Imperial College Healthcare
NHS Trust

Strategic lay forum
Wednesday 4th June, 09:30 - 12:00
In-person and via Microsoft Teams (online)

Strategic lay forum attendance:	
Shanaka Dias	Co-chair
Ed Lother	Co-chair
Phayza Fudlalla	Deputy co-chair
Stephanie Nash	Deputy co-chair
John Black	Strategic lay forum member
Agnes Seecoomar	Strategic lay forum member
Bridget Harris	Strategic lay forum member
Lila Mann	Strategic lay forum member
Stephanie Vas	Strategic lay forum member
Graeme Crawford	Strategic lay forum member
Candice Salvary	Strategic lay forum member
Patient safety partners:	
Raashi Shah	Patient safety partner
Observers:	
Shailesh Malde	Lay partner and potential member of the strategic lay forum
Zohra Davies	Lay partner and potential member of the strategic lay forum
Trust and other organisation attendance:	
Michelle Dixon	Director of engagement and experience
Linda Burridge	Head of patient and public partnerships
Meera Chhaya	Community engagement manager
Michelle Knapper	Clinical review and elective patient experience lead
Maria Piggins	Partnerships and training manager, Patient Experience Research Centre (PERC), Imperial College London
Ian Lush	Chief executive of Imperial Health Charity
Darius Oliver	Associate director of communications
Faye Oliver	Strategic communications
Stuart Forward	Strategic communications
Lydia Millar	Senior user experience designer
Hannah Franklin	Health equity programme manager
Bob Klaber	Director of strategy, innovation and research, consultant paediatrician
Iona Twaddle	Senior advisor to the CEO
Brian Mitchell	Intranet implementation project manager
Clare Williams	Director of nursing
Amrish Mehta	Consultant neuroradiologist and divisional director for women's, cardiac, clinical support and sexual health services

Milica Stjepanovic	Divisional operations manager for women's, cardiac, clinical support and sexual health services
Rachel Watson	Head of user insight and user experience design
Jack Pegg	General manager
Manisha Mistry	Deputy business intelligence business partner
Christina Walters	Programme director - outpatient improvement and transformation programme
Catriona Todd	Imaging general manager
Apologies:	
Peter Jenkinson	Director of corporate governance and trust secretary
Lorraine Brown	Head of the patient advice and liaison service
Lea Tiernan	Patient safety engagement and involvement lead
Mariya Stoeva	Strategic lay forum member
Caron Bluestone	Patient safety partner
Reena Bharania	Senior transformation programme manager

1.	**Welcome** Ed Lowther, co-chair, strategic lay forum	**Action**
	Ed opened the meeting, and the apologies were noted. Ed introduced a new lay partner, Shailesh Malde, who will be observing the meeting. The forum welcomed Shailesh.	
2.	**Minutes and action log** Linda Burridge, head of patient and public partnerships	
	There were no amendments to the minutes which were approved. **Action log:** Linda outlined the forum's plans for future deep dive sessions: • July - integrated care and integrated neighbourhood teams. For this meeting, the forum discussed going off site. • September - communication and information for patients (customer relationship management); the scope for this session will need to be defined • November - healthcare in a digital age Agnes questioned the progress of the patient interpreting programme. Michelle explained great progress has been made, noting the policy has been approved at executive management board quality (EMBQ).	Action: Linda and Meera to connect with Phayza re: integrated care and integrated neighbourhood teams
3.	**Deputy co-chairs update** Phayza Fudlalla, deputy co-chair, strategic lay forum; Stephanie Nash, deputy co-chair, strategic lay forum	

