

The
Point of Care
Foundation

Impact Report 2021

How we supported a more humanised
health and care system in 2021



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Introduction

This report sets out the impact the Point of Care Foundation's programmes have had on people who use and deliver health and care services, in our mission to humanise healthcare.

We last published an impact report for the year 2020, which covered our programmes as we entered the Covid pandemic and a period of lockdown, and then cautiously emerged to a few glorious months of face-to-face working again.

This report covers the calendar year 2021, during which continued waves of coronavirus placed enormous pressure on health and care services and staff. As before, we present the different strands of our work together in this report, to show the important links between the experience of service users and carers, and staff wellbeing. The common thread running through 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 those using services.

2021 saw the continued expansion of our work supporting Schwartz Rounds, as they were taken up by more organisations around the UK and Ireland. Adaptations to the Schwartz model enabled them to function online, allowing many more organisations (especially those with dispersed workforces) to benefit from this intervention.

We also saw the results of pilots of Schwartz Rounds in other sectors, including social care, and the expansion of Rounds in Higher Education Institutions that are training our health and care professionals of the future.

[The House of Commons Health and Social Care Committee report](#)

on levels of stress in NHS staff made for sobering reading. We have been speaking to policy makers to seek to make reflective practice forums such as Schwartz Rounds more widely available to health and care staff. We were pleased to see the [NHSEI planning guidance](#) released on Christmas Eve 2021 place emphasis on “strengthening the compassionate and inclusive culture needed to deliver outstanding care.” We hope that, as the detail emerges, we can be part of the movement needed to make this a reality.

This year our work also focused on inclusion and diversity, taking the Equality Works (EW) pledge to challenge ourselves to make our work as inclusive as possible. We know that by creating an inclusive environment, staff have increased empathy for patients and improved understanding of and communication with colleagues, reducing feelings of isolation among staff. Given the year it has been, this has never been needed more.

Our Patient Experience programme, which seeks to bring about improvements for patients and staff, delivered projects in the UK and overseas. Our accredited Foundations in Patient Experience course worked to support staff in partner organisations of Integrated Care Systems (ICSs). This, alongside our work to offer Schwartz Rounds across several ICSs, represents our contribution to the integration of care by supporting the development of common cultures across ICS partnerships.

This report includes numerous stories of how carers and those receiving care have benefitted from our work. The glue that binds all our work together is storytelling, which brings to life the true experience of giving or receiving care. This year, we have explored new ways to hear and share stories through our communications, and to bring these stories to the attention of decision-makers in the health and care system.

It has been a privilege to continue this important work and I'm grateful for the help and support of our trustees and the fabulous Point of Care Foundation team. Special thanks are due to Sir Robert Francis QC who, having been a trustee of the Foundation since it was first established, stepped down from his role at the end of 2021.

Bev Fitzsimons
Chief Executive



Bev Fitzsimons (she/her) 🌱 @fitzy45 · Dec 2, 2021



@PointofCareFdn we love the contribution that [#involvement](#) partners bring to our programmes [#patexp](#) [#yourvoicematters](#)



BDCFT Experience & Involvement #... @BDCFT_Yo... · Dec 2, 2021

Could hear a pin drop as one of our [#Involvement](#) Partners gives a talk on how and why she got involved, what she's done, the impact of that and her hopes for the future for herself and for how we develop this at @BDCFT [#FoundationsPatientExperience](#) @PointofCareFdn



Bev Fitzsimons (she/her) 🌱 @fitzy45 · Jul 20, 2021



We @PointofCareFdn want to shout this from the rooftops! [#SchwartzRounds](#)



Dr Samantha Jakimowicz @samjak66 · Jul 20, 2021

Attending Schwartz Rounds results in empathy and compassion for self and others; increased honesty, openness, & resilience; improved teamwork and organisational change. Great paper @nursingpolicy showcasing the importance of connection @utsSoNM @UTS_Health @empathyEd [twitter.com/nursingpolicy/...](https://twitter.com/nursingpolicy/)



Staff Experience programme

Schwartz Rounds and Team Time

Schwartz Rounds ('Rounds') and Team Time offer space for health and care staff to come together and reflect on the emotional and social elements of their work. Rounds are intended to offer a counter-cultural space where health and care staff can step away from their fast paced and pressurised working environments to come together to slow down, take a breath and connect on shared emotional experiences in their work. The Point of Care Foundation has been supporting health and care organisations to embed Rounds in their organisations since 2009, with Rounds running in 286 organisations in the UK.

Organisations running Rounds across the UK have demonstrated remarkable commitment in trying to protect spaces to reflect on staff stories around the emotional impact of care amidst the uncertainty and pressures of the last few years and within the health and care system. Adaptations such as Team Time (an online, team-based version of Rounds) and Virtual Schwartz Rounds have offered new and innovative ways to ensure access to reflective practice for staff.

While Rounds are intended to be a space for anyone within an organisation to attend, to listen to and tell stories, we know from data and testimony that there are still many staff groups who find it difficult to access Rounds – including many who would benefit hugely from the space. We will be looking towards using the data accrued in Rounds across the UK to continue to think of ways in which to make finding space to reflect and repair as accessible as possible, with particular focus on nursing and midwifery staff, senior leaders, Staff of Colour, and those working in primary care.

Reaching parts of the health and care system where the need is great

The ongoing Covid pandemic, and the pressures it has created, have highlighted the need for reflective space in parts of the health and care system where it hasn't traditionally been available. Through the work of pioneering members of the Schwartz Community, we began looking at how to offer Rounds at scale in care homes, primary care and children and families social work.

In summer 2021, What Works for Children's Social Care published [an evaluation of the impact of Schwartz Rounds](#) in reducing psychological distress in staff in ten children's social care departments, conducted by CASCADE, Cardiff University. The study found that Rounds were possible and cost-effective to implement in children's social care, with benefits to staff who attended. The authors recommended that all local authorities consider providing Rounds to support staff wellbeing.

Working with integrated systems

The new Integrated Care Systems (ICS) in England opened the possibility of taking Schwartz Rounds to those new corners of the care system in 2021. The ICSs are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. Each of the ICSs has a responsibility to support staff wellbeing across their area. We worked closely with two – Cheshire and Mersey and West Yorkshire and Harrogate – to trial an approach to deliver Schwartz Rounds throughout the organisation. This work allowed stories of people's experiences of their work and its emotional and social effect on them to be shared.

