



Impact Report 2020-2021

Influence
Inspire
Empower



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Foreword

2020 is a year that we will all remember. Covid-19 and its consequent impact have had repercussions across all areas of our professional and personal lives.

England's NHS, like other health systems around the world, was under unprecedented pressure and had to change its practices overnight. At Picker, we needed to rapidly reorganise our ways of working to meet these needs; staff worked incredibly hard to keep the work and the ethos of the Picker Principles going during those difficult times.

2020 also marked our 20th anniversary: a celebration of twenty years of Picker influencing, inspiring and empowering health and social care professionals to ensure person centred care across their services. Of the numerous projects across the year which exemplify this, I would like to highlight our work with young cancer patients and their parents – developing the first National Cancer Patient Experience Survey for under 16s in England (see page 16). Prior to this, no such mechanism was in place for systematically understanding the experiences of these young people and their families and we are confident that this vital feedback will be used to inform policy and improve performance on both a local and national level.

Rapid changes to all NHS service delivery during this challenging period meant there was never a more important time to monitor and respond to people's experiences. Responses to online and hybrid appointment models, for instance, needed to be understood quickly and effectively – see page 18 for an example of Picker using social media as a marker of individual experience.

Despite the difficult year we sustained our commitment to our four core values of excellence, integrity, valuing diversity and collaboration and were able to initiate and complete a number of projects with the rigour and quality that our partners expect from Picker. We encouraged new ideas and proactively developed national-level surveys to address changes caused by the pandemic, including the NHS Staff Survey (page 24) where we provided a new benchmark for care during an unprecedented era. We made effective use of machine learning to analyse free text answers to questions about staff experience.

The pandemic has had and continues to have a significant impact on people's mental health, and the CQC's Community Mental Health survey (page 14) needed revising to ask questions about new ways of accessing care and their impact on individuals and communities.

I am also pleased to report that Picker has continued to extend our international links with work on vital projects, recognising the need for global co-operation during these unprecedented times. Rather than isolating us, 2020 was a year when significant progress was made on our international projects – see page 10 for the example of Picker's collaboration with the International Kidney Cancer Coalition. In a year which has brought its own unique challenges, I would like to extend my thanks to the Picker team for their continued commitment to excellence and for their uncompromising drive to put people at the heart of health and social care provision. I look forward to continued success in the year to follow.

Professor Aileen Clarke
Chair of the Board of Trustees



Introduction

At the start of 2020, Picker celebrated its 20th anniversary as an independent charity. We reflected upon our accomplishments of the past two decades, and looked forward to continuing to influence, inspire, and empower the highest standards of person centred care in the year to come.



By April, it was already clear that 2020/21 would be a year unlike any we had experienced before. The impact of the pandemic would be felt in every aspect of society, but perhaps none more acutely than in health and social care, as organisations battled to maintain services in the face of unprecedented challenges.

Inevitably, pressures on providers and professionals have created new issues in delivering person centred care. Faced with lockdown measures, care has often been delivered remotely; high caseloads have led to cancellations of planned treatments; staff have had to adapt to changes in their work and to alarming pressures; and patients and families have endured painful separations due to isolation measures in hospitals and care homes. In the face of these challenges, continuing to understand and act on the things that matter most to patients, the public, and professionals is more important than ever. Compassion and humanity are the heart and soul of health and care services: preserving these in spite of everything is vital.

And so we are proud of our achievements in 2020/21, a year where we have adapted and changed to overcome the challenges that have faced us. As we set out in this report, we have conducted new research to understand people's experiences of accessing care during the pandemic (see page 18), and we have ensured wherever possible that long-running collections

are responsive to unexpected developments (see page 14). We have maintained an approach of using insight to deliver actionable feedback: as well as collecting and publishing evidence from the perspectives of patients and staff, our workshops – now online – have facilitated learning across organisations and between peers (see page 32).

Changes in our programme of work have been matched by changes in how we work, and I am grateful for and humbled by the resilience, dedication, and commitment of our team. We were able to implement a home working plan in March 2020 and sustain this approach throughout the year. Although it has been far from easy, we have completed the year strongly – leaving us prepared to continue our mission in 2020/21. Examples of our future work programme are included on page 28, and we look forward to reporting on these and other projects in the year to come.

The examples contained in this report showcase the ways in which Picker has helped to progress our vision of person centred care for all, always. I hope you will enjoy reading the report – and please don't hesitate to get in touch if you'd like to know more.

Chris Graham
Group CEO

Our values

Our four core values underpin everything that we do, reflecting what we believe in and how we behave:

Excellence

Maintaining the quality and consistency of our work is our highest priority. We are not willing to accept the status quo and continuously look for new ways to understand, measure and improve the quality of health and social care.

