

## Minutes of Patient Partnership & Experience Group (PPEG)

19<sup>th</sup> November 2019

GVR2.019 2:30-4:30pm

<b>Full Membership</b>		
<b>Name</b>	<b>Title</b>	<b>Initials</b>
Avey Bhatia	Chief Nurse	AB
Mitchell Fernandez	Assistant Chief Nurse	MF
Terence Joe	Head of Patient Partnership and Experience	TJ
William Wells	Patient Partner	WW
Veronica Rechere	Patient Partner	VR
Liz Aram	Patient Partner/Co-Chair	LA
Anna Mahoney	Patient Partner	AM
Sue Fox	Patient Partner	SF
Hazel Ingram	Patient Partner	HI
Nicholas Low	Patient Partner	NL
Michael Nayagam	Patient Partner/Staff Nurse representative	MN
Ricky Lucock	Patient Partner	RL
Dipannita Betal	Patient Partner	DB
Khalid Simmons	Public Governor, Wandsworth	KS
Alfredo Benedicto	Governor- Merton Healthwatch	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 Med-card	JH
Stephanie Sweeney	Divisional Director of Nursing SCNT	SS
Debbie Graham	Director of Midwifery	DG
Wendy Pullinger	Deputy Chief Pharmacist	WP
Mary Prior	Assistant Director of Facilities	MP
Michael Reynolds	Communications Manager	MR
Richard Coxon	Foundation Trust Membership Manager	RC
Sarah Cook	Health Watch Manager Wandsworth	SC
Stella Roberts	Head of Midwifery	SR
Matthew Pullar	Head of Process Redesign, Efficiency & Transformation	MP
Chris Van D'Arque	Head of Chaplaincy	CV
<b>In Attendance at meeting of November 19<sup>th</sup> 2019</b>		
Terence Joe	Head of Patient Partnership and Experience	TJ
Mitchell Fernandez	Assistant Chief Nurse	MF
Liz Aram	Patient Partner/Co-Chair	LA
Michael Reynolds	Communications Manager	MR
Hazel Ingram	Patient Partner	HI
Richard Coxon	Foundation Trust Membership Manager	RC
Sue Fox	Patient Partner	SF
Chelone Lee-Wo	Maternity Voices Midwifery Rep. for the Division	CLW
Michael Nayagam	Patient Partner/Staff Nurse representative	MN

Ricky Lucock	Patient Partner	RL
Ralph Mitchell	Transformation	RM
William Wells	Patient Partner	WW
Nicholas Low	Patient Partner	NL
Fraser Syme	Patient Partner	FS
Graham Syme	Patient Partner	GS
Kristina Salin	Maternity Inpatient Matron representing Debbie Graham	KS
Alfredo Benedicto	Governor- Merton Healthwatch	ABe
Sarah Cook	Health Watch Manager Wandsworth	SC
<b>Apologies</b>		
Janice Minter	Head Cancer Nurse-Rep. Stephanie Sweeney SNCT	JM
Stella Roberts	Head of Midwifery	SR
Veronica Rechere	Patient Partner	VR
Marlene Johnson	HON and Nursing and Midwifery Governor	MJ
John Hallmark	Governor	JH
Richard Mycroft	Governor SW Lambeth	RM
Jai Seth	Consultant, Urology User Group	JS
Wendy Pullinger	Deputy Chief Pharmacist	WP
Padraic Costello	Learning Disabilities Lead	PC
Chris Van D'Arque	Head of Chaplaincy	CV
Carole Morris	Patient Partner	CM
Alison Ludlam	Divisional Director of Nursing CWDT	AL
Matthew Pullar	Head of Process Redesign, Efficiency & Transformation	MP
Anna Mahoney	Patient Partner	AM
Stephanie Sweeney	Divisional Director of Nursing SCNT	SS
Jo Hunter	Divisional Director of Nursing Med-card	JH
Dipannita Betal	Patient Partner	DB
Avey Bhatia	Chief Nurse	AB
Khalid Simmons	Public Governor, Wandsworth	KS
Mary Prior	Assistant Director of Facilities	MP
<b>Administration</b>		
Wanda Lamey	Corporate Nursing Projects and Patient Partnership Coordinator	WL

