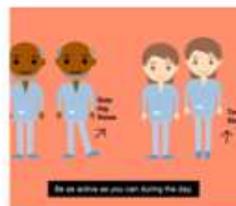


Patient Experience Annual Report 2018/19

Trust Board	Item: 14
Date: 25 th September 2019	Enclosure: J
Purpose of the Report: The purpose of this report is to inform members of the Trust Board of the Patient Experience activities within Kingston Hospital Foundation Trust in 2018/19 and the direction of travel of our work.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing and Quality
Author:	<i>Jane Suppiah and Elizabeth Tsangaraki Wilding</i> <i>Patient Experience Improvement Leads</i>
Author Contact Details:	Ext 2504
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	None
Legal / Regulatory / Reputation Implications:	Reputational CQC Risk Profile
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
Link to Relevant Corporate Objective:	To comply with CQC requirement to maintain license to practice
Document Previously Considered By:	Executive Management Committee
Recommendations: The Board is asked to note the content of this annual report, presented in this format for the first time.	



The Panel's Choice



The People's Choice



Patient Experience at Kingston Hospital NHS Foundation Trust Annual Report 2018 - 2019

Introduction

Providing excellent patient experience alongside effective and safe care is fundamental for the delivery of a quality of care that results in positive health and wellbeing outcomes.

Kingston Hospital NHS Foundation Trust (KHFT / The Trust) aims to be an organisation that delivers care with people rather than to them. Putting patients first and working together to deliver exceptional care, each and every time is central to The Trust's work. The Trust is at the heart of a thriving and growingly diverse community and this report sets out the ongoing work to ensure that patient experience sits equally alongside work to deliver effective and safe services. There are five sections in this report:

- How we gather feedback from patients on their experience of care;
- What patient experience feedback tells us;
- Setting the direction of travel for patient experience;
- Improvements in patient experience being driven by insight; and
- Conclusions and next steps.

How we gather feedback from patients on their experience of care

A priority of the Patient Experience Team over the last year, and a continuing focus, is to enable and encourage more people to give feedback and to use the insight this generates to make changes that improve people's experience. This section provides a summary of the work carried out over the last 12 months to enable this.

Family and Friends Test

The **Friends and Family Test** (FFT) is a national survey that gives people a quick and easy way to offer feedback on NHS services. It is the biggest single source of feedback The Trust receives. In the year July 18 to June 19 The Trust received 82,873 ratings of patients experience of care and 60,565 qualitative comments. The Quality Account for 2017-18 reported that The Trust's priority to improve the FFT response rate had been fully achieved. The FFT text message and interactive voicemail offer successfully implemented in ED and much of outpatients has now been extended to day case surgery. Patient experience volunteers offer patients the FFT on inpatient, neonatal and maternity wards in an approach that will be rolled out daily as further volunteers are recruited. Upgrades to hand-held devices used to offer the FFT within the hospital means patients, relatives and carers can access the FFT survey through Browse Aloud and in other languages. Multilingual posters around the hospital site advertise the FFT to encourage responses from diverse communities. and changes that will improve response rates continue to be made.

Ensuring that the review and discussion of FFT findings is a 'must do' at monthly governance meetings has widened ownership of the FFT over the last 12 months and the Patient Experience Team provide a monthly prize to the ward with the highest or most improved FFT response rate. Senior staff are now alerted via email to low scoring FFT comments, enabling real time review and the option to act on it. As a result of these actions, more visible and up to date FFT service level data is being displayed across The Trust's patient experience boards together with 'you said, we

did' examples demonstrating staff engagement and a response to the insight that FFT data has the ability to provide. Stephanie Townsend, who shares her experience in the case study below, is one of five new Patient Experience Volunteers recruited to support the work of the Patient Experience team.

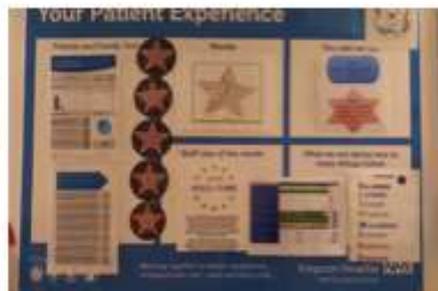
Volunteer involvement in offering the FFT to patients on wards – a reflection

I do feel having volunteers involved helps to relieve the busy ward staff and helps to ensure that the FFT is offered to everyone. I've got the flexibility to wait while people think about their answers. Most people are able to use to ipad themselves, but I do help out with elderly patients in particular. I think that patients are probably more honest with a volunteer than they might be with a member of staff – they might feel more vulnerable or less able to give a truthful opinion. I always tell people that the survey is anonymous, and I do think that people are truthful. They see me as someone independent. I've met some wonderful people, brave and also happy people. Some people are truly inspirational. Most are very grateful for the care they've received. I have the chance to sit with people and listen, which is what some people really want, and this is often when things come out. I always say to people I'm glad that you told me and that it's important that the hospital knows about this. I tell them that hospital staff do read the feedback and look at what it can be changed or improved to make things better.

Stephanie Townsend
 Patient Experience Volunteer and Patient Partner



Patient Experience Volunteer and Patient Partner Stephanie Townsend ready to present FFT treats to wards; 'Your Patient Experience' board Alex ward; Star staff of the month ward on Blythe ward.