Integrity

We ensure our independence using the best possible evidence to drive and support our decision making, our statements and our activities. Our behaviours match our words and we are accountable for all that we do. We only engage in activity which furthers our charitable aims.

Valuing diversity

We recognise all people as equals, valuing individual worth and diversity, ideas and contributions are judged on their merit not their source.

Collaboration

We encourage ideas and knowledge to be shared freely. We believe that lasting change cannot be delivered in isolation and actively seek partnership opportunities to achieve greater impact.

Our vision

"The highest quality person centred care for all, always."

Our mission

we are here to

Influence

Inspire

Empower

Picker Principles

Our Picker Principles of Person Centred Care underpin everything we do, providing a consistent, evidence-based framework for our work around the globe. The Principles outline what matters most to those who use care services, and specify the eight key elements which should remain non-negotiable when delivering care.



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Continuity of care and smooth transitions



Involvement and support for family and carers



Clear information, communication and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



Attention to physical and environmental needs

Born from groundbreaking research

Starting in 1987, Picker's research in the USA understood that everybody, at every stage of the process, deserves high quality care that addresses their own individual preferences and needs.

By 1993, the Principles were firmly established. Our commitment to excellence in healthcare provision now leads the way in person centred care, with the Principles operating as an internationally-recognised framework. Today, the Picker Principles influence conversations worldwide, and what began as groundbreaking research into person centred care now holds significant reach.

The Principles in action

The Principles are key to our own research, we use them as markers when designing evaluations, gathering evidence, and focusing improvement efforts. We work alongside organisations and individuals to influence policy and practice for the better. Together, we advocate an approach that places people at the heart of care provision, using our Principles to ensure that services are focused on the things that matter most.



Principles into practice

We are passionate about conducting work that enables real improvement in people's experiences of care. From specialist research to consultancy, independently or in partnership with world-leading academic and research institutions, all of our projects are carried out in line with our mission and values and reflect our commitment to realising our vision of person centred care for all, always.

Innovative research and analysis

We design and deliver original research and analysis, creating actionable insight to advance thinking and practice around person centred care. We use innovative methods to gather feedback and to include people from diverse backgrounds in the work that we do.

Informing policy

We work with policy makers and commissioners to put person centred care at the core of health and social care systems – providing evidence about people's priorities and experiences to ensure that these are reflected in decisions about care policy and delivery.

Consultancy for action

We support organisations in the introduction of new practices to prioritise and improve people's experiences. Working directly with leadership teams and decision-makers, we help those involved understand the needs of everyone interacting with their service – including staff.

National Programmes

Picker has more than 20 years' experience in designing, implementing, and analysing national programmes that measure people's experiences. Today we work both as a coordination centre and an approved contractor for the NHS staff and patient survey programmes, gathering and interpreting vital feedback efficiently and at scale.

Quality improvement services

From board facilitation to workshops and presentations, we work with organisations to improve the quality of care they provide. Our expertise in measurement and engagement allows us to help our clients translate evidence into insights and actions that support person centred improvement. We support organisations to learn from best practice amongst their peers, including through national events that support the spread of innovation.

Tools and resources

We provide tools and resources to empower research and improvement that is responsive to people's needs and preferences. Our toolkits are easily downloadable from our website and can be used by organisations to understand and improve people's experiences of care. Resources such as our Always Events® framework – built in collaboration with the Institute for Healthcare Improvement – support providers to deliver the highest standard of person centred care.

Our story

Our commitment to person centred care starts with the personal experiences of two people: our founders, Harvey and Jean Picker.



"If you'd told me when we started that we would influence healthcare in leading countries in such a way, it would have been beyond what I'd ever imagined"

Harvey Picker

In 1986, Jean was undergoing treatment for a long-term condition. Living in the USA, the couple was able to access cutting-edge technology and scientific advancements, yet they did not find their experiences of the healthcare system to be sensitive to the individual needs and preferences of its patients. Harvey and Jean realised this needed to change.

Later that year, Harvey and Jean founded the Picker Institute, a non-profit organisation dedicated to developing and promoting a "person centred approach" to healthcare - meaning an approach that recognises the needs of everyone, from patients and service users to staff, friends, and families.

By 1987, the Institute was developing its groundbreaking eight Picker Principles of Person Centred Care (see page 6) - a story later recorded in Through the Patient's Eyes (1993).

Picker celebrates its 20th anniversary as an independent charity.

Picker is awarded the contract for the Under 16s Cancer Patient Experience Survey (U16 CPES).



Picker was formally created and based in the UK.

1986

2000

Picker named as the NHS regulator's partner of choice to design and establish the NHS Patient Survey Programme, the first ever national survey programme for patient experience.

2002

2003

Picker develops and coordinates the first ever survey of service users' experience of mental health services in England.

