Supporting person-centred care in COVID-19 situations

Findings and insights: understanding how person-centred care in health and social care services has adapted to meet the challenges of COVID-19 and related public health measures

October 2020

Healthcare Improvement Scotland | ihub

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care inspectorate

Scottish Social Services Council

Supporting person-centred care in COVID-19 situations

The importance of person-centred care

The ability to provide the type of person-centred care we should all expect has been challenged by COVID-19. This is either because of infection control measures such as Personal Protective Equipment (PPE) use and physical distancing or because of very immediate emerging needs.

During this time, maintaining a focus on the principles that underpin person-centred care has, at times, been extremely difficult. Often human interaction at a personal level and the enabling of people to share in decisions about their care or support options have been limited.

Keeping the **person at the heart of their care** during this time is even more important than ever. Providing the type of **holistic relational care** we should all expect, is being **challenged by this pandemic**. Finding new ways to provide person-centred care, despite the immense challenges of this virus, has been essential for health and social care staff. They want to feel they are delivering the kind of care they would wish to give, and in enabling people receiving that care, to feel more wholly cared for as human beings.

Over the past 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 that this pandemic has raised. This has ranged from **working more closely with individuals** to understand their needs, to **ensuring that people can stay connected** with their family and communities.

This overview provides a summary of some of our key learning about what has enabled good practice during the pandemic.

> "
> *"There is a sense of hope that by working together we can get through this."*
> *- Heather Edwards, Interim Head of Improvement Support, Care Inspectorate*

> "
> *"Practising compassionate person-centred care during this pandemic is hugely challenging but more important than it has ever been."*
> *- Diane Graham, Improvement Advisor, Person-Centred Design and Improvement, Healthcare Improvement Scotland*

Supporting person-centred care in COVID-19 situations

Contents

Supporting person-centred care in COVID-19 situations

Our approach

Healthcare Improvement Scotland set up a learning system to support the sharing of person-centred practices developed in response to the challenges of COVID-19 and related public health measures. We wanted to understand and spread methods used by health and social care teams to deliver compassionate person-centred care for people receiving care, their families and carers. This helped to identify and share innovations in practice and provide support to shift learning into action.

A collaborative partnership was formed to develop and guide this work to understand the impact of the pandemic, this included:
- Care Inspectorate
- Scottish Government, and
- Scottish Social Services Council (SSSC).

Healthcare Improvement Scotland invited stakeholders from the health and social care system to share their experiences and examples of how services were adapting their person-centred practice to meet new challenges. These stories were collated with examples found through searching social media, online sources, and from partner engagement with the services. These were published online to support others to adopt them or inspire teams to develop their practice.

In order to supplement and contextualise the examples from the system, Healthcare Improvement Scotland hosted four webinars that brought together practitioners from across health and social care services and explored the challenges and enablers to person-centred practice in the context of COVID-19.

This learning system also makes links to examples of person-centred innovation published online by the ihub, SSSC, Care Inspectorate and Personal Outcomes Network.

> " *"It was a privilege to read about all that has been happening and hearing health and social care staff speak directly about the challenges and opportunities that they have experienced over the last six months was both humbling and inspiring."*
> *- Chris Sutton, Portfolio Lead for People-Led Care, Healthcare Improvement Scotland*

> " *"I can already see how we can use what we have learned to underpin our work to support the wellbeing of care home, care at home and housing support managers and their teams."*
> *- Jess Alexander, Learning and Development Manager, Scottish Social Services Council*

70 stories **5** insights from publications **4** webinars

Emerging themes

The following key enabling themes emerged throughout the process of gathering examples of innovation and good practice and from engaging with health and social care staff to understand more about how person-centred practice was being impacted by COVID-19.

The following pages outline what appeared to be the emerging themes on what has enabled person-centred care and practice.

Emerging themes

Create an enabling culture	Support staff wellbeing	Embrace technology
reduced bureaucracy	self management	understanding benefits/role of technology
trust	peer support	Investing in digital resources/access
collaboration	safe space	good practice and guidance
involvement	developing capabilities	staff capability

Creating an enabling culture

In creating a culture that enables person-centred care health and social care, staff have been empowered and permitted to act and make decisions that are right for the individuals in their care. This has been demonstrated through leadership capabilities at all levels and team working.

Health and social care staff identified significant barriers to person-centred practice. The focus on infection prevention and control and processes in some cases resulted in a shift back to a more traditional medical model. Along with this, teams had to interpret and implement guidance coming from a range of sources at pace.

