

Strategic lay forum

Wednesday 15th November 2023, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Trish Longdon	Chair
Ed Lowther	Deputy co-chair
Shanaka Dias	Deputy co-chair
Jane Wilmot	
Olivia Freeman	
Sonia Richardson	
John Black	
Graeme Crawford	
Agnes Seecoomar	
Julie Fletcher	
Stephanie Nash	
Phayza Fudlalla	
Other organisations and Trust attendance:	
Michelle Dixon	Director of engagement and experience
Bob Klaber	Paediatrician and director of strategy, research, and innovation
Raymond Anakwe	Associate medical director
Shona Maxwell	Chief of staff
Linda Burrige	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Caron Bluestone	Patient safety partner
Raashi Shah	Patient safety partner
Michelle Knapper	Clinical review and elective patient experience lead
Ian Lush	Chief executive of Imperial Health Charity
Anne Middleton	Deputy chief nursing officer
Stuart Forward	Strategic communications
Faye Oliver	Strategic communications
Johanna Riches	Stakeholder management and engagement lead (mobile first)
Robert Latchford	Safety improvement lead
Debbie Vander Velden	Lead nurse, critical care outreach and resuscitation
Anne Holding	Senior site nurse practitioner
Karen Taylor	Complaints improvement manager
Matt Tulley	Redevelopment director
Amrish Mehta	Divisional director of women's, children's, and clinical services
Claire Hook	Chief operating officer
Apologies:	
Lea Tiernan	Patient engagement manager

Darius Oliver	Associate director of communications
Peter Jenkinson	Director of corporate governance and trust secretary
Maria Piggins	Patient Experience Research Centre partnerships and training manager

1.	Welcome and apologies - Trish Longdon, chair, strategic lay forum	Action
	Trish opened the meeting, and the apologies were noted.	
2.	St Mary's hospital redevelopment - Matthew Tulley, director of redevelopment	
	<p>Matt explained the new hospital programme (NHP) is in the process of receiving funding for next year. In conjunction to this, Matt has been working with Westminster Council to ensure the plans are in place with the aim of completing a public consultation between January - March 2023. This would involve engagement sessions with staff as well as live events (i.e., pop up public events).</p> <p>Westminster Council is also starting the site allocation process which will provide a development plan for specific sites across the borough. This will review and confirm which sites are suitable for major developments along with other land users such as housing, retail etc. Westminster Council will have to complete the public consultation on the site allocation policy to ensure the proposed plans are public knowledge. Matt said that it is important that our plans for St Mary's align with the Councils and the intention is to mobilise support for the planning application and to have this in writing.</p> <p>In terms of Charing Cross hospital and Hammersmith hospital, strategic outline cases will be submitted to the department of health by the end of the year with the aim of enabling work for both sites.</p> <p>Trish mentioned that many Trust patients at the Trust do not live in the Westminster area and questioned how wider community groups would support the plan. Michelle welcomed the comment and reassured the plan is to reach wider communities which will be achieved via the support of key stakeholder groups.</p> <p>Ed commented that the forum is in support of the redevelopment plan but questioned whether there was a plan for travel and how patients can navigate their way around the hospital. Deidra supported Ed's comments and explained travel (both into and around the hospital) would be included in the design process and are working with Westminster Council to ensure a plan is in place.</p> <p>Graeme added the organisation of the building has the potential to be enhanced by having a tall building, in that patients don't need to go outside etc. Jane also highlighted the power the Council has to deal with and overcome objections from the public.</p> <p>Bob said that one helpful point to remember when considering this long-term redevelopment is that the overall strategy for better healthcare is integrated care built around the needs of patients and how our goal is to create a site that supports that rather than focusing on building heights and number of beds etc.</p>	

