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Research on staff, patient and public perceptions and needs to influence the development of our hospitals

Imperial College Healthcare NHS Trust

August 2020

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About this report

This report presents findings from user insight research to support hospital redevelopment at Imperial College Healthcare NHS Trust. The research, conducted by Kaleidoscope Health and Care and the Nuffield Trust, was carried out between June and August 2020. The research sought to understand what staff, patients and the population need and want from the Trust's future hospital buildings, with a focus on the redevelopment of St Mary's Hospital. In addition to the research findings, this report includes a discussion of implications for future engagement.

Acknowledgements

Kaleidoscope Health and Care and the Nuffield Trust would like to thank the many individuals and groups who gave freely and willingly of their time to share their experiences, aspirations and ideas around hospital redevelopment. We would particularly like to thank the members of the Stakeholder Steering Group who gave up their time to inform design and delivery of this research; the work would not have been possible without this support. Errors and omissions are the responsibility of the authors alone.

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Summary

Imperial College Healthcare NHS Trust ('the Trust') has described the redevelopment of its hospitals as a 'once in a generation opportunity'. This programme of building future hospitals is part of a wider ambition to become the most 'user-focused' organisation in the NHS. To support the redevelopment, the Trust commissioned Kaleidoscope Health and Care and the Nuffield Trust to run a programme of user insight research between June and August 2020.

The research was designed to embody the Trust's values. It was led by a Stakeholder Steering Group comprising both those who work at and use the Trust's services. The research framework was based around the Trust's four values. Events brought staff and patients together. A mixed methods approach was used including a literature review, a survey, participatory workshops, a community group outreach programme, and interviews. 362 individuals responded and/or attended events as part of the research.

Key findings against the Trust's four values included:

- **Kind**. A kind hospital translated to the majority of respondents as a considerate environment that caters to different needs and confers dignity and respect on individuals. Specific factors such as layout, accessibility, and privacy were cited as contributing to patients feeling respected and being treated with dignity. Many respondents cited the importance of signage and wayfinding to improve experience and reduce stress.
- **Expert.** Respondents acknowledged the high importance of the environment in creating perceptions about the levels of expertise and safety within the site. Key features that would give respondents confidence that they were being treated in a safe and professional environment included a clean environment, modern equipment, clear signage, and visible staff in waiting and treatment areas.
- **Collaborative.** Creating shared spaces which were accessible by the community was seen as an important way to build relationships between the community and the Trust. In particular, a landscaped garden was the most popular facility not commonly found in hospitals. Protected staff space and flexible meeting space were the top two factors cited as encouraging collaboration within staff groups.
- **Aspirational**. Respondents gave welcoming reception and waiting areas, easy access to facilities, and ventilation and temperature control as the top three features that contribute to a positive hospital experience. Reported experiences inside the hospital currently stressed the poor layout, and "rabbit warren" of existing facilities.

The research was conducted at a time when the impact of Covid-19 was very highly visible. Key messages arising from stakeholder experiences of Covid-19 included prioritising infection control features as part of the design and ensuring that spaces were designed as flexible, allowing them to be easily adapted or

changed. The positive impact of the technology adopted in response to Covid-19 was also noted.

While engagement was received from a range of groups, there are a number of ways future research could be designed to be more inclusive of wider perspectives. This includes expanding the breadth of communications, using more accessible language, and allowing for engagement over a longer time period.

What did we do?

User-led process

The design and delivery of this user insight research was informed by an independent Stakeholder Steering Group, the membership of which was made up of staff members (including staff network representatives) and members of the Strategic Lay Forum, many of whom had been patients at St Mary's (Appendix 2). The purpose of the Group was to:

1. Provide challenge to the design and development of the research priorities and questions (helping to shape the research framework).
2. Ensure the research process was robust, accessible and relevant.
3. Help shape our priorities for reporting and analysis once the data collection stage of this research and interim analysis of the data was completed.

The Group met twice over the engagement period. The expertise, insight and challenge offered by group members was crucial to the overall research process. As a result of the group's input, the research questions and proposed methodology were refined for the data collection phase of the project.

Data collection

The active phases of data collection used five primary methods: background document review; participatory workshops; community group outreach; surveys and semi-structured interviews.

Background document review

The Trust shared a total of 18 relevant documents, including relevant notes from board meetings, previous staff survey responses, Trust strategy documents, complaints data, meeting notes from local community groups and specific work the Trust had conducted in relation to this redevelopment programme. Kaleidoscope conducted an initial review in the first two weeks of this research programme, helping to inform the research framework and priority questions, a full review of this evidence was then sustained through to week 5.

Information from these sources was extracted according to its relevance to the priority research questions, particularly in relevance to Domain A: 'What does the Trust already know?' and Domain B: 'What are the priorities for this redevelopment?' This summarised evidence helped to inform what was already known to the Trust in regards to the redevelopment, which stakeholders had been involved and their position, or considerations for future research.

Participatory workshops

Over the course of July 2020, three 90 minute virtual workshops were held to explore the priority questions, on 17, 21 and 23 July 2020. These groups were

made up of staff members, patients, members of the local community and other individuals who held an interest in the redevelopment programme. The workshop sessions were interactive by design. Participants were asked to register via Eventbrite, where they were asked a number of questions to help identify their stakeholder type, other demographic questions and any accessibility requirements for their attendance at the workshop.

To reach as broad a range of people as possible, we worked with communications colleagues at the Trust to advertise these workshops through a range of new and existing channels, including the Trust's internal communication channels, stakeholder networks, Trust members, social media, and community groups.

Community outreach

Through a programme of identification and recruitment, working with local voluntary and community services umbrella organisations, 32 community organisations and staff networks were identified. Where possible, individuals within these organisations were sent information in relation to this consultation and were invited to participate. Where individual contacts were not identified, an invitation was sent to a generic 'admin' email for that organisation. A range of community groups were identified and contacted, including youth groups, community groups for specific ethnic minorities, faith groups, disability networks and lesbian, gay, bisexual, trans, queer + networks (Appendix 3).

These groups were initially asked if there are existing meetings the research team could join to explore redevelopment issues. Where this wasn't possible, a separate meeting lasting approximately 45 minutes was scheduled.

Survey

We developed an online survey for the three main stakeholder groups based on early consultations with the Stakeholder Steering Group and shaped by the background document review. The survey contained a blend of open and closed questions tailored to each stakeholder group, with some questions open for all to respond to. The survey was initially launched on 6 July 2020 through Google Forms and re-launched on 10 July 2020 through Survey Monkey to allow for maximum accessibility among different stakeholder groups. The survey was promoted through a range of channels including existing Trust mailing lists, Trust Intranet, Facebook, LinkedIn and Twitter. We originally aimed for between 300 and 400 respondents, representative across the key involvement groups, and was originally planned to remain open for data collection from 6 July 2020 to 28 July 2020. This timeframe was altered during the course of the project to allow for more response time, with the survey closing on 2 August 2020.

Interviews

We gathered stakeholder perspectives through direct consultation, by offering short telephone interviews (30 minutes) to stakeholders who prefer to use this medium and who did not have access to digital means of communication. We used a referral method of recruitment, with members of the Stakeholder Steering

Group recommending appropriate key informants for these interviews. A brief semi-structured interview guide was designed to inform and shape this component of primary data collection (Appendix 4).

Analysis

Survey data from the two online survey tools was collated into a single database using Excel. Quantitative analyses were performed using Excel, presenting survey response data by number and proportion according to demographic indicators and by priority stakeholder group in tables and graphs.

Qualitative data from the open-ended survey questions, participatory workshops, community groups and interviews were collated, coded and analysed through Dedoose software[1], which allowed thematic analysis and triangulation across data sources and stakeholder groups. We assessed the strength of evidence for each domain in the research framework, based on the level of triangulation that was possible within each area of analysis. This assessment conveys in a systematic way the robustness of the findings that we have presented. Table 1 presents our approach to ranking the strength of evidence. A full description of the limitations of this research is available in Appendix 5.

Table 1: Strength of evidence

Rank	Justification
1	The finding is supported by multiple types of data sources of generally strong quality (good triangulation).
2	The finding is supported by multiple data sources of lesser quality, or the finding is supported by fewer data sources of higher quality (moderately good triangulation).
3	The finding is supported by few data sources of lesser quality (limited triangulation).
4	The finding is supported by very limited evidence (single source) or by incomplete or unreliable evidence. These findings may be preliminary or emergent and may need to be followed up at the end of programme evaluation.

[1] **Dedoose** Version 8.0.35: web application for managing, analyzing, and presenting qualitative and mixed method research data (2018)

Who did we hear from?

We had data from 248 survey respondents, carried out three participatory workshops, attended seven meetings with community groups, and held two key informant interviews, delivering a total of 362 points of engagement with stakeholders to gather primary qualitative and quantitative data (Table 1).

Table 1. Engagement and data collection approach

Data collection: Engagement		Participants
Online survey		248
Participatory workshops	Workshop one	14
	Workshop two	12
	Workshop three	11
Community engagement research	Action on Disability: Kensington and Chelsea	11
	Middle Eastern Women and Society Organisation	9
	Imperial College Healthcare Trust (ICHT) Multidisciplinary Black Asian and Minority Ethnic Network	32
	ICHT Safeguarding Team	4
	Multiple Sclerosis Society	2
	ICHT BIG ROOM - 'Young people at Imperial'	9
	I-CAN Network	8
Interviews		2
Total points of engagement		**362**
Data collection: document review		**Sources**
Background document review		18

Overview of survey respondents

Survey respondents were requested to self-identify as one or more of three stakeholder groups (Table 2). For simplicity, these stakeholder groups will be referred to as 'Patients', 'Staff' and 'Community' for the remainder of the Results section. 14 respondents chose not to respond to this question.[2]

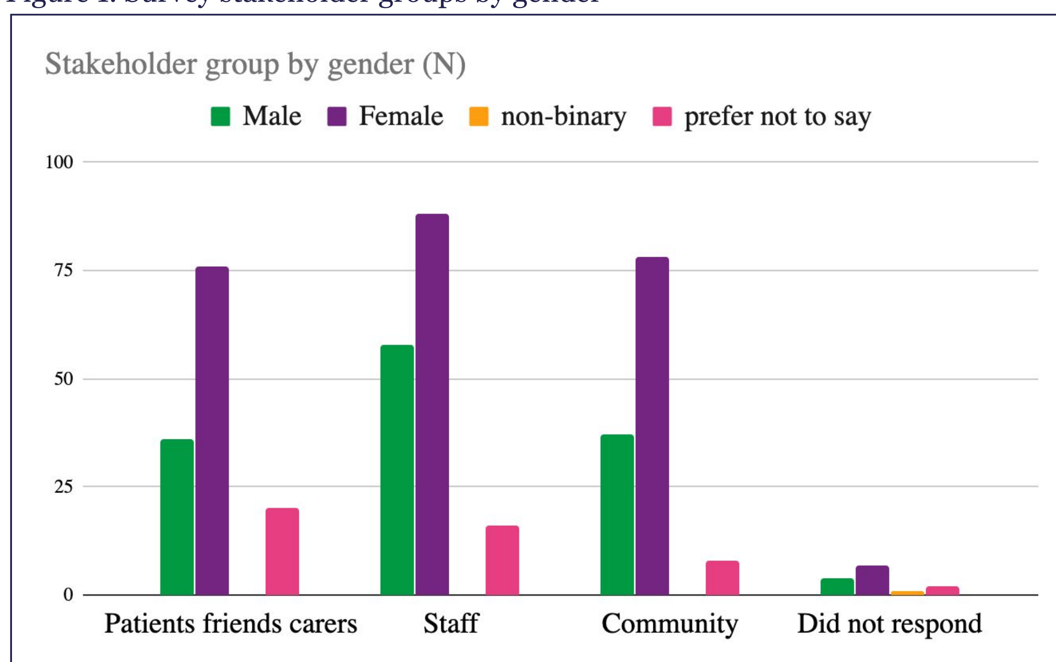
[2] The data associated with the 14 respondents without a stakeholder group were retained in analysis because the first two survey questions were open to all regardless of stakeholder affiliation.

