

**Strategic lay forum**

Wednesday 7<sup>th</sup> June 2023, 09:30 - 12:00

In-person and via Microsoft Teams (online)

<b>Strategic lay forum attendance:</b>	
Trish Longdon	Chair
Ed Lowther	Deputy co-chair
Graeme Crawford	
Oliver Freeman	
Jane Wilmot	
John Black	
Stephanie Nash	
Phayza Fudlalla	
Agnes Seecoomar	
<b>Other organisations and Trust attendance:</b>	
Bob Klaber	Director of strategy, research, and innovation
Michelle Dixon	Director of engagement and experience
Linda Burridge	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Katherine Buxton	Palliative care lead
Michelle Knapper	Clinical review and elective patient experience lead
Daniel Codesal	Customer experience manager
Tanya Hughes	Communications strategist
Lea Tiernan	Patient safety experience manager
Raashi Shah	Patient safety partner
Jennifer Illingworth	Consultant anaesthetist
Dorothy Heydecker	Equality, diversity, and inclusion manager
Joselyn King	Head of GP partnerships
Alex Barnao	Staff engagement manager
Olayinka Iwu	Head of equality, diversity, and inclusion
Clare Robinson	Associate director of service development and commissioner relations
Catrina Heathcote	Communications officer
<b>Apologies:</b>	
Shanaka Dias	Deputy co-chair
Sonia Richardson	
Rachel Watson	Head of user insight and experience
Darius Oliver	Associate director of communications
Anne Middleton	Deputy chief nursing officer
Ian Lush	Director of Imperial Health Charity
Peter Jenkinson	Director of corporate governance and Trust secretary
Helen Ward	Clinical professor of public health
Maria Piggan	Patient experience research centre partnerships and training manager

1.	<b>Welcome and apologies - Trish Longdon, chair, strategic lay forum</b>	<b>Action</b>
	Trish opened the meeting, and the apologies were listed.	
2.	<b>Minutes, action log and project updates - Linda Burrridge, head of patient and public partnerships</b>	
	<p><b>Projects the forum is supporting:</b></p> <p><b>Patient interpreting (Linda Burrridge)</b> Linda said this project has not moved as quickly as needed due to capacity and the requirement for a dedicated programme manager which in being organised ASAP. The group agreed to continue regular updates and raise with Tim if helpful if there are still issues in July.</p> <p><b>Redevelopment of St Mary's Hospital (Michelle Dixon)</b> Bob and Michelle gave an update including the recent funding announcements by the government, the Trust's response and statements to the media and other political drivers and pressures. The plans for the redevelopment of Charing Cross and Hammersmith hospitals are also being reviewed. Engagement regarding the redevelopment plans is currently paused and there was a call from the forum to continue to make sure the patient voice is included in all plans, business cases and engagement. Lay partners agreed to raise their concerns at relevant meetings and if canvassed. Matt Tulley, the director of redevelopment, will attend the next strategic lay forum to update and discuss these issues. Jane mentioned the H&amp;F patient reference group on Thursday 15 June and Bob asked for an update if St Mary's redevelopment is mentioned there. Linda Burrridge will attend this meeting as part of the Trust's community engagement.</p> <p><b>Outpatients' transformation and vision (Michelle Dixon)</b> Michelle and Bob updated on the latest developments and how the Trust is currently looking at how this very large programme is being managed. They reassured the group that their input has been valuable and helped to ensure the programme is patient-focused. Michelle said there are many elements to the programme and the challenge is around the focus and coordination of the different elements. The positive thing is that there are themes in the current programme on 'patient empowerment' and while that's not completely right in terms of language, it's a start. Other issues are that some of this work is being driven by capital funding for digital and IT solutions on which the right balance of innovation/delivery needs to be achieved. Michelle added that we also need to consider the overall patient journey and 'on boarding' patients to ensure know them and cater to their preferences. Bob said that this work also needs to embed the concepts of integrated care and innovating on how we enable access to specialist care, such as 'one stop' clinics and group conversations with GPs, specialists and patients for example. It was agreed the executive director for outpatients, Amrish Mehta, will attend the next forum.</p> <p><b>Making research more inclusive (Linda Burrridge)</b> Project update was deferred to next meeting to save time.</p> <p><b>Anti-racism and anti-discrimination statements (Alex Barnao)</b> Alex summarised the work and referred to the documents and proposal to engage staff and patients on racism and discrimination. She invited the forum to also comment on how they could be involved in the wider project. It was agreed that a lay partner will join the working group and interview panel for the engagement agency. Trish made comments that we need to look at</p>	<p>Action: Project manager to be recruited for the patient interpreting programme</p> <p>Action: Matt Tulley to attend the next strategic lay forum meeting to discuss the re-development of St Mary's hospital</p> <p>Action: Amrish Mehta to attend the next strategic lay forum to discuss the outpatients' transformation and vision</p> <p>Action: lay partners to join the working group and take part in the panel interviews</p>

