues • SD to share a list with TL of GPs that will be using the Leisure Centre for vaccinating their patients. • NDHT and RD&E integration – JN to find out more about future arrangements for council of governors
<p>4</p>	<p>Group Updates</p>
	<p>Item not discussed.</p>
<p>5</p>	<p>Closing Business</p>
	<p>No issues raised.</p>
	<p>Date of Next Meeting</p>
	<p>Thursday 11 March 2021</p>

Attendees

Name	Job Title	Present/ Apologies
Katherine Allen (KA)	Director of Strategy, NDHT (Chair)	Apologies
Jess Newton (JN)	Head of Communications and Engagement, NDHT (Vice Chair)	Present
Teresa Sturm (TS)	Patient Experience Matron, NDTH	Apologies
Sarah Delbridge (SD)	Interim Communications and Engagement Officer	Present
Lisa Townsend (LT)	Patent Experience Co-ordinator	Apologies
Holly Conway (HC)	MacMillan Living With and Beyond Cancer Project Officer, NDHT	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
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)	NDVS	Present
In attendance		
April Adams (AA)	Head of Outpatients	Present
Amy Williams (AW)	Service Transformation Team Senior Project Manager	Present
Andy Searle (AS)	Service Transformation Team Secretary (for minutes)	Present

Previous actions

Date	Action	Lead	Outcome
01.09.20	SD to ask for update on how the Trust is working with the Hospice	SD	03.11.20 – 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
01.09.20	SD to arrange ophthalmology update for next meeting	SD	03.11.20 – WA attended today's meeting. Closed
01.09.20	SM to send SD suggestions for stakeholder newsletter mailing list	SM	03.11.20 – suggestions have been forwarded to SD. SM sending out via the PSN meetings. Closed
01.09.20	SD to update remote appointments comms plan taking into account end-to-end communications	SD	03.11.20 - Incorporated into above action. Closed
01.09.20	SD to look at sharing Alan's story at the next PSN meeting and on TV screens in GP surgeries	SD	03.11.20 – 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 impact it's had. His wife is happy for the film to be used internally. 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	03.11.20 – TL will share on Facebook. LF will add the link their Facebook link and also on their newsletter. TL will share this with LF. 14.01.21 – LF has shared on Facebook. Closed
01.09.20	SM to catch up with KA about cardiology patient feedback	SM/KA	03.11.20 – discussion has been held. Agree to park this for now, and pick again if needs to be explored further. Closed.
01.09.20	AS/Niki Kinkaid to include action grid at the start of minutes going forwards	AS/NK	03.11.20 – Action grid created. Closed

28.07.20	Volunteer drivers – Are they included in the testing	KA/SD	03.11.20 – 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
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