

**Influence**  
**Inspire**  
**Empower**



 **Picker**

**Impact Report 2021–2022**

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# Foreword

As we all work together to recover from the pandemic, Picker's vision and commitment to person centred care for all, always, is more vital than ever.

COVID-19 is of course far from over, but individuals and societies are beginning to see a path to recovery from the initial waves of the pandemic. This has encouraged a renewed focus on collaboration between health and care organisations – something Picker has long advocated. Collaboration is one of our guiding values, and continuity of care is one of the eight Picker Principles (see page 7 for more on the Principles in practice).

2021-2022 saw Picker focusing on people's experiences across their whole care pathways – particularly vital during this period of recovery – and on building new insight with our partners. We have worked with integrated care systems to understand and improve the quality of coordinated care (page 20) and are delighted to have launched Picker HWA, which works principally with social care and the private sector (page 18).

Staff experiences and wellbeing have long been understood by Picker as crucial to ensuring consistent, high-level care across patients' and service users' care journeys. Our research has demonstrated this correlation between staff and patient experience, something that the COVID-19 pandemic has heightened further by placing health and care staff under unprecedented demand. We have measured the impact of this through the NHS Staff Survey, although to date this has not included staff in primary or social care – 2021-2022 saw us address this by holding a roundtable on social care staff experiences (page 14) and piloting a new approach to measuring staff experiences in general practice.

Throughout the year we have had the pleasure of working on a growing range of projects globally and across multiple sectors. Within this report, you will find excellent examples of our work with charities and organisations such as Help for Heroes (page 22) as well as continued links with NHS providers (page 26) and international partnerships (page 10). This diverse portfolio continues to strengthen our understanding of what really matters to people in a range of care settings and what we can do to make a real and lasting difference.



*"Collaboration is one of our guiding values, and continuity of care is one of the eight Picker Principles"*

Professor Aileen Clarke  
Chair of the Board of Trustees



# Introduction

Throughout this year, health and social care systems have continued to grapple with the challenges of the global pandemic. In a time of continuing and unprecedented challenge, we are helping policy makers, providers, and professionals to make sure that patients, service users, and families and carers are at the heart of how services are designed and delivered.

Picker started from a simple but powerful insight: that people who use health and care services should have the right to be active participants in their care and treatment, not the passive recipients of them. Today, our core belief in the importance of person centred care is widely shared and informs practice around the world – but progress towards this is threatened as services find themselves under previously unimagined pressure.

The impact of the COVID-19 pandemic has contributed to a new set of trends and priorities for health and care systems. Resourcing – already strained in many places – has become a significant challenge due to rising staff absences, increased demand, and a need for staff and premises to be devoted to mass vaccination campaigns. Patients and families have felt the impact through delays at the point of care and in waiting for procedures; in England, more than six million people were on waiting lists for consultant-led elective care by March 2022 – a 50% increase on the pre-pandemic level.

In this context, understanding people's experiences as patients and as staff is more important than ever. Everyone involved in the design and delivery of care systems needs to be able to understand the effects that these rapid changes are having from the perspectives of both those who provide and those who receive care.



We need to be able to identify what is working, what can be borne, and what is intolerable – and we need this information to be used to drive and sustain meaningful change.

This year, our impact report showcases our achievements in 2021/22 and describes how these have contributed to meeting these challenges. We have worked to help understand the experiences of staff groups affected by the pandemic but not covered in existing collections, including in primary care (see page 14) and in social care (see page 16). Our case study on Lincolnshire (see page 26) shows how our work has contributed to improvements in patient care.

We are also delighted to have launched a new subsidiary, Picker HWA, to work primarily with providers in social care and in the private sector (see page 18). This, alongside our continuing work to understand people's experiences of integrated care, demonstrates our commitment to person centredness across the whole care pathway.

Overall, it has been a successful year for Picker, and one where we are proud to have been able to make a difference to person centred care. I'm grateful to all of my colleagues at Picker for their excellent and committed work – and together we hope that you will enjoy reading about what we have achieved.

