Imperial College Healthcare NHS Trust

Strategic lay forum
Wednesday 17th July 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
Olivia Freeman	
John Black	
Agnes Seecoomar	
Jane Wilmot	
Mariya Stoeva	
Bridget Cotter	
Other organisations and Trust attendance:	
Michelle Dixon	Director of engagement and experience
Bob Klaber	Paediatrician and director of strategy, research, and innovation
Linda Burridge	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Raashi Shah	Patient safety partner
Victor Chamberlain	Head of redevelopment communications
Faye Oliver	Strategic communications
Michelle Knapper	Clinical review and elective patient experience lead
Clare Robinson	Associate director of service development and commissioner relations
Iona Twaddell	Senior advisor to CEO
Deirdra Orteu	Redevelopment clinical design director
Shivangi Medhi	Health improvement project lead
Hannah Franklin	Strategy, research, and innovation programme manager
Ian Lush	Chief executive of Imperial Health Charity
Lea Tiernan	Patient engagement manager
Jennifer Illingworth	Clinical lead for health improvement
Chris Flatt	Chief allied health professional
Apologies:	
Lorraine Brown	Head of the patient advice and liaison service
Raymond Anakwe	Associate medical director
Shona Maxwell	Chief of staff
Peter Jenkinson	Director of corporate governance and trust secretary
Anne Middleton	Deputy chief nursing officer
Clare Hook	Chief operating officer
Darius Oliver	Associate director of communications
Stuart Forward	Strategic communications

Dominique Allwood	Director of population health, deputy director of strategy and improvement
Katherine Buxton	Consultant palliative medicine
Zohra Davis	Strategic lay forum member
Sonia Richardson	Strategic lay forum member
Graeme Crawford	Strategic lay forum member
Observing	
Candice Savary	Lay partner

1.	**Welcome and apologies - Ed Lowther, co-chair, strategic lay forum**	**Action**
	Ed opened the meeting, and the apologies were noted. Ed also introduced the new members of the strategic lay forum, Bridget Cotter and Mariya Stoeva.	
2.	**Minutes and action log**, **Linda Burridge, head of patient and public partnerships**	
	Minutes A couple of amendments were noted in the minutes: • Page two: Shanaka requested for his comment on the acute provider collaborative strategy to be changed to 'how the Trust makes use of the patients' time in general' and that it wasn't a suggestion to introduce patients' time as a measure. • Page two: The group discussed the online collaborative space and agreed to ensure accessible options such as paper copies and training for colleagues that are not confident using digital devices. Shanaka requested to include what measures are being taken against these actions. Ed added that it would be helpful to set aside some time to review this at a later meeting. • Page 10: AI strategy; Shanaka requested for his comment on 'lay partners having expertise in this area' to be changed to 'a few lay partners have experience in AI'. **Action log** Ed asked the forum whether there were any completed actions which the forum did not agree with or incomplete actions which they didn't understand; none were noted. Shanaka mentioned the key is to ensure the actions are achievable and to raise at the forum if this is not the case. He also added that the forum needs an update on the suggestions and actions from the away day in January around how the forum will develop. Linda explained that this will be included in the lay partner programme report due to come back in September. **Collaborative online space, structure and instructions** Linda explained nhs.net email addresses have been set up for all members of the strategic lay forum. The next phase of the process is to complete the mandatory training. Once this has been done, Meera will send the individual email account to the lay members. To active the account, lay members would need to call ICT service desk who issue a temporary password. To activate the account, Meera advised the lay member would need to have access to a Trust PC and is happy to facilitate this.	Action: look at future agenda planning to ensure we have covered the right items Action: Amend minutes as requested Action: lay partner programme report to include update on the away day recommendations Action: Meera to share information related to the mandatory training for the nhs.net email addresses

