

**Meeting** : Patient and Public Involvement Committee Meeting

**Date** : Wednesday 16 September 2020

**Time** : 10:00 – 12:16pm

**Venue** : Via Webex

**Members present:**

Colin Barry (CB)	Patient Representative, Watford & Three Rivers
Jill Ainsworth-Beardmore (JAB)	Patient Representative, Dacorum
Penny Allum (PA)	Patient Representative, Watford & Three Rivers
Daniel Carlton-Conway (DCC)	GP Board Member
Madeline Donohue (MD)	Patient Representative, Dacorum
Alex Hickinbotham (AH)	Patient Representative, St Albans and Harpenden
Alison Gardner (AG)	Board Lay Member ( <b>Chair of Meeting</b> )
Brian Gunson (BG)	Healthwatch Hertfordshire (from agenda item PPI/21/20)
Janice Neal (JN)	Patient Representative, Hertsmere
Gavin Ross (GR)	Patient Representative, St Albans and Harpenden
John Wigley (JW)	Patient Representative, St Albans and Harpenden

**In attendance:**

Heather Aylward (HA)	Public Engagement Manager
Tracey Brown (TB)	Deputy Director Operational Delivery
Michelle Campbell (MC)	Assistant Director of Primary Care and Localities
Sarah Crotty (SC)	Head of Pharmacy and Medicines Optimisation (for agenda item PPI/17/20)
David Evans (DE)	Managing Director (until the end of agenda item (PPI/20/20)
Erin Gallagher (EG)	Clinical Lead, CLCH (for agenda item PPI/17/20)
Iram Khan (IK)	Corporate Governance Support Manager ( <i>minutes</i> )
Duane Passman (DP)	Acute Hospital Redevelopment Programme Director for WHHT (for agenda item PPI/22/20)
Tracey Pooley (TP)	Head of System Resilience
Juliet Rodgers (JR)	Associate Director Communications & Engagement
Toby Scott (TS)	Communications and Engagement Manager (for agenda item PPI/23/20)

**PPI/13/20****Welcome and apologies**

13.1	The Chair welcomed everyone to the meeting. Apologies had been received from Robert Hillyard, Kevin Minier and Katy Patrick.
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**PPI/14/20****Declarations of interest**

14.1	No conflicts had been declared in relation to agenda items.
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**PPI/15/20****Minutes of previous meeting**

15.1	The minutes of the meeting held on 15 July 2020 were approved as an accurate record of the meeting.
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PPI/16/20	Matters arising
16.1	<ul style="list-style-type: none"> <li>● <b>PPI/38.4 &amp; 70.3/19 Developing GP Practice Groups:</b> AG commented that this action is on-going. HA commented that discussions are now starting to take place in regards to PPGs and noting that work and support is required. JR requested for Primary Care update to be on the agenda for the next meeting.</li> <li>● <b>PPI/5.3/20 ICC/ICP update:</b> ICP roadmap to restoration of services included within today's agenda. Action is closed.</li> <li>● <b>PPI/6.4/20 Restoration and Recovery:</b> JR confirmed the patient information leaflet has been shared and is available on the website. Action is closed.</li> <li>● <b>PPI/6.5/20 Restoration and Recovery:</b> JR updated that there are no national recovery material available to be shared at present, however will be shared as when it comes in. Action is closed.</li> </ul> <p>There were no further matters outstanding.</p>
PPI/17/20	Rapid Response Service – (CLCH)
17.1	<p>Erin Gallagher introduced the report with the following points:</p> <ul style="list-style-type: none"> <li>● The Rapid Response service was due to start in April but was paused due to the start-up of the discharge to assess programme.</li> <li>● The service therefore started from 01 July which provides responsive holistic assessment and treatments designed to avoid acute hospital admissions and support patients in their place of residence.</li> <li>● The service runs 365 days a year from 8am-10pm.</li> <li>● The team comprises a mixture of highly skilled nurses from various backgrounds including paramedics, therapists and rehab assistants.</li> <li>● Following a referral, patients deemed suitable for management at home will be assessed within 2 hours of referral by a senior clinician, who will discuss the patient's needs with their GP and community geriatrician.</li> <li>● Patients have to meet a certain criteria which include; HV GP and HV resident, over 18 years of age, conditions including short term minor illnesses causing reduced mobility or functional decline, fall or dizziness, catheter problems and heart failure.</li> <li>● The report includes details of the patient pathway.</li> </ul>
17.2	<p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> <li>● The committee noted that referrals can be received via health care professionals such as GPs, nurses, social workers and the ambulance service.</li> <li>● DCC commented that it will be good to have a look at the referrals and who is using the service.</li> <li>● It is noted that patients who have suspected Covid will still be able to access the service. There are protocols in place to manage the site for Covid positive patients.</li> <li>● AG thanked both Sarah and Erin for presenting to the committee.</li> </ul>
17.3	<b>The committee noted the update.</b>
17.4	<b>ACTION:</b> CLCH to provide an update on the type of referrals that are received and from which service provider – S Camplin.
<i>S Camplin and E Gallagher left the meeting</i>	
PPI/18/20	Participation Report
18.1	<p>HA introduced the report highlighting the following points:</p> <ul style="list-style-type: none"> <li>● Engagement networks have restarted virtually with positive feedback noting that they are valued and also with some suggestions to help improve them.</li> <li>● Suggestions are welcomed for topics committee members would like discussed at the sessions.</li> <li>● Feedback from the Reader Panel has also been very positive as they have been very active during the pandemic and found that they have been able to provide a positive impact.</li> </ul>
18.2	<p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> <li>● The committee noted that the Friday update documents have been very helpful and easy to read.</li> </ul>

