

SAFE2SHARE USABILITY EVALUATION REPORT

Project Close - May 2025



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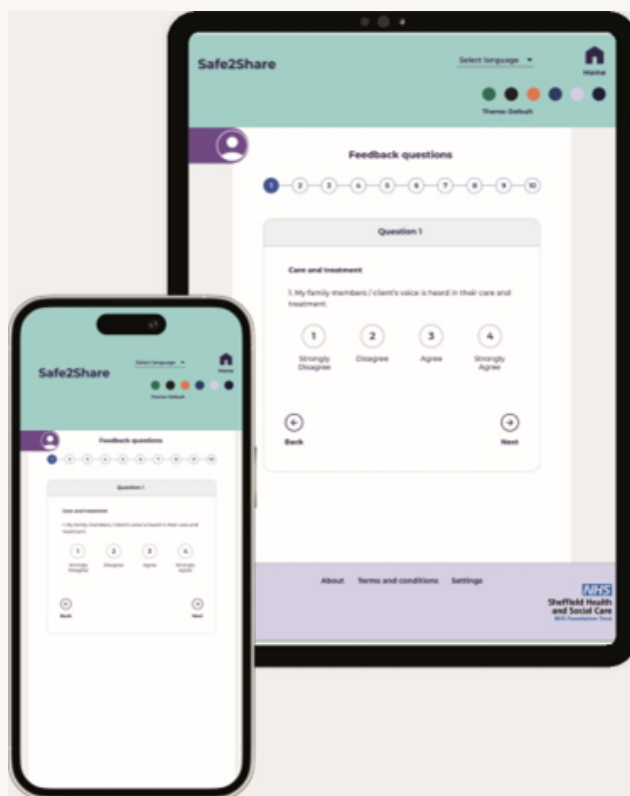
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Introduction

The Safe2Share tool is a digital platform that allows service users, carers, and their support networks to provide anonymous 'real time' feedback on their care and experiences with the aim of driving service improvements and ensuring continued high-quality care. The tool was introduced at Sheffield Health and Social Care (SHSC) for a pilot period of 12 months on the adult inpatient acute wards.

The SHSC Safe2Share tool for adult mental health care was developed using the learnings from the original CYP pilot. The tool was coproduced with an Advisory Group encompassing people with lived experience of mental health care, either their own care or the care of a significant other.

SHSC made a decision not to take the Safe2Share tool forward following the pilot phase, that finished in May 2025.



This report provides findings from the pilot project on patient usability of the Safe2Share tool.

Aim and Objectives

Aim: To evaluate the usability of the Safe2Share patient feedback tool

Objectives:

1. Support patients to access and use the tool
2. Collate feedback from minimum of 20 patients to include:
 - accessibility
 - navigation
 - aesthetic
 - comprehensibility of welcome pages, instructions and question
3. Understand feedback loop preferences
4. Compile evaluation report identifying areas that work well and areas that could be improved



Sheffield Flourish Role

Sheffield Flourish is a voluntary sector organisation that supports people living with mental health conditions to use their skills, ideas and talents to build the lives they wish to lead, through creative, mental-health friendly activities, coproduction and digital tools. The charity supports SHSC on a number of different areas of Trust work, acting as a critical friend and working closely with them around user involvement and engagement, particularly on the mental health wards. A part of this work is providing digital inclusion sessions to patients.

Sheffield Flourish was commissioned to work alongside the project team during implementation and roll-out. Specifically, Sheffield Flourish was asked to:

- Alongside SHSC project staff, co-facilitate the Expert-by-Experience (EbE) Advisory Panel coproduction workshops in order to understand how patients wanted the tool to function, including the purpose of the tool, content of questions and accessibility.
- Visit SHSC inpatient wards to gain patient feedback on the usability.

This report specifically focuses on the usability of the Safe2Share tool for patients. Insights into the data feasibility and effectiveness of Safe2Share have been evaluated by the University of Sheffield.

Methodology

Using feedback from the EbE Advisory Panel workshops, four broad themes were identified as important for patients/carers when feeding back using the Safe2Share tool.

