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Learning report

Person-Centred Care Network:

November 2022 Workshop learning summary

We support organisations by helping them to redesign and continuously improve their health and social care services

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The Person Centred Design and Improvement Programme hosted two virtual workshops across November 2022. The workshops were facilitated through the Person Centred Care Network (PCCN) and structured around exploring learning from previous network events in 2021.

In July and August 2021 the PCCN participated in a Summer Series of virtual webinars to discuss the impact of Covid on person-centred care. These events gave the space for attendees to share learning from Covid recovery, and explore support needed to achieve their vision for person-centred care/practice by 2030. The support identified was:

- Authentic culture and empowered workforce
- Leadership and recognition
- Effective processes and systems
- Training, resources, advice, and guidance
- Teamwork, peer-support and collaboration
- Knowledge exchange and reflective practice

Two virtual workshops were offered across November 2022 as a means to:

1. Better understand each of the support themes, and where there might be gaps in our knowledge of support needed (Workshop 1: 22 November 2022)
2. Develop ideas based on our understanding of the system's need in relation to person-centred practice (Workshop 2: 29 November 2022)

54 people from across health, social services, and third sector organisations attended Workshops 1 and 2, with 22 of those people attending both.

This report summarises the learning from those workshops and defines an evidence based plan for improvement of person-centred practice in health and social services.

Workshop Structure

The workshops were structured around the Scottish Approach to Service Design's Discover, Define, and Develop stages:

Discover
- **What:** Workshop 1 attendees split into 6 groups to identify the health and social services system's Strengths, Concerns, Opportunities and Threats (SCOT) in relation to each of the 6 identified system needs from the Summer Series.
- **Purpose:** To gain a more in-depth understanding of the problems faced in relation to person-centred practice.

Define
- **What:** PCDI team thematically analyzed the responses to each of the identified needs and collated into an overall summary of SCOT to present at, and shape the activity for Workshop 2.
- **Purpose:** To sense check the summarised analysis with Workshop 2 attendees, making notes of any gaps in our understanding.

Develop
- **What:** Formed 3 "How might we…" questions based on the summarized Concerns for Workshop 2. Split into groups to develop ideas to address the questions, considering how the summarized Strengths, Opportunities, and Threats may impact the ideas.
- **Purpose:** To generate ideas to test based on learning gain from the network's Discover, and Define activities.

Capturing Learning

SLIDO was used in both workshops to sense check information given, and gain feedback on the workshop structure. Attendees gave the workshops a combined average rating of 4.65 out of 5. When asked why, the majority of responses were linked to pace, tools, facilitation, and information presented.

MIRO was used to facilitate the workshop activities, giving space for individual reflection and input, before coming together as a group to verbally discuss. Following activities, group facilitators gave everyone an overview of the discussions that took place in their groups, and there was an opportunity for group feedback using SLIDO.

The following pages contain the collated thematic analysis of the Workshop 1 and 2 MIRO activities data, and the key lessons learned for supporting the health and social services workforce to be person-centred.

"Breakout rooms allowed opportunity for collaborative, participatory and inclusive approach through use of Miro rather than just verbally discussing"
-Workshop 1 attendee

"Felt like a safe space to discuss what are sometimes challenging topics"
- Workshop 2 attendee

Strengths

Fig.1

Thematic Analysis of strengths

"Allowing staff to work together in order to determine an outcome toward care"

"colleagues across the sector who are keen to come together and problem solve"

"Compassionate and willing staff"