We learned a lot from these first two partnerships about how to organise and build steering groups, encourage commitment from colleagues in different care services and get Rounds going for all colleagues, in health, social and voluntary sector care services. In 2022, we will grow our work with ICS partnerships and focus on delivery of Rounds, sharing learning and addressing the challenges that arise.

Across the two ICSs, we are working with 14 boroughs or 'places' to reach a staff population of circa 250,000.

We have trained 72 Schwartz Rounds facilitators across the two systems.

Three 'places' are already delivering Schwartz Rounds. Early topics for Rounds include 'what the last 18 months meant to me' and 'I'm human too.'

Rounds for health and care students

Another focus in 2021 was further development of Rounds in Higher Education Institutions (HEIs). There were 18 universities in the UK running student Schwartz Rounds for healthcare and social care students, as well as those training to become dentists and vets. Nine were part of the University of Liverpool-led 'Schwartz North' project. Towards the end of the year, we agreed a project to extend access to Schwartz Rounds to other institutions across the UK.

Research demonstrates that Schwartz Rounds are beneficial in supporting healthcare students whilst in training. Listening to experiences of attendees indicated that attending Rounds as a student might promote a career-long effect that enables healthcare professionals to reflect on and process the emotional impact of their work. Attending Rounds as a student also creates a new generation of Schwartz Rounds 'ambassadors' – advocates for the importance of

Rounds in their organisations. For example, a Clinical Psychologist who works at Alder Hey Children's NHS Foundation Trust attended Schwartz Rounds as a student at the University of Liverpool. She recalls that the Rounds were:

"...incredibly formative... I was shaped professionally by the openness of senior colleagues when reflecting on the emotional and psychological impact of their work. I felt encouraged by their openness and vulnerability... I found courage to be more accepting of my own humanity and difficult feelings I encountered in my practice... I am now a Schwartz facilitator and remain passionate about the power of storytelling. I think we all need more compassionate, safe spaces where we can draw on the collective strength of our workforce through sharing, listening and responding to staff stories."

Building on the success of work with dental students, we have become part of a Health Education England (HEE) funded project to support primary care dental practices in Kent Surrey and Sussex. We have commenced piloting Rounds in four practices with a vision to increase this to all practices in the area. This work will continue in 2022.

The growing Schwartz Community – networks and events

Embedding and sustaining Rounds in organisations can be hugely fulfilling for the teams involved – but at times it can feel difficult, particularly amid extreme pressures. The Schwartz Community networks offer a valuable and powerful resource for shared learning and support. There are currently seven networks running in the UK and one in Ireland.

“It was very helpful hearing stories from colleagues and knowing you are not alone. It will help give me a better understanding of my work”

“I valued hearing about the social and emotional contexts of men’s health and the challenges faced due to the social perception of the male role”

“It helped me understand my colleagues’ emotions and what the past year has done to them”

Schwartz Rounds attendees

In 2021, we also ran ten community events to bring members of the Schwartz Community together to celebrate their commitment and hard work, offer opportunities to develop and learn new skills and to hear and share good practice from across the community.



Feedback at a glance: Schwartz Rounds



"I would recommend Schwartz Rounds to colleagues"



"I have a better understanding of how I feel about my work"

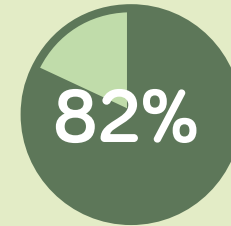


"Today's Round will help me work better with my colleagues"



"I gained insight that will help me to meet the needs of patients"

Feedback at a glance: Community events



rated as excellent

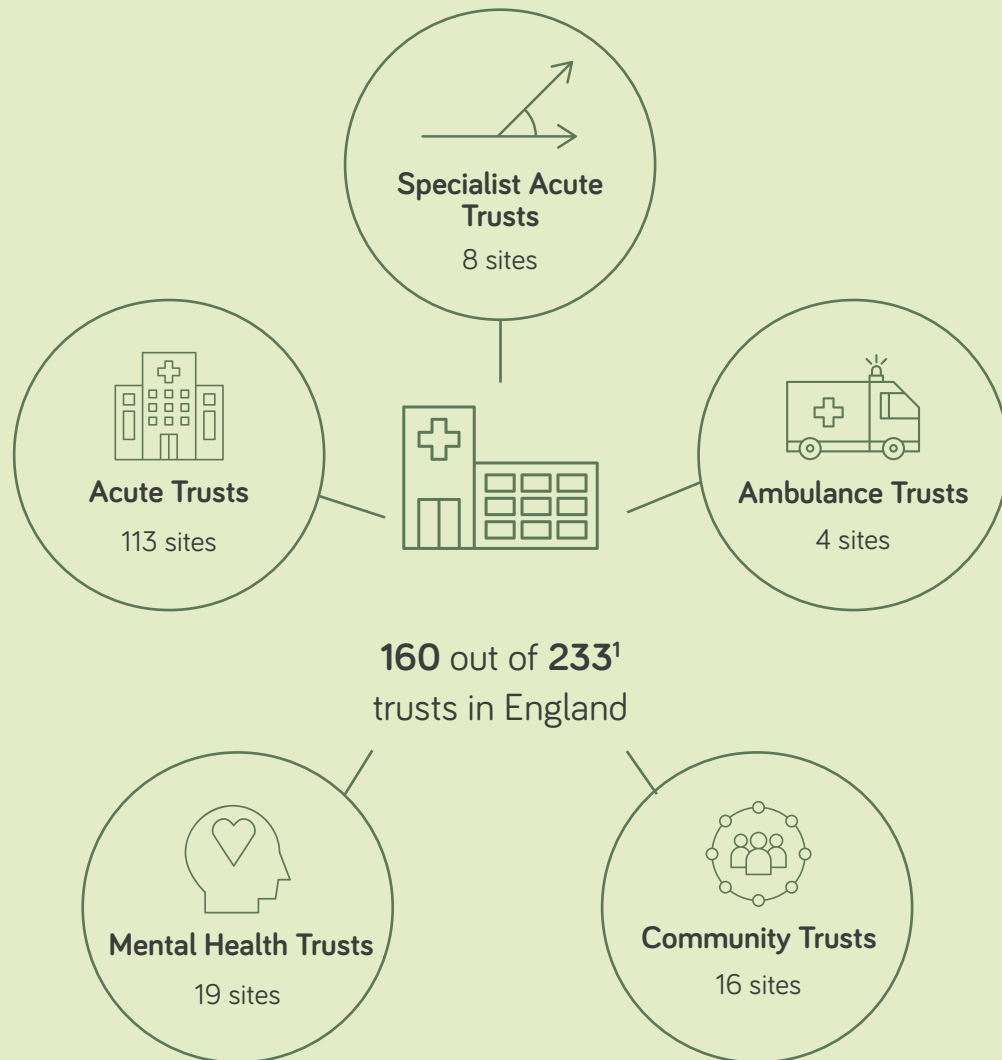
"The workshops were excellent... made me realise I have much more learning to do around diversity!"