2004

2007

Picker conduct research into what matters most to children and young people in partnership with The Royal College of Paediatrics and Child Health (RCPCH).

2009

2011

Picker creates a patient-reported experience measure for children and young people. This wins an NHS Department of Health award and is taken to the international stage with uptake in the USA and Australia.

2014

2015

The World Health Organisation (WHO) evaluates the quality of care for adults with psychosocial and intellectual disability in the WHO region, with Picker contributing analysis and reporting.

2016

2017

Picker's national Children and Young People's experiences survey secures a regular position on the CQC evaluation roster.

2019

Picker signs a contract to manage the National Cancer Patient Experience Survey (NCPES) for NHS England.

2020

Quality, Safety and Outcomes of Health and Social Care Policy Research Unit (QSOPRU) is launched as a collaboration between Picker, the Universities of Kent and Oxford, London School of Hygiene and Tropical Medicine, and Hull-York Medical School.

2021

Picker acquires Howard Warwick Associates to form Picker HWA, adding care homes and private providers to its portfolio of clients.



Understanding the needs of kidney cancer patients, globally

Developing a survey to provide actionable insights across different countries.



Every year, an estimated 431,000 people worldwide are diagnosed with kidney cancer, and this number is rising. The International Kidney Cancer Coalition (IKCC) is an independent international network of patient organisations. Its mission is to empower and represent the kidney cancer community and reduce the global burden of kidney cancer.

Little is known about the variances in patient experience between countries. IKCC first launched a successful survey of their members in 2018, seeking to address these unmet needs and ascertain the steps needed to improve patient education and quality of life.

In 2020, IKCC appointed Picker to administer the program and further explore and benchmark patient experience worldwide.

Challenges

IKCC represents smaller organisations spread across the world, each with their own specialisms and protocols. To address this diverse community, the survey needed to:

- balance the needs of multiple stakeholders, each with different – potentially conflicting – aims;
- be accessible in 13 languages;
- provide actionable insights, enabling local organisations to improve patients’ lives; and
- be expressed with relevant wording and understandable in each country.

IKCC also wanted to collect global data to improve shared understanding of patient experiences and best practices worldwide.

Actions

IKCC local affiliates tested the readability and serviceability of the questionnaire, which Picker then updated to further explore key areas of patient experience. Picker also added special areas of inquiry for 2020, including experiences of biopsy practice and a Patient Health Engagement Scale.

The survey was published in all 13 languages and promoted as accessibly as possible: through IKCC affiliates and partners, via the IKCC social media and web pages, and in a printed version too.

Impact

This fresh and comprehensive collection of data means that more can finally be understood about kidney cancer experiences internationally – providing insight that was previously lacking and helping to foster an improved understanding of what drives good care. The breadth of the data collection – across more than 40 countries – offers a reliable, applicable model that can be used in evidence-gathering.

Kidney cancer patient organisations and medical professionals will be able to use the results and insights to inform conversations about how care is delivered, and for the planning and sharing of best practice. At a local level, individual countries can use their reports to drive improvements in care provision and access more detailed analysis.

Going Forward

The results of this survey will continue to inform global and national work in a variety of ways, including identifying trends, measuring progress, and identifying priorities for the IKCC. This rigorous, evidence-based model is also applicable to other partner organisations looking at the management of other conditions, which would further increase its relevance and scope.

Testimonial

“Participating in the Global Patient Survey has allowed me, along with thousands of other patients around the world, to have our real-life experiences heard, counted and considered to improve the lives of people with kidney cancer. That is the very definition of patient-centred healthcare.”

Subbegowda Tammegowda,
V Care Foundation, India.



Clear, information, communication and support for self-care



Involvement in decisions and respect for preferences

Let's look at the numbers



We partnered with a wide range of organisations including:

Abbvie Ltd, Care Quality Commission (CQC), Diabetes UK, Gracewell Care Homes, Health Information and Quality Authority (HiQA), Hull-York Medical School, International Kidney Cancer Coalition, Institut Biochimique SA (IBSA), The King's Fund, London School of Hygiene and Tropical Medicine, National Institute of Health Research (NIHR), NHS England and NHS Improvement (NHSEI), North Thames Clinical Research Network, Novartis, Oxford Brookes University, Sunrise Care Homes, University of Kent, and the University of Oxford.



Supported **1000+** people with their **improvement work**

105+ workshops and presentations



150+ Picker **experience evaluation toolkits** active globally



We provided the opportunity for over **1 million** patients, service users, and staff to **evaluate** their **experience of care**



We worked with **235+** organisations to support them to **improve the quality of person centred care** delivered by their organisation



We published **four** peer-reviewed articles furthering the **knowledge and understanding of person centred care**

Picker

Influence

Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.

Survey development – Community Mental Health

The purpose of the Community Mental Health (CMH) survey is to understand, monitor, and improve users' experiences of NHS community mental health services.

