

The Point of Care Foundation

Impact Report 2024

Our work to humanise health and care

July 2025

Introduction

Humanising care

This impact report covers the calendar year 2024 and, for some activities, the early part of 2025. It has been a period of significant change for the organisation, as we have reevaluated the way we approach our work. Most notable has been a shift, signalled in April 2025, to focusing solely on Schwartz Rounds and the experiences of health and care staff.

Since our launch in 2013, we had taken a multifaceted approach to humanising care. This meant coupling work that focused on improving services for patients with an underpinning strand of work that looked to support the wellbeing of staff in health and care organisations.

From 2025 onwards we are pursuing our mission to humanise care through the latter of these approaches only. The important work of the Experiences of Care programme is now housed within the Picker Institute, an organisation that can locate the work within a portfolio of services addressing patient experience, through measurement, research and analysis – and now also through training.

Our work to promote Schwartz Rounds continues, across an expanding range of health and care sectors. In this report we take a closer look at the impact Rounds have had in organisations where they have been running for 10+ years.

Finally, we are pleased to share stories from our three Humanising Care Fellows, who completed their Fellowships during 2024/25.



Schwartz Rounds

Schwartz Rounds continue to impact the experience of working in health and care – and a growing range of other sectors – by providing a psychologically safe forum for shared reflective practice. We know from peer-reviewed research that regular attendance at Rounds can measurably decrease rates of psychological distress when compared with the non-attending population. Research has also found that attendees at Schwartz Rounds have greater compassion for themselves and others, and improved teamwork.

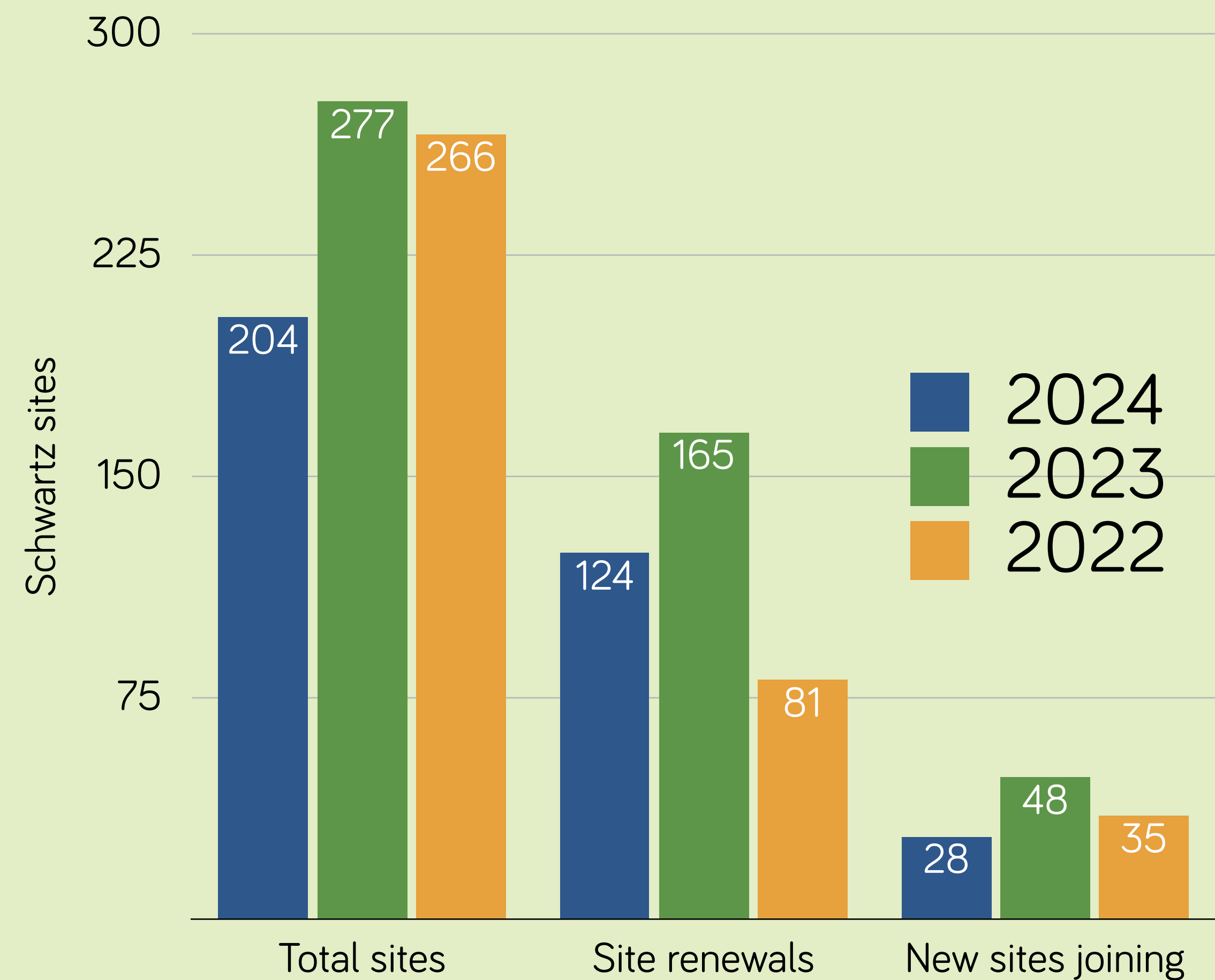
These outcomes directly support the provision of high-quality person-centred care for patients and service users, because people in caring professions can only give their best care if their own wellbeing needs are being met. There are benefits, too, for the wider system and organisational culture due to the organisational ‘ripple effects’ that occur as a result of running Schwartz Rounds.