"A well structured and facilitated morning. It really encouraged mutual support"



Where are Schwartz Rounds taking place?

Schwartz Rounds in English NHS trusts:



Republic of Ireland

27 sites



Scotland and Wales

4 sites



Hospices

38 sites



Education (HEI)

19 sites



Private

4 sites



Vet practices

4 sites



Vet schools and pilots

4 sites



Dental

1 site



Police and Justice

1 site



Community Interest Company

4 sites



Clinical Commissioning Groups

1 site



Integrated Care Systems

2 sites



Primary care

3 sites



Children's social care

10 sites

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

Staff Experience case studies



Alison Carroll



Andrew Weeks

Schwartz Rounds at Liverpool Women's Hospital

We have a number of forums at Liverpool Women's where staff can have a voice and share their views, but we believed that Schwartz Rounds offered us something that was unique – the chance for a multidisciplinary group of staff of all grades to come together as peers and share their experiences. We hoped it would start to promote understanding and break down barriers and it is starting to do just that.

Monthly Rounds started in January 2021. The Rounds were themed to Beatles song titles to capture the interest of the staff. Due to the Covid pandemic, our Rounds were held virtually via MS Teams which was a challenge at first. We produced a 15 minute online musical slide presentation, providing time for the participants to relax and regroup before the Rounds started. Each month, the final piece of music was the Beatles song related to the theme of the Round.

Our first Round was on 14th January 2021 and was entitled 'Come Together' with 30 people attending. This was quite an emotive, powerful Round and

evaluations suggested the stories were relevant and would help attendees to understand other roles in the organisation. People started to talk about the Rounds and ask questions about how to join the next one. One particular Round that caused a lot of discussion was in May 2021 where a senior manager spoke about difficulties during Covid with one person commenting:

"Very moving, refreshing to hear such candid storytelling from senior management."

Attendance has averaged around 25 to 30 people at each Round. All Rounds have been rated as excellent (63%), exceptional (29.7%) or good (6.8%). We have planned all monthly Schwartz Rounds for 2022 and hope to increase participation from all areas of the Trust. We have committed to grow the Rounds for those who have been under tremendous pressure over the last two years.

"So emotional however great to hear others' experiences and share my own. I think this is so positive to share how we feel and learn from lived experiences."

Round participant



Megan Crawford

Schwartz Rounds at South London and Maudsley NHS Foundation Trust

The Staff Support Team at the South London and Maudsley NHS Foundation Trust provides a number of reflective spaces to support staff working in mental health care. One of the main spaces that we facilitate is Schwartz Rounds. In 2021 we facilitated **28 Rounds** with nearly 1500 attendees throughout the year, which reflects the increasing need for emotional support in the wake of the last few years' events, notably Covid-19, the death of George Floyd and the Black Lives Matter movement.



Rawle Ragoobar

We held Rounds on a range of important themes that resonated with our staff, including loss and uncertainty, the impact of suicide, anti-racism and Black History Month, and the impact of change. We have also connected with other networks across the organisation, including the Patient Race Equality Framework Committee, the LGBTQIA+ network and the Lived Experience Network.



Uma Bartlett

Some powerful themes have emerged from rich and varied narratives, such as connection, identity, the impact of racism and discrimination, strength and resilience, the weight of responsibility and unrealistic expectations, and staff wellbeing. We are grateful to our community of facilitators for creating a safe space to allow for thought-provoking, honest and poignant discussion and reflection. As facilitators, these spaces can be emotive, but incredibly rewarding.



Victoria Fawcett

We are really proud of our achievements over the last year, particularly after having to adapt quickly to remote working and online forums. Despite these challenges, we have seen higher attendance and engagement; our highest attended Round saw 200 members of staff present. We have also seen increased attendee diversity from different disciplines, cultures and ethnicities. We have received incredibly positive feedback, with staff describing the Rounds as “motivation-boosting experiences” and “a reminder that we do the jobs we do because of the values we hold.” The space was described as helping staff “no longer feel alone,” and for providing “validation for what we have been through over the last 18 months.” It is heart-warming to know that our work is having a positive impact for staff.

We hope to continue to build on our growing Schwartz platform, and connect with other networks across the organisation to ensure inclusivity and diversity. We are now linking in with key operational work streams to allow for the themes from Schwartz Rounds to help guide organisational strategy, allowing for the emotive and operational aspects of our Trust to be interwoven. We are looking forward to what the next year brings!



Trudi Emmens



Liz Kell

Schwartz in Higher Education: The University of Central Lancashire (UCLan)

The University of Central Lancashire (UCLan) has been delivering Schwartz Rounds since 2019, initially through the Health Education England-funded 'Schwartz North' project alongside several other universities led by the University of Liverpool. Throughout 2021, all our Schwartz Rounds took place online due to the pandemic.

UCLan have decided to take a broader approach to Schwartz Rounds within the university, to introduce Schwartz Rounds across Health, but also Social Work and Policing, in recognition that there are many other roles supporting and helping people that have an emotional impact. The feedback across all those who attended has been really positive, including in relation to the diversity of people able to attend the events and the diversity of experiences shared through the different stories and individual contributions. A particularly powerful Round which took this multi-professional approach was in January 2021: 'Operating above and beyond your limits'. Each of the stories shared were incredibly powerful and had an impact on the entire Schwartz Round team, the attendees, and the panellists themselves.

While initially apprehensive about online Rounds, we recognise how well these have worked: there has been consistently strong engagement, enabling access to more students, and access to different panel members. The flexibility in ways of interacting has

allowed us to facilitate the emotional content in a safe and supportive environment, including successfully using chat functions as well as verbal contributions to reflect individual preferences for contributing. We are keen to maintain some of our Rounds online in future delivery, alongside having some Rounds back on campus in a room together.

"I love these Rounds and I can see that they benefit many other people who attend...It has to be good for everyone's mental health. It is for mine, definitely. Thank you again for taking the time to organise."

"Every session constitutes a positive and great opportunity to build experience and gain extra knowledge regarding crucial themes that will be part of our future duties."