"multidisciplinary training between agencies"
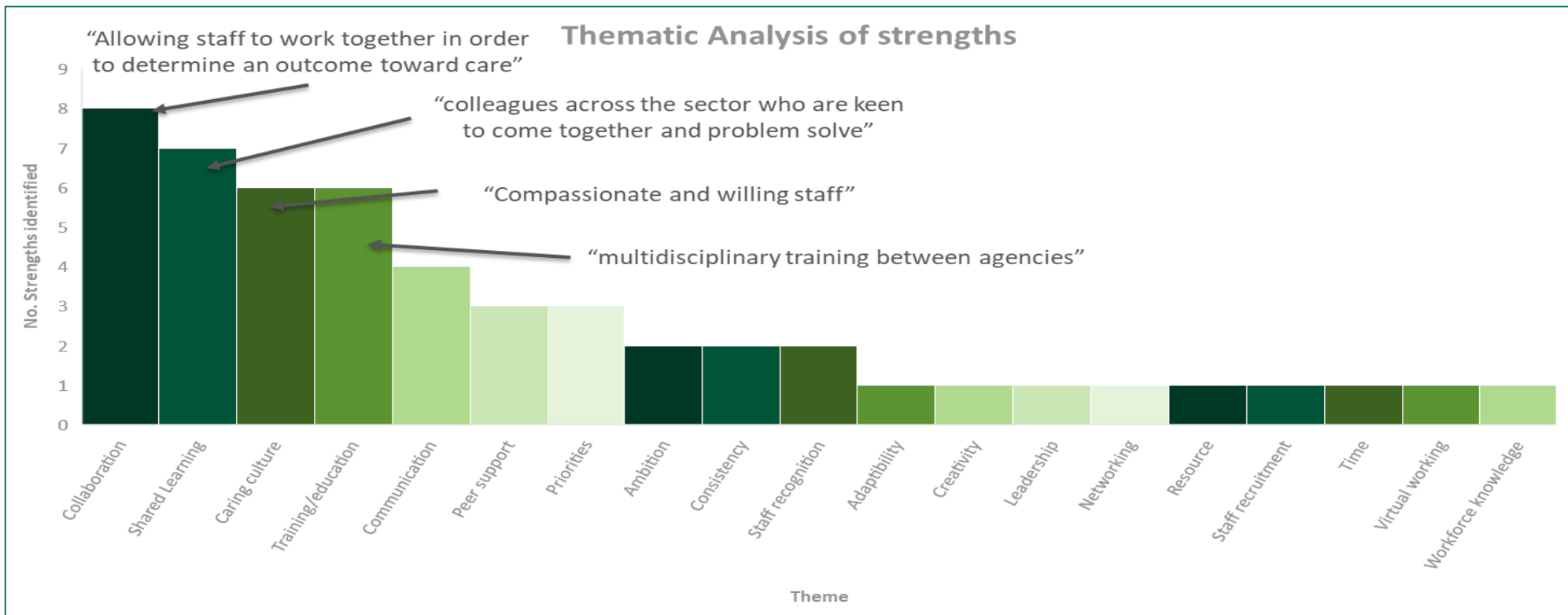
Observations:

- The top theme was Collaboration with 8 mentions as a strength and focused on working together to achieve a shared outcome for a person. This was closely related to the themes of communication and peer support, acknowledging that working with others benefits both services users, and the wellbeing of staff.

- It was followed by shared learning, where people spoke of the benefit of sharing learning of best practice and training. Highlighting that this applies across sectors as well as within teams or organisations, and linking with the theme of training and education which was mentioned 6 times.

- Also mentioned 6 times was the theme of having a caring culture, where people discussed the compassion of their staff and their willingness to be person-centred.

Fig.2

Thematic Analysis of Concerns

"Understanding values out-with our own individual view point to ensure PCC care meets recipients' beliefs / values and not our own"

"Auditing - impact on staff where negative feedback is received"

"should be more standardised Person Centred training for all staff"