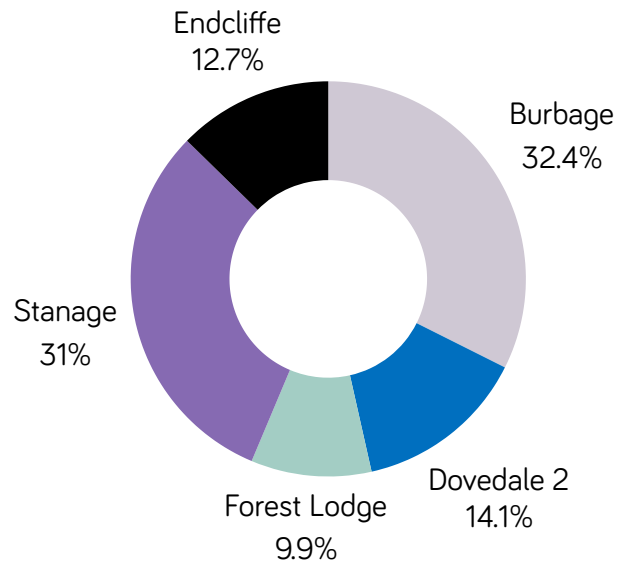
- 1.accessibility
- 2.navigation
- 3.aesthetic
- 4.comprehensibility of welcome pages, instructions and question

Utilising current access and relationships on the wards through the digital inclusion sessions, Sheffield Flourish supported 41 patients to access and use the Safe2Share tool, completing an evaluation sheet for each person. The evaluation sheets were anonymised and inputted into Microsoft forms for collation. A thematic analysis was completed to identify any key learnings or areas for improvement.

Participants

70 people accessed the Safe2Share tool

41 people participated in the evaluation interviews



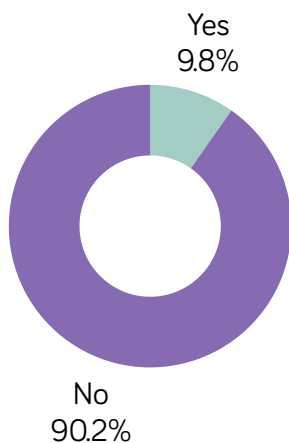
Accessibility

There is a correlation between the number of people completing the tool and the presence of a staff member to support patient access from either Sheffield Flourish or SHSC's Engagement Team.

Low Safe2Share engagement on wards appeared to be due to two factors:

- A lack of encouragement from ward staff to access the tool
- Digital literacy

Did staff suggest accessing the tool at any point?



Despite very limited input from ward staff encouraging patients to use the tool, the majority of patients had seen the promotional posters on the wards.

"Many patients told us that they had seen the posters for Safe2Share but didn't scan the QR code. This was partly as they weren't sure what Safe2Share was being used for, and also that they didn't want to use their own device and data."

Sheffield Flourish Community Engagement Coordinator

Finding 1: for patients to actively engage with a digital feedback mechanism, staff must go beyond promotion and awareness posters, and actively support and encourage individuals to give their feedback.

Accessibility

The Safe2Share tool was explained to the patient including the tool purpose. Sheffield Flourish’s Community Engagement Coordinator explained their role in terms of evaluating the tool from a patient perspective. The patient was initially allowed to try to access Safe2Share independently using the QR code, with Sheffield Flourish stepping in if any problems occurred.

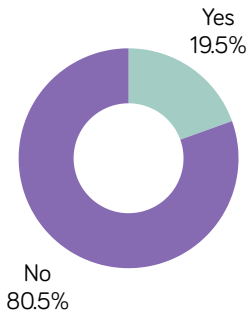
QR Code

A few patients had not used a QR code before but were able to access the tool with the support of Sheffield Flourish Community Engagement Coordinator.

“After they explained the QR code and how it works, I could get on the tool.”

“Once explained, it was clear how to use the QR code.”

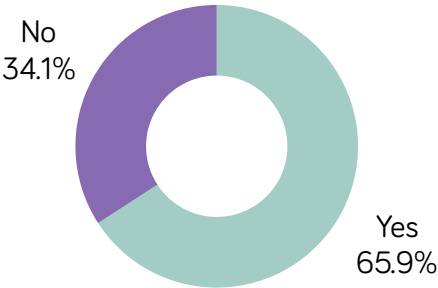
Does the QR code put you off using the tool?