"Love coming to the Schwartz Rounds, feel it helps me develop as a professional."

Participant comments



Navdeep Kumar

Schwartz in Higher Education: University College London Hospital, Eastman Dental Hospital

University College London Hospital (UCLH) has become an established provider of Schwartz Rounds. Recognising the potential benefits to the dental team, in 2021 Health Education England (HEE) worked with the Eastman Dental Hospital to extend the reach of Rounds by initiating a formal pilot to support staff working across the dental hospital environment.

A local Schwartz team was established with membership including dental trainee representatives, management team members, administration support and wider clinical groups made up of dentists, nurses, and therapists. The function of the group was to establish the model within a dental hospital setting under the guidance and mentorship of the Point of Care Foundation and the central UCLH Schwartz team.

The first Round was held in January 2021 and, due to the pandemic and social distancing requirements, the pilot was run on a virtual platform with the number of attendees limited to 30. The theme of the first Round was 'A patient I will never forget,' and feedback captured demonstrated how inspirational the attendees found the session. Storytellers were courageous and modelled the Schwartz ethos of openness and humanity. The teams reflected that as clinicians we participate in many group discussions of clinical cases and ethical dilemmas as part of our daily work, such as MDT clinics or meetings, case-based discussions and journal clubs.

However, the opportunity to discuss our emotional reactions to difficult patient or colleague interactions is seldom available – Schwartz has helped to fill this void.

Since then, a total of 12 monthly virtual Rounds have been run with themes including 'It's not easy being green,' 'I am human too: emotional and physical vulnerability in frontline staff' and 'Not having a voice'. We have increased the number of Divisional facilitators to eight and extended the Rounds to include the Ear, Nose and Throat teams that we work with very closely in the Division. Participation in the Rounds has also improved in terms of the diversity of the attendees. During the earlier Rounds we had limited non-clinical staff whom attended, but have had more in recent Rounds. This is largely a function of an active response by our Schwartz team to provide clarity around the title of Rounds ensuring they are not all clinically focussed, as well as asking colleagues who have attended Rounds to spread the word about them with colleagues.

A flavour of the humbling comments captured from the attendee feedback is captured as below:

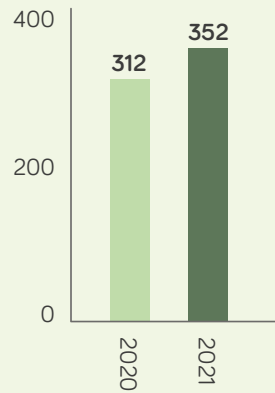
"It was lovely to see people facing similar experiences and feel safe to discuss these in a completely non-judgmental environment."

"...I found this experience very humbling – it brought to light the fact that often, healthcare workers forgo their right to process their feelings in stressful situations for the duty of care they feel both to their team and to patients. I learned that it is important for me to reflect on these experiences so as not to invalidate these emotions."

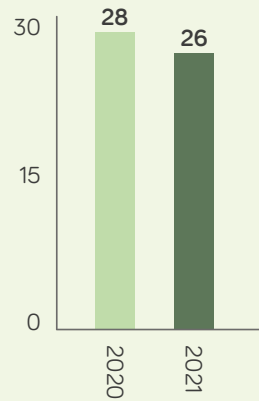
Schwartz statistics

Growth of Schwartz rounds

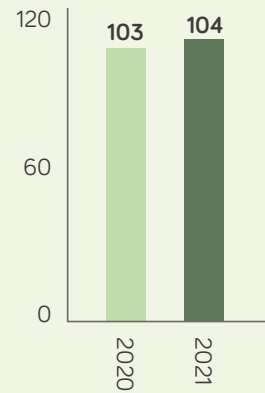
Schwartz facilitators trained



New Schwartz sites

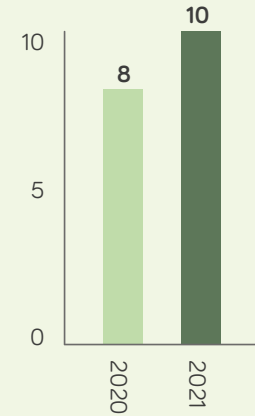


Organisations renewing Schwartz membership

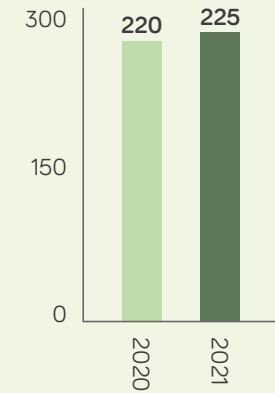


Schwartz Community events

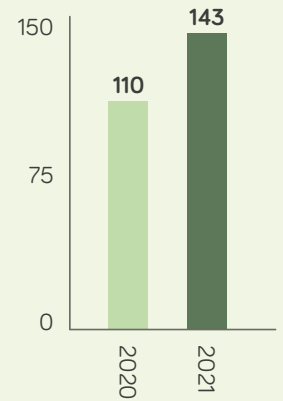
Events



Attendees

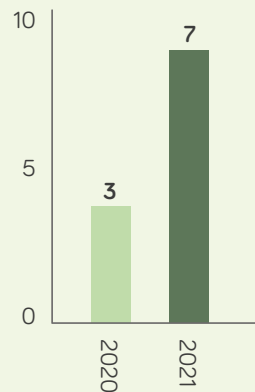


Organisations represented

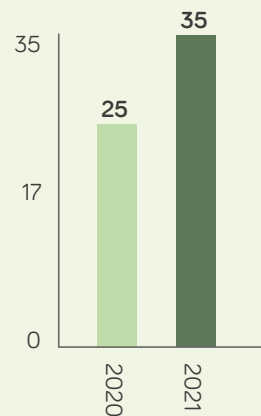


Community networks

Active regional Schwartz Rounds community networks

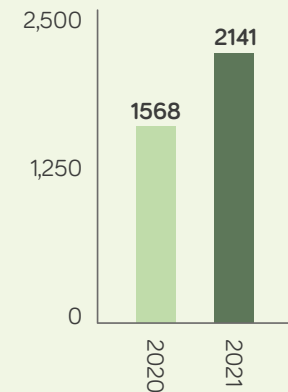


Average attendance at network meetings



Schwartz Community resources

Page views



Patient Experience programme

Our Patient Experience programme comprises work we have previously described as the Sweeney programme and our Foundations in Patient Experience and Involvement programme. Together these programmes provide a suite of tools and methodologies to help those working to improve care to better understand the experience of their patients as recipients of care.

