

The  
Point of Care  
Foundation

# Impact Report 2020

How the Point of Care Foundation's  
programmes support healthcare staff  
and patients



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# Introduction

We last published an impact report for our programmes up to April 2019. This report covers May 2019 to December 2020. As before, we present our strands of work together in this report to show the important links between patient experience and staff wellbeing.

The common thread that links our programmes is that they all help to create the conditions for better relationships in health and social care, among staff and between staff and patients. Staff and patients benefit when they feel that relationships and people really matter.

The period covered in this report saw the continued expansion of our work supporting Schwartz Rounds, as Rounds were taken up by more organisations around the UK and Ireland. We also began work piloting Schwartz Rounds in other sectors outside of health and care, where we see potential for staff to benefit from the structured reflective practice that Schwartz Rounds provide.

Our Sweeney programme, which seeks to bring about improvements for patients and staff through the sharing of experiences and co-design, delivered projects in the UK and overseas, including a major programme working at scale across sites in the USA. This report also looks at our work to support people working in patient experience and involvement. Our Foundations in Patient Experience and Involvement programme was a significant new development during the year, in which we worked across the system to support staff in partner organisations in a geographical area.

The glue that binds this work together is storytelling, which brings to life the true experience of giving or receiving care. We can't talk about 2020 without mentioning the ongoing COVID crisis, and the impact

this has had on everyone who is giving care or being cared for by health and care services. The COVID pandemic found staff even more in need of the supportive environment that Schwartz Rounds provide and saw the need for us to adapt our work to enable it to be conducted online.

2020 was a big year for the Foundation, with our Founder and Chief Executive, Jocelyn Cornwell, stepping down after 15 years with the team. Jocelyn published powerful reflections on the drivers for the Foundation's work and the changes we have seen over this time, and the reasons [why this work is more important than ever](#). These reflections help us set out our ambition to continue this important work into 2021 and beyond. We warmly thank Jocelyn for [all that she has done for the Foundation over the years](#).

It's a real privilege to pick up this important work from Jocelyn and I'm grateful for her help and support, and for the support of the Trustees and the fabulous Point of Care Foundation team.

**Bev Fitzsimons**

Chief Executive

# Schwartz Rounds and Team Time

**Schwartz Rounds are a unique forum for people working in health and care – clinical and non-clinical – to come together regularly to reflect on the emotional and psychological impact of their work.**

The Point of Care Foundation is licensed to provide training and support for organisations implementing Schwartz Rounds in the UK and Ireland, and we are active in promoting Rounds to health and care organisations throughout those areas. At the end of December 2020 there were 272 organisations across the UK and Ireland running Schwartz Rounds.

During 2019/20 we continued to develop relationships outside of the healthcare sector, as organisations from other sectors have identified the potential for Schwartz Rounds to support their colleagues' wellbeing and improve staff relationships. Schwartz Rounds [have been shown to be effective in supporting the mental health of staff in healthcare organisations](#), where the work presents particular challenges, such as working closely with patients at particularly traumatic moments in their lives and working in a system that places significant strain on the individuals within it.

We believe that professionals in other types of organisation – such as veterinary practices, prisons and children's social care – face similar challenges, and we are keen to explore how Schwartz Rounds could support these people too.

A particular response to the COVID pandemic was the development of Team Time: a team-based, online, reflective practice intervention, based on the principles of Schwartz Rounds. This was taken up widely in the first wave of COVID. A review of the electronic feedback that was gathered from over 100 sites by the end of August showed that Team Time was particularly valued as a much-needed alternative to face-to-face Schwartz Rounds that could not be held because of the social distancing required to protect everyone from COVID. One participant said "I think it is probably singularly the most important thing we have done for our staff mental and emotional wellbeing during this whole period". There is more about this later in the report.

Towards the end of the period covered by this report, NHS England and Improvement funded us to work with up to thirty organisations who are not part of the Schwartz community, to establish Team Time as part of the COVID wellbeing response. This programme has been progressing at the time of writing with nineteen organisations of the thirty-five that expressed interest seeking to implement the intervention.

We will be looking to see how online Schwartz Rounds and Team Time might remain part of the way organisations can support their staff after the pandemic has passed. This is particularly for organisations where attendance at face-to-face Rounds has been problematic because of dispersed staffing, such as in NHS Community Trusts and Ambulance Trusts.

# Schwartz Rounds: participants' feedback



**“I have gained insight into how others think and feel in caring for patients”**



**“I feel more informed and aware of the importance of care and compassion in caring for patients”**



**“Today's Round will help me work better with my colleagues (fellow students and qualified staff)”**

## **Schwartz rounds in Children's Social Care**

Social workers in Children's Services often have to cope with high demands and high levels of stress. Although the work can be very rewarding, it can also be very challenging. This is a pattern we are familiar with in our work in health care and so we were very pleased to be approached by the What Works Centre for Children's Social Care (a new initiative to foster evidence-informed practice in England commissioned by the Department for Education in 2019/20) and its research partner at Cardiff University, to run a pilot of Schwartz Rounds with eleven local authorities to establish if they would be as effective at providing support for staff as they are in health care. With some pump-priming funding, a pilot with six local authorities was commenced in May 2019. A further cohort is now underway and the participating local authorities are Bath and North East Somerset Council, Derby City Council, Leicester City Council, London Borough of Enfield, London Borough of Haringey, Liverpool City Council, Nottinghamshire County Council, Swindon Borough Council, Walsall Metropolitan Borough Council, Warwickshire County Council and West Sussex County Council.

