

Strategic lay forum

Wednesday 13th September 2023, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Shanaka Dias	Deputy co-chair
Olivia Freeman	
John Black	
Stephanie Nash	
Phayza Fudlalla	
Agnes Seecoomar	
Sonia Richardson	
Graeme Crawford	
Other organisations and Trust attendance:	
Michelle Dixon	Director of engagement and experience
Linda Burridge	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Lea Tiernan	Patient safety engagement manager
Katherine Buxton	Consultant in palliative medicine and lead for end of life care
Michelle Knapper	Clinical review and elective patient experience lead
Tanya Hughes	Communications strategist
Anne Middleton	Deputy chief nursing officer
Maria Piggin	Patient Experience Research Centre partnerships and training manager
Stuart Forward	Strategic communications
Faye Oliver	Strategic communications
Tori Martin	Lead nurse for palliative care
Raashi Shah	Patient safety partner
Hannah Fontana	Strategy, research and innovation programme manager
Elizabeth Bennett	Strategy, research and innovation programme manager
Apologies:	
Bob Klaber	Paediatrician and director of strategy, research, and innovation
Ed Lowther	Deputy co-chair
Darius Oliver	Associate director of communications
Trish Longdon	Chair
Ed Lowther	Deputy co-chair
Ian Lush	Chief executive of Imperial Heath Charity
Jane Wilmot	Lay partner
Peter Jenkinson	Director of corporate governance and trust secretary
Shona Maxwell	Chief of staff

1.	Welcome and apologies - Shanaka Dias, Deputy co-chair, strategic lay forum	Action
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	Shanaka opened the meeting, and the apologies were noted.	
2.	Minutes, action log and project updates - Linda Burridge, head of patient and public partnerships	
	<p>July minutes There was one change; item six lay partner programme and next steps: add an additional sentence to Shanaka’s comment to ensure lay partners who chose to leave ‘are getting the information they need to make the right decisions. If more context is needed, we can get that information.’</p> <p>Action log A number of actions on the action log are listed as items on the agenda, i.e. end of life care, patient interpreting and St Mary’s hospital redevelopment.</p> <p>The conversation moved to Martha’s rule (to ensure hospital patients understand they have the right to a second opinion) and whether this will become legislation as well as the work that is being undertaken at the Trust. A considerable amount of work has been done at the Trust on deteriorating patients and to improve the dialogue if someone request a second opinion. Shanaka highlighted the importance of lay partners being across issues like this and requested for Linda to include an update at a future meeting.</p> <p>Detailed updates on projects the forum is supporting:</p> <p>End of life care (Dr Katherine Buxton, palliative care lead and Anne Middleton, deputy chief nursing officer)</p> <p>Shanaka welcomed Katherine and Anne to the strategic lay forum.</p> <p>Katherine introduced herself as well as Tori Martin, who is the lead nurse for palliative care. Katherine shared the end-of-life strategy which is used within the organisation. This is a three-year strategy, from April 2022 until 2025. What unpins this strategy is the vision and three key commitments:</p> <ul style="list-style-type: none"> • Vision: Providing care at the end of a person’s life is seen as everyone’s business and all staff and volunteers will work collaboratively to ensure individuals receive compassionate, holistic, and well-planned care, which strives to continuously meet their needs and the needs of those close to them • Commitment one: To deliver Trust-wide service improvements, reducing variation in care delivery and making best use of quality frameworks • Commitment two: To augment trusted partnerships with allied teams and align end of life with Trust-wide strategic and operational business as usual • Commitment three: To work collaboratively across organisational boundaries to provide the best possible care at the time it is needed, in the place it is required <p>Katherine explained the underpinning drivers to this piece of work are:</p> <ul style="list-style-type: none"> • Evidence and governance • Education, training, and culture • Equality, diversity, and inclusion • Engagement <p>And the main challenges include:</p> <ul style="list-style-type: none"> • The challenges associated with accessing data 	<p>Action: Shanaka’s comments in the July minutes to be amended</p> <p>Action: Linda to review how the forum can be kept up to date with the developments of Martha’s rule at the Trust – completed on November’s agenda</p>

