

**Strategic lay forum**

Wednesday 13<sup>th</sup> November 2024, 09:30 - 12:00

In-person and via Microsoft Teams (online)

<b>Strategic lay forum attendance:</b>	
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
Mariya Stoeva	Strategic lay forum member
Candice Savary	Strategic lay forum member
<b>Patient safety partners:</b>	
Caron Bluestone	Patient safety partner
Raashi Shah	Patient safety partner
<b>Trust and other organisation attendance:</b>	
Anne Middleton	Deputy chief nursing officer
Deirdra Orteu	Redevelopment clinical design director
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
Meera Chhaya	Community engagement manager
Shona Maxwell	Chief of staff
Nicole Brownfield	Staff engagement manager
Hannah Fontana	Strategy, research and innovation programme manager
Nicola Grinstead	Managing director, West London children's services
Dr Beena Amin	Consultant paediatrician
Shaun D'Souza	Head of operations
Herdip Sidhu Bevan	Director of nursing
Clare Hook	Deputy chief executive and director of operations
Dominic Cunnane	Pathways programme lead
Dr Katherine Van Ree	Clinical cancer lead
Hannah Franklin	Health equity programme manager
Fiona O'Driscoll	Health policy fellow
Cynthia Matarutse	Deputy divisional director of nursing and Trust lead cancer nurse

Hannah Franklin	Strategy, research, and innovation programme manager
<b>Observers:</b>	
Zohra Davis	Potential strategic lay forum member
Lila Mann	Potential strategic lay forum member
Stephanie Vas	Potential strategic lay forum member
<b>Apologies:</b>	
Bob Klaber	Director of strategy, innovation and research, paediatrician
Darius Oliver	Associate director of communications
Dominique Allwood	Director of population health, deputy director of strategy and improvement
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
Peter Jenkinson	Director of corporate governance and trust secretary
Raymond Anakwe	Associate medical director
Stuart Forward	Strategic communications
Faye Oliver	Strategic communications
Victor Chamberlain	Head of redevelopment communications

<b>1.</b>	<b>Welcome - Shanaka Dias, co-chair, strategic lay forum</b>	<b>Action</b>
	Shanaka opened the meeting and the apologies were noted.	
<b>2.</b>	<b>Minutes and action log - Linda Burridge, head of patient and public partnerships</b>	
	<p><b>Minutes:</b> Shanaka highlighted the importance of checking the minutes for accuracy to ensure transparency. Linda said minutes from the last 12 months are published on the Trust website. In terms of documenting minutes, Agnes suggested the use of AI tools to improve the efficiency and accuracy of minute-taking.</p> <p><b>Acton log:</b> <b>Ward user insight programme:</b> Linda drew the forum's attention to the ward user insight programme and explained the next steps are to move forward with the recommendations from a report completed by an external agency once the team is resourced fully. We agreed to pick this up as part of the 'responding the feedback' deep dive in 2025.</p> <p><b>Remuneration policy:</b> Linda outlined the development of the remuneration policy as it will help ensure we hear from diverse groups and remove a barrier for more people to collaborate with us. The policy is in alignment with NHS England's approach to remuneration with one key difference being a level of payment to take part in regular working groups that don't require preparation. The policy is in the final stages of approval and will be circulated to the forum as well as key Trust colleagues for feedback.</p>	<p><b>Action:</b> ward user insight programme to be included as an agenda item at a future strategic lay forum meeting (completed)</p> <p><b>Action:</b> circulate the remuneration policy to the forum and key Trust colleagues (completed)</p> <p><b>Action:</b> summary update on workforce issues to be presented at</p>

