

Strategic lay forum

Wednesday 12th October 2022, 09:30 - 12:00

Room G62, Medical school building, Imperial College London, Paddington, W2 1NY (on site)

Strategic lay forum attendance:	
Ed Lowther	
Graeme Crawford	
Jane Wilmot	
John Black	
John Norton	
Olivia Freeman	
Sonia Richardson	
Shanaka Dias	
Trish Longdon	
Other organisations and Trust attendance:	
Anna Bokobza	Integrated care programme director
Alexia Pipe	Chief of staff to the chair – north west London acute hospitals
Anne Middleton	Deputy chief nursing officer
Andrew Worthington	Deputy chief nurse
Dorothy Heydecker	Equality, diversity and inclusion manager (for agenda point 6)
Hannah Franklin	Strategy, research and innovation programme manager
Ian Lush	Director of Imperial Health Charity
Jerome Allen	Communications officer
Joselyn King	Head of GP partnerships & chair of the multidisciplinary race equality network (for agenda point 5)
Kam Kaur	Communications officer (for agenda point 6)
Linda Burridge	Head of patient and public partnerships
Matthew Swindells	Chair, North West London Acute Provider Collaborative
Michelle Dixon	Director of communications
Michelle Knapper	Clinical review and elective patient experience lead
Nour Chamos	Work experience student
Olivia Cummins	Equality, diversity and inclusion manager
Tanya Hughes	Communications strategist
Apologies:	
Dr Bob Klaber	Director of strategy, research and innovation
Janice Sigsworth	Director of nursing
Maria Piggan	PERC (Patient Experience Research Centre) Partnerships and Training Manager
Peter Jenkinson	Trust secretary
Ruth Holland	Deputy Chief Information Officer
Sandra Jayacoti	Chair of public panel biomedical research centre

1.	Welcome and apologies – Trish Longdon, chair, strategic lay forum	Action
	Trish opened the meeting and the apologies for were listed. Trish thanked the group for their patience to deal with the technical delay.	
2.	Minutes, action log and brief updates on active projects – Linda Burridge, head of patient and public partnerships	
	<p>Trish asked the forum if they were happy with the minutes. The forum was happy with the minutes. Linda provided a brief update on the progress of the action log.</p> <p>Action point 55 (Oct 5.5) Forum involvement in redevelopment communication and engagement plan – Trish added that there was a session held for the executive team held by the redevelopment team. Trish summarised that this session set out the current position of the redevelopment plan and the next steps.</p> <p>Tanya informed the forum that John B has volunteered his time to work on the redevelopment communications agency selection panel.</p> <p>Action point 86 (Oct 3.1) Develop policy and plan for reimbursing lay partners/patient reps - Linda advised that there are ongoing conversations with the finance team to create the policy.</p> <p>Action point 114 Patient interpreting – Linda explained that phase one of this project has been completed. Linda added that the feedback has been positive, and the next stage is to do some focus groups with community members and users.</p> <p>Anna supported this piece of work and offered to circulate the survey via Twitter and the medicine and surgical divisions.</p> <p>Action point 115 End of life care – Rachel Watson will be providing an update on user insight and user experience design around ‘end of life’ care.</p> <p>Action point 118 (Oct 5.1) Recruiting involvement support – Linda informed the meeting that a community engagement manager has been appointed and will start in the new year.</p>	
3.	Introduction and welcome from Matthew Swindells – Matthew Swindells, chair, North West London Acute Provider Collaborative (Incorporating: Chelsea and Westminster, Hillingdon, Imperial and London North West Acute Trusts)	
	<p>Trish welcomed Matthew Swindells to the forum and summarised a previous conversation she had with Matthew. Trish commented that it was positive that they discussed work to make the collaborative more patient focused.</p> <p>Trish stated that she is happy at this opportunity to work with Matthew who is operating across the Acute Provider Collaborative at the strategic level.</p> <p>Matthew thanked the forum for the invitation to speak and provided insight about the Acute Provider Collaborative and insight into what the other Trusts are doing similarly.</p> <p>Matthew highlighted that the target should be planning and organising our services around the population rather than around the institutions. Matthew</p>	

added that that do this we need make sure that the services are designed around the meeting around the needs of the population.

Matthew added that another target is to grow our relationships locally related to boroughs and communities to deliver services which are more responsive to our local population.