The pilot of the Rounds includes Cardiff University (CASCADE) conducting a randomised controlled trial (RCT). This involves staff at each participating site being allocated to either the intervention group, in which participants will attend rounds, or to the waiting-list control group, in which participants will be asked not to attend the rounds and will continue with 'business as usual' support and supervision. The impact evaluation is supported through a mixed-methods evaluation, a process evaluation and a cost evaluation and it is anticipated that the final report of this trial will be published by the end of June 2021.

### **Schwartz Rounds for healthcare students in universities**

Whilst there has been interest in Schwartz Rounds for medical students over the years, the University of Liverpool was the first UK university to run interprofessional Schwartz Rounds with students from ten healthcare programmes – medicine, clinical psychology, dentistry, nursing, occupational therapy, physiotherapy, diagnostic radiography, therapeutic radiography, physician associates and orthoptics. They have reported feedback from students who have attended the Rounds which was overwhelmingly positive. For example, over a two year period, 85% completely agreed with the statement “I have gained insight into how others think and feel in caring for patients”, whilst 72% completely endorsed the statement “I feel more informed and aware of the importance of care and compassion in caring for patients” and 92% agreed with “Today’s Round will help me work better with my colleagues (fellow students and qualified staff)”.

In the second half of 2019 the University of Liverpool obtained funding from Health Education England (North) and launched an initiative to promote and enable the running of Schwartz Rounds in Higher Education Institutions (HEIs) across the North of England. The project’s initial aim was to enable seven HEIs across the North of England to run Schwartz Rounds with their medical and non-medical clinical healthcare students. To date nine universities (Central Lancashire, Cumbria, Hull, Leeds, Manchester, Manchester Met, Newcastle, Teeside, and York) have started implementing Schwartz rounds for their students.

We have supported this important work with training and mentor support for each site but the inspiration and leadership for it has been provided by Laura Golding, Claire Crumbleholme, Vikki Grimbly and colleagues at the University of Liverpool. In addition to our thanks to them, the University of Liverpool Schwartz Round Project Team was awarded a University of Liverpool Staff Award in November 2018 for

***“I found the Schwartz Round really moving. It allowed me to reflect on things that I haven't before, and think about how sometimes, patients don't need you to have all the answers and tick all the boxes, they just need you to be human and there with them through their healthcare journey.”***

Schwartz Round attendee



the 'Greatest Contribution to the Student Experience'.

We feel there is enormous value in introducing all clinical healthcare students to Schwartz Rounds and giving them an experience of reflecting on the emotional impact of their work, hoping that they will then be able to participate in Rounds from the very start of their career and benefit from the support they offer.

### **Networks**

Over the course of the year, Schwartz mentors have been instrumental in establishing regional networks of the Schwartz community, offering yet another form of peer-support for those involved in running Schwartz Rounds. These are highly valued by the Schwartz community, and we are indebted to Schwartz mentors for running and sustaining them.