	<ul style="list-style-type: none"> <li>MD queried how long the WHHT site survey was online for; JR commented this was administered by the Trust and the timeframe was approximately 10 days as the information will need to be analysed ahead of the board meeting on 01 October.</li> </ul>
<b>18.3</b>	<b>The committee noted the update.</b>
<b>PPI/19/20</b>	<b>ICS/ICP Update</b>
19.1	<p>DE introduced the report highlighting the following points:</p> <ul style="list-style-type: none"> <li>Following a request from the committee, the ICP roadmap has been shared and available within the report.</li> <li>The Joint Executive Team is currently being appointed to; Jane Halpin Joint Accountable Officer and ICS lead, Alan Pond, Joint Chief Finance Officer, Jane Kinniburgh, Joint Director of Nursing and Quality and three Managing Directors, David Evans for HVCCG, Sharn Elton ENH CCG and Peter Wightman WECCG are all in post.</li> <li>Director of Clinical and Professional services has also been recruited to and Director of Primary Care and Director of OD are currently being recruited to.</li> <li>The report highlights the ICP focus areas including locality delivery plan and frailty plans. There will be changes to service delivery in response to Covid. Another key focus is governance, including finance and contracting, communications and commissioning.</li> <li>The ICP is currently working to deliver phase 3 of the framework for planning and managing the pandemic. It is important to note that in the last week there has been an increase in the number of Covid cases.</li> <li>The ICP will need to mirror the timelines in relation to the ICS. As the three CCGs merge into one organisation, the ICP will also develop in parallel.</li> </ul>
19.2	<p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> <li>The virtual respiratory hospital is still operational, with work to develop on the virtual hospital pathways.</li> <li>There has been some data to suggest that some patients may also be suffering from Chronic Fatigue Syndrome, highlighting that the virtual hospitals are also focusing on patients with longer Covid symptoms.</li> <li>DCC added that the virtual respiratory hospital was very good in that it supported patients safely in the community.</li> </ul>
<b>19.3</b>	<b>The committee noted the update.</b>
<b>PPI/20/20</b>	<b>Restoration and Recovery</b>
20.1	<p>DE introduced the report highlighting the following points:</p> <ul style="list-style-type: none"> <li>Phase 3 of the Covid pandemic focuses on five principles; <ol style="list-style-type: none"> <li>actively engage with most impacted by the change</li> <li>make everyone matter, leave no-one behind</li> <li>confront inequality head on</li> <li>recognise people, not categories, by strengthening personalised care</li> <li>value health, care and support equally</li> </ol> </li> <li>There has been significant work around the Multiple Disciplinary Team (MDT) approach. Some areas covered with the Trust have been around Cancer, Elective Services, Primary and Community and Mental Health.</li> <li>Waiting lists and patient referrals have now been looked at by consultants and clinicians and have been triaged to allow for patients to be seen in the right place.</li> <li>One of the challenges noted in the system is around infection prevention and control (IPC) measures that need to be put into place. This therefore means productivity drops as there are more measures in place to ensure sites are Covid free.</li> <li>The report provides information in relation to A&amp;E performance and the Urgent Treatment Centre and the community providers' approach to restoration and recovery highlighting the current position at Phase 3, where all providers are working through backlogs and improving waiting times.</li> </ul>
20.2	<p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> <li>MD commented that during their Locality Board Meeting it was raised that for Q1 figures,</li> </ul>