National patient experience surveys

In the last 12 months results from The Trust's involvement in national patient experience surveys for cancer patients (autumn 18), maternity and inpatients (spring 19), users of the emergency department (summer 19) and children and young people (yet to be publicly available) have been received. Response rates were at or above the national average for all these surveys. Facilitated workshops have supported staff to interpret findings and take steps to respond to these. These have resulted in action plans, quality improvement projects and national survey findings that have contributed to making the case for major capital investment projects. The maternity service is currently participating in the CQC Maternity Pilot trialling electronic methods of survey distribution and data collection.

Governor desks

Monthly Governor desks held largely in outpatients provide patients, volunteers, staff and other visitors on the hospital site with the opportunity to give verbal feedback on any aspect of their

experience at KHFT to elected Governors. Around 250 people gave feedback in the last annually reported period (2017/18) and findings are reported quarterly to the Patient Experience Committee (PEC) and the Governors Quality Scrutiny Committee. Reporting going forward will be aligned with thematic analysis used for concerns and complaints to aid the triangulation of patient feedback.

Work with our local Healthwatch partners

We have collaborative relationships with our partners **Healthwatch Kingston and Healthwatch Richmond** who both play an active role in generating feedback through local surveys and observations of how care is delivered through ‘enter and view’ visits. In the last 12 months The Trust has received reports from Healthwatch Richmond on enter and view visits to our inpatient wards and Emergency Department, a survey of women’s experience of antenatal care, and a survey of peoples’ experience of discharge from Healthwatch Kingston (to be published in October 19). The Trust’s responses to recommendations are highlighted throughout this report.

Local surveys

The Patient Experience Team have piloted an offer to work alongside staff to design and test questionnaires to improve the quality and insight delivered by local surveys and plan to roll this offer out more widely over the coming year. The design and implementation of surveys about peoples experience of cancer services continues to be supported by the Cancer Patient Partner Group.

Tops and pants

Tops and Pants encourages children and young people to tell us their pants (bad) and tops (good) feedback on similarly shaped cut outs, which are then displayed on a ‘washing line’ in the entrance area to our children’s wards. Staff are able to immediately act on feedback and responses are summarised for PEC quarterly.

PLACE and other initiatives to gather feedback on the hospital environment

Patient-Led Assessment of the Care Environment (PLACE) is an annual voluntary self-assessment adopted as a way of driving continuous improvement at KHFT. The Trust has a broad and diverse team of Patient Assessors involved in regular mini-PLACE assessments and quarterly PLACE steering group meetings in addition to the annual formal PLACE assessment. This results in a rolling action plan that contributes to ongoing estates works and business cases for capacity investments. The Trust has been involved in shaping the new lines of enquiry for PLACE nationally and are one of seven NHS Trusts nationally to have piloted these in mini-PLACE assessments carried out this year. In addition, fortnightly ‘assessment of the care environment’ events involving matrons, estates and infection control staff among others provide further insight into the fabric, environment and care within one specialist area or ward. The Trust has regular food tasting sessions that help us with adding or changing meals on our 6-monthly patient menus.

A Patient Assessor perspective on Patient-Led Assessment of the Care Environment

In PLACE we split into groups of 4 to 6. There are always several members of staff as well Patient Assessors who include patients, carers, our local MENCAP, Healthwatch and learning disability parliament. It's a very involved activity and I do feel that as a team we are always extremely honest with our feedback and we always explain how we have reached our decision. We look at things ranging from cleanliness of an area, to the fabric of the building and available space. We talk to patients about their experience, observe how meals are served and taste the food given to patients. We agree our scores as a group and have the chance to find out what other groups have found. The hospital responds to the feedback we give. Things do get done and if it's a potentially big project we are kept up dated on discussions through the PLACE steering group. We've been part of the national work done this year to improve the questions asked in PLACE. The questions are much better and more relevant now and it's good our feedback has been taken on board.

Carole Robinson
PLACE Patient Assessor and Patient Partner

Concerns and complaints

The Patient Advice and Liaison Service (PALS) at KHFT offers patients support for raising concerns and suggestions and demonstrates The Trust's commitment to listening and directly responding to patient feedback in order to resolve issues quickly. Issues dealt with by PALS increased 6% to 1,699 in 2018/19 and the vast majority (94%) were resolved before patients felt the need to make a formal complaint.

In 2018/19 The Trust received 325 complaints. The **2018 NHS Inpatient Survey** findings indicated that more action was needed to improve people's awareness of how to complain. The Trust has responded to this by improving the visibility of information about all our feedback mechanisms. While complaints have not increased in number year on year, complaints are becoming increasingly complex. This is a national trend and reflects the challenging systemic issues that all healthcare providers experience and are working to address. Patients experience of care, treatment and diagnosis, as well as how we communicate, our appointments administration, and processes for admission and discharge are the most commonly reported concerns and they are increasingly raised in the complaints we receive. The Trust has a robust process for the management of PALS concerns and complaints and works with managers and health professionals to enable practical and immediate improvements in response to complaints. However, the proportion of complaints that we respond to with 25 working days has fallen (from 72% in 2017/18 to 61% 2018/19). The growing complexity of complaints and involvement of multiple healthcare providers are both factors that are contributing to this.

Responding to concerns on our Elderly care wards

The Alzheimer's society support worker, Callum has seen over 400 carers of patients with dementia in the past year. He provides emotional support, advise, signposting and education to carers and works across the hospital in all areas, focusing on the elderly care wards. He is able to provide immediate feedback to staff from carers and families and has been able to prevent formal complaints by facilitating good communication between families and hospital staff.

Olivia Frimpong, Service Improvement Lead for Dementia and Delirium

What patient experience feedback tells us

Outpatient care

47,673 people completed the **FFT survey** following an outpatient appointment between July 18 and June 19. 93.1% of respondents (44,384) rated their experience positively. The FFT recommend rate increased from 91% in July 18, to 94% in June 19.