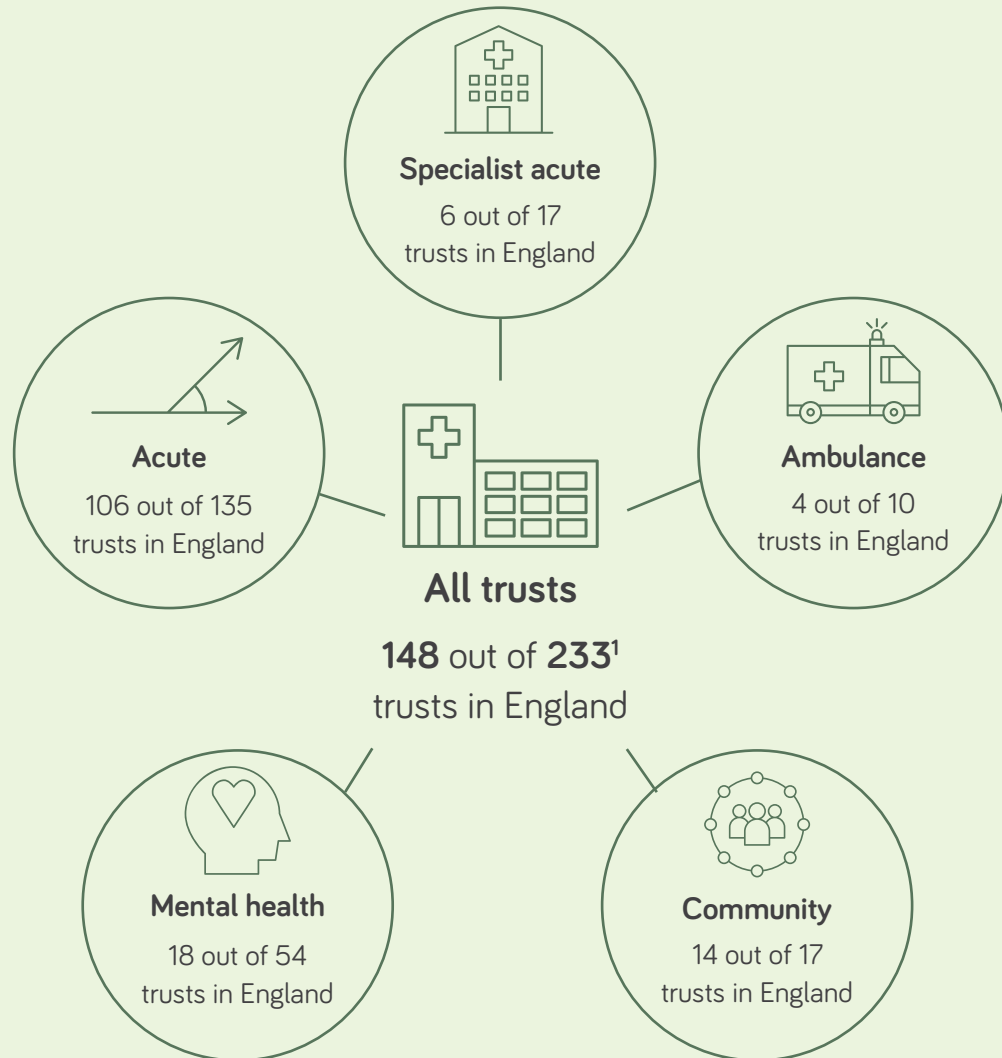
### **Research into Schwartz**

There continues to be a community of researchers who are active in Schwartz Rounds research. Notable in 2020 was the work of Rebecca Myers, Aroon Lal and Joanna Goodrich exploring the experience of executives of Schwartz Rounds, and describing some of the challenges they face in wearing the dual hat of executive and Rounds participant. This research was reported in the Nursing Times in March 2021, and the Foundation hopes to pilot a regional "Round for Execs" later in 2021.

*Schwartz Rounds*  
*facilitators*  
We trained 306  
facilitators in 2019  
and 312 in 2020.  
That makes 1,921  
since we started.

# Which organisations are running Schwartz Rounds?

## Schwartz Rounds in English NHS trusts:



  
**Republic of Ireland**  
18 out of 87 trusts

  
**Wales/Scotland**  
6 out of 21 health boards

  
**Hospices**  
37 out of 155

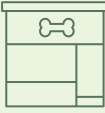
  
**Primary care**  
6 sites

  
**Children's social care**  
12 out of 152 local authorities

  
**Higher education**  
17 out of 128 HEIs providing health and care professions courses<sup>2</sup>

  
**Vet schools**  
2 out of 10 sites

## 20 other sites, including:

  
**Vet practices**  
3 sites

  
**Private**  
5 sites

<sup>1</sup>Total trusts based on figures for acute, specialist acute, community, mental health and ambulance trusts in 2019. Community figure excludes social enterprise and private providers.

<sup>2</sup>This is our best estimate given the ongoing reconfiguration of services.

<sup>3</sup> Number of universities offering nursing degrees as a proxy



# Schwartz Rounds case studies



**Paul McAleer**  
Lecturer (Education)  
School of Nursing  
and Midwifery

## Queen's University Belfast

At the beginning of the Pandemic, the School of Nursing and Midwifery at Queen's University Belfast sought to develop a strategy to support the emotional wellbeing of students who were facing the prospect of working in frontline health and social care services. A group of Schwartz Round Facilitators from within the School received training in the Team Time model and online sessions were then provided for staff and students. Team Time became an integral part of that strategy, with 100% of participants rating it as being very helpful.

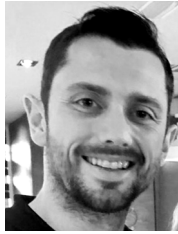
With the support of The Point of Care Foundation, Team Time groups were efficiently planned, organised, and delivered. In session, panellists told authentic and powerful stories which offered opportunities for participants to reflect and make sense of their experiences during the pandemic. Participants reported that they were able to identify with the stories and that this had invoked feelings of solidarity within the groups. Through mutual support and empathy, participants could diffuse feelings of isolation and normalise communal anxiety-provoking experiences.

*"It was great to hear that others had experienced similar concerns and worries... I felt moved and comforted."*

Team Time attendee

*"The discussions were emotional, relatable and human. They connected us all in our own way and enabled us to empathise with one another. Solidifying that, although we are caring for people, we need to ensure we care for ourselves. It was a privilege to listen to the speakers' experiences in order to reflect on my own."*

Team Time attendee



**Samuel Skelding**  
STP Health  
& Wellbeing  
Outreach  
Engagement Lead

## Black Country Healthcare NHS Foundation Trust

We're always looking at how we can support our staff members better, to give them opportunities to use our open and inclusive culture to be able to share concerns and difficult experiences. We felt Schwartz Rounds offered a great opportunity to further support our colleagues.

We received approval and put together a passionate steering group to drive it forward and help promote across the Trust. Unfortunately, as with many other aspects of our lives, Covid-19 stepped in and changed our plans, but we have adjusted well in offering the Team Time sessions. We have a group of facilitators, with plans to expand this as more step forward.