Several key factors facilitated the development of enabling a culture that meant, under this pressure, staff were still able to respond to very dynamic situations in ways that were safe and, more importantly, compassionate.

> "Closer working relationships with partners across teams and sectors has increased trust and allowed people to do the right thing for the people they are caring for."
> - Webinar participant

Reduced bureaucracy

Across all settings, there was a sense of shared values and that doing what was right for the individual was the priority. This facilitated a lighter touch approach to developing new, innovative ideas to keep people well at a time of physical distancing and infection prevention and control.

More flexibility with what can be paid for

Fewer restrictions/bureaucracy from funders and HSCPs

Thinking of new ways to support people

Trust

Many of the innovations around connecting people with communities and their families were possible because staff were trusted to make the connections. They were empowered by an urgency and sense of shared goals around keeping people well.

Give and Go services ensures patients continue to receive supplies from NHS Greater Glasgow and Clyde

Creative writing and gardening from Western General Hospital, NHS Lothian

Collaboration

Partnership working and collaboration at an operational level allows for greater peer support, allowing staff to feel more confident in making decisions.

Community models and Self-directed Support

Adapting previous work and developing new partnerships

Supporting staff wellbeing

The importance of staff support and wellbeing has been highlighted throughout the COVID-19 pandemic. Innovations around how to support staff and how staff can support each other were highlighted as key enablers in giving them a strong psychological foundation on which to deliver person-centred support.

Examples of things that negatively impacted staff wellbeing include fears for the health of themselves and their family, having to refuse requests from people around things like going to activities or visiting, and increased workload.

Staff wellbeing was supported in a number of ways, that allowed them to continue providing high-quality care.

> "The anxiety of what lies ahead feels different for people and might change perspectives again - so important people don't bury things."
> - Webinar participant

Self-management support

To support self-management of their wellbeing staff have developed or adopted tools that help them look after their own wellbeing.

'NHS in Mind' could help you unwind - created by cognitive behavioural hypnotherapists

Wellbeing spaces

Peer support

Initiatives that helped staff to support each other were established and these often helped pick up on how peers were coping with the stresses throughout the pandemic.

'Check in, check through and check out' for improved staff wellbeing from NHS Louisa Jordan

"Tough times don't last, tough teams do" (video)

Psychological safety

Being able to be open, vulnerable and raise concerns about emerging practice or changes has been vital in keeping staff well. In a challenging and dynamic environment, people have benefited from safe spaces in which to process feelings and discuss any issues.

Psychological resilience virtual hub from NHS Grampian

Embracing technology

In the context of physical distancing, technology appears to have played a vital role for many in the delivery of health and social care services during the COVID-19 pandemic. This has highlighted the benefits of using technology but has also put a spotlight on issues around access to technology and digital literacy.

There have been examples of technology allowing for greater choice and control over when and how people speak with practitioners. Technology has also allowed for 'asynchronous communication', meaning that people are able to engage with messages as and when they want to. Similarly, interactions are no longer tied to a particular setting. People can be in their own homes when they speak with clinicians, closer to any support networks and more confident to invite other people into the appointment or interaction.

> "Near me has helped to continue therapeutic work with some patients, however we have been struggling with some patients who are unable to use the technology."
> - Webinar participant

Role in maintaining relationships

Limitations on visiting or meeting up with family and friends has been challenging in inpatient or care home settings for those using health and social care services and staff still delivering care and support during the pandemic. Use of technology has enabled continued communication and relationships with health and care practitioners to be virtual.

Supporting breastfeeding online from NHS Lanarkshire

Supporting physical activity remotely from Aberdeen City Health and Social Care Partnership

Keeping a focus on what matters to people during COVID-19

Digital access

There were challenges for care homes around cost and access to digital devices, both personal devices and those that could be used by care homes to support residents.

Near Me has introduced online technology to hundreds of care home residents and staff, allowing rapid access to podiatry, GPs and district nurses

Digital literacy

Digital literacy was a challenge in that some people didn't feel comfortable or confident in using digital devices and platforms – including some staff.

Highland charity - Get Connected

Examples of innovative practice

We worked to collect and publish examples of how people have been able to ensure person centred practice in the context of COVID-19 and related public health measures, such as physical distancing and infection control practices.

Our approach

Stories and resources about person-centred care approaches and practices being used during the pandemic conditions were identified and have now been published on the ihub website. This was done through:
- weekly literature searches by the Evidence and Evaluation for Improvement Team (EEvIT)
- social media and online scanning/monitoring, and
- reaching out to existing networks primarily by PCC colleagues in collaboration with HIS - Community Engagement (previously Scottish Health Council) colleagues.

