MINUTES OF PPEG MEETING ON THE 29TH SEPTEMBER 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 Dawson		
Jenni Doman	Deputy Director of Estates and Facilities	JD
Carolyn Johnstone	Deputy Chief Medical Offcer	CJ

Minutes of Meeting:	**Action/Lead**
1. Welcome and Review of Last Minutes	
TJ started the meeting by introducing the attendees, and apologies were given from non-attendees. Discussion ensued regarding the Charter, and whether a database should be created. Trust Members, Governors, and Patient Partners were mailed. The Charter states that PPEG Charter needs an action plan. A question arose, as to whether we should articulate what we will be doing in regard to Covid19. Action required:to try to get a working draft letter to the Members asking, "Do you want to be a Patient Partner?"	
2. Matters Arising	
There were no updates	
3. Divisional Link Representatives	
LA suggested we have Patient Partners who were linked to each of the three main divisions. They would liaise with a senior person between each PPEG meeting. This would enable them to feedback specifically on patient engagement across that division. It was noted that there were three main divisions: 1) Medicine and Cardiology; 2) Surgery, Neurosciences, Oncology and Theatres; 3) Children, Women, Diagnostics, Therapies, and Critical Care.	TJ

The Patient Partner for each of those areas would have contact details of the senior person in that division. TJ stated people could liaise with those most likely to be Divisional Directors of Operations, Divisional Directors of Nursing and Governance and Divisional Clinical Directors Governors. The areas you would most likely tap into would be something like the Governance Boards. Some of them, for example, CWDT, have a management and governance board, which is one meeting for the two. SF mentioned raising the awareness of PPEG and that she would like to be a Divisional Link Representative, covering Cancer (as she is already on the Cancer Committee). RL agreed, and would like to volunteer as a Link Representative for the Older Person (within Medicines and Cardiology Division, as part of the division is Senior Health), as she comes from Wandsworth People's Forum. It was also noted that this should be known to other groups to enlist more volunteers, as the Divisions are big and diverse. **Action:** TJ will put this out to the group and see what comes back. Give them a short turnaround.	
4. National Adult Inpatient Survey	
TJ talked about a presentation he had delivered to the Patient Safety and Quality Group; and the Quality & Safety Committee. The National Adult Inpatient Survey happens annually, the last being in July 2019. Patients attending the hospital in July 2019 were later surveyed. The key point is 'was there any reflections or questions from you, as PPEG members. SF mentioned things that came up on the survey also related to some of the complaints. TJ noted that he will know in November, whether there is a correlation between the two. He stated that the next report will be a Patient Experience Report covering the same period as the Complaints Annual report. Hence, there is going to be some triangulation between, what was said in the Complaints Report, and the Patient Experience Surveys. That will go to the Quality & Safety Committee and PSQG in October 2020. TJ will be able to present the findings to PPEG in November. LA felt this survey had a poor response rate. She gave some percentages of Respondents. Only 7% of people were between 6-39 year olds and LA wondered whether we were reaching them. Also, she was shocked that 65% of Respondents had a long term condition, but only a quarter of them were over 80 years old. In fact, almost half the people are over 70 years old. LA queried whether patients with long term conditions were less likely to respond to the survey. Furthermore, the fact that we are not capturing the ones that have a brief connection with the hospital was an issue, as this can have a much greater impact on a person, than if they were a long term patient. RL queried whether Covid19 may have impacted on the results of this survey. However, TJ informed her that that was not the case, as these results were from July 2019. This survey is completed once a year, and the next one, will	TJ