Table 2. Respondents by stakeholder group[3]

Stakeholder group	Number of respondents
Patients, carers, or friends and family members of people who use the services at Imperial College Healthcare NHS Trust.	132
Imperial College Healthcare NHS Trust staff including lay partners and volunteers.	162
Members of the local community including local residents, local employees and those who commute to an Imperial College Healthcare NHS Trust hospital.	123
Did not respond to questions specific to stakeholder groups.	14

In total 145 respondents identify as female, 74 as male, one as non-binary and 28 chose not to answer the gender question. In each stakeholder group there are substantially more female than male respondents (Figure 1).

Figure 1. Survey stakeholder groups by gender



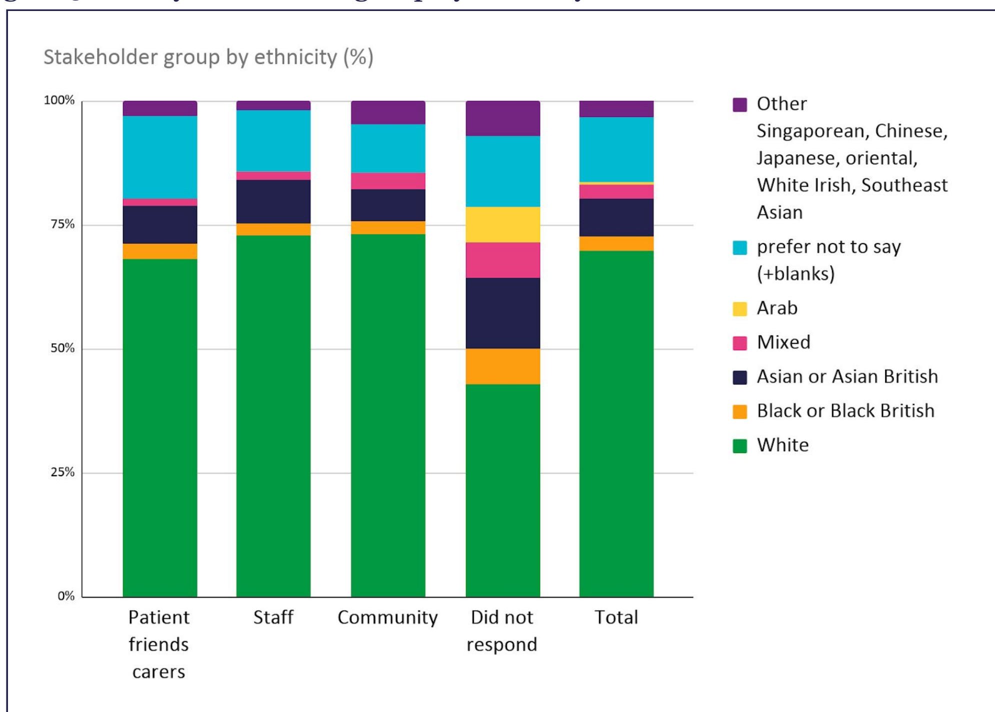
Survey respondents were asked to supply the first half of their postcode, allowing us to visualise the geographic spread of the survey data around London and the Southeast (Figure 2).

[3] Respondents who identified only as 'patients' = 28. Respondents who identified only as 'staff' = 60. Respondents who identified only as 'members of the local community' = 9. Respondents who identified as 'patients' and 'members of the local community' = 34. Respondents who identified as 'members of the local community' and 'staff' = 32. Respondents who identified as 'patients' and 'staff' = 22.

Figure 2. Map of survey respondents

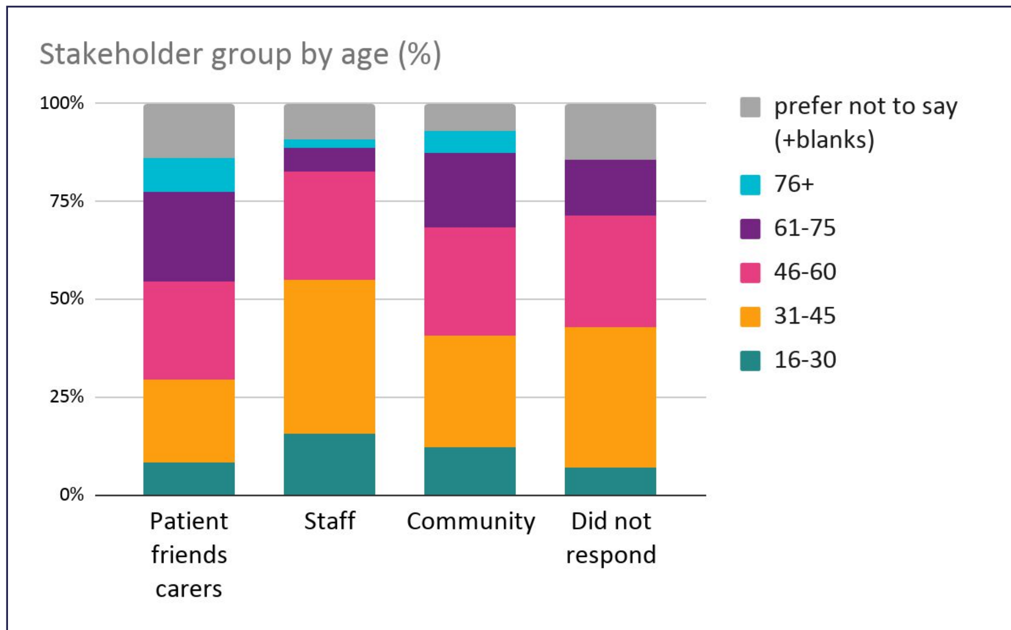
Survey respondents report a mix of ethnicities and although the sample is predominantly ‘white’ (70%) the spread of ethnicities is broadly similar across the stakeholder groups (Figure 3). There is a greater range of ethnicities within the group of respondents who chose not to select a stakeholder group.

Figure 3. Survey stakeholder group by ethnicity



There are a range of ages in the survey sample with a similar distribution of age across the stakeholder groups, albeit with fewer over 61s and substantially more 31–45s in the staff group, which aligns with expectations given the working age population (Figure 4).

Figure 4. Stakeholder group by age



One third of survey respondents report one or more long term conditions. Additional demographic features and survey analyses are reported in Appendix 6.

What did we hear?

The research framework focused on seven areas:

- The Trust's four values: kind, expert, collaborative and aspirational. These were the four key domains of the research.
- Three supporting areas to reflect the point at which the engagement was undertaken: what the Trust already knew, the priorities for redevelopment, and the impact of Covid-19 on perceptions.

This section sets out the results of the research against each of these areas.

Domain 1: Kind

A. Domain 1: Kind	
Research questions	**1.1 What makes a kind hospital?** **1.2 What can design do to make a patient feel respected in hospital?** **1.3 What can design do to make a patient feel included in their treatment?** **1.4 How could being treated or working at St Mary's be made kinder in the future?**
Rank and strength of evidence	**Rank 1** The findings in Domain 1 are supported by multiple types of data sources of generally strong quality, triangulating data from the survey, community groups and interviews, with priority results based on a large number of respondents.
Key findings	• A kind hospital translated to the majority of respondents as a considerate environment that caters to different needs and confers dignity and respect on people in the building. • Specific factors such as layout and accessibility, privacy and space and ease of wayfinding were cited as contributing to patients feeling respected and being treated with dignity. The importance of signage and wayfinding to improve experience and reduce stress was cited by many respondents across all stakeholder groups. • Concepts of bespoke design and welcoming "hospitality" style features were also cited as ways to make patients feel respected. The value of separate spaces featured particularly in the context of confidential and distressing conversations, and being able to enjoy the company of visitors in a separate space. • Calm and quiet environments were cited as a key factor

	for patients to feel included in their environment - predominantly in relation to patients being able to participate in conversations in appropriate, quiet and private spaces that reduce anxiety and stress. ● The concept of dedicated staff space was talked about in relation to staff being able to do their jobs properly with emphasis placed on rest and respite, but also in relation to design which allowed staff to treat patients with dignity (for example, purpose built rooms, adjacencies to other clinical services, ability to optimise patient flow).

Physical design features of the general hospital space were of great importance to creating a kind hospital and delivering an experience where patients feel respected. The physical environment communicates to and shapes the experience of patients, visitors and staff. A kind hospital translated to the majority of respondents as a considerate environment that caters to different needs and confers dignity and respect on people in the building.

> "It has to send the message that it is a health and emotional support facility but not portray itself as a frightening high-tech and impersonal setting. You do need light, space, privacy, and a well-landscaped place (with privacy) for people to sit, meet, reflect and regroup." (Patient, staff and community member)

Layout and accessibility

Accessibility and manoeuvrability requirements were very common themes in our data, with many examples provided, such as lifts appropriate for mobility aids and separate lifts for transporting patients, corridors of a suitable width, storage space on wards for trolleys, and many comments related to toilet accessibility and availability. Bathroom 'nearness' for both for visitors and inpatients was a common suggestion for how to enable a calm, dignifying and welcoming environment.

> "Meet the needs of users, (make sure hospital environments) can be navigated by all regardless of disability, personalised approaches to alleviate limitations such as buzzer calls or mobile calling systems for blind/deaf, automatic doors, clear signage, good front of house customer service." (Patient, staff and community member)

Several respondents suggested that bespoke departmental design according to need was crucial in generating a kind environment, typically observed in paediatrics but not necessarily seen much elsewhere. Bespoke overall department layout as well as aesthetics and furnishing all contributed to respondents' perceptions of a considerate space. One respondent described problematic and cheap furniture sourced from office supplies, rather than healthcare-specific designs.