Five people stated that they would prefer having a paper version as an option.

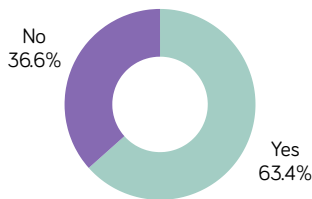
“Having a paper would make it easier for me to complete, but I do get why its online.”

Have you used a QR code before?



Access to Device and Data

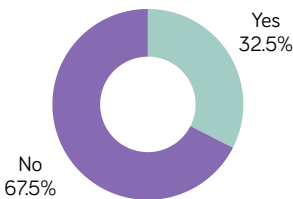
Does you have access to your own device/data?



Does the WiFi work?



Are you happy using your own device?



Finding 2: the biggest barrier in using a digital only feedback tool is expecting patients to use their own device and data.

“Don’t have my own device as I’m not allowed it back yet.”

“I don’t have data to spare.”

“People track my phone if I use the WiFi.”

The wifi on the ward is up and down, whether it will work or not.”

Navigation

Patients were left to navigate Safe2Share independently, with Sheffield Flourish's Community Engagement Coordinator stepping in if they needed assistance.

Getting Started



98% people said it was clear what to click on to start the survey.

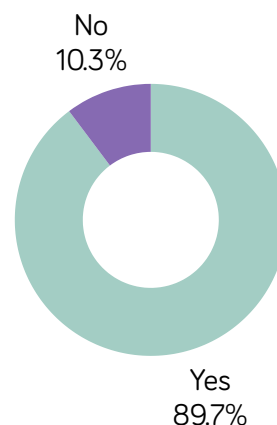


100% people said it was easy to move between the questions.

"The preview was useful so i could see if any questions had been missed."

"Everything is explained, so easy to navigate."

Does the poster explain enough about what the tool is for?



Aesthetic



13 people (32%) chose to change the colour theme.



only 2 people selected the music option. Most people said they were not interested.



the dark mode proved the most popular.



only 2 people changed the avatar, with others feeling it wasn't relevant to the survey.



3 people used the translation function in languages of Kurdish, Somali and Arabic.

"I'm dyslexic so found it easier to read on yellow."

"I used Black colour, it looked sick with the back ground."

"Why would I need an Avatar for filling in a survey!."

"It was straight forward. But I'm not too interested in the colour, its the content - and that was very clear."

"I'm not interested in music, I just want to get the survey done."

Finding 3: elements of the aesthetic are important in terms of accessibility, but the most important factors are the content and how easy it is to navigate.

Comprehensibility

A lot of work was done during the codesign and coproduction workshops with the EbE Advisory Panel to ensure the questions were comprehensible and patients would understand what was being asked of them.

Scaling

In the workshops the scaling of the questions had been a significant focus of discussions, with a final agreement of a scale between 1-4, and no neutral score.



- Most people felt that the scaling of 1-4 was good.
- 13 people (32%) said they would prefer having a middle option.
- 8 people (19%) said they would prefer a scaling of 1-10

"It made me answer properly without going middle."

"It does mean I have to think about the question."

"There is usually a middle, but I would like neither disagree or agree."

Questions



Only 1 person had an issue with the questions.

"They were quite well worded"

"They were all relevant to my care."

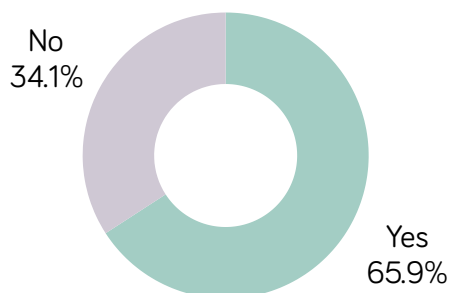
"I would change the wording from 'illness' to 'diagnosis', it's unclear if it is just my perspective, also contact with Family and Friends has a lack of clarity of meaning."