(Chart: No. Concerns Identified (y-axis) vs Themes (x-axis))
- Caring culture: 11
- Priorities: 6
- Performance data: 5
- Training/education: 5
- Resource: 4
- Staff recruitment: 4
- Time: 4
- Listening: 3
- Workforce wellbeing: 3
- Communication: 2
- Funding: 2
- Integration: 2
- Shared Learning: 2
- Uncertain Future: 2
- Career benefits: 1
- Collaboration: 1
- Demand: 1
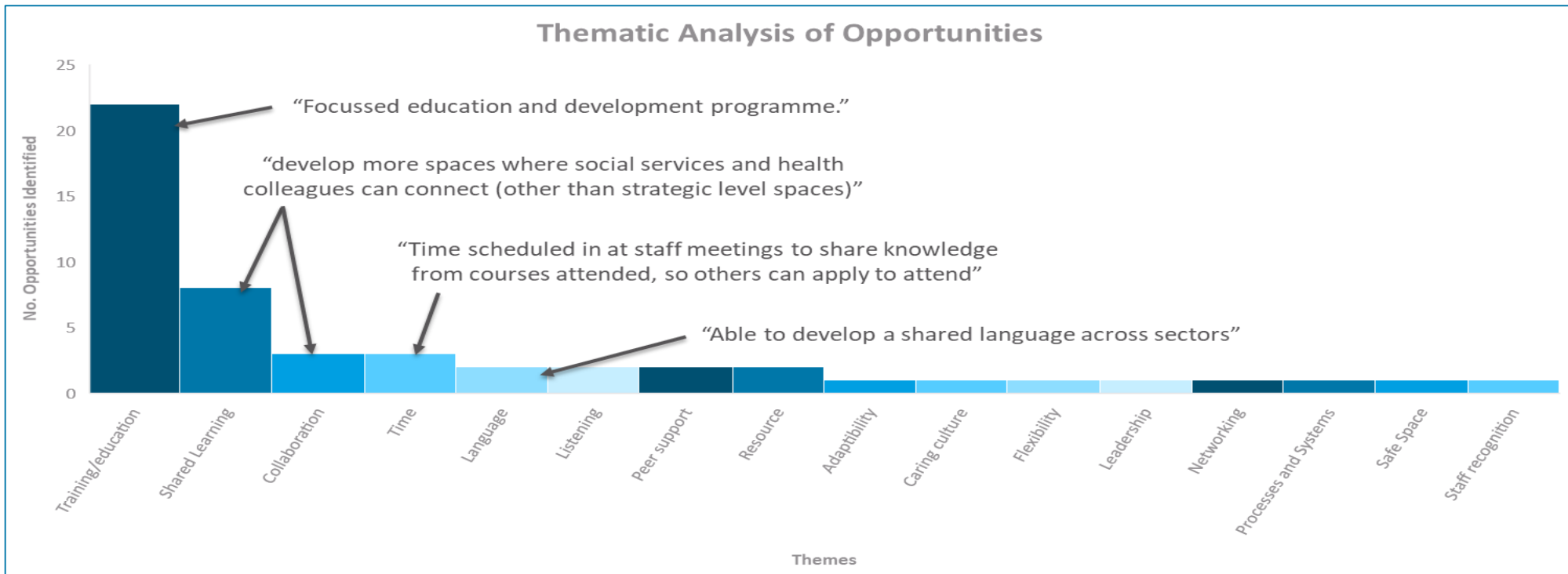- Engagement: 1
- Language: 1
- Staff recognition: 1

Observations:

- Concerns were less evenly dispersed with most being around having a caring culture which was mentioned 11 times. Responses acknowledged the burnout people are experiencing from the pressures of demand on the system, and a lack of time for anything outside the actual tasks of service delivery.

- This was strongly linked to staff recruitment and retention issues, reflecting people just don't want to work in care anymore because of the conditions right now.

- The next most frequent concern was around organisational priorities, which also featured as a barrier to having a caring culture, and was closely tied to the theme of performance data. Both priorities and performance measures are seen as something which predominantly work against being person centred by making the tick box part of the job take priority, and leaving person centredness perceived as the nice addition.

- Also with 5 mentions, training and education was reported as a concern, mainly in relation to communication, integration, and shared learning.

Opportunities

Fig.3

Thematic Analysis of Opportunities

"Focussed education and development programme."

"develop more spaces where social services and health colleagues can connect (other than strategic level spaces)"

"Time scheduled in at staff meetings to share knowledge from courses attended, so others can apply to attend"

"Able to develop a shared language across sectors"

Observations:

- The opportunities were really skewed in one direction with 22 being related to training and education. Within this there were two distinct factors mentioned, one being staff participation and upskilling to improve the person-centredness of services, and the second was around developing something focused on person-centredness, that would promote good practice across the health and social services sectors.