> "Office furniture is used in patient spaces, to meet budget constraints, rather than furniture that is specifically designed for healthcare [...] Whilst the nursing care at Imperial is amazing and demonstrates kindness at all levels, the furniture is often dirty, shabby, damaged, uncomfortable and doesn't portray the same kindness. By comparison, investment in the correct furniture and budgeting to maintain/replace that furniture on a rolling programme says to patients that this hospital really does care about me, and about my family and friends. (Patient, staff and community member)

> "The flow of each area of the hospital needs to reflect the requirements of the clinical department. You cannot take the layout for one floor and repeat it for all the other floors. [...] If the building doesn't work for the clinical teams then their ability to care for patients will be diminished." (Staff member)

Privacy and space

Space and spaciousness was a key theme, overlapping with the importance of privacy and space for confidential and dignified communication. For patients, carers and visitors, this related to space around reception areas for confidential conversations, as well as support for inpatient space and privacy – from more substantial curtains, to smaller wards with more private rooms, and with comfortable space around the bedside and outside of the ward to meet with visitors. For staff, there was a need for private rooms and breakout areas for meetings or for changing into or out of work clothes. Families would benefit from private rooms for receiving sensitive and distressing information or enjoying the company of visitors. Bespoke spaces for end of life care (like Maggie's at Charing Cross Hospital) were mentioned.

> "Privacy can be very important to patients so having the right environment will help this, either in a ward bay or having a room available for difficult/confidential conversations on the ward or in outpatient areas like pharmacy." (Staff and community member)

> "Comfortable spaces on all wards where family members can be near but yet away from the bedside when someone is at the end of life. Facilities to make it easier for relatives to stay overnight when someone is dying. More available side rooms to provide privacy for patients and families at the end of life [and] toilets they can use close by the wards, ability to get drinks etc without going too far." (Staff member)

Easy wayfinding and navigation

Consideration of the most logical, clear, and navigable layout was a very popular theme among patients, staff and community members alike. Difficulties in wayfinding and unclear signage was commonly cited as a source of stress, anxiety and feeling hurried (mentioned 42 times in the survey). Clear multi-language signage offering good directions for patients and visitors is important for feeling calm, supported, and not feeling like a burden.

> "Spaces should flow naturally into each other making it obvious to patients where and how they are expected to move. The building internally and externally should express competence and calmness." (Patient and community member)

Bright, clean, light, and airy

Cleanliness was mentioned many times as part of a kind and respectful environment. Although cleanliness itself falls under behaviour and practice, design should accommodate the environment's ability to maintain a clean, tidy and organised environment that is perceived clean by patients and visitors, and contributes to feelings of safety and calm. This translates to organised tidy spaces with storage for equipment to reduce clutter, smooth sanitisable surfaces, and furniture appropriate for a healthcare setting.

There was a common theme of the importance of natural and bright light, as well as calming colours and art. Many mentioned outdoor space, greenery and plants

as valuable and "uplifting". The light and layout of Chelsea and Westminster Hospital was mentioned a handful of times, typifying a "well-presented" and "airy" space. Air conditioning and natural ventilation were both mentioned several times.

"Bright, open, welcoming buildings foster a sense of togetherness and [are] good for staff wellbeing." (Patient, staff and community member)

"Architecturally there should be a lot of space, including high ceilings. I find this really calming and soothing and it's something I love about St Mary's." (Patient and community member)

Modern high-quality 'hospitality' design

Modern and high-quality design features deliver perceptions of comfort and trust among staff and patients in the competence of the hospital, with some respondents likening the ideal environment to one resembling the hospitality sector. This was especially true with regard to bathrooms with many respondents requesting modern high-quality toilets and plenty available for use in all locations. The hospitality sector suggestions extended to a welcoming wide and airy front of house space with friendly helpful layout design that is easily understood on arrival, free wifi, and some homely features to bring comfort. Staff and patients both mentioned the value of bringing some non-clinical spaces into the environment, such as staff kitchens and comfortable lounges, to bring a sense of familiarity and normality. Parking for staff, patients and visitors was mentioned several times as a fundamental design consideration.

"Calm, clean, bright and light environment and not too sterile or modern so that it is a welcoming environment." (Staff member)

"Welcoming, modern spaces with something for everyone - privacy for those who need it, areas for children to relax, space and facilities for those that need to work, including wifi and charging facilities, comfortable seating with good lumbar and arm support for the elderly and less-able, seating that supports equality, for example somewhere for larger patients to sit that fits in seamlessly with the rest of the seating so that persons don't feel the odd one out." (Patient, staff and community member)

An environment that reduces stress and anxiety

The main design features for patients to have a more positive experience and feel included in their treatment were for the environment to contribute to calmness and quiet, so as to reduce anxiety and improve comfort. Rooms designed to alleviate fear and anxieties and confer dignity and privacy for patients were a very common theme, including fewer beds per ward and more private rooms. Spaces for private communication between staff, patients and visitors was hugely important. Layouts that permit line of sight between patients and staff and general visibility of staff was highlighted many times as a way to reduce feelings of isolation and minimise distress. Patients felt that waiting spaces should be comfortable with sufficient numbers of seating, visible staff, and electronic updates to illustrate waiting times. Acoustic considerations such as automatic rather than loud slamming doors, and reduction of beeping machines, were mentioned to maintain a calm and quiet environment. Respondents mentioned the importance of open, comfortable and welcoming environments especially at reception areas and upon arrival at the ward, where they could receive care and

information without feeling stressed or ‘like a burden’.

“People support one another but can't do that in hallways or in snack bars. Create spots, cul-de-sacs, secure and quiet sites throughout the patient care and waiting areas, and configure the patient care rooms to accommodate meetings of 4-5 relatives.” (Patient, staff and community member)

“Privacy isn’t as important for me, as long as you’re cared for. But sometimes it’s so crowded, there was one time that we couldn’t even have a chair by the bed for a visitor.” (member of the MS Society Group)

“In discussing medical issues, discussions with patients may be deeply distressing; think of how a building might more easily facilitate this so patients do not feel they are being overheard by other patients or visitors.” (Patient and community member)

Patients and staff wanted layout to reduce feelings of being rushed or lost. Suggestions included co-location and adjacent departments to support outpatient appointments and inpatient clinical pathways, as well as breakout areas and lounge seating areas for patients and visitors to socialise outside of the ward environment. Overnight facilities for carers were cited several times. Individual temperature controls and catering options were suggestions for improving the overall patient experience.

“I only want to go to one building for all my outpatient appointment care in a given day eg. have blood tests, imaging and clinical input in the same place.” (Community member)

“Thoughtful design with quiet areas for patients (especially in paeds) and light, spacious accommodation. Having space for doctors and nurses to do their admin close to patient care areas allows easy access if needed. At CX for example having my East Wing office lets me respond to my patients quickly on the South Wing.” (Staff and community member)

A professional environment to promote wellbeing for staff

There was a commonly-cited belief that ‘happy staff equals happy patients’, and therefore consideration to staff wellbeing in the workplace was of high importance. Prioritisation of staff privacy and dignity was a common theme, in the form of breakout space to have meetings or be away from patients, to have storage facilities on wards and to have departmental layouts reflect the need for adjacencies for support from other teams, and to facilitate patient movement along clinical pathways. Parking and staff canteens were both mentioned multiple times. Staff also wanted more private space to communicate confidentially with patients and carers.

“Staff can’t always be ‘on’ 24/7. Provide adequate space for staff to get away from patients - breakout rooms, staff corridors, staff dining areas.” (Staff member)

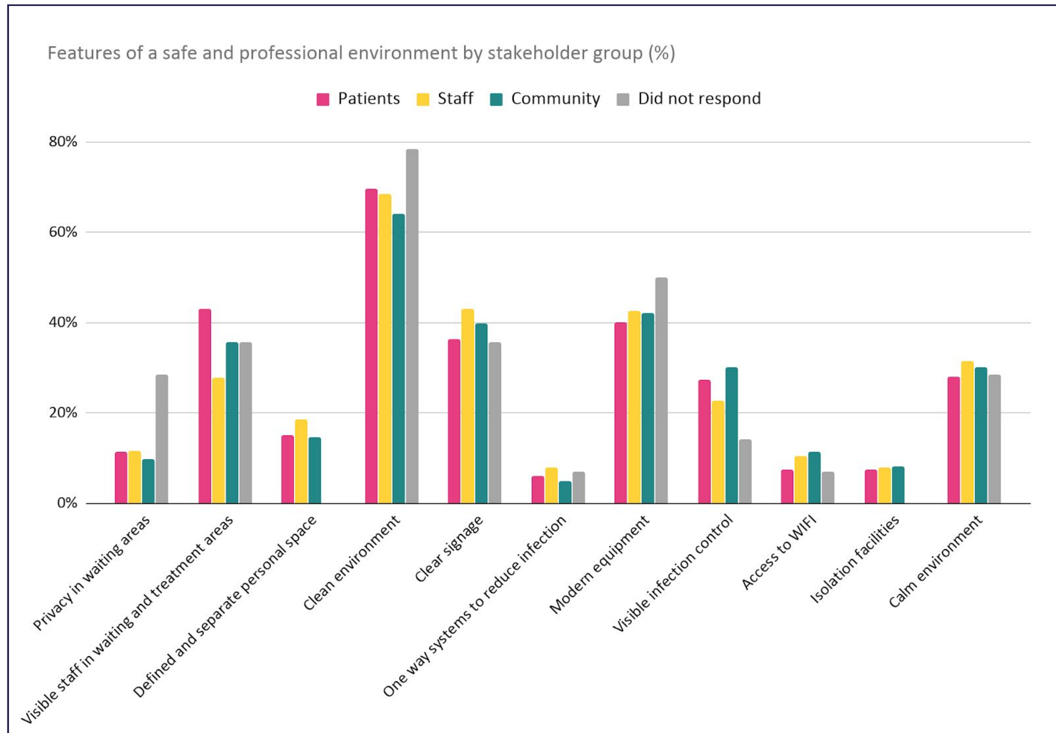
Domain 2: Expert

Domain 2: Expert	
Research questions	**2.1 What is expert care and treatment at St Mary's now?** **2.2 What could expert care and treatment look like in the St Mary's of the future?** **2.3 How could the new St Mary's help stakeholders to make the best use of your expertise?** **2.4 What features matter to stakeholders in creating a safe and professional environment?** **2.5 What would feel out of date at the new St Mary's when it is completed in 10 years' time?**
Rank and strength of evidence	**Rank 2** The findings in Domain 2 are supported by fewer data sources but still of high quality. Many of the themes were fairly consistent among respondents, although there are some specific examples that are not widely repeated across different data sources, such as safeguarding which was only mentioned during the safeguarding group (moderately good triangulation).
Key findings	• Respondents acknowledged the importance of the environment in creating perceptions about the levels of expertise and safety within the site. • Community members, staff and patients agreed that the top features that would give them confidence that they are being treated in a safe and professional environment are clean environment, modern equipment, clear signage, and visible staff in waiting and treatment areas. • There was an emphasis on "future-proofing" the design, which a number of respondents defined as ensuring appropriate infrastructure to continue with the innovations introduced during Covid-19. • There was an emphasis on the importance of privacy and appropriate space for patients, carers and staff to be able to do their jobs well. • The theme of dedicated staff space recurred, with staff citing the opportunity to rest and to access facilities as factors which influence how well they are able to do their job. • Layout and co-location to improve patient and staff flow was another theme repeated in the context of building the most expert environment.