	Insights and experience executive management board (quality) report Stephanie found the report very useful and a key way to identify trends, especially with PALS complaints. From the report, it is evident one of the major issues is communication within the Trust. Michelle added the Trust have seen a gradual increase in PALS and complaints and focused on the need for a cultural shift in terms of how we manage complaints. Michelle also highlighted the importance of lay partner involvement to provide a patient perspective on how complaints are managed. She gave a brief up on the revision of our visiting policy and the team will confirm when we share this information with the strategic lay forum. Phayza highlighted the main points from the report where appointments and communication remain the most common theme for PALS. In terms of complaints, trauma continued to make up a large proportion. On a positive note, care in the postnatal ward has improved over the last two months. Shanaka questioned whether the increase in complaints was linked to other issues, i.e. staff are reluctant to deal with complaints because of the impact this may have on their role. Michelle explained the increase is happening in all Trusts and is related to how staff communicate with patients and wider cultural and societal changes post Covid around how we relate to each other and general kindness and patience. Ed questioned whether there is an opportunity to circulate the report more frequently so departments can respond to concerns sooner. Michelle said the report is shared every two months and that the ward and directorate dashboards are being created to help provide more frequent feedback. **Discussion points for the next meeting with Prof Tim Orchard** Phayza explained what will be discussed at the next meeting with Professor Tim Orchard. This includes an update on April's strategic lay forum and in particular the financial and operational challenges and the importance of maintaining/improving the outcome of patients. Stephanie added another discussion point will be Children's Service. The group briefly discussed the lay partner learning event on 19 June on Connecting Care for Children and we agreed to not include transition from children to adult's care as they are different areas. Agnes asked if the impact of short-term contracts on patients' care would be a useful discussion point with Tim. Michelle added short term contracts are common in all trusts and it would be worth looking into this further before raising it with Tim.	Action: discuss the visiting policy with the strategic lay forum (Darius Oliver) Action: Agnes and Linda to catch up re: short term contracts and next steps
4.	**Deep dive: how can we reduce the number of patients that 'do not attend' their appointment** Amrish Mehta, consultant neuroradiologist and divisional director; Hannah Franklin, health, equity programme manager; Michelle Dixon, director of engagement and experience; Milica Stjepanovic, divisional operations manager; Rachel Watson, head of user insight and user experience design; Jack Pegg, general manager; Catriona Todd, imaging general manager	
	Ed introduced the session and explained how health equity and reducing 'do not attends' (DNAs) were the agreed priorities for the strategic lay forum this year. Ed said there are many improvements and initiatives in this area and the goal is to bring the different projects together, share the learning, expand good approaches across the Trust, look at where the gaps are and	

	how we can do the best for patients. Shanaka reiterated Ed's point around having a common approach across services. Michelle explained outpatients is the biggest service in the Trust and is a focal point of where the patient pathway is determined. The focus is to look at this programme of work from both the clinician and patient/community perspective. Amrish explained the ambition is to have a client (or patient) relationships management (CRM) system and how no hospital trust has this yet. To provide more context, presentations on the following projects were provided: **Choice booking pilot** Mel presented the results from the outpatient's improvement program pilot, which successfully reduced DNA rates to 4 per cent and involved patient engagement throughout. This process involved patients scheduling their appointments, leading to higher engagement and satisfaction rates. Mel also discussed the challenges faced during the pilot, such as limited slot capacity and patient confusion. She also covered the lessons learned, including the importance of clear communication and multiple contact methods. Overall, the pilot was seen as a success where the next step is to roll it out into other departments. Stephanie Vas questioned whether there is a way for patients to state their preference for appointment reminders. In terms of preferences, Rachel explained the aim is to capture how patients want to be communicated to and follow these preferences every time in all departments, not just outpatients. Work has already begun in the form of the DrDoctor app. Currently Rachel is working with ICT to design what the collection of preferences would look like and is happy to share this as part of her work to review the letters that go to patients. Following on from the pilot, Phayza was keen to explore what the new communication approach would look like as well as understanding the demographic of the patient and the links to health equity. Mel explained for follow up appointments, every patient receives a text promoting them to book their next appointment. The text also includes information regarding the average waiting time and a link which explains the booking process. In terms of demographic data, this was closely monitored which revealed equity was not comprised. Amrish concluded there is certainly more that can be done to reach every patient in the community based on access, language, culture and digital competency. The implementation of the client (or patient) relationship management (CRM) system will hopefully tackle the above issues in terms of providing a holistic overview of each patient. There is funding for a platform and a business case is being developed. Amrish also added the importance of staff to continue the outreach work to unlock access to those digitally excluded. Ed welcomed the above comments and highlighted the forum will support in anyway. This was echoed by the forum members.	Action: Rachel to bring the collection of preferences to a later forum meeting, most likely Sept

	Lila asked why we don't use information from healthcare assessments as that has a lot of the information already. Michelle explained the issue is housing, connecting and managing the information, not gathering it. Bridget questioned automatic discharges and the impact this would have on DNA rates. Mel explained a patient would need to DNA twice before being sent for a clinical review. It is at this point where the patient is assessed, and a decision is made regarding their care. This would also take place when a patient does not engage with the different forms of communication, i.e. letters, emails and calls. Mel explained one of the main reasons why patients miss their appointments is because they receive multiple instructions all with different appointment information. The hope is the booking service will reduce this. In terms of the delay in receiving letters, Rachel's team did a test and identified that letters can arrive eight days after they are sent; this has been built into the choice booking. For patients who we can't communicate with, there is a risk of not getting a referral and being stuck between the GP and the hospital. To mitigate this, the team have discussed this with a GP, that an early flag could be issued to GPs to indicate the patient is not responding before being discharged back. Rachel also explained letters are being improved to ensure it includes sufficient information. In terms of disability, a study focusing on accessible communication has just been completed which can be shared at a later stage. Rachel also mentioned suppliers building digital platforms must ensure it meets the accessible information requirements. **Equity DNA research** Hannah shared the results of the volunteer phone call initiative which successfully reduced DNA rates among high needs groups by providing supportive calls to patients. The text message study aimed at reducing DNA rates did not show significant results, but it provided valuable insights into patient communication preferences. Hannah emphasised the importance of understanding patient needs and the plan to focus on high deprivation areas for future equity efforts, targeting the most deprived wards in North West London to improve patient attendance and engagement. John highlighted the importance of ensuring appointments are not wasted and for there being a system in place to ensure those who are unable to attend (for whatever reason) can communicate this effectively. Hannah welcomed the comment and mentioned Mel's presentation on choice booking will hopefully remove this barrier. Stephanie Vas was keen to understand whether there is any data on DNA linked to disability. Hannah explained there are challenges around acquiring this information with regards to how patient data is recorded. Stephanie Vas added that there are disabled people who want/try to attend appointments but can not make it due to complex reasons, i.e. transport, lack of carers, parking. **Intelligent scheduling for diagnostic appointments** Jack explained the pilot of an IT tool to identify patients and streamline the overall process of setting appointments so that they're less like to miss their appointment. We already have a large amount of data on patients and this	Action: Rachel to share information regarding accessible communication at a later forum meeting