**Chris Graham**  
Group CEO

# Mission, vision, values

**Our mission**  
we are here to

**Influence**  
**Inspire**  
**Empower**

**Our vision**

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

## 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.



# Picker Principles

Our Picker Principles of Person Centred Care were established in 1993 and continue to underpin everything we do. Borne out of Picker's research in the USA, starting in 1987, the Principles specify eight key elements which should remain non-negotiable when delivering care – ensuring individual preferences and needs are met at every step of the care journey.

## Evidence-based excellence

Today, the eight Picker Principles are understood and utilised globally, with our consistent, evidence-based framework leading the way in person centred care. Our internationally recognised commitment to excellence in health and social care forms the basis for conversations worldwide, informing best practice and helping to shape the delivery of care.

## Leading by example

We place people at the heart of everything we do, to ensure services are focused on the things that matter most. As well as influencing policy and practice around the world, the Principles are used daily in our own research to ensure all our work remains true to those fundamental concepts. We use the Principles as markers when designing evaluations, gathering evidence, and focusing improvement efforts.



Attention to physical and environmental needs



Emotional support, empathy and respect



Involvement in decisions and respect for preferences



Clear information, communication and support for self-care



Involvement and support for family and carers



Continuity of care and smooth transitions



Effective treatment delivered by trusted professionals



Fast access to reliable health advice

# Principles into practice

The Picker Principles are there to be shared, utilised, and maintained – they are central to all the work we conduct with our partners, from specialist research to consultancy. All our projects have a central commitment to realising our vision of person centred care for all, always, and the Principles have gone on to inform the work of world-leading academic and research institutions.

## Developing original research

Our innovative approach to designing and delivering research and analysis yields results which can be acted upon. Our original research puts people first, gathering feedback across diverse backgrounds in all our work.

## Informing policy

We are committed to putting person centred care at the heart of health and social care systems, and work with both to ensure people's priorities and experiences are reflected in decisions about care policy and delivery.

## At leadership level

Our consultancy work takes us directly into conversations with leadership teams and decision makers, supporting them in the introduction of new practices to prioritise and improve the experiences of everyone interacting with their service – including staff.

## National programmes

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. With over 20 years' experience in developing national programmes, we cover everything from survey and methodology design to implementation, analysis, and reporting.

## Providing guidance

Our quality improvement services support organisations to improve the quality of care they provide, learning from best practice among their peers through board facilitation, workshops, and presentations – at a local and national level. Our expertise in measurement and engagement allows us to help our clients translate evidence into insights and actions that support person centred improvement.

## Empowering research

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.

# Picker timeline

The Picker Institute was founded by, and on the experiences of, Harvey and Jean Picker.

In 1986, Jean was undergoing treatment for a long-term condition, yet both she and her husband Harvey were struck by the dichotomy apparent in the care they were receiving. Living in the USA, they had access to cutting-edge scientific advancements and medical technology, yet at the same time they did not find the healthcare system to be sensitive to the individual needs and preferences of its patients. Harvey and Jean wanted to bring about a change for the better.

Later that year, they founded the Picker Institute, a non-profit organisation dedicated to developing and promoting a person centred approach to healthcare – a commitment by which Picker is known around the world today.

By 1987, the Institute was already conducting the groundbreaking research that led to the development of its eight Picker Principles of Person Centred Care (see page 6), answering the demand for an approach that recognises the needs of everyone, from patients and service users to staff, friends, and families. The Principles, and Jean and Harvey's story, were shared with the world in the Institute's 1993 book, 'Through the Patient's Eyes'.

Picker Institute Inc established in the USA. A non-profit organisation dedicated to developing and promoting a patient centred approach to healthcare.

Picker was named as the NHS regulator's partner of choice to design and establish the NHS Patient Survey Programme.

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

Picker develops an award winning children and young people's patient experience tool to capture experiences directly from young people as well as parents and families.

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

Quality, Safety and Outcomes Policy Research Unit (QSO PRU) 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.

Picker is chosen to manage the National Cancer Patient Experience Survey (NCPES) for NHS England.