According to the survey results, people using community mental health services are often unable to access the support they need – meaning the survey provides vital information to address and improve crucial areas of concern for individuals. Ensuring that its contents are up-to-date and reflect the contemporary needs and preferences of service users is important to allow it to provide the right information to evaluate the quality of services. As part of our development review exercise (standard for all Picker surveys, every year) the following stages were addressed:

Review of the NHS Patient Experience Framework (PEF) and other mental health surveys

The questionnaire was reviewed against the PEF (based on the Picker Principles) to understand any gaps in coverage. This was cross-referenced with other mental health surveys, including MIND's Big Mental Health Survey.

Policy and the CMH survey

The survey was informed by the NHS Long Term Plan (published in January 2019), recognising the Plan's provision for mental health services until 2024. The Five Year Forward View for Mental Health report called for routine data to be made available to ensure local CMH services are equally available to marginalised groups – something the

CMH survey addresses in its demographic data collection.

The impact of Covid on this survey was significant: previous sampling criteria specified collecting data from face-to-face service interactions only – due to the reduction in these during 2020, the sampling criteria have been adjusted for 2021 to include telephone and video calls.

Advisory Group

Following the completion of the review detailed above, the survey's Advisory Group (which includes NHS CMH trusts, service users, policy makers, research charities and other official bodies) met to discuss the redevelopment of the 2021 survey. Areas covered included: Covid-19 impact on services and service user experience, access to care, personalised care and control over care, integration of physical and mental healthcare, and emotional support. Three questions were prioritised for inclusion in the questionnaire; one regarding access to care and two about the pandemic.

Cognitive testing

Cognitive testing is a vital part of survey development and is deemed a robust, best-practice approach to survey design. Interviews are held with a number of service users to ensure the survey instructions, questions and response options are



relevant and understood. Following consultation with key stakeholders at the advisory group and cognitive interviews with service users, a number of amendments were made to the questionnaire.

Design changes

Formatting changes were made to the cover letters to highlight key words and phrases and reinforce the recognisability of the NHS. The 2021 questionnaire was also made available in Braille, Easy Read and large print on request, for the first time.

Methodology and sample variables

Due to the impact of the pandemic the sampling criteria for the CMH21 survey has been amended, including the incorporation of video/telephone contact (see above) and collecting service users'

full postcodes – the latter to explore the link between deprivation and experiences of CMH services.

Overall, our work on survey development led to a number of changes to the collection – including the addition of five new survey questions aligned to current priorities in mental healthcare, as well as methodological changes to ensure that people receiving care through new approaches (such as remote consultations) were able to be included. This led to a more impactful survey design, providing insight and information that will address new and topical issues following the Covid pandemic.

The Survey Development Report is available here: <https://bit.ly/3DhRCDC>

Meeting the unique needs of young cancer patients and their parents

Developing the first National Cancer Patient Experience Survey for under 16s in England.

For adults living with cancer in England, patient experience insights are captured through the National Cancer Patient Experience Survey. However, no such mechanism for understanding the experiences of under 16s and their parents had previously existed.

NHS England and NHS Improvement commissioned Picker to develop a survey programme appropriate for a younger patient population, to be run in children's cancer treatment centres across England.

Challenges

- Care priorities for children often differ from adults, and a unique approach was required to understand their experiences.
- The survey programme needed to be informed by existing research, expert stakeholder contributions and new research with under 16s with cancer and their parents.
- The 'under 16s' group represents a range of ages, sex, cancer types, and stages of treatment.



Testimonial

"As a Mum of a young cancer patient, it has been a privilege to be part of this dedicated advisory group and use our family's experience of cancer care in such a positive way. It's been rewarding to have contributed to shaping the development of this important survey which I know will help to improve the experience of children with cancer and their families."

Laura Troop,
Parent Representative member
of the Survey's Advisory Group



Actions

As well as utilising existing research, we spoke to an expert advisory group as well individual children and their parents to inform the questionnaire and ensure it addressed the issues which matter most. They identified key priorities, including emotional support and involvement in decision-making.

To address the spread in age and experience, three survey categories were designed:

- parents/carers of children aged 0-7;
- children aged 8-11, with a section for parents/carers; and
- children aged 12-15, with a section for parents/carers.

A survey brand was designed, with the colours and imagery used to ensure the children's survey materials were visually appealing.

Testing participants ranged in sex, age, and ethnic background as well as cancer type and stage of treatment; we ensured both patients and parents understood the surveys and interpreted the questions consistently.

We also worked with a design agency partner to develop a website which participants could use to access an online version of the survey, general information and the results, when published.