Work under the patient/service user/carers experience banner takes a range of forms, including:

- Open training courses for individuals in methodologies such as Experience Based Co-Design (EBCD).
- Open training courses for individuals working in patient experience, involvement and engagement, comprising a combination of knowledge-building and skills-based sessions. This programme is accredited by the Institute of Leadership and Management (ILM) and carries with it a year's membership of the ILM.
- Support for clinical and non-clinical teams to implement patient-focused quality improvement for an identified patient group or for a clinical theme.
- Wider collaborative projects where we support cohorts of teams working in the same area to learn together, and from each other, to improve care experiences.
- Bespoke courses, commissioned by organisations or systems (such as integrated care systems – ICSs). These are designed collaboratively with our clients

Having suspended many of our programmes during the first wave of the pandemic, we tentatively re-launched our programmes online during 2021, and later in the year managed some face-to-face work. A hybrid model is likely to be the case in the future, though this will always be negotiated with our clients.

In 2021, the team delivered 15 Patient Experience programmes across England and Wales and the US, reaching approximately 310 programme participants. Some, such as the work with Bradford District Care Trust, worked with multiple partners across the system. Others were delivered in partnership, such as with NHS Improvement Academies or management consultancies. Others still, such as the work with the Frimley hospital group, worked with provider organisations across a geographical area. Some, such as the partnership with the Vermont Oxford Network of neonatal units in the US, worked with multiple sites nationwide; and finally, others, such as the Brilliant Basics programme at Alder Hey, work to embed patient-centred methods within a broader improvement programme across an entire organisation 'from board to ward' (see 'Implementation Support').

Our work continues to have impact internationally through participation in our open training and commissioned programmes. The necessity of putting our programmes online has meant that participation 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 service. Often these

can be small changes that are not difficult to implement but make a substantial difference to patients', service users' and carers' experience of care.

The Foundation has also worked with executive teams and specialist research projects seeking to refine their approach to listening and responding to service users' voices.

Examples of our research include:

- Co-design of a visual identification system to support people with dementia who are in hospital.
- Flourishing Lives – a project enabling people with learning disabilities to lead flourishing lives. We are designing a toolkit to help support workers to implement the findings of this research.
- The use of research-practice partnerships in adult social care.

We also partnered with InHealth Associates to support the delivery of their Patient Leadership programme, which complements our work and further supports our mission to humanise care. David Gilbert, Director of InHealth Associates, said:

“Participants have been passionate, astute, questioning and courageous in terms of their willingness to bring their authentic selves to the table. All these help when what we are looking at are precisely those sorts of leadership qualities - those that come from experiences of ill-health. The programme seems to help people anchor themselves so as to better influencing change.”



Emma Evans @DrEdebates · Jun 3, 2021

Learning about experience based co design with @PointofCareFdn was a game changer for me. A must for those who want to make changes that mean something to patients. Patient experience of our care is not merely the icing on the cake 🍰

The Point of Care Foundation @PointofCareFdn · Jun 2, 2021

'Humanising obstetric care in operating theatres'. The @NbBeginnings project at @StGeorgesTrust used #EBCD techniques and parents' perspectives to improve care for women giving birth in theatre: pointofcarefoundation.org.uk/blog/humanisin...
@DrEdebates @monicuppa
#PatientParticipation
#codesign

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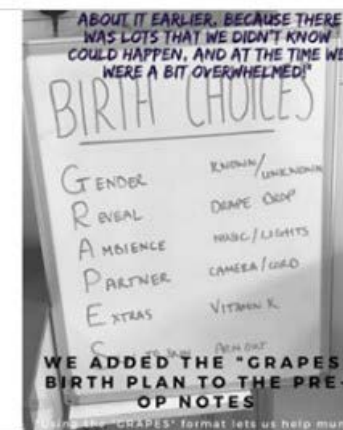
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12



The BMJ @bmj_latest · Apr 24, 2021

Around 4/10 women in the UK give birth in the operating theatre, but few are prepared for delivery in this environment @monicuppa @DrEdebates discuss @NbBeginnings project to #codesign obstetric care in operating theatres: ow.ly/EyYO50EwsXu @PointofCareFdn



blogs.bmj.com

Humanising obstetric care in operating theatres - The BMJ

Around four out of ten pregnant women in the UK give birth in the operating theatre. Few are prepared for delivery in this forbidding, hig...

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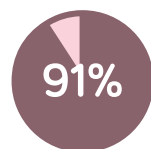
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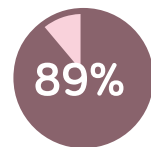
Patient Experience programme at a glance

Feedback

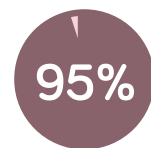
Quantitative feedback and ratings can only give a snapshot of our impact, but feedback from our Patient Experience course points to satisfied and engaged delegates:



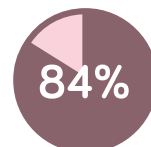
91% of respondents were engaged in the session



89% found it easy to get involved in the sessions



95% described the sessions as worthwhile



84% found the programmes useful overall

During 2021 we delivered:



7

open programmes



150

delegates



7

commissioned programmes



160

delegates



1

organisation-wide
programme of training
and implementation
support



100+

delegates and partners, including
clinical teams and quality
improvement experts, and the
executive team



3

funded research projects into
aspects of service user experience,
implementation, and sustainability.

Foundations in Patient Experience course

Key elements of the programme that were remarked on by participants were:

“Guest speakers, particularly service users and patient leaders”

“The balance between being engaging, fun, informative, and safe”

“Levels of interactivity.”

“Not being judged”

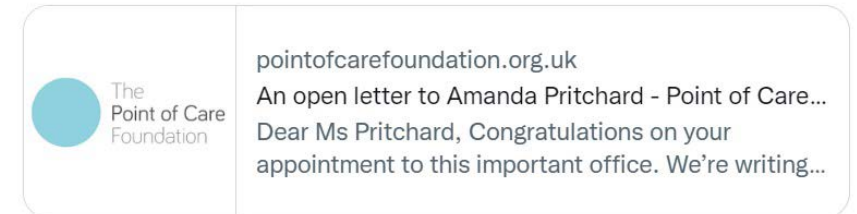
“Done with a smile. Relaxed but informative and enjoyable”

“Knowledgeable facilitators, very good learning environment.”

“Developing deeper conversations.”

 **The Point of Care Foundation** @PointofCareFdn · Oct 22, 2021 ...
'We know there is an evidence-based link between staff **experience** and both **patients' experience** of care and their clinical outcomes.'