	tool can use that to automatically suggest times and dates patients prefer to reduce the administrative burden or need to one person to follow up. The team are implementing this via the federated data platform (FDP) which allows data to be pulled together into one space as well as build applications and tools to resolve local issues. As it's on the FDP, other healthcare services in England will have access to it. AI intelligence will be built into the system as well as identifying other external factors which may disrupt a patient's appointment, i.e. weather, travel disruption. **Direct patient booking for outpatients and imaging tests** Catriona explained a new app called SWIFT-Q is being used in imaging services which gives patients the opportunity to book their own appointment. This showed a seven per cent drop in DNAs, to three per cent as opposed to the usual 10 per cent. When booking an appointment, some parameters were implemented, i.e. having specific timeslots. Patient were also given a specific timeframe to book the appointment. If they failed, they would automatically be given a date. This is to ensure patients are not forgotten and the next step is to roll this out to CTs and ultrasounds. Amrish summarised the projects and how they are supporting our overall goal of reducing the number of patients who DNA. He outlined the ambition to enable patients to have a choice of appointments already preferable for them based on what we know about patients already, i.e. communication preferences, times and dates that suit them etc. He noted that this works for patients that are digitally proficient, which is about 60 – 65 per cent of people and we have an obligation to support patients that are outside this. Insights from the deep dive are: • It was reassuring that there are a variety of projects and initiatives to reduce DNAs, many of which were developed under the outpatients transformation programme. Others are from different teams or divisions. The Trust has an opportunity to manage or review them together under one governance structure to realise the benefits sooner. Can you expand the outpatients transformation programme to look at this entire area periodically? Is this priority captured in your organisational plan? • How can the Trust share the best learning and rapidly expand successful pilots? Whose responsibility is this and how does the organisation make decisions to expand the programmes? • It was noted that there will always be a number of patients that do not attend their appointment. Is there opportunity to set an organisational tolerance for this? Can you develop a target and then identify services that need specific support if outside this target? It could also identify which services need more support using insights from the health equity DNA programme such as volunteers to remind patients about appointments. • Work to understand, capture and note patients' preferences regarding communications and times for appointments, access needs, support and limitations is crucial to remove barriers and increase the likelihood that they attend appointments. We fully support this work to use existing data, capture any missing data and house this information in a CRM to tailor correspondence to patients. How can the forum support this work?	

