

Strategic lay forum

Wednesday 7th December 2022, 09:30 - 12:00

Via Microsoft Teams (online)

Strategic lay forum attendance:	
Trish Longdon	Chair
Ed Lowther	Co-chair
Shanaka Dias	Co-chair
Graeme Crawford	
Jane Wilmot	
John Black	
John Norton	
Sonia Richardson	
Other organisations and Trust attendance:	
Anne Middleton	Deputy chief nursing officer
Bob Klaber	Director of strategy, research and innovation
Clare Robinson	Associate director of service development and commissioner relations
Daniel Marshall	Complaints and service improvement manager
Darren Nelson	Head of quality compliance and assurance
Darius Oliver	Associate director of communications
Dharmysha Tailor	Strategic finance
Hannah Franklin	Strategy, research and innovation programme manager
Ian Lush	Director of Imperial Health Charity
Jerome Allen	Communications officer
Judith Robbins	Quality, compliance and assurance lead
Linda BurrIDGE	Head of patient and public partnerships
Maria PiggIn	PERC (Patient Experience Research Centre) Partnerships and Training Manager
Michelle Dixon	Director of engagement and experience
Michelle Knapper	Clinical review and elective patient experience lead
Phayza Fudlalla	Potential lay partner
Sophie Connelly	Clinical vascular scientist
Shona Maxwell	Chief of staff
Apologies:	
Diedre Orteu	Head of redevelopment clinical design
Lucy Trevallion	Patient information manager
Olivia Freeman	Laypartner

1.	Welcome and apologies – Trish Longdon, chair, strategic lay forum	Action
	Trish opened the meeting and the apologies were listed. Trish and Jane emailed amendments for the minutes in the previous meeting. This has now been corrected.	
2.	Minutes, action log and brief updates on active projects – Linda Burridge, head of patient and public partnerships, Hannah Franklin, strategy, research and innovation programme manager (update on health equity), Daniel Marshall, complaints manager (update on analysing complaints), Michelle Dixon, director of engagement and experience	
	<p>Action point 86 (Develop policy and plan for reimbursing lay partners/patient reps) – Linda explained a process has been set and it is in the final stages of implementation. Linda added that six patient safety partners started with the Trust in mid-December 2022.</p> <p>Action point 14 (Patient interpreting) – Linda explained the report is completed and there has been some insightful focus groups completed. Linda added that an interview with a maternity patient and a BSL (British Sign Language) focus group has been completed and the report is due in mid-December 2022.</p> <p>Action point 118 (Recruiting involvement support) – Linda explained that Meera Chhaya will be starting in the new year and has previous experience within the quality improvement team.</p> <p>Action point 116 (Research briefing document for Trust management) – Trish asked if this item can move forward with an aim for the February meeting. Linda responded that this can be discussed at the away day on the 25th January 2023 where the focus will be on priorities for 2023.</p> <p>Action point 115 (End of life care) – Trish raised that she has been in contact with Katherine Buxton regarding ‘end of life’ care. Katherine is keen to ensure there is Trust-wide input into this area. Trish said that we will plan for an ‘end of life’ care update in the new year.</p> <p>Action point 145 (Update on health equity) – Hannah provided a brief overview of the health equity work and explained funding has been approved for a substantive project manager post for health equity. Hannah added that she is working with the outpatient transformation program to use equity and user insights to underpin both clinical model changes, admin and process changes.</p> <p>Linda raised to Hannah that an action from the last meeting is to analyse complaints related to ethnicity and deprivation.</p> <p>Action point 148 (Complaint analysis looking at ethnicity and deprivation) – Daniel responded that the Trust are now able to analyse complaints data by ethnicity and deprivation. Daniel added that he has been able to match the data with the financial year data from 2021/22.</p> <p>Daniel added that in the long term the Trust would like to explore data linked to other relevant protected characteristics.</p>	<p>Action: Katherine Buxton to provide an end of life care update for a future forum meeting</p>

