# Service Design in Health and Social Care Community of Practice | April 2021

## Involving people in a way that is legal, inclusive and ethical

In January, we focused on how to involve users early on to meet their needs – and in April's session we chose to look at ways we can involve people that is legal, inclusive and ethical. We have a range of people within our community and know that everyone is keen to really understand **how we can practically apply user-centred design approaches within the work that we do.**

## Building our community

A piece of feedback that we have received is that the space between the sessions is too long – and that many people would be keen to explore having an informal check-in meet up midway between our quarterly events.

Many of you were interested in this so we will be host a **1 hour MS Teams call** on the **8th September between 1000-1055am.** You can sign up for this event on Eventbrite.

## Developing consistent job descriptions

Better alignment and collaboration across different organisations has been a key priority of this Community of Practice. We all understand the challenges faced when getting new job descriptions signed off – and so **we're keen to explore more about user-centred design roles in the health and social care system, with the ambition to create more cohesive job descriptions we can all use!**

If you'd like to be involved in this piece of work, please contact: his.personcentredscot@nhs.scot

## Design Updates:

**Collecting Your Voices.**
*Insights gathering and sharing by NHS Borders and supported by Open Change to understand and learn from the experiences of staff as they prepared for and entered the first phase of the COVID19 pandemic. Watch the 5 minute summary video here:*
*https://www.youtube.com/watch?v=2x9N9bTDasg*

**Design Ethics Masterclass with George Aye**
*Introduced by the V&A Dundee, the Chicago-based Greater Good design studio co-founder, talks about the importance of ethics in the design industry. Access the slides, recommended further reading and watch the session here:*
*https://www.notion.so/openchange/Design-Ethics-Masterclass-with-George-Aye-4577a79dc52844c3908475e31743fe65*

**Presentable Podcast: #108: Designing With People, Not at Them**
*The Presentable Podcast focuses on how we design and build the products that are shaping our digital future. Special guest Kelly Ann McKercher, author of the book "Beyond Sticky Notes", joins to discuss how to cultivate a mindset focused on co-design to make products and services more equitable.*
*https://www.relay.fm/presentable/108*

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**Aims of the community of practice**

*How might we develop a consistent approach to service design across all organisations?*

*How might we build awareness, knowledge, capabilities and confidence in implementing service design approaches across health and social care?*

*How might we utilise our COP to support senior level buy in, so that we can get on with 'doing the doing'?*

*How might we better collaborate to ensure we have access to the skillsets needed to allow us to focus on designing services around the needs of the people who need them, with meaningful involvement of citizens/users throughout?*

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# *Presentation 1:* **User Research**

**Sarah Biggerstaff, Greg Tindall and Sebastian Lawson-Thorp from the NSS Service Design Hub** outlined the approach taken to understand user needs associated with COVID19 vaccination delivery for health and social care staff.

### Service Design Hub at National Services Scotland
- Established in National Services Scotland in 2020 to support transformational change and design programmes across the NHS
- As part of the Programme Management Services Division, the Hub introduced new roles including user researchers, content designers and business analysts

### Process
- The first phase of research was carried out using 1-2-1 interviews and online workshops, engaging 64 staff (frontline care staff, nurses and managers).
- Each interview was conducted over the phone or Teams and lasted 30mins
- Workshops were conducted using Teams and lasted between 60-90 minutes.
- Themes and insights were validated through two large online surveys reaching 149 members of staff.

### Findings
- Managers were a key source of information and reassurance
- Care homes should vaccinate on site
- Care homes need advance notice and the right equipment
- Care at home staff need convenient local vaccination centres
- Consider staggering or providing mop-up vaccinations

### Even better if…
- The timeframe to complete the interviews was very narrow (Monday 19 October to Monday 2 November), limiting respondents.
- Respondents were asked to send emails and complete online surveys, which may have excluded those with low digital confidence.
- Respondents were chosen with a focus on location, sector and area of care, rather than demographics.
- Although we spoke to users from rural areas and the islands, most respondents were based in cities or close to urban areas.
- The nurse survey drew a large number of respondents (68). However, most respondents worked in Fife and Lanarkshire - areas such as Glasgow and Edinburgh were under-represented.

| | Care home | Care at home | Housing support | Children's services |
|---|---|---|---|---|
| **Private sector** | 8 | 5 | 1 | |
| **Public sector** | 1 | 4 | 1 | |
| **Third sector** | 1 | 4 | 1 | 1 |
| **Total** | **10** | **13** | **3** | **1** |

*Overview of who engaged. The ideas was to reflect the proportions of service providers nationally*

> *"The best way would be if they [nurses] could come to the home...rather than staff going to the pharmacy. I think it'd be so much better if they came to the home".*
>
> Care home staff

**Questions:**

**Q: Did you use personas?**
*A: Personas were created for care home staff, care at home staff, nurses and managers using rich data collected from interviews and focus groups.*

**Q: Do you think the tolerance to research was positively or negatively influenced by peoples' emotional response to the pandemic?**
*People were very responsive to requests to participate. There was a feeling that people wanted to help out in any way they could and saw this as an opportunity to do that.*

**Q: What was the response from third sector and private organisations in relation to working with an NHS body?**
*People recognised and respected the NHS work that this was supporting. Furthermore, trusted bodies such as the SSSC were involved in identifying and communicating with participant organisations.*

# *Presentation 2:* **Ethical involvement tool**

**Leah Lockhart, Design Researcher,** provided an overview of work being done at Healthcare Improvement Scotland to explore how to support involving people in a way that is legal, inclusive and ethical.

## Context and Aims

- Conversations around ethical engagement are coming up a lot in health and social care, specifically in the context of emerging from the COVID-19 pandemic.
- It is important that, as the system develops recovery plans, with engagement at the centre, processes and considerations around ethics are fit for purpose.
- **This piece of internal work explored how principles within user research can be built into the involvement and engagement processes that we already have in place within the ihub and Healthcare Improvement Scotland.**
- A key question was how do we go beyond processes – move beyond compliance, such as Equality Impact Assessments (EQIA), and really embed these considerations within our planning.

## What we heard

- Healthcare Improvement Scotland is made up of many parts – there is no clear or unified standpoint on ethics for relational work across the organisation.
- People want to have conversations and do assessments that help them minimise harm, but often there is not enough time planned in when scoping.
- A desire to explore support for reassurance, rather than a focus on compliance through governance – how might we support ourselves?

## Prototype & Next Steps

- The output from this project was framed as a 'workbook' to try and remove the 'checklist mindset' - thinking over legal, inclusive and safe practices.
- The aim of the workbook was to support the creation of information required for the EQIA and other things, rather than replace or duplicate them.
- The workbook offers background and prompts to support reflective conversations about ethics – there are also cards to support team planning activities.
- A key element is asking the participants to position themselves within a wider context of power and privilege – what is your positionality with your work?
- Next steps include finalising the draft prototype and continuing to test it with our different teams across Healthcare Improvement Scotland
- For more information, contact: his.personcentredscot@nhs.scot

*What one word sums up how you feel about planning to involve people in a way that is legal, inclusive and ethical?*



*What would enable you to involve people in a way that is legal, inclusive and ethical?*

Responses from the participants included:

- Ensuring adequate resources (time, staff)
- Time for discussion of findings
- Ongoing reflection throughout projects
- Advice from others

The response to the prototype from the Community was really positive – **we will share our findings and the final version for others to use in the coming months!**