<ul style="list-style-type: none"> • Visible reporting of end of life performance data across all divisional/directorate scorecards • Recruiting the transformation role into post • Agreement on the governance structure and the role of the senior reporting officer • The challenges associated with accessing data <p>Katherine also mentioned the considerable work that is being undertaken with Rachel Watson, head of user insights to improve service user experience for end of life patients.</p> <p>The closure of the inpatient palliative care unit at Pembridge hospice was highlighted and the rationale behind this. Katherine mentioned at the time, there was a struggle to recruit a consultant who specialised in palliative care and could provide the appropriate care needed to patients. Due to workforce challenges, Tori added the integrated care board (ICB) made the decision to suspend inpatient beds but continue with the day service.</p> <p>Anne highlighted the importance of reviewing workforce more broadly in order to provide some level of assurance and suggested an agenda item could focus on how the Trust recruit medical staff from different countries, i.e. a workforce recruitment presentation.</p> <p>Katherine encouraged lay partners to review the community specialist palliative care consultation documents which provides the adult service model for delivering specialist level palliative care and feedback any concerns.</p> <p>Shanaka concluded by addressing staffing concerns as well as the closure of Pembridge hospice and highlighted the importance of patient involvement, i.e. big rooms.</p> <p>Patient interpreting (Michelle Dixon, director of engagement and experience)</p> <p>Michelle updated that the Trust leadership agree that this area of work needs to be resourced and to do this we must complete the HR processes and develop the business case which is underway.</p> <p>John raised Jane’s question on the patient interpreting contract and when it will be renewed etc. Linda said it is until the end of the financial year and agreed to confirm the procurement process of this and whether it extends to be procured across north west London. The group noted the challenges of procuring a service across many hospitals.</p> <p>Graeme asked about the leadership of the programme and what the issues are around the delay. Michelle confirmed she is leading this programme and more resources are required.</p> <p>Patient safety partners (Meera Chhaya, community engagement manager)</p> <p>Meera circulated the patient safety partner document for comments and highlighted this is a working document which will be reviewed every six months. No comments from the forum.</p>	<p>Action: Katherine to circulate the consultation document for the community model of care to Meera - completed</p>
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	<p>Linda mentioned the patient safety partner document will feed into the terms of reference document.</p> <p>Lea added the patient safety partners (PSPs) would like to invite two strategic lay partners to their meeting on Thursday 28th September 11:00-12:00. At the meeting, lay partners will hear project updates from PSPs, followed by a discussion on the challenges and opportunities they have experienced during their involvement. The PSPs would also like to offer a spot on the agenda for the attending strategic lay partners to share what they have learnt in their time in the role, and any top tips for the patient safety partners.</p> <p>Shanaka thanked Lea and suggested the best approach would be for Meera to contact lay partners directly.</p> <p>St Mary's Hospital redevelopment (Michelle Dixon, director of engagement and experience)</p> <p>Michelle said there has been a lot of activity around the programme to redevelop St Mary's, including a ministerial visit. There is an option for funding which is currently being explored and Trish commented on the business case. If possible, the ideal outcome would be that this funding provides the budget for the next three years of planning. If there is an agreement, engagement and involvement can begin in January and February 2023 and we would rapidly have to set up the governance on involving patients and the public.</p> <p>Westminster City Council will soon start some engagement of the site allocation of Paddington. This engagement will seek views on the site, size, position and use of specific parts of the area and the Trust will aim to start engagement to align with this.</p> <p>Graeme asked about the safety of the buildings and whether any RAAC concrete has been used in the construction of Trust sites. Michelle confirmed that none had.</p> <p>John highlighted the development of new hospitals are incredibly political and that running a campaign can help propel things forward. Michelle acknowledged John's comments and addressed the positive and active relationships the Trust has with parliamentary MPs in the area. Phayza added that there is an opportunity to partner with local businesses and align this with their social responsibility and mobilise them to support the hospital.</p>	<p>Action: Meera to directly approach lay partners to attend the next patient safety partner meeting - completed</p>
<p>3.</p>	<p>Equality, diversity and inclusion programme update - Linda Burrige, head of patient and public partnerships, Meera Chhaya, community engagement manager</p>	
	<p>Linda provided background information on the equality, diversity and inclusion (EDI) programme and summarised the briefing note shared.</p> <p>Following the death of Amin Abdullah and the publication of the Veritas report in 2018, the Trust began to review the equality, diversity, and inclusion practices. This combined with Covid-19 and other social justice movements Black Lives Matter and a focus on health equity, the Trust has a good opportunity to focus on this area of work.</p>	

