

Strategic lay forum

Wednesday 13th September 2024, 09:30 - 12:00

In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Ed Lowther	Co-chair
Shanaka Dias	Co-chair
Phayza Fudlalla	Deputy co-chair
Stephanie Nash	Deputy co-chair
Agnes Seecoomar	Strategic lay forum member
Bridget Harris	Strategic lay forum member
Graeme Crawford	Strategic lay forum member
Jane Wilmot	Strategic lay forum member
John Black	Strategic lay forum member
Olivia Freeman	Strategic lay forum member
Patient safety partners:	
Caron Bluestone	Patient safety partner
Raashi Shah	Patient safety partner
Trust and other organisation attendance:	
Anne Middleton	Deputy chief nursing officer
Clare Robinson	Associate director of service development and commissioner relations
Deirdra Orteu	Redevelopment clinical design director
Faye Oliver	Strategic communications
Ian Lush	Chief executive of Imperial Health Charity
Lea Tiernan	Patient engagement manager
Linda Burridge	Head of patient and public partnerships
Lorraine Brown	Head of the patient advice and liaison service
Michelle Dixon	Director of engagement and experience
Michelle Knapper	Clinical review and elective patient experience lead
Victor Chamberlain	Head of redevelopment communications
Apologies:	
Bob Klaber	Director of strategy, innovation and research, paediatrician
Clare Hook	Chief operating officer
Darius Oliver	Associate director of communications
Dominique Allwood	Director of population health, deputy director of strategy and improvement
Hannah Franklin	Strategy, research, and innovation programme manager
Iona Twaddell	Senior advisor to CEO
Katherine Buxton	Consultant palliative medicine
Matthew Tulley	Director of redevelopment

Maria Piggin	Partnerships and training manager, Patient Experience Research Centre (PERC), Imperial College London
Meera Chhaya	Community engagement manager
Peter Jenkinson	Director of corporate governance and trust secretary
Raymond Anakwe	Associate medical director
Shona Maxwell	Chief of staff, medical director's office
Stuart Forward	Strategic communications
Zohra Davis	Strategic lay forum member

1.	Welcome and time to remember Sonia Richardson – Shanaka Dias, co-chair, strategic lay forum	Action
	<p>Shanaka opened the meeting and handed over to Olivia who shared a few words about Sonia Richardson, the member of the strategic lay forum who passed away in July. Olivia said that she knew Sonia for about 10 years as they collaborated on many projects.</p> <p>The group then took turns to share their thoughts and memories of Sonia and many commented on her passion and willingness to share and improve healthcare services. The strategic lay forum will miss her greatly and Linda will organise for the individual comments to be shared with Sonia's family.</p>	Action: comments about Sonia shared with Sonia's family – Linda (completed)
2.	Minutes and action log, Linda Burrige, head of patient and public partnerships	
	<p>The group noted some amendments to the minutes.</p> <p>Shanaka also shared some suggestions to produce accurate minutes soon after the meeting. We agreed to share them with the forum within a week so everyone can comment ASAP. Linda added that they will also be online and accessible to everyone with a @nhs email address.</p> <p>Linda updated that the action log is up to date and there is an additional verbal update on number 214 about patients not attending their appointment and then being referred back to their GP. She updated that the team are still looking at this and will update soon.</p> <p>Jane said the current format of the action log is hard to read and ask that it's moved to another format.</p> <p>Shanaka drew the group's attention the future agenda items at the bottom on the action log and invited to forum to make suggestions to Linda if they had any items they would like to discuss at future meetings.</p> <p>Michelle shared an update on the redevelopment of St Mary's. She said the next step is to wait for a funding announcement from the government and that this will enable planning the next steps. Limited engagement has continued with some ministerial visits but this stakeholder work has not indicated when or how the budget will be set aside, so the team have had to stand down all other engagement. We expect to be in a position to update the forum in December.</p> <p>Olivia referred to Lord Darzi's recent report citing how improvement to NHS sites is required. Michelle agreed this is positive.</p>	<p>Action: draft minutes shared with the forum one week after the meeting (ongoing)</p> <p>Action: move the action log to a word document so easier to read (completed)</p> <p>Action: Linda to send the redevelopment comms statement to the forum (completed)</p>

