NHS
Imperial College Healthcare
NHS Trust

Strategic lay forum

Wednesday 5th March 2025, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Phayza Fudlalla	Deputy co-chair
Stephanie Nash	Deputy co-chair
Bridget Harris	Strategic lay forum member
John Black	Strategic lay forum member
Olivia Freeman	Strategic lay forum member
Lila Mann	Strategic lay forum member
Stephanie Vas	Strategic lay forum member
Agnes Seecoomar	Strategic lay forum member
Patient safety partners:	
Raashi Shah	Patient safety partner
Trust and other organisation attendance:	
Deirdra Orteu	Redevelopment clinical design director
Ian Lush	Chief executive of Imperial Health Charity
Lea Tiernan	Patient safety engagement and involvement lead
Linda Burridge	Head of patient and public partnerships
Michelle Dixon	Director of engagement and experience
Michelle Knapper	Clinical review and elective patient experience lead
Meera Chhaya	Community engagement manager
Darius Oliver	Associate director of communications
Bob Klaber	Director of strategy, innovation and research, paediatrician
Maria Piggin	Partnerships and training manager, Patient Experience Research Centre (PERC), Imperial College London
Faye Oliver	Strategic communications
Rachel Watson	Head of user insight and experience design
Joelle Chalmer	Improvement lead, quality and safety
Sanjay Gautama	Consultant anaesthetist and Caldicott guardian
Apologies:	
Shanaka Dias	Strategic lay forum member
Ed Lother	Strategic lay forum member
Graeme Crawford	Strategic lay forum member
Candice Savary	Strategic lay forum member
Mariya Stoeva	Strategic lay forum member
Zohra Davis	Strategic lay forum member
Peter Jenkinson	Director of corporate governance and trust secretary
Stuart Forward	Strategic communications
Lorraine Brown	Head of the patient advice and liaison service

1.	**Welcome - Phayza Fudlalla, deputy co-chair, strategic lay forum**	**Action**
	Phayza opened the meeting, and the apologies were noted.	
2.	**Minutes and action log - Linda Burridge, head of patient and public partnerships**	
	Minutes: There were no amendments to the minutes which were approved. **Acton log:** Linda noted many actions from the previous meeting had been completed and were included in the action log to ensure any ongoing tasks were tracked and managed effectively. **Remuneration policy:** Linda explained the remuneration policy was shared with the executive management board quality (EMBQ) where it received support. The next step is for the policy to be taken to the policy approval group on Monday 17 March 2025 for final approval. Linda clarified remuneration is currently being provided, and the policy aims to standardise this process. Linda also discussed the output from the strategic lay forum away day, highlighting the three main themes: patient centredness, integrated care and equity in health and wellbeing which will guide the forum’s priorities. The deep dives throughout the year will focus on specific areas within the identified themes which will provide in-depth analysis and insights on key issues. The priorities will be included in the patient and public involvement annual report which will be presented to a standing committee in early April. The report will provide a comprehensive overview of the forum's focus areas and activities.	
3.	**Deep dive - how can we use data to gauge if we are user focused - Rachel Watson, head of user insight and user experience design; Darius Oliver, associate director of engagement and experience**	
	Rachel shared the progress made over the last two years in user insight data, focusing on user experience design and complaint services. She highlighted that whilst substantial improvements have been made, the ambition is to be the most user focused Trust in the country. The presentation was broken down into three key areas: • What is user insight/experience data? • How are we using user insight data better? And what plans do we have? • Do we have one patient experience data metric? She explained user insight/experience data comprises of incoming complaints, patient advice and liaison service (PALs), datix risk entries, friends and family tests (FFTs) and national surveys. In terms of national surveys, the Trust included additional questions to get more insight in patient experiences. Staff survey data is also used to reflect the experiences of staff and provide a better picture of what is happening on the wards. There is also ongoing work with the safety team and in particular patients who have experienced safety incidents and the Trust’s response in	

dealing with it. Rachel also discussed the work with HealthWatch which includes projects around information and experience.
Every two months this information is collated alongside the high-level themes and trends on specific projects and priorities and presented at executive management board (EMB), executive management board quality (EMBQ) and the quality committee.