Our work focuses on supporting Schwartz teams to run Rounds effectively in their organisations, reaching more colleagues and increasing the quality of participants’ experiences. This is done through training of Schwartz facilitators, ongoing mentoring of Schwartz sites by a team of trusted expert associates, and through our communities of practice, which meet roughly every month and are open to members of the Schwartz community. In recent years we have expanded the range of organisation types that run Rounds into other sectors that require ‘emotional labour’ from their staff, a trend that continued through 2024.

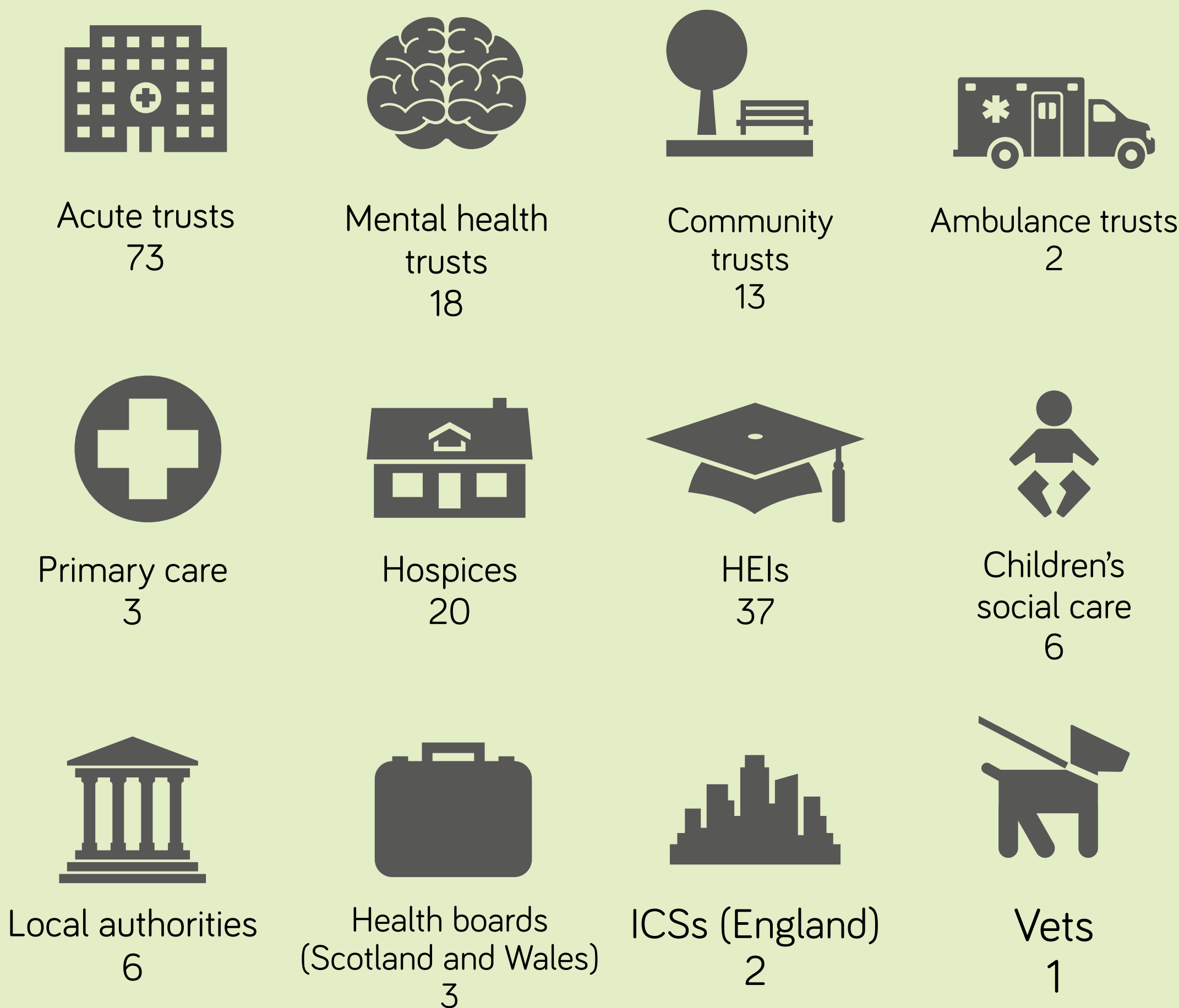
During 2024, a number of Schwartz sites reached the impressive milestone of running Rounds for 10 years, bringing the total that have been running Rounds for a decade or more to 42. We invited those sites to share their perceptions of the impact of Rounds at their organisations, and share some of these reflections on pages 6–8.