	<p>Michelle also updated the group on our EDI (equality, diversity and inclusion) programme. Phayza and Jane were involved in this work and the Trust will soon launch the staff commitments. She added that these commitments are the start of a longer journey to keep working on our inclusion and diversity. It links with the health inequity work and provides a strategic framework to bring all this together.</p> <p>Jane flagged that as she's stepping down as a lay partner, we need to find some replacements for her projects.</p> <p>'Call for Concern' was the next project update, Faye recapped that at a previous meeting the group inputted into the patient communications and posters as it was important to ensure the communications were consistent. The next step is to implement the third element of the programme which is to regularly ask patients how they are feeling and if there are any concerns. She referred to the papers that were presented at quality committee and we agreed that an update would be included in the action log at the next meeting.</p>	<p>Action: Faye to include update in November's action log (completed)</p>
<p>3.</p>	<p>Patient interpreting improvement: update on project, progress and collaboration and opportunities to input into further collaboration Lorraine Brown, head of PALS and patient interpreting improvement</p>	
	<p>Shanaka introduced the interpreting improvement programme and flagged that it is an example of the strategic lay forum's positive influence and impact. He added it took a long time, and the group reflected on the resources required.</p> <p>Michelle gave some more background. One driver for this was feedback from communities during the pandemic around carers not being able to support their loved ones or translate as they couldn't come to hospital. Feedback from community groups was that we couldn't seriously look at being inclusive and address health inequities without improving the interpreting service. She said that our lay partners Phayza, Jane and Nafsika were vital in moving this forward. She reflected that all colleagues agree interpreting is important, but it was the role of the strategic lay forum and lay partners to keep agitating so it is one of our top priorities. Through executive team discussion we now have dedicated resource to manage this improvement.</p> <p>Caron said from a patient safety perspective, it's a very important initiative. It's crucial for safety and clear communication and must remain a priority.</p> <p>Lorraine thanked Jane for her involvement. She also thanked Agnes for getting involved and we want this support and challenge to continue. She shared two papers for the forum to read – a project update on what's been happening over the last eight months and background information. She added the programme progress has some good progress but also deays.</p> <p>There are three workstreams – stabilise and improve the current service; encourage and empower our workforce, which includes an education programme; and codesign the new service. She added that workstream three has been slightly delayed but we will use Helix to support this and work with community groups.</p>	

<p>The next step is to understand our current service and build the specification for the procurement of new services.</p> <p>Jane said the work is really important and she wants to make sure this stays a top priority for the Trust. Phayza said she's very happy there is a codesign phase as they are so many grass roots organisations and opportunity to involve them.</p> <p>Anne said this work is welcomed by the learning disabilities team and flagged that Makaton is another language to look at.</p> <p>Shanaka asked about the delay and barriers. Lorraine explained resource is limited as she's part time and wanted to start the codesign sooner.</p> <p>Jane asked if the Trust could support the allocation of more resources on this programme. Michelle answered that it is positive that we have some resource already and without working out where the gaps are, we are not in a strong position to get more. She added that we know the interpreting service needs to improve and we have good involvement from A&E and maternity. The expenditure of interpreting has also gone up as we have promoted the service and there is the longer-term challenge of where this service sits in the organisation once this improvement phase is completed.</p> <p>Agnes asked about the quality of translation, cultural differences and the approach when translating words that don't exist in specific languages. She also asked about training and English language support for patients and use of AI or Chat GPT. Lorraine said that we'll use professional interpreters which are accredited and that it's important to draw to distinction between professional interpreters and normal interpreters. The group agreed use of technology will be a part of the project but the use of IT and AI needs to develop more.</p> <p>Ed asked about the new interpreting service and the plan to go live. Lorraine said the new contract will be in 18 months or so and it would include sign language, a range of services and we may look at multiple suppliers.</p> <p>Jonh commented that Lorraine has done a great job and shared his congratulations. He agrees the use of AI will be interesting and this whole landscape could be very different in 18 months' time.</p> <p>Phayza said she's delighted see this project happening and that it will give communities that haven't always felt understood, confidence. She added that this is a long-term investment and will save money in the long run as it will reduce missed appointments, returns to hospital and support health prevention.</p> <p>Stephanies said Makaton is a useful tool but can be hard to access. Lorraine agreed to pick this up outside the meeting and discuss with Anne as there might be opportunity for our supplier do this and we can include in the second workstream and include it in the education for staff.</p>	<p>Action: Lorraine to investigate use and support of Makaton</p>
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	<p>Graeme said there needs to be a balanced use of AI and it can't just fill the gap when there are many languages to cover.</p> <p>Jane said that there is opportunity to improve the clarity of letters in English.</p> <p>Michelle explained that the group has touched on many aspects of communications and 'being a welcoming hospital' that are beyond interpreting. We need to link up interpreting with our reception staff, outpatients' communications which includes phone calls and texts, and our letters. Overall, the Trust needs to move towards being compliant with the Accessible Information Standard.</p> <p>Lorraine summarised that we have strengthened our relationship with the supplier, OnCall; we're working closer with maternity to trial the use of 'on demand' interpreters. Some work needs to be done to log patients' needs/preferences for language and the long-term plan is that it's eventually noted in Cerner, our patient record system. Lorraine agreed to feedback on this in two months. Looking at Makaton and how we provide it is another area to feedback on.</p> <p>Shanaka thanked Lorraine for her time.</p>	<p>Action: Lorraine to update the forum in March 2025 (planned)</p>
<p>4.</p>	<p>Lay partner programme – six monthly report Linda Burridge, head of patient and public partnerships</p>	
	<p>Linda introduced the report and explained it is shared with the strategic lay forum every six months to input into and guide the programme. She highlighted the key points: lay partners are just one area of patient involvement and it's important to see it alongside other insights, engagement and collaboration, such as patient representatives; we have invested a lot in developing the community of lay partners so they can support each other, and we want the strategic lay forum to indicate other information they would like included in future reports.</p> <p>Ed asked to see what projects lay partner are involved in. Agreed we'll share this ASAP and include in future reports. Olivia asked if the lay partner involvement has been useful and asked for more information on that. We noted that the number of lay partners has decreased and agreed to include patient safety partners in the same report.</p> <p>Shanaka asked about the barriers to involvement and Linda explained the time and effort involved in briefing and embedding lay partners and creating the start of a collaborative relationship. We explored whether taking a different approach to supporting lay partners could be considered, such as building wide-spread Trust knowledge of lay partners through training etc. so more of the briefing could be done by project leads.</p> <p>Shanaka also raised the issue of where patient-centredness sits in the Trust and pointed out that, as it stands, the forum and lay partnership is not a robust or sustainable home for such a big organisation. Michelle said this is a good point and related to a wider conversation about the PPI strategy. At the moment, the Trust is not in a position to have lay partners without central programme input and management.</p>	<p>Action: Share the list of lay partner projects and share this information in the next lay partner report (planned)</p>