Another project is the creation of a dashboard to present user insight data more effectively for each individual ward. The dashboard was developed with the surgery and cancer division with the intention to collate data in one place and align it with improvement projects. The NHS federated data platform was also used to pull data into a more accessible space, reducing the manual effort required to handle large files and improving data usability. She highlighted the exploration of artificial intelligence (AI) to speed up the process of theming complaints and PALs concerns. Despite, significantly reducing the manual effort involved, Rachel stressed AI would not be the answer to everything as human validation would always be required.

Rachel went on to discuss the review of the patient transport services prompted by negative feedback via the friends and family surveys. The review involved a thorough analysis of various data sources, including patient feedback and service team insights, to understand the reasons behind the negative experiences reported by patients. Interviews were also conducted with the patient transport service team to gather their perspectives and identify inefficiencies, such as late pickups and aborted trips, which contributed to poor patient experiences. The review identified several areas for improvement, including the need for better pre-planning, technology integration, and addressing equity issues to ensure efficient and equitable patient transport services.

Another area of focus was improving the maternity, labour and birth services, driven by a downward trend in FFT results and a high demand for services. The project involved triangulating insights from various data sources, including complaints, PALs and FFTs to identify connections and areas for improvement. Rachel highlighted the complexity of the data, noting that single themes rarely existed in isolation. The project aimed to depict where themes overlap and how different factors are interconnected. The project also included analysing complaints and concerns across different age groups and ethnicities to ensure a comprehensive understanding of the issues and to address any disparities in patient experiences.

Rachel explained another area of work to improve the reporting of data involved the joint procurement of a FFT with other Trusts in North West London. The new system, provided by Civica, offers better theming of comments, demographic reporting, and accessibility features. The benefits include creating a joint dashboard to cross-compare FFT data across Trusts, facilitating reciprocal learning and engagement across the region.

Rachel discussed the ward user insight and improvement programme, which aims to improve the feedback process and use of feedback on wards. Working with the agenda Soda and three wards, the programme included a discovery phase to understand the challenges wards faced in collecting feedback and to identify the right questions to ask routinely to improve patient experience. The programme also explored the use of the ‘what

	matters to you' question, considering its impact on patient-clinician conversations and a potential metric for user-focused care. Out of the programme came seven recommendations which are being reviewed on how they can be taken forward. Phayza thanked Rachel for the through presentation and opened the floor to questions. Agnes was keen to understand what is being done to check consultants are following best practise and suggested observations as an opportunity to feedback. Rachel welcomed the comment and reflected on a Trust who ran a customer service training course and saw complaints drop. In terms of performance, human resources and/or person and organisation development teams would be better suited. Michelle added there is a balance between being accountable vs scrutinised. A positive approach which Northumbria hospital adopted involved asking patient questions and having their feedback presented on a table. This involved comments on the service, which avoided individual consultants being scrutinised. Joelle explained there is some interesting work being done on 'clean language' for clinical staff which is being adopted: Clean Language in health care cuts to the chase | Q Community. Lila asked questions about capturing the feedback and whether staff need more training to have productive conversations or if patients and carers could also support this. Rachel said she welcomed this suggestion and had explored using volunteers in the past. She will pick this up again. Michelle added the PALS team is undergoing a restructure to create a more customer focused team. A number of people have been recruited where their role will focus on being on the wards to capture real time patient feedback. The aim is to create a holistic approach on how the Trust is listening and responding to complaints. Linda added there is an element of culture change in the organisation as setting up the initiatives is the easy part but sustaining it is hard. Linda echoed the importance of the PALS team and volunteers in capturing patient feedback and supporting our staff to use data and involvement to develop insights for improvement. Stephanie questioned whether paediatric data was reviewed. Rachel explained whilst paediatric data is collected, there are no specific projects on this area. Rachel highlighted the connection with Chelsea & Westminster hospital where children and young person's services are run through both Trusts. Data from both services are currently being reviewed but Rachel stressed the importance of collecting the right information and testing different modes of data collection for children. Lila asked whether data is being collected from those who transition from children to adult. Whilst this is not being done at the moment, Rachel explained there is certainly a gap to explore more. Agnes questioned whether this data was collected by Connecting Care for Children. Stephanie explained this was not the case. Michelle Knapper explained individual services might collect data at a local level but is it not external or published. Deidra added there is an adolescent big room that focusses on transition. Joelle explained West London Children's Services have recently started a transformation project on transition. The intention is to start with one to two	Action: Nicola Grinstead to attend a future forum meeting to present the transformation/research project on transition