Our [#openletter](#) to [@AmandaPritchard](#)
pointofcarefoundation.org.uk/blog/an-open-l... [#staffexperience](#)
[#patientexperience](#)



  1  4  

 **The Point of Care Foundation** @PointofCareFdn · Nov 18, 2021 ...
Great to have so many brilliant **and** dedicated participants on our Foundations in **Patient Experience** courses this year! We were inspired to hear how they have already applied their learning to improve **experience** of care. [#FoundationsPtExp](#) [#PtExp](#) [#PPIE](#) [@fkmckenzie](#) [@IXenophontes](#)

 **Alison Dowling** @AlisonDowling10 · Nov 17, 2021
Had a busy afternoon celebrating the completion of the foundation in patient experience course with @HigginsYvonne and @AnnMarieCannaby delivered over the last few months by POCF @PointofCareFdn

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Patient Experience case studies



Naomi Stockley
Patient Experience
Associate, Point of
Care Foundation

Improving the care of people with dementia in hospital: the Da Vinci project

As many as one in four hospital inpatients may have dementia or another type of cognitive impairment, but these patients' needs are not always immediately recognisable. Hospitals use different 'visual identification systems' to inform staff that a person has dementia. For example, a patient might wear a special-coloured wristband to signal their dementia, which should then prompt staff to consult any vital information about the person and their individual care needs.

This research project, funded by The Health Improvement Studies (THIS) Institute, aims to see how visual identification systems can improve care for people with dementia in hospital. THIS Institute commissioned a UK-wide survey of NHS staff and people with dementia and their carers to understand people's experiences of using visual identifiers.

The Point of Care Foundation, in partnership with the Glasgow School of Art, was then tasked with producing a set of 'design principles' to underpin a system of visual identification, which would ultimately lead to better personalised care for people with dementia in hospital.

We designed and piloted seven virtual co-design workshops, which we ran in two stages. Initially we tested findings from the research by presenting participants with different scenarios – stories based on the survey findings – and we used these to prompt participants to discuss their own experiences and to answer questions.

We then took a more 'future-focused' approach, where participants could think creatively about how the system could work better. In these workshops we asked more 'what if...?' questions and we presented some future possibilities for participants to discuss.

The workshops consolidated a lot of our thinking about the design principles. Strong themes emerged, not only about the system itself, but also about what needs to be in place in a hospital setting if the system is to work well.

What next?

We are now analysing the results of the workshops to produce the design principles. We will seek to publish our reflections on the methodology that we used, which was different from standard EBCD methodology in that we used the 'scenarios' to prompt discussion in the co-design workshops, rather than catalyst films which are more usually used to prompt discussion in co-design. We will be presenting on our work at the HSR UK Conference in July 2022.



**Kim Deynaka and
Mimi McCall**

St. Joseph's Neonatal
Intensive Care Unit,
Tacoma, Washington
State

Experience Based Co-design (EBCD) with Families: rapid transformation programme

The NICU team was not familiar with experience based co-design (EBCD) when they began the programme at the start of 2021. Added to this, the Vermont Oxford Network (VON) and Point of Care Foundation (PoCF) teams trialled a 'rapid EB CD' process, after teams in previous years had struggled to find time to complete the full EB CD process.

The NICU team's response to the approach was overwhelmingly positive. Mimi McCall, the Assistant Unit Manager, described how much she learned from both staff and families discovering that many of the issues were similar for both groups, but that they came at it from different perspectives.

The VON approach uses the 'discovery' phase of EB CD to feed families' experiences into more traditional quality improvement methods. Mimi described EB CD as "such a positive experience," saying "I loved every minute of it."

Casey O'Galleher (Assistant unit manager) described how the project had given the team an additional level of expertise and how EB CD had enhanced their quality improvement. The most significant impact for Casey, however, was that levels of engagement with the unit from both staff and families had "absolutely

skyrocketed." He put this down to the fact that the EB CD process means the focus of the improvement work was on what mattered to families and staff. Kim Deynaka (Director) described participation as a "transformational experience" for their unit.

Casey told us, "Our priorities don't always match their priorities. This way we could be sure we were focusing on the things that really mattered to them."

The team really appreciated working closely with the team from VON and the PoCF, who supported and guided them through the process. So rich was the data collected through the co-design process that they now have enough material to work on for the next few years. The team was unanimous in wanting to engage with the EB CD process again: it works, and it galvanises people into action.



Naomi Stockley
Patient Experience
Associate



Helen Pearce
Involvement
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District Care NHS
Foundation Trust

Bradford District Care Trust

Bradford District Care Trust commissioned the Point of Care Foundation to run a bespoke 'Foundations in Patient Experience' course for 25 people. This was the first time that participants were intentionally a mix of both staff and volunteer Involvement Partners (sometimes known as Patient Partners), with a third of places on the course reserved for Involvement Partners. Not only were staff and patients learning together, but as part of their accreditation they were asked to work on an assignment together to improve an aspect of patient experience in the Trust.

During one of the modules, an Involvement Partner, Helen, led a session on why involvement matters, and shared a very powerful account of her own experience both as a patient and as a volunteer. Participants were visibly moved by her story. The trauma she had experienced made the theoretical discussions about topics such as patient experience data seem very real and relevant. And the difference her involvement at the Trust had made to the care of future patients inspired others in the room to take involvement seriously. Helen subsequently wrote a blog for [our website](#).

"Helen's story was very thought provoking."

"Really good to hear service user involvement experiences – makes it real."

Participant feedback

This levelling of the playing field at learning events likely broke down some barriers between patients and staff across the Trust – it was a clear signal that staff and patients were equally worth investing in and that they both had roles to play in improving patient experience. It also sends the positive message that patients should be partners in their care – not simply recipients.

From our perspective, it generated rich discussions and deep learning, with insights from both staff and patients, and crucially, it prevented staff from considering patient experience and how it might be improved without a clear patient voice in the room. The strong patient voice kept discussions grounded in real people rather than a more 'removed', hypothetical patient.

Ultimately, the ideas that people came up with were jointly owned. We don't yet know what the impact will be of patients and staff working on improvement projects together, but our guess is that the joint ownership from the very beginning will be key to their success in humanising healthcare in the Trust.

Implementation Support

In early 2022 we launched a third programme called Implementation Support.

This signals our intention to work in greater depth to provide training and support throughout an organisation or integrated system, to embed high-quality patient and staff experience practices at all levels.