"I understood them all and don't think you have missed anything."

Finding 4: coproducing the questions with people with lived experience, means they are comprehensible and meaningful to people on the wards.

General Feedback Section

Did you use the general feedback section?



"Yes, this is important for being able to explain in more depth."

Finding 5: having a free text section at the end was important for people to be able to explain their answers or include additional information.

Findings and Recommendations

Although SHSC are not going ahead with the roll-out of Safe2Share as a feedback mechanism tool, learnings from the Safe2Share evaluation are relevant to:

- Other feedback approaches that SHSC adopt.
- Any digital activity with patients on the wards.
- The co-option of coproduction principles in areas of SHSC's support and care.

Finding 1: for patients to actively engage with a digital feedback mechanism, staff must go beyond promotion and awareness posters, and actively support and encourage individuals to give their feedback.

Support and encouragement from dedicated staff for patients to feedback

Patient motivation to access the Safe2Share tool independently was extremely low without the support and encouragement from Sheffield Flourish or SHSC's Engagement Team staff. Patients had seen and understood the posters but were reluctant to scan the QR code. Patient's reasoning largely came under the following:

- A feeling that their feedback was meaningless and would not lead to any change.
- Mistrust over how their feedback would be used and the potential for it to negatively effect their care.

Recommendation: invest in staff that are seen as 'independent' from the ward as this will result in patients being more likely to provide feedback.

Patient feedback as a priority

Patient feedback plays a significant role in achieving SHSC's priorities: deliver outstanding care, great place to work, reduce inequalities, effective use of resources. However, encouraging patient feedback did not appear to be a priority for ward staff during the Safe2Share pilot. This evaluation was focused on the patient perspective, and not the staff perspective.

Recommendation: the factors contributing to low ward staff buy-in are outside the scope of this report, and should be explored further in the adoption of other feedback approaches.

Finding 2: the biggest barrier in using a digital only feedback tool is expecting patients to use their own device and data.

The majority of people were able to access and understand the digital aspects of Safe2Share such as the use of a QR code, but were unwilling to use their own device. This was either because:

1. their device had been locked/taken away from them.
2. they did not have access to an internet enabled device
3. they did not want to use their own data and the WiFi was often hit or miss.

Recommendation: access to spare devices, data or Wifi needs to be a significant consideration when only having digital mechanisms for feedback.

Findings and Recommendations

Finding 3: elements of the aesthetic are important in terms of accessibility, but the most important factors are the content and how easy it is to navigate.

Changeable Features

Changeable features include the colour palette, personal avatar, music/sound and language. The avatar and music/sound were largely viewed as not relevant, but appreciated by some. However the ability to change the colour palette was really beneficial to those with Dyslexia, and the language translation option ensured it was accessible for people whose English was limited.

Recommendation: Some changeable features are nice to have but changes to the colour palette and language are a must have, in order to make the feedback tool accessible to all.

User Pathway

The most important aspect was ensuring that it was clear and obvious how to navigate between the questions. This user pathway had undergone user testing as part of the Lived Experience Advisory Group.

Recommendation: testing of the tool's digital architecture and user journey should be conducted before the launch of any digital feedback tool.

Finding 4: coproducing the questions with people with lived experience, means they are comprehensible and meaningful to people on the wards.

As part of the Lived Experience Advisory Group the number of questions had been reduced and had undergone considerable discussion and iterations before agreeing on the final 10. Patients fed back clearly that the questions were easy to understand, but also felt they were all relevant to their circumstances.

Recommendation: investment in codesigning the purpose and content of any tools at the outset, leads to more meaningful feedback mechanisms for patients.

Finding 5: having a free text section at the end was important for people to be able to explain their answers or include additional information.

One of the key strengths of the Safe2Share tool was its ability to report feedback in 'real-time' through a dashboard that could provide a colour-coded overview of different ward strengths and areas for improvement. Although not conducive to this style of reporting, a recommendation from the Lived Experience Advisory Group was to provide a free text box where patients could explain their answers or provide information on anything that wasn't covered.

Recommendation: a free text box should be included to capture additional feedback, regardless of the design of the tool.