

Care and Support is Shaped to Meet the Needs of People



Welcome

Dr Jim Crabb

Consultant in General Adult Psychiatry, Strategic National Clinical
Lead (Mental Health) Healthcare Improvement Scotland, Policy
Lead for the Royal College of Psychiatrists in Scotland

Housekeeping

- **Wi-Fi: 5804269531**
- **Fire alarm:** If you hear the alarm, please proceed to the nearest exit
- **Mobile phones:** Please set to silent
- **Toilets:** All toilets are located to the right of the lift of all three floors.
- **Yellow lanyards:** Worn by the organising team – here to help

Aims of the breakout

- Explore examples of care and support being shaped to meet the needs of people
- Engage in a creative space for learning and exploration
- Discuss options for services to integrate the EoSC secondary driver into their service plans and delivery



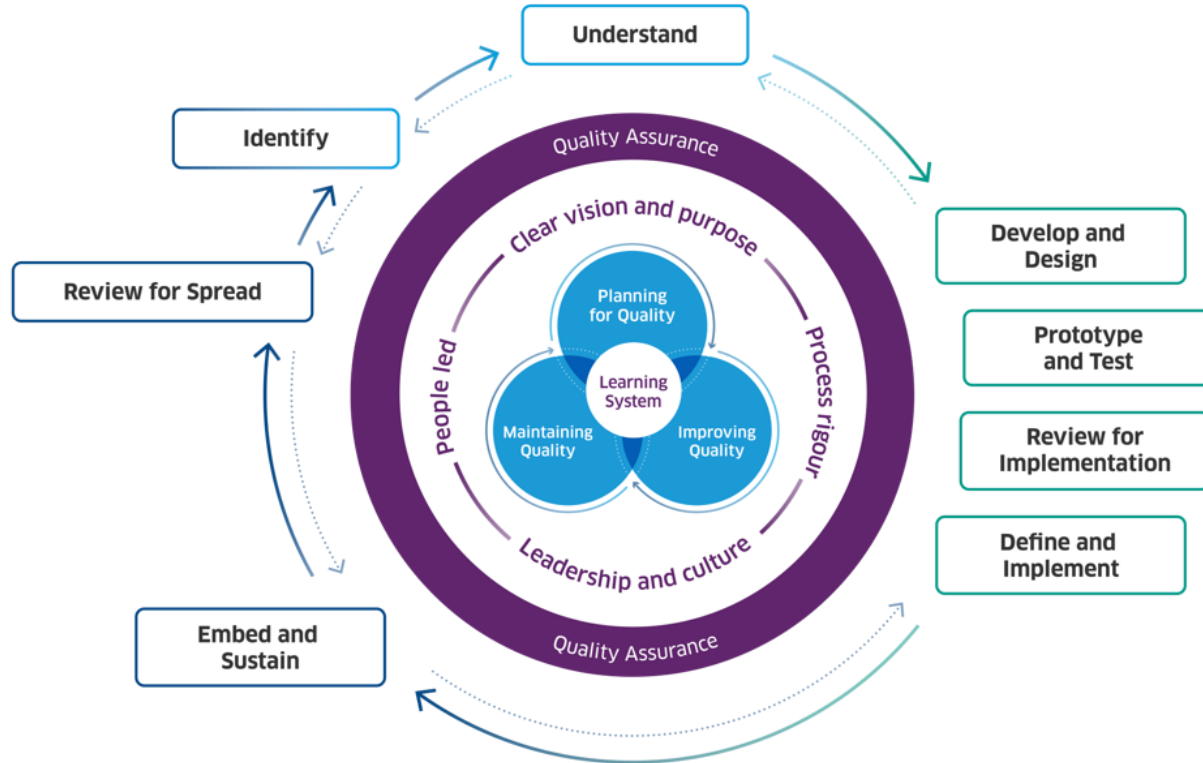
Breakout session agenda

Time	Topic	Lead
13:40 – 13:50	Welcome	Dr Jim Crabb
13:50 – 14:10	Presentation from NHS GGC Forensics – Engaging and Supporting Carers	Tracey Doughty Lynne Frankgate
14:10 – 14:20	Q&A with speakers	Dr Jim Crabb
14:20 – 14:35	1 – 2 –4 Exercise	Dr Jim Crabb Susi Paden Carina Bryce
14:35 – 14:45	Coffee break	
14:50 – 15:10	Presentation from NHS Forth Valley – Falls Programme	Matthew Gallacher Scott Burton
15:10 – 15:20	Q&A with speakers	Dr Jim Crabb
15:20 – 15:30	1 – 2 –4 Exercise	Dr Jim Crabb Susi Paden Carina Bryce
15:30 – 15:40	Feedback & closing remarks	Dr Jim Crabb
15:40	Evaluation	Dr Jim Crabb

