Northern Devon Healthcare NHS Trust

Involving People Steering Group

Minutes of a meeting held of the Involving People Steering Group via MS Teams on Thursday 11 March 2021

<table>
<tr><th>Minute</th><th>Title</th></tr>
<tr><td>1</td><td>Attendees
Jess Newton, Sarah Delbridge, George Kempton, Barbara Martin, Lana Madden, Tim Lamerton, Louise Flagg, April Adams, Martin Dowdall, Neil Partridge, Andy Searle, Carol McCormack-Hole, Lisa Townsend, Claire Fisher, Sue Mills
Apologies
Katherine Allen, Teresa Sturm, Eric Hayes, Kharun Shah, Ella McCann, Pauline Fulford, John Wade, Sue Matthews, Holly Conway</td></tr>
<tr><td>2</td><td>2.1 Matters Arising
All agreed that the minutes from the last meeting where 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>03.11.20 - 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
11.03.21 – SD followed up with Encompass and Claire Fisher (CEO of Encompass) has attended today’s meeting. 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>03.11.20 – 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.
11.03.21- Letter has been discussed with DRSS and conversations are now being held to streamline letters. CLOSED</td></tr>
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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. **11.03.21** – Action is on today's meeting agenda and April has attended to discuss. CLOSED
14.01.21	AA to look into the telephone appointment SM where incorrect information was given.	**AA**	**11.03.21** – April has raised this with the management team. The team will discuss this with the clinician.
14.01.21	Telephone waiting list solution – consider how admin teams can be involved to support clinic flow	**AA/AW**	**11.03.21** – April has held conversations with other Trusts who have implemented virtual waiting areas. April has obtained excellent feedback. This is something we are keen to include in a future telephone clinic solution.
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**	**11.03.21** – This was achieved and will aim to continue with this. If this standard slips, the group were asked to pick us up on this. Closed
14.01.21	SD to consider feedback from group on survey questions for Outpatient Survey.	**SD**	**11.03.21** – Feedback obtained from the last meeting was extremely useful. As a result, amendments have been made to the survey. The survey has been completed 344 times since its launch. Closed
14.01.21	HC to send My Sunrise presentation around to the group	**HC**	**11.03.**21 – Presentation was emailed to all after the last meeting. Closed
14.01.21	HC to find out if the My Sunrise App team are looking to make the app web-based.	**HC**	**11.03.21 -** Question was raised to George Brighton and confirmed its something they have considered**.** Closed
14.01.21	SD to share a list with TL displaying GPs that will be using the Leisure Centre for vaccinating their patients.	**SD**	**11.03.21 –** TL received the list. Closed

14.01.21	SD to share with the group key COVID vaccine information on scams	**SD**	**11.03.21** – Information shared with the group for sharing to a wider audience. Closed
14.01.21	LM to send vaccine query to SD for forwarding on to CCG contacts	**LM**	**11.03.21** – Question raised to the CCG and has responded to the enquiry. Closed
14.01.21	NDHT and RD&E integration - Find out more about future arrangements for council of governors	**JN**	**11.03.21** – The council of governors will be extended to include a corresponding level for North Devon. However, due to national guidelines for Foundation Trusts, a council of governors for North Devon cannot be formed until the integration has been formally approved. JN noted that stakeholders and members of the public are welcome to attend RD&E open meetings. Group asked to be sent joining information for RD&E governor meetings – JN to send to group.
11.03.21	Consider group's feedback on outpatient letter and patient information leaflets	**AA**	
11.03.21	Find out if there is any information we can share with TL about a forward view for remote appointment activity	**SD**	
11.03.21	Consider feedback from group on Our Future Hospital survey – postcode issues	**SMills**	
11.03.21	Contact Staffside chair about linking with BM	**JN**	

	11.03.21	Group members to review the feedback given on Care Opinion and comment on the quality of the reply at the next meeting	**ALL**	

3. NHS Updates

3.1 Outpatients: appointment letter and patient information leaflet review

Due to recent transformations within the Outpatient Department, we have recognised a need to provide further information to patients.

AA noted the discussions held at the last meeting were extremely helpful, as this assisted in understanding what information was important and highlighted information that might need to be included.

Since the last meeting, AA tasked a member of her team to review the feedback from the last meeting and complete an overview of current information. As a result of this, a new approach has been developed for Outpatient letters.

Currently, letters are two sides of A4; the first page lists the patient's appointment and information relating to their appointment. The second page lists generic Outpatient information.

As a result of COVID and new ways of working, extra information is required and currently, there's not enough space to fit this on the back page of the letter. It was proposed that an information leaflet be created and the first page of the letter simplified.

The first page of the letter will show key information. The leaflets will inform patients on how to prepare for their appointment. It will also explain how to reschedule appointments, a prompt to get in touch if they would like to discuss changing their appointment from video/phone/F2F, and a prompt for patients to provide feedback on their appointment.