3.	**Deep dive: preventing ill health** **Presenter:** • Prof Bob Klaber, paediatrician and director of strategy, research, and innovation	
	Bob introduced Trust colleagues who are working on the preventing ill health programme; Hannah Franklin, Shivangi Medhi, Jennifer Illingworth and Christ Flatt. Imperial's health and equity framework is to improve health, wealth and wellbeing and equity within local communities by embedding health and equity in our core activities, integrating care around the needs of local communities through place-based partnership, focusing on our staff as a key part of our local population and maximising our impact as an 'anchor' organisation. Jane suggested it would be helpful to review these points by focusing on the barriers patients face and then looking at potential opportunities. Bob agreed. Hannah explained her role and the importance of primary care in preventing ill health and gave examples such as vaccines and tobacco dependency. She also explained that preventing ill health can be split into three levels: • Primary: action to prevent the occurrence of a disease, defeat or injury. • Secondary: early identification and intervention of a disease, condition. • Tertiary: measures to reduce the impact of a disease. Agnes questioned whether disadvantaged groups who are experiencing poverty are considered public health issues. Hannah confirmed this is a public health concern as there are more health needs in certain groups. Mariya echoed this comment and explained disabled people are disproportionality disadvantaged when receiving care. Jenny agreed and highlighted the conversation should focus on equity and access. Changing behaviour or ways of coping can be very difficult and we underestimate it. Therefore it's easy for patients and healthcare professionals to attribute blame when changes are not made. The key is to empower health professionals with knowledge and apply a kind and compassionate approach. The focus is to change the mind-set in how we approach this topic. Phayza mentioned the need for a more holistic approach as there is a link between smoking and mental health which can impact health equity and improvement can be made in cancer screenings. Hannah agreed with this statement and explained one aspect of this programme is to focus on how Trust colleagues can think differently when approaching this topic. There is also wider conversation with other partners and organisations to ensure we are all unified in our approach and understanding. Mariya agreed with Phayza's comment around mental health as this can lead to self-neglect. The community plays an important role however more support is needed. In terms of society and structural issues, Shanaka questioned what the barriers, what the Trust are doing to tackle this and what is it like for patients.	

	Bob responded by sharing information on the wider context of preventing ill health and how it's affected by communities, politics, housing, education and culture. Bob said that it's useful to consider what we can observe, influence and control, giving the example of how NHS organisations have very little control over patients' housing. He said we are best placed to focus on what we can control as part of our care and supporting and enabling patients to live healthier lives. Chris shared a BMJ article link about how the NHS must act on social determinants of health. Ed questioned whether there is a way of understanding whether the impact of this work stretches beyond the hospital, i.e. into their home. Bob explained the focus is to start small, for example smoking cessation and then expand into other areas. Jane questioned whether there are any barriers which are stop colleagues from achieving what they want to achieve. Bob explained one barrier would be the fragmented nature of how systems are set up, e.g. if a patient lived in Brent, clinicians would be unsure of what services are available for that patient in their local area. Lay partners can advocate these issues, support integrated care to minimise the friction so we can seamlessly care for patients across different services. As an anchor institution, John explained the Trust has a leadership role in the community. John outlined the benefits of going into schools to educate children around healthy eating as well as local governments advocating health issues within the community. One suggestion is having health professionals at food banks and highlighted the impact that mental health drugs have on obesity which can compound the problem. Bob welcomed the comments and explained there has been growing work within schools due to the partnerships with community groups and charities in Paddington, where discussions have focused on direct prevention and careers within healthcare. Bob also explained there is a strong relationship with public health however the budget has focused on acute healthcare. Ian Lush added that Imperial Health Charity have 150 youth volunteers from local schools and colleges working across all the Trust hospitals this summer, aged 16-21. In terms of the next phase of this programme, Shivangi explained five health improvement advisors have been recruited to provide one to one support for in-patients at the Trust. The focus is on what behavioural issues/triggers are leading to the addiction which is captured via discussion. Once this had been identified, the patient is provided with support tools and links to their local authority. Agnes was keen to understand how the success of this intervention is being measured. Shivangi explained a key aspect of monitoring the success of the programme would be the percentage of patients who remain smoke free after speaking to an advisor. Shivangi also highlighted that this model has been used with great success in other areas, i.e. Manchester which provides reassurance that the approach positively impacts patients' lives. Bob added that the intention is to have an on-going co-production approach where patients who have gone through the system can inform and improve the service.	

