Imperial College Healthcare NHS Trust

Strategic lay forum
Wednesday 24th April 2024, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Ed Lowther	Co-chair
Shanaka Dias	Co-chair
Stephanie Nash	Deputy co-chair
Phayza Fudlalla	Deputy co-chair
Jane Wilmot	
Olivia Freeman	
Sonia Richardson	
John Black	
Graeme Crawford	
Agnes Seecoomar	
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
Linda Burridge	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Darius Oliver	Associate director of communications
Lorraine Brown	Head of the patient advice and liaison service
Michelle Knapper	Clinical review and elective patient experience lead
Rachel Watson	Head of user insights and user experience design
Anne Kinderlerer	Associate medical director (Patient Safety Infrastructure Framework lead)
Stuart Forward	Strategic communications
Faye Oliver	Strategic communications
Deirdra Orteu	Redevelopment clinical design director
Robert Latchford	Safety improvement lead
Clare Robinson	Associate director of service development and commissioner relations
Iona Twaddell	Senior advisor to CEO
Daniel Marshall	Head of complaints
Koya Greenaway-Harvey	Head of equity, diversity, and inclusion
Apologies:	
Raashi Shah	Patient safety partner
Shona Maxwell	Chief of staff
Lea Tiernan	Patient engagement manager
Ian Lush	Chief executive of Imperial Health Charity
Peter Jenkinson	Director of corporate governance and trust secretary

Maria Piggins	Patient Experience Research Centre partnerships and training manager
Anne Middleton	Deputy chief nursing officer
Katherine Buxton	Consultant palliative medicine
Observing	
Mariya Stoeva	

1.	**Welcome and apologies - Ed Lowther, co-chair, strategic lay forum**	**Action**
	Ed opened the meeting, and the apologies were noted. Ed asked Phayza to provide an update on the recent quarterly CEO briefing that the forum chairs had with Prof Tim Orchard. Phayza highlighted that the meeting was encouraging and he is very supportive of lay partner collaboration and building more patient-centred care. Ed explained the Trust leadership forum took place on Tuesday 16th April 2024 which focused on the strategy for the Trust and developing a joint strategy across the acute provider collaborative. Bob Klaber will expand on this later in the meeting.	
2.	**Minutes and action log**, **Linda Burridge, head of patient and public partnerships**	
	Minutes There were no amendments to the minutes which were approved. **Action Log** There were queries on two actions marked as 'in-progress' on the action log: St Mary's redevelopment and terms of reference. St Mary's redevelopment: the proposal for the engagement of lay partner support will be clearer once funding has been approved. Terms of reference: it was agreed to include one member of the strategic lay forum in the development of the terms of reference. All members of the forum will also have opportunity to comment on. **Update on the online collaborative space** Linda explained the development of an online collaborative space in MS Teams for members of the strategic lay forum. It will enable efficient sharing of documents (draft and final versions), access to reference documents and historical presentations as well as the staff intranet. **Key actions for the strategic lay forum:** • Comment on this approach and share any additional thoughts (ASAP via email). • To set this up we would like all lay partners to confirm via email that they will use the @nhs.net email address (COP Wednesday 1st May 2024). • Email your date of birth, NI number and one form of ID to complete the ICT form (COP Wednesday 8th May 2024).	Action: include one member of the strategic lay forum in the development of the terms of reference Action: Comment on the online collaborative approach and share any additional thoughts Action: lay partners to confirm via email that they will use the @nhs.net email address (COP Wednesday 1st May 2024) Action: Lay partner to email date of birth, NI number and one form of ID

	John has an @nhs.net email address and mentioned that it expires if it is not used within two months. It is important to regularly use the email address.	to complete the ICT form (COP Wednesday 8th May 2024)
3.	**Deep dive: how the Trust seeks and responds to patient feedback, Michelle Dixon, director of engagement and experience, Darius Oliver, associate director of communication, Rachel Watson, head of user insights and user experience design**	
	Michelle introduced the speakers and contributors to the discussion. Michelle explained the focus is to develop better ways of seeking, gathering, connecting a range of insights and views (data, research feedback and relationships) from and about different 'users' (community, staff, patients, stakeholders) to help identify, prioritise, design, and evaluate developments and improvements (user journey, involvement, improvement, strategic). Michelle provided an overview of the new insight and experience directorate which sits within the wider engagement and experience division. The teams which sit under the insights and experience are: • Complaints • Customer experience • Brand experience • User insight and design • Patient and public partnerships The programme for 2023-2025 is to focus on four key areas: • To develop a systematic approach to using insights to prioritise and guide improvement at all levels • To improve tracking and responsiveness to concerns and complaints and to resolve more issues at - or near to - the point they arise • To deliver an effective annual insights and research commissions programme that responds to our organisational priorities • To deliver an effective programme user-focused projects/services that responds to our organisational priorities Michelle highlighted the development of a systematic approach to using insights to prioritise and guide improvement at all levels. This has created an opportunity to create additional synergies with other key developments: • Improvement for all • What matters to you? • Patient safety incident response framework (PSIRF) • Ward accreditation programme/staff recognition Several challenges and actions were mentioned in terms of improving tracking and responsiveness to concerns and complaints; some include: **Challenges:** • Response times are too long - can be challenging to get information from services • Need to have better tracking of complaints and concerns - to help drive them on	

