Going Beyond Harm, Perth
Learning report from 24 October 2017
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Introduction and aims

Harm can come in many different forms, but an important – and often overlooked – form of avoidable harm is when carers’ views, knowledge and experience are not asked for or – worse – not listened to or accepted. The consequences of this for service users, staff and carers can be significant.

‘Going Beyond Harm’ was an event, held in Perth for carers and professionals supporting carers who have been in contact with mental health services. The event was organised by Carers Trust Scotland and the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and took place on Tuesday 24 October 2017 at Dewars Centre. It follows on from the Going Beyond Harm event which took place on 31 August 2016 at the St Mungo Museum of Religious Life and Art in Glasgow. Arising from the event in Glasgow Carers Trust Scotland and SPSP-MH committed to holding regional versions of this event in Oban, Dingwall, Perth and Galashiels. The local event in Oban took place on 26 June 2017 at The Coran Halls and in Dingwall on 5 September 2017 at Dingwall Community Centre.

Dewars Centre – The Home of Scottish Curling

The aim of the event was to gather carers’ and professional views from remote and rural areas on how to improve safety for service users, staff and carers within mental health services. Karen Martin (Carers Trust Scotland) and Johnathan MacLennan (Healthcare Improvement Scotland) welcomed the delegates to the event and set the scene for the day. Helena Macleod (National Rural Mental Health Forum) presented on Rural Wellbeing. Arlene Malcolm (NHS Grampian) spoke about The Experience of developing the Triangle of Care at Royal Cornhill Hospital. Raymond Jamieson (PKAVS Carers Hub) presented on A carers experience.
Method

A series of world café discussions at this event were used to explore important issues for improving services in relation to the following areas: 1) Admission/discharge and moving between services; 2) Remote and rural; 3) Involving carers. A world café is a structured conversational process in which groups of people discuss topics at several different tables. Participants were encouraged to record their comments on tablecloths during each discussion.
Analysis and results

All written records from the event were imported into NVivo® qualitative analysis software and a thematic analysis was conducted for each themed discussion by a health services researcher. Thematic analysis seeks to describe and explain qualitative material by identifying patterns or themes.

A number of themes were identified that explain important considerations for participants at the Perth event in relation to reducing harm and improving the safety and quality of mental health services.

Discussion area 1: Admission/Discharge and Moving Between Services (Transitions)

1.1 Discharge planning

A lack of discharge planning was highlighted as a key issue by participants, including how this then impacts on whether patients are adequately informed and know what to expect during the discharge process. The need for discharge planning to be considered as early as admission was raised as being important for improving safety and quality, as well as discharge planning being adequately resourced. The use of information technology to support more robust discharge planning was also mentioned.

‘What is best for each patient’

‘Unrealistic expectations by patients, carers & staff’
1.2 *Continuity and coordination of care*

There were a range of considerations noted in relation to how continuity and coordination of care should be improved as part of effective transitions. The importance of staff having wider knowledge and understanding of each service through the patient’s journey was discussed. The need for information systems to be better linked for timely access to information including patient history was raised, in particular between NHS and local authority information systems. Furthermore, communication passports were highlighted as an example of how to ensure that information sharing is supported in a person-centred and continuous way for improved transitions. The need for carers to be involved in ensuring the coordination of care as part of transitions was also stressed, particularly at critical events such as during crisis and assessment for admission/discharge.
Discussion area 2: Remote and Rural

2.1 Accessing services
There were a number of factors discussed that influence the availability and ease of access to services within remote and rural communities. As well as a lack of services and equipment, along with service closures being highlighted; there were difficulties being faced by individuals and families reaching services because of the shortage of transport options and the length of journeys required. The use of online support and information sharing was discussed in relation to widening access, however it was noted that not everyone may feel comfortable or able to utilise IT in this way.

‘Barrier for young carers can be MDT meetings and times of these & settings.’
2.2 Support at home and in the community

For those living in remote and rural areas, not having enough social support was raised as an issue, addressing this would help in reducing harm and improving personal outcomes. A number of factors were identified in relation to whether individuals are able to receive adequate social support including social isolation, fear of reaching out because of stigma and an absence of knowledge and awareness of mental health within communities.

‘Access to general resources limited’

‘Policy issue for transport in rural’

‘Perception that most services in urban areas’

Discussion area 3: Involving carers

3.1 Recognition and inclusion of carers

A range of considerations were discussed in relation to better recognition and inclusion of carers to ensure the safety and quality of services. Awareness and understanding of carers as a diverse group was raised as being important for decisions that inform and enable their inclusion, including addressing assumptions about what is important to carers and whether individuals are able and/or willing to provide care. The importance of recognising the role of young carers was also highlighted. There was the view that the current system relies on goodwill and that there is not enough consideration of the impact and burden on carers. Improving staff knowledge and awareness was
raised as one way of addressing assumptions and lack of inclusion. The Triangle of Care was given as an example of how to support carers to be more actively involved in patients care.

‘Triangle of Care can help engage with carers’

‘Carers are a resource – use us & help us!’