	<p>Jane said she wants to hear about the other projects lay partners are involved in. Linda said this is covered in our lay partner community meetings and we can include this information in our next report.</p> <p>Olivia said there is still confusion between lay partners, volunteers and patient safety partners. She also said that the PLACE (patient-led assessment of the care environment) inspections were taking place soon. She offered to indicate where we could promote the opportunity in future and Michelle added there is opportunity to link with initiative with patient-centredness and involvement.</p> <p>Lea added that she has a process to reflect on the projects that patient safety partners collaborate on and has some work underway to make sure their involvement is really meaningful and has impact. We agreed to include this information in the next lay partner report.</p> <p>Phayza asked what we are doing to ensure the role is accessible as the report said the role requires good communication skills and other 'executive function' skills. There was a brief discussion on the difference between the lay partner role being accessible and suitable. To make the role more accessible, we have meetings online and during different times of the day. To ensure we have roles that are suitable for everyone, we need to develop our involvement offer to include focus groups and patient representative roles.</p> <p>Shanaka summed up the conversation and acknowledged the resource involved in the programme and that we will explore different growth models to develop the programme. Future reports will include information on where lay partners are and feedback on the success of their involvement. He also added we need to still work to ensure the role is understood and we are clear on their purpose.</p> <p>Agnes raised the process to elect chairs of the forum and we agreed to revisit this as part of the 'terms of reference' review.</p>	<p>Action: Include patient safety partner information and updates in the next lay partner report (planned)</p>
<p>5.</p>	<p>Review: PPI strategy - recap on progress so far, what has changed and updating the strategy Linda Burridge, head of patient and public partnerships Michelle Dixon, director of engagement and experience</p>	
	<p>Michelle said that it's time to review the Trust's PPI strategy as it's now nearly 10 years old. It has had a very positive impact and was one of the drivers that has led the Trust to be more patient-centred. Michelle gave a special mention to Jane for her input to develop the strategy. She noted the developments the Trust has made around health inequity, user insights, inclusivity and diversity.</p> <p>She asked the forum to also think about where there are opportunities and what we want to achieve in next three to five years. She said the forum has good oversight of the lay partner programme but PPI is much wider and we need guidance and oversight for user insight, patient-centredness in general and wider PPI areas. She also noted changes outside the Trust as NW London changes.</p> <p>Graeme flagged that the upcoming budget could influence plans and Michelle agreed finance will have to be a consideration. Shanaka said there is inconsistent understanding of the PPI in the Trust.</p>	

	<p>Linda ran through the headlines of the previous strategy and the wider spectrum of engagement, user insight and involvement and that this is the very first conversation to consider how we update it. The current strategy sets out that the strategic lay forum intended to be the centre of this wider spectrum and it's time to revisit if this is still relevant and feasible.</p> <p>Michelle suggested some approaches to managing the strategy refresh and the next step is to work up these options with colleagues and bring it back to the forum for discussion and input.</p>	<p>Action: plan the review of the strategy and share with the forum (planned)</p>
<p>6.</p>	<p>AOB Leah offered to share information on World Patient Safety Day. Linda to email it to the group.</p> <p>The forum discussed patient transport and agreed that Linda will follow up.</p> <p>Michelle and the forum took some time to thank Jane as it was her last meeting. We acknowledged her significant input to many projects – outpatients, patient interpreting, patient transport and using simple language to improve communications.</p>	
<p>7.</p>	<p>Meeting close</p>	