- Next with 8 mentions was Shared Learning, which was closely tied with collaboration, and focused on developing spaces for shared problem solving at a service delivery level. This was closely linked to the theme of time which spoke of using the time we have differently to enable staff to share their learning from training and experience.

- When asked about anything other than training/education or shared learning which might be an opportunity for person-centred practice, attendees responses were mainly around creating time, leadership who empower staff, and developing our approaches to recording and measurement in a more person-centred way.

Fig.4

Thematic Analysis of Threats
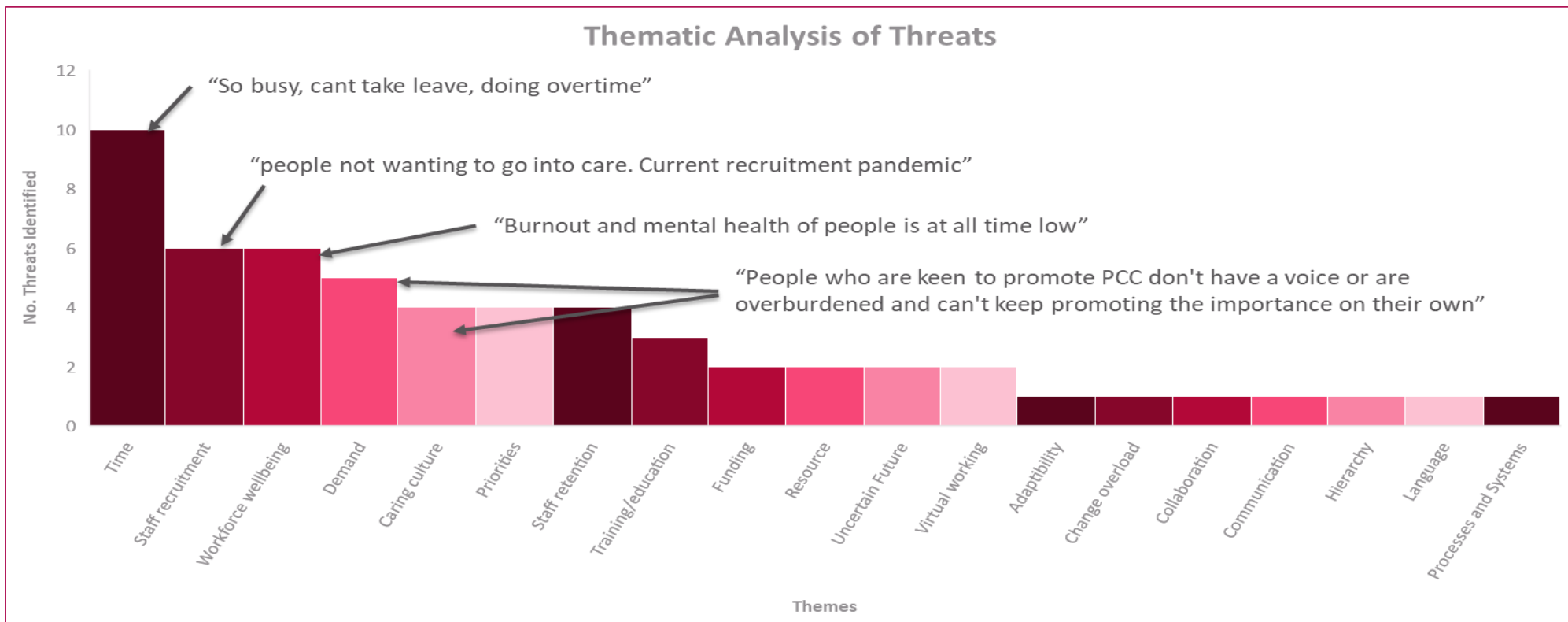
Observations:

- Time is seen as the biggest threat to person-centredness, as hinted at in the concerns. People can't do any kind of improvement, forward planning, or even just personal development because they are so busy right now.