	Ian share information on the partnership with Chelsea Football Club. The forum agreed the 'bridging the blues' 12-week healthy lifestyle programme created with Chelsea Football Club Foundation was a fantastic incentive and illustrated how big companies can have an influence on patients' lives as they have the knowledge, facilities and brand. Phayza questioned whether there are bi-lingual training opportunities for individuals where English is not their first language. Also, to ensure sustainability of the programme, a holistic approach is needed; this will mitigate any relapses. Michelle said that it is worth noting that we have no corporate measurement of this area of work and suggested there could be more board visibility, especially as our vision is 'better health, for life'. The group agreed this was an opportunity and Michelle agreed to look into it with colleagues. Bridget's added that people in social housing may also suffer health inequities and find it hard to get the right care. She said it is possible to work with the housing associations. Summary points from this discussion were: • This broad area of healthcare and the Trust does not control of many aspects. It must focus on the areas it can control by supporting patients as part of our care for them to live healthier lives. For example, smoking cessation support for inpatients, preparation and recovery from surgery and 'making every contact count' when patients come into hospital by raising any health issues such as weight loss and vaccinations. • Integrated care has a role to play in preventing ill health as it relies of collaboration and smooth transitions of care between different services and organisations. • The Trust can look at how it reports on and evaluates its success around the vision – better health for life. There is also scope to look at metrics for this area of work and ensure the Trust board is fully across the developments. • There is enormous benefit and value to communities through the Trust's collaboration with partners. This can be sharing information and supporting the development of consistent NWL wide social services so it's easier to link patients to support once they are out of hospital and partnership with other organisations such as Paddington Trust and Imperial Health Charity. Ed thanked the speakers for their time and requested to update the forum on any key developments.	Action: Michelle to consider metrics and board knowledge on preventing ill health
4.	**Acute provider collaborative** **Presenters:** • Prof Bob Klaber, paediatrician and director of strategy, research, and innovation • Iona Twaddell, senior advisor to the CEO	
	Bob provided an overview of the acute provider strategy where the ambition is to create the best acute provider system in the NHS which has the opportunity for staff to develop their careers and fulfil their aspirations within northwest London. He shared some background how these organisations worked together in the past and explained this strategy includes 23 organisations across northwest London. For the first three years, focus will be placed on the below key areas:	

	• Clinical quality: across clinical networks, agree priority quality outcomes and the evidence based best practice ways of working to achieve these consistently and equitably. • People: develop shared approaches to recruitment, training and policies, making it easier to work across sites and improving staff experiences. • Corporate services: adopt consistent best practices, systems and tools across Trusts to improve performance and productivity. • Digital: create shared, transparent dashboards of clinical outcomes, performances and productivity. • Research and innovation: offer patients consistent and equitable access to clinical research trails and innovations, irrespective of where they are treated. Iona highlighted the strategy outlines the starting principles and we have an opportunity align how we work. In terms of engagement, the forum was keen to understand how patients and the public have been involved in the development of this strategy. Michelle explained collaboration with other trusts in initially internally focused by looking at patient experience data such as FFT. The APC strategy has helpfully enabled joint working across different hospitals on recording patient experience data and procurement plans. External engagement with patients was limited due to shifting priorities and events like the general election. Stephanie added there will be a need to re-engage staff especially with lay involvement which is managed differently across different trusts. Michelle explained why these different approaches exist and that it will take time and culture change for it to align. We agreed at the right time, we could discuss this at a future strategic lay forum. Agnes was keen to understand how the patients' needs are not lost as the strategy involves the collaboration of big trust hospitals which will impact patient care. She explained how similar strategic moves in education adversely affected students. Bob agreed with this statement and reassured there will be measurable benefits for both the patient and staff and not just about productivity but also quality and experience of care. John asked what GPs think of this development and have they been engaged. The forum agreed this was a good point and the Trust has been looking at that. John will also consider joining the GP forum. Lea explained that she is already collaborating and sharing information with her peers in other trusts that lead on patient safety collaboration and manage the patient safety partners. Olivia shared her experience of being a lay partner on the launch of the elective orthopaedic centre. She said some of the challenges they faced were around transferring staff, different procedures and merging together different systems and that the lay partner involvement on the programme needs to continue. In terms of information governance, Phayza questioned how patients' information will be managed across hospitals. Bob explained hospitals use a system called Cerner to view clinical documentation which is now aligned	Actions: Meera to explore John joining the GP forum Action: Michelle to bring any ongoing work on the APC strategy to the strategic lay forum to ensure there is lay partner involvement. APC strategy to come back to the forum in six months' time

