

Strategic lay forum

Wednesday 19th July 2023, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Trish Longdon	Chair
Shanaka Dias	Deputy co-chair
Olivia Freeman	
Jane Wilmot	
John Black	
Stephanie Nash	
Phayza Fudlalla	
Agnes Seecoomar	
Sonia Richardson	
Other organisations and Trust attendance:	
Bob Klaber	Paediatrician and director of strategy, research, and innovation
Linda Burrige	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Michelle Knapper	Clinical review and elective patient experience lead
Tanya Hughes	Communications strategist
Ian Lush	Chief executive of Imperial Health Charity
Anne Middleton	Deputy chief nursing officer
Maria Pigin	Patient Experience Research Centre partnerships and training manager
Nicole Brownfield	Communications officer - content and engagement
Amrish Mehta	Consultant neuroradiologist and divisional director of women's children and cardiovascular
Benjamin Ellis	Consultant rheumatologist
Matt Tulley	Director of redevelopment
Apologies:	
Clare Robinson	Associate director of service development and commissioner relations
Michelle Dixon	Director of engagement and experience
Katherine Buxton	Palliative care lead
Rachel Watson	Head of user insight and experience
Ed Lowther	Deputy co-chair
Graeme Crawford	Lay partner
Lea Tiernan	Patient safety experience manager
Katherine Buxton	Consultant in palliative medicine and lead for end of life care

1.	Welcome and apologies - Trish Longdon, chair, strategic lay forum	Action
	Trish opened the meeting, and the apologies were noted.	
2.	Minutes, action log and project updates - Linda Burridge, head of patient and public partnerships	
	<p>Projects the forum is supporting:</p> <p>What matters to you (Dr Francesca Cleugh) Fran updated that the 'what matters to you' approach will be included in a pilot with six wards across the Trust in September. The purpose of the pilot is to test and develop ways for wards to become more user-focused and listen and respond to patients and their carers as soon as possible. Other tools they will use to capture feedback and insights are complaints, the patient advice and liaison service (PALs), datix (the serious incident recording system) and the friends and family test.</p> <p>The programme is being jointly led by the user insight team and the improvement team and will be co-designed with lay partners and patients through a series of workshops.</p> <p>At these workshops the wider team, including the individual wards that will work through steps and processes to use the tools and develop a tailored dashboard and data pack. A key aspect will be asking patients each day 'what matters to you' and more importantly what is being done to achieve what matters to them.</p> <p>Phayza asked how the Trust will ensure people with learning difficulties are engaged and understand these questions when they are being cared for. Fran responded that they will be supported by our the learning disability and autism lead and that helpfully, the programme will test those services.</p> <p>Olivia asked whether there are links with the ward accreditation and pathway to excellence programme. Fran assured that these are being integrated.</p> <p>Anne is keen to be part of this work and mentioned there is work in safeguarding focusing on participation within local disability services, ensuring voices from vulnerable groups are heard. Rachel Watson is gathering information to ensure these groups are not missed.</p> <p>Shanaka questioned whether patients would be involved in the co-design. Fran reassured the group that the programme will be a co-designed with patients and lay partners.</p> <p>Sonia and Jane volunteered to work with the team on ward user insight and improvement.</p> <p>Trish thanked Fran for her time.</p> <p>Patient interpreting (Linda Burridge) There is no dedicated resource to take this programme of work forward yet and this issue has been flagged with the Trust senior leaders. Linda questioned if this would be appropriate to raise at the next forum chair/CEO meeting. Trish agreed to raise this as it is an important issue.</p>	<p>Action: Trish to raise the lack of resource for the patient interpreting programme to Tim at the next CEO meeting</p>