	<p>Olivia suggested an overall plan for all the Trust's sites. Michelle said a document was shared in January that covered this information and agreed it could be updated.</p> <p>Trish concluded that it would be helpful to have a strategic plan for how lay partners can use their public voice to support the planning decision. Michelle welcomed the comment and suggested the communication phase would be an ideal opportunity to have lay partner support. The Trust will look at getting more lay partners on the wider programme group for the redevelopment.</p>	<p>Action: update and share an overall plan for site redevelopment - Michelle Dixon</p> <p>Action: lay partners to be included in the comms programme group -Michelle Dixon</p>
3.	<p>Health equity - Bob Klaber, paediatrician and director of strategy, research and innovation, Johanna Riches, interim IT consultant Waiting well - Claire Hook, chief operating officer, Amrish Mehta, divisional director of women's, children's and clinical services</p>	
	<p>Trish welcomed Bob to the forum and explained it would be useful to have an overview of how the Trust is pulling the overall plan of health equity together so there is a strategic approach for patients and communities.</p> <p>Bob began by highlighting the importance and overlap of the waiting well and health equity work. In terms of health equity there are four key areas of works:</p> <ul style="list-style-type: none"> ➤ Patients that do not attend their outpatients appointments ('do not attend' DNA's) ➤ Waiting lists ➤ Smoking cessation ➤ Strategy to reach deprived community groups <p>Focus has been placed on AI data to target patients who are least likely to turn up to their appointment which will ensure resources are used effectively. Caron agreed with this and highlighted AI programs that translate initial letters and communications, for example: DeepL translates text into 31 languages.</p> <p>Phayza thanked Bob for the update and mentioned she had been part of the DNA project where there were some good suggestions about creating a health navigator role to support and liaise with people who are likely to not attend their appointment, for example: language barriers are one of the main reasons people do not attend their appointments thus support with telephone calls would be helpful. Phayza also questioned whether there are going to be bilingual staff/volunteers to call these patients.</p> <p>Bob welcomed Phayza's comments and mentioned the role of the volunteers at Imperial Health Charity. Ian expanded by saying there are volunteer roles which focus on calling patients with the aim of having an honest conversation about their treatment. The forum supported this initiative.</p> <p>Trish thanked Bob for the update but questioned from a patient perspective how the separate areas of work are aligned.</p> <p>Claire said in preparation for this work, she reviewed the NHS guidance on waiting well and the Trust is following this although in a piecemeal fashion.</p>	

She also said there are five Trust executives responsible for different areas of this work, therefore there is an opportunity now to align it and it's her challenge to do that. She also sought the feedback from the forum on a few issues. She referred to the paper where most of the initiatives were NHS mandated and she wanted feedback on how we do those things in the best way. She also asked if there are any gaps in the current approach and how we can do this in the future. She noted any future plans need to be built into the outpatients transformation programme. She finished by saying the immediate next step is to coordinate the work.

Graeme shared his experience of an appointment being cancelled and Claire explained it may have happened last minute as they don't want to cancel appointments. She said we can work on how we communicate that better.

Trish said the paper gives a good account of Trust's actions but we could be explicit about what they are for patients and how they affect them. She said this would enable the plans to be more effectively understood and we would know where to put our efforts if we had information about what this means for patients and how this benefited them. This could also inform measures and support patients' outcomes for this body of work.

Trish also said the paper appears to exclude patients that would experience digital poverty. She asked what we are doing to specifically support those patients as they would be one of the most vulnerable groups. She also asked about the evaluation of this and the governance arrangements and if there's a lay voice on this work.

Caron mentioned there is a lot of press coverage on the NHS changing the targets for the elective waiting lists and she wanted to know, how this impacts emergency care. Claire responded that for this Trust, it makes little difference and on a national level, it changes how NHSE will fund some elective care while maintain the focus on A&E and cancer. When it comes to elective care, it is asking trusts to look at where they use independent providers and reduce it. For most of NW London, that's not a feasible option. Not many independent providers are used so it's not a change for our Trust but more a reinforcement of what we're currently doing.

Agnes said that there would be different solutions for different people and that a generic approach won't work. She supported the use of AI to tailor responses. Bob agreed and said this requirement presents itself often in paediatric care as small children's needs are very different from school aged children.