	<p>Olivia highlighted the lack of anaesthetics which is creating a big problem in Northwest London. Linda suggested it may be helpful to have Anne Middleton expand on this topic as it could be related to wider workforce and was a suggested topic from her previously. The forum suggested ways to improve the uptake of anaesthetics, e.g. recruitment around the hospitals, careers advisors, volunteers' programmes and working with schools and colleagues. It was concluded that a summary update on workforce issues would be helpful at a future forum.</p> <p>The forum also talked about the various community engagement initiatives undertaken by the College and other partners. They suggested a briefing on this. We will plan this for a later date.</p>	a future forum meeting
3.	<p><b>Deep dive - cancer improvement programme - Dr Katherine Van Ree, clinical cancer lead; Dominic Cunnane, pathways programme lead; Claire Hook, deputy chief executive and director of operations; Cynthia Matarutse, Deputy divisional director of nursing and Trust lead cancer nurse</b></p>	
	<p>Dominic outlined the programme aim and vision. They have worked to understand how the pathways work for our staff and patients with the intention of identifying and exploring possible improvement opportunities to make sure care is high quality, patient centred and as joined up as possible. One of the key drivers for this improvement programme was the increasing number of complaints and safety incidents.</p> <p>Dominic discussed the thematic analysis and emphasised the importance of understanding the current pathways and using staff and patient insights to identify improvements. Dominic said the pathway mapping sessions identified specific challenges in different tumour sites, such as the reliance on email for incidental findings in lung cancer. He outlined the next steps included deep dive reviews in specific areas like gynaecology, prostate, and breast cancer, and developing a business case to address workforce gaps. Dominic highlighted the need for better access to clinical spaces for sharing bad news with patients and families and the potential improved use of Cerner.</p> <p>While the programme focused on gaps, there was also a lot about the services that is already working very well - e.g. attentiveness, kindness and creating a supportive environment.</p> <p>Katherine shared her views and recapped on the involvement of the lay partner, Sonia Richardson. Sonia sadly passed away in July and on behalf of the group, she shared that this programme of improvement is dedicated to her. She added that she was a pivotal member of the delivery group and often asked the most poignant questions when in the cancer mapping workshops.</p> <p>Shanaka thanked the presenters and opened the floor for comments.</p> <p>Agnes questioned how the positive outcomes of this programme can be used to support other projects. Claire Hook explained there is a strong connection with the outpatient programme. Michelle added that the work is a new approach for the Trust and an intervention in itself which will have connections to other programmes. Shanaka supported the feedback as it's one of the goals of the forum: to reduce silo working and share existing insights to improve patient experience amongst different projects.</p>	