	<p>Action point 150 (Anti-racism and anti-discrimination statement) – Michelle advised this has been redrafted to reflect a statement on our aspiration and humility within the Trust. Michelle added the new drafts will go to the people committee in January 2023 followed by an engagement program. Michelle ensured this will be shared with the forum.</p> <p>Action point 151 (Community engagement) – Linda explained she has shared the executive team paper with the forum. Linda added the plan is to complete five meetings before the end of the year and for this to be a continuous meeting going forward.</p> <p>Linda further explained she has attended the Hyde Park estates association with a redevelopment focus, the BME (black and minority ethnic) Health Forum that had an interpreting focus and the action on disability meeting with a focus on deaf people and using BSL (British sign language).</p>	<p>Action: Michelle to share Trust anti-racism statement draft after the people committee</p>
<p>3.</p>	<p>Integrated care - Bob Klaber, paediatrician and director of strategy, research and innovation, Dharmysha Tailor, strategic finance</p>	
	<p>Trish welcomed Bob to the forum and introduced Dharmysha Tailor for this agenda item. Trish opened this item by explaining Ed and herself had met with Tim to discuss the integrated care proposal.</p> <p>Trish expressed that for many years integrated care has been a key priority. Trish added that there have been many changes within the integrated care work and expressed to Bob the idea of formulating a vision for what is meant by integrated care.</p> <p>Bob explained to the forum there is a huge amount of resource that sits across our work. Bob highlighted there should be a focus on the waste of money and resource in the gaps that sit between various parts of care.</p> <p>Bob identified that there are areas of improvement on how we communicate, collaborate and connect. Bob mentioned that the focus of the integrated care agenda should be around Trust pressures, such as ED (Emergency Department), waiting lists and outpatients.</p> <p>Bob mentioned he would like to work with Trish in January or February to review the vision for integrated care 2023 in a workshop/big room style setting.</p> <p>Bob reflected on how the Trust converts work that is currently being done in an integrated and connected way using information such as data to support.</p> <p>Dharmysha explained that she has been working with a group of people in Hammersmith and Fulham to look at how we work more collaboratively across primary care and secondary care.</p> <p>Trish responded that this piece of work is great but previously this action has been affected by an absence of resource. Trish emphasised the idea of enabling the resource of money.</p>	<p>Action: Bob to create an integrated care workshop for 2022-23 priorities</p>

John N is glad changes around integration is being explored. John N added that the money must be put in the right place to do the right things and as part of the toolkit.

John N further added he is happy that the episodic way of funding has ended and that North-west London should be aiming for more flexibility in the use of funding; in order to secure the right outcome for patients.

Trish reflected that at the moment and added that there is potential for the ICB to resolve some of the issues.

Sonia is looking forward to this piece of work being put into practice. Sonia urged that Imperial needs to focus on what can be done outside of the influence of the ICB.

Bob commented that integration or connection needs to come in multiple dimensions and not just between primary and hospital care.

Sonia further added that this is a huge task; thus there needs to be clarity on what other parts of care network are doing. Sonia expressed that involving different organisations, patient groups, individual patients and carers is vital to patient care.

Shanaka stated that he is keen on the initiative of using data. He added that it is key patients do not get lost in the system and reaffirmed Sonia's comments on collaboration between all organisations for patient clarity.

Shanaka raised that Guys and St Thomas NHS Foundation Trust have been doing some interesting research around people with multiple deprivations and there is possible learning from this.

Bob stated patients, families and carers must have real visibility of what is going on with this connection. In doing so, people can start to trust a connected system.

Ed stated that sometimes he feels we talk about integrated care around the patient, rather than the needs being part of the integrated care pathway. Ed further added that this leads to particular interest around what matters to you and the journey the patient needs to be on.

Bob agreed with this point and that this is something that needs to be worked through.

Dharmysha stated the ICB are a small group of people and the Trust and local organisations are coming forward with some of this new way of working.

Trish thanked Bob and Dharmysha for their input and relayed that Tim is highly supportive of measurement around 'what matters to you' and moving forward with the pilot.

Trish summarised that working in a patient centred way is key, involving everyone in care that is centred on the patient and not the provider.

4.	Lay partner input into business planning - Trish Longdon, chair, strategic lay forum	
	<p>Trish explained that herself, Ed and Shanaka have met with Tim to discuss producing a paper on our emerging priorities to go to the business planning session at the end of January 2023.</p> <p>Trish reflected on the conversation with Tim and the expectations of what work can be undertaken in the new year. Trish added that it was agreed there should be focus on what can be done within the Trust rather than waiting for the ICB to lead.</p> <p>Trish explained that Tim expressed the Trusts within the acute collaborative are in a vastly different position on a whole host of issues.</p> <p>Trish further explained that Kevin Jarrold, from the IT (Internet Technology) department within the Trust is also operating across North-west London working on shared concerns, multiplication of applications and patients not knowing what is going on.</p> <p>Jane commented that staff are exhausted with the external pressures the Trust are under. Jane added there should be focus on changing the way staff think using learning from equity, patient focus and integrated care.</p> <p>Trish agreed with this and added the focus is to embed this way of thinking rather than creating additional projects.</p> <p>Trish summarised the input in business planning will be put together and shared with the forum for feedback.</p>	Action: Lay partner input into business planning to be shared with the forum
5.	Developing a user-insights function and establishing user-focused metrics - Michelle Dixon, director of engagement and experience	
	<p>Michelle explained the Trust are currently in flux of pulling this work together.</p> <p>Michelle informed the forum there will be an invite circulated on a workshop regarding the development of a user-insights function and establishing user-focused metrics. Michelle further explained the workshop would include bringing together individuals within the Trust that have a key role or a stake in this area of work.</p> <p>Michelle added that part of this work is the creation of an integrated user insight function, the piloting of a potential new user focus metric, user experience design approaches to improvement, transformation and the emerging health inequalities programme.</p> <p>Michelle explained the quality improvement team are supporting the structure of this piece of work. Michelle added the Trust are looking at a workshop in February 2023 to bring this all together.</p> <p>Michelle provided a brief overview of the restructuring of the communications division which has now taken PALS (patient advice and liaison service), complaints and patient experience into the team.</p> <p>Michelle reflected on the implementation of Rego Vantage and the lack of consultation around this which caused problems and loss of money.</p>	Action: Michelle to circulate invite to workshop on developing a user-insights function and establishing user-focused metrics

