The Essentials of Safe Care Change Package: Evaluation of Testing

Full Report

March 2021

Improvement Hub

Enabling health and social care improvement

Content

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1. Introduction

In summer of 2020, the Scottish Patient Safety Programme (SPSP) engaged with stakeholders to understand the future priorities for safety in health and care settings across Scotland. A key theme which emerged was the need to ensure the conditions are created to enable the safe delivery of care for every person, within every setting, every time. Working in partnership with health and social care teams and a number of representative bodies, a package of evidence based guidance and support was developed, focusing on the essentials identified as being central to supporting the safe delivery of care. These are the Essentials of Safe Care.

What this report will do

This report sets out the evaluation findings of the testing undertaken in the early development of the Essentials of Safe Care Package.

What we aimed to do

We aimed to test the accessibility and the usability of the essentials of safe care, to inform a supporting measurement framework for use by services; and refine the final package of Essentials of Safe Care for launch March 2021.

How we did it

This was undertaken at a service level across different settings using a combination of an online questionnaire (n=12), semi-structured interviews (n=8) and a focus group.

Learning

The evaluation has resulted in 7 key recommendations to either improve the Essentials of Safe Care or enhance their implementation through the suggestion of additional resources.

To ensure the Essentials of Safe Care are robust and applicable to all areas of health and care we asked stakeholders to test the package, Fig 2. This was undertaken at a service level across different settings, using a combination of an online questionnaire (n=12), semi-structured interviews (n=8) and a focus group.

The online questionnaire was developed to test usability and inform future measurement. The questions prompted stakeholders to consider the accessibility of the package, user friendliness and their ability to implement the Essentials of Safe Care.

Fig 2. Testing Steps for Critical Friends

Steps

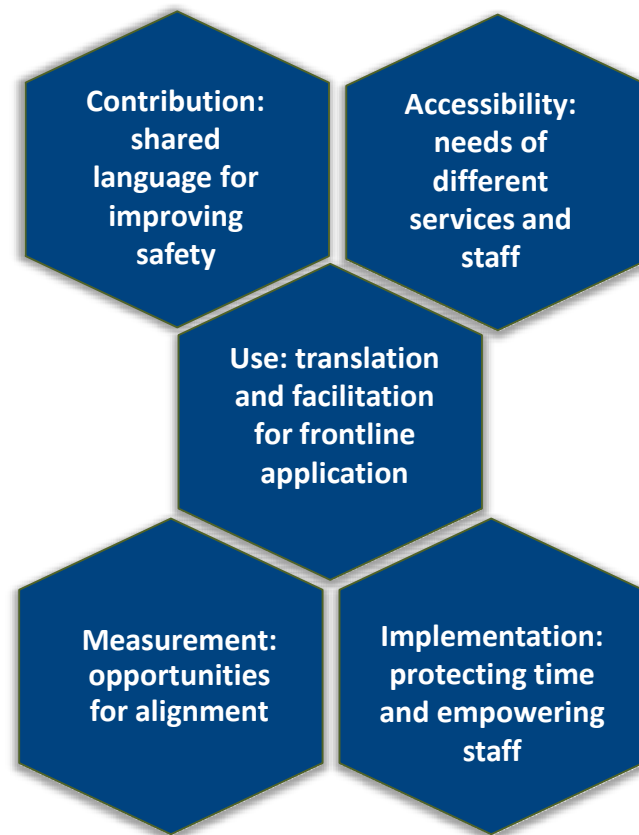| ①	②	③	④	⑤
Identify the service where the Essentials of Safe Care package will be tested	The testing method: read and review the Essentials of Safe Care package	Complete the evaluation questionnaire	Identify individual(s) within the service for 1:1 interview	Participate in the critical friends focus group

Overview

We aimed to test the accessibility and the usability of the Essentials of Safe Care as a whole through interviews, questionnaires and a focus group.

A thematic analysis of the feedback was completed, which identified the following priorities for consideration:

- contribution of the package across different service contexts
- accessibility including language and formatting
- use of the package including considerations of local context
- measurement
- considerations for implementation.

Contribution: shared language for improving safety

Accessibility: needs of different services and staff

Use: translation and facilitation for frontline application

Measurement: opportunities for alignment

Implementation: protecting time and empowering staff

There was agreement that the package offers the opportunity to re-focus on the fundamentals of safety, enabling teams to identify areas of improvement relevant to their context, and the discovery of tools and resources that will support this.

Exploring these opportunities in more depth highlighted the importance of having a shared language and understanding of what safety means as part of a partnership approach, and how the package can support this.

This was reflected on for key areas such as supporting staff to identify 'what isn't already being done', when considering areas that are less easily measured, for example person centred care.

" We don't just pause to look at what we are doing, what are we trying to achieve…

…the package offers a way of supporting teams to identify what areas need to be improved and how we go about that…

…something like this helps us to refocus as quite often we get caught in the day to day assuming that everyone knows what to do."