Our partners in the SSSC, Care Inspectorate and the Personal Outcomes Network undertook similar work and their examples can be found here:
- SSSC
- Care Inspectorate, and
- Personal Outcomes Network.

Through this process, it became clear that innovation in person-centred care was being focussed across five key areas. Click on the links below to explore the stories within each area.

- Connecting patients with their loved ones
- Connecting colleagues to support wellbeing
- Maintaining therapeutic relationships
- Caring for children during COVID-19
- Caring for those with additional needs
- Insights from published literature

> " *The resilience of staff has been amazing and they continue to share their stories and experiences to inspire and support each other to provide excellent care across Scotland.*"
> - Jane Davies, Head of Engagement Programmes, Healthcare Improvement Scotland

> " *Front line staff were keen to share their very real stresses and worries with us, and were keen to look for solutions to help everyone.*"
> - Lisa Maynard, Improvement Advisor, Care Inspectorate

Sharing webinars

We facilitated a number of webinars that allowed health and social care staff to share their experiences of person-centred practice during the COVID-19 pandemic.

Webinars

Four webinars were held that invited participation from across acute and health and social care community services as a way of sharing the examples of good practice and discussing wider experiences of delivering person-centred care during the COVID-19 pandemic. The focus was on discussing the enablers and barriers and what work could be done to support the delivery of person-centred care. Read more about these webinars using the links below.

- Acute webinar flash report
- Health and social care webinar flash report

In total, **137** people joined these webinars.

Participants were asked what one thing they would like to maintain as they move forward, and the following word clouds summarise the responses:

> " *The webinars have allowed for balanced, constructive discussions which will benefit all those involved in health and social care in future.*"
> *- Lisa Maynard, Improvement Advisor, Care Inspectorate*

Reflections

On how we might develop the conditions in which person-centred practice can thrive, and how might we might use quality improvement methodology to improve and sustain practices that have emerged.

Creating conditions for person-centred care

"The findings described within this report emphasise the importance of creating the conditions within systems for change to happen where the work happens. Understanding need, empowering people with the skills and trust to test changes that address and improve things, then sharing their experience so that others can learn, aligns with the core elements of a system for managing quality. Enabling those core elements to be embedded into continuous cycles of improvement will be important for sustaining the changes already made but also in supporting future changes ahead of us."

- Jo Matthews, Head of Improvement and Safety, Healthcare Improvement Scotland

"There's potential for several improvement projects to emerge from these findings."
- Jess Alexander, Learning and Development Manager, Scottish Social Services Council

Sustaining good practice

"The way people experience health and social care has always been an important component in delivering safe, effective and person-centred care and support services. We know from evidence that when we focus on the quality of person-centred care it can result in improvements health and wellbeing outcomes.

When we asked the health and social care workforce what was needed to sustain person-centred care and practice moving forward into remobilisation and recovery it was clear that this aspect was very important to them. They outlined for us that what was needed was a supportive culture that enables them to do the 'right' things when they were needed to and a focus on how they might develop skills and personal resilience, as well as the technology needed to ensure they can virtually deliver person-centred care and involve people as much as possible in decisions about their care.

Even whilst we are still gripped by this pandemic it is vitally important to not lose sight of the person and to continuously improve the experiences of both receiving and delivering care."

- Diane Graham, Improvement Advisor, Person-Centred Design and Improvement, Healthcare Improvement Scotland

"What is needed?..."Sharing case studies from over Scotland not only with staff but also public to help understanding of the challenges we meet daily and to help other teams to problem solve."
- Webinar participant

Conclusions

Key messages from examples of innovation and good practice and the engagement on supporting 'person-centred care in COVID-19 situations'.

We have heard from the health and social care workforce that COVID-19 has raised both challenges and opportunities in delivering person-centred care. Additionally, we noted three key themes emerging that could support the sustainability of person-centred practice moving forward. These were:

* create an enabling culture (conditions)
* focus on staff wellbeing (and resilience), and
* use and availability of technology.

It is vital whilst health and social care organisations re-animate or change services as a consequence of the current pandemic conditions, that they do so in a way that is person-centred, safe and sustainable moving forward. To achieve this we must involve as much as possible those who deliver services and those who will use them in the decisions and design of those services. The insights in this report help us to understand what enables this and how a focus on what matters to people, the enablers and challenges, can help to respond to the needs emerging during this time.

