Background

It is clear that the ability to provide the type of person-centred care we should all expect has been challenged by COVID-19. Over the past few months, we have seen those working in our health and care systems truly rise to this challenge of finding new and innovative ways to overcome the barriers to providing compassionate person-centred care this pandemic has raised.

The aim of this session was to provide an opportunity to:

- hear more about these innovations
- reflect on the conditions that are needed to innovate and sustain person-centred care during this pandemic, and
- take part in group discussions exploring how we might continue to improve person-centred care and identify what support is needed in the future to sustain innovation.

Summary of key information presented

Heather Edwards, Interim Head of Improvement Support, Care Inspectorate

Staff wellbeing is becoming a significant priority as services start looking towards winter planning. There is a real risk of staff burnout, which will have a profound impact on the level of person-centred care.

The Care Inspectorate has produced the enriched model for psychological needs that can be used as a way of exploring the impact of COVID-19. This was originally designed to understand what is important for people living with dementia, however, at its core is what it means to be human. This kind of model can support the development of compassionate care. It also needs to be applied to health and care staff. It is important to go beyond ‘us and them’ in terms of ensuring human needs are met.

The Care Inspectorate have developed a listening service for staff as a way of support their needs. There needs to be an emphasis around psychological safety – at a time where there is a lot of focus on PPE, we need to also think about putting in place ‘psychological PPE’ for staff too.

Chris Sutton, Portfolio Lead, People-led care, Improvement hub (ihub)

From the published examples of innovation* there are some themes emerging that suggest how person-centred care is being enabled at this time and the conditions that are supporting these enablers.

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Staff disconnection

Managers can feel disconnected as not able to meet their teams

Re-deployed staff not feeling like part of the team

Speed of change

Difficult to understand changing guidance

Time consuming to keep reviewing and changing practices

Lack of face to face interaction

Hard to get real time engagement and feedback

Focus on safety can make developing relationships difficult

Group discussion

For the first time across four webinars we saw a majority of participants reporting that coronavirus has had a positive impact on the delivery of routine person centred care approaches. When we asked participants why this might be the case, they told us:

- As staff get used to new conditions, with regards to PPE and social distancing, the benefits of increased flexibility to do new things, the shared sense of purpose and peer support have become more apparent.

There was also discussion of how new challenges have revitalised a lot of teams:

- “A challenge to our team has freshened things up.”
- “I think with the lack of visitors we are having to think different on how to provide emotional support”

Breakout discussion questions

What has **enabled** us to develop or use person-centred approaches during this period?

- **New situations**
  - Increase focus on understanding people’s needs
  - Such a new situation allowed for new ideas

- **Technology**
  - Connecting teams
  - Connecting people with their families

- **Closer relationship with families**
  - Increased communication with families has strengthened relationships
  - Families being understanding about restrictions and supporting new ways of working

What has **challenged** our ability to develop or use person centred approaches during this period?

- **Staff disconnection**
  - Managers can feel disconnected as not able to meet their teams
  - Re-deployed staff not feeling like part of the team

- **Speed of change**
  - Difficult to understand changing guidance
  - Time consuming to keep reviewing and changing practices

- **Lack of face to face interaction**
  - Hard to get real time engagement and feedback
  - Focus on safety can make developing relationships difficult

In your view, how has coronavirus impacted on the delivery of routine person-centred approaches?

- Very positively: 5%
- Positively: 45%
- No difference: 10%
- Negatively: 35%
- Very negatively: 5%
What would you need to support improvement and innovation in person-centred care and practice moving forward?

Although there was still a level of uncertainty as to what the future holds, participants felt that the main support needs were the following:

**Sharing ideas**
- Support to continue current collaborations
- Sharing ideas around new uses of technology
- New tools for engagement and involvement

**Staff support**
- Continue the focus on staff wellbeing
- Ensure adequate training
- Invest in the equipment and technology that will allow them to do their job
- Invest in recruitment and retention

**Comments from participants**

“Staff being willing to make sacrifices was a huge enabler in many different settings.”

“Senior Management were not moving between the homes in height of pandemic meant that care home managers weren't getting the physical presence and support which is important.”

“Really strong sense of working together using technology to provide multi-agency support.”

“Challenges in undertaking participation and engagement - ensuring meaningful engagement takes place at the outset but realising it can be retrospective”

**What next?**
- We will analyse what we have found and engage with stakeholders again regarding our findings.
- We will then explore ways at a national and local level we can further support person-centred innovation and practice.

*Examples of published innovations:*
- ihub
- SSSC
- Care Inspectorate
- Personal Outcomes Network

Find out more or contact us: hcis.personcentredscot@nhs.net