

MINUTES OF PPEG MEETING
24 NOVEMBER 2020

Name	Title	Initials
Robert Bleasdale	Chief Nurse	RB
Stephanie Sweeney	Deputy Chief Nurse	SS
Terence Joe	Head of Patient Partnership and Experience, Chair	TJ
Liz Aram	Patient Partner, Co-Chair	LA
William Wells	Patient Partner	WW
Veronica Rechere	Patient Partner	VR
Mitchell Fernandex	Patient Partner	MF
Sue Fox	Patient Partner	SF
Nicholas Low	Patient Partner	NL
Michael Nayagam	Patient Partner/Staff Nurse representative	MN
Ricky Lucock	Patient Partner	RL
Alfredo Benedicto	Trust Governor, Merton	ABe
Richard Mycroft	Governor, SW Lambeth	RM
Carole Morris	Patient Partner	CM
Fraser Syme	Patient Partner	FS
Graham Syme	Patient Partner	GS
Chelone Lee-Wo	Maternity Voices Midwifery Rep. for the Division	CLW
Marlene Johnson	HON and Nursing and Midwifery Governor	MJ
Alison Ludlam	Divisional Director of Nursing CWDT	AL
Jo Hunter	Divisional Director of Nursing Medcard	JH
Victoria Morrison	Divisional Director of Nursing SNCT	VM
Wendy Pullinger	Deputy Chief Pharmacist	WP

Michael Reynolds	Communications Manager	MR
Richard Coxon	Foundation Trust Membership Manager	RC
Sarah Cook	Health Watch Manager Wandsworth	SC
Matthew Pullar	Head of Process Redesign, Efficiency & Transformation	MP
Chris Van D'Arque	Head of Chaplaincy	CV
Zenobia Cowan - Davies	Health Watch	ZC
Rachel Boland	Nurse Consultant, Paediatrics	RB
John Hallmark	Governor, Wandsworth	JH
Xanthe		
Jenni Doman	Deputy Director of Estates and Facilities	JD
Carolyn Johnstone	Deputy Chief Medical Officer	CJ

Attendees on the 24 November 2020		
Name	Title	Initials
Terence Joe	Head of Patient Partnership and Experience	TJ
Liz Aram	Patient Partner/Co-Chair	LA
Sue Fox	Patient Partner	SF
Chelone Lee-Wo	Maternity Voices Midwifery Rep.for the Division	CLW
Richard Coxon	Foundation Trust Membership Manager	RC
Michael Reynolds	Communications Manager	MR
Zenobia Cowan - Davies	Health Watch	ZC
John Hallmark	Governor, Wandsworth	JH
Rachel Boland	Nurse Consultant, Paediatrics	RB
Jo Hunter	Divisional Director for Nursing & Governance for Medicine and Cardiology Division	JH
Towhid Imam	Senior Health Consultants	TI
Laura Treharne	Procurement Manager for SWDT	LT

Ben Farrelly	Head of Operations Procurement at SGH	BF
Veronica Rechere	Patient Partner	VR
Nicholas Low	Patient Partner	NL
Xanthe		
Matthew Pullar	Deputy Director of Process Transformation	MP
Alfredo Benedicto	Trust Governor, Merton	AB
Apologies		
Robert Bleasdale	Head of Nursing	RB
Stephanie Sweeney	Divisional Director of Nursing	SS
'Bill' William Wells	Patient Partner	BW
Anna Mahoney	Patient Partner - Resigned from Group	AM
Administration		
Michaela J. Rivers	Administrative Coordinator	MJR

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1. Welcome and Review of Last Minutes	ACTION/LEAD
<p>TJ welcomed all to the meeting with introductions of the attendees. Apologies were noted. There were no amendments to the previous minutes which were accepted.</p> <p>From the Action Log, TJ looked through the following:-</p> <ol style="list-style-type: none"> 1. Amber – Divisional representative was noted as an agenda Item. 2. Annual National Adult Inpatient Survey. TJ briefly reported back on Virtual workshop which took place at the end of Sept. Staff groups looked at where we did least well Discharge process; care on the ward; issues around communication. Areas developed actions to improve scores in these key areas 3. Toolkit was completed and on agenda as separate item. MR 4. Working Group meeting, completed and on agenda. 5. Main projects for PPEG circulated, and noted two presentations as agenda items 6. TJ confirmed he had contacted all patient partners and not all had responded. Completed. 7. LA produced letter for Trust Members. Agenda item on recruitment Completed. 	