- People see even less time in the future due to current concerns around workforce wellbeing, recruitment, and retention, being seen as likely to have a lasting impact on person-centredness, and the attractiveness of health and social services as a career path.

- Organisational priorities, processes and performance measures often make it difficult to gain and keep momentum for a change to happen. Individuals do great person-centred work, but if our wider organisations don't learn from it, nothing will really change.
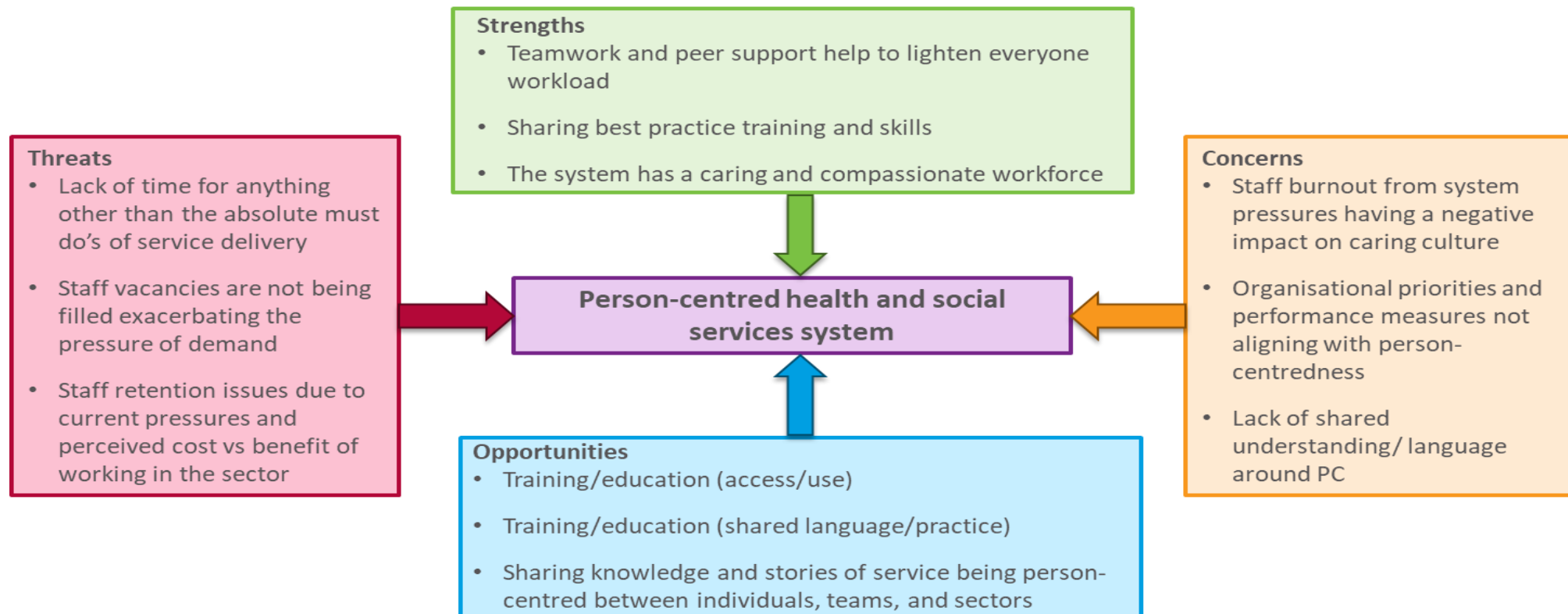
SCOT Summary

The following diagram summarises the key learning from Workshop 1's SCOT activity. Overall attendees agreed with this learning output, feeling that it highlights the similarities of challenges across the health and social services sector and demonstrates the *"power of collective thought".*

However, many attendees were surprised that listening to the service user's voice had not come out as a top theme, and felt it was a gap in the analysis presented. Upon review of the data, listening to service users is represented, but it's mostly referenced as part of either needing the time beyond standard service delivery, or performance and evaluation processes. So it is a factor, but it's one of many which affect, and are affected by, the much broader issues illustrated across Concerns and Threats.