Additionally, national organisations concerned with improvement in Scotland have a key role to play in assisting health and social care organisations to continuously improve person-centred care regardless of pandemic conditions. They can also support the health and social care workforce to build resilience and capabilities in person-centred practice.

During this pandemic period and beyond we must continue to support the changing needs of the health and care workforce through a range of supports including the development of a responsive learning system.

"

"People have committed to maintain compassionate care in changing and pressured situations and have created the culture, supported staff wellbeing and embraced technology to enable this. Maintaining this person-centred approach to improvement will be much needed over the next months and years"
- Diana Hekerem, Head of Transformational Redesign Support, Healthcare Improvement Scotland

"

"it has been heart-warming to see over the past few months the many examples of humanity, compassion and kindness displayed by the health and care workforce."
- Diane Graham, Improvement Advisor, Person-Centred Design and Improvement, Healthcare Improvement Scotland

Appendices

A list of all the examples of innovative practice published by Healthcare Improvement Scotland.
Summary reports from the Sharing Webinars.

Examples of innovative practice

Sharing webinars

1. Connecting patients with their loved ones

Using new ways to keep families and COVID-19 patients connected due to hospital visiting restrictions is increasingly important.

Give and Go services ensures patients continue to receive supplies from NHS Greater Glasgow and Clyde

Creative writing and gardening from Western General Hospital, NHS Lothian

Comfort pebbles from an initiative between Love on the Rocks UK, Liz Searle CEO Keech Hospice Care and the HospiceUK team

vCreate videos of critically ill patients now available on adult wards from NHS Greater Glasgow and Clyde

Matching hearts to help grieving families from South Eastern Health and Social Care Trust

Ward 'Rainbow boxes' for essential items from NHS Lothian

Alternative ways to say farewell from the Marie Curie terminal illness care charity

Updated deathbed etiquette guide from The Art of Dying Well at St. Mary's University, London

When death comes unexpectedly from University of Toronto Faculty of Medicine, Canada

Writing a letter with the end in mind | from Dr Kathryn Mannix

Re-uniting families with person-centred virtual visiting | from NHS Greater Glasgow and Clyde

Donated ipads and tablets ensure patients can 'stay in touch' | from the Western General Hospital, NHS Lothian

Managing phone calls when families are unable to visit patients | from Bradford Royal Infirmary, UK

Enabling emotional connections – the Knitted Hearts appeal | Nationwide across UK

Saying last goodbyes | from an Intensive Care Unit in Detroit, USA

2. Connecting colleagues to support their wellbeing

Keeping morale high and prioritising wellbeing is hard for staff at stressful, busy times.

Psychological resilience virtual hub | from NHS Grampian

Staff are being #Mugged with a hug in a mug | from NHS Dumfries and Galloway

Your head can hurt in more ways than one – maybe psychological first aid can help | from NHS Greater Glasgow and Clyde

"Check in, check through and check out" for improved staff wellbeing | from NHS Louisa Jordan

Are we OK? Two different ways to answer | from University Hospital Wishaw and NHS Lothian

Avoiding burnout | from Dr Michael Davey

Drawing a wall of hope | from Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde

'NHS in Mind' could help you unwind | Created by cognitive behavioural hypnotherapists

Staff wellbeing centre | from Aberdeen Royal Infirmary, NHS Grampian

Keeping your home COVID-19 free | from NHS Greater Glasgow and Clyde

Positivi-tree grows staff morale | from Royal Aberdeen Children's Hospital and Grampian Children's Division

A 'happy code' to share the good news proves motivation for all | from Montefiore Health System, New York City

Self-care advice in an infographic | from NHS National Education for Scotland (NES)

Taking a wobble, or some relaxation, for staff wellbeing | from NHS Bradford and NHSGGC

Enabling self-care through mutual support | from NHS North Bristol

Self-care ideas to help beat fatigue | from Chartered Institute of Ergonomics and Human Factors

Pop up shops help with essential supplies | Guy's and Thomas' and Free Royal London

3. Maintaining therapeutic relationships

How to overcome the communication barrier between COVID-19 patients and care staff wearing Personal Protective Equipment (PPE).