5.	**AI update** Bob Klaber, director of strategy, innovation and research, consultant paediatrician; Iona Twaddle, senior advisor to the CEO; Brian Mitchell, intranet implementation project manager	
	Bob discussed the strategic framework of AI at the Trust focusing on augmenting clinical care, clinical and patient administration, prediction and prevention. He emphasised the importance of ensuring that AI initiatives are safe, ethical and equitable, with a focus on addressing biases and ensuring inclusivity. The involvement of patients and communities in guiding AI initiatives was highlighted as a key aspect of the Trust's approach to implementing AI in healthcare. Bob also discussed ambient AI, a tool which transcribes conversations between the clinician and patient into an articulate clinical letter. Shanaka highlighted the importance of involving patients and the community. He also added that using AI comes with risks/limitations/biases which is dependent on how it is trained and was keen to understand how the Trust will incorporate learnings from previous work. Bob welcomed the comment and explained the focus will be to keep humans involved in their care as this should be the centre of all thinking. Brian added technology is the easy part, the hard part is educating staff on how to use it thoughtfully. The Trust has placed a lot of investment in workforce capability to ensure it is used responsibility. The steering group also has an education element which focuses on how staff can use AI safely. As a patient, Phayza was keen to understand what the Trust's approach is with regards to consulting and assuring the patient that the use of AI is the best approach. Bob used ambient AI as an example where currently 30 clinicians are using the system and patients consulted on a case by case basis. As the use of AI is scaled up, it will be difficult to do this so there will be an element of implied consent as oppose explicit. Candice was keen to understand the Trust's strategic approach to ensure patients understand AI is a good thing which will help them as opposed to a scary tool full of misinformation. Bob explained one element of the strategic framework will focus on communication and engagement in the context of research and innovation where the Trust will trail and test what works/doesn't work. Bob also suggested it would be good to present this work to the forum at a later date. Shailesh highlighted the importance of integrity and security when using AI. Bob echoed this comment and suggested to arrange a meeting outside of the forum with Iona Twaddle, John Black, Sanjay Gautama, Matt Kybert and Robbie Cline to discuss further. As technology develops and becomes more advance, Agnes questioned whether there will be a time where clinicians will no longer be needed as patients will be able to find information themselves. Bob explained there are parts of healthcare which AI will remove but there are many situations where patients will always need direct face to face clinician support, i.e. those who are digitally excluded. Bob also added the Trust is working with Oracle health and Microsoft to look at clinical decision support with AI. Stephanie Vas mentioned councils and social services are already working with AI and using smart apps and services which could be useful for the	Action: Bob and Michelle to discuss the communication and engagement framework of AI at a future forum meeting Action: Meera to organise a meeting with Shailesh Malde, Bob Klaber, Iona Twaddle, John Black, Sanjay Gautama, Matt Kybert and Robbie Cline to discuss the importance of integrity and security when using AI

	Trust in terms of understanding their approach and creating a sense of co-production. She added that the use of AI poses a number of risks in terms of cyber attacks and so having a back plan to mitigate such threats. John assured the forum the committee has moved at pace where several patient centred issues have been put in place at the beginning and is kept in mind all the way through. Ed thanked the speakers for their time and welcomed an update at a later meeting. Bob added forum members are welcome to join the steering group as a one off and to get in touch via Meera Chhaya if interested.	Action: Strategic lay forum members to contact Meera should they wish to attend the AI steering group meeting (as a one off)
6.	**Operational and financial challenges and ensuring we remain patient-centred; inputting into the quality and equality impact assessment process** Clare Williams - director of nursing	
	Clare provided an update on the revised quality and equality impact assessment policy, which now includes the equality, diversity and inclusion team in the review process. Clare mentioned the importance of emphasising key performance indicators (KPIs) to ensure that patient safety and experience are maintained throughout the implementation of any changes. A post implementation review process was also mentioned to assess the impact of changes and ensure that any negative effects on patient experience are addressed promptly. Clare is keen for the strategic lay forum to be engaged in any changes/updates and discussed different ways to get involved such as attending the monthly review meetings. Linda echoed Claire's comment and to get in touch should anyone be interested. While a policy exists, Ed questioned whether the process is robust enough to pick up and reassess instances where patient experiences are decreasing. Clare supported the comment and explained the expectation would be for any scheme to be reviewed at a later date; this is currently being determined, i.e. three months or six months. Additionally, strong KPIs will act as a monitor to ensure there is not a change in direction. Phayza questioned whether the quality improvement assessment is linked to other initiatives taking place in the Trust. Clare explained as a Trust, staff are being asked how things can be done differently and more efficiently. These ideas will be taken to the divisions and worked up into schemes which will come to the quality and equality impact assessment to ensure the right decision is being made. Ed thanked Clare for the presentation and requested to come back at a date to understand what progress has been made.	Action: Forum members to get in touch with Linda should they wish you get involved in the quality and equality impact assessment
7.	**AOB**	
	Before the AOB, Ed asked the forum whether they had any questions. Shanaka explained the forum have heard a lot about technology, but it is not always clear how it is connected strategically. Linda mentioned November's strategic lay forum will have a digital element and welcomed Shanaka's input in designing the brief. With reference to Hannah's presentation, and in particular dealing with socio and economic deprivation, Phayza commented that demographic data	Action: Shanaka to support Linda in designing the brief for November's

	and socio-economic data should complement each other and not work in silo. **Lay partner learning event** The next lay partner learning event will take place Thursday 19 June 5 - 6:30pm at St Marys Hospital. We are delighted to have Dr Mando Watson, consultant paediatrician and clinical lead for children and young people discuss connecting care for children. **Fleming centre consultation** The mark the official launch of the Fleming centre, the Trust is hosting a public consultation. The exhibition will be at the Bays, off South Wharf Road, St Mary's Hospital on: - Thurs 26 - Fri 27 June 12-7pm - Sat 28 June 10am-2pm A webinar will also be held on Wed 25 June 6pm.	strategic lay forum
8.	**Meeting close**	