	<p>End of life care (Katherine Buxton) Katherine didn't attend the meeting and it was confirmed by Anne Middleton that Janice Sigsworth is now the Trust lead and that she has been working with Katherine Buxton to work on the action plan.</p> <p>Sonia asked if any lay partners would be interested in working on 'reinventing' Pembridge as part of wider work in end of life care from North West London. Olivia and Agnes agreed they would take part.</p> <p>June minutes There was one change: amend Michelle's comment that 'we may need to join patients and visitors into the equality, diversity and inclusion programme of work'. This should be changed to 'we do'.</p>	<p>Action: Michelle's comments in the June minutes to be changed from 'we may' to 'we do'</p>
<p>3.</p>	<p>Outpatients' transformation programme - Dr Amrish Mehta, divisional director of women's, children's, and clinical services; Dr Bob Klaber, paediatrician and director of strategy, research and innovation</p>	
	<p>Trish welcomed Amrish, Bob and Benjamin to the forum.</p> <p>Bob highlighted that the outpatient transformation programme will focus on ways of working in a more integrated way and is an opportunity to build in many of the Trust's strategy and priority areas such as creating more equitable care, reducing the number of patients that 'do not attend' their appointment and building personalised care around patients' needs.</p> <p>Amrish said when he took on the programme, it focused on the digital aspects and we now must build clinical models of care which meet the expectation of the patients and provide patient-centred care.</p> <p>It is a long term programme and a number of changes have taken place - the name from outpatients to 'speciality advisory service', splitting the programme into workstreams and reviewing the governance framework to include GPs.</p> <p>With reference to the new programme name, Amrish mentioned the word 'outpatients' is an outdated term and has changed it to speciality advisory service to set the ambition for the programme. The forum reflected that they can see that 'speciality' is a medical term but overall the name needs to be tested and checked that it makes sense with patients and local communities and that the Trust must work with them to identify a title which works for them.</p> <p>Amrish outlined the Trust is facing a number of issues in outpatient services, for example, the size of the Trust which is spread over three sites. There is also a national problem with NHS England documenting what other Trusts are doing with regards to their outpatient programme. By the end of 2026, Amrish intends to evolve the outpatient service to provide a streamlined service that reflects the expectations of patients, supports the needs and improves the experience of staff.</p> <p>In terms of patient pathways and clinical models of care, the ambition is to increase patient choice, patient and staff experience, equity of access and deliver care in an environmental and financially sustainable way.</p>	

	<p>The programme has three phases and one underlying co-design phase which involves workshops to identify what models of care need to be developed.</p> <ul style="list-style-type: none"> ➤ Phase one: This includes urgent IT and patient record improvements such as Cerner optimisation. ➤ Phase two: This includes short term change programmes independent of the long term decisions. ➤ Phase three: This focuses on the long term sustainable vision. <p>Trish thanked Amrish and suggested it would be useful to circulate the slides in order to review the information.</p> <p>Trish said there needs to be a clear patient led vision for this programme of work based on what local communities and patients want for their specialist care. Trish highlighted that we need to confirm the involvement approach, how we use lay partners and ensure that developments are based on insights and the patient voice. Amrish mentioned this pillar of work is led by Michelle and a lay partner will join the programme board when it starts.</p> <p>Bob highlighted the forum's involvement in the design of this programme. One suggestion is to hold a meeting with Bob, Michelle, Amrish and Trish to start thinking about how this would work. In doing so, the group can report back at the next meeting.</p> <p>Trish thanked Amrish and Benjamin for their time.</p>	<p>Action: Amrish to share slides</p> <p>Action: Bob, Michelle, Amrish, Jane, John and Trish to meet to discuss the programme and involvement approach</p>
<p>4.</p>	<p>St Mary's hospital redevelopment - Matthew Tulley, director of redevelopment; Dr Bob Klaber, paediatrician and director of strategy, research, and innovation; Tanya Hughes, communications strategist</p>	
	<p>Trish welcomed Matt and Tanya to the forum and mentioned it would be helpful to have an update on where the programme is and how the forum can be involved in the co-design.</p> <p>Matt outlined all of our hospitals will be funded; however construction will not commence until 2031. Matt is in conversation with the New Hospitals Programme (NHP) team to receive funding so construction can commence earlier, i.e. 2027. For Charing Cross Hospital and Hammersmith Hospital, construction would develop in phases over a 20 year programme.</p> <p>Bob mentioned the forum's input is critical to help guide the programme and updated the group on the work around Paddington Life Sciences.</p> <p>Phayza said it is great that the private sector are keen to be involved, particularly in life sciences, but how do we measure and understand the social value they bring. Bob explained Paddington Life Sciences has four workstreams and one is about social inclusion. There is a big opportunity to expand on this in local jobs and the development of digital skills.</p> <p>Matt highlighted that the Paddington site will make life sciences more accessible as we have strong transport links and Imperial College London. Tanya mentioned that the scale and space required for life sciences are also included in conversation with our property developer.</p> <p>Trish is interested to learn about the strategic design and re-scoping of the programme of work, i.e. how can lay partners from this forum be involved in this phase. Matt mentioned when the work starts to evolve, focus can be</p>	