be in November 2020. This is a National Inpatient Survey for Adults across the country, and thus, results take a while to produce. TJ also stated that other surveys, such as Friends and Family Test + Surveys, which pick a selection of the questions that would be in this survey provides richer data for the Trust. TJ thought the response rate was fairly average for across the country, as 65% responded. When he took this to Quality and Safety Committee they did comment on the ethnicity issue, because we had 89% of respondents classified as 'white (Tooting area)', TJ felt this was slightly odd. He is to have a discussion with Picker , before the next survey regarding these anomalies. LA observed a close correlation between the Complaints Report, and Communication. She felt we were not communicating with minority groups. LA thought it was a major finding and the survey was not reflective of the demographic area. Also she felt communicating this took too long, and we need to action this. TJ replied that this was a paper exercise survey and that the next one was to be completed online. The benefit of this being, it would not take as long to produce the results. TJ enquired what MP thought on this. MP stated the results were significantly 'aged'. He wondered whether the results were only received recently or months ago. TJ stated the official results from the Trust came out at the end of June /July 2020. The results were pulled together into this presentation, and then went to PSQG and QSC in August. There were some interim results beforehand. TJ said that we get results in from Picker, which we can look at, but the full results are received and published from the CQC. MP also noted that in Slide 2, 'trust' was significantly better than other Trusts, but significantly worse in May. In Slide 8, MP stated that since the last survey, we had dropped, and he wondered if the Trust was going to undertake some formal response to this, and if so, what their plans were? TJ mentioned that he would be conducting a Workshop looking into the results of the National Inpatient survey tomorrow (30/09/2020), based on these findings, to make sure ahead of this happening again. They would look at those areas in Slide 4, because we want to make sure that we do not drop those top 5 scores, and to make sure that the bottom 5 scores can be improved, to ensure that they are not like this for 2 years running. Hence, the MS Teams workshop will look at all of these areas, with the ambition that next time/year, when we are talking about this, we will not be saying there are discharge problems, or communication problems.	TJ
5. Annual Complaints Report	
There was discussion regarding whether the Complaints Performance related to response or resolution. LA queried how we measure whether complaints have been resolved, or not. This is gauged by how many are re-opened, hence, we want to keep this number low. TJ also stated that we do have a Complaints Satisfaction Survey, which goes out to the complainant 6 weeks after they have had their response. MR informed the group that their	PPEG

complaints were mainly about communication. Responses were not communicated properly. Also, discussed was the absence of a 'satisfaction' element to the report, but TJ suggests this could be added to future reports, once it is clear as to whether the questions in the report, are the right ones to ask. This could be achieved via a PPEG review of the complaints satisfaction survey before it is reissued. SF thought that we need to be more effective in capturing what was occurring within discharging patients, and that Divisional Leads would assist in this. TJ noted that there was a Safer Discharge Project in place. MP concurred that the Lead in this Project was John Hunter, and that they looked into the discharge processes, and particularly, assessments made for a safe discharge, which is led by the Operational Services. LA noted that we have members that are working with NHS England and they are working on a Discharge Project and we are getting the news about what is happening at a National level.	
6. User Toolkit Webpage	
TJ noted that his comments were minor on this issue. The final page, Group 4, state, 'Patient user Groups are not a token gesture or a critical friend'. TJ thinks 'they are not a token gesture, but they are a 'critical friend'. LA thought the webpage was too long, (8 pages in length). **Action:** However, TJ suggested getting together (TJ, SF, and MR) to get the content needed onto the webpages in a 'meaningful, exciting, and engaging way' for everyone viewing the pages. TJ proposed sending MR the pages again. MR wanted to know if they could create a design document around it, using Trust branding. LA mentioned that they had proposed putting a page on the website. She wanted MR to take a communications perspective on it and then let them know. MR agreed that there would be something produced before the next meeting. He wondered whether there was pre-existing information and wording regarding this, and TJ stated it was a toolkit. SF added that having pictures would also be good on the page. LA continued that there was no specific divisional group. Each group is formed by a specific condition interest that it has, but it is not really a divisional group. SF noted that the group would have to have Senior Trust Clinical Lead, to take it forward. Assuming it would be obvious to that person. MR reiterated he would send what he created to LA, and SF, and then they could amend it accordingly.	TJ, SF, & MR MR
7. Current Project Updates	
TJ continued through the agenda. He noted the most pressing project was the Emergency Floor. He had David Roskams contact him recently, in	TJ