Picker is the Department of Health's partner of choice to run the NHS Staff Survey, the largest workforce survey in the world.

Picker collaborates with the Institute for Healthcare Improvement bringing the Always Events® improvement programme to European health and social care systems.

Picker works with the Care Quality Commission (CQC) to run the first national Children and Young People's experience survey across the NHS in England.

Picker acquires Howard Warwick Associates to form Picker HWA.

First ever Under 16 Cancer Patient Experience Survey launched in England. The new survey, developed and run by Picker, was commissioned by NHS England.

After Picker's successful feasibility study, we ran the pilot Primary Care Staff Survey (PCSS) with general practices within Primary Care Networks (PCNs).

NHS England renews Picker's multi-year contract to run the National Cancer Patient Experience Survey.

*"If you want to see that patients' emotional and physical needs are met, how about asking patients what's important to them and how they feel they are being treated?"*

Harvey Picker





# Licencing, partnerships, and consultancy

At Picker, we are delighted by the increasing international focus on person centred care and the practical evaluation of people's care experiences. As the positive impact of person centred approaches to care design and delivery continues to grow, our mission has never been more vital in ensuring that we effectively listen to and evaluate people's experience of care.

During the last year, we have continued to increase our consultancy support and licencing worldwide with over 150 Picker experience evaluation toolkits provided in over 20 countries.

Alongside this, we have seen new and growing strategic partnerships developing at pace:

- In the Netherlands, we have continued to develop our work with the National Federation of University Hospitals. All eight teaching hospitals have partnered with Picker to adapt and utilise Picker's experience evaluation tools in their near real-time programmes. This work has now grown, with many members of the Dutch Hospitals Association adopting Picker tools and approaches.
- Our Partnership with BQS in Germany has supported many German healthcare providers, such as Sana Hospital Group, to use the Picker approach to systematically improve people's care experiences.
- We have achieved Magnet approval for our relevant evaluation tools, supporting organisations to attain Magnet Certification, including Antwerp University Hospital in Belgium.

- We continue to support care regulators and commissioners beyond the NHS in designing and delivering systematic quality evaluations. Most recently, helping the regulator for the Republic of Ireland (the Health Information and Quality Authority, HIQA) develop their national Nursing Home and End of Life experience evaluation programmes.
- We have continued our support of like-minded international initiatives. This includes maintaining our support as members of the Planetree International Person-centred Care Certification Committee and the European Union Rights, Equality and Citizenship funded VoiCEs programme Scientific Board.

As we look ahead, we aim to maintain and grow opportunities to collaborate with our international partners. Plans to develop the Picker International Experience Network will support organisations using Picker tools and methods to collaboratively share data, insights, and outcomes in their pursuit of achieving the highest quality person centred care.







Supported  
**4000**  
people with their  
improvement work



**170+**  
Picker **experience**  
**evaluation toolkits**  
active **globally**



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



We worked with  
**230**  
**organisations to support**  
them to **improve the**  
**quality of person centred**  
**care** delivered by  
their organisation



We published  
**two**  
peer-reviewed papers,  
furthering the **knowledge**  
and **understanding** of  
**person centred care**



**192**  
**workshops and**  
**presentations**

## Let's look at the numbers

We partnered with a wide range  
of organisations including:

Care Quality Commission (CQC), Diabetes UK, Health Information and Quality Authority (HiQA), Help for Heroes, Hull-York Medical School, International Kidney Cancer Coalition, Institut Biochimique SA (IBSA), King's Fund, Liverpool University Dental Hospital, London School of Hygiene and Tropical Medicine, Meningitis Now, National Institute of Health Research (NIHR), NHS England, North East Hampshire and Farnham (NEHF), Novartis, Oxford Brookes University, Oxygen Strategy, Scottish Government, Sunrise Care Homes, The University of Sheffield, University of Kent, University of Oxford.

# Influence

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

 **Picker**

# Giving a voice to general practice staff

The NHS People Promise aims to improve the experience of working in the NHS for everyone. Achieving this means listening to and learning from people across the NHS, including those working in primary care. The Primary Care Staff Survey (PCSS) pilot, implemented by Picker for NHS England, looked to address this.