It builds on work delivered during 2021 with Alder Hey Children's Hospital, and draws on earlier work conducted with an integrated care system. Our Implementation Support work in 2021 consisted of training in our patient experience methodologies, coupled with a longer-term relationship to help support embedding patient experience and involvement tools into everyday practice.

The 'Brilliant Basics' programme at Alder Hey Children's NHS Foundation trust was a key programme in 2021. We delivered the elements of this programme related to patient engagement, involvement, and experience. This was alongside a management consultancy which delivered elements relating to a lean quality improvement approach. At the same time, the Trust's quality hub developed their own in-house capability to sustain this work for the long term.

The programme evaluations were the result of this team effort. Comparing the evaluation data before and after the Brilliant Basics training, we can see that:

- Knowledge and understanding of the organisation's goals increased markedly.
- There was a far more reliable approach to reviewing performance and measures.
- There was a real increase in the extent to which learning was considered part of the everyday work, and staff's suggestions for improvements were sought.
- Staff were far more likely to report being involved in decisions about improvements made.

"The team at the Point of Care Foundation have offered positive challenge and flexible support to us throughout our Brilliant Basics Quality Improvement journey at Alder Hey. Bringing in the evidence base and real-life examples has helped us to put patient experience and involvement for improvement into context in a paediatric setting."

Jennie Williams

Head of the Quality Hub, Alder Hey NHS Foundation Trust

Our Implementation Support programme is an important focus for us in 2022 as we seek to deepen our impact across the footprints of larger trusts and integrated care systems.

Equality, diversity and inclusion

Our mission, to humanise healthcare, requires commitment to the principles of equality, diversity and inclusion. In all our work it is vitally important that we pay attention to the needs of groups of both patients and staff who are excluded, particularly those who are seldom heard, marginalised, or vulnerable. We cannot fully realise our mission without doing so. Our work provides a forum where conversations about the experience of difference can take place, and people can build empathy for each other's experiences. We are also committed to making our organisation an inclusive place to work.

In 2021 we signed up to the [EW Group Culture Pledge](#). EW Group is a consultancy that supports organisations to better understand diversity, unconscious bias and inclusive leadership, with the purpose of building a more inclusive workplace culture.

We have worked with the Schwartz Community to make Schwartz Rounds more inclusive. We supported the community to include hidden and often difficult stories within Rounds on topics such as race, the experience of marginalised groups, and difference. And we ran workshops with the community to learn how to make Rounds more accessible. Members of our community made commitments to pay attention to the diversity of Rounds.

We collected baseline data to improve our understanding of how [inclusive Schwartz Rounds are](#) and we are committed to continuing to capture diversity data, so we can challenge ourselves to do more.

"Bearing witness appeared an important part of the Round – to hear the stories shared, feel the pain and discomfort and recognise the silence that has accompanied such experiences. We heard about how racism operates at different levels – personal, interpersonal and institutional."

Schwartz Round facilitator, University Hospitals Plymouth

"It is important that we are kind to each other, that we educate ourselves on LGBTQ+ matters and that we reflect on our own part to play with regards to our own assumptions, beliefs and expectations. The session felt important to get the conversation started. Participants were engaged, reflective and felt inspired to work towards being more inclusive in Schwartz Rounds."

Schwartz Community Event participant

Our 2021 patient experience work continued to amplify marginalised voices and to highlight the importance of inclusive involvement to improving care. Examples of this include asking people from under-represented groups to lead sessions on 'inclusive involvement' for our Patient Experience programme. Guest speakers drew on their own experiences, bringing to life the reality of exclusion and difference. This made a deep impression on participants. We were deliberate about including content in our programmes that encouraged participants to work with families collaboratively. Programme facilitators were also supported to challenge any harmful or biased views that they encountered during both virtual and face-to-face sessions with participants.

"Really good to hear service user involvement experiences – makes it real."

Bradford Foundations in Patient Experience course participant

"I look at patient experience differently and always think about how small changes can have a huge impact on the patients."

Foundations in Patient Experience course participant

We have adapted our methods to make them as accessible as we can. Our research interests during 2021 were particularly focused on improving the experiences of people who may at greater risk of being marginalised: people with dementia, learning disabilities, and those in care homes. Our commitment is to continue to shine a light on the experiences of those who may be less frequently heard.



Dr Jamie Willo (they,he) @Jamiewillo · May 20, 2021

What a wonderful afternoon being part of a discussion panel with @PointofCareFdn #LGBTQ #equality #inclusion. Great discussions & reflection! @FarhanaNargis @fitzy45 @hesham_abdalla @Aggie_Rice

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The Point of Care Foundation @PointofCareFdn · Mar 18, 2021

Great to see @UHP_NHS taking part in #SchwartzCelebratesDiversity month by hosting a #SchwartzRound on the theme of 'Racism at work'.

We'd love to hear your experience of taking part in any of our activities.

#Diversity #Inclusion #EDI #Feedback

pointofcarefoundation.org.uk/equality-diver...



University Hospitals Plymouth NHS... @UHP_N... · Mar 17, 2021

March's #SchwartzRound 'Racism at Work' is coming up on the 23rd. Staff - please join us by looking out for the link in Daily Email at the end of the week, and start of next. twitter.com/KyeiyanneJames...



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The Point of Care Foundation @PointofCareFdn · Feb 14, 2021

Do you care about #diversity #equality and #inclusion? We are a small organisation with a mission to humanise #healthcare and we want to do more to improve #EDI Find out about joining our advisory group & other ways you can help us: pointofcarefoundation.org.uk/about-us/conta... #HumanityInHealthcare



pointofcarefoundation.org.uk

Contact us - Point of Care Foundation

We are always interested in making contact with people who want to make things better for patient...



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Speaking to the system and changing the culture

We continue to influence the system and the culture in which care is delivered. In 2021, with Covid still placing pressure on services, our priority was to draw attention to the challenges that the pandemic placed on the ability of the system to provide compassionate care. We sought particularly to highlight the experiences of people who are clinically vulnerable, and staff who face moral distress in not being able to provide care in a way that is in keeping with their values, due to Covid.

During 2021 we sought to influence senior policy makers in NHS England and NHS improvement to promote forums for reflective practice for staff. Our work to influence the culture of care at a local level focused on two areas. First, we prioritised people who have less control over their workload and those who are geographically dispersed. Second, although it may seem unlikely as they have the most power in the system, senior leaders can also find it hard to participate in interventions such as Schwartz Rounds.