Respondents were asked to choose which three features in a hospital building would give them confidence that they are in a safe and professional environment (Figure 5). Community, staff, and patients agreed that the top features are a clean environment, modern equipment, clear signage, and visible staff in waiting

and treatment areas. Patients prioritised visible staff slightly more than other stakeholder groups.

Figure 5. Features of a safe and professional environment by stakeholder group (%)



Modern, safe and adaptable site

Respondents recognised the importance of the environment in enabling expert care and treatment. Respondents felt that a poor quality environment could lead to a perception that the quality and standards of healthcare services were also poor.

> "If you are in a clean and modern environment, psychologically you feel like you are in a good hospital and that they will take care of me well." (Member of the ICHT Multidisciplinary BAME Network)

They noted that the current site was "not fit for purpose" and required modernisation. This included appropriate facilities such as ventilation, heating, air conditioning and toilets. Respondents noted the opportunities for being innovative and taking inspiration from organisations that had done this well. The important consideration was "future-proofing" the site to ensure it is flexible, adaptable and considers future requirements (for example, digital medicine). Modernising the site and addressing the issues that come with old buildings (such as mould, leaks, infestations and poor ventilation) were considered important for creating a professional environment. Design features that enable highest hygiene standards is also a key factor, particularly for encouraging patient confidence in services following Covid-19. One respondent however highlighted a possible tension between preserving the site's heritage with making the buildings modern and fit for purpose.

Layout and accessibility

Key to designing a site that is fit for purpose for clinical and non-clinical needs is an appropriate and accessible layout which supports patient flow and movement around the site, as well as enables collaboration across teams. Providing facilities such as meeting spaces, co-located office areas and easy-to-access equipment and storage were key examples of this. Appropriate signage and accessibility were regarded as essential.

> "Ensure that a patient does not have to be moved or walk a considerable distance between consultants or treatments." (Patient and community member)

Respondents noted the importance of considering the needs of different specialties, for example where patients are more mobile, or different patient groups such as children and young people. Several noted the importance of adequate ICT infrastructure, particularly given the increase in remote working during Covid-19. Providing space within the hospital for staff who work remotely to have a base, as well as dedicated spaces for virtual meetings is important. Space for other groups such as volunteers to meet was also mentioned, as well as co-locating research and education alongside clinical areas.

Easy wayfinding and navigation

Respondents felt layout was also important for safety – the current "rabbit warren" is a risk as people can get lost, or be difficult to reach during an emergency. Respondents also noted the importance of high-quality CCTV and security systems. One respondent felt this was particularly significant for addressing youth and gang violence.

> "Respect is basically an environment where staff and patients feel safe and protected." (Patient, staff and community member)

One respondent however noted the risk (post-Covid-19) of having one centralised building and the possible benefits of having separate buildings to reduce the risk of people all being in one place.

Staff and patient needs

The importance of considering staff needs was noted as essential. The environment itself contributed to staff wellbeing and was an important component of staff feeling respected and valued, as well as enabling them to provide better care to patients. One respondent talked about the role of the building in helping staff take pride in their environment and the work they do.

> "Designed with staff in mind as much as patients. Staff will care for patients better if the facilities reflect the standards desired." (Patient, staff and community member)

> "When you see that the environment that you work in has a space for you and for your colleagues you are feeling that you are part of the team and not just an employee." (Patient and staff member)

Many respondents noted the importance of staff facilities such as on-site catering, rest space, gyms, showers and changing rooms. They also noted the importance of appropriate spaces and facilities for patients and families (such as

side rooms), especially when patients are nearing the end of life. The need to consider different religions and faiths, by providing space for prayers and spiritual care for staff and patients, is also important.

Privacy

Multiple respondents noted the importance of privacy and providing confidential spaces for staff to talk to patients (or relatives), and for staff to talk to each other. This was highlighted as especially important in the context of safeguarding.

Domain 3: Collaborative

Domain 3: Collaborative	
Research questions	**3.1 How might the redevelopment of St Mary's benefit the local community?** **3.2 How might the redevelopment best serve the multiple populations it serves?** **3.3 How could the design support or improve informal collaboration (e.g. corridor chat and spontaneous problem solving)?** **3.4 How important are adjacencies to other services in helping staff succeed in their work? [staff only]** **3.5 What is the staff perspective on the value of protected space? [staff only]**
Rank and strength of evidence	**Rank 1** The findings in Domain 3 are supported by multiple types of data sources of generally strong quality, triangulating data from the survey, participatory workshops, community groups and interviews, with priority results based on a large number of respondents.
Key findings	• Respondents had a diverse range of ideas about how the redevelopment could serve local communities. These ranged from practical, logistical considerations such as improved signage and navigation which was reflective of local languages, through to more complex ambitions around using access to facilities and education to improve community health. The importance of accessibility was reiterated by respondents – both in relation to physical requirements as well as navigation and wayfinding. • Protected staff space and flexible meeting space were the top two factors cited as encouraging collaboration within staff groups. Staff also cited the importance of "staff flow" in enabling teams to collaborate or work efficiently together. • Creating shared spaces which were accessible by the community was seen as an important way to build relationships between the community and the Trust. Respondents also reflected on the impact the redevelopment could have for communities by providing access to green spaces and landscaped outside spaces – a landscaped garden was the most popular facility not commonly found in hospitals (cited by 57% of respondents) • Art and installations which reflected the diversity of the local communities were also cited as an opportunity to bring the community into the Trust.

Easy wayfinding and navigation

As mentioned previously, respondents cited wayfinding, supported by clear, logical signage, as an important factor contributing to a positive hospital experience. Members of the community were amongst those respondents who were also vocal on this topic, including in relation to how hospitals could benefit the local community in the future. This included the need for signs to be in common languages spoken amongst the Trust's local communities, and for staff members to give out maps or to utilise digital technology to assist community members upon arrival (for example, using touchscreen technology to select instructions in your language or request assistance).

> "Hospitals are massive sites [...] for someone who has English as a first language it's hard enough, I can't imagine how difficult it is if English is your second language." (Interview respondent)

Health promotion and educational spaces

Respondents cited steps the Trust could take firstly to promote and support healthy lifestyles. These included, for example, initial public health messaging and communication, and nutritional and accessible food options, with consideration towards the social determinants of health. Respondents also touched on steps the Trust could take to promote the services available within their sites: reaching out to communities through community leaders, providing information in different languages (where English is commonly a second language) and overall taking steps to break down barriers between themselves and communities who may benefit from these services. The availability of shared educational spaces was seen as a conduit to supporting these community members. These would be spaces where people could learn about common health issues, strategies for managing their own health, and how and when the Trust can help them. These spaces were seen by some respondents as a way to improve relationships and create a sense of integration between the Trust and its community.

> "By providing welcoming spaces where people can see/hear videos, exhibitions, talks, seminars, etc. on the work of the hospital, and some simple things they can do to make their lives more healthy and avoid having to go to hospital. The same spaces might be used for activities that build a stronger connection between the hospital and the community." (Patient and community member)

Shared community facilities

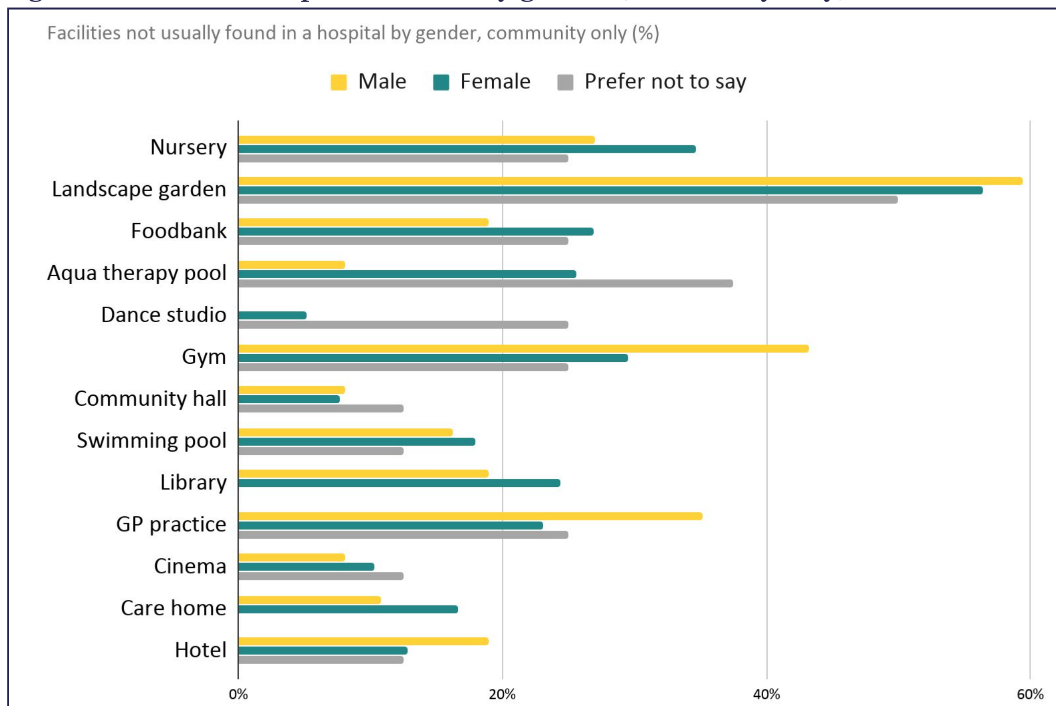
Respondents also reported the multiple benefits of having shared community facilities, available to the Trust's stakeholders at affordable rates. This included spaces that could be used for local community groups, and activities such as exercise classes and arts classes. Other facilities cited by respondents included shared green spaces that are accessible to community members, facilities to buy healthy and varied food (with consideration on the types of cuisine eaten by local community members), and exercise facilities.

> "A community hall type of space for patients, support groups, and could be rented for local other groups at affordable costs. This could be multi-purpose ie. have a staff bar after work, used as a yoga studio in evenings, hired for children's parties at weekend.

Could even be a food bank during the day." (Staff and community member)

Community members were surveyed on their top three preferred facilities that would not normally be found in a hospital setting (Figure 6). The most popular choice was a landscaped garden (57%), followed by gym (33%), nursery (32%) and GP (27%). Yet the choices differed slightly by gender[4]. Both men and women equally preferred the landscaped garden, but women slightly preferred a foodbank and aqua therapy pool over the GP practice. A higher proportion of men chose the gym than women (M=43%; F=29%), and vice versa for the nursery (M=35%; F=27%).