	<p>The Trust aimed to develop anti-racism and anti-discrimination statements and this project is the listening phase to understand what the issues are to build a shared understanding of problems and solutions.</p> <p>Linda reflected on the key progress which has been made: :</p> <ul style="list-style-type: none"> • The project group and timescales have been confirmed • Lay partners have been involved from the start and they are embedded on the programme working group • Developed the role of the EDI facilitator to support the programme and carry out the engagement sessions <p>Linda and Meera have started to look at the approach to engage the target of 300 patients, local community groups and community leaders.</p> <p>Options include:</p> <ul style="list-style-type: none"> • Community group hosted events • Open events, or publicised 'listening events • Other issues we are aware of: the possible need for interpreting if we want to hear from non-English speakers <p>Linda is keen to hear from the forum and in particular any suggestions of how the 300 target can be met.</p> <p>Shanaka mentioned whether there was a possibility to connect with Maria Piggins BRC work. Linda welcomed the suggested and mentioned a plan is being formulated on how to connect with community groups.</p> <p>Olivia asked whether the statements are for staff and patients. Linda confirmed the statements are for staff and patients. Engagement for both staff and patients will be approached differently as the concerns will be different.</p> <p>Shanaka questioned whether the statements and listening events for staff and patients should be separate as the experiences and needs are very different. Phayza suggested completing a pilot first in order to evaluate whether this approach is suitable.</p> <p>Shanaka thanked Linda and suggested any comments on the equality, diversity and inclusion programme to be sent to Linda and Meera.</p>	<p>Action: Comments on the equality, diversity and inclusion programme to be sent to Linda and Meera - completed</p>
<p>4.</p>	<p>BRC update - Maria Piggini, Patient Experience Research Centre partnerships and training manager, Phayza Fudlalla, projects and engagement manager, BME health forum</p>	
	<p>Maria shared an update on the Imperial BRC patient, public, involvement, engagement and participation.</p> <p>Key highlights of the programme include:</p> <ul style="list-style-type: none"> • The recruitment and training of 77 community partners • Two community partners involved in interviewing biomedical research centre (BRC) funded PhD candidates • Community partners providing connections to communities/events to widen outreach e.g. ParklifeCafe • 20 people attended an information webinar on the PERC fellowship <p>And the main challenges are:</p>	