Over 34,500 people left comments about their experiences of KHFT services. Common themes and words used to express their experience reflect care delivered by kind and helpful staff, effective and well delivered treatment and clear communication. Over 21,000 people left comments about the positive attitudes of staff, over 7,400 positive comments were received about the implementation of care and 6,700 comments about the hospital environment.

3.34% of FFT responses reflected negative experiences (1,591 respondents). Issues most commonly cited were waiting too long for appointments to arrive, waiting on the day, poor communication about appointments and how to find clinics, and staff attitudes in relation to these factors. These themes are repeated in annual **PALS** data. Appointment administration is the most commonly reported concern: it accounted for 24% of all concerns raised in 2017/18 and has risen to 36% in 2018/19. The most frequently raised issues are patients not being able to contact the department they need to see about their appointment, appointments cancelled at short notice and delays in rebooking of appointments. In response to these important issues the unplanned care division have launched a project to strengthen administrative processes in order to improve staff and patient experience and complement the work of the outpatient transformation project. The project will start by reviewing administration processes in gynaecology, dermatology, cardiology and diabetes services in the autumn of 2019.

Care in the Emergency Department (ED)

23,716 people completed the **FFT survey** following visits to the ED. 88.2% (20,918) rated their experience positively, and 7.3% (1,731) negatively between July 18 and June 19. There were over 15,909 comments of which positive comments related to staff attitude (9,681), implementation of care (4,401) and about waiting time (3,575). The most frequently raised negative comments were on the same the same themes: staff attitude (1115) waiting time (951) and environment (809).

The **Urgent and Emergency Care Survey 2018** reported that patients felt that they were treated with respect and dignity, doctors and nurses listen to patients and patients have confidence and trust in them. Patients also feel that staff do not contradict each other and do not talk in front of them as though they are not there. Having enough privacy when being examined and a clean environment also rate highly. The survey also reported improvements in; examinations not being delayed, being involved in decisions about care and treatment, being told the purpose of medication and the family or home situation being considered.

Areas highlighted for improvement related to: managing pain; ensuring that patients understand the tests carried out and being told how the results of these will be received; informing patients of the side-effects of medications and who to contact if worried; and the availability of refreshments within ED. Pain management in the ED is one of our six Quality Priorities for 2019/20 and patients area already able to access pain relief without seeing a doctor as a result of nurse training. There are a range of actions and quality improvement projects are in place to tackle the other issues.

Healthwatch Richmond's Enter and View Report on the ED (March 2019) provided a positive picture of the experience of patients and relatives, and staff working in the unit. The report highlighted the large number of positive comments made by users about the staff and the overall cleanliness of the environment. Recommendations were responded to through a 'you said' 'we did' campaign and resulted in 15 practice changes that included new and clear signage, replacement and additional waiting room chairs, changes in lighting, curtains in the triage cubicles, ensuring wheelchair availability and numerous initiatives around patient information and availability of refreshments.



Inpatient care

8,013 people completed the **FFT** survey towards the end of their hospital stay. 96.1% (7,700) rated their experience positively, and 1.1% (88) negatively. There were over 5,000 comments about positive staff attitude many describing staff as kind, caring and friendly. Over 3,000 comments about the implementation of care, and 1,600 about the hospital environment were received. Staff attitude, the environment (mostly relating to the business of wards and noise on wards at night) and the implementation of care were also themes that attracted the most negative comments (113, 72 and 64 respectively).

The findings from the **2018 Picker Inpatient Survey** showed improvement and better than average performance on most patients experience measures relating to discharge from hospital. The survey also reported improvements in emotional support provided by hospital staff and a significant improvement in the help from staff to wash or keep clean. 98% of patients had confidence and trust in doctors; 97% reported being treated with respect and dignity. The areas of least improvement were offering patients the chance to give feedback; providing information on how to complain and admitting people as soon as necessary when admission was planned. Staff have acted on these by including information on how to complain in welcome packs and ensured that ward level information sheets and contact cards with the details of senior nurses are given to patients. The Trust also changed the flow of patients to surgical wards to help reduce delays when patients come in for planned procedures.

Healthwatch Richmond's Enter and View Report on seven adult inpatient wards summarised the feedback from over 100 patients and carers (May 19). When asked how they would describe their overall care on the ward, 94% of patients gave positive feedback. The vast majority of patients felt that their privacy and dignity had been respected. Most patients were very positive about staff attitudes, and their level of compassion and friendliness and there was almost universal praise from patients about the nursing staff. Most patients and carers described communication with hospital staff as good, and in response to negative instances of poor communication highlighted in the report, The Trust has set out its intent to encourage and enable more staff to take part in 'Sage and Thyme' communications training. 70% (55 out of 79) of patients described the food and drink on the wards positively but the report found that the availability of food and drink in the discharge lounge needed to be addressed and steps taken to ensure everyone is offered the full menu choice in a way they can understand. Two quality improvement projects focused on improving mealtimes are already in place (due to report in March 2020) and immediate changes have been made to how meals in the discharge lounge are offered. The quality of patient experience reported on Kennet ward was poorer than on other wards visited. Kennet ward is currently closed for a Dementia Friendly environment upgrade, and prior to reopening there will be team development days to build the relationships between the team members. The Healthwatch report will be shared with the teams

as part of that process. The Executive Management Team are currently reviewing the bed base requirement and if agreed then Kennet ward will be staffed to 30 beds substantively, reducing the requirement for temporary staff.