Figure 6. Preferred hospital facilities by gender (community only)



Welcoming, inclusive design and aesthetics

The importance of creating a welcoming environment was explored with respondents. Feedback on how best to do this included many features already explored in the 'Kind' section, including reducing stress and anxiety, wayfinding, cleanliness, and the importance of light. Further to this, respondents noted the importance of using the hospital as a space to celebrate the diversity of the local community. Tangible examples of how this could be done included commissioning and showcasing local artists from the community, and dedicating (or naming) rooms, wings or departments after individuals that reflect the diversity of the area.

"Think about how important names are in hospitals, wings and wards are often named after Victorian pioneers, it would be nice to make it more contemporary or relevant to local communities." (Workshop respondent)

Another common theme relating to creating a welcoming space, was ensuring an

[4] 'Non-binary gender' was available as a selection option, however no respondents used this gender option and completed the questions for Community members.

adequate number of spaces which could be used for prayer and worship from a variety of faith traditions.

Accessibility

Respondents stressed the importance of making any facilities or sites explicitly accessible. The definition of accessibility in this context was wide, encompassing:

- Language – ensuring language barriers were considered, and efforts made to bridge the gap between the Trust and members of its community where English was their second language. Accessibility was also considered in relation to using accessible language, particularly in relation to avoiding technical, clinical jargon and using layman terms to avoid confusion.
- Physical accessibility – respondents considered patients and community members with disabilities when creating a welcoming environment. This included considerations for those with physical disabilities (such as sizes of seating areas, automatic doors, the approach to the hospital) and also individuals with invisible disabilities (for example, Autism, ADHD, and other sensory conditions) including providing private sensory waiting rooms, or areas equipped for those conditions. Accessibility considerations in relation to physical design are further explored in Domain 4, 'Aspirational'.

> "All hospitals need to adopt the universal design principles - in both physical and virtual environments. The processes (and pathways) have to be fully inclusive and follow best practice universal design processes. We should have a better system which joins up and integrates care - travel, education and health. This extends beyonds disability to language, cultures and different communities." (Member of Action on Disability Kensington and Chelsea)

Transportation and approach

Good transport links to and from the hospital were also commonly mentioned by respondents in relation to serving the local community. This included regular, easily accessible, affordable public transport and adequate parking for those who needed to travel in private vehicles.

Collaboration spaces

Considerations for the inclusion of collaborative spaces were mentioned frequently by respondents, particularly amongst staff members. Spaces that allowed colleagues to collaborate were seen to be important in the context of finding shared solutions, education and offering support. Agile working spaces were mentioned by some respondents as a way of supporting this collaboration, although this was not a common theme. Respondents felt that 'staff flow' as well as 'patient flow' needed consideration, given the value staff placed on meeting other colleagues and being close to relevant teams.

Co-location and adjacencies

Respondents recognised the importance of logically designing hospital spaces in regard to service adjacency. This included a consideration of who or which departments work regularly with one another (clinical and office spaces),

ensuring that those departments (or clinicians) who collaborated regularly were situated in the same building where possible.

Co-location was mentioned frequently in relation to this, with staff members noting the potential benefits of shared spaces: a reduction in travel time between sites and an increase in the time available with patients. Where staff members are required to travel between sites, respondents noted their preference for ease of movement, including staying indoors and having direct, covered, and easily navigated connections between departments.

Separation and privacy for wellbeing

Having sufficient space for staff members to rest and separate themselves from patients was a commonly referenced factor in relation to the staff experience. Specific facilities mentioned by respondents included:
.

- A staff canteen – respondents reported examples of staff members eating lunches at desks, on shift, or not at all due to the lack of a staff canteen. Other respondents reported disappointment that a staff canteen had been removed from the St Mary's site previously.
- Adequate space for staff to change. – respondents noted an absence of changing facilities, spaces for staff showers and lockers for staff to store personal belongings.
- Adequate toilets for staff on wards (including accessible toilets for disabled staff).
- Green spaces and designated outdoor areas for staff to take breaks.
- 'Wind down' rooms. Smaller indoor spaces or rooms designed to help staff unwind. One respondent suggested these spaces could be a darker environment where staff members could lie down.

"By providing a clean, safe, bright space for patients/families AND by providing clean, safe and bright spaces for staff. If staff are constantly put under more pressure and treated like cattle it is hard to maintain empathy, compassion and energy. Removing the canteen at St Mary's for example was an utter outrage and damaging on so many levels as this left only a dank, dark, overpriced, public Starbucks as the place to go." (Staff and community member)

"Staff don't have anywhere even to put a coat. They need a space where they can engage, relax, have good food, access to amenities, a sofa, a massage chair (!) whatever it is". (Member of the ICHT Multidisciplinary BAME Network)

"I am office based. Every square inch of floor space in the area where I work is dedicated to operation of the department. Sometimes I need to get away from my desk to get fresh air and to decompress, but there is nowhere to go other than walking up and down the street. There needs [sic] to be places where staff can go, especially when the weather is bad, just to get away from their desks". (Staff member)

Respondents also noted the importance of providing an adequate number of high quality, protected working spaces for staff members, while finding a balance between spaces for collaborative working between teams, private spaces to hold sensitive or confidential meetings, and quiet areas for focussed work.

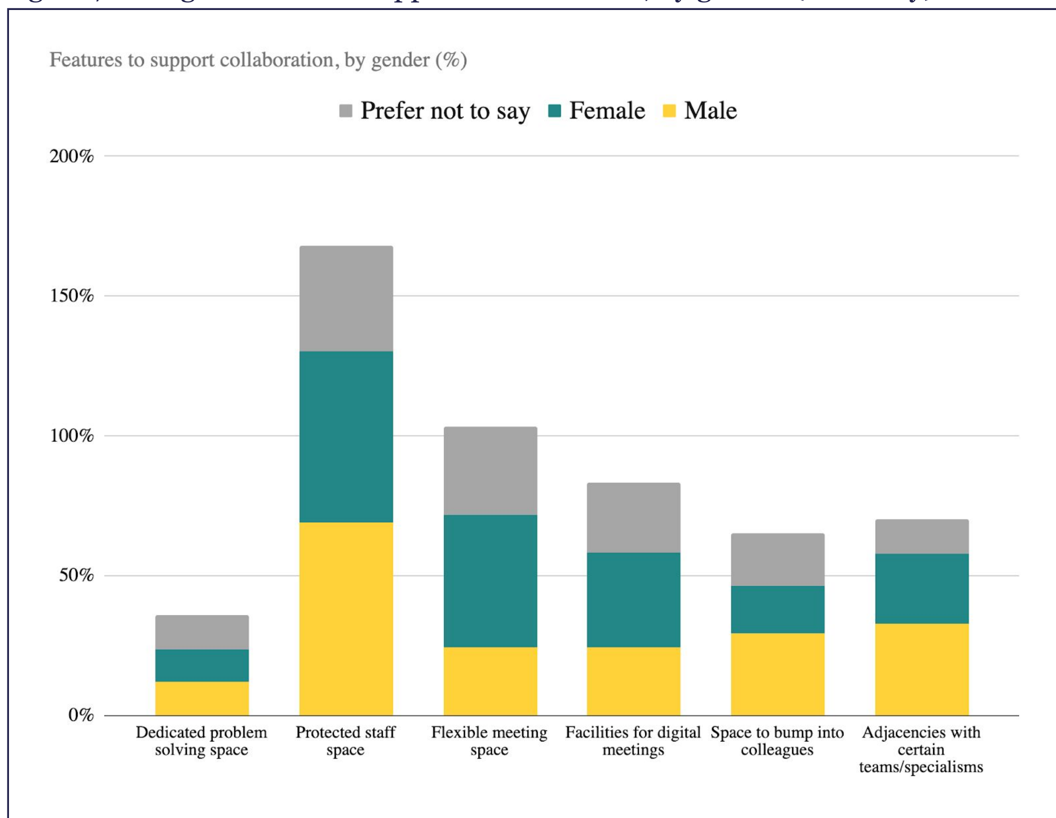
"Offices that are clean, with sufficient space for all employees in the department, not fully open place so that the office isn't too loud to concentrate. Overall needs to be a good

working environment to ensure productivity. Sufficient break out areas for informal catch ups between employees and teams so they don't disturb employees working at their desks." (Staff member)

Staff were surveyed on their top two preferences for hospital design features that could support or improve collaboration (Figure 7). Protected staff space is the top priority (62%), followed by flexible meeting space (38%), facilities for digital meetings (30%) and adjacencies with certain teams (27%).

There are differences by gender: male staff rank adjacencies second priority and space to bump into colleagues third priority.[5] Female staff rank flexible meeting space second and facilities for digital meetings third. Adjacencies and space to bump into colleagues is a lower priority for female staff than for male staff.

Figure 7. Design features to support collaboration, by gender (staff only)



Age also affects the choice of design features that support collaboration, with older staff more likely to prioritise adjacencies with certain teams, over other options (Appendix 6).

[5] 'Non-binary gender' was available as a selection option, however no respondents that completed the questions for Staff members chose this gender option.