## Aims

Since 2003, the NHS has measured its workforce experience through the NHS Staff Survey (NSS). This had always excluded those in primary care – a pool of around 140,000 general practice staff, pharmacists, optometrists, and dentists whose voices were not being heard. In 2020, NHS England released the NHS People Plan, which sought to address this gap through an ambitious workforce strategy, including a commitment to extend the NSS to primary care staff.

## Actions

Picker carried out a feasibility study for NHS England, which recommended a phased approach to developing a primary care staff survey – beginning with a pilot study of general practice staff. This would be based on the established NSS questionnaire, though adjusted to ensure its relevance for both general practice and the NHS People Plan.

The PCSS pilot ran from 2021–2022 and began with a series of interviews with stakeholder organisations and individual general practice staff. This engagement work was a crucial step in our robust, person-centred approach to identifying improvements to the questionnaire before testing it more widely.

Particular attention was paid to the timing of the survey and to offering clear messages about its purpose and value. An online-only approach to further support ease of response was chosen.

Those without an email address were sent a paper invitation containing details of the online survey to maximise participation.

## Impact

Surveying general practice staff over the winter of 2021/22 was especially challenging: we knew that this would be a busy period for staff, especially as many were involved in the rollout of COVID-19 vaccine boosters. Nevertheless, we were able to complete the pilot successfully. The survey achieved an impressive 47.4% response rate, comparable to the NSS, with positive feedback and good questionnaire performance.

## What's next

Ahead of a National Primary Care Staff Survey planned for 2023/24, work is underway to understand how Integrated Care Boards (ICBs) can support general practices with the implementation and coordination of the survey. Communication with ICBs, Primary Care Networks, and individual practice managers will be key to ensure understanding of the survey process and its vital role in voicing the experiences of general practice staff to facilitate positive change.

47.4%

response rate from general practice staff



Involvement in decisions and respect for preferences



Emotional support, empathy and respect





# Staff experiences in social care

In December 2021, we hosted a roundtable discussion bringing together experts to consider pressing issues around people's experiences of working in social care. A key question was whether to extend the Picker-coordinated NHS Staff Survey to the social care sector, as recommended by the Health and Social Care Committee report in summer 2021. The aim would be to fill the information gap around the experiences of the adult social care workforce nationally, providing data comparable to that available for the NHS.

## What do we already know about the social care workforce?

There is a lack of consistent evidence on workforce experience, making it difficult to assess the scale of challenges faced by staff and how experiences are changing over time. The sector is diverse, bringing together people with different backgrounds and needs, who are very often attracted to (and remain in) social care because of their passion. Expectations have increased hugely in the past decade, however, and social care pay seldom reflects the demands of the job. Other pressures include high level of risk, organisational fragmentation, and commissioning constraints.

## Can the NHS model work here?

Perceived pros and cons of an approach based on the National NHS Staff Survey model were considered in detail, with many voices uniting behind a differentiated approach. There was concern over simply importing the NHS staff survey model or adopting a one-size-fits-all solution, as social care organisations are often much smaller and more specific in their requirements compared to NHS trusts.

## How can we learn more?

Staff voice is important. A strong point of consensus was that gathering more robust data about the composition and experience of the social care workforce could offer a range of benefits to individuals working in social care and to the profile of the sector more broadly. It was suggested that synthesising existing data and using those findings to gather further insights would be a positive first step.

Influence



# Picker HWA widens Picker portfolio

Picker's acquisition of research company Howard Warwick Associates (HWA) in 2021 builds on a strong history of collaborative working between the two organisations, bringing together two market leaders in understanding care experiences and outcomes across the private and public health and care sectors.

Now operating as Picker HWA, the organisation is wholly owned by the Picker Group – a change we believe will sustain and grow the reputation HWA has developed over the past 23 years.