	services and scale up. Michelle suggested a helpful action would be for Nicola Grinstead to present the transformation project at a future meeting. Linda raised a point on behalf of Stephanie Vas who questioned how the Trust know patients are involved in feedback. Rachel explained it is the responsibility of the ward manager to collect feedback from patients. There are also paper surveys, posters in most spaces and advertisements in leaflets. Michelle added once the PALS restructure is complete, the vast majority of data collection will come from this team. This format is better for people who do not want to complete surveys. Michelle also highlighted the importance of capturing compliments as well as complaints. Darius explained there are two parts to feedback; the first is asking for the feedback and the second part is sharing the feedback. Every ward and department should be displaying their FFT results and there is ongoing work to share this on digital screens which is relevant to their ward. John added the role of academic input to help clarify how certain areas can be measured. The forum was in agreement and questioned the involvement of Helix. Rachel agreed with the comment and explained this is currently not being done as the focus has been on outpatients and cancer. Stephanie Vas had questions on how we support disabled and vulnerable patients who need extra support to complain or information in different formats. Daniel mentioned the complaints team can take telephone calls from patients and arrange for interpreters if needed. Complaint letters are also available in several main community languages. With regards to the FFT, Rachel explained more can be done to make this accessible and moving to a different supplier will support this in terms of the accessibility features. An easy read version of the FFT survey is also available on iPads. Rachel also said that digitally excluded patients can get information in paper formats. E.g. on elderly care wards however due to resource being tight to provide paper forms to every area, there is a governance expectation over this when audited. Other options include using volunteers (with training) and ensuring paper forms are available on the main reception desks. One suggestion would be to have feedback boxes stationed at reception so patients can deposit them once completed. Stephanie Vas asked about how we help patients feel comfortable and confident to give feedback or complaint. Daniel said complaint leaflets are offered in an easy read format. The team also flag patients with learning disabilities and autism to the vulnerability and inclusion team who can offer support. Patients can also be signposted to their local free NHS complaints advocacy services which offer intensive support throughout the complaints process if needed. For FFT, there are different routes to provide feedback, and this is promoted across most patient information leaflets, using friendly language. The team cannot be on every ward and clinic area although apprentices do check in on areas regularly. With the system that manages the FFT data, questions can be tailored to different audiences with a range of accessible features which include 30 different languages, child friendly formats, easy read formats and British sign language (BSL) support.	Action: Rachel/Ian to follow up on use of volunteers to gather feedback – completed

The team are also considering plans to put in place a reward system to encourage staff to engage with patients to collect feedback.
Stephanie Vas also asked about safe spaces for patients, maybe patient forums, support groups, coffee mornings, running sessions with local community groups where feedback can be shared? Rachel explained FFT is centred around people who use the service but there is certainly more work to be done to put in better processes. We are also developing a lived experience panel and want to support our colleagues to run patient forums.

Speaking from an equity lens, Phayza mentioned people from disadvantaged communities fear and lack confidence to complain as they feel this would impact the quality of care they receive. This holds even when there isn’t a language barrier. Phayza explained it is important to think about ways to overcome this when approaching health equity. Rachel agreed with the comment and explained specific projects, such as the end of life care focused on data from ethnic minority groups. The frailty project is currently looking at patients who have been discharged when they have not attended their appointment. Data indicates patients from disadvantaged backgrounds who do not attend an appointment are more vulnerable and less likely to complain. Phayza added feedback helps improvement and suggested the use of case studies to highlight the good work the Trust is doing.