Matthew explained that there is a focus on creating an environment where the best care available is consistently accessible to the population and that how long patients wait for their care should be dependent on their clinical need and not by which postcode the patient lives in.

Trish raised that access and equity is important to prevent barriers for patient care and community engagement is key to this. Trish also highlighted the importance of making links to create a positive and ambitious approach to changing the reality for patients. Matthew agreed with this.

Matthew explained that he is keen to develop a mechanism that will engage all the Trusts to ensure that strategic changes are connected back to the local communities to have a voice.

Sonia expressed her shock at medicine labelling still being in English and that has not been acted on. Matthew agreed with this and addressed that it needed to be solved.

Jane commented that patient letters should be written in clear and concise English to be translated easier. Matthew agreed with this and admitted that this is a fair challenge.

Matthew added that there has been an interpreting software trial running in North West London which is also looking at symbolic language to be easily understood by multiple languages.

Michelle commented that there are several things about the collaborative that providing real opportunities for improvement such as the wayfinding project. Michelle added that it was identified that there also needs to be consistency when naming departments across all sites.

Michelle also commended the impact of the lay partners work which has created a way of thinking for staff to think of engagement and participation as a key part of strategic work.

Trish suggested that some strategic voices from the Trust, patient voices, strategic patient voices should come together to identify issues such as health inequalities and work out how they can be addressed.

Matthew agreed and highlighted that for this to be achieved, it will need strategic input from all providers involved.

Michelle mentioned that sharing the insights of engagement as well as the frameworks would be good to gather feedback from our local communities.

	Trish thanked Matthew for attending and expressed the forums desire to engage as widely as possible with all community networks to achieve diverse patient voice.	
4.	Health inequalities – Hannah Franklin, strategy, research and innovation programme manager	
	<p>Hannah provided an update on health inequalities work that has been ongoing over the summer which included some frameworks. This included the priorities for action that were develop from a working paper created with the strategic lay form.</p> <p>Hannah highlighted that there has been work with staff and patients to create some insights on equity, access outcomes and experience at Imperial.</p> <p>Hannah mentioned that the outcome of this provided three areas of priority:</p> <ol style="list-style-type: none"> 1. make our outpatient services more equitable 2. deliver equitable elective services recovery 3. make patient experience at Imperial more equitable <p>Trish asked if there was any progress in the population of the scorecard to understand the aim and progress. Hannah responded advising that this has been formed in the framework and will be mirrored into a scorecard of measures.</p> <p>Trish thanked Hannah for her participation and expressed that she is keen to see the progress in this work.</p>	
5.	Trust staff equality, diversity and inclusion – Joselyn King, head of GP partnerships & chair of the multidisciplinary race equality network, Olivia Cummins, equality, diversity and inclusion manager	
	<p>Joselyn and Olivia introduced themselves to the forum and provided an overview of the development of the Trust staff equality, diversity and inclusion network.</p> <p>Joselyn shared some examples of stories shared with the Multidisciplinary Race Equality Network which caused concerns that needed to be addressed. Joselyn added that an online seminar was hosted with Prof Tim Orchard, Prof Julian Redhead and members of the executive team to address some of these concerns.</p> <p>Olivia provided presentation to the forum which covered equality, diversity and inclusion work ongoing within the Trust.</p> <p>Trish expressed that there is a need for the forum to develop a relationship with the staff equality, diversity and inclusion teams and networks.</p> <p>Trish encouraged for this item to be on a future forum agenda to create some joint work that patients and staff can benefit from.</p> <p>Michelle added that there is need for cultural awareness training and that this is an opportunity for development.</p> <p>Joselyn responded that she is finalising cultural intelligence training for 60 people within the Trust which will be extended to the executive team.</p>	Action: Trust staff equality, diversity and inclusion to be a future forum agenda item for joint work discussion