David Leach, Director of HWA, announced that *"We are delighted to announce that HWA will be joining the Picker Group. We believe [this] will bring increased value to our clients, offering a wider range of services from evaluation right through to quality improvement, whilst maintaining the high quality personal approach that HWA is known for."*

The two organisations have historically been aligned in their commitment to delivering valuable intelligence through specialist feedback surveys which centre the experiences of the individual. Bringing HWA into the Picker Group significantly widens our potential for introducing projects from new sectors, due to HWA's longstanding relationship with private hospitals and care homes.





# Measuring and understanding integration

The goal of integrated care is to deliver joined-up services that meet people's individual needs at every step of their care journey.

Where care is not well integrated, patients experience gaps in service provision and failures in communication. Historically, people's experiences of individual service areas have been documented and understood at a local level, for instance general practice or hospitals, but little knowledge was being transferred between the two. The development of integrated care systems (ICSs) means this is changing for the better. At Picker we believe the patient's viewpoint should remain the central organising principle for joined-up, integrated care provision. This is applicable at every stage, from the design of services to their delivery and the co-ordination between them.

Centring patient voices might initially appear to bring its own challenges, with different approaches necessary in each instance. To help tackle these challenges, Picker have joined up with The King's Fund, an independent think tank dedicated to improving the health system in England. Together, the two organisations have collaborated to produce a guide for integrated care systems, outlining strategies to ensure people's needs are not only listened to but, crucially, addressed at every step of the way.

This practical, relatable guide was developed following consultation with policy makers and system partners, working closely with a set of case study sites.

The guide is framed around a set of ten principles which system partners and leaders can work towards, from top-level fundamentals ('Set the right culture'; 'Be clear that this work is everyone's business') to practical guidance ('Build on the resource that exists locally'; 'Ask the right questions'). Different stages are addressed, with a view to addressing those communication gaps and their consequences.

Collecting feedback is about more than listening: we can listen to measure, to monitor, or to understand and engage – and each of these applications requires its own individualised approach. We also need to understand not only what people feel about or want from an individual service, but how this service is functioning within their overall care pathway and whether their needs are being understood. The King's Fund guide seeks to empower local systems to identify appropriate methods to address their local priorities, without losing sight of the wider story.

*"Collecting feedback is about more than listening: we can listen to measure, to monitor, or to understand and engage"*

## Inspire

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

 **Picker**





# Help for Heroes

Help for Heroes is a charity that provides support for veterans whose everyday lives have been impacted by physical or psychological injury whilst serving in the British Armed Forces.

Veteran's needs have evolved since the charity's inception in 2007. Help for Heroes, therefore, sought help from Picker to gain a further understanding of the existing and future needs of veterans to help inform their future strategy and understand if its services supported beneficiaries, policy development, and campaigning.

## Challenges

To understand veterans' current and emerging needs, Picker reviewed over 100 recently published articles via Google Scholar using search terms agreed with Help for Heroes. This was supplemented by reviewing information on veteran and military-related websites and support charities. Evidence from the review suggested that not all veterans seek help when needed.



The main barriers identified included:

- **Stigma**, which may prevent veterans from accessing support.
- **Lack of awareness** of symptoms of a mental health problem.
- **Perceiving services as ineffective** with a call for civilian services to better understand veterans' unique experiences and needs.
- **Challenges with navigating services**, understanding the services and support available, and how and when they should be accessed.

The key emerging needs for veterans highlighted:

- An increase in the proportion of veterans experiencing mental health problems.
- Increasing numbers of female veterans reporting gender-specific barriers to support access.
- A need for further understanding of social isolation/loneliness.
- Links between physical and mental health issues necessitating the need for integrated and holistic care.

## Actions

A report was generated that outlined the findings from the evidence review, which was shared in full with staff at Help for Heroes. The findings from the report were drawn on, together with other inputs, to develop a new Theory of Change and refreshed 10 year strategy, with Help for Heroes changing its

mission, vision, and purpose statement to align with this. Internal workshops were held to communicate the changes and facilitate cultural change.

Externally, the key cohorts within the armed forces who had been identified as particularly high-risk or vulnerable were given greater attention. A philanthropic event was held for women in business to learn more about the experiences of ex-servicewomen, for instance, and a Westminster engagement event was held to focus on veterans' mental health support needs.