Sonia agreed that this is an important area of work and shared her experience.

Amrish supported this comment and highlighted the importance of not making assumptions. He also agreed with the point about AI to learn about the data at the Trust in order to support those with language barriers. There was wide support for this comment.

Trish welcomed Johanna Riches to provide an overview of the patient led validation process. Johanna explained she sits in the IT team to lead the implementation for 'mobile first' and wants to understand the forum's

Action: Johanna to attend a future

	<p>objectives to ensure they can be built into developments. She explained she is working on an NHSE directive to contact all patients on a waiting list every 12 weeks since their last point of contact, e.g. the booking of their appointment. The purpose is better manage the waiting lists but also is an opportunity to improve communications with patients, support their health while waiting for their care and help them avoid harm. Johanna is keen to align the objectives of this work with the forum's views and would be happy to come back at a later date.</p> <p>Michelle asked about how we link all these projects together as she can see it's crucial as part of her role in preventing patient harm. Claire said she'll reflect on this and speak to colleagues.</p> <p>Shanaka shared this personal outpatient experience where regular contact was made via email and phone. Shanaka explained the service provided him with confidence that he would get better and would make a huge difference to the patient journey.</p> <p>Olivia said that there should be consistent messages across the health service and that other care that supports people's wellbeing. She also raised the elective orthopaedic centre and mandatory pre/post care. We agreed we'd find out more about this.</p> <p>Jane raised the issues that communicating this information is key – the right language and in a clear way.</p> <p>Trish thanked Claire for the update and explained the forum are here to support the work. Claire welcomed Trish's comments and will take this as a challenge to come back when support is required from the forum.</p>	<p>strategic lay forum meeting to expand on the patient led validation work</p> <p>Action: Claire to speak to exec/surgery colleagues to plan how the waiting well work will be coordinated across the Trust</p>
<p>4.</p>	<p>Minutes, action log and project updates - Linda Burridge, head of patient and public partnerships</p>	
	<p>There were no amendments to the minutes and one query about the patient interpreting contract and procurement arrangements. Linda said that we will have the support of the NHS NW London procurement team and that while there is the long-term intention to procure services like this across NW London for consistency, the team are clear that Imperial will have scope to procure locally, run pilots etc. Michelle added that we are clear we need to confirm our local specification and then procure the services to meet that, before considering wider procurement.</p> <p>On the action log, Trish asked if there are measures of success for 'end of life' care. The group agreed we would include this as part of the future discussion on 'end of life' care when Dr Katherine Buxton comes back to the forum in six months' time.</p> <p>Patient interpreting improvement: Linda said that the patient interpreting programme manager post is now advertised, and that community and lay partners will take part in the recruitment process.</p> <p>Integrated care: Bob discussed the lay partner community learning event which took place in September 2023. The focus was on integrated care where Dr Anna Wilson and Helen Poole shared insights into what GPs and the Trust can do to build care around patients. Bob mentioned there is a big focus on</p>	<p>Action: consider if measurements of success can be included in EoL care - Katherine Buxton to attend/feedback at the June 2024 forum</p>