It has been difficult trying to promote the groups in the middle of a pandemic but we have managed to hold some passionate, thought-provoking sessions. As well as specific team or individual incident-related discussions, we have also used themes such as 'Fighting inequalities' which looked at BAME Staff Experiences, and 'Coming back to COVID working from maternity leave' where staff opened up on the difficulty of returning to work from maternity leave in the middle of a pandemic. These were really powerful sessions and brought some very frank and productive conversations from emotional stories.

We have continued to run Rounds through Team Time during Covid. At first, we experienced some minor hiccups with technology, but experience of how to prepare for this has helped to work around the issues and we have continued to engage in the sessions well since. During this most recent Covid wave, we have briefly suspended the delivery, but we are meeting in the next couple of weeks as a steering group with plans in place for our next couple of sessions.

Schwartz Rounds have given great opportunities to discuss difficult themes and experiences in an open, supportive but controlled environment. We have always focussed on the groups being of a supportive nature and the feedback from story tellers and the audience have always been excellent. In opening the door to these discussions on previously hard-to-discuss subjects, they have encouraged positive behaviours that reflect our Trust values and drive personal, professional, and cultural development.

# Schwartz and Team Time statistics

Team Time take-up in 2020

460

Team Time  
facilitators trained

25

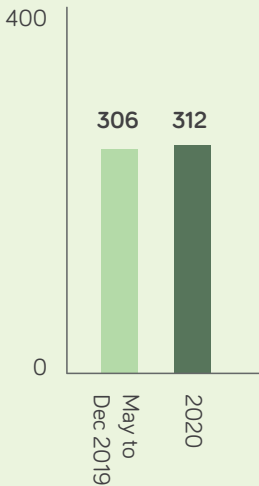
Schwartz sites  
running Team  
Time

20

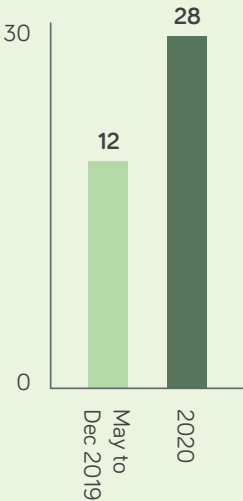
Schwartz sites  
planning to run  
Team Time

Growth of Schwartz Rounds

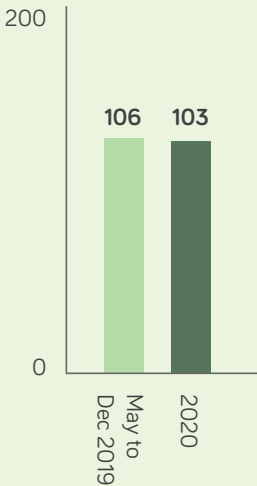
Schwartz facilitators  
trained



New Schwartz  
contracts signed

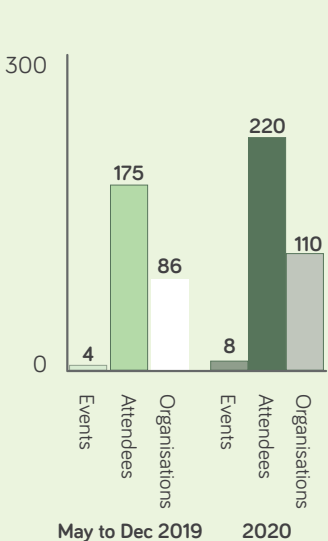


Organisations renewing  
Schwartz membership

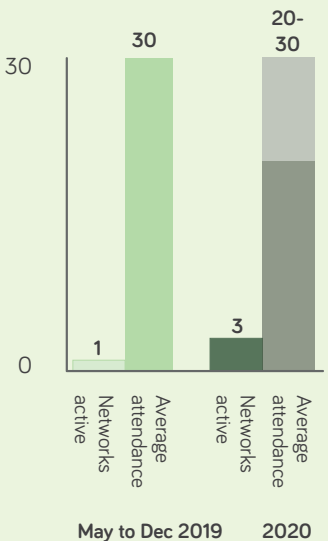


## Schwartz community engagement

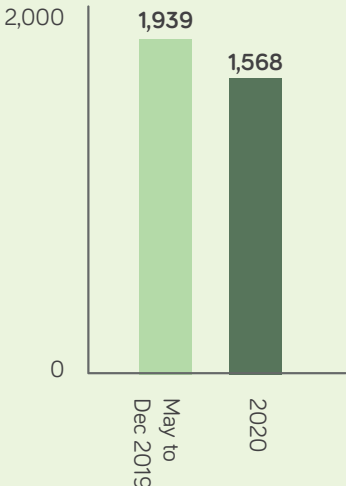
Schwartz community  
events attended



Active regional Schwartz Rounds  
community networks



Schwartz community  
resources page views





Afet Mehmet  
Project Lead –  
Schwartz Rounds

## North East London NHS Foundation Trust

North East London NHS Foundation Trust already had a staff wellbeing programme in place to help meet the needs of staff. Our new Chief Executive, who had experienced the benefits of Schwartz Rounds in previous roles, was keen to implement them within the Trust as a way of providing more support for staff.