<p>The current state of written documents and verbal information for patients was reviewed as there were concerns around lack the lack of clarity. One suggestion was that Trust staff use a script to ensure key pieces of information are communicated effectively. Katherine explained the team are focusing on what information they are currently using and whether it needs to be written / in a different language and whether it can be rolled out in a different format. Improvements will be made based on this feedback.</p> <p>Mariya and Stephanie Vaz emphasised the importance of accessibility and inclusion, particularly for disabled individuals and those from diverse communities. She highlighted the need for suitable equipment, such as hoists, to ensure disabled patients can attend their appointments without delays. Mariya also stressed the significance of providing information in multiple languages and formats to cater to non-English speakers and those with disabilities. Fiona explained access needs were a key focus when gathering insights. The feedback was low, and so Fiona welcomed more insights on this area.</p> <p>Phayza raised several key points during the meeting. She questioned how the team were gathering feedback / insights which is reflective of the community in NW London; how often patients were being followed up and what resources the team signpost to, i.e. mental health. Fiona explained the feedback gathered was based on key factors such as age, gender and ethnicity which provided a good representation of the community. In terms of follow ups, Katherine noted this would be variable and dependent on the patients need. Cynthia explained there is a video on the Trust YouTube channel (which can be translated into 15 languages) outlining how the team can help as well as who will be involved in their pathway. The department is also working closely with the cancer charity Maggie's both pre and post treatment. Lila welcomed the comments but stressed the importance of co-producing documents / videos as patient language is different from clinical language.</p> <p>Linda was keen to understand what the barriers to the success of the programme were and how the forum can unblock any challenges. The team said budget and time are the expected barriers but also we will need buy in and engagement from senior clinical leaders in cancer for improvements to be embedded.</p> <p>Ian recommended using the Plain English Campaign to improve the clarity of patient letters and communications. Ian also mentioned the use of volunteers to make follow up calls to patients before their appointments. This initiative has reduced the number of missed appointments and provided an opportunity to address patients' access needs, such as interpreters or physical access requirements. Ian highlighted the Charity's involvement in improving physical environments, such as breast services, to create a more supportive and private space for patients. He expressed the Charity's willingness to explore further improvements in other areas.</p> <p>From an evaluation perspective, Shanaka was keen to understand what measures are in place to assess how well they have done both during the process and at the end. Katherine explained a lot of the work focuses on patient experience which isn't a performance metric, making it difficult to measure. The team are aware of this and are putting a plan in place to ensure some form of measure is captured. During the process, the team use a governance checklist to ensure actions are in line with guidance.</p>	<p><b>Action:</b> cancer to feedback on the evaluation</p>
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	<p>The programme was well-received, with lay members expressing optimism around the focus on patient-centred care.</p> <p>To summarise, the key points and insights from this discussion were:</p> <ul style="list-style-type: none"> <li>• It was crucial to understand the current patient and staff experience across various tumour groups and how they can differ. This has enabled a valuable starting point.</li> <li>• Staff are a key group to engage to implement any future improvements. This is a well-resourced and innovative transformation programme but staff buy-in, budget and time were cited as dependencies to the programme’s success, or potential barriers if not enabled.</li> <li>• Staff kindness, attentiveness and support have been noted as something that is already working well.</li> <li>• We need to make sure any insights, learnings or innovative approaches are adopted by other and future improvement programmes. We also need to evaluate the success of this programme and be sure that the patient experience has improved. Is this another call for a patient experience metric?</li> <li>• Clear language for patients is important and necessary to support them. We need to ensure information is consistent, detailed for the right cancer group and not relying on clinical language.</li> <li>• It is important to provide holistic care and support the whole patient after a serious illness. E.g. mental health, adverse effects following treatments</li> </ul> <p>Shanaka thanked the presenters for their time and welcomed a future agenda item on this topic.</p>	<p><b>Action:</b> cancer pathways improvement programme to attend a future forum meeting</p>
<p>4.</p>	<p><b>West London Children’s Services - Nicola Grinstead, managing director, West London Children’s Services; Dr Beena Amin, consultant paediatrician; Shaun D’Souza, Head of operations; Herdip Sidhu Bevan Director of nursing</b></p>	
	<p>West London Children’s Services which is the integration of children’s services across Chelsea &amp; Westminster, West Middlesex, St Mary’s and Hammersmith Hospital. The team highlighted the significant development of the unified service. The focus of the service is to reduce waiting times, improve access, and enhance patient experience. The importance of working in partnership with other healthcare providers and community services was also highlighted. The presentation also covered the challenges in providing mental health support for children and the efforts to address these issues. The team emphasised the need for better coordination and resources to support children with complex needs and supporting children transitioning to adult services.</p> <p>Mariya was keen to understand what support is available for parents / guardians and whether the programme should involve primary care services to ensure information is more aligned. Nicola agreed with the comments and explained more work is needed to support parents and guardians. She also echoed the need for primary care services to be more in line with children’s needs and used the connecting care for children project as a positive example. For the time being, the team are expanding their services by having health hubs in local communities.</p> <p>John questioned whether specialist services are available on the weekend as more support is needed for parents. Shaun explained the service is run seven days a week. Saturday was referred to as super ‘Saturday’ but there is a need to move away from that term and refer to it as a general day.</p>	