In our patient experience work, our efforts to change culture have focused more on working system-wide, whether that is across all the partners in an integrated care system, or across all departments in an NHS organisation. We are aiming to work with everyone from the Executive Team right the way through to the staff at the coal face, to get a consistency of approach to listening and responding to patients and service users. We worked directly with patient partners in our work with NHS Trusts, to enable them to influence their local systems as effectively as possible. And we partnered with InHealth Associates to support the training of patient leaders.

Our work to implement co-design means we can take time to develop relationships with our partners and support them to implement practical and tangible changes to the way they listen and respond to patients' experiences.

In 2022, 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 systemic disadvantage.

Spreading our message

The Foundation's team uses a variety of ways of spreading our messages. We have already mentioned our work to influence policymakers. We also speak at conferences and professional meetings, publish our findings in research journals and the trade press, and we use social media to draw attention to the things we think are important about our mission.

Blogs

We published 16 blogs on the Point of Care Foundation website during 2021, with topics including protecting the mental health of medical and health care students, the importance of diversity and inclusion in our work, and the vital importance of storytelling and other narrative practices in health care.

Our blogs received 13,165 page views during the year – the most we have seen in a single year to date. Among the most read articles was a [personal account by Jocelyn Cornwell](#) in which she recalled her motivations for founding the Point of Care Foundation, which was read 893 times during the year.

Before leaving the Point of Care Foundation, our former head of Staff Experience, [Julian Groves wrote a blog](#) explaining why storytelling is such a powerful tool and why the process of safely sharing and listening to stories through Schwartz Rounds is so vital.

As well as our own blogs, we welcome contributors from across the health and care sectors. In 2021 we published material by [Ali Smith-Johns on Schwartz Rounds for students](#), by [Emma Evans on humanising obstetric care](#), and by [Kirsten McEwan on evaluating Schwartz Rounds in mental health settings](#).

Stories from the point of care

We continue to share stories from people on the front line of giving care, through audio and written accounts that we call ‘stories from the point of care’. This year’s stories included:

[Alex \(18 Feb 2021\)](#) An orthopaedic surgeon talks about his experiences of working during the Covid pandemic.

[Juliette \(24 March 2021\)](#) A genetic counsellor who was reassigned to the proning team at her hospital’s ICU shares her reflections on time spent working with Covid patients.

[Heather \(6 April 2021\)](#) A consultant tells of her response to seeing a young child being cared for by healthcare colleagues in full PPE for the first time.

[Carl \(14 December 2021\)](#) A paramedic discussing the impact of his work on his mental health.

These stories were accessed 256 times during the year.

Podcasts

Another way of highlighting stories from those giving and receiving care has been through [‘The Humanising Healthcare’ podcast](#), which we launched in April 2021. In the first series, we explore what the mission to humanise care means to people from a wide variety of perspectives: whether that is at the end of life, for people living with long term conditions including mental health conditions, or the experience of families whose babies were admitted to the neonatal intensive care unit. 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 all our work.

Our second series focuses on the experience of people through the pandemic: those shielding and clinically vulnerable, those re-deployed to staff intensive care, those working out in primary and community care. These conversations remind us that it is the quality of relationships which keep our system going, even in the most challenging of times.

Our podcasts were listened to 878 times during 2021. We are very grateful for the contributors who took time to talk to us.

Papers and articles

The Point of Care Foundation team and our associates published a number of papers and articles during the year. These included:

Cohen H, (2021), [Improving the quality of neonatal care by working collaboratively with families](#). 07 July. The BMJ Opinion.

Dawson J, McCarthy I, Taylor C, et al., (2021), [Effectiveness of a group intervention to reduce the psychological distress of healthcare staff: a pre-post quasi-experimental evaluation](#). BMC Health Serv Res 21, 392.

Evans E, (2021), [Humanising obstetric care in operating theatres](#). 22 April. The BMJ Opinion.

Maben J, Taylor C, Reynolds E, et al., (2021), [Realist evaluation of Schwartz rounds® for enhancing the delivery of compassionate healthcare: understanding how they work, for whom, and in what contexts](#). BMC Health Serv Res 21, 709.

Myers R, Fontaine N, and Fitzsimons B, (2021), [Do Schwartz Rounds support senior leaders to reflect on their practice?](#) Nurs Times 117, 4 18-21.

Case studies

We also publish case studies to illustrate our work. Here is a selection of the case studies published in 2021 that particularly highlight priority issues for us.

- In March 2021, as part of 'Schwartz Celebrates Diversity' month, [Ashford and St Peter's NHS Foundation Trust ran a Round entitled 'Be You, Be Accepted, Be Different'](#). Nearly 40 staff met to hear colleagues sharing their story about what it is like to be LGBTQ+

- In July 2021, [University Hospitals Plymouth NHS Trust ran a Schwartz Round on Racism at Work](#).
- In November 2021, the Vermont Oxford Network created a [film](#) showing staff reflections on EBCD training to support quality improvement in a neonatal department.

Conferences

During 2021, team members and associates presented at the following conferences:

Fitzsimons B (March 2021). Vermont Oxford Network of Neonatal Units: Spring virtual series. Involving families in improvement: principles of great improvement practice.

Rice A, and Barker R (July 2021). Hospice UK conference. Schwartz Rounds and Humanising Healthcare.

Fitzsimons B (July 2021). Rehumanising Healthcare: Strengthening the relationship between patients and staff. BBD Perfect Storm.

Roe J, Brady G, and Fitzsimons B (September 2021). Experience Based co-design in Speech and Language therapy. Royal College of Speech and Language Therapists annual conference: RCSLT Conference 2021: Breaking barriers and building better.

Fitzsimons B (October 2021). Presenting Narrative Information to Drive Improvement. Agency for Healthcare Research and Quality (AHRQ). Advancing the Science and Implementation on Patient Narratives.

Rice A, and Bedor C (October 2021). Demonstration Schwartz Round. Royal College of Radiologists. RCR Learning Live Wellbeing Session.

Toolkits

We continue to offer free access to our patient experience toolkits, which remain popular with our partners. These provide step-by-step practical guidance on patient-centred improvement methods, along with examples, templates and videos. These toolkits continue to be accessed by many thousands of people each year from around the world.

During 2021 the four principal toolkits attracted 21,337 unique users between them, with 74,400 page views.

They can be accessed here:

[Experience based co-design](#)

[Patient and family centred care](#)

[Using patient experience for improvement](#)

[Using online feedback to improve care](#)

Spreading our message

During 2021 we delivered:

