Health and Social Care Service Design Community of Practice

6 key action areas meeting - summary

Thursday 17 September 2020

The Design Community of Practice

During our second Design Community of Practice session for health and social care, we identified 6 key action areas we wanted to focus on. These were:

- **Leadership buy-in**
- **User Research processes**
- **Seldom Heard Voices – Inclusive Engagement**
- **Job Descriptions**
- **Design Marketplace**
- **Turning evidence into action**

With an ambition to be more action focused, people interested in being actively involved in exploring these key areas met on the 17th September to discuss a way forward. The session ran for 1 hour, with 40 minutes for discussion in our groups, with around twenty people in attendance from across H&SC. The following slides show some of the discussion and suggested actions.

For more information, or to get involved, please email: hcis.personcentredscot@nhs.net

Leadership buy-in *Facilitated by Rachel Dowle, Scottish Government*

Feedback from group discussions:

- Group recapped on what the issue is – it's nothing new that have this leadership issue
- Get in early – time, space, resources needed – the financial challenges
- There is lack of understanding where design fits in - what value it adds

ACTION: Consider how to get stories out to evidence success/benefits of design

ACTION: Reach out to the wider community and feedback to other on progress

ACTION: Consider leadership resources, identify training opportunities, integration of design thinking

Trello link: https://trello.com/invite/b/TMGqqf5Y/ba9f81e90410870017678f42227e2192/leadership-hsc-cop-discussion

Chatbox:

Sarah (NSS) commented that Governance is key - how we layer that with SD approaches. Sarah also advised that her team have done the 3 day SG course as well and worked with SNOOK to run advanced training for staff to create an 'intro to training' to widen out the across the rest of the organisation.

Leadership buy-in *Trello board*

2. What do we already know about the problem? How might we identify challenges? (10 mins)

Financial challenges - again requirement for decisions at pace

Resource/time: Difficult for senior managers to dedicated enough time and support to person centered design - links to wanting results quickly

Not having enough awareness of the benefits of design and what that actually looks like from senior levels. Need to get in as early as possible to create the right conditions for people to work well

Perception may be that service design approach will not offer what is needed at a local level. that it is too restrictive

Lack of understanding of the value of qualitative evidence. More comfortable with quantifiable results

Getting involved at the start of the process

How this all links to the budget pressures

Lack of understanding about the benefits of a service design approach amongst senior leaders

+ Add another card

2. How might we understand what others have already done to tackle issues? What knowledge, evidence, processes might exist? (10 mins)

'Designing For All' Alliance event - good examples of others have tackled issues

Find out what matters to them at that time - i.e financial pressures, reputation, service users

Creating head space for leaders, continuing to keep momentum and have right focus and prompts

+ Add another card

3. What could we do to explore further? (10 mins)

Wider design community

+ Add another card

4. Recap. Agreed actions, owners and timings (5 mins)

Getting stories out there that will really evidence the benefits - arranging talks etc

Wider design community - reach out and ask for support and materials used to engage leaders and articulate what good design looks like - RD

Get everyone together from original 'leads' meet and feed back. Close the loop and communicate back - Chris

Resources on leadership. Identify training opportunities. Consider where existing training allows design thinking to be integrated

+ Add another card

User Research Process *Facilitated by Alex Clarke, Healthcare Imp. Scotland*

Feedback from group discussions:

- Group considered what user research was currently in place across different organisations
- How to understand what is the gold standard for user research?
- How might we support teams who currently do engagement or participation to embed user research practices into their ways of working?
- NHS24 have a User Research team, NSS have developed one – but most other organisations don't have people with User Research job titles.
- HIS are currently developing their User Research process, closely based on the Scottish Government process – would this approach work for all health and social care orgs?

ACTION: **Compile process and approaches for how different teams doing user research**

ACTION: **Develop Trello board with information on User Research processes:**

https://trello.com/b/GxzycB5chttps://trello.com/b/GxzycB5c

ACTION: **Meet again to reflect on findings and continue discussion**

Seldom heard voices *Facilitated by Robert White, Golden Jubilee Hospital*

Feedback from group discussions:

- Low engagement from those under represented and the impact this has on delivery of projects
- Capture case studies – time wasted trying to source information which is already available
- Consider a national user experience panel – tap into for information/studies as needed*
- Aligning EQIA processes across orgs is important – how do we embed it in projects from the beginning?