The proposed drafted leaflets and letter text were emailed to the group prior to the meeting so they could review. AA asked the group for their feedback.

GK raised the following:

- Within the first paragraph around medications. It states to bring a list of medications, GK suggested as to whether this should state all medications- including those that are not on prescription.
- A map of the site would be useful, along with directions on how to find the location of their appointment. As not everyone has access to the internet to view the map on the website.

AA thanked GK for his comments and noted. CMH agreed with the comments GK raised and noted the importance of giving the patient as much information as possible to avoid any unnecessary stress.

BM asked for clarity as to when the patient would be asked to wait in their car. AA noted that the patient would be asked to wait in their car if they arrived early for their appointment, and asked to return 5 minutes prior to the appointment, or if the waiting area became overcrowded or the clinic was running behind schedule.

AA highlighted if these situations were to occur, the receptionist would take a contact number for the patient and call them when the department is ready.

SD noted that the group had raised the issue of patient choice with remote appointments at previous meetings, and asked the group if the section in the leaflets about patient choice around appointment types was clear enough?

GK noted that it's clearly stated and informs the patient on how they can change the appointment type if appropriate.

AA thanked the group for their feedback and would review the letter and leaflets. **ACTION**

AA highlighted to the group another piece of work we are currently undertaking in outpatients.

At a previous meeting, the group were presented with a letter that was to be sent to patients awaiting surgery.

AA is looking to produce a similar letter for patients awaiting an outpatient appointment and to ask if their needs have changed whilst awaiting their appointment. AA would appreciate the group's feedback on this letter, as the feedback from the previous letter was excellent. The exercise will be starting before the next IPSG meeting, so she will be asking for feedback on the drafted communications outside of the meeting, via email to IPSG members.

The group were informed that an outside company will provide assistance with this piece of work as there are a large number of patients to engage with.

3.2 Drive through at NDDH

MD and NP came to the group to introduce them to the new drive-through based on the main site of NDDH. A slide show was presented to the group. In May 2020, discussions started at NDHT as to whether a drive-through setup could support hospital services during the first lockdown due to COVID-19.

In July 2020, MD saw a news item on how Luton and Dunstable Hospital supported their services using a drive-through. This assisted with the backlog of patients needing to be seen and the news footage highlighted the positive feedback from patients using the drive-through.

The group members were shown a site plan of where the drive-through is situated at NDDH. MD informed the group that in September 2020 approval was granted to start the project.

NP noted to the group that the cardio-respiratory department were the first service to use the drive-through. Prior to COVID-19, the team was working in a very small department. When the pandemic started, the team were not able to continue in their area due to social distancing and infection control requirements.

As a result, the team set up an outside service for patients to come and collect equipment. This was happening prior to the drive-through. Managing poor weather made it difficult for them to continue as they were, but the new drive-through facility gives them a covered space with protection from the weather.

NP highlighted to the group that the cardio-respiratory team have been seeking feedback from patients, who have praised the efficiency of the drive-through. It is hoped that other services will see the benefits and start to use the drive-through.

CMH noted that someone she knows has used the drive-through and they were impressed at how efficiently the service is being run. They also liked the fact that they did not have to enter the main hospital building, which made then feel less anxious in attending their appointment. TL highlighted a similar story.

CMH raised the question as to whether the drive-through will continue beyond the pandemic.

MD noted that it will be used for approximately one to two years.

After this time, it will be reviewed as to whether it's being successfully utilised by services and if it is providing value for money.

LT added that the patient experience team has seen lots of praise and positive feedback from those who have used the drive-through.

BM raised the following two questions:

- What happens to those who cannot drive due to having a heart monitor attached and can they come on foot?
- Are patients missing out on an examination they might have had if they were coming into the building for an appointment?

BM was informed that if a patient did attend their appointment by foot, they would be safely chaperoned through the drive-through.

It was also noted that a patient only comes to collect a heart monitor which they would then fit to themselves when at home. Instructions on how to fit the monitor are given. The patient would then

wear the piece of equipment over a 24 hour period or over 7 days, whilst going about their daily routine. They would return the monitor so the data recorded can be analysed.

After analysing the data, an appointment would be made for the patient with the clinician if further interventions are required.

GK raised the questions:

- When visitor number activity increases, would the loss of parking spaces become an issue?
- Has there been a loss in revenue as a result of losing these parking spaces?

JN noted that in the long-term the parking issue at NDDH has been picked up by the Our Future Hospital programme. It was also highlighted that the use of telephone and video appointments has freed up parking spaces.

NP informed all that the estates team have been involved in the project and have been keeping a close eye on activity within the car park. In the event of the car park becoming full, an overflow car park would be opened up. MD also noted that those attending the drive-through would only be using a parking space if they needed to enter the building for the second stage of their appointment.

As a result of COVID-19 there has been a slight loss in car parking revenue. However due to lack of use, it has required less costly maintenance works.

TL raised the question as to why the drive-through would only be used for two years? MD noted that this is only an estimated time frame. If the drive-through became underused it would be taken away. However, if the services become popular, then it could stay longer.

3.3 COVID, vaccination and recovery update

JN gave an update on the COVID position and response at the Trust.

Northern Devon is in a very good position in terms of COVID cases and with the vaccination roll out. Currently, there are 0 cases of COVID-19 within the hospital.

The hospital teams will not become complacent and will continue with PPE, infection control and social distancing. Continuous monitoring will take place.

The hospital's three times a week "Gold" meeting has now been replaced with a weekly meeting and at weekends. There is a current focus both at the Trust and nationally on recovery plans.

JN highlighted to the group that the hospital has assisted with vaccinations and shortly will have delivered 10,000 vaccinations.

The Trust has now taken a short pause in vaccinations to plan for phase two. This will consist of booking people for their second dose, who had their first vaccination at the hospital. This will include members of staff.

The hospital has also been vaccinating inpatients who are in the current categories to vaccinate.

BM noted that the vaccination was not mandatory, but raised the question as to what percentage of Trust staff have declined the vaccine?

JN noted that a piece of work is currently being undertaken to look into those who wish not to have their vaccination. This will allow the Trust to ask questions if there are any concerns and to identify those who have had their vaccination elsewhere.

CF wanted to thank the Trust on behalf of the homeless community her organisation represents to be invited to have their vaccine and how smooth and efficient the clinics ran. JN thanked CF for sharing her feedback.

TL asked how the recovery plan was taking shape within outpatients, as the volunteer drivers are not getting the requests for drivers as they would expect. JN noted that this could be due to patients continuing to have telephone and video appointments, but would raise the question as to why this might be. **ACTION**

TL noted that the volunteers would be happy enough to take patients through the drive-through. They have also noted that the front entrance has become very busy.

3.4 NDHT and RD&E integration update

A programme has begun to bring services together over the next year, with a plan to integrate the trusts from April 2022.

Both trusts have informed staff that while we plan to integrate the Trusts and priority services from April next year, it will take longer for services to fully integrate and is likely to be a five year process overall.

A recent survey has taken place on possible names for the organisation and suggested names have now been shortlisted. Meeting with non-executive directors, members of the public and stakeholders from both sites to take place in due course to discuss the shortlisted names.

An integration team has also been appointed to oversee the whole process and support staff with documentation that needs to be completed.

BM highlighted that the next Board meeting will be a joint meeting and a date has not yet been confirmed.

JN noted at the last NDHT Board meeting a non-executive director from RD&E attended and at the next RD&E Trust Board meeting a non-executive from North Devon will attend.

The benefit of having this approach will allow each organisation to get to know each other better. It was highlighted that they will not have voting rights, but will attend for learning.

Future meetings will be known as “Boards in common” where each Board will sit together and discuss agenda items. It was noted that Board members can only vote on agenda items belonging to their organisation i.e. a Board member from RD&E cannot vote on an agenda item for NDHT.

BM highlighted the importance of ensuring that Northern Devon has the correct amount of representation. BM asked if future meetings will take place in Exeter.

JN noted that there's a plan in place to ensure that there is a council of governors that has the right representation across the patch following the proposed integration. It was highlighted that this council cannot be formed until NHS England has granted approval for integration.

JN informed the group that Northern Devon representatives can attend the council of governors meetings for Exeter. JN will obtain the dates for Exeter meetings and circulate to the group.
ACTION

3.5 Our Future Hospital (HIP2)

This programme was created in response to North Devon District Hospital being included as one of 40 hospitals eligible for funding in the second phase of the Government's Health Infrastructure Plan (HIP2). This programme will look at the challenges and opportunities and create a vision for future healthcare.

SMills highlighted that the first initial pathway meetings proved to be very useful, as it allowed for the opportunity to hear the views from patient and public representatives.

A survey has now been launched asking the public for their vision for future healthcare. The survey will ask the public what future healthcare looks like to them, as well as giving the opportunity to feedback on any recent changes, such as the impact of COVID on services and remote appointments. The themes from the survey will feed into the development of the Trust's case for change.

SMills noted that a link to this survey was emailed out with the documentation for this meeting and encouraged the group to complete the survey.

SMills also asked the group if they could cascade the survey out to as many people and groups as possible.

JN also asked the group to think of other ways the survey could be distributed.

The survey was trialled with patient reps prior to sending out and the group were asked for their feedback if they have completed the survey.

TL noted that he has shared the survey with all the car schemes and has also completed the survey. TL felt that the survey was very clear, but highlighted an area that asked lots of questions around remote appointments, and wondered if a question worth asking was what would be the barriers if someone was not able to use this method?