3.2 Communication and information sharing with carers
The importance of good communication and information sharing with carers was emphasised. In particular, the need for carers to be routinely informed and engaged in communication in relation to how best to support patients, and contribute to shared decision making and care. Confidentiality and data protection issues were raised as key barriers to this. Furthermore, some participants felt that there can be a lack of honest and transparent communication with carers, others highlighting the potential conflict in relationships between carers and professionals and patients. Barriers to enabling carer participation in multidisciplinary team meetings were also discussed.

‘Not always taking account of carer needs’

‘Better/Smoother levels of communication between staff/patients’
Next steps

- We will be building on the learning from the event for the forthcoming event in Galashiels (2018).
- The team will share this report with the attendees from the event, colleagues in NHS Tayside, NHS Grampian, Healthcare Improvement Scotland, Health and Social Care Partnerships as well as the Scottish Government.
- The learning from these three events and the previous event in Glasgow (31 August 2016) will be aggregated to be circulated amongst all delegates and associated colleagues.
- All learning is used to inform the work of SPSP-MH so that it has service user and carer views at its core.
- For future events we will be contacting previous delegates to gather their views on the next steps.
Appendix 1: Going Beyond Harm, Perth – attendee breakdown

Not including the organisers, 25 delegates attended the event and 23 completed evaluation forms were received.

Table 1: Attendee breakdown

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer</td>
<td>20%</td>
</tr>
<tr>
<td>Service user</td>
<td>8%</td>
</tr>
<tr>
<td>Non service user or carer</td>
<td>72%</td>
</tr>
<tr>
<td>No response</td>
<td>0%</td>
</tr>
</tbody>
</table>

Appendix 2: Going Beyond Harm, Perth – evaluation responses

From the people who completed the evaluation, 95.6% said they thought a tool such as Triangle of Care should be standard practice in mental health services (4.4% did not answer the question).

Reason for a tool such as Triangle of Care being standard practice in mental health services

- ‘Carers are the backbone to various aspects of the patients journey and as such should be listened to.’
- ‘Provide model for good practice – easy to understand for all parties.’
- ‘Find the “lived experience”, know what good looks like and emulate.’
- ‘It’s the best approach.’
- ‘If everyone thinks it is a useful and simple tool that can be used in a consistent and effective way, then it should be rolled out.’
- ‘Because family, friend care is part of the care process and should be recognised as such.’
- ‘Having an experience of developing Triangle of Care it can influence the support involvement of carers it just takes a long time!’
- ‘Because it covers all aspects that are relevant to needs.’
- ‘Should help to improve communication for patients and carers.’
- ‘Families/carers have valuable information that helps support decisions made by other stakeholders.’
- ‘Evidence already in place to show how it can work – would be shame not to use this.’
- ‘Vital for all involved and especially well being of patient.’
- ‘Definitely important and relevant in practice. Should be standard!’
- ‘The importance of using and being aware of the valuable information a carer will have around the “patient” and also the support they need. What are the issues, what can we do or where can we signpost.’
- ‘To ensure all disciplines are giving the same necessary support and advice.’
- ‘Think Triangle of Care tool could be a very productive, positive tool to use within mental health services, in order for carers to feel more connected.’
- ‘Staff have an awareness of carers but require support to identify and action weaknesses.’
**Anything from the event you would like to take forward, either within your carer service, your user service forum or service?**

- ‘Change timings of meeting to support carers.’
- ‘Facilities in mental health support from PKAVS.’
- ‘Triangle of Care, Patient Safety Programme, discussion around transport especially around rural areas.’
- ‘A variety of things which I plan to discuss with my colleagues.’
- ‘Examples of good practice. Development of sharing information.’
- ‘Triangle of Care. PKAVS information and facilities they provide.’
- ‘Involve carers.’
- ‘Implementing Triangle of Care within our service.’
- ‘I will take the whole concept back to my place of work and share the knowledge I have gained today with my colleagues.’
- ‘Pilot Triangle of Care in-patient.’
- ‘Absolutely! Great to hear about the work and services around the country.’

**What would you like to see come out of this event?**

- ‘Please make SPSP more well known.’
- ‘Further information from Carers Services on available services.’
- ‘People and organisations taking on board in helping to achieve their expectations in the SPSP-MH and Carers Trust Scotland.’
- ‘More collaboration with services across Scotland.’
- ‘More information sharing.’
- ‘A summary of the key points from all the regional events.’
- ‘Continuation of efforts to incorporate Triangle of Care in the Mental Health environment, and to include the experience of carers and service users in doing so.’
- ‘Feedback to attendees as to what has happened as a result of the day.’
- ‘Understanding, education of future plans, proposals to initiate positive change.’
- ‘A greater collaborative approach between patients, carers and staff.’
- ‘Better communication with carers.’
- ‘More carer information in assessment/support needs of others. More appreciation of the value of others.’
- ‘Selfishly more awareness of PKAVS and the services we offer.’
- ‘Improvement in topics discussed.’
- ‘More carer involvement within the services I work in – taking forward the Triangle of Care.’
- ‘Improved support for carers. Improved understanding of carers and the difficulties they face.’
- ‘More SPSP training/talks where we are in mental health.’
- ‘Implementation Triangle of Care – inpatient mental health initially – into CMHTs.’
- ‘More understanding about the importance of involving carers in the patient journey.’