	<p>the governance and the support patients receive if they feel they've been discriminated against. Phayza said a lot of work will need to be done to help marginalised communities and those that don't speak English, articulate what racism and discrimination is. She noted that it can be hard to describe regardless (feelings, language, body language, lack of attention etc) but harder again for people that feel they have less power and a language/cultural barrier. It was suggested the team work with Phayza to help develop an introduction or explanation for this work with that resonate with communities. Agnes raised the term of BAME and there was a short discussion on its use and how the Trust will always expand it (i.e. black, Asian and minority ethnic) to minimise the feeling of 'other'. Jane raised that this work will take many forms and in the intra-relationships between staff to staff, staff to patients, and patients to staff. Oliyinka agree to look at this. Ed added that it's important to have the baseline data on this and to quantify it. He said other organisations have succeeded in this area by linking the reporting of people and morale to safety incidents and reporting. Michelle offered some context and explained this is a large area of work and this programme is focused on the first step of understanding the issues. She also added that our equality, diversity and inclusion agenda has always been focused around staff and this will need to evolve to patients.</p> <p>'What matters to you' (Dr Bob Klaber) Project update was deferred due to time. A written update will be shared before the next meeting.</p> <p>Health equity (Dr Bob Klaber) Bob gave a summary of the different areas of work in health equity: the work with Helix centre partnering with the Trust on patient that 'do not attend' their appointment; work to improve waiting lists, the work to improve patient complaints and smoking cessation.</p>	<p>for the engagement agency</p> <p>Action: working group to liaise with Phayza on how to explain and enable communities to express incidents of racism and discrimination</p> <p>Action: Oliyinka to ensure the detail of intra-relationships between staff and patients is included in this work</p>
<p><b>3.</b></p>	<p><b>Waiting lists and how to support patients while waiting for care - Dr Bob Klaber, paediatrician and director of strategy, research and innovation, Michelle Dixon, director of engagement and experience, Dr Jennifer Illingworth, consultant anaesthetist and programme lead for health equity</b></p>	
	<p>Bob Klaber introduced Jennifer Illingworth. Jenny explained waiting lists have been part of the health equity programme of work and after the COVID pandemic, it was nationally recognised that equity of access was an issue.</p> <p>One of the operational priorities for organisations is that trusts must be able to disaggregate their waiting list data by ethnicity and level of social deprivation. Within the Trust, this was measured using postcodes. This was a pragmatic approach when looking at large pieces of datasets. As a result, Jenny has been able to build on the 'do not attend' programme of work, using both Trust data and whole patient data record to improve our data quality. This has been completed for outpatient data, the referral to treatment dashboard and the hospital initiated patient initiated cancellations.</p> <p>In doing this, the data illustrated the groups are much more tightly banded than the outpatient do not attend data.</p> <p>Jenny explained a retrospective look back was also completed on three months of waiting list data. Imperial College London supported this piece of work. When the three-month data was reviewed, differences were highlighted among the priority two patients (patients to be treated within two</p>	