	<p>placed on lay partner involvement. Trish highlighted an action would be to come back after the summer to discuss how lay partners can be involved.</p> <p>Sonia highlighted it's great that commercial companies want to work with the Trust but raised the issue of whether we can share goals citing that their objective is to make money and satisfy stakeholders. Bob agreed that is it good to have caution however we do need to work collaboratively with industry and businesses at times to deliver quality healthcare at scale. He gave the example of the vaccine development during Covid and how that was a partnership between healthcare, academia, regulators and business.</p> <p>Trish thanked Matt, Bob and Tanya for their time.</p>	<p>Action: Matt and the strategic lay forum to reflect and come back after the summer to discuss how lay partners can be involved in the strategic commissioning piece</p>
5.	<p>Paddington Life Sciences and focus on digital inclusion - Dr Bob Klaber, paediatrician and director of strategy, research and innovation, Hannah Fontana, strategy, research & innovation programme manager</p>	
	<p>Bob highlighted that through work with Westminster City Council and residents in north Paddington, one of the key drivers was access to digital platforms was limited or zero. Bob is keen to share what they have been doing and synergies which have been built with the council's digital inclusion team, community leaders and companies who have expertise in digital inclusion, i.e. Vodaphone.</p> <p>Shanaka highlighted there is a great mix of people who are sharing information on what organisations are doing in terms of digital inclusion research. This is the early phase of what digital inclusion looks like and ensuring we do not lose sight of the community voices across the strategy. He made the point that we have the research but we need to focus on what we do with it.</p> <p>Agnes mentioned whether the functional skills courses are still taking place within schools and colleges. Bob responded by saying there is a lot going on however there are gaps which need to be constructively filled.</p> <p>Phayza highlighted the need to have a strong understanding of the population. Bob endorsed Phayza's comments and added how different generations support each other, i.e. not just digital but addressing other issues, i.e. loneliness.</p> <p>Trish referred to the research project that was circulated. Trish welcomed the research and detailed feedback on what our communities think, but felt it would have been better if some of those communities were present in the room when the information was being discussed. This would have ensured the research was presented in accessible language. Trish outlined 'hard to reach' is not the preferred expression and we should use 'seldom-heard'.</p> <p>Bob concluded the programme is on a journey. The aim is to take people on this and to be intentional about it.</p> <p>Trish thanked Bob and Hannah for their time.</p>	<p>Action: Hannah to circulate the persona work to the forum</p>
6.	<p>Lay partner programme - plan and next steps - Meera Chhaya, community engagement manager</p>	
	<p>Trish asked whether there were any comments or suggestions on the lay partner programme paper which was circulated.</p>	

	<p>Shanaka mentioned it would be useful to understand the current lay partner demographic breakdown and where we would like it to be. Meera responded by saying we capture that information and will include it in future reports. Previously slides were shared which outlined what the current lay partner group looks like in terms of age, gender, ethnicity and that indicated we need to recruit members from black, Asian or minority ethnic groups. Meera said she presented at the BME Health Forum which attracted a lot of interest in potential new lay partners from local global majority communities.</p> <p>Trish outlined the aim for any lay partner is to ensure they stay for a minimum of one year and that they can be fully supported. Recruitment for this year focuses on eight, in two chunks of four.</p> <p>Shanaka highlighted it is important to understand why people are leaving and staying and are getting the information they need to make the right decisions. If context is needed, we can get that information. Linda said two or three lay partners left before Meera joined and that Meera is liaising with the volunteering team at Imperial Health Charity to obtain a copy of their exit survey to look at what we can develop in this area.</p> <p>Meera explained she now has bi-monthly catch ups with all lay partners and it has been a good opportunity to raise any issues.</p> <p>Trish mentioned the second paper referred to the patient safety partners and lay partner relationship. Trish commented it would be helpful to have a page outlining how lay partners intend to work with patient safety partners.</p>	<p>Action: Meera to create a one page overview of how lay partner's work with patient safety partners. Next report on lay partners to be shared in six months' time</p>
7.	<p>AOB - Trish Longdon, chair, strategic lay forum N/A</p>	
8.	<p>Close</p>	