Supporting people through uncertain times | from Bay Health and Care Partnership, Morecambe

Supporting breastfeeding online | from NHS Lanarkshire

Supporting physical activity remotely | from Aberdeen Health and Social Care Partnership

Staff 'getting to know' their patients | from NHS Greater Glasgow and Clyde

ITU information boards make unfamiliar equipment less daunting | from NHS Borders

Virtual seaside coach journey provides a trip down memory lane – and hopes for the future | from Beechwood Care Home, Wishaw

Hospital DJs entertain patients from home | from three locations in Scotland and Wales

Daily newspaper delivers cheer to patients | from Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde

Virtual visiting provides essential family support | from NHS Greater Glasgow and Clyde

Virtual support for young and isolated mums | from The Family Nurse Partnership, NHS Grampian

Keeping mums-to-be reassured on pandemic policies around childbirth | from NHS Borders Maternity Department

Communicating regularly with relatives of patients | from NHS North Bristol

Keeping families of COVID-19 patients informed and supported | from St Bartholomew's Hospital

Chaplaincy support for patients and their families | from NHS Ayrshire and Arran and NHS Barts Health Trust

Rapid delivery of new antenatal education website | from NHS Tayside

Why trust matters to all of us in treating critically ill patients | from Community Engagement and West Hertfordshire Hospitals NHS Trust

Digital flashcards break through the PPE barrier |from Cardmedic, UK

Recording patient-family contact ensures better handovers | from Surrey and Sussex Healthcare NHS

'I'm new here' badges for redeployed and new staff | from North West Anglia NHS Foundation Trust

Printing PPE visor stickers | from Southern Trust

Communicating with critically ill patients | NHS Weston Area Health

4. Caring for children during COVID-19

It can be daunting for a child to be in hospital. The backdrop of COVID-19 and PPE adds extra anxiety.
Here are some child-friendly ways for staff to explain.

Baby's heartbeat makes birth a family affair | from NHS Lanarkshire Maternity services

Cuddles and caring for newborns doesn't stop because of coronavirus | from Wishaw Neonatal Unit, NHS Lanarkshire

Pre-school immunisations at home for shielded families | from NHS Greater Glasgow and Clyde

Support for kids of key workers | from The British Psychological Society

Children's bravery certificate for COVID-19 tests | from United Lincolnshire Hospitals NHS Trust

Clip-on cartoon characters on staff visors increase connections with children | from Royal Hospital for Children, NHS Greater Glasgow and Clyde

Even superheroes can be scary in their masks – new video reassures children | from Edinburgh Children's Hospital Charity

Explaining COVID-19 to children | from NHS North Cumbria CCG & University Hospitals Southampton (NHSFT)

Making things brighter and less scary for children | from Stockport NHS FT

5. Caring for those with additional needs

When COVID-19 patients have trouble seeing or hearing, or have special needs, other ways to communicate compassionately may be required.

Parties, iPads and goodie bags help spinal injury patients cope with visitor restrictions | from Philipshill National Spinal Injuries rehabilitation ward

App captions real-time speech for patients with hearing loss | from NHS Greater Glasgow and Clyde

Patient toolkit for COVID-19 patients with delirium | from the Hospital Elder Life Program (HELP)

The ABC of communicating with older, frail or cognitively impaired patients | from the Journal of American Geriatrics Society and Leicestershire Partnership NHS Trust

Communicating with people with sensory loss | from Royal Blind

Communicating with hard of hearing patients | from NHS North Bristol

New NHS Scotland visiting guidance recognises patients with special needs | from NHS Scotland

6. Insights from published literature

In addition to examples from social media and websites, we also share relevant articles from journals and other online sources as themed summaries relating to compassionate care during COVID-19.

Supporting person-centred care during COVID-19 via quality improvement and learning | 16 June 2020

Supporting staff wellbeing during COVID-19: Inspiration from those working directly with patients | 16 June 2020

Selected insights and reflections on literature about people and person-centred care in epidemics | 5 June 2020

Keeping loved ones at the heart of healthcare during COVID-19: a toolkit of practical ideas | 29 May 2020

Kindness as part of supporting frontline staff under pressure | 27 May 2020

Flash report

Person-centred care during a pandemic and beyond: COVID-19 learning from acute services in Scotland

2 July 2020

Healthcare Improvement Scotland | ihub

Healthcare Improvement Scotland | Community Engagement

Scottish Social Services Council

care inspectorate

✉ info@ihub.scot
info@hisengage.scot

🐦 @ihubscot
@HISengage

This report reflects the insights from conversations held at the 'Person-centred care during a pandemic and beyond' virtual event.

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

Shaun Maher, *Strategic Adviser for Person-Centred Care and Improvement, The Scottish Government*

The focus on COVID-19 and the pressures of changing clinical guidance has, in many areas, resulted in an emphasis on the medical model, with person-centred approaches being seen as a lesser priority. This suggests that person-centred care is not as embedded in the 'DNA' of the health and social care system as we would like it to be.