Schwartz Rounds in numbers

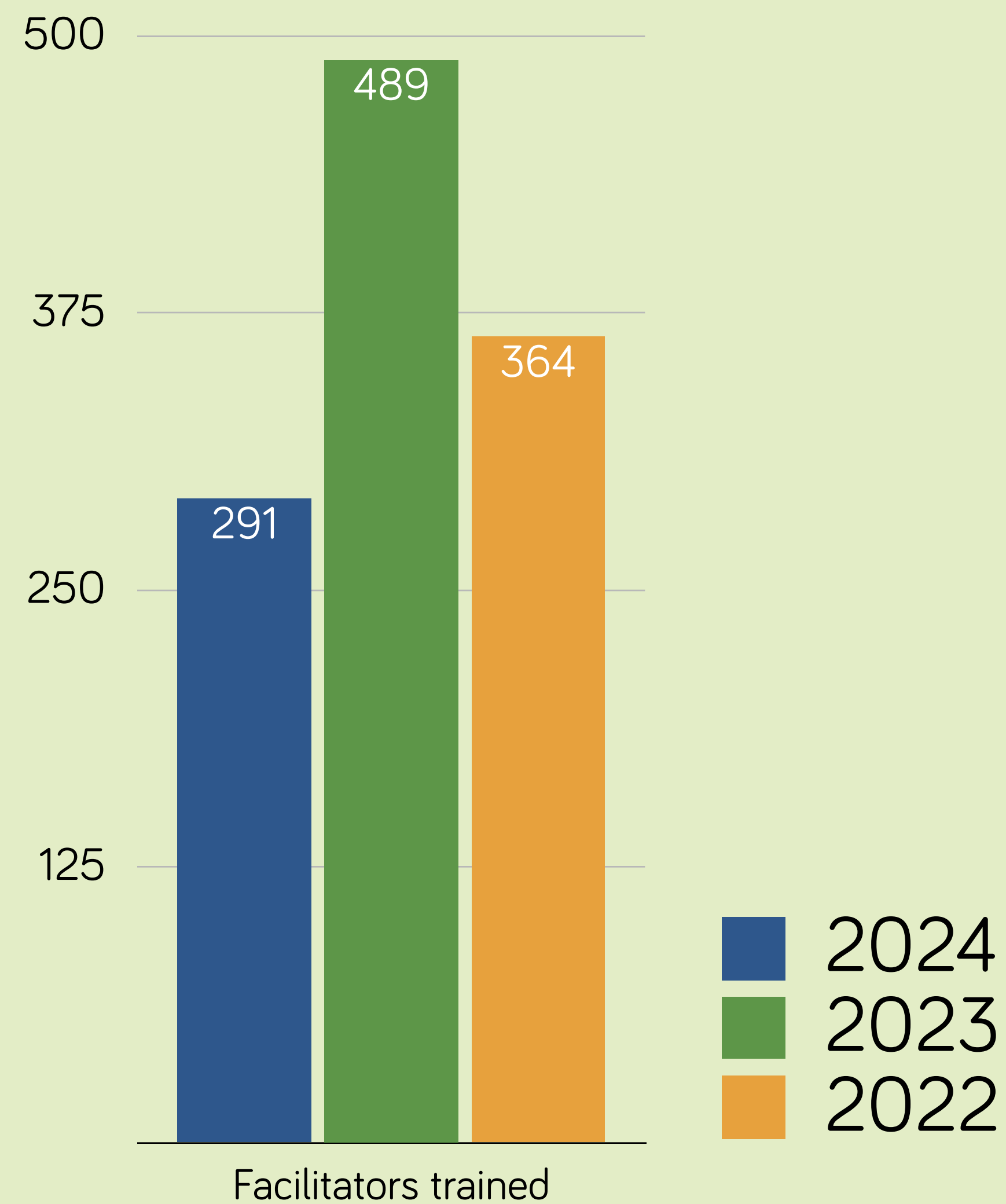
Key metrics



Settings in 2024 included:



Schwartz Rounds facilitator training and community engagement



In 2024 we held 14 community of practice events

Registrants for our communities of practice:



Long-term impact of Schwartz Rounds

We asked Schwartz sites who have been running Rounds for 10 or more years about the long-term impact of Schwartz Rounds in their organisations.

1. What do you consider to have been the most important impacts of Schwartz Rounds on staff and/or students in your organisation?

We think that the Rounds have shown to people attending the human side of caring and showed that we are all equal and can all be emotionally affected. The shared vulnerability is powerful. It has brought clinical and non-clinical staff closer as we understand each other better. The main impact is that it triggered the CEO to re-establish the Christmas show!

Normalising and validating feelings so that staff feel more able to discuss feelings around work and its impact. Particularly important is that the Rounds give more senior staff the opportunity to model this... Giving each other an appreciation for others' roles and the challenges that are faced in their work.

I think it is as simple as encouraging people to take 50 minutes or so to step away, to think and to feel and to connect with colleagues. It stops us running like hamsters and reminds us of the humanity in our roles again.

Long-term impact of Schwartz Rounds (2)

Organisational impact over time

2. How do you think that running Rounds in your organisation has impacted patients?

I think it can help bring out the humanness of the patients, which can be forgotten or disconnected with in order to function in a highly pressured system. Schwartz Rounds help people to reconnect to the reasons why they are in their roles. More importantly, I think the Rounds engender compassion and empathy, and this is how patients benefit.

What we love about Schwartz Rounds is that they cultivate compassion and openness between people and that must then impact on the way we work, with each other and also with patients, families and supporters.

3. Have Schwartz Rounds changed the culture of where you are working?

For me personally, working somewhere that makes time and space for Schwartz feels increasingly important, and is one of the few aspects of [our] culture that I think is really positive.

Since the introduction of the Rounds, we have [seen] staff more comfortable in sharing emotions and being prepared to be vulnerable. Respectfully listening to others' stories whilst being ready to offer support when needed. So we think that the Rounds have supported staff understanding and compassion towards each other

Long-term impact of Schwartz Rounds (3)

Learning from the Schwartz Community

4. What advice would you give to other organisations to help them sustain Rounds?

Grow a dedicated steering group and decent number of facilitators, as 'Schwartz fatigue' is real! Ensure senior buy in and sustainable funding for Schwartz.

Perseverance! They can be a lot at times and take time and energy to pull together but keep going because they are so worth it.

5. What are the greatest lessons that you have learned in relation to Schwartz Rounds over the past 10 years?

It is not without challenges but it is very rewarding and worth the effort it comes with. A successful Round can be defined in different ways – and it's not always about the numbers.

People are amazingly honest and open if they feel safe enough to be so, even amongst a group of colleagues and/or strangers... Everyone has a story worth hearing... Regular involvement with the Rounds brings joy to work – they are always worth the time invested in running them – even after 10 years!



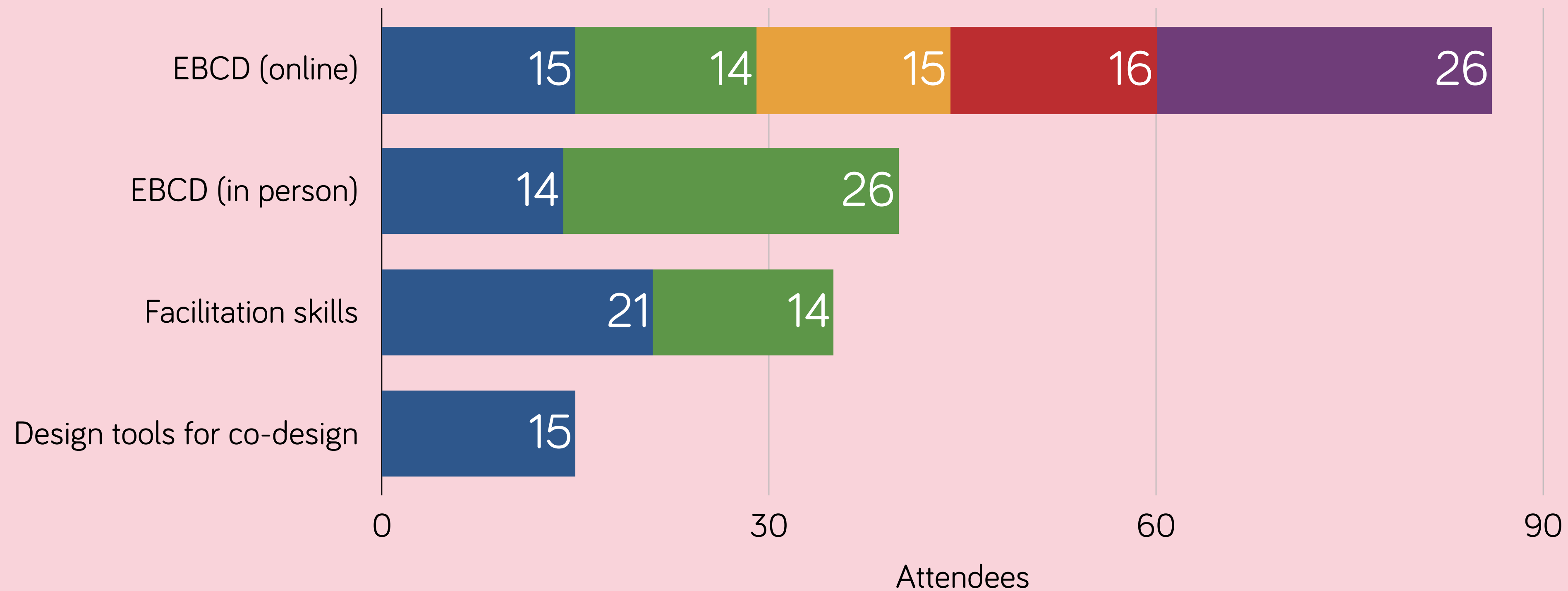
Experiences of Care programme

The most significant change at the Point of Care Foundation during 2024 was the decision to stop delivering our Experiences of Care programme. In April 2025, that work passed to Picker Europe, an organisation we have partnered with in the past and with whom we have a close relationship. Their work addresses patients' experience of care more broadly through research and analysis, and the development of tools for measuring patient experiences. Our work has focused on the delivery of training in service improvement methodologies based on co-design, such as Experience-Based Co-Design, and Patient and Family Centred Care. Bringing the two together opens up opportunities for significant growth and expansion of this work into the future.

Experiences of Care work

January 2024–March 2025

We ran 10 courses with 176 attendees



Humanising Care Fellowships

Three projects to humanise care

The Humanising Care Fellowships were launched because of a unique opportunity created by a generous bequest to the Point of Care Foundation by Drusilla Harvey, an artist and teacher at the Royal College of Art.

We used this windfall to fund three Fellowships which explored new ways to consider the question of how care can be made more human. The selected Fellows represent a variety of healthcare contexts – a GP, an allied health professional, and a sociologist working for a health regulator. Together they demonstrate the power of humanised services regardless of setting, and the universal need for care with human connection at its centre.

The Fellowships began in mid-2024 and finished with a closing event in May 2025.

Juliet Rayment, The Positive Midwifery Project



Passion and enthusiasm forms the foundation for midwifery that supports safe, compassionate care and positive relationships with women and families. Juliet, a sociologist and qualitative researcher specialising in maternal health, wanted to use her time to explore how students, and those who support them, can maintain that midwifery ‘spark’ as they move into practice. Juliet set up the Positive Midwifery Project to explore how the whole maternity care community could help to support the retention of students and newly qualified midwives. Supported by a collaborator group of students, educators and policy professionals, the work included:

- A national survey (250 responses) of students, lecturers and practice supervisors
- Workshops with two cohorts of student midwives (Year 1 and Year 3) to find out about their experiences
- Goal to produce a ‘top tips’ guide to share these positive experiences to help other students

Juliet created newsletters and audio updates to keep people informed about the progress of the project, which led to her being invited to speak on The Maternity and Midwifery Hour webinar series and writing an article for them.

The work resulted in articles in a number of other outlets, as well as sparking conversation within the midwifery community. It provided a platform for others to share their views on an important issue within maternity services. The project has led to the creation of the [Positive Midwifery Movement](#): a national community that will take the work forward.

Student midwives reported that the most meaningful feature of the project was to have their voices heard and respected on a par with other midwives. They felt the most significant achievement was the development of a community committed to continuing the work.

Sinead Rothrie, Improving head and neck cancer services



In her role as a Speech and Language Therapist specialising in head and neck cancer at the Royal Marsden Hospital, Sinead observed that longer term issues arising from treatments, such as ongoing difficulties swallowing, are often not discussed in detail, despite having the potential to substantially reduce quality of life. Sinead wanted to look at the experiences people were having, but found there was a lack of evidence around these ongoing quality of life concerns.

The Humanising Care Fellowship provided an opportunity for Sinead to develop a greater understanding of people's experiences, and to use EBCD to co-design services that could help improve them. Her goal was to embed patient and staff experiences within her ongoing service improvement work. Activities during the Fellowship included:

- Creating a steering group to help deliver co-design work
- EBCD training with the Point of Care Foundation team
- An evaluation of follow-up care services, using the EBCD methodology to capture the experiences of patients and professionals
- A celebration event, bringing together professionals from the multidisciplinary team, and senior leaders from other services

The learning and development gained through the Fellowship resulted in improvements in Sinead's own practice, reinforcing the need to humanise care. Leadership of the project helped her to develop leadership and management skills. She has since been promoted to a leadership role within her team, giving her an opportunity to embed learning from this project into ongoing work.