In February 2020, we trained 15 facilitators so that we could roll out Rounds across the Trust. We held our first Schwartz Round and then COVID hit. Since COVID, we have proceeded to roll out Schwartz Rounds virtually and the commitment from the Executive Management Team and Senior Leads is now stronger than ever.

We implemented a strong marketing strategy and have watched Schwartz Rounds take off! We started with two Rounds per month and are now sometimes running three per month. Our most recent Round was a particularly powerful one and we have decided on further themes for the future based on the experience of this session. We are also looking to recruit more facilitators so that we can sustain Rounds and provide them for more of our staff groups.

The feedback from our Rounds have really demonstrated the positive impact they are having on staff emotional wellbeing.

For the period of September 2020 to January 2021 the Schwartz Round Programme data shows:

- 99% of staff said “the group discussion was helpful to them”
- 99% of staff said they “have a better understanding of how colleagues feel about their work”
- 97% said they “have a better understanding of how they feel about their work”
- 94% said they would attend again
- 97% said they would recommend Schwartz Rounds to colleagues



**Alastair Forrester** @Alastairnhs · Nov 11, 2020

Fantastic turnout of over **80** participants for today's @CombinedNHS Schwartz Round - the topic - 'Working from home - the Good, the Bad and the Ugly'. Don't miss next months festive themed discussion [#Schwartzround](#) [#workingfromhome](#) [#NHS](#) [#MentalHealthMatters](#)



3

9

30



*“Thank you for arranging this session. It was my first Schwartz Round. Although I wasn’t sure what to expect, as I listened I found the stories and comments very moving. Provoking feelings of empathy and tears as it evoked emotion from my own personal experience. We are all dealing with upset and turmoil in both our professional and private lives but being thankful and appreciative of what is good during this time was a clear message today. Carrying out those small acts of kindness will be something I will take with me and apply to colleagues, patients, family and myself more regularly. Not confident at public speaking, I found it difficult to speak up on this occasion, please be assured it had value to the ‘silent audience’”*

Schwartz Round attendee

# Patient Experience programmes

Our patient experience programmes comprise the Sweeney programme and our Foundations in Patient Experience and Involvement programme.

The **Sweeney programme** provides a suite of tools and methodologies to help teams working to improve care quality to better understand the experience of their patients as recipients of care. Work under the Sweeney banner takes a range of forms, including:

- Open training courses for individuals in methodologies such as Experience Based Co-Design (EBCD)
- Support for clinical teams to implement quality improvement methodologies in their particular context
- Wider collaborative projects where we support cohorts of teams working in the same area to learn together, and from each other, to improve care quality.

*“It was moving, enlightening, and informative.*

*This course was a bright spot in all that is going on.”*

**EBCD delegate, Online course, September 2020**

The **Foundations in Patient Experience and Involvement programme** adds to this suite of tools providing practical guidance and support to involve patients and carers well.

Between May 2019 and December 2020, the team delivered 22 Patient Experience programmes, across England and Wales and the US. Some, such as the work with Dorset Integrated Care System, worked with multiple partners across the system. Others, such as the work with the

Royal Free hospital group, worked with provider organisations across a geographical area. Our partnership with the Vermont Oxford Network of neonatal units in the US worked with multiple sites nationwide, while our work with the Brilliant Basics programme, the improvement approach at Alder Hey Children’s Hospital, worked to embed patient-centred methods within a broader improvement programme across an entire organisation.

Our work continues to have impact internationally through participation in our open training and commissioned programmes. The necessity of putting our programmes online during 2020 has meant that participation in projects has widened, with delegates from as far afield as Canada, the USA, South Korea and Saudi Arabia, as well as a vibrant UK based research community.

Analysis of completed projects has shown many specific improvements that teams have made to their services.

Often these can be quite small changes that are not difficult to implement but make a big difference to patients’ experience of care. As well as benefiting patients and families, patient focused methods deliver a strong beneficial impact on staff, who have reported that the process re-connects them with their intrinsic motivation for entering caring professions. The focus on relational aspects of care connects strongly with staff, and represents a culture change in which human aspects of care are placed centre-stage. This complements Schwartz Rounds and contributes to making environments of care more human for staff and patients.



# Examples of changes

Resulting from our patient experience programmes



Improvements in ward environment for patients at the end of life



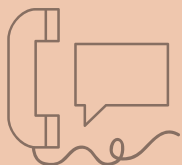
More choices in childbirth for people giving birth in operating theatres



Improved arrangements for parking and access to refreshments for visitors to patients at the end of life



Improved information for patients in different formats



More access to online and telephone advice while still allowing people to access clinicians if they need to



More family friendly ward rounds in neonatal care

From May 2019 to Dec 2020 there were 6 open EBCD courses comprising 17 events. As we have gone online the number of events has increased as the duration of each has declined, recognising the demands of screen-based learning. Over this period we were privileged to work with 120 colleagues from more than 80 organisations around the globe on this programme.

As well as the open programmes there were commissioned programmes = notably the partnership with the Vermont Oxford Network, which ran programmes in both 2019 and 2020, reaching more than 100 delegates on each programme from across the USA. A particular highlight was the Annual Quality Congress in Chicago in October 2019, where the successful teams presented their projects via a film and poster showcase.

On other commissioned programmes, we reached more than 100 colleagues from organisations across England and Wales. We were delighted to work with a number of improvement academies who want to bring a more patient centred approach to their improvement work, as well as an increasing number of partnerships with other voluntary sector organisations.

Of course, with the pressure on staff and services during COVID, not everything could proceed as planned. Our exciting partnership with Alder Hey Children's Hospital and KPMG was deferred, and began work in Autumn 2020, and will continue throughout 2021. We look forward to supporting Alder Hey in its efforts to put children and families at the heart of their improvements.

# Feedback at a glance

We reviewed 275 feedback forms from our patient experience programmes between May 2019 and December 2020. Here's a summary of what people said:

- Of 8 programmes where participants were asked to rate the usefulness of the programmes, the mean score was 89%, (range 82 to 96%).
- When asked to rate their impressions of the programmes, whether they were engaging and relevant to your job 96% either strongly agreed or agreed that they were.
- 95% said they were strongly committed to putting what they had learned into practice, and 87 % felt confident to apply what they had learned.



**francis\_fullam@rush.edu** @francis\_fullam · Aug 7, 2020

One of the great patient experience organizations in the world.....really making a difference.



**Point of Care Fdn** @PointofCareFdn · Aug 7, 2020

Applications are now open for our #PatientExperience course - the only formal training course in Britain designed for staff in patient experience roles. Details on our events page: [pointofcarefoundation.org.uk/events/](https://pointofcarefoundation.org.uk/events/) #FoundationsPtExp



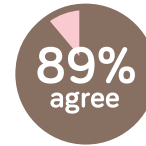
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13



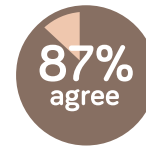
Are the programmes useful?



Were the programmes engaging and relevant to your job?



Will you put what you learned into practice?



Are you confident to apply what you have learned?

# Sweeney programme case studies



Emma Evans  
Consultant  
Anaesthetist

## New Beginnings – St George's University Hospital, Tooting

The New Beginnings experience based co-design project was initiated by Emma Evans, a consultant anaesthetist at St George's University Hospitals NHS Foundation Trust, in Tooting, South London. Emma had attended the Point of Care Foundation's open EBCD training, and thought the method would be ideally suited to improving the experience of women who had some part of their birth experience in the operating theatre.

Although only one in four women gives birth in theatre, 40% have some part of their experience in the theatre. Typically mothers feel very vulnerable at this time, and Emma was keen to ensure “their first moments with their babies were amazing”. The project gathered staff views and parent views using filmed interviews, and then held co-design events to decide which were the most important themes to work on.

The staff identified a whole range of process improvements that they thought would benefit both parents and the staff: for example, how to organize the care pathway to enable the maximum possible

continuity of care between the midwife and the family. They recognized things could be improved by the theatres team and the maternity team getting to know each other better and improving their understanding of each other's roles. They wanted to improve handovers, and the environment which impacted on the families as well as the staff.

There were changes to the clinical processes too. For example, reviewing the length of time the women were “nil by mouth”, having heard the story from one mother who had been without fluids for many hours on one of the hottest days of the summer. “I was crying, and it sounds stupid now, I was so thirsty I tried to drink my tears.”

The families described eloquently how finding themselves in theatre often came as a shock, and they found they were in a “surgical” experience rather than a “maternity” experience. This meant that a lot of things people prepare for when writing their birth plan can get overlooked.

Probably the biggest impact on the staff was seeing the impact of seemingly innocuous clinical processes had on the mothers. One mother whose baby was being checked over just out of sight described how “no-one was saying anything. It was probably only one or two minutes, but for those few minutes, I thought he'd died”.

New Beginnings made changes that meant the process of “normal” birth was mirrored as far as possible in the theatre. This meant things like choices in the environment, or how parents discovered the sex of their baby. It meant greater sensitivity to the dignity of women on their way to theatre and once inside theatre, and in the number of people “coming and going” in theatre while the baby was being born.



**Frances Aviss**  
Senior Public  
Engagement Lead,  
Dorset Clinical  
Commissioning  
Group

## Dorset Integrated Care System

Our Dorset, the Integrated Care System (“ICS”) for Dorset, which brings together health, care and voluntary sector organisations to coordinate care, commissioned a bespoke package of training in patient engagement and co-design to help build capacity within the Dorset ICS to work with service users and the public to develop services.

The training took place in summer 2019 and involved 80 engagement champions from across the ICS, people from health, care and the voluntary sector. In November 2019, the champions came together again, to share stories of what they had learned and how they have worked differently.

One of the champions had taken the learning from the programme to co-design the experiences of parents whose babies had been diagnosed with cerebral palsy: to really hear what it was like for those parents to get that news, and then to carry on receiving therapy in the same rooms as they were given their baby’s diagnosis.

Participants described how the network of people committed to engaging the local community had become so much stronger as a result of the programme. Forming those connections helped people to see the amazing assets that exist within all the services, the voluntary sector and the communities themselves.