Maternity Care

1,205 people completed the **FFT survey** in maternity. 95.4% (1,150) rated their experience positively, and 1.1% (14) negatively. There were over 991 comments in total of which 798 were about positive staff attitude many describing staff as kind, caring and friendly. 508 comments about the implementation of care, and 223 about the hospital environment. Negative themes related to staff attitude (17) environment (14) and patient mood (13).

The results of the **Picker Maternity Survey 2018** ranked Kingston Hospital the highest in South West London with a CQC score of 9.0/10. Advice and support at the start of labour rated 9.3 and comparatively better than other Trusts in the UK. Positive experiences included seeing the midwife as much as wanted, given help by the midwives and being discharged without delay. The maternity team have been actively working on improving the experience for women within early labour through initiatives to support women, such as upskilling of Maternity Support Workers to provide 'Doula' type support in early labour and partners able to stay 24/7 in all ward areas. Partner involvement scored 9.8/10.

Healthwatch Richmond gathered the views and experiences of local women who had received antenatal care between March and April 2018 for their **Report on Antenatal Care**. 90 % of respondent comments rated their care at Kingston Hospital as either 'Very good' (50%) or 'Good' (40%). People spoke positively about administration of their appointments in terms of the ease of booking, the caring nature of staff and the good quality of care received within good facilities. The report highlighted the need to encourage more referrals to the service from Kingston GP's, improve information about feeding is needed and further work around ensuring women have a named midwife. The maternity service has taken steps to ensure all staff are adequately trained in infant feeding and conducted a review of literature on this involving service user members of Maternity Voices to ensure messages are clear. The service has gone on to achieve Unicef Stage 2 Baby Friendly Initiative Standard (August 18).

The maternity service has a broad programme of improvement work that draw in the experience of women and families and have this year run a 'whose shoes' event to gather information about antenatal provision and launched 'Big Room' a collaborative approach towards improvement across the service.

The hospital environment

A range of factors combine to create The Trust's care environment and patient's satisfaction with these overall continues to be good. Patients views on the quality and choice of food, support at mealtimes and the availability of drink as reported in the **2018 Picker Inpatient Survey** are on a par with 2017 findings. There was a drop in the proportion of respondents reporting their room or ward as very or fairly clean compared to 2017 (from 97% to 95%), however **Healthwatch Richmond's Enter and View Report on Inpatient Wards** (May 19) observed that all wards visited were well-kept, tidy and clean. Patient bays and side rooms did not feel cluttered with patient belongings and the majority of the patients were positive about the ward environment during the day.

The Trust's most recent **PLACE** scores (2018) show improvement in all domains monitored in this assessment and performance above the average score of hospitals nationally on privacy and

dignity, and how well the needs of both patients with disability and dementia are met. The Trust's score on how the needs of people with dementia are met has improved from 48% to 79% since this measure was introduced in 2015. Far more positive than negative comments about the hospital environment were received through the **FFT survey**. In outpatients there were 6,782 positive comments (July 18 - June 19) compared to 752 negative comments, mostly relating to crowded waiting rooms. Inpatients received 1,635 positive comments and only 72 negative comments predominately about noise at night, particularly from elderly and confused patients with dementia.

Complaints made about estates, support services and environment decreased significantly in 2018 / 19 and fell by 83% (from 35 in 2017/18 to 6 in 2018 / 19). This suggests that The Trust is successfully addressing the issues of greatest potential concern.

2018 / 19 has seen a number of **building and refurbishment projects** completed or get underway. These have been made possible by funding from the Kingston Hospital Charity, the generosity of individual donors and The Trust's commitment to capital investment.

- The **Haematology Day Unit** was relocated and renamed the Maxwell Thorne Unit in spring 19. It is now co-located with other cancer services on the newly build second floor of the Sir William Rous building.
- **The Gathering Place** is a quiet and protected meeting space to run events focusing on health and wellbeing for patients and staff as described in the case study below.
- **Carers rooms** are now available in Esher wing on floor's 7 and 5 and in our Acute Assessment Unit. These refurbished spaces provide a place of rest for carers and families, and space for our voluntary sector partners giving family support.
- Three projects to improve the end of life experience of families and carers are underway. The **Willow Room**, a dedicated place of respite for families and carers of people nearing the end of their life is being refurbished, as is the **Maternity Counselling Room** which is used for breaking and discussing difficult news about an unborn child. A viewing window is being added to the **Emergency Department's viewing room** for bereaved parents of children that have died unexpectedly.

The Gathering Space

The opening of the Gathering Space on Level 4 of Esher Wing has begun to bring to life our vision to provide better spaces in which to support the exploration of spiritual wellbeing for staff and hospital users. One of the pressing issues has been to provide for larger gatherings and events. As part of the renovation of Level 4 we created a flexible space divided by a folding partition wall with connecting door which offers a smaller meeting room and a larger space. We are now hosting wellbeing workshops, training events and community gatherings. We can now provide for both our male and female Muslim staff and families who wish to gather on Friday lunchtime for Muslim prayers. Our Mind Body specialist, Physiotherapy specialist and Staff Wellbeing Chaplain in the Heath & Wellbeing Team are planning regular new sessions, and we are running a monthly Bereavement Café for bereaved families, and plan to have several sessions for patients living with and beyond cancer across the year. With the provision of flexible seating and folding tables we can use the space in a myriad of ways and hope to see it booked out from week to week as the work of supporting our staff, our patient groups and their families develops.