Impact

This survey provides the first national-level insight into the experiences of children with cancer and

their parents. The feedback will help to improve aspects of personalised care and patient experience, and place children, young people and their families on equal footing with adult cancer patients. It also provides feedback that is accessible to all and reveals insights which can be used for service improvements. Commissioners, providers and national policymakers can use the results to assess performance both locally and nationally, to help identify priority areas for enhancing children's cancer services.

Going forward

In 2021, under 16s who received NHS cancer care during 2020 were invited to participate, with an option to complete via a translator over the phone for non-English speakers.

Workshops and a national webinar (open to all) will be held once results are available to facilitate understanding of the experience data and inspire improvement. Parents, children, and healthcare professionals will remain central to the conversation.



Involvement and support for family and carers



Involvement in decisions and respect for preferences



Social media as a marker of individual experience

Using twitter comments to understand people's responses to UK healthcare during the Covid-19 pandemic.

The Covid-19 pandemic led to a rapid rise in remote health consultations - an approach likely to continue. But how have people's experiences of care been impacted? Picker, as part of the Quality Safety and Outcomes Policy Research Unit (QSO PRU), was able to investigate the change in sentiment using analysis of Twitter posts.

QSO PRU seeks to ensure that any changes in the delivery of care continue to lead to improved outcomes for everyone.

Challenges

- In a rapidly-changing environment, data needed to be gathered quickly and accurately.
- Gathering consent for non-publicly available information takes time, and would have incurred delays.
- Direct access to patients and staff was made harder by lockdown.

Actions

Twitter data is publicly available, and therefore emerged as a means to answer our questions and understand people's views on crucial topics. Picker extracted 1,408 UK Tweets across three search terms between January 2018 and October 2020. All relevant tweets were then coded into themes, and given a positive, neutral, or negative sentiment. The data was analysed for topics and patterns.

Impact

The research provided a number of insights and recommended actions, demonstrating that social media data can be a vital tool in understanding contemporary experiences.

The data gathered shows that the rapid shift to remote care required by the pandemic has been a qualified success (Twitter users' attitudes towards remote care were positive at the start of the first lockdown) though will need reviewing before it can become a default for future care provision (responses became mixed later in 2020). This detailed insight about service provision as it develops will be vital in supporting formative evaluation of new policies and practice.

Going Forward

We recognise that our findings do not represent the views of all healthcare users and further research using alternative methodologies - such as in-depth interviews with patients - would complement the insights from this work. As the Covid-19 situation develops, monitoring and understanding responses and experiences will be enormously valuable for ensuring high quality care provision. Going forward, the use of social media data to gauge attitudes during a rapidly-changing situation is likely to prove influential, and this model can be replicated and tailored to support investigation of other topics.



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Addressing policy issues

Understanding integration

In the last year, we have worked with The King's Fund on behalf of NHSEI to explore how new integrated care systems can understand the needs, preferences, and experiences of their populations. This is a challenging but important area: new systems will have key responsibilities for coordinating care, and our work showed that further support was needed to help systems develop effective approaches to involvement and engagement. Together with our partners, we developed a guide entitled "[Understanding integration: how to listen to and learn from people and communities](#)" - this is aimed at supporting systems in listening to and acting on the voices of their users and citizens. The guide has been well received, and we are continuing to work with a range of organisations to support them in implementing approaches to understand and improve experiences of integrated care.

Responses to Covid-19

The year 2020-2021 was naturally affected by the Covid-19 pandemic and subsequent control measures introduced by the UK government. The need to gather information quickly in a rapidly-developing situation was a test of Picker's adaptability (see page 18) and required us to take steps to continue our work under changing circumstances. In-person workshops were converted to online webinars wherever possible, to ensure survey findings continued to be actioned and partner trusts supported. Where appropriate, our work was also adapted to ensure coverage of issues relevant to the Covid pandemic.

Overall, this response was effective in ensuring that our work through the pandemic was successful. We were able to maintain strong engagement conducting more than 100 online workshops, which involved more than 1,000 health and care staff in discussing and developing action plans as well as sharing good practice to improve people's experiences of care. Similarly, we were able to provide highly topical data to support our partners in learning from the pandemic: a key example of this was the NHS Staff Survey, where our coordination centre analysed more than 23 million words of written feedback from staff to provide reports summarising staff views on what could be learned from the pandemic response.

Inspire

Inspire the delivery of the highest quality person centred care, developing tools and services that enable people's experiences to be better understood.

Improving the experience of men living with prostate cancer

Remodelling access to information and support.

Northampton General Hospital NHS Trust is an accredited cancer centre and service provider. In 2020, it treated 627 men for prostate cancer and was keen to understand their experiences of cancer services. In an action response informed by the Picker-run National Cancer Patient Experience Survey (NCPES), a working group comprised of healthcare professionals collaborated with patients to understand their needs and take action for change. Patient views were central to the whole project; all change ideas came from men living with prostate cancer, supported by staff.