2. Matters Arising	
<p>Text Alerts in relation to outpatient appointments were discussed. LA questioned the lack of consistency between different depts. RB stated that these texts often depend on templates being updated and it was noted there were also issues around video appointments. Xanthe also observed that pre-booked text messages needed to align with what is on the system. SF added that IT and Outpatients were working together to sort out these messaging problems, and clinical staff were being involved in virtual appointments to resolve some of these issues.</p> <p>MP was happy for his team (which deals with these texts etc.), to investigate these problems. This is happening throughout the Trust. Specific issues pertained to patients having received, or not received text reminders. He noted that systems need to be configured correctly for texts to work.</p>	<p>TJ to send MP a table of PALS concerns and complaints relating to these issues.</p>
3. Update from Working Group Meeting	
<p>It was noted that there is a need for more Patient Partners. A letter went to the Trust Governors (prepared by LA). AB (Governor) stated that they have yet to discuss the letter.</p> <p>Furthermore, JH (Governor) wondered what had been occurring regarding the remodelling of the A&E since lockdown? TJ replied that that this emergency floor work, was awaiting an agreement following submission of an options paper. At present, it is on hold, and likely to restart possibly March or April 2021.</p> <p>LA stated that we do need to have a working group meeting before Christmas 2020, which is going to focus on Recruitment, and we should invite all the members of the PPEG (not just working group).</p>	<p>TJ to meet with Coporate Affairs Lead to discuss way forward on recruitment.</p> <p>Michaela to arrange and send out another Working Group Meeting Invite to all members</p>
4. Update on Patient Partner Recruitment	

<p>Bill Wells is taking a break from PPEG until next year. Anna Mahoney has resigned as stated. JH stated that he would be standing for re-election as a Trust Governor. The group agreed 8 -10 patient partners to be recruited. An email address has been set up now: PPEG@stgeorges.nhs.uk which is being used for recruitment and general enquiries. The Person specification for patient partner is on web pages as recently updated. MR expressed communications support through using internal communications to staff: eg. new intranet coming in; using our news eBulletins; using website in social media for promotion. More interviews required from Patient Partners, about what it is like to be a Patient Partner. Also short 1 minute videos would be good, for Twitter and facebook. This content really helps to explain things to our viewers on social media. LA volunteered to do a video re: toolkit when its finalised.</p>	<p>LA to do video re Patient Partner / Toolkit</p>
<p>5. Toolkit Latest Version</p>	
<p>The group had a full discussion on the toolkit and associated web pages and the general view was that we needed to get it on to the website. It was suggested that we needed to incorporate a more diverse range of photos.</p>	<p>MR to look at including Photos</p>
<p>6. Update Patient Engagement Projects</p>	
<p>Pharmacy Procurement (“PP”), Ben and Laura presented and informed the group they were keen to have patient engagement in all procuments that they are involved with. Specificially undertaking a review of procurement for pharmacy services outpatients and home delivery services across the four Trusts. They talked about what the service might look like, and how patient partners can support them with the service. They requested Patient Partner representation. .</p> <p>PP want patient support to enable development; they want to teach about procurement questions; how to evaluate questions (with plenty of training and support); need one patient representative from SGH. Time expectations for patient represenatives (1 or 2), maybe once a month involvement from January into June 2021.</p> <p>TJ noted the group had talked about two (Pharmacy Project, and Healthy Life Project) of the patient engagement projects. LA stated an experienced patient was interested in the Healthy Life E Portal.</p> <p>TJ to update on culture work.</p> <p>NL is currently involved in Neurosciences network.</p>	<p>Patient Partner to express interest to TJ</p> <p>NL to report back to group after Neurosciences meeting on the 30th November.</p>
<p>7. Update on Divisional Links</p>	
<p>Also, TJ noted Divisions are huge eg. SNCT, MEDCARD; and CWDT, and obviously we have Estates, and Corporate Nursing as well and Finance, in Corporate Division. Links for these required?</p>	<p>TJ to speak to Jo Hunter about MEDCARD. And to come back with the links for each</p>

	of the Divisions.
8. Acute Frailty Network	
<p>Towhid Imam (Senior Health Consultant) delivered a presentation on developing the acute frailty network and the need for patient involvement. Proposed to start patient care earlier into their journey, once admitted within A&E. This involves trying to get patients home the same day. One or two PP are needed (patient and/or carer), so when considering these changes, patients are at the heart of it. In early phase of project (for 1 year). It's also good to have someone from group to keep patients consulted.</p> <p>Towhid stated that the challenges around Covid, will be met, as they will have meetings by MS Teams;</p> <p>There was then discussion around patient representatives being older persons; How long is this involvement and what is the commitment. 1) what is the commitment, a meeting a month? 2) how long does it go on for? 3) What kind of person do you need and what sort of experience would you ideally like them to have had? TJ noted the project would be initially for 1 year with input on a monthly basis. VR stated her interest in being a patient rep on the acute frailty network</p>	
9. Close of Meeting	
<p>Thank you everyone for your attendance and participation.</p> <p>Next meeting Tuesday 26 January 2021 2.30 – 4pm</p>	