A key take-away from the Fellowship is that services need to address the wider quality of life concerns of patients during follow up care, including an annual review of post-treatment effects. In this way a better long-term picture can develop to support conversations with patients about their care options. The dissemination work that Sinead carried out through the Fellowship has reached colleagues within the Royal Marsden and across the SLT profession, so these ideas can inform other cancer care services.

Alison Convey, Putting patients' stories centre-stage



Verbatim theatre is a theatre-making technique that takes real-life spoken word and places it on stage. As a GP, medical educator and theatre director, Alison used her Humanising Care Fellowship to consider how to make primary care more human, through the creation of a piece of verbatim theatre based on patients' stories, which could support training for medical students by exposing them to the lived experiences of patients. During the project, Alison selected as source material a collection of interviews about urogynaecology, held by the Health Experience Research Group (HERG) at the Nuffield Department of Primary Care Health Services at Oxford University.

She conducted a thematic analysis of the stories in her dataset, to draw out common themes. Alison found the process of compiling verbatim theatre to have a number of similarities with qualitative research, with phases common to both, such as defining the scope of the work, interviewing people to get data and considering ethical questions, and 'parallel' phases such as dissemination and performance.

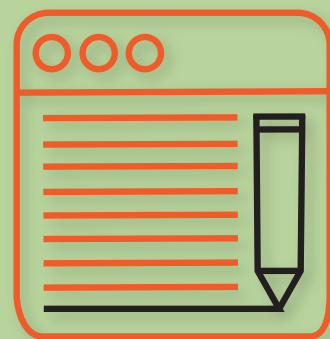
The analysis uncovered a range of issues from patients' testimonies, including access, communication, whether they were listened to or dismissed, and continuity of care. The stories also revealed some unexpected findings. For instance, Alison found that many patients put a lot of thought into preparing for appointments, so that they can tell their story clearly. She noted that many patients felt a need to be examined, even if the doctor isn't sure of the clinical need for an examination. And she found there was a great deal of humour in people's stories – a human response to coping with adversity in their lives. Alison created a podcast recording as a 'test of concept' for listening to the stories read aloud.

Presenting her work at the Society of Academic Primary Care sparked conversations with people about using theatre and the creative arts to disseminate or give wider voice to their research. She found that other doctors are excited about creative and innovative ways to educate future doctors. Her thematic analysis and reflections on the links between qualitative research and verbatim theatre are the subject of forthcoming research papers.

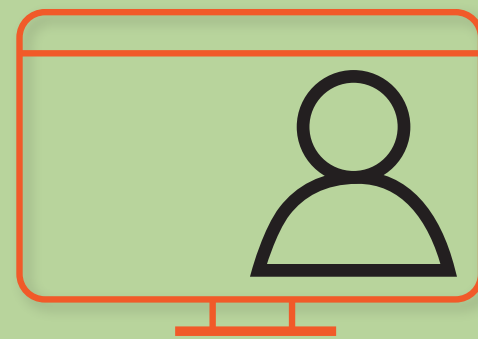
Our reach and influence

Communications and advocacy work

We continued to engage with our networks to promote humanised health and care, and to strengthen the work taking place around the UK and Ireland through Schwartz Rounds. During 2024 we also convened a small group of charities who provide services to NHS organisations, to share learning and improve understanding of the challenges faced in the current climate.



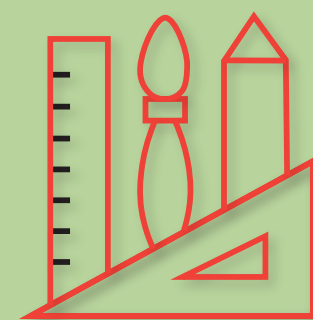
10 blogs published



158,838 website page views, by 39,184 users



3 podcasts published



47,701 resource views, by 13,929 users



6305 blog reads, by 4402 users

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