SMills informed TL that when a low score has been given, the survey does try to encourage people to give reasons why.

JN noted that TL made a valid point and his comment will be taken on board for future engagement.

LF noted that the survey will be shared via the North Devon voluntary newsletter. LF also highlighted that she had difficulty completing the survey as her postal address falls outside the catchment area. LF noted that her registered GP is South Molton, and suggested if the Primary Care Networks should be contacted to ensure those who fall outside the catchment area have the ability to complete the survey.

JN thanked LF for raising this issue, as the Trust wants to ensure that all our patients have the opportunity to complete the survey.

It was highlighted that the closing date for the survey is Thursday 15 April 2021.

3.6 Care Opinion subscription

LT wanted to share with the group a new way of collecting patient feedback. Care Opinion has been available for patients to feedback about the Trust for 9 years, and the Trust has been trialling the advanced subscription within cancer services for the last 12 months.

The current subscription allows a patient to give feedback or tell their story. LT highlighted that with the advanced option a freephone telephone number is provided and also a free postal service.

Volunteers at the hospital have also been talking to patients and have been recording stories with the use of an iPad.

If a patient provides feedback anonymously, the advanced subscription allows LT to reply to the feedback. A reply from the Trust can also be given if they are not anonymous.

LT wanted to highlight that if feedback was given anonymously the person would remain anonymous throughout conversations.

It was also highlighted by LT that the advanced option allows the patient experience team to allocate feedback or a story to the service it relates too. This will allow for a more personal response from the service in question.

A business case is currently being prepared to fund the advanced subscription, so it can be rolled out to all services within the Trust.

LT noted that this option is being endorsed in Scotland and Ireland and some trusts that have been rated as outstanding are using the advanced option.

The advanced option also has the ability to create campaigns and reports.

BM asked how does this sit alongside PALS and Healthwatch and do those staff who respond to feedback have the time to do so?

LT noted that Healthwatch are working with Care Opinion and they will signpost people to Care Opinion. This would sit alongside PALS as it's another option for a patient to make contact. PALS would record any issues and complaints.

If a service is mentioned, they would be alerted and can quickly act upon feedback.

When it is rolled out, it will go to the relevant service that will be able to comment. When it reaches the service, it will alert all and the nominated lead person will be able to reply.

The group were asked to view the feedback on the Care Opinion website and the responses the Trust is giving, and consider the quality of the feedback we are giving. **ACTION**

JN noted that if approval is made to upgrade the subscription, it would be good for LT to give an update to all around the implementation among services and show the group how to use the system.

Action Summary
- JN to email the group dates of when open RD&E governor meetings take place
- SD to ask for information to share with TL around outpatient recovery plan, to assist with supporting volunteer drivers
- Group members to review the feedback given on Care Opinion and comment on the quality of the reply at the next meeting

4. Group updates

CHM- Without meetings to attend, it's hard to advance suggestions as you're not able to meet in person. You do have the ability to pass information on. Engagement meetings with the public are currently lost.

BM – SOHS have held discussions around the 1% pay rise and is interested in seeing what happens and how they can support the staff. JN noted that Staffside within the Trust are involved and are very supportive. JN noted that she would pass on BM contact details to the chair of Staffside. **ACTION**

TL- Noted that the volunteer drivers have noticed that the footfall at the main entrance has increased and is proving difficult dropping off patients outside the main entrance.

Action Summary
- JN to forward BM contact details to the Chair of Staffside.

5. Closing Business

No issues raised.

Date of next meeting - Thursday 13 May 2021 at 10am via Microsoft Teams

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, NDHT	Apologies
Sarah Delbridge (SD)	Interim Communications and Engagement Officer, NDHT	Present
Lisa Townsend (LT)	Patent Experience Co-ordinator, NDHT	Present
Holly Conway (HC)	MacMillan Living With and Beyond Cancer Project Officer, NDHT	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
Sue Matthews (SM)	SOHS	Apologies
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	Apologies
Barbara Martin (BM)	SOHS	Present
Louise Flagg (LF)	NDVS	Present
Claire Fisher (CF)	Chief Officer of Encompass	Present
In attendance		
April Adams (AA)	Head of Outpatients, NDHT	Present
Martin Dowdall (MD)	Service Transformation Team Senior Manager, NDHT	Present
Neil Partridge (NP)	Service Transformation Team Project Manager, NDHT	Present
Sue Mills (SMills)	Programme Communications & Engagement Manger, NDHT	Present
Andy Searle (AS)	Service Transformation Team Secretary (for minutes) NDHT	Present

Previous actions

Date	Action	Lead	Outcome
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
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	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	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	SD to inform the group of any changes made to the letter.	**SD**	**14.01.21** – Has shared the updated letter with group. 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	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