<b>Minutes of the Meeting:</b>	<b>Lead</b>
<b>1. Welcome and review of last minutes</b>	<b>TJ/LA</b>
TJ welcomed members and invited introductions from those attending.  Apologies were noted and are listed above.	
<b>2. Minutes and Matters arising/action log</b>	<b>TJ/LA</b>
Ammendments:  Pg. 3 Item 5- Revised Strategy to be circulated PPEG members Pg. 4 AOB- Mystery Shopper update to be given at the next meeting. - PPEG to pursue co-production work in community with Michael Nayagam in January	
<b>3. Working Group</b>	<b>TJ/LA</b>
LA provided an overview of the working group's focus on the Charter. A draft was circulated for feedback. NL suggested that the Charter highlights PPEG as a mandate within the NHS. GS suggested clarity around PPEG objectives and accountability to be reflected in the Charter. LA suggested a link to the Quality and Strategy. Members agreed the changes and TJ suggested a review of the Charter in March 2020.  <b>Action:</b> ABe to be part of the next working group meeting to set the objectives. The group will include MF, NL, SF, LA, MR, RC. Date to be announced.  Members were assured that divisional reports will be presented at PPEG meetings from January to provide insight on projects and initiatives being undertaken. This will be reported on a divisional Report template to include details across patient experience areas.	
<b>4. Transformation</b>	
Postponed to the next meeting.	
<b>5. Strategy Feedback</b>	<b>RM</b>
RM circulated copies of the Education Strategy due to be signed off by the Board in January. PPEG members were encouraged to provide feedback as part of the commitment to engagement. The strategy is currently in the data analysis phase that was developed through the involvement of patients across different services through a series of events. The strategy focuses on three broad areas- educating the future workforce, developing the current workforce and continuous learning and improvement. These will include research as an income generator, training opportunities for all, wider community engagement and maintaining the trainee nurse associates programme. Patients and the wider public will be engaged in these processes.  Members discussed the inclusion of young people and SC suggested engaging young people via the Take Over Challenge launched annually by the Council.  Actions members are expected to feedback by email.	
<b>6. PALS &amp; Complaints</b>	<b>TJ</b>
TJ updated on recruitment in to substantive posts across Complaints and PALS in line with the focus on reducing complaint breaches and resolving issues.  Maternity raised concerns on response times and the distribution of complaints to departments and was assured that this is being addressed. KS briefed on experiences in midwifery and lapses when complaints are sent for investigation o persons who may be on leave.	

<p>TJ informed that divisional reports will include data on complaints across key themes and patient partners will be expected to feedback.</p> <p>SC recommended the Healthwatch Complaints report for ideas on engagement around complaints.</p> <p>Action: Healthwatch report to be circulated to members.</p>	
<p><b>7. Patient Partners feedback</b></p>	<p><b>TJ</b></p>
<p>PLACE – NL reported on a successful experience and noted the process as inclusive and accessible. Good examples of leadership and teamwork on wards. Nye Bevan was highlighted for their operation and infrastructure. Noted that staff was unaware of PLACE.</p> <p>Food tasting was highlighted as impressive in the range of options available to patients. Concern was raised on the new Mitie contract and the impact on patient care. NL encourage members to participate in PLACE 2020 for insight on Trust operations.</p> <p>HI commended the Rose Centre operations, cleanliness and positive patient feedback.</p> <p>CLW raised concern on cleanliness in Maternity due to the Mitie changes and KS noted the labour ward in particular.</p> <p>Action: MF suggested inviting Facilities to report at the next meeting.</p>	
<p><b>8. Updates</b></p>	<p><b>TJ</b></p>
<p>8.0 Community events- Homeless Drop-in – MN to provide further details on engagement with the PPEG.</p> <p>8.1 Mortality meetings- volunteers invited to respond by email on interests.</p> <p>8.2 Emergency Floor- HI reported on interesting discussions including separating adolescents from adults and addressing bed challenges. Meetings are to be held fortnightly and a business case is due to be completed in March 2020. TJ and LA commended patient partners for their involvement.</p> <p>8.3 Sickle Cell Focus Group – to be held on December 5<sup>th</sup> to address patient concerns on pain management services and challenges in ED. SC volunteered assistance in promoting Sickle Cell events.</p> <p>8.4 Always events- particular focus on patient experience and the potential for events around various services including Day Surgery, Sickle Cell, Miscarriage Care in Spiritual care and accessibility standards for the visually impaired.</p> <p>Patient partners are to be included in these initiatives.</p> <p>Action: TJ to circulate the Mortality Monitoring TOR.</p>	
<p><b>9. AOB</b></p>	<p><b>TJ/LA</b></p>
<ol style="list-style-type: none"> <li>1. WW suggested an increase in the number of patient partners. TJ agreed that this be discussed at the next meeting.</li> <li>2. Homeless Drop-in Centre- MN informed that most were from Eastern Europe, predominantly Polish speaking and presents a language barrier. Concerns were raised around patient discharge to the streets and the potential threat to patients and issues for follow-up treatment.</li> </ol>	

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| <ol style="list-style-type: none"><li>3. TJ briefed on plans for a Patient Experience Summit in March 2020.</li><li>4. PPEG members were invited by SC to a Healthwatch event on December 11<sup>th</sup> 2019.</li><li>5. CLW invited PPEG members to participate in the New Beginnings Project to view feedback from patients on changes made.</li></ol> |  |
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Action: WL to provide a Forward planner for PPEG

<b>Details of next meeting: January 28<sup>th</sup> 2019</b>	
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