	<p>The transition from children to adult services was then discussed with several lay partners expressing the need for it to be seamless, with a focus on collaborative working and consolidation of information to avoid obstacles during this critical period. Shanaka also added the importance of capturing feedback; especially from children who are going through the transition. Agnes suggested any information shared should be available in different languages to ensure inclusivity. Stephanie expressed the transparency of information between the two services as adult services could learn a lot from children services. The presenters welcomed the comments and discussed the challenges in providing effective transition services and the need for a more systematic approach which involved both paediatric and adult services. Shaun was keen to highlight the development of a policy and toolkit to support effective transition. The presenters also agreed and emphasised the need for feedback from children and their families to ensure the success of transition services.</p> <p>Mental illness among young people was discussed as a key issue of concern with Phayza questioning whether any outreach work would be considered. The presenters supported this comment, with Herdip explaining the collaboration with other health and social work organisations; where the aim is to create a more collaborative approach to make the service better.</p> <p>Staff wellbeing was discussed where the presenters noted several incidents where staff had been harmed by children. The forum expressed the need for more support for staff in hospitals and the community.</p> <p>Michelle concluded the discussions by focusing on the need to build connections between teams and departments to make the service sustainable. Nicola agreed with this comment and stressed the importance of creating a more collaborative system between children services and other key departments.</p> <p>Shanaka thanked the presenters for their time and welcomed a future agenda item on this topic.</p>	<p><b>Action:</b> West London Children's Services to attend a future forum meeting</p> <p><b>Action:</b> Michelle and Nicola to discuss connecting with other teams</p>
<p><b>5.</b></p>	<p><b>NHSE 10 year plan - Michelle Dixon, director of engagement and experience; Hannah Fontana, strategy, research and innovation programme manager; Nicole Brownfield, staff engagement manager</b></p>	
	<p>Hannah and Nicole presented the approach to the 10 year NHS plan consultation where the Trust has been invited to share the views of the organisation by responding to the set of questions. In addition to the organisational response, NHS England are seeking inputs directly from patients and staff.</p> <p>Nicole explained the team are focusing on a pulled back engagement approach to avoid being superficial. This will begin by using social media platforms to highlight the opportunity to feedback via the national portals. In addition to the Trust wide response, case studies will be submitted as documentary evidence of the work that is going on. The aim is to use the case studies as examples of the policies the organisation want to introduce. Staff are also being asked whether they have any individual case studies they wish to share. In addition, the all staff briefing meetings chaired by the CEO will be used as an opportunity to introduce the 10 year plan; this will then be followed by a webinar. From a patient perspective, the Trust community newsletter will be used as a platform to share feedback.</p>	

	<p>Hannah expressed the importance of promoting this opportunity via the lay members networks and to join the all staff briefing and webinar.</p> <p>Michelle explained the approach is to provide a policy focused response which aligns with our strategy. The key question to ask is what the government can do to deliver our strategy. Agnes suggested a whole system approach to patient centred provision. Michelle agreed but stressed the focus of the policy is to present tangible examples as evidence, such as the case studies. Linda supported this comment and used the patient safety partners as a good example of a policy that has worked.</p> <p>Mariya was keen to draw the forums attention to accessibility and inclusion and in particular an integrated care system which factors in language, ethnicity and age. Mariya also highlighted the importance of user insights and co-design in shaping healthcare services. Lila agreed and added the importance of looking at a holistic approach to healthcare, especially with fragility.</p> <p>Hannah thanked the forum for their comments and requested for the slides to be shared and to be directly approached for any questions/comments</p>	<p><b>Action:</b> Meera to share 10 year response slides (completed)</p> <p><b>Action:</b> share outputs and updates on the 10 year plan when published</p>
<b>6.</b>	<p><b>Review of deep dives</b>  <b>Linda Burrige, head of patient and public partnerships</b></p>	
	<p>Linda summarised the document and recapped on our ‘deep dive’ reviews – their purpose, insights and findings and what ones are planned. The document mapped deep dive findings to existing Trust programmes and projects to show where there has been progress or are addressing some of the points and where there are gaps or future work is required. Trust colleagues also shared their feedback on the process and agreed while they are useful, they could benefit from a tighter focus and more preparation.</p> <p>Linda asked the forum to read this document and feedback. She added that we have more to do before we can adequately say we have completed one of the deep dive topics and suggested we may need to revisit them again next year. It is possible we could look at this again at our away day in January.</p>	<p><b>Action:</b> lay forum members to review the deep dive review and discuss at a future meeting</p>
<b>6.</b>	<p><b>AOB</b>  No AOB items were raised.</p>	
<b>7.</b>	<p><b>Meeting close</b></p>	