The Workshop 2 activity involved generating ideas based on the summarised SCOT analysis. The remainder of this report presents the analysis of this activity, highlighting the key things which need to improve to address the Concerns.

Fig.5 – Summarised SCOT analysis

Strengths
- Teamwork and peer support help to lighten everyone workload
- Sharing best practice training and skills
- The system has a caring and compassionate workforce

Threats
- Lack of time for anything other than the absolute must do's of service delivery
- Staff vacancies are not being filled exacerbating the pressure of demand
- Staff retention issues due to current pressures and perceived cost vs benefit of working in the sector

Person-centred health and social services system

Concerns
- Staff burnout from system pressures having a negative impact on caring culture
- Organisational priorities and performance measures not aligning with person-centredness
- Lack of shared understanding/ language around PC

Opportunities
- Training/education (access/use)
- Training/education (shared language/practice)
- Sharing knowledge and stories of service being person-centred between individuals, teams, and sectors

Developing Ideas

Following feedback on workshop 1 SCOT analysis, attendees in Workshop 2 were introduced to a set of three "How might we…" questions based on the summarised concerns illustrated in **fig.5**.
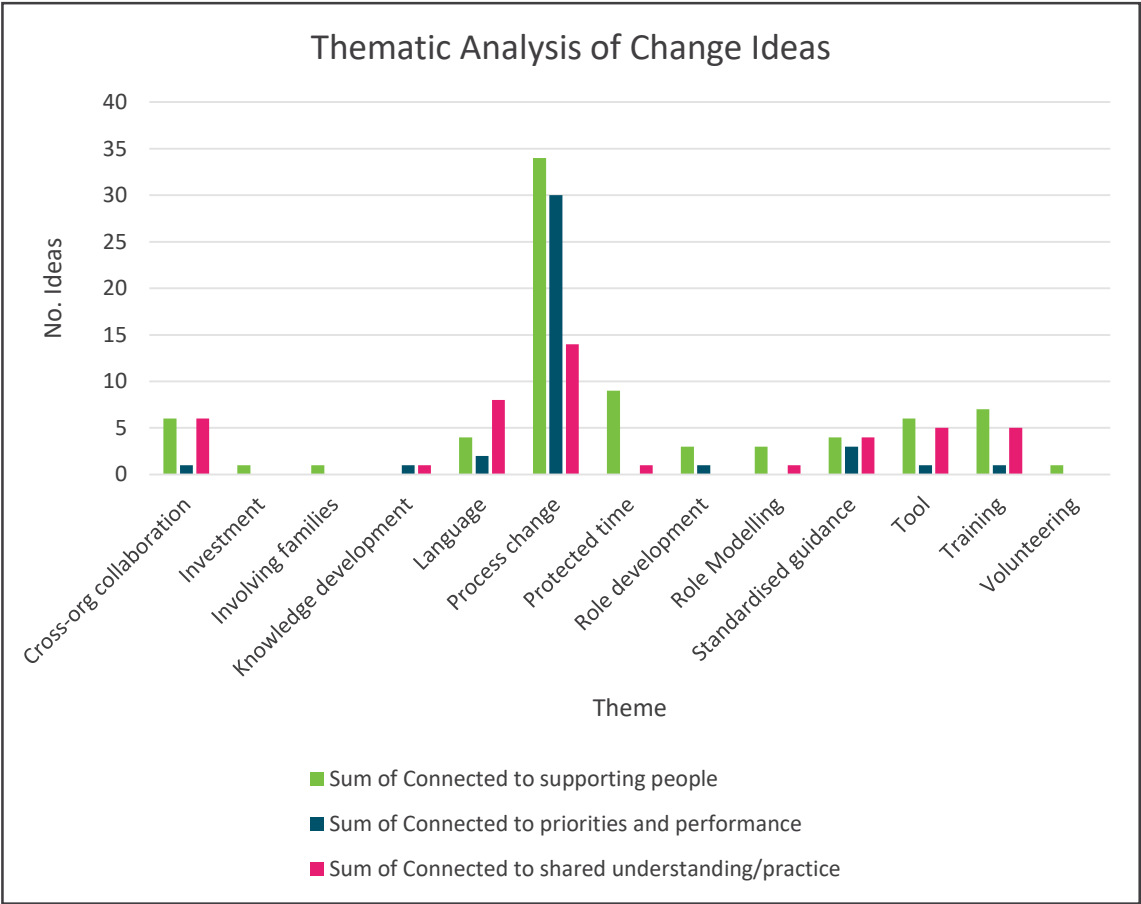
The questions were as follows:

- **How might we support people to be person-centred without contributing to their feeling of burnout?**

- **How might we align organisational priorities and performance measures with person-centredness?**

- **How might we develop a shared understanding and language around person-centredness?**

Fig.6 gives an overview of the thematic analysis of the 102 ideas gathered during the Workshop 2 activity, and their alignment to the 'how might we' question that they address.

Results show 165 instances of an idea connecting with the 'how might we' questions, so 63 of the ideas given have the potential to address more than one of the questions.

Most ideas, including those which presented an overlap of impact across the 'how might we' questions, were related to changing internal processes. These were generally related to creating time and space for reflective practice, changing performance management structures, and consolidating best practice guidance.

Fig.6

Thematic Analysis of Change Ideas

■ Sum of Connected to supporting people
■ Sum of Connected to priorities and performance
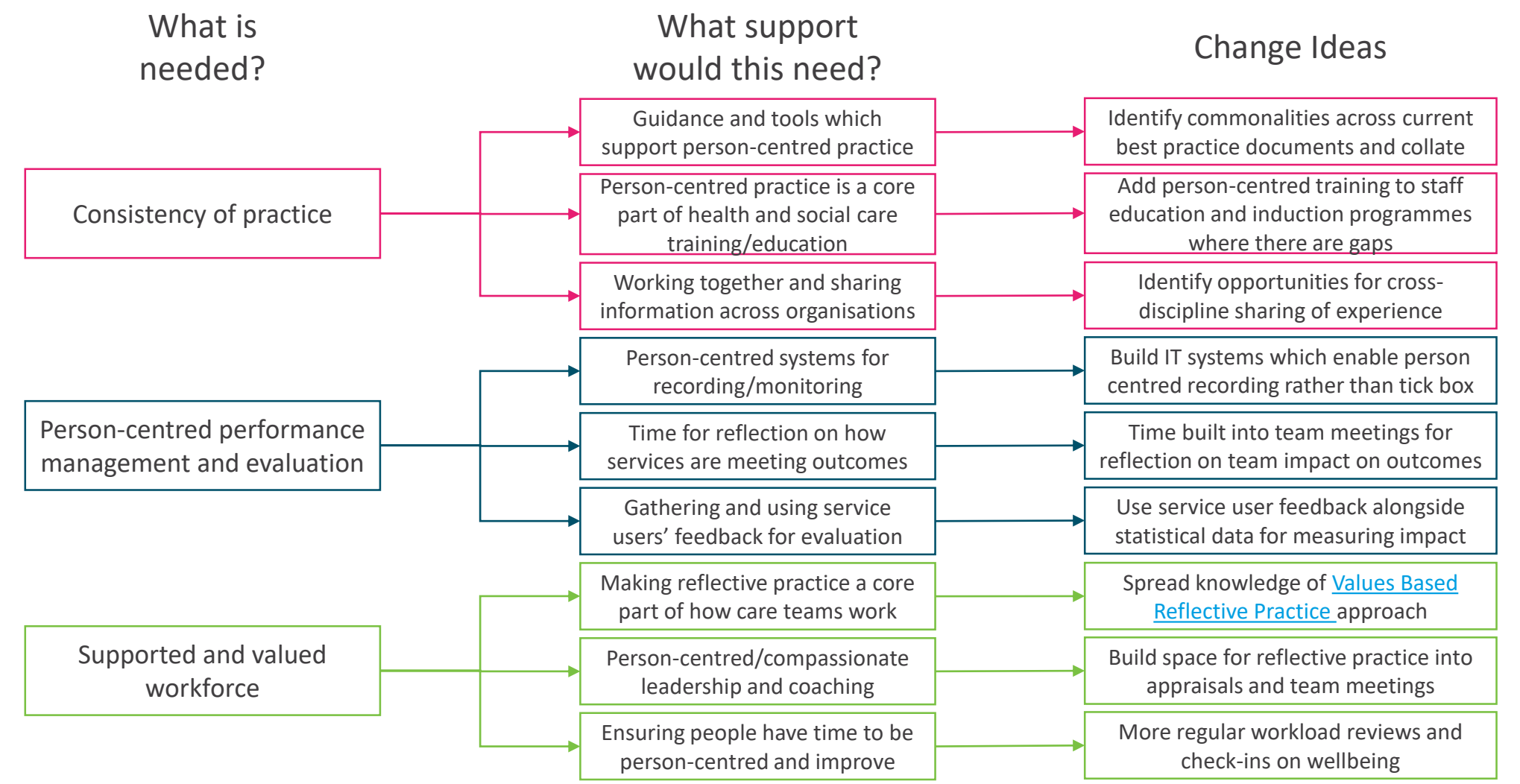■ Sum of Connected to shared understanding/practice