Susan Van Beveren, Head of Chaplaincy, Pastoral & Spiritual Support Services

Setting the direction of travel for patient experience

KHFT has been recognised as a healthcare provider that delivers a quality of caring that is outstanding. Staff treat patients as partners in their care and it is this focus on partnership that has driven forward key policies and initiatives over the past 12 months as The Trust strives to embed a culture that puts patients first in all aspects of the hospital's work.

Strategy that sets the direction

In the autumn of 2018, The Trust refreshed its **Patient and Public Involvement Strategy (2019-2022)**. Patient Partners were involved in shaping the content and language of the strategy which focuses on how The Trust lives the values that are set out in eight pledges of patient and public involvement. The strategy commits The Trust to find ways to enable all those using KHFT services, including 'seldom heard' groups to give feedback, and encourages people to get involved in the design, improvement and transformation of services and KHFT governance and scrutiny groups.

In May 2019, the Trust launched a new 3-year **Equality and Diversity Strategy (2019 – 2022)** that fully acknowledges the duty to deliver services that are inclusive and can be fairly accessed by everyone. The strategy commits The Trust to work that will improve understanding of the available data on protected characteristics, explore how this is used and what more can be done to improve the integrity and completeness of this data.

The **Dementia Strategy (2017-2020)** is nearing then end of its timeframe and an engagement event is planned for November 19 to review achievements and set the direction of travel for the next three years. Key achievements of 2018/19 are set out in the case study below.

The End of Life Strategy (2018-2021) outlines The Trust's commitment to deliver equitable access to specialist palliative care through 7-day week access to nurse-led palliative care, the intent to improve the hospital environment for family, carers and patients nearing the end of life and The Trust's plans in response to other priorities of the National Bereavement Strategy.

In March 2019 six **quality priorities for 2019-2020**, two of which focus directly on patient experience were agreed by The Trust. The first aims to make tangible progress towards improving pain management in the ED and the second, in direct response to the Patient and Public Involvement Strategy, is to increase the number of people involved in quality improvement.

Dementia Strategy – achievements over the past year

Blyth ward is the second elderly care ward to be fully refurbished to become dementia friendly and was opened in November 2018. It has an open day room area where patients can go for breakfast or lunch or enjoy time with a relative and a small garden area outside bay 4 with a calming water feature. The final ward to be refurbished, Kennet is underway at present and hoping to be open in October. We've introduced a new tool that has improved and eased the assessment of delirium and dementia. The dementia volunteer programme has been reinvigorated with great success and there are now a large group of dementia volunteers that support the running of the therapeutic activities programme. Volunteers range from school age to retired and all are dedicated to providing enhanced care across the elderly care wards, either by doing one to ones, supporting groups activities in the activity room or by assisting with mealtimes. The hospital was shortlisted for an HSA value award in May 2019 for the environments of care, in recognition of the work we have done to improve the environments across the hospital.

Olivia Frimpong, Service Improvement Lead for Dementia and Delirium

Patient involvement in governance, committees and groups

The **Patient Experience Committee (PEC)** continues to ensure that patient experience and patient involvement are at the heart of how The Trust delivers care and designs and improve services. PEC monitors how patient feedback is collected and reviewed and provides challenge to ensure that the insight from this data leads to improvements in patients' experience of care. Patient stories have been introduced at the start of every meeting. PEC going forward will play a central role in making equality and diversity part of how The Trust understands and acts upon patient experience and will ensure that The Trust is on course to deliver objectives of the PPI strategy.

The Trust has growing involvement of patient partners in **committees and groups** across the hospital that aim to monitor, provide assurance and improve the quality of KHFT services. This includes the PEC, the Children and Young People's committee, the End of Life Care group, Endoscopy User Group, Education Faculty Group, Children's Hearing Services working group, Patient Information Reader Panel, the Dementia Strategy and Dementia Environment groups and the PLACE and the Macmillan Volunteering steering groups.

Initiatives promoting collaboration with patients

During the summer of 2019 The Trust launched a **Learning Disability Collaborative** and **Patient Involvement Collaborative**. Both these initiatives have set out to involve partner organisations, patients and service users alongside hospital staff to establish a set of priorities and actions that can be collectively worked on.

There are a small number of **groups focused on improving patients experience** in which patients and service users work together with staff to review and directly contribute to the improvement work. The Maternity Voices and Cancer Patient Partner Groups are examples of these.

Improving patient experience in cancer services

The Cancer Patient Partner Group (CPPG) strengthens the cancer patient's voice and perspective within Kingston Hospital and gives people that have been affected by cancer the opportunity to work with cancer teams to make improvements in patient experience. The group represents a spread of men and women who have been treated for a range of different cancers and who bring different working and life skills– all of whom want to give something back to the hospital. We changed our description from patient representative to patient partner last year as we felt that this more truly reflected our relationship and role, i.e. working in partnership with cancer services. We work alongside staff to identify areas of patient concern from the national cancer patient survey for example and develop and undertake patient surveys to identify or benchmark patient views and experiences that highlight where improvements can be made - we've done that in breast and lung cancer and haematology. We review patient literature to ensure it is accessible and clear – for example, for the dermatology and breast cancer teams and have suggested and helped to implement more patiently friendly information both print and video on for example, preparing for chemotherapy. The group also works with the Macmillan information Centre and a member has been instrumental in producing a range of information videos on the Centre's complementary therapy sessions.