	• Differential in groups who make complaints - Asian patients and patients from areas of high deprivation are under-represented **Some of the actions include:** • Development of a better tracking/management system • Developing service level agreements on response expectations • Exploring case manager roles/responsibilities Current projects which are delivering an effective programme of user-focused projects/services include: • Interpreting transformation • Wayfinding strategy The forum felt more clarity is needed around the complaints and safety incident framework process. Anne explained PALS is the informal stage of making a complaint. If this cannot be resolved it is logged as a complaint where some can be escalated to PSIRF. PSIRF comes into play when harm has come to the patient. This can be from a review, staff member, patient, or carer. One helpful suggestion would be to have a member of staff on each ward to help direct and support patients should they have any concerns, or to make it clear what the process is. Lorraine agreed and added there should be someone senior to resolve issues in every ward but if this is not the case, the issue should be resolved by PALS. Agnes questioned whether there was a feedback system to hold management accountable for unresolved actions. Anne responded by saying on a national level there is a system focused approach to ensure there isn't a blame culture. The aim is to encourage learning and change the language on how we handle complaints. Michelle echoed Anne's comment and added this programme of work is to show we are all on the same side. Sonia added the NHS was previously organised to create competition between different Trust hospitals. This way of working must be changed to create a more collaborative approach. Michelle agreed with this statement and highlighted the need for different measures to drive an NHS workforce. Phayza questioned whether there was more information on the relationship between feedback and health equity, e.g. complaint forms being provided in different languages to enable patients who cannot write in English. Anne stressed the need for more to be done as bias and judgement is documented across the NHS, e.g. if you are homeless, you are ten times more likely to die and less likely to be admitted to hospital. Stephanie said that patients receiving care for chronic conditions are less likely to complain as they feel reliant on the care and vulnerable. They could also be used to the standard of care. There is an opportunity to encourage feedback from these groups given we know this power dynamic exists. The work on feedback and complaints was reviewed as encouraging from Ed however there was a need to simplify the complaints process. Daniel	

	responded to this comment by mentioning the development of new leaflets which outline the complaints process in a clear and coherent manner. There were mixed opinions on the usefulness of 'how to make a complaint' posters which can be put on the wards as some deemed this as an ineffective approach. Michelle highlighted there is an opportunity to co-design posters within the outpatient programme and can provide more information. As a counter point, Stephanie questioned whether there was information on how patients can make a compliment. Michelle and Daniel agreed with this statement and explained work is being done on this area. Agnes made the point that perhaps complaints are caused by lack of capacity and resources, which is very difficult to address. Michelle said that complaints went down when there was a greater understanding of NHS challenges during the broadcasting of the documentary Hospital. There is opportunity to be more open about operational challenges. Raymond mentioned the importance of addressing the culture of the Trust around feedback and complaints. He said Trust colleagues, especially those with direct contact with patients, should have the curiosity and initiative to address issues immediately rather than diverting the issue to PALS or complaints. Michelle agreed with this comment and that issues should be resolved as close as possible to the patient, i.e. on their ward or by their clinician. Ed wrapped up the conversation by highlighting the key points: • We need to reduce complexity and improve equity/accessibility of making complaints. We will address underrepresentation of specific groups in feedback and complaints data. • We will review the language regarding feedback and insights as part of the 'improvement for all' programme. • We will develop new metrics to measure experience and link them to projects. This will include metrics for the 'improvement for all' programme. • We will reflect and look to improve staff culture around complaints and feedback. We want to enable ways for clinical staff to have the initiative and power to address issues as close as possible to the patient. This work would also include easier ways for staff to receive compliments and thanks. Ed said the Trust will reflect on these points and build a work plan that will come back as a 'returning item' in the June forum. **BREAK - 15 minutes**	Action: Michelle to provide more information on how patients can get involved in the co-design posters within the outpatient programme
4.	**Returning items:** - **Call for concern, Robert Latchford, safety improvement lead,** - **Update on engaging for equity and inclusion, Koya Greenaway-Harvey, head of equity, diversity, and inclusion**	
	Call for concern Robert provided an overview of the call for concern launch and specifically the piloting of 260 bedside stickers on 12 wards across three main hospital sites. The intention is to provide information about the service back to those	