## Impact

Internally at Help for Heroes, the desired cultural shift is beginning to happen, with increased conversations around shared objectives to access these members of the armed forces community facing challenges. Externally, Help for Heroes has seen an increase in the number of people coming forward to seek help following the reduction of previously-identified barriers to support such as providing proof as a first step.

## What's next

Help for Heroes would like to further consider the support needs of veterans' partners and families, who were not a point of focus in the initial evidence review. The Picker Principles will be incorporated further as Help for Heroes develop its service provision, ensuring individual involvement in decisions and support for self-care.





# NHS Staff Survey redevelopment

The 2021 annual NHS Staff Survey was redeveloped to align with the NHS's 2020/21 People Plan and integrated People Promise: setting out what staff can expect from their leaders and each other.

After consultation with academic experts, the survey changes were rigorously tested with people working in the NHS from a variety of backgrounds, roles, and organisations. A significant priority was making the survey more inclusive; ensuring a variety of voices were represented. Overall, 32 new questions were added and others removed to ensure maximum relevance to current considerations, including the impact of the COVID-19 pandemic.

The survey now tracks progress towards the seven elements of the People Promise, namely:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
  - We are safe and healthy
  - We are always learning
    - We work flexibly
    - We are a team

All NHS trusts in England (foundation trusts, acute and specialist hospital trusts, ambulance service trusts, mental health trusts, community and learning disability trusts) are required to participate in this survey. Commissioning Support Units, Social Enterprises, Integrated Care Boards (ICB) and other NHS bodies may choose to undertake the NHS Staff Survey on a voluntary basis.

## Key developments and considerations within the survey's development, delivery, and implementation now include:

### Increased eligibility to participate

Two significant changes have widened the eligibility criteria significantly, amplifying a greater range of voices including those on long term sickness absence (90+ days) and staff who have been on secondment for 12+ months. Looking ahead to 2022, this will incorporate bank only workers within a dedicated 'bank survey'. All participating organisations will also conduct the survey on a census basis, inviting all eligible staff to take part.

### Prioritising diversity

The 2021 survey comprises new and improved questions on gender identity, religion, and international recruitment background. It also considers those with caring responsibilities and long-term health conditions. This information is used to help understand potential correlations between the backgrounds and experiences of different groups working in the NHS.

### Staff engagement and morale

These two elements are of particular significance in the wake of the COVID-19 pandemic, highlighted not only here but in the NHS People Plan and People Promise. Questions consider elements such as dynamics between people within an organisation, communication with managers, and the impact of job role on health and wellbeing. New, evidence-based questions on 'burnout' - as defined by the Copenhagen Burnout Inventory research tool - will offer for the first time consistent data on how best to address this issue.



Collecting almost 650,000 responses (in 2021), the NHS Staff Survey is now the largest workforce survey in the world - and it provides detailed insight into the experiences of staff working in a wide range of NHS organisations and professions.



# Lincolnshire Partnership NHS Foundation Trust's cultural journey continues

Lincolnshire Partnership NHS Foundation Trust (LPFT) is a mental health and learning disability trust serving a local population of over 756,000 people in the East Midlands.

In 2015 the Care Quality Commission (CQC) rated it as "requires improvement"; in 2020 this was upgraded to "good" overall and "outstanding" for its "well-led" domain. The trust's Executive Team remained actively engaged with its programme of continuous improvement and were keen to leverage findings from the Picker-coordinated National NHS Staff Survey to take this progress even further.

## Challenges

Despite the major improvements within its National NHS Staff Survey results and CQC ratings between 2015-2020, a few areas remained that still required focus from the trust. The COVID-19 pandemic in 2020 brought about a generalised decline in health and wellbeing as well as a dramatic and immediate shift in working practices. There was an associated increase in musculo-skeletal conditions, high-stress levels, and a reduction in team effectiveness.

LPFT used the NHS Culture and Leadership Programme to develop a leadership support framework that included structured guidance on how to support staff and how to have effective wellbeing conversations.

