

Essentials of Safe Care

Our vision is

**The delivery of
safe care,
improving
outcomes for
every person,
every time across
health and care**

Delivered through ...

A people-led approach
to the planning and
delivery of safe care

Effective and inclusive
communication

Leadership at all levels
to support a
culture of safety

Safe clinical and care
processes

Which requires...

People and professionals are equal partners in shared decision making

Care and support is shaped to meet the needs of people

People, families, carers and staff are systematically listened to, and concerns are acted upon

Communication tailored to individual needs and preferences

People and teams feel safe and able to speak up

Team communication and collaboration

Leadership is compassionate and inclusive

Staff feel supported and valued

Learning system for continuous improvement

Everyone has the opportunity to learn and develop

Safe staffing and skill mix

Care is up to date and evidence based

Clinical and care governance structures support safety

Information systems that work together

A people led approach to the planning and delivery of safe care

	Practitioner	Team	Organisation
People and professionals are equal partners in shared decision making	Discuss what matters to the person in all processes to plan, deliver and review care	Teams build confidence and skills in having shared decision making conversations, for example using DECIDE and REDMAP	Provide accessible and quality decision making aids to support informed decision making
Care and support is shaped to meet the needs of people	Person centred care plans, including proactive planning for changes in circumstances	Multidisciplinary, multiagency huddles to support care coordination	Enable integrated team working
People, families, carers, and staff are systematically listened to, and concerns are acted upon	The views and concerns of people receiving care, families, carers and staff are regularly sought and recorded	The views and concerns of people, families, carers and staff inform person centred care planning	Process for people, families, carers or staff to request a review, escalate concerns and receive a timely response

Effective and inclusive communication

	Practitioner	Team	Organisation
Communication tailored to individual needs and preferences	Use of inclusive communication aids and techniques, for example talking mats, teach back and chunk and check	Timely provision of information in accessible formats, including translation, interpretation and British Sign Language	Create a single place to record and view communication needs and preferences
People and teams feel safe and able to speak up	Use structured communication prompts to support speaking up, for example CUS or PACE	Reliably introduce new members of the team, including temporary staff	Opportunities to seek, understand and act to safety concerns in real time, for example site safety huddles
Team communication and collaboration	Structured communication tool, for example SBARD	Regular opportunities to pause, prioritise and adapt, for example unit safety huddle or safety pause	Enable joint problem solving across teams and boundaries

Leadership at all levels to support a culture of safety

	Practitioner	Team	Organisation
Leadership is compassionate and inclusive	Practice compassionate leadership behaviours, including reflection	Visible and present leadership, for example leadership walkrounds at team, locality and strategic levels	Share vision and invite inclusive and diverse perspectives in co-design of improvements
Staff feel supported and valued	Local processes to celebrate success	Access to regular senior support, focused on wellbeing, job satisfaction and professional development	Process to invite, listen to and act on the experiences, questions and ideas of staff, people, carers and families to improve care
Learning system for continuous improvement	Share opportunities for improvement and collaborate on testing changes	Regular multidisciplinary huddles to review local data and prioritise improvement actions	Process to understand and share system learning from bright spots and adverse events
Everyone has the opportunity to learn and develop	Informal peer networking, for example on shared improvement focus	Regular education and simulation focused on local safety priorities	Map capacity and capability for change and improvement to local safety priorities

Safe clinical and care processes

	Practitioner	Team	Organisation
Safe staffing and skill mix	Process for real time staffing risk assessment, escalation and mitigation	System to identify and support staff working out with their usual area	Forum to review current staffing, outcomes of escalation and mitigation at least twice daily
Care is up to date and evidence based	Digital access to national guidance and standards, available at point of care	Evidence based changes to policy and practice are tested using the Scottish Approach to Change	Timely communication to staff of changes to policy and procedures
Clinical and care governance structures support safety	Timely reporting and sharing of adverse events, successes and opportunities for improvement	Teams routinely collect, review and act on care assurance data, and contribute to local governance processes	Use a quality management system approach to deliver clinical and care governance
Information systems that work together	Use of community asset maps, such as ALISS, for timely access to available resources	Processes for timely sharing and receiving of information at transitions in care	Embed citizen facing technology to support timely sharing of information, for example Digital Front Door