

Creating the conditions for the safe delivery of care for every person, with every setting, every time.

Tuesday 11 May 2021

Q&A Session - responses

The Q&A function generated a lot of questions. Some were put to the speakers directly which can be heard in the [recording](#).

Some questions were answered directly through the Q&A function on the day. These and any questions unanswered on the day are below.

Questions answered on the webinar through the Q&A function.			
Ref	Theme	Question/Comment	Response
1	Applicability and use in other areas	Does the term 'care' include foster care services and respite care for children and young people with disabilities?	The principles are applicable to any care setting or client group.
2	Care Homes	SPSP was a great success because it was mandatory and resourced. Why is this program not mandatory through the CI regulatory / inspection framework? What resource will be available?	SPSP is not a mandatory programme. NHS Boards participate on a voluntary basis and have done since its launch in 2008. No funding is provided to NHS Boards to participate within the work.
3		How will the safe care programme align with the proposal to develop an integrated framework for Healthcare support for adult and older people living in care homes in Scotland?	SPSP is working in conjunction with colleagues developing the framework to ensure that there is alignment. In many ways the Essentials of Safe Care (EoSC) creates the conditions in which the framework can be implemented.
4	Data Collection	Will data be extracted directly from our systems (i.e. Badgernet) or will we still be collecting data via SPSP toolkits?	Measuring EoSC progress will be voluntary and managed at team, service or organisational level. Whilst there is no expectations of data being reported nationally, to facilitate learning for others SPSP is asking for teams to share their data through the EoSC Learning System.

Questions not answered on the day.			
Ref	Theme	Question/Comment	Response
5	Technology	Will NHS Digital provide an effective way to share health information across health board and primary to secondary and tertiary health care centres?	<p>NES Digital Service (NDS) has been set up to:</p> <ul style="list-style-type: none"> • enable excellent care by making sure health and care practitioners can capture and access the specialist information they need to do their job; • provide tools and services which allow NHS Scotland colleagues and third parties can build valuable products and services on shared national infrastructure; • create the architecture to support key research agendas, better decision making and service improvement. <p>Central to this work is the National Digital Platform which is the technical architecture which ensures that key things are only done in one way across Scotland such as how people are identified and where clinical data is stored, thus avoiding having to have a different log-in for every system and the duplication of information. For further information click here</p>
6	Applicability and use in other areas	Embedding in several areas including MH, what about LD?	The EoSC package has been designed to be applicable across all care settings.
7		The critical friend package sounds interesting. Will it be rolled out to other NHS areas?	The critical friend package was designed to support the testing of the EoSC. An evaluation report sharing the approach and findings is available on the website
8		Are any Prisons involved?	The EoSC have been developed to support the overall aim of delivering safe care for every person, within every setting, every time. We encourage the use in all health and care settings including Prisons. Further information on the range of resources can be found here
9	Enablers and Barriers	Is the 4th driver 'Leadership to support a culture of safety' the key to delivering the other 3 drivers and the key to achieving the aim of patient safety?	<p>The four drivers within the driver diagram contribute to achieving our overall aim of delivering safe care for every person, within every setting, every time. There are a number of interdependencies between each of the primary drivers.</p> <p>The four primary drivers are:</p> <ul style="list-style-type: none"> • Person centred systems and behaviours are embedded and support safety for everyone • Safe communications within and between teams

			<ul style="list-style-type: none"> • Leadership to promote a culture of safety at all levels • Safe consistent clinical and care processes across health and social care settings.
10		Should the Essentials be seen as a flexible framework that specific clinical process improvement work can be based upon?	The EoSC package is designed to be applicable to all care settings, and to support improvement work in any context.
11	SPSP	I wonder if it would be possible to have any update on status under the second core theme - specifically looking at areas of focus within medicines use under the banner of the programme improvement focus. Previously this was encompassed with a focus on medicines reconciliation and omitted medicines but we understood this was going to be further developed?	The Scottish Patient Safety Programme (SPSP), includes safety improvement programmes for Medicines. Further information on the tools and resources supporting SPSP Medicines can be found here