## Actions

The trust prioritised buy-in from all levels within the organisation, facilitated by an engaged Executive Team. The team reviewed survey feedback as soon as it became available, focusing on 'free text' responses, which were analysed by Picker to encourage deep contextual insight. These insights could be used to create positive change for teams, including the implementation of Leadership Support Circles and adapted Schwartz Rounds reflecting on experiences over the last two years.

The Staff Wellbeing Service's emotional wellbeing helpline identified that some people were feeling lonely or were fearful about working during the COVID-19 pandemic; in response, LPFT put extra resources behind its existing coaching assistance programme. For a personal demonstration of appreciation, staff were also provided with gifts from local businesses during the COVID-19 crisis.

## Impact

LPFT's multi-faceted approach to wellbeing led to exceptional results in the 2021 National NHS Staff Survey. The trust achieved a 64% completion rate, up from 61% in 2020, while the average response rate for similar organisations was 55%.



completion rate, in the 2021 National NHS Staff Survey

Of particular note were responses to the statement 'my organisation takes positive action on health and wellbeing', to which 75% of respondents agreed (Picker average: 62%) and 'I would recommend this organisation as a place to work', receiving 72% (Picker average: 63%).

## What's next

Whilst LPFT performs well above the Picker average, the team remain committed to continuing their upward trajectory of improving culture and wellbeing. They have mapped out their People Plan Priorities into 2023 to build on their current strong performance and provide a positive and supportive workplace experience for staff.



Clear information, communication and support for self-care



Emotional support, empathy and respect



# Upcoming projects

Looking ahead to 2022 and beyond, we have plenty of exciting projects and collaborations in the pipeline – from fostering new partnerships to developing more industry-leading tools and training programmes.

## Integrated Care Systems

We are undertaking research within the Quality, Safety and Outcomes Policy Research Unit to understand how well Integrated Care Systems (ICSs) in England are able to ensure quality in their health and care system (see page 20 for more on the value of ICSs). The research team is provided by a collaboration between Picker, the University of Oxford, the University of Kent and the London School of Hygiene and Tropical Medicine, working across two years.

## Jersey Care Commission

Jersey Care Commission are the independent authority for the regulation of health and social care in the States of Jersey. In order to understand more about Jersey Islanders' experiences of healthcare, they will be working with Picker to produce a survey of adult users of inpatient, maternity, emergency, and community mental health services. Results from this collection will be made publicly available in December 2022 to provide Jersey Care Commission and residents of Jersey with a picture of how their services are performing.

## International Kidney Cancer Coalition

Having successfully delivered the 2020 iteration of the Global Patient Survey, IKCC have commissioned Picker to deliver their biennial experience evaluation global survey for 2022. This online survey is delivered in partnership with patient organisations around the world and evaluates the experiences of service users and their families following care and treatment for kidney cancer. The survey will be used to report on and inform trends, insights, and best practices worldwide.

## Citizen's Panels

Picker will be partnering with NHS England to develop a CPD-accredited learning and growth programme and consultancy package to support in the establishment and embedment of Citizens' Panels in Integrated Care Boards (ICBs). The consultancy support will include 5 webinars, and specialist 1:1 support for up to 8 systems who are just starting to develop Citizens' Panels.

## Meningitis Now

We're working with Meningitis Now, to understand the recovery, outcomes and support needs of UK adults after a hospital admission for either viral or bacterial meningitis. Fieldwork is due to commence in September 2022, following a qualitative research stage to inform survey development.

Inspire

# Empower

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

 **Picker**

# National surveys

The collection of robust evidence about the things that matter most to people is an essential component of a successful strategy for improving patient and/or staff experience.

The national experience collections that Picker coordinate and implement provide a platform upon which people's experiences and outcomes within different NHS trusts and care systems can be reliably compared and variations in quality explored.

Data from collections such as the NHS Staff Survey, the Community Mental Health Survey and the Urgent and Emergency Care Survey, provide an evaluation of quality from the user and staff member perspective, with the surveys contributing to transparency about the overall effectiveness of services. Transparent national and local reporting allows users and staff to have a voice about service quality, enabling practice and policy responses to improve person centredness.