The learning, and most tangible change ideas generated from the activity have been captured in **Fig.7** which illustrates an improvement plan for person-centred practice in health and social services.

Improvement Plan

The following improvement plan for person-centred practice has been illustrated in a [driver diagram format](). It captures the 3 main areas for improvement identified through the analysis of workshop activities, and their possible change ideas.

Fig.7 – Improvement Plan for person-centred practice in health and social services

What is needed?	What support would this need?	Change Ideas
Consistency of practice	Guidance and tools which support person-centred practice	Identify commonalities across current best practice documents and collate
	Person-centred practice is a core part of health and social care training/education	Add person-centred training to staff education and induction programmes where there are gaps
	Working together and sharing information across organisations	Identify opportunities for cross-discipline sharing of experience
Person-centred performance management and evaluation	Person-centred systems for recording/monitoring	Build IT systems which enable person centred recording rather than tick box
	Time for reflection on how services are meeting outcomes	Time built into team meetings for reflection on team impact on outcomes
	Gathering and using service users' feedback for evaluation	Use service user feedback alongside statistical data for measuring impact
Supported and valued workforce	Making reflective practice a core part of how care teams work	Spread knowledge of [Values Based Reflective Practice]() approach
	Person-centred/compassionate leadership and coaching	Build space for reflective practice into appraisals and team meetings
	Ensuring people have time to be person-centred and improve	More regular workload reviews and check-ins on wellbeing

Next Steps

The analysis of the workshop activities, and resulting improvement plan, highlight key learning for the health and social services system in relation to improving person-centred practice. The ambition for the outputs of this event are that the outputs will support PCCN members, PCDI programme partners, and the ihub to focus their attention on the right things that could help them develop person-centred care and practice moving forward.

Taking this learning forward isn't the role of one person, or one organisation. It's the role of the whole health and social services system.

Therefore, the suggested questions for everyone who reads this report to consider are:

What learning points are important to you?

What learning can you take away and explore in your role?

What learning might be used by others who you have potential to influence?

What learning needs to be shared with others in a more influential position than yourself?

If the outputs from this report support you in developing change ideas in your organisation, or focus on the areas of need listed, we would love to hear about it, and where appropriate we will share your learning with PCCN Network members.

If you would like to share anything you can email his.personcentredscot@nhs.scot or submit a case study by scrolling down to the Get Involved section of our PCCN webpage.

We would like to thank all those who attended and participated in these events, contributing to what we hope will be a useful resource for themselves, and others.

You can find out more about the PCDI Team's work at the ihub website.