Essentials of Safe Care

Our Vision	Delivered through...	Which requires...
The delivery of safe care, improving outcomes for every person, every time across health and care	A people-led approach to the planning and delivery of safe care	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
	Effective and inclusive communication	Communication tailored to individual needs and preferences
		People and teams feel safe and able to speak up
		Team communication and collaboration
	Leadership at all levels to support a culture of safety	Leadership is compassionate and inclusive
		Staff feel supported and valued
		Learning system for continuous improvement
		Everyone has the opportunity to learn and develop
	Safe clinical and care processes	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

Scottish Approach to Change



Welcome

Tracey Doughty

Bed Manager/Discharge Manager
Forensics Mental Health
& Learning Disabilities

Lynne Frankgate

Forensic Staff Nurse
Forensics Mental Health
& Learning Disabilities



GG&C Forensic Carers Group

Lynne Frankgate

Tracey Doughty

Natasha Parris

Rebecca Scott

It is well documented that carer involvement in patients with mental illness could lead to better patient outcomes. (NHS Health Research Authority, 2019).

To build on existing developments recognising carers as partners in care, the Triangle of Care was originally launched in 2010 as Best Practice in Mental Health Care in Scotland which is a therapeutic alliance between families/carers, professionals and patients. (Carer's Trust, 2019).

Carers have rights under the mental health act in Scotland. The Mental Health (Care and Treatment)(Scotland) Act 2003 states that the views of carers should be taken into account and that they should be given respect for their experience, given appropriate information and have their own needs considered.

The Carers (Scotland) Act 2016 highlights the need to enhance and protect the rights of carers in Scotland, ensuring they receive better support and recognition for their caring role. The Act seeks to improve carer wellbeing, sustain caring relationships, and provide access to support services.

It is in the best interests of a person for their family to be involved in their care and treatment. In many cases the person will agree with this. But if they don't, or can't agree, staff can find it difficult to know whether they can share information.

Families/carers state they feel staff sometimes use confidentiality to avoid having conversations with them, leaving them feeling helpless, dismissed, and ignored. This should never be the case. It is good practice for staff to talk with families as soon as possible and, where the person's information cannot be shared by staff with families, staff can make it clear they can still listen to families' and carers' views.

Families/carers should always be allowed and encouraged to offer information to professionals involved. They know the individual best and can provide valuable information.

Case study

Linda is a staff nurse in a busy adult acute ward. A relative wants to know about the changes that have been made to the medication of their family member.

The patient has capacity and has said he does not want his treatment discussed with his family.

Linda must explain to the family and carers that she cannot breach her patient's confidentiality and cannot give any personal information. However, she should offer to speak to the patient again and see if the person still wishes no information to be shared.

Linda should then also speak to the relative and listen to any information that they have which may be relevant to the care and treatment of their relative.