As acute care faces a backlog, person-centred approaches have the potential to support the radical, rapid transformation required to support lasting change.

There have been some great person-centred innovations that have been developed during this pandemic, some of which have been as a result of restrictions to visiting and the use of personal protective equipment (PPE), as teams try and mitigate the negative impact of these.

This presents us with two opportunities:

1. To sustain and spread person-centred innovations more widely.

2. To look for opportunities to bring a stronger person-centred perspective and methods to the reactivation work around system and flow. Particularly Access QI (Inc. Flow Coaching) and Value Management.

Camilla Somers, *Knowledge and Information Skills Specialist, Improvement hub (ihub)*

ihub have been publishing examples of innovation. These examples fall into the following themes:

- connecting patients with their loved ones

- connecting colleagues to support wellbeing

- maintaining therapeutic relationships

- caring for children during COVID-19, and

- caring for those with additional needs.

Examples include innovations around:

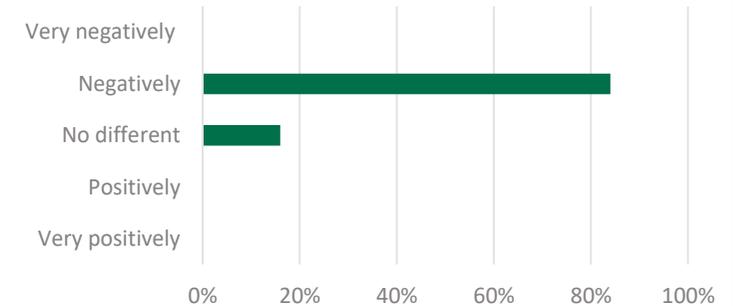|		
Virtual visiting	Family liaison teams	Dedicated spaces for staff wellbeing
Online chaplaincy services	Tools to support bedside conversations	Dedicated inboxes for loved ones

Panel discussions

Participants felt that the pandemic had had a negative impact on person-centred care and that this period overall has been challenging. There had however been opportunities to move quickly when there was a problem identified in providing person-centred care, and that this agility and freedom has driven innovation.

Questions posed, included whether these innovations have been enabled by a 'normal rules don't apply' attitude, freedom and permission to act, and/or the increased capacity due to many services being scaled back?

Participants discussed how in going forward, it may be important to ensure that staff continue to feel able to make person-centred decisions on services and signposting, alongside people they are caring for.

Although in some cases, we heard that as services across hospitals have stepped down, some staff have in fact had more capacity and so are getting the space to be more compassionate.

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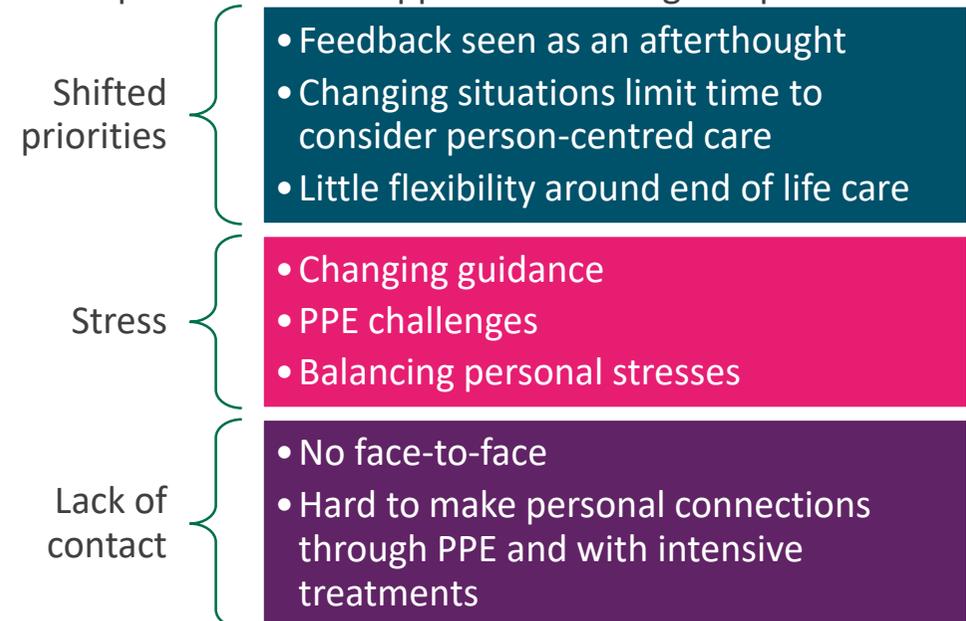
Breakout discussion questions