National experience collections are a crucial source of information about service quality and through our partnerships with CQC, NHS England, and individual NHS trusts Picker plays a direct role in the development, delivery, and provision of actionable insights. We remain a world leader in the development and conduct of these important programmes, and the model that we have pioneered is widely replicated around the world.



80% of children said they are looked after very well for their cancer or tumour by healthcare staff.

92% of parents or carers rated the overall experience of their child's care as 8 or more out of 10.



## Understanding people's experiences of cancer

In July 2021, Picker and NHS England hosted an Insight Workshop comprising of NHS representatives, trusts, cancer support groups and more, to aid the understanding of the 2021 National Cancer Patient Experience Survey (NCPES) results.

From powerful case studies to lively breakout discussions, the workshop ensured all aspects of the cancer care experience were considered, looking to not only improve the patient experience but celebrate the positive work delivered by the NHS workforce:

### Listening to Patient Voices

Ceinwen Giles, co-CEO for Shine Cancer Support and Chair of the Patient and Public Voices Forum, NHS Cancer Programme, explored who the survey hears from and how we can work with communities to improve cancer care.

### The National Perspective

David Fitzgerald, Cancer Programme Director for NHS England, shared his key takeaways. With over 60,000 responses in 2021, the NCPES gives the best possible indication of experiences nationwide.

### Key Findings

Philippa Fortune, National Programme Lead and Kirsty Laing, Associate Insight Director for Explain Market Research provided an overview

of the headline findings, with particular emphasis on hospital care, care planning, main contact support, and GP support.

### Actionable Insights

Irina Belun-Viera, Head of Nursing Cancer and Sola Banjo, Cancer Quality Improvement Manager at the King's College Hospital NHS Foundation Trust, presented a powerful case study on how they worked to improve the explanation of diagnostic test results for breast cancer patients in ethnically diverse communities.

### Going Beyond

Claire Enston, Deputy Director of Insight and Feedback for NHS England closed the workshop with an overview of how the results, presentations, and discussions will be contributing to the future of cancer care.

Visit: [picker.org/research\\_insights/picker-hosts-an-insight-workshop-into-the-cpes-21-results/](https://picker.org/research_insights/picker-hosts-an-insight-workshop-into-the-cpes-21-results/)



# National and local workshops

*"Fantastic session (as always!!!). Insightful, emotive and great to have this time to focus on what to do with the feedback"*

Inpatient local workshop

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 leveraging their data to achieve vital improvements.

We have carried out

**192**  
workshops and presentations

We supported

**4000+**  
people with their improvement work

**100%**  
of attendees recommended our workshops

*"It always is such a great session working with you. I know the teams really appreciate it and find them easy to understand and use to start improvement plans, so thank you for always being so supportive and great to work with"*

Maternity local session

*"Thanks again for yesterday. It's a very useful and insight-packed presentation and our colleagues got a lot out of it. I am looking forward to this translating to sustained change!"*

Staff local session

*"An excellent event with really good engagement... I think it will lead to improvements for our patients"*

Cancer local workshop

# Looking ahead

It has been a successful year and we are proud to have been able to make an impact through our work with a range of organisations.

In 2022/23 we will continue to advance our vision of the highest quality person centred care for all, always, by:

- Continuing to design, coordinate, and report on large-scale collections that explore people's experiences of care – including through our work with the Care Quality Commission and NHS England.
- Working with new Integrated Care Systems and their partners to help develop approaches to understanding care across local areas and between providers.
- Developing and offering thought-leadership around person centred care, helping to promote an understanding of what matters most to people – including through the Picker Principles – and what works to improve service quality.
- Engaging with new partners to develop and implement methods for measuring care quality in territories and care settings that currently lack this insight – including by licencing best-in-class tools and by working directly with organisations to design effective methodologies.
- Supporting providers to improve service quality and offer more person centred care by providing training and specialist insight development, including through our programmes of workshops and through wider events.

Empower



# 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
- Licencing
- 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.



# Trustees

During all or part of the period  
April 2021 up to March 2022

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