[Films showing the impact of engagement within the ICS are available to view on our website.](#)

The Point of Care Team and the Dorset champions will be getting together again during 2021 to take stock of the longer term impact, and how they can continue to support one another.

# Co-design training

Between September 2014 and July 2020,  
the Point of Care Foundation...



...trained 216 people at the EBCD open courses...



...from 122 different organisations...

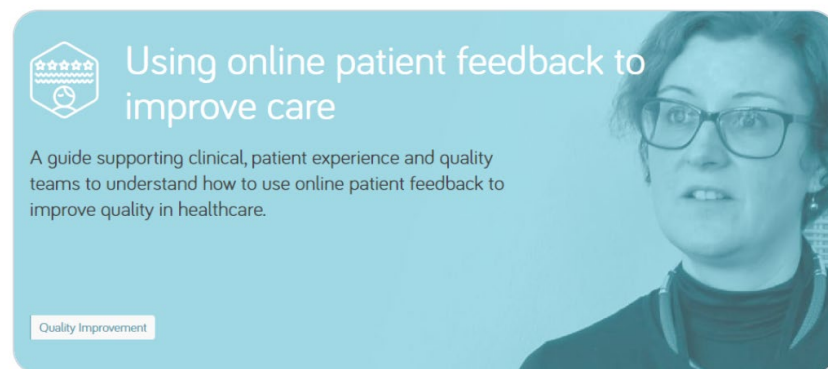


...based across 8 countries.



**James Munro** ❤️ @jamesfm55 · Jul 21, 2020

At [@careopinion](#) we've seen rapidly growing interest in online patient feedback in recent months. This evidence-based guide from [@PointofCareFdn](#) is a great way to get up to speed quickly [pointofcarefoundation.org.uk/resource/using...](https://pointofcarefoundation.org.uk/resource/using...)



Care Opinion Scot and 9 others



**Dr Sean Sweeney**  
Consultant  
Neonatologist,  
Randall Children's  
Hospital, Oregon

## Experience Based Co-design and the Vermont Oxford Network

Since 2018 the Point of Care Foundation has been working with the Vermont Oxford Network in the US, to implement Experience Based Co-design in neo-natal intensive care units, with the aim of putting families at the heart of service design. To date 12 projects have been completed. In October 2020, we heard in detail from 4 teams, from as far afield as Oregon, Kansas City and Pennsylvania, to hear about how they have translated this mission to humanise care into practice.



**Dr Ryan Lam**  
Consultant  
Neonatologist,  
Salem Hospital,  
Oregon, USA

Across all four, the themes were common. The first was that the experience of receiving neonatal intensive care was traumatizing in itself. “Even the best NICU stay is traumatic” (Dr Sean Sweeney – Randall Children's Hospital). As well as trauma, families describe feelings of guilt and stress associated with the overwhelming feeling of loss of control. With the trauma came family amnesia about what was going on. Not surprising, perhaps, when one steps back and considers the stresses these families were experiencing when their babies were critically ill.

Families felt safe in the units but abandoned later. In an effort to provide care that was safe, families were not empowered to learn how to provide the clinical care they would need to when they went home: hence even greater feelings of worry and anxiety, and the feeling of “falling off a cliff”.

So the teams could see that with even the best of intentions, some families experienced a lack of autonomy and involvement in decision-making. And although all described the kindness and compassion with which they were treated by staff, sometimes the system itself, with its rules and routines, didn't behave with kindness and compassion.

So what were those humanising touches that were the result of this very real listening?

- Better communication with families about what had happened, bearing in mind the amnesia that comes with trauma.
- Accepting that the NICU experience was traumatic, and instead of trying to remove the stresses (which was not possible), thinking much more creatively of giving the families strategies to deal with the stresses – for example with peer support.
- Celebrations and a focus on what is achieved, rather than what is not.
- More parent friendly bedside rounds and handovers.
- Practical things that perhaps hadn't been thought of before when all focus was on the clinical care of babies: the stuff that helps us all get through difficult times: somewhere to be able to escape and be still and quiet for a few moments; somewhere to be able to get a drink, or have laundry done.
- Someone who has been through the experience themselves, to be able to help families navigate through the enormity of what was happening to them.
- A focus on the family, not just the mother. Many dads felt they had to be strong for their families but were not being supported themselves.
- Lots more resources and visual aids to support discharge home, so parents left feeling confident to care for their babies.

Dr Sean Sweeney from Randall Children's Hospital in Portland said the biggest change for him was that the "unit culture was now being driven by the families". These families' experiences took an emotional toll on staff too. Hearing the families' stories was described as "hard to hear, but so, so impactful" (Dr Ryan Lam, Salem Health). This work was not easy. Listening to families' stories could be emotionally draining. But the teams also spoke about the emotional support that staff gave each other to do this work and really listen to families. We also heard them say that the very act of doing this led to strengthened bonds within the teams.



# Speaking to the system and changing the culture

We continue to seek to influence the system and the culture in which care is delivered. In 2020, with a great deal of talk about the NHS post-COVID reset, it was a high priority for us to [draw attention to](#) the challenges that COVID placed on compassionate care. [We wrote an open letter to Sir Simon Stevens](#), NHS Chief Executive, arguing for the need to focus on patients and staff during any 'NHS Reset'. and the need to ensure the patients' voices were heard loud and clear as services re-started. Equally vital is the recognition that ensuring resilience must be a system issue, [not just an individual issue](#).