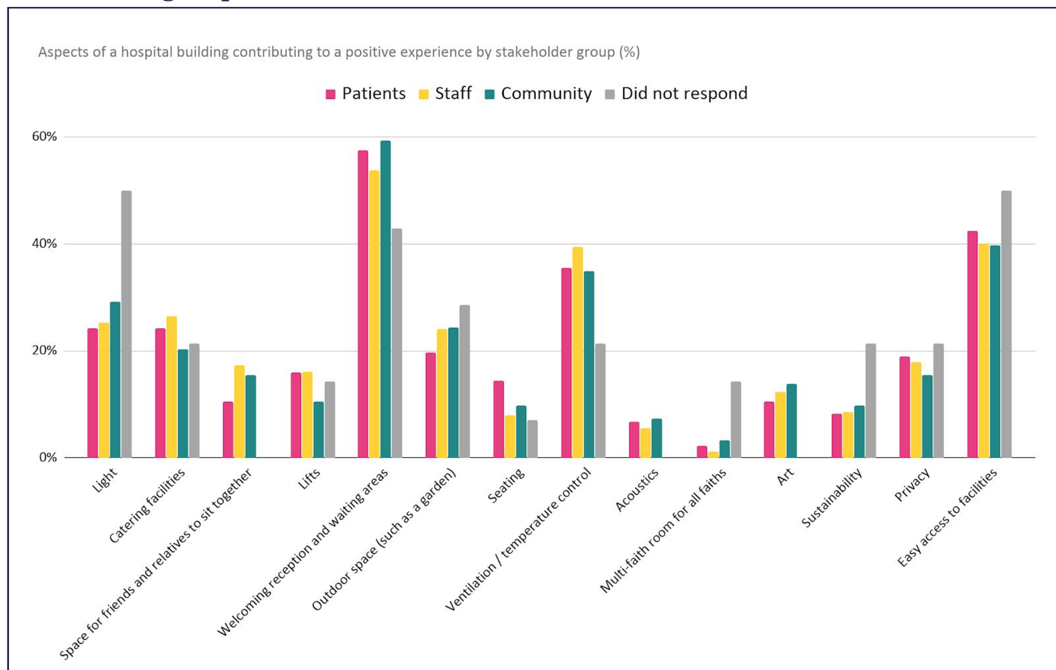
Domain 4: Aspirational

Domain 4: Aspirational	
Research questions	**4.1 What do stakeholders experience approaching the hospital now? What would you like to see change in the future? (Surrounding environment, appearance, personal experience etc)** **4.2 What do stakeholders experience once they are *in* the hospital: entering it, waiting, using catering and/or other facilities? What would they like to see change in the future?** **4.3 What aspects of design contribute to a positive hospital experience?** **4.4 What features of St Mary's do stakeholders wish to retain and lose in the redevelopment?**
Rank and strength of evidence	**Rank 1** The findings in Domain 4 are supported by multiple types of data sources of generally strong quality, triangulating data from the survey, participatory workshops, community groups and interviews, with priority results based on a large number of respondents.
Key findings	• Respondents gave welcoming reception and waiting areas, followed by easy access to facilities, and ventilation and temperature control as the top three features that contribute to a positive hospital experience. • Reflecting on the current approach to St Mary's, respondents cited a lack of safe or easily navigable pedestrian routes, frequently gridlocked traffic and poor access for those requiring transport and drop off - specifically the distance from taxi or car drop offs to the hospital. In response to this, they noted that a transport strategy should be part of the redevelopment. • Reported experiences inside the hospital related to the poor layout, and "rabbit warren" of existing facilities. There was also a recurring theme around access, and the importance of designing facilities which accommodate a multitude of access requirements. • Respondents also talked about the ways in which the design could improve the experience of families and carers - an interesting perspective on this was creating calm communal space where relatives or carers might spend their time. • When asked what they would like to keep about the current St Mary's estate, a common response was to maintain elements of the building's rich history.

Respondents were asked to choose their top three features of a hospital building

that contribute to a positive hospital experience (Figure 8). Welcoming reception and waiting areas was the top choice among all stakeholder groups, followed by easy access to facilities as second choice, and ventilation and temperature control as third choice. Light, catering and outdoor space all ranked similarly across the stakeholder groups as the fourth, fifth and sixth priorities.

Figure 8. Aspects of a hospital building contributing to a positive experience, by stakeholder group



Aesthetics that support relaxation

Building on findings shown in figure 8, respondents within the survey, community outreach and workshops noted the importance of an aesthetically pleasing environment. Common themes included the inclusion of natural light, open and spacious waiting areas, comfortable seating, green spaces where possible, views, artwork and consideration for colour schemes (either beyond the usual NHS palette, or set colours in relation to specific departments).

> "In regards to a physical environment, we need different colour schemes (related to each medical area, identifiers make it easier). Wide panoramic views, over the canal, over the park etc - it would make people's morale feel better. Natural spaces to feel more relaxed." (Interview respondent)

Transport and approach

On approach to St Mary's, some respondents reported issues relating to transport around the Hospital site. These included a gridlock of traffic outside the hospital's entrances, leading to pollution in the surrounding areas caused by standing vehicles. Respondents also reported a lack of pedestrian crossings, making some stakeholders feel unsafe crossing the road to the gain entrance.

> "The road that allows traffic to cut through the hospital is often very congested and fast driving." (Survey respondent)

> "I can't hear (deaf) so I have to peek my head out between parked cars and hope for the best." (Member of the I-CAN Network)

Respondents also reported a need for improved spaces dedicated to drop-off and collection. Some reported that the current system forces taxis and family members to wait on nearby streets away from the entrances, meaning some patients have to walk, even when they're not fit to do so.

> "It was really hard to get a taxi to drive in to where I would like to be picked up - I had to leave by going out onto the street, and it was raining [...] and I was ill." (Member of the MS Society)

Respondents noted redevelopment plans for the new St Mary's should incorporate a well thought out transport strategy, including but not limited to: well designed drop off points; easy access for emergency vehicles; a higher number of parking spaces for staff, patients and visitors, and well designed pedestrianised spaces. Some respondents also noted that they would like to keep the location of the current St Mary's, due to its public transport links.

With regard to the approach to the hospital, respondents also noted the difficulty of approaching some entrances on cobbled pathways. These are reportedly a risk to stakeholders' safety, and are inaccessible for individuals who use wheelchairs, those who find it more difficult to walk, and those with buggies.

Logical layout to support patient and staff flow

Many respondents reported their dissatisfaction with the layout of St Mary's upon arrival at the hospital, with some respondents describing it as a 'rabbit warren'. As mentioned in previous sections of this report, respondents recommended that the new St Mary's should be easily and safely navigated, with departments located logically adjacent to departments who often collaborate, or who often share a patient pathway (supporting patient flow). Respondents also noted that these buildings should be supported by clear and accessible signage.

Maintaining original architecture

When asked what they would like to keep about the current St Mary's estate, a common response was to maintain elements of the building's rich history. This includes the preservation of the original Praed Street facade, the Queen Elizabeth Queen Mother building and the iconic archway. This theme of preservation is in contradiction with other respondents who believe St Mary's buildings, even those that are listed, are not fit for purpose and should therefore have no place in a modern hospital. Some respondents noted a need to find a balance between the two, requesting that merely the facades of some of these buildings are maintained, with everything else stripped back and modernised.

Other, less common features some respondents wished to maintain included the original Fleming Museum, Library, Medical school building, and views and access to the canals.

Design that supports accessibility

Respondents noted the importance of physical design that promotes inclusivity

and accessibility. Positive design features for stakeholders with physical disabilities included:

- Consideration for an accessible approach to the hospital (including the removal of the current cobbled pathway outside of St Mary's).
- Adequate sizes for waiting rooms and consultation rooms, particularly for wheelchair and mobility scooter users.
- Level floors, and no steep slopes.
- Regular and accessible spaces to sit in between waiting rooms, wards and other departments.
- Adequate number of accessible toilets.
- Vertical transport (lifts) which are in working order, a common area of dissatisfaction amongst all stakeholders.
- Automatic doors.

As reported in previous sections of the report, respondents also noted the need to consider patients and other stakeholders who may have invisible disabilities, this included the provision of private quiet rooms, and waiting rooms specifically equipped for conditions such as Autism, attention deficit hyperactivity disorder or other sensory conditions.

Considerations for friends, family and visitors

Survey respondents were asked to consider how they would improve the hospital buildings to support carers, friends and families when they are looking after someone who is a patient at one of the hospitals. Responses in relation to specific facilities were similar to those mentioned previously in this report, including: available (preferably free) parking; outdoor spaces for reflection and relaxation; varied, affordable and accessible catering options, and spaces for privacy when required. Other design elements more specific to visitors included enough space around patient beds to accommodate visitors, and spaces for carers or parents of children to stay the night if they are required to do so.

> "My experience is that friends/families usually spend some of their visiting time having to wait for various reasons. Having an outdoor space, or a glassed in space for family waiting, helps the family escape temporarily from the stress of visiting someone who is obviously not well. Comfortable and pleasant waiting spaces help to encourage visitors (and visitors should be encouraged)." (Staff and community member)

Embedding digital services into design

Respondents reported the impact digital technology could have on their interaction with the hospital environment, with some noting that a hospital for the future should reflect the technology we can access today. Features that respondents hoped would be considered included: digital services to help with wayfinding; technology to help with check in areas (although not at the expense of losing staff members to speak to); free WiFi for all stakeholders, and technology to improve inclusivity and accessibility (for example, audio description for the visually impaired).

> "USB ports. We're in the 21st century so having charging stations [...] if it's going to be causing you stress. Here is a point where you can charge your phone and make it slightly less stressful and not worse [...] you don't need to unplug your bed to charge your

phone!" (Member of ICHT Safeguarding network)

A. What does the Trust already know?

A. What does the Trust already know?	
Research questions	**A.1: What has the Trust already been told as a result of previous engagement on the redevelopment of St Mary's?** **A.2: Are there any gaps, missed opportunities, or things done less well by the Trust in the approach taken by the Trust in its prior engagement?** **A.3: Are there gaps in knowledge for certain groups?** **A.4: Would the Trust benefit from a targeted approach with certain audiences to inform any future engagement?**
Rank and strength of evidence	**Rank 1** The findings in Domain A are supported by multiple types of data sources of generally strong quality.
Overview of key findings	• The Trust has an extensive history of engagement around a possible redevelopment of its estate but existing engagement on the redevelopment programme appears to have been targeted at a select number of senior employees, and those who are already engaged in discussions with the Trust. • There has been some work to draw together the Trust's strategic aims (for example, around anchor institutions), its redevelopment plans and its ambition to be user led. • Recent work the Trust has done with black and minority ethnic groups in the context of Covid-19 appears to show levels of distrust and suspicion in parts of that community. • Other audiences the Trust would benefit from pursuing with a more targeted programme of engagement include: those with disabilities, patients with specific (prevalent) long-term conditions, the LGBTQ+ community, and CYP audiences (children and young people).

Documentation provided by the Trust described a wealth of existing evidence of opinions concerning the redevelopment of St Mary's. Firstly, a series of 'pen portraits' written by members of the strategic lay forum, a group established in 2015 to help develop a clear vision for effective patient and public involvement across the Trust, and to directly influence the development and delivery of the Trust's organisational strategy. These 'pen portraits' were answers to the

question: **'I would like you to imagine you are writing a short news story for the Evening Standard newspaper in 10 years' time about your experience at the 'award-winning' new St Mary's!'**[6]. Many of the findings of this research support the responses, or vision, of these lay partners, including but not limited to: aesthetics (light, artwork); cleanliness;, staff wellbeing and protected spaces; catering considerations; accessibility, and vertical transport.