	<p>Trish explained it is helpful for the forum to be involved in this thinking process rather than receive a paper around this work. Jane commented that she is trying to establish what the workshop is attempting to achieve and whether it is putting the patient first.</p> <p>Michelle stated the focus is understanding, measuring and improving responses to the needs and views of patients and local communities.</p> <p>Shanaka commented that what it sounds like Michelle is describing is related to the double diamond design process that the Design Council produced. Shanaka added that connections and relationships can fit in but it also includes storytelling and leadership. Shanaka relayed this process is good to describe things at a strategic level, as well as being human centred with an end user focus.</p> <p>Michelle agreed with this point and further explained the need for a programme of design sessions.</p> <p>Sonia stated this piece of work is fascinating but challenging. Sonia mentioned looking at serious incidents is useless without the ability to think analytically and using the appropriate data to see what patterns are emerging. This will link the whole complaints information.</p> <p>Graeme expressed his worry on having too many different offshoot groups and committees.</p> <p>John B commented that Rego is not working for GPs (general practitioners) and he is going to raise this issue at the outpatient transformation board.</p> <p>Trish expressed the user incident work should involve the forum in a way where the Trust can make improvement.</p> <p>Trish asked Michelle if lay partners are on the policy committees. Michelle stated there are no lay partners on any boards or committee meetings as that has never been an approach.</p> <p>Michelle added that lay partners are having much greater impact by being on strategic projects.</p> <p>Trish commented the workshops need to focus on co-design principles as part of the way it operates. Michelle agreed with this idea.</p> <p>Anne expressed there are real opportunities with co-design and to try and incorporate this approach into quality improvement.</p>	
6.	<p>Discussion to improve patient complaints - Michelle Dixon, director of engagement and experience, Darius Oliver, associate director of communications, Shona Maxwell, chief of staff, medical directors office, Darren Nelson, head of quality compliance and assurance, Judith Robbins, quality, compliance and assurance lead</p>	
	<p>Trish provided a brief overview of what the forum would want to be assured of and that some of the principles the forum cares about are built into the review process.</p>	

Michelle stated there are important bits of insight within the team and that the team are currently connected with other work. Michelle briefly spoke on incident reporting and the ongoing change of culture around this piece of work.

Daniel gave a brief overview of the complaints process and the review of the Trusts complaints function alongside the Ockendon review. Daniel explained the goal is to link patient complaints with the equalities work as well as making sure patients are supported and have access to advocacy services.

Darius explained he is keen for issues to be resolved at the source and for complaints to be the last line of resolve. Darius added that using the user insights functions and the data received via various routes of feedback will create clarity.

Shona added that this is an opportunity given the implementation of the new patient safety incident report framework to review how the Trust investigates and manages incidents with a focus on involvement.

Darren emphasised how much of a culture change this is for the NHS.

Trish commented the Trust tends to put complaints into incomprehensible NHS language which the complainant does not recognise.

Trish believes the Trust should draft complaints in the complainant's own language as this shows the Trust is listening to its users.

Trish is keen to see measures which are about complainants. Judith and Shona agreed with this point.

Daniel stated the Trust have a questionnaire which is sent to patients after they have made a complaint. This has been partially successful.

Phayza expressed there are some communities who do not have the confidence to complain. Trish agreed with this and highlighted this is an area for the Trust to engage and improve relations with local communities.

Anne stated there is an opportunity to work with communities through PLACE (Patient-Led Assessments of the Care Environment) based structures around engagement and participation to obtain the user's voice.

Phayza suggested making patient experience and complaints accessible for all communities.

Phayza added this should be particularly accessible for vulnerable patients who have barriers such as languages and disabilities.

John B mentioned it would be beneficial if there was an assigned person in every clinical area who can be the first point of call for worries, concerns and complaints.

	<p>Jane would be interested to know whether outpatient complaints are shared with outpatient's transformation.</p> <p>Michelle summarised the process of complaints needs simplification and the importance of capturing useful feedback.</p> <p>Trish stated this is an exciting opportunity for the forum to support.</p>	
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