	across many hospitals. In terms of data safety, information will be viewed both safely and collaboratively across NW London hospitals. Shanaka highlighted there was a lack of information on how patients are being involved in the strategy. Bob agreed and mentioned it is important to keep pushing this dialogue to ensure it is embedded. Michelle added a helpful action would be to bring any ongoing work on the APC strategy to the strategic lay forum to ensure there is lay partner involvement. Ed thanked the speakers and concluded it would be helpful to have an update in six months' time.	
5.	**St Mary's redevelopment - initial plans for engagement** **Presenters:** • Deirdra Orteu, redevelopment clinical design director • Victor Chamberlain, head of redevelopment communications • Michelle Dixon, director and engagement and experience	
	Victor provided an overview of the redevelopment plans where the Trust anticipates a positive decision on funding to support the detailed design and planning for St Mary's hospital soon after the General Election. This milestone will allow RIBA Stage 2, scheduled to start in October 2024 and completed by the end of the financial year. Engagement will involve patients, local communities, and staff to ensure thorough consultation and feedback during the design process. In terms of patient and community engagement, Phayza explained there are several factors to consider and involve patients in, i.e. is the environment suitable for the patient, wheelchair access, signage. Victor agreed with this and explained so far, the focus has been on internal engagement. From, October 2024, there will be wider community engagement in the form of redevelopment hubs where we can ask questions, embed/test the changes, and make any amendments. The key is to speak to diverse communities to ensure the patient voice is not missed. Victor also mentioned hospital 2:0 which is a standard document outlining how hospitals should be built. Due to the stop/start nature of the re-development programme, the forum agreed there is a risk of disengagement, fatigue and disbelief from members of the public. Other commented that there is a mix of support, and some groups feel very positive about the redevelopment. Victor highlighted the community engagement is to remind people what we have done and continue to share information. Ed highlighted an aspirational goal would be to take a patient centric approach when developing the hospital. Michelle concurred and advised she would speak to Tim about embedding an aspirational goal to become the first patient centric hospital. Olivia suggested one potential avenue for community engagement would design colleges where you can have open competitions on how the hospital should be built. The group also noted that healthcare is changing and the redevelopment needs to create a future-proof building for potential changes such as AI and transformation programmes like outpatients.	Action: Michelle to speak to Tim about embedding an aspirational goal to become the first patient centric hospital

	In terms of funding, Phayza questioned whether the private sector has been approached. Michelle explained as a Trust, the funding must come from the public. Ian added for small projects, i.e. designing a coffee shop, the charity can approach local business for donations. Deirdra explained that we will develop 'champions' within the Trust to help engage and communicate messages to staff. Ed thanked Victor for this time and concluded it would be helpful to have an update on the progress of the plans, in particular patient and public involvement.	
6.	**AOB** Ed mentioned the 2024 AGM meeting is being held next Tuesday 23rd July 17:30-19:30 and encouraged lay members to attend either in-person or via teams.	