ACTION: **Collate and produce material on designing accessible facilities, services and practices**

ACTION: **Meet again to discuss in more detail**

Chatbox:

* Rachel Dowle loved the idea of a panel – Scot. Gov. have been talking about this too

* Sarah (HIS) asked if HIS Community Engagement Directorate teams assist in that role?

* Diane (HIS) also asked if the HIS Community Engagement Directorate Citizens Panel answer this?

Job Descriptions *Facilitated by Carol McCambley, NHS24*

Feedback from group discussions:

- Group considered what the challenges were in relation to job descriptions
- Consider if aligning to Scot. Gov. Digital, Data and Technology (DDAT) model works for H&SC?
- Look at AfC framework and NHS England – look at design roles in Scotland and England
- No one should be disadvantaged

ACTION: **Consider the experience of staff in design roles in NHS Scotland – how do they feel about any perceived inequities?**

ACTION: **Get more people involved in the conversations on JDs – how to do this?**

ACTION: **How to involve social care staff in these conversations**

Chatbox:

Rachel Dowle commented that there's an opportunity for H&SC to make sure design roles don't feel too 'digital' - it should be about service design and whole services.

Design Marketplace *Facilitated by Leah Lockhart, Independent*

Feedback from group discussions:

- Felt that there was an appetite for this
- Considered what things could try to do – peer learning, project support for real time experience
- Consider and get examples of other ways of working with each other

ACTION: **Take out to the wider network to ask what they think marketplace is or could be**

ACTION: **Create network nodes**

ACTION: **Consider issues of professionalism and territorialism**

ACTION: **Use digital platform to build bigger community**

Chatbox:

Alex Clarke wondered how the ready formed [Design in Public Sector](#) Slack channel could be used to facilitate this?

Evidence into action *Facilitated by Giulia Fiorista, NES NDS*

Feedback from group discussions:

- Group looked at the challenges with this – internal politics, understand benefits and impact, interpretation of evidence
- Group looked at assets and resources have – rapid prototyping skills, set of standards, cards sorting, measurement of evidence based approach

ACTION: Consider end to end cross organisational design and implementation

ACTION: *Consider cross organisational teams

MIRO link: https://miro.com/app/board/o9J_kIL2ruE=/

Chatbox:

* Rachel Dowle commented that she loved the idea of cross organisational teams and Carol McCambley also noted that she saw value in having this too.

Evidence into action *MIRO board (Page 1)*

Why did we join this group?

5 MINUTES

- evidences into next steps - useful for people?
- interested in how evidence shapes digital services
- eternal issue - interpretation of evidence!
- from academia - very good at finding evidence not yet at turning them into actions (can be frustrating to see policies don't match the needs)