Bonnie Green, Patient Partner and CPPG Member

Maternity Voices Partnership

There are around 50 people involved in the Maternity Voices Partnership. Around half are lay members and recent maternity service users who either attend meetings, participate in our active Facebook and WhatsApp groups or gather feedback from women through our Voices in the Community initiative. We get lots of staff requests for feedback from specific groups or women, or on particular issues and Maternity Voices lay members attend a wide range of groups to find out what women think. This year we've started a postnatal feedback session in collaboration with the charity Well Care and feedback sessions for members of LEAH, an organisation supporting refugees and other people for whom English is a second language. We support the maternity service with a range of projects. This year we've been involved in work to transform antenatal services, improve women and their families experience of sonography, and the infant feeding partnership. All this has been made possible by the huge amount of time that lay and service user members have dedicated.

Hazel Meyer, Maternity Voices Partnership Lay Chair

KHFT hosts a range of **patient support groups** that offer forums for patients, families and carers to share experiences and discuss what's most important to them. Hospital staff offer facilitation if needed and help organise speakers – often health professionals working at the hospital - to talk about developments in research and treatment, topics around wellbeing and symptom management for example. The Trust currently supports the Cardiac, Tinnitus, Diabetes and Psoriasis support groups as well as group for bereaved parents and people that have been patients in the intensive care unit. The Macmillan Information Centre at KHFT offers a range of wellbeing workshops and these are now being run at the John Lewis community room in the centre of Kingston which is attracting a broader range of participants. The store is helping publicise these events by advertising them in customer and staff restrooms.

In 2018 / 19 The Trust delivered **Homeward Bound**, a collaborative project with the University for the Creative Arts that involved patients, carers and staff alongside many other partners in the co-production of animated films to explain the hospital discharge process. Seed funding from the Health Improvement Network enabled this project, but its success has laid the foundation for a second project in 2019 / 20. In October 2019 hospital teams will be invited to pitch an idea for a project to improve patient experience that they would like first year graphic design students from the university to work on. Lessons from Homeward Bound are described in the case on the next page.

What we learnt from Homeward Bound about...

Quality improvement – Homeward Bound responded to a problem that was important to fix. We knew that some delays were happening because patients and relatives weren't ready and prepared for discharge and patients and families we involved in the project told us that the discharge process was unclear. The project is contributing to improving patients experience of discharge – by giving information about what they should expect, and what they need to do to get back home as quickly and safely as possible.

Collaborative working – Homeward Bound worked well because it involved a range of people from different teams within the hospital who all brought different perspectives, as well as patients, carers and families. Collaborating with the University for the Creative Arts and Sky meant we achieved so much more than we otherwise would have. We had a showcase event at the Kingston Odeon, and the students had a real-world experience of working with a 'client on a brief'. All this heightened the awareness of the project and buy in across the hospital. As a result, there is much wider ownership of the film and interest in promoting it.

Co-production - Homeward Bound involved lots of stakeholders and importantly everyone's views were taken equally into account. There is lots of evidence that involving people (patients, families and carers) in decisions about how care is delivered, and services are organised and designed leads to more involvement in decision making, more involvement in self-management of conditions, and better health and wellbeing outcomes overall. Making decisions together on Homeward Bound meant that we used the most relevant messages, language and images in the film that patients and families could relate to – because they told us what they were.

Jen Kaye, Senior Physiotherapist and Jane Suppiah, Patient Experience Quality Improvement Lead

Improvements in patient experience being driven by insight

The role of patient information

Feedback from patients via the FFT survey and concerns fed back to PALS and our Governor desks consistently highlight the need for KHFT to provide clear and timely information in formats that engage and build knowledge and understanding. Below is a description of the work of the Patient Experience Team over the last 12 months to improve written patient information and make information accessible to people whose health condition means they need communications in alternative format.

Improving the quality of written patient information

The past 12 months have seen standardisation in how patient information is produced and reviewed. This includes a five-step process that information authors must follow to get their written information approved and succinct guidance notes offering tips to staff on how to produce good quality information. Information surgery appointments enable staff to directly work with a member of the Patient Experience Team to produce information resources using language and a structure that can be clearly understood, and our new Microsoft Word based templates created by a patient information designer are offering a clear and consistency look to leaflets. The number of patient partners contributing to the patient information reader panel has grown from two to six, and 35 new pieces of patient information have been finalised since this work was initiated in October

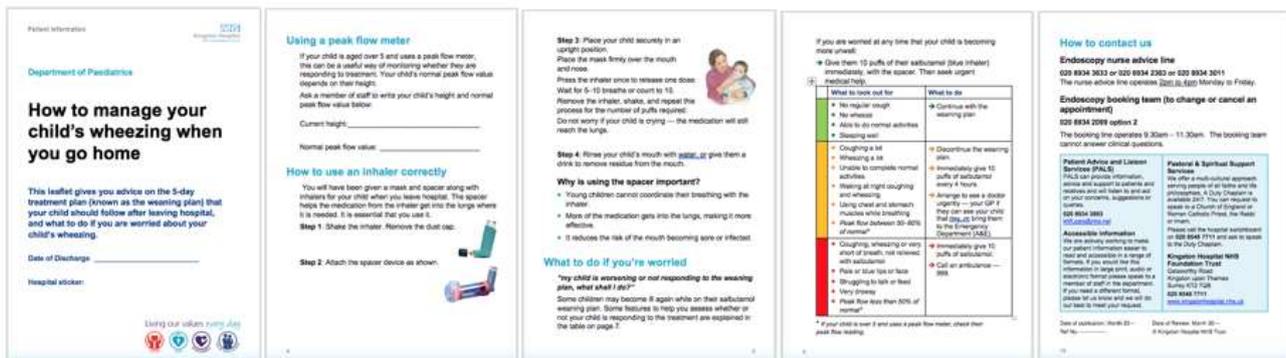
2018. These leaflets are available via a library accessible to staff on the intranet that will be made publicly available when the new Kingston Hospital website is launched later in 2019.

