

Patient Partnership Engagement Group 30th November 2018 Seminar Room, Rose Centre

In Attendance		
Name	Post	
Avey Bhatia (Chair) (AB)	Chief Nurse	
Stephen Boorman(SB)	Patient Partner	
Richard Lloyd- Booth (RLB)	Deputy Chief Nurse	
Suzanne Davies(SD)	Patient Partner	
Hazel Ingram(HI)	Patient Partner	
William Wells (WW)	Patient Partner	
Anna Mahoney (AM)	Patient Partner	
Donald Roy (DR)	Governor Healthwatch Wandsworth	
Nicholas Low (NL)	Patient Partner	
Khalid Simmons	Public Governor, Merton	
Stella Roberts (SR)	Head of Midwifery	
Emily Sands(ES)	Communications Manager	
Sarah Cook (SC)	Health Watch Manager Wandsworth	
Sarah Duncan (SD)	Patient Experience Manager	
Carole Morris(CM)	Volunteer	
Mary Prior (MP)	Assistant Director of Facilities	
Apolo	gies	
Name	Post	
Ricky Lucock (RL)	Patient Partner	
Alex Dennis (AD)	Head of Volunteers	
Elizabeth Palmer (EP)	Director of Quality Governance	
Dipannita Betal (DB)	Patient Partner	
Trudi Kemp	Patient Partner	
Helen McHugh	DDNG - CWDT	
Maxine Armantrading	DDNG – MedCard	
Stephanie Sweeney	DDNG - SNTC	

Minutes of the Meeting:	Lead
1. Welcome and Review of last minutes	AB
RLB welcomed the group and invited introductions. Apologies were noted as above. The minutes of the last meeting held on October 30 th 2018 were approved as an	
accurate record of proceedings. Action Log:	
RLB advised that the strategy is being updated and that the external website is being revised.	
2. Strategy Update	RM
It was agreed that patient partnership will be part of the wider clinical strategy that is being planned. The strategy will include transformation of services, address wider themes arising within services and an improvement in partnership services with other Trusts. RM assured of public engagement throughout the transformation process with the support of Healthwatch. AB advised that the strategy should clearly acknowledge the needs and expectations of staff. Members underscored the need to ensure that difficult to reach groups are involved in the process. RM invited members to attend the outreach events on the strategy. Care4Me website was suggested as a resource for patient groups in Wandsworth. This was seen as a way to engage "hard to reach" groups.	
3. Workstream Updates	All
RLB gave an overview of the transformational process noting the key focus on improving patient experience. Maternity Voices was noted as part of the Maternity transformation and Urology was noted as part of the outpatients' transformation process. Members were invited to be actively involved in the transformation process with specific mention of the surgical admissions work around the screening of	
patients. Sue Fox was highlighted as part of the transformational work in Discharge.	
Telemedicine and the use of apps are being considered as part of the care delivery process.	
A treatment centre is being developed at QMH and a key part of the strategy is to increase patient partnership. A new patient partnership group was formed .	
A transformation representative is expected to join the PPEG group to provide regular updates.	

RLB advised members that January 2019 will signal a more detailed focus on workstreams.	
5. Complaints and PALS	SD
SD briefed on the categorizing of complaints in green (40 working days turnover), red (60 working days turnover) and amber from November 2018.	
Key themes arising in incoming complaints were communication, clinical treatment and appointments. Surgery and Therapeutics were the key medical areas where complaints were raised.	
PALS	
66% of PALS were resolved daily and 85% within one week. Surgery division and appointment concerns were the key areas highlighted.	
Focus is now being placed on shared learning. Divisional action trackers on learning were presented to the divisional governance boards with EOLC, discharge and appointments as the key learning's. Focus groups and other strategies will be used in improving the complaints process.	
AB underscored the need to meet the response times on complaints.	
6. PLACE	MP
A PLACE audit was undertaken in August 2018 for one week and was led by patients at both Queen Mary's and St Georges Hospital.	
Audits covered cleanliness, the organization of food and food on wards, privacy, dignity and wellbeing, condition, appearance and maintenance, dementia and disability. Some areas were mandatory while others were chosen by patient partners.	
Several actions were taken on wards across each area of assessment- Audits were part of the ward accreditation, regular monitoring have been put in place, a ban was placed on tapes and posters on walls and windows, easier access to food 24/7 for patients, updated facilities including disability access.	
Members were encouraged to participate in the PLACE assessments.	
6. AOB	
Healthwatch leaflets were distributed for awareness. Date and Time of Next Meeting: January 29 th GVR 1.052	
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