Insights from the deep dive are:

- We want to make sure there is equity in capturing data and feedback and involving patients, carers and communities, e.g. different formats and mechanisms are available for children or those with learning difficulties, there is support for patients that have additional communications needs such as interpreters and we make patients feel comfortable sharing their views.
- We need to address the lack of confidence and fear to complain from patients of disadvantaged communities or seldom-heard groups. Special consideration needs to be given as there is a perceived power that clinician hold and that complaining would impact their care.
- The Trust should interrogate its data, feedback and involvement activity to monitor how diverse it is and that it is consistent with patient groups it cares for. This could indicate which groups we need to proactively engage.
- There is an opportunity to train staff to capture feedback in a welcoming and curious way that makes everyone feel comfortable.
- Imperial Health Charity’s volunteering service could support the collection of feedback.
- To instil a culture of involvement and improvement, patient comments and feedback could be included in consultant and other clinical staff yearly appraisals.
- It is important to capture and share compliments as well as complaints and ensuring patients know how to feedback.
- There is scope to explore the role of academic input to help clarify how certain areas can be measured.
- We need to improve the lack of confidence/fear to complain from disadvantaged communities due to the impact this would have on the quality of care they receive..

Phayza thanked the speaker and the forum for their input.

4.	**Operational plan - Michelle Dixon, director of engagement and experience**	
	Michelle explained operational planning for 2025/26 will be challenging and wanted to provide an update to ensure the Trust collaborate externally with lay partners, patients and community members. As outlined in the planning guidance on 1 April, the cost base for the Trust must be reduced by 1 per cent while delivering a 4 per cent increase in productivity.. Michelle explained the changes are based on two key factors: • In previous years, the more planned activity the Trust did, the more the Trust were paid. This is not the case as there is now a cap on how much a Trust can earn. • The Trust tended to use recurrent means to break even. Going forward, the Trust must make real changes. As a positive, Michelle highlighted the Trust is starting from a good position as a breakeven budget has been delivered for the past six years and is confident this will be replicated for the coming year. Staff surveys have also indicated a good improvement which has been consecutive over four years. The Trust will need to think and work differently to meet challenges whilst continuing to provide high quality care and creating a positive culture. Michelle stressed the need to prioritise activities that will help the Trust focus and align its efforts as early as possible, key examples include outpatients, theatre efficiency and operational flow improvements. Michelle requested for lay partners, patients and community members to support the challenging time and to work together to safeguard key areas to ensure there is equity of health. Michelle also mentioned she would share the engagement material once completed. Phayza thanked Michelle for her presentation and asked the forum whether they had any questions. John questioned the evidence to suggest the NHS is less productive and requested the speaker to provide more insight. Michelle and Bob discussed key factors affecting productivity in the NHS, including increased patient acuity, social care challenge and building issues. Bob requested the forum continue to be curious when discussing productivity and to think through the lens of the quadruple aim of coming into work: • Make sure there is excellent experience and outcome of care • Staff experience • More work for a reduced capita cost • Population health	Action: Michelle to share the engagement material on operational planning once completed
	The state of the buildings was viewed as a key concern as having a building fit for purpose makes a huge difference to both staff and patient experience. This reflected John's experience of the new endoscopy building at Charing Cross Hospital. Bob echoed this comment and mentioned a key way for hospitals to get built is to build connections with local communities, councils, MPs, colleges and industries.	Action: Lila flagged her interest in any brand development. To be noted by Meera and Lila will be