relation to getting this moving towards the Business Case Stage. They have completed the Strategic Outline Case, and they are really keen to have our input. This is something that will mushroom out. Then, the work around Culture (led by Jacqueline Totterdell) is focusing on the kind of organisation we are, and the kind of organisation we aspire to be. The way we do things around here; the images that are around; what does St George's conjure up for us as staff, as individuals working here? What does it conjure up for you as volunteers/patient partners? They would really like the patient perspective on that. TJ thought that the meetings happen, one or two days per month. It is an opportunity to be involved in an exciting piece of work for the organisation we are, and want to be, or could be. TJ then spoke about the Neurosciences Department, and Neuro Voices development. This work has not developed further, and the person that was going to bring this forward is currently on annual leave. When they return, TJ proposes touching base with them, and then getting feedback outside of this group, so that we can progress that work because there was quite a lot of interest internally from the Neurosciences Department and the Neurosciences Network, which is Pan South London. TJ noted there were also previous conversations about a Critical Care Network and Patient Group, but again, due to Covid19, however this has also not progressed. **Action:** TJ highlighted the key areas, which were <u>Culture</u> work, and the <u>Emergency Floor for patient partner input as soon as possible</u>. Emergency Floor meetings were confirmed as on Mondays at 2pm, and were 1.5 hours in duration. The group discussed at length the need to involve patient partners in the culture workstream led by Chief Executive and were keen to have further information on expectations and timeframe / commitment **Action:** TJ concluded that he would obtain that information on Culture work and Emergency Floor and forward it to group.	
<u>8. Recruitment</u>	
TJ said that we had put the new job description on the webpages, and the next stage would be progress to the working Group. LA responded by stating that we could circulate some kind of draft paper, mentioning what we are asking people to do, so that a letter can be drafted. TJ added that we should have some people representing different areas of Wandsworth and Merton, different long term conditions, disabilities, etc. There are a range of groups out there and TJ wondered whether this was not a co-opting opportunity. Bringing people into the group would bring in a certain amount of additional expertise on key areas or key experiences, healthcare, and health service	PPEG

experiences. Also, how we might go about doing this. He suggested a conversation, as a working group to press on and action this, as they are short on numbers in the group, which was seen with the non-attendance for this meeting today. Fortunately, no one has said they are resigning, but there are challenges for the group. LA vocalised that if people do not attend meetings, she did not think they should keep their places in the group, as a Patient Partner. She mentioned they already had some Community representation with Health Watch etc. but that some patients are needed, because there are jobs for them to do now. MP wondered what could be done to increase representation within the services at SGH. He realised, meeting after meeting, that there was insufficient representation in huge areas, such as Transformation; Maternity; Pharmacy; Emergency services; Acute staff etc. What can we do to address this?	
ACTIONS:	
Action: TJ stated he would talk to MF outside of this meeting, because he would have observed the same. He intended to have these discussions and move this forwards. Action: He queried whether LA, as the lead on this, could send out an email to those who had not attended the meeting today, to get their input and arrange a Working Group? LA confirmed she would run two Working Groups, one in Oct and one in Nov. Action: TJ mentioned the 'Mystery Shopper' Pharmacy, and that this would be discussed at the next meeting. Action: TJ concluded that he would obtain that information on Culture work and Emergency Floor and forward it to group. Action: However, TJ suggested getting together (TJ, SF, and MR) to get the content needed onto the webpages in a 'meaningful, exciting, and engaging way' for everyone viewing the pages. TJ proposed sending MR the pages again. Action: Need Patient Partners who are linked with each of the three main divisions to enable them to feedback specifically on patient engagement throughaout that division. TJ will put this out to the group and see what comes back.	TJ LA TJ TJ RJ, SF, & MR TJ
Thank you everyone for your attendance and participation. *Due to time constraints, this meeting was concluded at 16:00hrs,*	

Next Meeting: To be held on the Tuesday, 24th November 2020.	