Flash report

Person-centred care during a pandemic and beyond: Covid-19 learning from health and social care services in Scotland

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Healthcare Improvement Community Scotland Engagement



inspectorate



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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.

An enabling culture	Reduced bureaucracy
	Trust
	Collaboration
Supported staff wellbeing	Peer support
	Supported self management
	Safe spaces
Technology	Staff capability
	Understanding the benefits
	Understanding of good practice and legislation

Group discussion

While the majority of participants felt coronavirus had impacted negatively, there was an increase in those who saw a positive impact, compared with previous polls. 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 increased flexibility to do new things and community support has become more significant.

There was also discussion around the importance of staff wellbeing:

- "The psychological safety aspect really being understood, enabled and believed by everyone so that it can be put into practice and people feel comfortable expressing this to colleagues and managers"
- "It certainly has a ripple effect. Invest in your staff and the rest moves towards a positive wider impact in those who access health and care"



Breakout discussion questions



What has **challenged** our ability to develop or use person centred approaches during this period? • PPE means that communication and interactions are more limited Infection • Visiting restrictions means there is less control on offer for people and has disconnected people from their families • Access to/funding for digital devices Access to technology Capacity of people to use technology • Loneliness and isolation can be difficult to address Mental • Significant mental health needs not health being met due to closed services, this is challenging for staff

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:

Reflection time

- A space to stop and reflect on what has been done, what worked well and what could be improved
- Protected time for staff to be proactive in developing new practice
- Tools to help assess the outcomes of these innovations
- More opportunities to come together and share/develop new ideas

Digital capacity

- Digital training
- Support for knowing what is out there
- Consent/confidentiality tools/guidance
- Being more explicit and intentional about 'person-centred' approaches when discussing things like tech

Comments from participants

"Staff have had more time to spend with service users and learn new skills which the service users have. Staff have also been more open to develop new ways of supporting service users and families.

"Some families don't have access to using technology for virtual communication with families. Limiting for families who had to learn new ways of communicating.

"EQIAs are being asked for in NHS Lanarkshire as part of recovery plans so hopefully allowing services to reflect on what new design/delivery is continued."

What next?

- We will be running one further discussion workshop in September.
- 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:

<u>ihub</u> SSSC

<u>Care Inspectorate</u> Personal Outcomes Network

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