	<p>measurement in terms of money, process, and activity but nothing on outcome, culture or the things that matter to patients. The next community lay partner learning event (Wednesday 13th December 2023) will be led by Eric Mayer who will discuss how we can measure the qualitative things that matter to patients.</p> <p>Business planning: Michelle shared the Trust priorities document and explained the engagement process with leaders and staff so far. It pulls together the Trust challenges both long term and shorter-term ones, such as long waiting lists. She also added that this version has been updated and the latest version will be shared.</p> <p>There was a brief discussion on how we measure the objectives and Agnes raised how they are more aims. Michelle and Bob explained that they are our objectives for the next 18 months which will be measured in the most appropriate way, including more qualitative measurement. Michelle said there is more detail underneath these objectives which Sonia said was necessary and would be keen to see more detail. Michelle gave some background on how this plan is a development in Trust planning and a milestone to have following the disruption Covid caused. She reassured the forum that they have crucial influence on this work and encouraged the group to maintain its focus on it.</p> <p>Shanaka asked how we get the right involvement of lay partners, patient insight and patient involvement on this. Bob agreed this is a key question and will be a helpful way to ensure the Trust is focusing on the right areas of this overall plan.</p> <p>Due to time, Trish closed the conversation and we agreed to revisit this at the forum's planning away day in January 2024.</p>	<p>Action: share latest version of the business priorities - completed</p> <p>Action: schedule a more detailed session of the business priorities at the planning day - Linda Burridge / Michelle Dixon - completed</p>
<p>6.</p>	<p>Outpatients' transformation programme - Dr Amrish Mehta, divisional director of women's, children's and clinical services</p>	
	<p>Amrish explained that the business case for outpatients has been approved by the executive team but must go through the executive management board for final approval on November 28th. Amrish is pleased with the progress that has been made which was supported by the co-design and co-production with the lay members, in particular John and Jane. The programme is in a position where there is time and resource to co-produce key streams of work, i.e., waiting well during outpatient appointments.</p> <p>Amrish mentioned the second phase of the programme is to produce a business case focusing on technology and how this can be used in an intelligent way where we only ask patients once about their preferences. When this phase of the programme starts, Amrish is keen to have lay partner involvement to ensure the Trust deliver personalised care.</p> <p>Trish thanked Amrish for the brief update and welcomed future updates.</p>	<p>Action: Amrish to attend a future strategic lay forum meeting to provide an update on the outpatients programme – schedule June 2024</p> <p>Action: Amrish to have lay partner input into the 2nd phase and business case focusing on technology</p>
<p>7.</p>	<p>Call for concern - Robert Latchford, safety improvement lead, Debbie van der Velden, lead nurse - critical care outreach and resuscitation</p>	

Trish outlined the background to this area of work and explained that patient safety partners were already included. She asked Robert and Debbie introduced themselves and how the strategic lay forum can support this work.

- Debbie is the lead for critical care nursing. This team already supports staff and receives referrals throughout the Trust to review, access and care for any deteriorating patients that staff raise. Call for concern is the initiative to extend this same service to patients, relatives, and carers.
- Patients, relatives, and their carers have the greatest knowledge and awareness of non-clinical indicators and can often pick up subtle signs of physiological deterioration before this is identified by staff or monitoring systems.
- Call for concern will be a single phone number across the Trust, connecting callers directly to responders at each hospital outside their own care team. It is not a mechanism to report problems regarding general issues (e.g. room, food, parking etc) or provide patient advice and liaison services similar to the PALS team.

Robert, Debbie, and Anna have worked collaboratively to write an operational policy for this programme of work which also focuses on the communication framework for the teams that are going to be receiving the phone calls. This is important as it relies on capturing the right information from people with no-medical training. i.e. patients and carers.

Trish thanked Robert, Debbie and Anna for the update and opened the floor for any questions.

Shanaka asked how patients will understand what to do and be aware of the process. Furthermore, as well as the strategic approach, Shanaka was keen to understand how the system will ensure it works for the patient. Debbie advised they are working with the comms team to ensure patients understand the system. The comms team are supporting with posters, banners and leaflets which will go in high traffic areas in the hospital. Debbie also explained they will be attending Trust forums to explain the process toward staff and departmental leaders so they can support patients and relatives in using the system should they wish to. In this way, the team will be educating in house as well as advising widely for visitors to the hospital.

Shanaka also asked how they will know the service is working. Robert explained they have a clinical audit program looking at call volumes, where they come from and what the outcomes of those calls are. Information will also be captured from Cerner. Robert is also keen to work with the user insights team to speak directly with patients and families to understand their knowledge of the system.

Jane questioned the phrasing of the document where it states, 'what is it not' and suggested a lighter tone to the communication. Debbie welcomed this comment to review the communication material circulated to patients/relatives.