- Mental Health Practitioner

A number of considerations were explored regarding how to ensure the content of the package can be read and understood by a wide representation of staff. There was recognition that different services and groups of staff will have different needs. Equity of access was a particular concern from the care home perspective, given that social care staff may not be aware of, or lack access to, the education support available.

With regard to language and terminology, for some there was more of a clinical focus than they would have expected for use in their own service. The use of different formats including video were suggested in relation to accommodating different learning styles.

For those without a background in quality improvement the content was expected to be less familiar and readily understandable. It was widely reflected that there should be emphasis on ensuring accessibility for frontline staff in health and social care.

" This is one of the few where you can see how it would benefit a non-acute service. There will be bits that we don't focus on but there are other things that we do."

- Mental Health Setting

" Where NHS staff automatically get that, social care staff have to be aware that it's there and ask. If we are going to collaborate and be partners for the Essentials of Safe Care there needs to be clear access. Equity of access would be really good."

- Care Home Setting

The use of the package was considered in terms of how it would translate for practice in different local contexts, and how facilitation would be required to make the most of the opportunity for use.

Demonstration of how key aspects of safety apply in practice was felt to be important, particularly if the emphasis is on ensuring the package can be used by staff delivering health and social care, and not only from a management perspective.

Other areas that were reflected on as being key to the application of the Essentials of Safe Care included being able to identify lines of responsibility for shared decision making, particularly when considering how safety is delivered in partnership.

The importance of facilitated conversations for understanding the package and its use in different areas was also raised.

" There was a bit of a feeling that if the management context was changed, and there were more practical examples included, it would become more accessible to frontline staff. It could become a middle management tool used for assurance without it being related to practical help more."

- General Practice Setting

" They understood it through a facilitated conversation but didn't relate to it independently. They didn't understand the more improvement jargon like secondary drivers. It comes down to the individual background and knowledge."

- Mental Health Setting

Feedback about how measurement could be supported in different service contexts provided insight into the practical considerations for different services, and highlighted the opportunities for alignment with established practice.

There was recognition of the importance of developing a measurement framework. There were insights shared about how to support understanding of measurement as context specific; and how threading 'measurement through the package' could be particularly helpful for those that are new to measurement for improvement.

Lack of access to electronic records was raised from a social care perspective. Reflections on the recording of information for measurement highlighted how good practice can be challenging for staff to capture, with one example of this being shared for person centred care planning.

" It would provide us with a baseline of where we are, and to be able to measure where we are doing things, and to target priorities for improvement."

- General Practice Setting

" We would probably have to put a measurement framework in around that. I wondered if [in] the secondary driver pages, if it would be useful to include an example of a measure that could be used. For some it would be very context dependent. For those that aren't improvement savvy, then it could help to thread measurement through the package."

- General Practice Setting

Time was widely mentioned as a challenge for implementation, particularly with the pressures currently being experienced across services. There were also ways that were shared that would help mitigate against this: including how the package could build on existing approaches to safety; using QI planning to prioritise areas of focus within the package; and ensuring that there was multi-disciplinary engagement.

When considering what should be a priority, given the time and resource constraints being faced across services, there were insights about what is likely to matter most for frontline staff implementing change, and what needs to be in place for scaling improvement.

The need to develop capacity for improvement using the Essentials of Safe Care was raised. This centred around how staff can be supported to feel empowered to lead change, and to prioritise areas that are most important for them. Communication was highlighted as an example of what matters most to staff. What this would mean specifically in social care, which lacks the infrastructure and legacy of quality improvement was also raised.

" There is not a great QI resource available [in] social care, [in] particular within provider organisations, so you may be able to tap into [a] partnership area's QI resource if there is any.

Some of the larger providers may have that QI in place in terms of infrastructure, and I think that's a big difference between health application and social care element of this."

" Getting people thinking in a more improvement science way can be a really useful step to get people engaged. Then allowing them to run with it, and allowing them to become the experts [in] improvement in their areas."

- **Focus group**

Summary

The feedback from stakeholders has offered invaluable insight into the contribution that the Essentials of Safe Care can make for services. There are clear opportunities for continuing to develop the package, and a number of recommendations are being progressed as result.

Recognising that learning needs vary across the health and social care workforce, SPSP will continue to work in partnership with services in the development of the package, to reflect the changing needs of the system. A web-based version has been developed for launch. Additional tools and resources to support understanding and application will also be included.

The feedback has also highlighted the importance of facilitation for learning that supports application, and the varying needs around improvement capability and capacity. A learning system will provide opportunities for engagement in learning for application of the essentials.

Recommendations

- A **web-based** version of the Essentials of Safe Care will be available at launch
- Ensure the Essentials of Safe Care is **suitable for different contexts** at launch
- A **measurement framework** for the Essentials of Safe Care will be made available following the launch
- A **glossary** of key terms will be made available at launch
- **Additional tools** to support implementation will be made available
- Ensure the Essentials of Safe Care **aligns** across all programmes of SPSP
- Develop a L**earning system** to support opportunities to engage with the Essentials of Safe Care, including case studies and webinars

We would like to extend our thanks to our critical friends and the health and care staff who participated in the testing of the Essentials of Safe Care Change Package.

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