Moving from protected to supported mealtimes

Eating well is an important part of *patient's* recovery during their hospital stay and we've offered 'protected' mealtimes for a number of years. Our nutrition audits fall short of the expected 80% compliance with protected mealtimes – in our latest we scored 75%. It was clear that patients were being disturbed at meals unnecessarily while staff carried out routine tasks and staff didn't think that spending time with patients during protected mealtimes was a priority. We want to encourage staff to prioritise supporting patients during meals and to do this we need to education staff, patients and relatives. *Rebranding* the name is an important part of this. We want patients to understand that important clinical activity will still need to take place so we've taken away the term 'protected', as it causes confusion and replaced it with 'Supported' to give permission to staff to take the time needed to 'support' and spend time with patients during meals. We wrote a short A4 information sheet explaining the initiative that went to the patient information reader panel. The comments and suggestions from patient partners were really helpful. It's made the leaflet more concise and resulted in us including a section that answers questions about food storage and bringing in food from outside that we hadn't thought to include. We trialed the scheme in Blythe ward and have now rolled it out to AAU. We are using the leaflet to inform patients and carers train staff. We've received lots of positive feedback so far.



Teodorico Bindas, Matron for Elderly Care



Patient information in our new A5 template

Creating accessible information

Over the last 12 months The Patient Experience Team has been actively working to make patient information easier to read and accessible in a range of formats. As part of work to implement the Accessible Information Standard The Patient Experience Team has embedded accessible information NHS e-learning modules Mandatory training matrix, included further training in the nursing induction programme, produced guidelines and resources to make guidance for staff more accessible, and secured changes to the clinical record system that enable these patients to be captured via an alert scheme. This alert flag means patient's communication needs are recorded and highlighted when booking their next appointment. Patient secret shoppers are helping to identify outstanding challenges and next steps needed. The accessible information audit has provided evidence of the progress made since the Standard was introduced. The Trust has gone from only 11% compliance to over 50% of the AIS requirements now met and there is an action plan that will support the achievement of full compliance. All newly produced and updated patient information

leaflets and letters inform people how to tell us if they need information in a different format. All departments and areas are now able to supply Large print letters through the clinical record system (Cerner) and the feasibility of automating the production of information in other formats is under review. In autumn 19 the Patient Experience Team will form an accessible information steering group involving staff and patient partners to help formulate and keep on track with planned actions.

Improving the experience of people with a cancer diagnosis

Findings from the **National Cancer Patient Experience Survey 2018** reflect patients' positive experience of care at Kingston Hospital. The survey reported significant improvements in the proportion of patients that were told they could bring a family member with them to diagnosis, perceived that that enough nurses were on duty, and said that the length of time to attending clinics and appointments was right. No measures of patients' experience were significantly worse, however the report highlighted differences in patients' experience by tumour type and showed that cancer patients experience on inpatient wards could be improved. The Trust has responded to these findings through a series of quality improvement programmes and projects aimed at generating sustained change.

- **Haematology** – findings from successive national cancer patient experience surveys supported the successful business case to move the Haematology Day Unit in to new purpose-built unit co-located with other cancer services. Patients were involved in the design of the new unit. The implementation of the BookWise system in May 19 to schedule patient appointments and allocate nurse time to treatments has reduced the time patients wait for treatment and the time nurses spent on non-clinical administration. A quality improvement project to standardise advice given to patients over the phone using a recognised triage tool and then integrate this into our CRN system is due to be completed in the autumn of 2019.
- **Breast care** – the team has produced a booklet outlining breast care following surgery in consultation with the Cancer Patient Partner Group and has started regular education sessions with staff from Isabella ward to enable them to improve the care offered following breast surgery.
- **Macmillan Volunteering Project** – Macmillan has provided 18 months funding for a part time volunteer coordinator to recruit volunteers to support our cancer services and patients. Volunteers in Urology are helping to improve patients experience by offering timely appointment reminders, taking messages and signposting patients who call advice lines when cancer nurse specialists are in clinic. The recruitment of volunteers to support cancer patients during a hospital stay, during discharge and for a short time once they are back home is currently underway.

Enhancing wellbeing at the end of life

Good progress has been made this year on a programme of work around End of life care in response to patient and carer feedback, findings from the 2018 national bereavement audit and commitments the End of Life Strategy. The Trust's 2018 bereavement audit

showed that Advance Care Planning (ACP) discussions to establish a person's wishes had only taken place with one third of this group of patients. Immediate actions taken to respond to this included targeted ward level education, close working with discharge coordinators and encouragement for medical staff to initiate discussion. A follow up audit showed that 100% of this



in

group of patients received the opportunity to discuss ACP. Staff have also written an ACP information booklet that is being widely distributed across the hospital in order to encourage people to consider issues that they and their family may face. The Trust's partnership with Princess Alice Hospice means that staff are now able to refer patients onto highly trained volunteers able to offer emotional and practical support to people who leave hospital. Within the hospital staff the introduction of an End of life compassionate bag now enables staff to return clothes washed and folded together with a condolence card. Projects have also been launched to support staff to have difficult conversations around issues including tissue and organ donations, the escalation of treatment and recognition of dying. The charity Difficult Conversations is training cardiac, respiratory, pastoral services and palliative care staff and The Trust is producing films to support staff, as described in the case in the next section.