Challenges

The trust score in NCPES for patients being able to easily contact their Clinical Nurse Specialist (CNS) was below the expected range and so considered a negative outlier. This score was getting gradually lower, and the team realised they needed help to make measurable improvements.

Actions

The trust set up a working group led by a Macmillan Cancer Lead Nurse, which met weekly. Their aim was to work collaboratively with patients and trial ways to support them better.

Testimonial

"The National Cancer Patient Experience Survey supported us to make local improvements to cancer care based on what matters most to our patients."

Elizabeth Summers,
Macmillan Cancer
Lead Nurse



87%

of patients found it 'easy' or 'quite easy' to contact their CNS

Baseline data was gathered from multiple sources, including the NCPES survey results. The team then implemented a series of strategies to help address the challenges which had been identified, including a telephone triage system to help put the most urgent requests through to a CNS quickly. The team also developed a series of video resources to enable patients to self-manage aspects of their care.

Using a driver diagram to plan the improvement activities the team could see which were contributing to positive changes and which variations in change were sustainable.

Impact

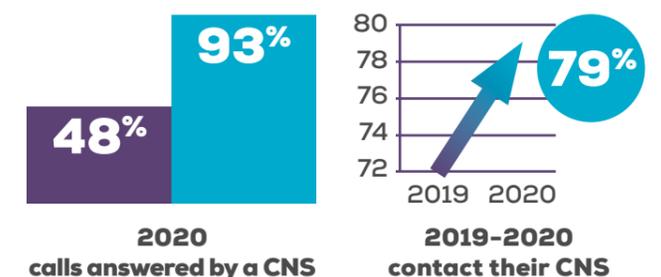
Following the project's launch in 2020, the percentage of calls directly answered by a CNS almost doubled from 48% to 93% in three months. The team also phoned a sample of patients, 87% of whom said they found it 'easy' or 'quite easy' to contact their CNS. In the 2019 NCPES survey, 72% of patients said they were easily able to contact their CNS and in 2020 this has risen to 79%.

Fast access to reliable health advice is one of the Picker Principles, and this increased access to specialist nursing staff and advice represents a considerable improvement for those living with prostate cancer. Reliable information is readily available, addressing any stress and worries effectively at the end of a phone.

Going Forward

The team are planning to introduce a YouTube channel containing all the webinars and videos that have been created. They have started to run live Q&A sessions with medical specialists for patients, to ensure their questions do not go unanswered.

This new way of working will now be rolled out across other tumour sites.



Fast access to reliable health advice



Clear information, communication and support for self-care

NHS Staff Survey

The NHS Staff Survey is carried out by Picker's Survey Coordination Centre for NHS England and NHS Improvement (NHSEI). Over 1.2 million surveys were sent out to NHS staff in 2020. In our role as a contractor for the survey, we run workshops for key stakeholders to ensure the survey findings are actioned (see page 32).

2020 survey and findings

2020 proved a crucial year for the NHS Staff Survey, rising to the challenges posed by the Covid-19 pandemic and proving a vital tool in gathering information about staff experience during this unprecedentedly challenging period. Now, more than ever, the voices and experiences of NHS staff needed to be recognised and responded to.

Covid-specific questions were introduced, such as "Have you been shielding?", as were two new free-text questions to give staff the opportunity to share their thoughts on the demands placed on the NHS over the past year. Staff were asked "what worked well during Covid-19 and should be continued?" and "what lessons should be learned from this time?"

A huge number of **staff members completed the survey, with c.700,000 responses collected for the two free text questions.**

NHS organisations are using these results to uncover the best practice that really made a difference to staff and build on a unique opportunity to use the experience to improve working practices in the future. The survey results illustrate the pressures faced by NHS Staff during a challenging year, with **an increase of 3.7% in staff feeling unwell due to work-related stress from the previous year.**

Other results were more heartening, with **66.8% recommending their organisation as a place to work (an increase of 3.5% from 2019).**



"what worked well during Covid-19 and should be continued?"

"what lessons should be learned from this time?"

National Surveys

Surveys for the Care Quality Commission (CQC)

Our work with the CQC is established and wide-ranging: we compile, run, and analyse surveys which ascertain what people think about the NHS services that they use, at every step of the journey (see below). The results of these surveys help assess NHS performance, and our additional role as a CQC-approved contractor means we are expertly placed to handle, interpret, and action the findings.

Children and Young People's Patient Experience Survey

Gauging and monitoring the experiences of children and young people admitted to hospital as inpatient or day cases. In 2020, the majority of children and young people were positive about communication with hospital staff, although children and their parents were less positive about their, or their child's, experiences of being discharged from hospital.

Adult Inpatient Survey

Deriving insight from the feedback of adults admitted to hospital as inpatients. A need for overall improvement was identified for people who are considered frail, although the majority of patients reported positive interactions with doctors and nurses.