The importance of high-quality engagement with all parts of the community continues to be very close to our heart with our colleague Farhana Nargis writing eloquently about this in her blog [Your experience matters: why storytelling is essential for fighting injustices within health and care](#).

The pandemic has shown us that our mission to humanise care has never been more important. In 2021 the Foundation will re-double its efforts to make care more human for those who work in it, and for patients and families who receive care. Central to this is our mission to ensure the Foundation serves the whole community, especially people who might experience systematic disadvantage. To this end, we have made a pledge on diversity and inclusion, and have signed the EW Group diversity pledge.

What 2020 has shown us is that we can harness the use of technology to further our mission. While we would never want to replace face to

face interactions, online programmes such as Schwartz Rounds, Team Time and the Sweeney programme have enabled people to participate who might previously been unable to. It has allowed us to work across a wider geographical area and has enabled us to engage with a wider number of patients and carers. We will strive to retain this broader access in 2021. We will also be launching our new podcast series "Humanising Health" in Spring 2021 to explore what the mission to humanise care means to you.

It has become ever more apparent that the stories of patients, families and staff affected by the health system are vital for making sense of the world. It is these "narrative practices" that are the unifying feature of our work. The stories people tell will continue to be the lifeblood of Schwartz Rounds and co-design. We will continue to share these stories through our "Stories from the Point of Care" which we know touch the hearts of our community.



# Spreading our message

In 2019-20 we published 23 blogs on the Point of Care Foundation's website, which garnered 20,524 page views.

Our work received attention in external media too with 8 articles featuring across the BMJ, HSJ and Nursing Times. At the time of writing, we await the results of the HSJ Value Awards, for which the Foundation has been shortlisted in the category of "Best Non Profit supporting the NHS".

The work of the Foundation also featured in the wonderful [Tate Liverpool exhibition by Aliza Nisenbaum](#) celebrating the work of emergency workers in Liverpool, which included the Team Time team from Alder Hey children's hospital, Liverpool.

We are delighted that our community continues to grow, with a 40% increase in subscribers during 2019-20, with almost 3000 active subscribers to our newsletters.



Tate Liverpool Exhibition featuring the Emergency Department Team Time team from Alder Hey Children's Hospital

# Articles and media

We still set great store by our commitment to high quality evidence for our work. We published the following articles in 2019-20:

- Baldry K, 2019, 'Empowering staff to embrace and discuss frailty as a health condition'. Journal of Health Design, 2019;4(2):175-178
- Fitzsimons B, 2020, 'Supporting senior leaders through Schwartz Rounds'. Health Service Journal, 6 August 2020
- Fitzsimons B, 2020, 'We must ensure that patients and staff are at the heart of health and care services as they restart'. British Medical Journal blog, 22 July 2020
- Flanagan E et al, 2019, 'Reflection for all healthcare staff'. Journal of Interprofessional Care, 2020;34(1):140-142
- Gager M et al, 2020, 'Quality Time: Using experience-based co-design to capture emergency department staff experience'. Journal of Health Design, 2020;5(1):215-222
- Goodrich J et al, 2020, "As soon as you've been there, it makes it personal": The experience of healthcare staff shadowing patients at the end of life'. Health Expectations, 2020;23(5):1259-1268
- Smith R, 2019, 'Schwartz rounds—a simple way to support staff and promote compassionate patient care'. British Medical Journal blog, 5 September 2019
- Wijeduru L et al, 2020, 'Team Time: an online strategy of storytelling as part of reflective practice to improve staff wellbeing within a paediatric emergency department during the coronavirus pandemic'. Emergency Medicine Journal, 2020;37(12):822-854

# Our research and campaigns

A core value at the Point of Care Foundation is that our work is based on the best evidence, and our website contains research evidence that presents the case for our work. We also publish our own research and reflective pieces, which seek to stimulate dialogue with policy makers and practitioners across the system.

We are research partners in the following projects, always seeking to put patients' experiences at the heart of care.

**THIS.**Institute The Healthcare Improvement Studies Institute **The Health Improvement Studies (THIS) institute at the University of Cambridge**

The DaVinci project in collaboration with Glasgow School of Art. This project uses co-design methods to explore the experience of people with dementia of the use of visual identifiers in hospital.



**Nuffield Department of Primary Care Health Sciences, University of Oxford**

Bridging the translation gap between learning disability policy and practice in search of flourishing lives.



**London School of Hygiene and Tropical Medicine**

Developing Research Practice Partnerships to deliver novel, sustainable collaborations between adult social care research and practice in the UK.

# Stories from the Point of Care

Along with almost everyone else, we have had to become more creative in our use of technology and digital resources. For us this has meant compiling a library of digital stories to support Team Time and Schwartz Rounds, and innovative approaches to running training online, while still maintaining the experiential aspect that makes Point of Care Foundation training special.

Colleagues have told us how supportive they find hearing others' stories, particularly during COVID. In response, we are publishing brief verbal accounts of members of the Schwartz community of this momentous year.

[The accounts are published on our website.](#)