Death Café

At a Death Café people, often strangers, gather to eat cake, drink tea and discuss death. The objective of a Death Café is to 'increase awareness of death with a view to helping people make the most of their (finite) lives'. Death Cafes have been held in over 60 different countries and many settings since the first in London in 2011. We held our first here at Kingston Hospital in May 2018. It's a joint initiative between Kingston Hospital and Princess Alice Hospice that we are now running monthly. Here are some of the comments we've received from people that have come along.

'It was good to talk about themes such as loneliness, loss and not letting go' 'A really helpful experience, positive and safe environment. Good to share perspectives and learn from others about what's important in their life 'Interesting discussion, everyone shared. It made me think about planning and getting rid of clutter, nice cake! 'Very positive experience. I'm feeling more comfortable about approaching family and loved ones about my preferences and theirs around death and dying'

Thora Thorhallsdottir, Nurse Consultant and Macmillan Lead Palliative Care CNS

Co-production of information films for patients and staff

In the case study below, Jane Stevenson a Patient Partner at The Trust describes her experience of working alongside hospital staff to create short films that will improve patients experience of care, and support staff to deliver care when there are emotionally complex and difficult decisions to be made.

Demystifying chemotherapy

The Cancer Patient Partner Group was approached by cancer specialist nurses about a plan to offer patients a presentation about chemotherapy before they started treatment. The presentation was very dry and didn't really convey what it would be like when patients walked through the door. I thought it would be a great idea to hear from patients as well as staff. Story telling really engages people and short films can convey messages really quickly. The staff jumped at the idea. It took a while to get the project off the ground but once funding was secured from the Kingston Hospital Charity we moved ahead with meetings to understand from staff what they wanted to convey and what it was that patients most needed to know. We've created two films, both called Demystifying Chemotherapy Cancer. One for the Haematology Unit and the other focusing on oncology in partnership with the Royal Marsden. Both feature patients explaining their journeys and staff explaining their roles. At 6 minutes each the films are quite long but we all felt that there's a lot to cover, both about the treatment and side effects, what happens after and how different individuals' journeys can be. I'm a Patient Partner here at the hospital and having spent my career in film I

do feel that volunteering my experience and skills in this area is the best contribution I can make. The films have been made in partnership. I did feel listened to and I suppose my own experience as a cancer patient meant I understood the questions to ask. The films are complete and will be used in initial consultations that cancer specialist nurses have with patients before chemotherapy starts.

I'm involved in another project now working alongside the hospital's pastoral and spiritual team to create three films exploring spiritual wellbeing, funded by RM partners. The first follows a group of patients involved in a workshop that uses maps of meaning to explore spiritual wellbeing. The short film will be used to signpost patients to the workshop and other spiritual and pastoral support. A further two films for staff will focus on resilience and how to have difficult conversations with patients around End of life issues.

Jane Stephenson, Patient Partner

The 15 Steps Challenge



It is important to understand what good quality care looks and feels like from a patient, relative, friend and carer's perspective. The *15 steps challenge* is an inpatient toolkit which helps to provide a line of communication between service users and those at the organisational level, in order to identify improvements that could be made to enhance the overall patient experience. In February 2019 we carried out our second successful 15 step challenge in the Paediatric Emergency Department (PED) and the Day Surgery Unit (DSU) with the support of Youth Out Loud! a group of young people (aged 15-17) working with Healthwatch Kingston and Healthwatch Richmond to improve local health and care services.

A number of observations made by the group following a feedback session has resulted in changes to both areas including; the provision of more detailed and visible patient information, reading material for older children and a change to the lighting. Requests to refresh the artwork in the DSU and to design a welcoming entrance for the PED are also in the process of being organised. This project was subsequently showcased at the Youth Out Loud! launch event in April and certificates were awarded to the group members for their participation, invaluable feedback and support. It is beneficial for young people to take back these experiences into their community/school/college to raise awareness of both the challenge and the hospital's priority aim of involving the wider community in everything we do.

The next 15 step challenge has been organised for September 2019 in association with our Healthwatch partners and will involve young people with educational and learning difficulties from local schools. The focus will be on the Royal Eye Unit and the Oral/Maxillofacial surgery department in the Princess Alexandra Wing.

Feedback from Youth Out Loud members

I had the opportunity to give feedback and I used my memories from a previous bad experience at another hospital waiting room to make suggestions that would ensure other young people don't have the same negative experience that I had.

Youth Out Loud! Member

The 15 steps challenge was a great opportunity for Youth Out Loud! to share their experiences of being in waiting rooms and more. We can all guess what someone might like to see but you will never truly know until you ask. We have done quite a few different things as a group and this was definitely one of our favourite days!

Youth Out Loud!

Concluding comments and looking forward

This report has sought to demonstrate the steps KHFT is taking to:

- Encourage and enable feedback;
- Understand patient feedback as a whole and the insight that can be gained from this;
- Ensure that patient experience is driven by and embedded in a range of Trust's strategies; and
- Involve patients as partners to improve the healthcare services KHFT offers.

The report has also provided a series of case studies detailing how insights from patient experience data have been used to improve the experience of patients across the hospital over the last 12 months.

The Trust's priorities for patient experience over the coming 12 months are to:

- Continue the work to enable and encourage more people to give feedback and in particular, to work with partners to collectively engage with seldom heard groups to ask them their views on the health services they receive;
- Continue the emphasis on making patient feedback a 'must do' in governance structures so that the 'patient voice' is brought more firmly to the fore;
- Successfully deliver the patient experience Quality Priorities on pain management and patient involvement in quality improvement; and
- Ensure that all strategies refreshed and written over the next 12 months are built on evidence and a firm understanding of patients' experience.