Urgent and Emergency Care Survey

Understanding the experiences of adults attending an emergency department or an urgent care centre. In 2020, more people reported a 'very good' overall experience of care, although information provision when leaving A&E remains an area for improvement.

Maternity Survey (run voluntarily in 2020)

Gathering the experiences of women across the maternity pathway. This year's report highlighted that interaction with staff has improved over time; women are feeling listened to by midwives and that their concerns are taken seriously - including instances such as feeding choices.

Community Mental Health Survey

Surveying individuals who received care in the community for a mental health condition. This year, experiences of being supported with physical health needs and financial advice or benefits were poor, and waiting times were considered to be too long by many.



Surveys for NHS England and NHS Improvement

The NHSEI surveys collect and analyse patient responses across all eligible NHS trusts in England. Picker operates three of these: the NHS Staff, National Cancer Patient Experience, and Under 16s Cancer Patient Experience surveys. The survey results are official statistics used to guide planning and improvements across the NHS.

NHS Staff Survey

Picker's Survey Coordination Centre manages this annual survey which is one of the largest workforce surveys in the world. It's sent to a growing number of staff each autumn, with over 1.2 million being sent on behalf of NHSEI, in 2020. The survey is the principal way of measuring progress against the NHS People Promise.

National Cancer Patient Experience Survey

First undertaken in 2010, this survey encompasses the experience of thousands of adult cancer patients across England and is a key resource for healthcare professionals looking to improve their services. The results from the voluntary 2020 Cancer Patient Experience Survey are a snapshot in time and will provide insight into the impact of the pandemic.

The Under 16s Cancer Patient Experience Survey

A brand new programme aiming to understand the experiences of cancer care among children under the age of 16 and their parents. It will provide children, young people and their families the same equity as adult cancer patients, feedback that is accessible to all, and insights for service improvements. The first set of results will be available in autumn 2021 - see page 16 for further information.



Upcoming projects

Parents' experiences of using NHS 111

NHSEI have commissioned Picker to conduct a survey understanding the experiences of NHS 111 callers who speak to a paediatrician, and how this compares to those who speak to a non-paediatric clinician. This evaluation will provide robust evidence on people's experiences of these calls, and is vital for understanding the impact of paediatric expertise within NHS 111 on patient pathways.

Mid Yorkshire Hospitals NHS Trust Bereavement Survey

The intention of the survey is to understand people's experiences of care in their last days of life and the experience of their families and friends during this time. Picker is providing advice and guidance in terms of the questioning and methodology, to minimise upset and collect actionable data.

Sunrise Care Homes

Sunrise Senior Living are keen to demonstrate the value of their services and measure the satisfaction of residents and their families. These surveys will provide ongoing feedback; identifying any areas for improvement and ensuring the residents have a positive experience of care.

Help for Heroes: understanding the care needs of veterans

Help for Heroes are working with Picker to gain further understanding of the needs of veterans and inform their future strategy. This is important for policy development and campaigning and will help them to understand the extent to which their services and support meet the needs of their beneficiaries.

Exploring the career aspirations of orthodontic trainees

Picker is working with the University of Sheffield and the British Orthodontic Society, following anecdotal evidence suggesting an increasing number of vacant consultant orthodontist posts. We hope that this work will help address current difficulties with recruitment to higher orthodontic-specialty training.

National Guardian's Office, Freedom to Speak Up Guardian Survey

There are over 700 Freedom to Speak Up Guardians in NHS and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting their ability to do their job. This survey explores experiences of the role and how they are supported by the National Guardian's Office. The insights are being used to ensure Freedom to Speak Up Guardians can perform their roles effectively.

Empower

Empower those working in health and social care to improve experiences by effectively measuring and acting upon people's feedback.

Improving patient information on waiting times in radiology

Always Events® **NHS**

Always Events® are aspects of the patient experience that are so important to patients and family members that healthcare providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the coproduction is key to ensuring organisations meet the patients' needs and what matters to them.

The Northwest Radiography Research Team at Warrington and Halton Hospitals NHS Trust (WHH) were keen to undertake improvement work that was patient-focused and built on their previous research that asked patients "What Matters to You?". Always Events was considered a practical approach for translating what is important to patients into service improvements.

Challenges

Complaints and a previous patient survey showed that waiting times in the main x-ray waiting room was an area for improvement. To find out what mattered most to patients in this area, the volunteers surveyed 30 patients using a short paper questionnaire that had been co-produced by an interdisciplinary 'A-team' of healthcare professionals, volunteers and receptionists. This highlighted that it was important to patients to be informed of their waiting time when they arrived in the radiology department.