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

Extra capacity
- Volunteers
- Stepped down services
- Generosity from communities

Technology
- Communicating with families
- Sharing ideas
- Learning and development

Quicker decision making
- Reduced hierarchies
- Trust across teams
- Simplification of processes

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

Shifted priorities
- Feedback seen as an afterthought
- Changing situations limit time to consider person-centred care
- Little flexibility around end of life care

Stress
- Changing guidance
- PPE challenges
- Balancing personal stresses

Lack of contact
- No face-to-face
- Hard to make personal connections through PPE and with intensive treatments

What support should the national improvement organisations offer to support innovation?

Participants felt that they needed further time to reflect on their experiences, as there is still a level of uncertainty about what the future holds.

Some useful questions were posed:

How might we support information sharing at a national level?

- Is it possible to get access to national patient experience data?
- Can we continue to share examples between practitioners?

How might we normalise engagement with patients, families and carers?

- Is there a role for setting people's expectations for engagement?
- What support do leaders need to embed engagement?

What innovation, practice or approach would you like to keep going forward?

Words taken from participant comments in chat box in response to the closing question

Comments from participants

"I think there is still a wealth of learning to be achieved from patients and their families that we need to consider that has not surfaced yet."

"Using technology to help support patient communication and social interaction will be useful beyond this, for example connecting patients and family members virtually in decision making if they are not able to be present in person."

"Continued trust and simpler funding/monitoring for 3rd Sector organisations is important - they have been key to supporting with very practical issues that have mattered most to folks."

What next?

- This is the start of a conversation about what we have learned during COVID-19 and how we might improve person-centred care and practice.

- There will be a similar virtual conversation held with primary, community and social care services at the end of July and September.

- We will analyse what we have found and engage with stakeholders regarding our findings.

- We will then explore ways we can support this conversation and support innovation at a national and local level.

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

Flash report

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

July – September 2020

Healthcare Improvement Scotland | ihub

Healthcare Improvement Scotland | Community Engagement

Scottish Social Services Council

care inspectorate

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Background

This report covers the content and participant contributions from three online webinars, spanning from July to September 2020.

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 (collated by the, ihub, SSSC, Care Inspectorate and Personal Outcomes Network 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

Breakout discussion questions

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

Technology
- Continuing therapeutic relationships
- Connecting people with their families
- Online peer support groups

Flexibility
- Strong focus on doing the right thing
- Less governance
- More power devolved to front line staff

Staff support
- Team spirit and motivation
- Trust across teams
- Peer support for staff

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

Visiting restrictions
- Not having the same range of activities
- Having to keep saying 'no' to people

Technology
- Access to/funding for digital devices
- Capacity of people to use technology
- Negative coverage of care homes on social media

Guidance
- Unclear and changing guidance
- New reporting requirements

PPE
- High cost of PPE
- Challenges ordering PPE

What would you need to support improvement and innovation in person-centred care and practice moving forward?

Culture change
- Move towards a risk enabling culture, with strong messaging from national leaders
- Recognition from policy makers that care residents are not a single group

Working together
- Scottish Care surgeries have allowed for peer support
- Continued close relationship with the HSCP
- More sharing of good practice and experiences

Breakout discussion questions

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

Technology
- Connecting teams
- Connecting people with their families

Support from families and the community
- Families able to do more caring and relieve pressure on staff
- Families being understanding about restrictions
- People in the community and community groups helping with things like shopping

Sense of unity
- Sense of solidarity between staff
- 'We are all in it together'

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

Infection control
- PPE means that communication and interactions are more limited
- Visiting restrictions means there is less on offer for people and has disconnected people from their families

Access to technology
- Access to/funding for digital devices
- Capacity of people to use technology