	<p>to four weeks) where young people waited longer than adults. Furthermore, people in the most deprived areas are waiting one week longer than least deprived areas. There was also a greater difference in priority three patients in the form of ethnicity. Patients who identified as black, mixed, other and white other waited longer compared to white British.</p> <p>Jenny explained context within the data is very important. Thus, the next steps will explore how the data can be implemented into standard processes. Jenny's intention with this piece of work is to reduce silo working as these issues feed into the outpatient transformation, user insights and staff inclusion work. In doing so, synergies can be created across the programmes.</p> <p>Phayza explained she was part of the do not attend project and one issue she encountered was incorrect patient information. Thus, simple patient information such as mobile number and home address needs to be checked regularly to ensure it is up to date. This should hopefully mitigate some of the issues around patients not attending their appointments.</p> <p>Trish thanked Jenny for her attendance and requested she attend the next strategic lay forum to continue discussions on waiting lists.</p>	<p>Action: Jennifer Ilingworth to attend the next strategic lay forum to continue discussions on waiting lists.</p>
<p><b>4.</b></p>	<p><b>Patient safety partners - Lea Tiernan, patient safety engagement manager</b></p>	
	<p>Trish welcomed Lea Tiernan and Raashi Shah to the strategic lay forum. Raashi provided an overview of the objectives which were:</p> <ul style="list-style-type: none"> <li>➤ To clarify any questions the strategic lay forum have about patient safety partners and the programme</li> <li>➤ Decide what our structure is for working together</li> <li>➤ Create a platform for sharing challenges and solutions</li> </ul> <p>Agnes asked what the difference is between patient safety partners and the patient experience team. Lea explained patient safety involves safety incidents, thus minimising the things that are going wrong and maximising the things that are going right. The term experience is unrelated to incidents and is used as an enabler in terms of how patients should be included.</p> <p>Raymond explained there can at times be overlap between the two, i.e., a complex complaint and more work in being done to create synergies with the user insight team to ensure these instances are managed effectively. Olivia asked whether the patient safety role is within the Trust or across the acute collaborative. Lea explained the patient safety partners are part of the Trust and other organisations would have their own. Lea has been connecting with other organisations, i.e., Hillingdon hospital to ensure there is collaboration.</p> <p>Trish was keen to understand how we work together, and a suggestion was to regularly attend the strategic lay forum meetings as well as be included in the fortnightly emails sent to lay partners. Trish mentioned the need to create a mechanism where learning can be shared. Lea explained the patient safety programme is very new so there is probably more to learn from lay partners than vice versa. However, Lea is happy to share a list of projects which patient safety partners are involved in and review where there are crossovers. Linda mentioned the patient safety partners will be invited to the next lay partner community event. John asked how frequently the patient safety partners meet and whether there would be any</p>	<p>Action: Patient safety partners to regularly attend strategic lay forums</p> <p>Action: Meera Chhaya to include Lea Tiernan and Raashi Shah in the fortnightly email to lay partners</p> <p>Action: Lea Tiernan to share patient safety partner projects with Linda Burridge and Meera Chhaya</p> <p>Action: Meera Chhaya to invite Lea Tiernan and Raashi Shah to the next lay partner community event</p> <p>Action: Meera Chhaya and Lea Tiernan to</p>

	<p>advantages of a lay partner attending one of these meetings. Lea explained the team meet monthly and would welcome lay partner attendance to share learning.</p> <p>Trish requested whether someone from the medical director's office could attend the strategic lay forum regularly. Raymond agreed to look into this.</p> <p>Trish thanked Lea and Raashi for their time.</p>	<p>organise one to one session between lay partners and patient safety partners</p> <p>Action: Raymond Anakwe to consider regular attendance from the medical directors' office to the strategic lay forum</p>
<b>5.</b>	<b>Update on 'end of life' care - Dr Katherine Buxton, palliative care lead</b>	
	<p>Trish welcomed Katherine to the strategic lay forum.</p> <p>Katherine shared the end-of-life strategy which is used within the organisation. This is a three-year strategy which started in April 2022 and runs till 2025. What unpins this strategy is the vision and three key commitments:</p> <ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Commitment one: To deliver trust-wide service improvements, reducing variation in care delivery and making best use of quality frameworks</li> <li>➤ Commitment two: To augment trusted partnerships with allied teams and align end of life with trust-wide strategic and operational business as usual</li> <li>➤ 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</li> </ul> <p>Katherine explained the underpinning drivers to this piece of work are:</p> <ul style="list-style-type: none"> <li>➤ Evidence and governance</li> <li>➤ Education, training, and culture</li> <li>➤ Equality, diversity, and inclusion</li> <li>➤ Engagement</li> </ul> <p>And the main challenges include:</p> <ul style="list-style-type: none"> <li>➤ Recruiting the transformation role into post</li> <li>➤ Agreement on the governance structure and the role of the senior reporting officer</li> <li>➤ The challenges associated with accessing data</li> </ul> <p>Katherine explained there have been numerous discussions around where end of life care sits within the organisation. Katherine has been working with Shona, Raymond, and Anne Middleton to identify who would be best suited as the senior reporting officer.</p>	<p>Action: Strategic lay forum to monitor the three main challenges to ensure progress has been made</p> <p>Action: Katherine Buxton to share slides</p>

	<p>Raymond mentioned Katherine has driven this piece of work and there is commitment to make this a priority within the organisation and across the acute collaborative. Trish explained the need for trust wide leadership and clarity.</p> <p>Trish explained three challenges have been highlighted as well as lay partner support. Trish asked whether any other support is needed. Katherine is keen to recruit and establish governance structures. Once this has been confirmed, Katherine is able to connect with multidisciplinary teams to drive this piece of work forward and ensure effective collaboration.</p> <p>Furthermore, sharing information with Tim to ensure concerns are heard and information is shared with the right people is important. Trish highlighted an action would be to monitor the three main challenges to ensure progress has been made.</p> <p>Trish thanked Katherine for her time and requested for the slides to be shared.</p>	
<b>6.</b>	<b>AOB - Trish Longdon, chair, strategic lay forum</b> N/A	
<b>7.</b>	<b>Close</b>	