Work conducted by the the Trust's Clinical Thinking Group[7](CTG) is another key example of prior engagement related to the redevelopment of St Mary's. Depicted in a series of 12 infographics, this group covered topics listed below.,Many of the themes explored by the Trust's CTG support and overlap themes explored in this research:

- A building for research, innovation and learning
- Future proofing and cross sector learning

"People aren't just 'one thing' that can be put in one place. I wear numerous different hats throughout the day and people I work with/bump into is different from one hour to the next (my teams more so). The current rigidity doesn't support that." (CTG Member)[8]

- Single bed rooms patient and carer experience
- Wayfinding, sense of place and identity

"Floor and zone navigation would fit really well with the flexibility of a core and shell adaptive building with final yard way finding once patients arrive in the destination zone." (CTG Member)[9]

- Circulation, flow and adjacencies in Healthcare
- Vertical transportation
- Different ways of working

"Importance of small food and drink areas key to ensure our staff are nourished to be productive and collaborative." (CTG Member)[10]

- Logistics, Robots and Drones
- Clever decant
- Digital systems
- Nutritional and catering operations

"The food and drink that is available in hospitals should complement the public health message from the NHS." (CTG Member)[11]

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[6] St Mary's Hospital of the Future – Pen portraits from lay partners, May 2020
[7] Imperial College Healthcare NHS Trust - Clinical Thinking Group infographic series (Week 1 - 13)
[8] Imperial College Healthcare NHS Trust, Clinical Thinking Group Infographic, week 2, 'Future proofing and cross sector learning'.
[9] Imperial College Healthcare NHS Trust, Clinical Thinking Group Infographic, week 4, 'Wayfinding, sense of place and identity'.
[10] Imperial College Healthcare NHS Trust, Clinical Thinking Group Infographic, week 7, 'Different ways of working'.
[11] Imperial College Healthcare NHS Trust, Clinical Thinking Group Infographic, week 12A, 'Nutritional and catering operations'.

- Sustainability and wellness

Patient Advice and Liaison Service and complaints data[12] can also help in identifying areas for improvement related to the physical fabric or facilities within the Trust's buildings. For example in the most recently recorded quarter the following 'You said, we did' point was raised:

> **You said**..The air vents in the renal unit blow cold air out into the ward from early morning all the way through to the evening. This is very uncomfortable for patients.
>
> **We did**...We adjusted the air vent and apologised to the patient for the discomfort.

Other existing evidence sets out the Trust's ambitions for future engagement, and the measures it has put in place to ensure success. Evidence from the 'Shaping a healthier future' consultation document[13] outlines the challenges facing health services in relation to changes to the North West London population. These include a growing population expected to rise to 2 million people over the next 10 years, widening health inequalities and variation in life expectancy (impacted by socioeconomic factors). The Trust's strategy[14] recognises that existing facilities and wider infrastructure are struggling to keep up with demand, outlines the potential of its role as an anchor institute within the local community and states the Trust's commitment to developing genuine partnerships with patients and local communities. Other examples of this commitment to involvement include the Hospitals of the Future Communications and Involvement Charter[15]. This charter sets out communication and involvement principles to be applied to the redevelopment of the Trust's buildings. These principles are based on the Trust's values: kind, expert, collaborative and aspirational.

Results from the Trust's Covid-19 response survey[16] outline the impact, learnings, concerns and potential solutions to working within the Trust in light of the pressures put on services and staff from the pandemic. The main themes emerging from this survey related to the redevelopment included: considerations for supporting staff, and measures the trust can take to support wellbeing now and in the future (protected staff facilities, and considerations for staff safety); and ways of working, including the use of virtual working platforms (Microsoft Teams), and remote working.

Findings from the Black and Minority Ethnicity (BME) Forum[17] paint a worrying picture regarding the experiences of BAME communities during the Covid-19 pandemic and their engagement with health services during this time. Parts of this evidence, focused on rumours and concerns of BAME community members, depicts a group who are worryingly distrusting of health services, concerned with the treatment they would have received at hospitals during the pandemic and fuelled by rumours amongst community members. Examples of the statements contained within this literature include:

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[12] PALS & Complaints Service Improvement Report, Quarter 3 – 2019/2020
[13] NHS, North West London, Shaping a healthier future, consultation document, 2012
[14] Imperial College Healthcare NHS Trust strategy, March 2019
[15] Hospitals of the Future Communications and Involvement Charter
[16] Imperial College Healthcare NHS Trust, Covid-19 Response survey results, 29th April 2020
[17] BME Health Forum meeting, 12th May 2020

- Hospital staff are unable to look after patients and are mistreating them – staff are under pressure because there are too many patients due to the crisis.
- If you go to hospital you will be given an injection that will kill you.
- If you to hospital as you will die, either because you will be exposed to more sick people or because you will be to left to die by staff members.

As well as depicting the main issues facing these communities during the pandemic, groups reported that their clients had not been contacting their GPs or other health services through fear that they would get more sick. This had in turn led to an increase in the use and promotion of natural remedies. This evidence also reveals barriers to engagement between members of these communities and the Trust, including digital barriers (for example, not having access to a smartphone and therefore being unable to access online appointments and consultations), and language barriers – making it more difficult to connect to support services in the local area.

These findings highlight the need for increased research, engagement and service awareness amongst these communities, and a breaking down of communicative barriers leading to the distrust depicted above. These findings are explored in more detail in Domain 3: Collaborative.

The existing evidence referenced above offers insight into initial thinking around the redevelopment of hospital buildings, the strategies for future engagement, and the challenges it faces in communicating effectively with local communities. It should however be noted that up to now engagement focussed on the redevelopment programme has been targeted at a select number of senior employees, and those who are already engaged in these discussions with the Trust.

In answer to this, the nature of this user insight research is exploratory. A key aim of this stage is therefore to explore, highlight and seek to address these gaps in knowledge, and identify specific audiences that would benefit from targeted, or more focussed engagement in the future. This will ultimately assist the Trust in its aim to form a lasting relationship with stakeholder groups throughout this engagement process. In regards to filling gaps in knowledge, findings from existing evidence include notes from a 'Big Room' discussion (Reviewing our organisational goals and strategic priorities in light of COVID 19)[18] and findings from this research suggest a need for further engagement with local communities, particularly the BAME community in light of worrying feedback regarding the prioritisation of care during the Covid-19 pandemic (see previously-reporting findings from BME Forum). Other audiences the Trust would benefit from pursuing a more targeted programme of research and engagement with include: those with disabilities; patients with specific (prevalent) long-term conditions; LGBTQ+ communities, and children and young people audiences (CYP).

[18] Organisational Strategy Big Room: Reviewing our organisational goals and strategic priorities in light of Covid-19, 11 June 2020

B. What are the priorities for this redevelopment?

B. What are the priorities for this redevelopment?	
Research questions	**B.1 What are the Trust's priorities for this redevelopment?** **B.2 What do other stakeholders see as priorities for this re-development?**
Rank and strength of evidence	**Rank 2** The findings in Domain B are supported by fewer data sources but still of high quality. Notable examples of this include the Strategic Lay Partner Forum 'Pen Portraits' which extensively cover practical recommendations for the redevelopment, and documentation covering the Trust's strategy, helping to frame the Trust's priorities for the redevelopment.
Overview of key findings	• The Trust's ambition for this programme of redevelopment is to produce a hospital for the future at St Mary's, and in doing so create a hospital that has impact locally, nationally and internationally, and which sets new benchmarks for innovation, user experience and community benefit. • In the existing literature other stakeholders identified a number of themes as priorities for a hospital of the future. These included cleanliness, staff wellbeing, digital technology, flexible wards, single rooms, hospitality, food, community involvement, lifts, inclusivity ,access, light, airy, modern, sense of space.

The Trust's priorities for this redevelopment

The Trust is currently working on plans to comprehensively redevelop and refurbish its main hospital sites: St Mary's, Charing Cross and Hammersmith/ Queen Charlotte's and Chelsea. The priority for this stage of the programme is the comprehensive redevelopment of St Mary's Hospital, the Trust's largest site in the most urgent need of repair and renovation. Located in Paddington, the St Mary's redevelopment will become part of a wider regeneration of the local area. Substantial new developments and a refurbishment of Charing Cross and Hammersmith/Queen Charlotte's and Chelsea hospitals will follow, with the Trust planning for the Western Eye Hospital to be incorporated into one of these three developments.

The Trust has set out its aim to become the most 'user-focused' organisation in the NHS. Specifically for St Mary's, it have stated its ambition to "make the most of the once-in-a-generation opportunity, created by Paddington area regeneration combined with Government investment in NHS infrastructure, to produce a hospital for the future at St Mary's. One that has impact locally, nationally and internationally, setting new benchmarks for innovation, user experience and community benefit."

The Trust is working to develop a much broader engagement and involvement approach to include all of its potential users, partners and stakeholders. The aim of this will be to "involve them at all stages of the redevelopment programme, developing two-way, on-going relationships that facilitate mutual understanding, to be genuinely responsive and to take people with us on a journey to achieve a shared vision. This insight project is a building block in this approach".

Work conducted by the Trust's lay partners and redevelopment team, depicted in an infographic labelled 'Patient vision mind mapping - 'A smart hospital of the future'[19]outlines the Trust's objectives for the redevelopment: gold standard innovation, fantastic patient experience, community benefit, sustainability, and a great place to work. These objectives are underpinned by the Trust's values and framed by three key areas for consideration: treatment (including dignity, respect and privacy, and access and control), environment (including sustainability, and factors leading to a four star hotel experience) and being a good neighbour (including being inclusive for all, and making the hospital a part of the community).

What do other stakeholders see as priorities for this re-development?

Existing evidence relating to the priorities of other stakeholders in relation to this redevelopment are covered within Domain A: 'What does the Trust already know?', notably the input of the Strategic Lay Forum 'Pen Portraits'. Relevant, common themes emerging from lay partners include:

- Cleanliness – curved surfaces for easy cleaning, facilities for hand washing and sanitising stations.
- Staff wellbeing – protected staff spaces such as a comfortable staff room, healthy staff canteen, showers and gym
- Digital technology – helping with wayfinding, free wifi, remote monitoring, appointments, patient records, co-designed pathways.
- Flexible wards – occupancy based on similar profiles, flexible re-configuration, noise insulation.
- Single rooms – better sleep, control within room (light, heat), entertainment choices.
- Hospitality – shops, cafes in open spaces, facilities in friends and family lounges.
- Food – healthy options, wide choice, flexible meal times.
- Community involvement – consultation of service needs within the community (E.g. multi-denomination chapel/quiet room).
- Lifts – fast, separate lifts for inpatients and outpatients, separation for discharge lifts.
- Inclusivity – ruthlessly inclusive design (disability, elderly, dementia, etc compliant), audio wayfinding, considerations for multiple languages.
- Access – security, ease of access from public transport, central reception to process all patients/visitors, intuitive way-finding, bike racks.
- Light, airy, modern – creating a calm environment, clear signage and colour coding.

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[19] Shaping Patient Involvement with Patients, St Mary's Redevelopment (June 2020), "Smart Hospital Of The Future"

- Sense of space – wide corridors, volunteers on hand.
- Person-focused care – treatment comes to the patient
- Smooth discharge – set date, pharmacy ready at the right time

Please also refer to Domain A in relation to existing evidence suggesting stakeholders' priorities for future engagement.