Mental health
- Loneliness and isolation can be difficult to address
- Significant mental health needs not 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:
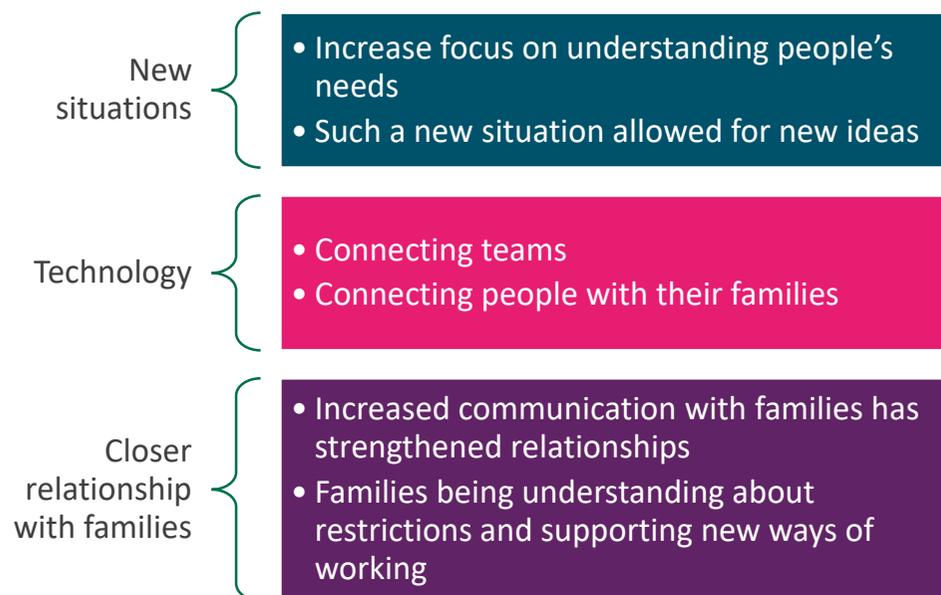
Reflection time
- A space to stop and reflect on what has been done, what worked well and what could be improved
- Protected time for staff to be proactive in developing new practice
- Tools to help assess the outcomes of these innovations
- More opportunities to come together and share/develop new ideas

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

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

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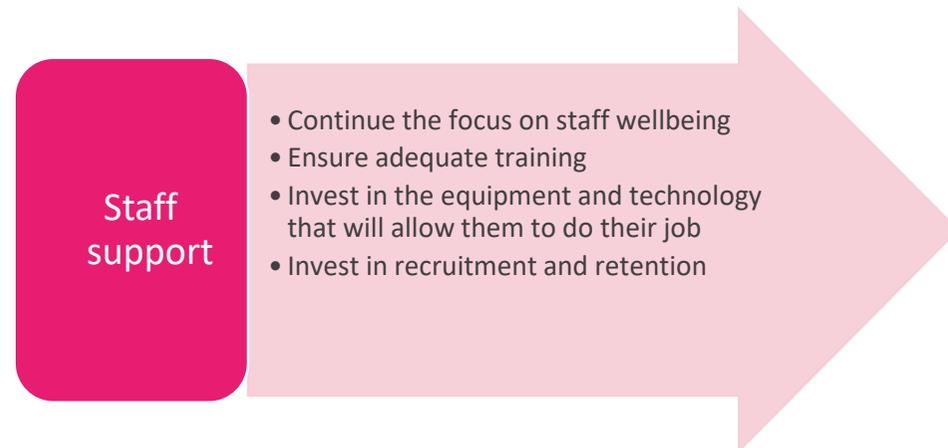- Increase focus on understanding people's needs
- Such a new situation allowed for new ideas

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

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

The role of staff

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

"We grouped together and became innovative in the aim of improving the wellbeing of the people we support. In the absence of family visits we became more sociable, singing, dancing, laughing, joking."

"A move toward a more 'risk enabling' culture to providing person-centred care."

Involving families

"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."

Partnership working

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

"Partnerships and really mobilising community assets has really helped."

How has coronavirus impacted on the delivery of routine person-centred approaches?

In your view, how has coronavirus impacted on the delivery of routine person-centred approaches?
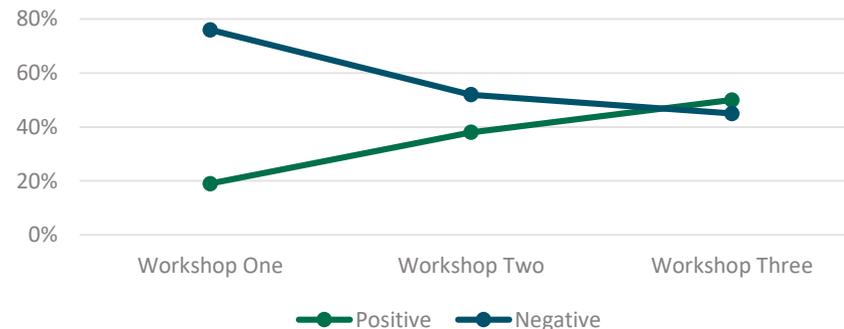
What innovation, practice or approach would you like to keep going forward?

Words taken from participant comments in response to the closing question