	clinical areas where calls came from and learn and improve the service. A review of the initial three months data, with feedback from service users and staff, will be completed by the end of April 2024. This will inform the wider roll out of the service. The forum were supportive of the work and had comments on the design of the materials. They questioned whether the language was engaging and delivered the intended message. A punchy, more standout title was suggested, i.e. 'are you worried' or 'worried about things getting worse?'. Robert welcomed the comments and mentioned three separate poster designs were tested with patients and their families as well as learning disability and dementia teams. The chosen poster was seen as the most suitable in terms of language and design by patients/families. Faye expanded on this by highlighting the bright colours were intentionally used to attract attention to the stickers. In terms of the specific wording of the stickers, Robert chose not to be overly specific in terms of expanding of what patients could be worried about and there are disparities in what people understand/worry about and so it was important to keep the dialogue objective. Stephanie questioned how the posters work in A&E, where deteriorating patients have sometimes been missed and not received the right care. Robert explained that at the moment, the stickers are being rolled out in inpatient wards and once the data has been reviewed it will be rolled out more widely. Stephanie said it's crucial in A&E as is it the most dangerous place where patients can deteriorate quickly as there is no one specific to look after you. Robert welcomed the feedback. Ed thanked Robert and said that it would be useful to come back in a few months' time to review the feedback from the pilot and how it will be rolled out in A&E. **Engaging for equity and inclusion** Koya provided an overview of the report which was circulated as pre-reading. From 4 December 2023 to 29 February 2024, the equality, diversity, and inclusion programme group facilitated conversations with 1,163 staff and 76 patients and patient representatives. The community group sessions consisted of informal group discussion around the themes of communication with patients; patients asking questions/raising complaints; and how behaviours of staff impact patient experience. Participants were also invited to share their ideas for making the patient experience at our hospitals more inclusive. Eleven community groups representing specific communities were engaged to cover a range of characteristics and experiences, including minority ethnicities, physical and mental health, gender, sexual orientation, maternity, and homelessness. Most of the community groups were local to our hospital sites and drew on healthcare experiences from the Trust. **General observations from the community group listening sessions:** • The sessions were welcomed by the community groups in a spirit of positive collaboration and appreciation of making time to talk. • Even through participants often shared stories of negative events, there was an underlying common intention of wanting to achieve better experiences and outcomes for patients. There was also a	Action: Robert to come back to a forum meeting in a few months' time to discuss the feedback from the pilot and how it will be rolled out in A&E

	recognition that the NHS is facing budget constraints with staff under various pressures and managing their own vulnerabilities. • The patient vulnerabilities related to both their medical situation and the hospital environment itself - being unfamiliar with systems and surroundings, difficult navigating around hospital buildings and finding the noise of hospitals uncomfortable. • A common feature of the adult patient experience was a need to have an advocate, 'someone on your side' to help navigate the system from communications through to treatment. The update was met with great encouragement and enthusiasm from the forum. There was a strong emphasis on encouraging psychological safety for both staff and patients to speak up. Koya welcomed the comment and focused on the need for a cultural change in behaviours. The statements/pledges are mandated commitments which will be embedded in the infrastructure of how we want to interact. Koya suggested an opportunity to hold an engagement session on the statements at a strategic lay forum meeting later in the year. This was welcomed by the forum. Ed thanked Koya and suggested the strategic lay members are here to support the programme of work.	Action: Koya to hold an engagement session on the statements at a strategic lay forum meeting later in the year
5.	**Emerging projects: acute provider collaborative, Bob Klaber, pediatrician and director of strategy, research, and innovation**	
	Bob explained the acute provider collaborative runs 12 hospitals, employ 33,000 staff, and serve a local population of 2.2 million. The potential vision for the next three years is to collaborate to provide all our patients the best care that North West London has to offer and to be one of the best places to work in the NHS. **Key strengths include:** • experience collaborating • quality • people • digital • research and innovation • individual strengths **Key challenges include:** • performance • service variation • workplace • finance • estates • changing local context The intention is to create a workforce which works in a more collaborative way which reduces unwarranted variation, ensures standardisation and equity of experience. The group discussed the benefits and risks of standardisation. Bob said this work is about accessing a standard high quality of care that is equitable, not	

	creating a production line. He gave some good examples of standardisation in healthcare. Olivia added that the rollout of Cerner is another driver of collaboration across north west London. Olivia also said there is opportunity to build relationships across Trusts as part of specific services, such as occupational health. Bob added that this also highlights the differences between local authorities and how they want to work with health providers. Bob said there is also scope to improve relationships and networks across services that support a specific group of patients or services/areas of healthcare. Supporting and being open to making connections will make working together easier and build teams. He said that behaviours need to change so there more of a sense of unity rather than 'other' or tribal loyalty amongst provider trusts and avoid criticism. Michelle said there is obvious potential to share learning and standardise complaints, feedback and experience. Shanaka highlighted an importance measure to consider would be how the Trust makes use of the patients' time which works for the patient. He shared a personal example around blood tests at different hospitals. This would have been easier if the results were shared between the hospitals saving both time and resource. Bob agreed with the comment. Graeme added that using resources effectively is important, such as theatre use. Jane suggested that we look at this area specifically around cancer and patient transport. Ed drew the conversation to the close and thanked Bob for the update. Bob said he will take these comments back and provide an update to the forum in the autumn.	
	AOB There were no AOB items. Ed thanked everyone for their time and closed the meeting.	