	<ul style="list-style-type: none"> • Staff: PERC is currently short staffed with two full time PPIE staff appointed to start in October. • Outreach: identifying clinical staff available to speak at community events (often evenings/weekends) to build trust. • PPIE representation: Identifying community partners (17 to 30 years) to involve. <p>Michelle thanked Maria for the presentation and highlighted Imperial Health Charity are also keen to reach community groups. Michelle mentioned the Trust have a community magazine and one way to build synergies with the community would be to join forces and have one united magazine between the Trust, Imperial health charity and BRC. Maria welcomed this suggested.</p> <p>In terms of the challenges faced with the outreach work, Agnes questioned whether staff could be paid for weekend/evening work. Michelle welcomed the idea but explained due to the structure of how the roles are developed, the implementation of this would be difficult.</p> <p>Shanaka thanked Maria and Phayza.</p>	
5.	<p>Process to confirm the chair and deputy chair roles for the strategic lay forum - Linda Burridge, head of patient and public partnerships</p>	
	<p>Linda outlined the process set out in the terms of reference to confirm the next chair of the strategic lay forum following Trish Longdon stepping down at the end of the year.</p> <p>Linda requested for nominations and recommendations for the role of chair and deputy chair/s to be shared with her by Friday 29th September 2023.</p> <p>Shanaka mentioned he and Ed are happy to be the next chair or to continue in his role as deputy chair.</p>	<p>Action: Nominations for the chair and deputy chair roles for the strategic lay forum to be forwarded to Linda by Friday 29th September - completed</p>
6.	<p>Waiting well and health equity - Linda Burridge, head of patient and public partnerships and Hannah Fontana, strategy, research and innovation programme manager</p>	
	<p>Linda introduced this session that Trish requested be put on the agenda. Linda said how the forum are keen to confirm who leads the management of waiting lists in the Trust and ensuring that patients receive clear updates on waiting times, advice on staying well and how to manage their condition while waiting for treatment, that they understand their condition and treatment and where to go for more information. She explained that while this is an operational pressure, we must ensure the Trust is not just meeting targets and managing a backlog but also caring for patient in an integrated way to minimise further illness.</p> <p>Hannah Fontana agreed with the summary and explained the key programmes. She also said that supporting our patients to wait well was part of our daily responsibilities.</p> <p>There is also an upcoming mandate from NHS England to reduce waiting lists through more communication, better management and use of data. The Trust should use this as an opportunity to engage with patients about their care.</p>	

	<p>She explained the work around reducing inequity and the high proportion of black, Asian and minority ethnic patients that 'do not attend' their appointments and work to support patients to wait well.</p> <p>The waiting well project was also mentioned where the intention is to co-design some interventions for patients on the waiting list to help them stay well both physically and mentally.</p> <p>From a strategic perspective, Shanaka questioned how lay partners can be involved in the developments of this programme of work. Hannah mentioned Sharon Poon would be the best person to steer this conversation in terms of what support is required.</p> <p>Shanaka also suggested the development of the webpage needs an active approach and communicating with patients every three months is too long. Thus, wider discussions are needed in how this can be reduced.</p> <p>Agnes stressed the importance of transparency in terms of being clear with patients on when they are likely to receive their care and treatment. Hannah acknowledged the feedback and highlighted the importance of being as honest as possible. Agnes also added that patients like exact, or best available, waiting time estimations.</p> <p>Phayza supported the work that has taken place and is due to start and raised the issues around language barriers. She said it is important to remember that vulnerable communities have less access and resources so their health is more likely to deteriorate while waiting. She said they won't be able to access the website and will therefore need other routes to communicate with them.</p> <p>Sonia agreed with this comment and said some groups will need extra support. She suggested that primary care colleagues could be engaged with this.</p> <p>Shanaka thanked Hannah and Liz for their time and suggested an action would be for a more detailed update at November's meeting.</p>	<p>Action: Waiting well to be included as an agenda item at November's strategic lay forum meeting</p>
<p>7.</p>	<p>AOB - Shanaka Dias, Deputy co-chair, strategic lay forum</p> <p>Shanaka mentioned he and Ed will be presenting the strategic lay forum annual review at the quality committee and will feed back any comments to the forum.</p> <p>Meera added a date for John Norton's memorial drinks which has been confirmed for 24th October 2023 at Norton Rose Fulbright and will provide further information once the invitation email has been finalised.</p>	<p>Action: Meera to provide further updates on John Norton's memorial drinks.</p>
<p>8.</p>	<p>Close</p>	