	<p>Sonia asked how confidential the work was and whether it can be shared more widely. Debbie welcomed the programme of work to be shared across other Trust and/or committees.</p> <p>John was keen to understand how the assessment team works once the call has been received and logged. Debbie explained assessments are carried out by senior clinical nurses with advanced practice qualifications who are trained to complete advanced assessments of patients. The role is to act as a communicator between the different teams.</p> <p>Stephanie welcomed the programme and felt it would work well within a paediatric setting where parents/relatives are able to be with the patient for a longer length of time but questioned whether it would work within an adult setting where relatives have very little time with the patient. As a result, the system may be inundated with inappropriate calls as there is a lack of information for carers and adults in an adult setting. Debbie welcomed the comments and agreed there might be a high volume of calls to begin with as the service is launched but can signpost to the appropriate services depending on what the call is. Debbie also explained the service does not replace the normal ward interactions and would fully encourage patients and relatives to speak to the ward team prior to contacting.</p> <p>One of the forum members questioned the confidentiality of the service. Anna explained the patient will always be consented as to whether we can share their information first and once consent has been given, minimal information will be given out.</p> <p>Julie questioned whether there was baseline data the service will be compared against or if this would be zero. Debbie explained data will be collected from the referral source which is currently zero. Debbie hoped that once the service is launched, the numbers will increase. Furthermore, Debbie highlighted that an increase in the number of calls should not be perceived as a bad thing, it could mean confidence to speak up.</p> <p>In terms of the individual making the call, Trish questioned whether any feedback would be provided. Anna explained whatever the concern, empathy will always be applied and the team are very experienced to escalate concerns to appropriate teams, i.e., complaints if necessary.</p> <p>Raymond praised Debbie, Robert, and Anna for covering the topic well and added the key message is that the implementation of this service is an additional route to raise a concern to ask for help. The introduction of this service is not because we are viewing the service as bad but because sometimes people spot problems before clinicians do. There have been incidents where staff have not listened to the patient or their family as early as we could have done. The service is another opportunity to listen to patients and families.</p> <p>Trish thanked Robert, Debbie and Anna for their time and explained the strategic lay forum are happy to support the programme of work and would welcome an update on the progress of the work at a future forum meeting.</p>	<p>Action: Debbie, Robert and Anna to attend a future strategic lay forum meeting to provide an update on the call for concern work. Meera to confirm when</p>
<p>8.</p>	<p>Next steps confirm the chair and deputy chair roles for the strategic lay forum - Linda Burrige, head of patient and public partnerships</p>	
	<p>Trish outlined a briefing meeting has been scheduled on Thursday 23rd November 17:00-18:00. This is an opportunity for Trish to handover her role</p>	

	<p>as chair of the strategic lay forum as well as ask any questions to Shanaka and Ed before they take on the role of co-chair of the strategic lay forum.</p> <p>Linda highlighted there is a vacancy for the deputy chair post and will send further information in due course.</p>	
9.	Thank you to Trish Longdon, chair, strategic lay forum - Linda Burridge, head of patient and public partnerships	
	Linda thanked Trish for all that she has done in her role as chair of the strategic lay forum. Linda mentioned Trish's last meeting will be the community lay partner learning event on Wednesday 14 December where there will be celebration drinks.	
10.	AOB	
	<p>Complaints review (Karen Taylor, complaints improvement manager)</p> <p>Karen Taylor and Daniel Marshall (complaints manager) have developed a complaints leaflet to go out with the complaint's acknowledgement letter. The premise of the leaflet is to provide a brief overview of the complaints investigation process and why speaking with the complainant can be valuable. Karen and Marshall were keen to have lay partner involvement in the development of the leaflet, i.e., designing and providing feedback. Trish and Jane have agreed to support this project. Trish thanked Karen for the update and suggested it would be helpful to come back at a later date to discuss the project in detail.</p> <p>Olivia mentioned the elective orthopaedic centre will be operational from the 4th of December 2023.</p>	Action: Karen to attend a future strategic lay forum meeting to expand on the complaints review work – confirmed for April 2024
	Close	