C. The impact of Covid-19 on perceptions

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Research questions	**C.1 How have the changes in receiving or providing care as a result of Covid-19 made stakeholders think differently about delivering/receiving care in the future?** **C.2 If there have been any positive changes in care resulting from Covid-19 how might stakeholders like to see these influence the redevelopment of the hospital?**
Rank and strength of evidence	**Rank 2** The findings in Domain C are supported by fewer data sources but still of high quality. Many of the themes were consistent among respondents.
Overview of key findings	• Stakeholder experiences of Covid-19 (whether delivering or accessing care) had an impact on their thoughts about a hospital of the future. • Key messages arising from stakeholder experiences of Covid-19 included prioritising infection control features as part of the design and ensuring that spaces were designed as flexible, allowing them to be easily adapted or changed. Respondents cited the importance of modular-style design and space to allow social distancing as a response to Covid-19. • Respondents noted the importance of prioritising staff safety and welfare. This included protected areas for staff to eat together, collaborate, and facilities for staff to shower and change.Ultimately helping to improve the experience of staff members, but also to improve outcomes for patients. • The positive impact of the technology adopted in response to Covid-19 was also noted. This included the perception that technology was more time efficient for both patients and staff. This was as a result of reducing travel requirements, the perception that the use of digital appointments reduced waiting times associated with hospital visits and resulted in appointment times being respected. Staff reported Microsoft Teams as being more inclusive as it was perceived as being easier to join and with fewer constraints around venue and travel than a face-to-face meeting.

Respondents noted several common measures that healthcare professionals and hospital environments have adopted during the Covid-19 pandemic, and discussed what should be considered in the future when delivering and receiving care.

Firstly, the environment in which care is being delivered should be adaptable, both with regard to quick changes in care needs and also to account for increasing demand for health services. Visible and clear infection control measures should also be in place, including prevention stations with hand sanitiser, face masks and gloves, more spaces to isolate infectious patients, and a visibly clean environment. As well as safety for all stakeholders, these measures were seen to help reassure patients once they are in a hospital environment.

Embracing technology in the future of healthcare, many respondents noted changes to how patients are engaging with clinicians in the wake of Covid-19, for example an increase in the use of online consultations. Respondents also reported a positive change in the number of patients waiting for long periods of time, although this may be as a result of fewer patients visiting health services. Respondents also cited an increase in online consultations and an overall improvement in infrastructure to support staff sticking to appointment times.

Staff members also noted the positive changes that virtual meetings have had in their working lives, such as making better use of their time, more inclusive and easy to join meetings, and less travel between sites to conduct meetings face to face. Some respondents also reported their wishes for healthcare to embrace modern technology within hospital spaces, such as an increase in automatic doors, virtual check in spaces upon arrival, and free wifi to keep in contact with friends and family.

> “Microsoft Teams has transformed the way we work! Mostly for the better, although there is a challenge about home working and posture...varying degrees of facilities for people to work comfortably from home”. (Workshop participant).

The pressures put on health services during Covid-19 have shone a light on the efforts of staff members working within the NHS. With this in mind, some respondents noted the importance of prioritising staff safety and welfare within the hospitals of the future. This included adequate spaces for staff to rest between shifts, protected spaces for staff to eat together and collaborate, and facilities for staff to shower and change. These changes were viewed as not only improving the experience of staff members, but also to improve outcomes for patients.

> “Awareness that you need to look after staff - if you have happy staff you have happy patients. This experience has really highlighted the fact that space for staff respite is important.” (Workshop respondent)

Respondents also noted the importance of space in the context of Covid-19. This included consideration for de-centralising services and opting for a modular design (to adapt in emergency situations) and a spacious enough environment to allow for social distancing. Respondents also raised the importance of patient flow in this context, minimising the chance of patients crossing one another.

Where next for engagement?

The Trust have expressed an aspiration for the redevelopment process to continue to involve staff, patients and members of the community, as well as a broader range of groups. This section provides observations, drawn from the process of carrying out the research, to support this further engagement.

A conversation about change

We opened this research by asking the Stakeholder Steering Group to reflect on the best and worst possible conversations about change that they have had, or could imagine. Themes describing the best included clear, concise information, candid and challenging discussion, value in the range of voices heard and no surprises in the course of the discussion. The converse included: woolly and opaque language, a lack of practical application, no challenge on ideas, a one-sided “discussion” without genuine opportunities to influence or change ideas on the table and, finally, a lack of feedback about outcomes from the conversation.

Barriers to participation

Throughout the community engagement phase we asked participants and potential participants about the barriers that were either preventing them in engaging with this particular piece of research or to reflect more broadly on the barriers which had previously affected their ability to participate in similar processes of engagement.

Limited reach of communication

For a number of the groups we spoke to, this was the first time they had been contacted for a view on the Trust’s services and plans. Nearly all of the groups were pleased to have been asked to participate, noting that they welcomed the opportunity to input into the Trust’s plans and were excited at the opportunity to continue taking part in this discussion.

> “The Group’s members and I would be delighted to stay in touch with you and work together to make Imperial College Healthcare NHS Trust’s hospitals fully inclusive of disabled people and a more accessible place for everyone and our connections with you and your marvellous team to be based on mutual support and understanding.” (Group in the community outreach phase of work)

Inaccessible language

The language used by the Trust both in general and specifically in relation to this piece of research was also held up as a barrier for participation in engagement.

When talking about the language used by the Trust there were several repeating themes. There was a lack of simplicity in the messaging, digital content was lengthy and key messages were lost as a result.

> "Personally, being busy and just scanning it, as a user I find it hard to draw out the relevant points that would encourage me to click on the links. It may also be that patients and community groups just aren't finding their way to that page." (Stakeholder Steering Group Member)

More generally, there was feedback about approaching community members in their own language. Community groups talked about how some members of the community are already frightened in relation to health and care, particularly when visiting hospitals. Approaching community members in their preferred language was one measure suggested as a way to offset this suspicion and fear.

Lack of time and resources to engage

The time and resources to respond were frequently cited as barriers to engagement. Out of necessity the timeline for this piece of work was short, meaning that participants were given limited notice of the ways in which they might take part.

There was a challenge made about the impact of short timelines on the diversity of participants. The perception was that those who are readily available are often retired, white, middle class men. Younger people, those who work and those who have care responsibilities don't have spare time to take part in short-notice research.

Community groups also cited the impact of Covid-19 on their ability to respond – both in the way it has impacted their normal mechanisms of outreach due to social distancing but also by taking up time and energy in they way in which they/their organisations were responding, for example, offering training and volunteering in local organisations.

In addition, community groups in particular reflected on the impact of limited time on being able to respond meaningfully. They talked about the need to be able to share details in advance of actual meetings, and as a result being able to rally and empower members to respond. The nature of these mini social movements meant that they needed time to create a sense of momentum and accountability around participating.

Need for greater range of methods

There was a high reliance on digital mechanisms as a way to link with or engage participants in this research. There was the perception that this prevented certain parts of the community from participating – particularly those who were less comfortable with technology, those who did not have reliable access to the internet and those who had no access to equipment such as laptops. Due to the constraints around Covid-19 and the timelines for this piece of research we were

unable to properly test this or understand the size of the community affected by this.

There were also more general observations made about the way in which certain communities would prefer to engage. For example, some members of the community would not want to speak to a man and would prefer to speak to a woman. Again, these nuances around community preference are important to understand when designing a longer-term engagement strategy.

Finally some participants reflected on existing Trust mechanisms for seeking feedback, for example, asking for text feedback at the end of appointments when people are tired or distressed. This was balanced by the idea of having staff available to assist patients in offering feedback at the end of an appointment or visit. A small number of participants also talked about the physical constraints around participating. A lack of access to Trust meetings due to poor patient transport, or no food or water being available meaning they were unable to manage underlying conditions in a way that allowed them to participate in face to face events.

Perceptions of the engagement

One theme arising from our discussions around barriers to engagement related to the perceptions held by participants and their communities. The impact of limited time to participate led members to conclude that the consultation or engagement was meaningless or tokenistic.

There was also the challenge that as information was distributed within communities it was often shared without contextualising information or contact details, meaning that people were often unclear what the purpose was, how to engage or what the impact would be.

The previous experiences of participants also created negative perceptions of engaging with the Trust. Some participants gave examples where they had approached the organisation and felt that they had been let down, which in turn led them to not want to engage in anything else. Others cited offering time and expertise to a previous engagement and not seeing discernible change or outcomes as a result of that, making them question the value of participation.

Finally, as touched on above, some communities (in the case of this piece of research, particularly but not exclusively within BAME communities) have a deep seated mistrust of healthcare provision. To some extent this has been exacerbated by perceptions arising from the impact of Covid-19 on certain communities, where the belief is that they are expendable.

Incentive to participate

Financial incentives for respondents' time were not offered in any strands of this research (i.e. survey, participatory workshops, or community outreach). Although respondents did not explicitly report that this was a barrier to participation, it

would be reasonable to assume that offering incentives in future engagement will yield a higher return of respondents.

Improving engagement

Allowing enough lead-in time was a common recommendation from respondents, particularly from members of community groups. This was particularly important for smaller organisations who had resources less readily available, and would therefore need more time to mobilise their members and cover the necessary administration needed to organise meetings.

Respondents also noted the importance of considering diversity of opinion in future engagements, helping to gather a range of views that would be reflective of the Trust's local communities and stakeholders.

> "Involve regular consultations with different cultural groups throughout the redevelopment phase - and 'going forward'. Diversity also must include age, gender, poverty/social class etc to be fully inclusive. Imperial needs to be felt as an 'open' and welcoming institution in each of its localities". (Patient and community member)

The importance of sustained involvement and communication throughout this engagement, as well as dissemination of findings for all stakeholders was noted by respondents. These efforts can help mitigate existing skepticism relating to the impact of stakeholder contributions in public consultations, including this redevelopment programme.

> "Hold regular information dialogue events, if possible on site with diverse community groups to highlight innovation and to take public feedback recognising that the community is diverse on cultural, ethnic, age and income grounds. Imperial is highly respected in our community - consultation and information giving can help embed this. If possible this should happen onsite". (Patient and community member)

> "If you are asking for feedback, take their comments seriously and understand and build on what they are saying, no tick box exercises. If you are going to ask, you need to listen - if you don't you'll lose all good will with the community. They need feedback on the options. Be transparent, explain why you can't do something, give people that credit that if you do explain they will understand. Coming back to communication, don't circulate 40 odd page reports, make it clear concise...10 pages, maybe drip feed the findings so people can digest". (Interview respondent)

Some respondents noted the benefit of bringing engagement activities to communities where they are, rather than expecting them to come to the Trust. Benefits of this included a wider range of opinion, reaching those individuals who otherwise would not be engaged and removing barriers, or suspicion, between the Trust and community members.

> "Communication is always the main barrier, St Mary's are trying to engage with communities by coming out to them - asking what they need, what matters to them. We found that this led to an increase in confidence when using services. It also broke down

barriers between the community and clinicians as they were more comfortable to have conversations." (Interview respondent)

Further information

On the redevelopment	Imperial College Healthcare Trust imperial.nhs.uk/about-us/our-strategy/redevelopment
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