	<p>Trish thanked Joselyn and Olivia for joining the meeting and welcomed to join for the next item.</p>	
<p>6.</p>	<p>Trust’s anti-racism statement - Kam Kaur, communications officer, Dorothy Heydecker, equality, diversity and inclusion manager</p>	
	<p>Jane raised the point that the Trust need should explain the difference between equality and equity (i.e.. equal access to health care by giving a leg up to disadvantaged groups) so everyone understands what the trust means by equity.</p> <p>Ed relayed that the last session made him think about the data on interventions with staff whether that is impacting on patients. Ed said he is keen to see how data can provide insight and measure experience.</p> <p>Ed introduced Dorothy and Kam to provide an overview of the work ongoing on the Trust’s anti-racism statement.</p> <p>Kam explained that the reason for the statement is to create awareness that the Trust is looking at the challenges minority groups are facing.</p> <p>Kam added that 53 per cent of the workforce are from a black, Asian and minority ethnic background and the Trust is fully aware of some of the challenges that staff faced during the pandemic and are continuing to face in career progression.</p> <p>Dorothy added that this statement is aimed to demonstrate that the Trust is trying to make things better and equitable. Dorothy expressed that this is not just a piece of corporate work but a commitment to pledge action on equity and equality.</p> <p>John B is happy with the progress of this work and endorses Dorothy’s desire for the statement to be regularly updated.</p> <p>Trish asked if there is an expectation for a statement for patients which mirror the Trust anti-racism statement to provide expectations from patients. Jane and Graeme agreed that this was a good idea.</p> <p>Joselyn commented that instead of having separate statement that there should a be statement which covers both patients and staff.</p> <p>Dorothy responded that the plans for the statement will have an aspect of health inequalities and about the communities that we serve.</p> <p>Olivia expressed that there should be a mention of social media in the statement. Dorothy agreed with this.</p> <p>Ed asked what mechanisms people can used to report a breach of the statement either from a patient perspective or a staff perspective. Dorothy responded that there would be some merit in gathering information on when and how the statement wasn’t followed and how staff follow up issues.</p> <p>Joselyn further added that currently staff are reporting racial incidents on Datix which is the Trust incident reporting system.</p>	<p>Action: it was agreed the statement would be reviewed in light of the comments and a plan for our patients and the public would be involved will be confirmed</p>

	<p>Graeme asked about how prejudice is being addressed in the recruitment process. Joselyn responded advising that names are now anonymised in the recruitment process to avoid this.</p>	
7.	<p>User insight, user experience design and patient information design – Rachel Watson, head of user insights and user experience design</p>	
	<p>Rachel introduced herself and gave a brief overview of the next steps of setting up a user insight function and delivering it well.</p> <p>Rachel covered developing user insights, a user experience design team, functions and data insights.</p> <p>Ed commented that the more data the organisation gather is beneficial to take to various boards and is excited at the prospects of this work moving forward. He added that the forum welcome to opportunity to input into how this work is shaped.</p> <p>John commented that there is expertise in handling this data and suggested the Imperial College London may be able to help with this.</p> <p>Michelle responded the Trust are linking in Erik Mayer from Imperial College London as well as the Helix Centre on handling the data. Michelle added that the Trust are looking to recruit a suitable specialist in this field.</p> <p>John B added that lay members should be included in the survey work to gain valuable insights from patients.</p> <p>Shanaka expressed that this was a comprehensive view of what is happening in this piece of work. He added that there should be a measurement or monitoring around the continuous improve stream.</p> <p>Hannah commented that there has been some complaint analysis done looking at ethnicity and deprivation. Hannah added that she is happy to share that at a future meeting.</p> <p>Anne highlighted that previously she had experience in this area and the insights from staff were particularly useful. Anne commented that she is happy to meet with Rachel to share some learning.</p> <p>Trish summarised that outcome is important with this piece of work as well as measurement being simple and understandable. Trish also expressed that this is an important opportunity to collect fresh information about experience and outcomes.</p> <p>Rachel welcomed the forum to support with this work and providing input.</p>	<p>Action: Hannah/Daniel to provide complaint analysis information ethnicity and deprivation at a future forum meeting to be included in complaints reports (completed)</p> <p>Action: User insight, user experience design and patient information design to become a lay partner project</p>
8.	<p>AOB – Trish Longdon, strategic lay forum chair</p>	
	<p>John B provided a short update on the outpatient improvement programme.</p> <p>John B informed the forum that since their concerns have been escalated that a report is being produced. John added that there has been a new encouraged attitude to lay input in this project.</p> <p>Trish mentioned that complaint information will be addressed at a future forum meeting.</p>	<p>Action: Complaints team to be invited at the next forum meeting.</p>