	GP Patient Referrals for 2019/20 show approximately 7000 fewer referrals from the previous quarter. Therefore as a system there should be work to investigate the 'missing referrals' as these patients will need to be offered appointments and/or treatments.
20.3	MC introduced the Primary Care Recovery presentation with the following points: <ul style="list-style-type: none"> <li>• Due to Covid the majority of business as usual was paused in relation to primary care and localities. All meetings were stood down and some clinical services were suspended.</li> <li>• The slides provide details of the services that are now restating as well as meetings.</li> <li>• Enhanced Effective Resource Management is re-established with a Clinical Super User Group formed reviewing Gemima's new risk satisfaction business tool.</li> <li>• Work is continuing with the Primary Care Network organisational development programme, with monthly training sessions arranged.</li> <li>• There are plans to restart the GP Enhanced Commissioning Framework in Oct 2020.</li> </ul>
20.4	The following points were raised in discussion: <ul style="list-style-type: none"> <li>• MD commented that the Gemima tool has been very useful to provide information and data for patients that are frequent healthcare users to see where they have been and how they could benefit from interventions and services that could be offered to them to help improve their treatment.</li> <li>• JR commented that it is important to ensure patients are aware the General Practice is accessible and can be accessed in the same way pre-Covid.</li> </ul>
20.5	<b>The committee noted the report.</b>
<b>PPI/21/20 Any other business – Covid Testing</b>	
21.1	JR commented that there are National issues with testing for Covid. The message that is sent out is that if you have Covid symptoms, you should try to book in for a test. The capacity challenge is with the labs and not swabbing. If you or a member of your household have symptoms it is important that they isolate at home. GP practices and A&E are not able to provide tests or refer you for a test. These key messages will be sent out this week by Herts County Council.
<i>D Passman joined the meeting</i>	
<b>PPI/22/20 WHHT Verbal Update</b>	
22.1	<ul style="list-style-type: none"> <li>• DP provided a verbal update highlighting the following points:</li> <li>• The Strategic Outline Case for investment was submitted in early 2019 looking at options for refurbishment and rebuild on the hospital site plus £50m investment in Planned Care at St Albans and Hemel Hempstead Hospitals.</li> <li>• The regulators asked the Trust to consider options that were larger in capital if they provided additional benefits. One of the key aspects that are being considered is the replacement of the Princess Michael Kent Wing and full redevelopment of the A&amp;E department.</li> <li>• An architect design team has been recruited to help provide assistance.</li> <li>• There are a variety of options for the hospital sites which will be presented at a joint board meeting for HVCCG and WHHT.</li> <li>• In the beginning of 2021 there will be a preferred option which will be worked through in a lot more detail including plans for individual departments and treatment rooms.</li> <li>• It is noted that a timeframe of completion is set for 2025.</li> <li>• There has been a staff and public survey for feedback and comments on the shortlisted options.</li> <li>• The Outline Business Case will be submitted in summer 2021, once approved will lead to the Full Business Case including final designs and costs.</li> </ul>
22.2	The following points were raised in discussion: <ul style="list-style-type: none"> <li>• All feedback and engagement that has been received will provide an analysis in preparation for the board meeting on 01 October.</li> <li>• There will be a proposed shortlist of six options which will be presented to the board.</li> </ul>
22.3	<b>The committee noted the report.</b>
<i>D Passman left the meeting</i>	
<b>PPI/23/20 Winter Planning</b>	
23.1	TB introduced the report highlighting the following points:

	<ul style="list-style-type: none"> <li>The slides presented in the report are a snap shot of the high level winter plan. This plan is developed every year, reflecting on lessons learnt from the previous year and improvements that need to be made.</li> <li>The learning from the Covid pandemic has also been fed into this plan, looking at areas that need to be stepped up and looking at capacity and demand.</li> <li>The report looks at the governance structure and how this is followed through with the ICS and ICP. This allows for mutual aid support across the system.</li> <li>The plan includes areas of focus within urgent, primary and planned care and mental health.</li> <li>There is work with commissioners and partners on the winter commissioning plan focusing on additional services that may be required.</li> </ul>
<b>23.2</b>	<b>Flu Vaccinations</b>
23.3	<p>MC introduced the Primary Care 2020/21 Flu Programme highlighting the following points:</p> <ul style="list-style-type: none"> <li>The annual flu programme runs from Sept/Oct until the end of March.</li> <li>In light of Covid, the flu immunisation programme will be absolutely essential to protecting the vulnerable and at risk patients and encourage these patients to have their vaccinations.</li> <li>The NHS has extended the cohort of patients that are eligible to have the vaccination.</li> <li>The national ambition target for this year is 75% uptake across all cohorts of patients eligible for the flu vaccine.</li> <li>Additional funding support and resources have been set up to support the Primary Care Networks in delivering the flu plans.</li> </ul>
<b>23.4</b>	<b>Winter Campaign</b>
23.5	<p>TS introduced the report highlighting the following points:</p> <ul style="list-style-type: none"> <li>This is a joint piece of work alongside the ICS and the national campaigns with Public Health England.</li> <li>The message that the public should be aware of is that flu can be fatal and does take the lives of many every year and therefore should be taken very seriously.</li> <li>It is important for patients to know that they should be protecting themselves and others around them and especially if they are in the high risk groups they should be receiving the flu vaccination.</li> <li>It is important to note that if patients are feeling unwell they should be speaking to their GPs.</li> <li>JR commented that there is a national campaign and there will be a lot of work locally.</li> <li>There is funding in place from the region for the ICS for the flu campaign and NHS111 first.</li> </ul>
<b>23.6</b>	<b>The committee noted the report.</b>
<b>PPI/24/20</b>	<b>Locality Reports</b>
<b>24.1</b>	<b>The committee noted the report.</b>
<b>PPI/25/20</b>	<b>Review of how conflicts of interest were managed in the meeting</b>
25.1	There were no new conflicts of interest declared in relation to agenda items at this meeting.
<b>PPI/26/20</b>	<b>Items for cascade to the organisation</b>
26.1	<p>JR asked the committee to cascade information on Covid testing noting challenges within lab capacity.</p> <p>DCC commented that GP practices are open and available for patients to access.</p>
	<b>Date and time of next meeting: 11 November 2020, 10am via Webex</b>