Actions

To improve patients' knowledge of their waiting time through co-production and collaboration, the A-team developed the following change ideas:

- A small, adjustable flipchart on the reception desk with current waiting times
- Improved signage in the waiting room
- Updated day list settings on the electronic records system (CRIS) to show appointment times
- Receptionist to verbally inform patients of their waiting time when they first report to reception
- Radiographers to inform reception staff if there are any delays due to equipment or staff issues.

The team, in collaboration with staff, also created job aid tools for the receptionists and radiographers involved in implementing the changes to help ensure these became embedded into standard practice.

Results

Feedback highlighted that changes were not being reliably implemented due to staff rotation, so improvement was focused on this area – with significant results. The receptionists themselves suggested that the Always Event be discussed within their daily morning meeting, to ensure everyone remained focused and informed.

During the testing phase, staff were consulted about their experiences of implementing changes via a survey. This not only showed how small improvements could be made but also indicated that staff were positive overall about the changes; patients were happier as they were informed of their waiting time, which in turn had a positive impact on staff morale – a positive step for future progress.

The change ideas implemented by the A-team demonstrate how small changes in care practice, coproduced with patients and staff, can have a major impact on care quality.

Testimonial

"This has helped staff morale, especially in busier periods of time, as we are no longer dealing with the waiting time complaints."

Radiographer



National and local workshops

We have continued to host our well-received national and local improvement workshops for organisations. Due to the lockdown measures imposed in response to the Covid-19 pandemic, we transitioned over 90% of sessions to a virtual environment, with great success.

We have carried out

105+
workshops
and presentations.

We supported
1000+
people with their
improvement work.

100%
of attendees
recommended
our workshops.

We understand that our survey findings are only as good as the actions taken to address them. We support trusts at a national and local level, and work tirelessly to support organisations in utilising their data to action vital improvements.

"Really interactive sessions – allowing for interesting discussion and sharing"

(Maternity local webinar)

"I thought the session was really productive, and it generated some interesting discussion. I haven't been to a virtual session like this and it has certainly given me some food for thought about how we could effectively run sessions remotely"

(Inpatient local webinar)

"Thank you so much for hosting the Teams meeting workshop yesterday. It was extremely interesting and informative; I am always pleasantly surprised how 3.5 hours can pass so easily on a video call, so hats off to the organisers"

(National Cancer Patient Experience webinar)



Looking forward

- 2020/21 was Picker's 20th year – which took place amid a global pandemic. We have maintained our commitment to respond to the challenges and build on the new opportunities this situation has presented, including new methods of data collection and understanding responses to remote care provision.
- We continue to work with integrated care systems to develop and test approaches to measure people's integrated care experiences, building on findings from the past year to help our partners and organisations ensure they are delivering adaptable, reliable, person centred care.
- We have embraced flexible, remote working for our staff, and are keen to explore its potential further. Understanding the benefits of remote working and how best to overcome its limitations has been and will continue to be crucial during this changeable time and beyond.
- The coming year is also the perfect opportunity to provide healthcare staff with the insights learned during the pandemic, and help them action these findings to improve patient experience further. Learning from staff experience is also vital here, in order to ensure the delivery of person centred care for all involved.
- Picker will be welcoming new trustees in the year 2021-22, each of whom will be bringing new and unique combinations of skills to the table. Our team of trustees, led by Chair Aileen Clarke, bring expertise from a variety of backgrounds and are crucial to the continued excellence of Picker's survey provision and research.
- We will continue to deliver top-level thought leadership across key areas, including workforce experiences in social care and staff experience in primary care – addressing long-standing gaps in national level evidence and empowering partners to utilise these findings.
- Picker's acquisition of research company Howard Warwick Associates (HWA) offers up further potential, bringing together two leading organisations in the measurement and understanding of people's care experiences and outcomes. Our work with HWA builds on a shared history of fruitful collaboration across the private and public health care sectors.

Funding and beneficiaries

Picker is a registered charity, governed by a Board of Trustees to whom the Chief Executive and Executive Team report. All our funding is derived from our provision of independent surveys and research services.

Funding sources

- Universities and academic institutions
- Social enterprises and community partnerships
- International partnerships and collaborations
- Private healthcare providers
- Care home providers
- Royal Colleges
- NHS organisations
- Professional bodies
- Licensing
- Charities
- Donations in kind

Outcomes for beneficiaries

- Services are co-designed with the experiences of patients, service users, and healthcare staff in mind.
- Furthering new research and policy development with high quality, accessible patient experience data.
- Robust evidence available to measure the impact of changes and improvements.
- Regulators and national bodies have access to reliable information for performance and risk management.
- Recognising the value of person centred care and improving the experiences of patients, service users and staff.
- Encouraging organisations to share best practice and inspiring commitment to person centred care.



Board of Trustees

During all or part of the period April 2020 up to March 2021

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