Challenges

IDENTIFY CHALLENGES INDIVIDUALS/ORGANISATIONS (ETC.) FACE IN RELATION TO TURNING EVIDENCE INTO ACTIONS

10 MINUTES

- perception user research too hard to do
- specialisms - QI vs service design
- Understanding user research benefits and impact
- Evidence doesn't land - confirmation bias
- Not enough time given to designing from evidence - planning and design phase
- not enough literature review
- Evidence weak - not useful
- Evidence not organised well
- misunderstanding of what the solutions could be - constraints of UR?
- e.g. evidence doesn't always influence decision making
- Evidence VS opinions coming from stakeholders - internal stakeholders & politics
- What is user research? not always understood
- evidence coming from UR team doesn't travel into development teams
- So much evidence! - how to filter through
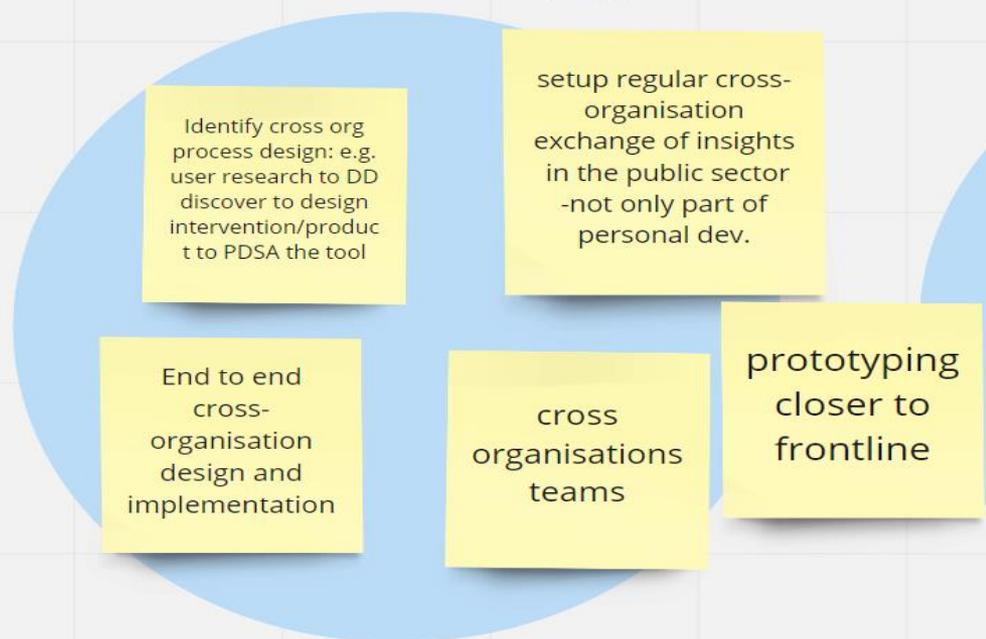
Evidence into action *MIRO board (Page 2)*

Assets

IDENTIFY ANY KNOWLEDGE, RESOURCES, POSITIVE PROCESSES, THAT WE HAVE IN OUR ORGANISATIONS IN REGARDS TO TURNING EVIDENCE INTO ACTION
10 MINUTES

- e.g. rapid prototyping skills,
- Perception analysis
- EeVIt HIS
- cycles of PDSA - measurement /evidence based approach
- cards sorting - to idens tdify key user nee
- set out standards
- Cross - organisational interpretation
- ToC PDSA
- collaborative sense making
- Implementation science - understand of people'
- COM-B and behavioural insights (BIT)
- feedback cycles to prove insights in implementation

Actions / HMWs

WHAT COULD WE DO TO EXPLORE THIS THEME FURTHER?
WHAT ACTIONS DO WE AGREE TO TAKE FORWARD/WHEN?
10 MINUTES

- Identify cross org process design: e.g. user research to DD discover to design intervention/produc t to PDSA the tool
- setup regular cross-organisation exchange of insights in the public sector -not only part of personal dev.
- End to end cross-organisation design and implementation
- cross organisations teams
- prototyping closer to frontline

- How might we identify and share beneficial tools and methods?
- How might we create and store the insights from user engagement for health and social care teams to share and reuse?
- How might we utilise the Scottish Government user needs spreadsheet, or how could we capture and share our own?
- How might we encourage rapid prototyping?
- • How might we support synthesis of research into user needs that are actionable?
- How might we blend design with other approaches, e.g. QI?

Next Steps

Our second Community of Practice workshop will be on the **28th October between 1000-1200.**

To ensure that we capture a concise list of attendees, any requirements and also align to GDPR, please sign up for a place to the event using this Eventbrite link:
https://www.eventbrite.com/e/health-and-social-care-service-design-community-of-practice-workshop-2-tickets-121720855355

During the session we will have feedback from the groups exploring the 6 key action areas. If you are interested in getting involved with these areas please email hcis.personcentredscot@nhs.net and we will connect you the group.

If you have an idea for a presentation, speaker or topic for discussion for upcoming events – then let us know! We'd love to design this with you. Get in touch via hcis.personcentredscot@nhs.net

Also, a reminder, if you're wanting to engage with the wider design community in Scotland, you can sign up to the Design in Public Sector Slack channel.