	Lila suggested focusing on the Imperial brand to highlight the high-quality services provided. Michelle and Bob discussed ongoing work to develop the research and innovation brand, emphasising the importance of partnerships with universities and industry. Bob highlighted there is research to show that if you have care in an organisation that focuses on research and innovation, your outputs are better. Phayza thanked Michelle for her presentation.	involved when the project is initiated – completed
5.	**Summary of involvement support - Linda Burridge, head of patient and public partnerships**	
	Linda ran through the document and that it was prepared as part of the reading for the strategic lay forum away day to summarise the work of the patient and public involvement team. Shanka suggested that we revisit this. Some areas of work are not shared at the forum and it is useful for the forum to be aware of these in general and especially as we are going to discuss the lay and patient safety partner programmes next.	
6.	**Lay partner and patient safety partner programme report - Meera Chhaya, community engagement manager; Lea Tiernan, patient safety engagement and involvement lead**	
	Meera highlighted this is the first joint report between the lay partners and patient safety partners which was requested by the forum members. The aim is to update what is happening these two areas, outlining similarities and next steps. Lea outlined the key highlights for patient safety partners: • Patient safety partners continue to be involved in safety improvement projects and numerous workstreams which has driven forward the work to improve patient safety. • All patient safety partners are being remunerated and a slight increase in budget has been requested for 2025/26 to reflect the value they bring. However, given the cost pressures for the year ahead the team may need to adjust what has been asked. • There is ongoing work to improve the role of the patient safety partner to ensure they have the capabilities to do their job. • Lea mentioned challenges to recruit patient safety partners and is looking to find new avenues. • Patient safety partners have a lot of resource and support to fully embed them in their role. In doing so, the programme has matured which has led to presentations at conferences. Meera outlined the key highlights for lay partners: • As of February 2025, we have 25 patient partners across 32 projects. This equates to 37 roles across the Trust which is continuing to increase in both roles and projects. • The demographic data of patient partners at the Trust were compared to the same data across the population of North West London (captured via the census). The aim was to highlight areas where there is underrepresentation (or overrepresentation) amongst patient partners, e.g. Christianity is the main religion in North West London and this is reflected among the patient partners. • As part of reviewing the lay partner programme and how we can support our lay partners to ensure they are fully equipped and supported when involved in a project, eight project leads were contacted to determine whether collaborating with a lay partner	

	worked and if there is anything that would help support their interaction. The main feedback was: - Lay partners are great critical friends, showing both patience and compassion in projects. - Having a lay partner present at key meetings creates a tangible connection with residents and communities for the wider teams. - To improve the collaboration with lay partners it would be helpful to have more awareness across the Trust and divisions. - For Trust staff, it is important to consider what the focus of the meeting/project is and whether lay partner involvement is required, i.e., projects may have an operational aspect which does not suit patient involvement. Phayza thanked the speakers for their comprehensive report and opened the floor for discussions. Michelle highlighted the work between the patient safety partners and patient and public involvement team is brilliant and creates a unique opportunity to learn from one another. The dynamic is not replicated in other Trusts. In terms of lay partner feedback, Agnes mentioned all forms of feedback (positive/negative) is useful. Linda agreed with providing individual feedback and mentioned plans to complete a lay partner evaluation soon. Linda also stressed the importance of this being considered as part of the wider strategy. Linda asked the forum whether the report was helpful as a lot of time and resource is taken to complete it. The forum was in agreement that the report is useful. To address Lea's recruitment challenges, Phayza mentioned the patient safety partner role can be advertised via the BME newsletter which goes out every Friday. Lea thanked Phayza for her help.	Action: Linda to share with report with executive management board (quality) - completed
7.	**AOB** - **Lay partner learning event - Thursday 20th March 2025** Meera explained the next lay partner event is scheduled for Thursday 20th March. Dr Fran Cleugh will be returning to discuss the outputs from the work on linguistics. Linda highlighted the culture of improvement can only exist if the right language is used. - **Thanks to Olivia Freeman** The forum thanked Olivia for her contributions as a lay partner and member of the strategic lay forum. Michelle and Bob echoed the forums sentiment and thanked Olivia for pushing Trust colleagues to think differently. Olivia thanked the forum for their kind words and expressed her intention to remain as a lay partner and to consider her for any projects that may suit.	
8.	**Meeting close**	