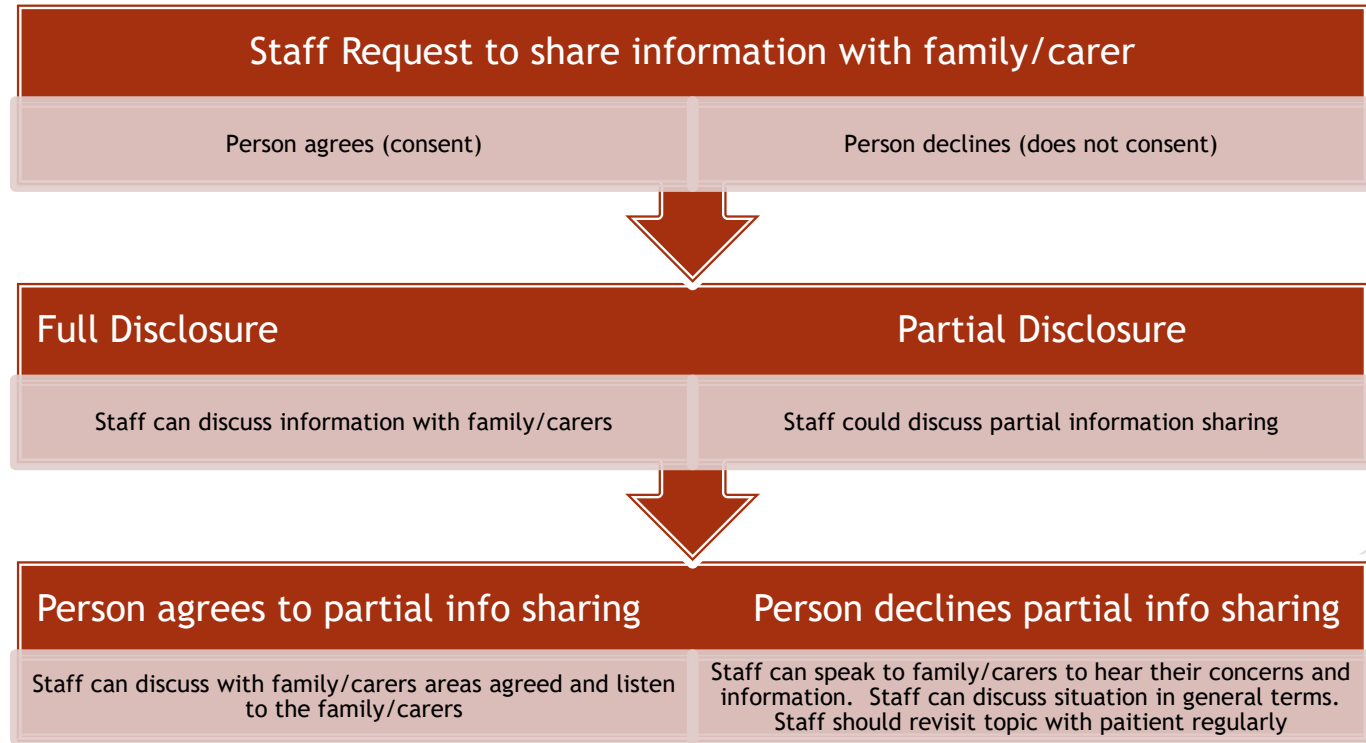
It is good practice for staff to speak to relatives as soon as possible after admission as they often have vital information.

Linda can also talk to the relative in general terms about mental health and treatment without revealing any personal information about her patient, in addition to offering signpost information to carer support.

Families appreciate transparent, honest conversations from a senior staff member.

Process for information sharing

The flow chart below shows how the process should work when a staff member wants to talk to family members about the person's specific circumstances. In all instances, staff can listen to the family's views even where the person has declined permission to share their information. Staff should also consider the offer of an independent advocate for the person to discuss and have their views represented.



Caring can have a significant impact on carers' own health and wellbeing. (Carer's UK, 2025)

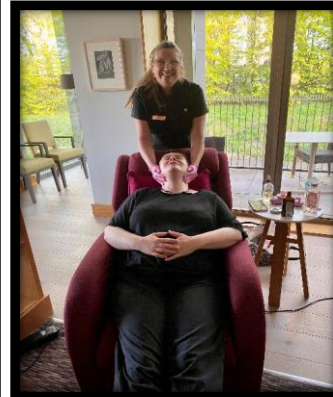
Carers report that their caring role and experiences can make them feel lonely. (Action for Carer's, 2025)

Research shows that Forensic Mental Health Carers experience similar feelings to those in general mental health care; however, it has been suggested there is higher caregiver burden among Forensic Mental Health Carers. (Finlay Carruthers et al, 2023)

Our own GG&C Forensic Carer's group aims to provide our carers with:-

- Support.
- Education
- Empowerment
- Partnership

<u>MEETING DATE</u>	<u>PRESENTATION</u>
27 th January 2026	Planning Meeting
24 th February 2026	BFT - Lorraine Sneddon
31 st March 2026	FCMHT - Laura MacDougall
28 th April 2026	Group Self Care - TLC Holistic & Beauty Therapy
26 th May 2026	Bed Manager - Tracey Doughty
30 th June 2026	Psychology - Callum McAvoy
28 th July 2026	Holiday Period - no group
25 th August 2026	MHO/SW - Claire Bellingham/Petrina Traynor
29 th September 2026	Mental Welfare Commission - Lived Experience Graham Morgan/Andrew Jarvie
28 th October 2026	Pharmacy - Emma Burns
24 th November 2026	Psychiatry - Dr Alan Mac Kenzie
8 th December 2026	Christmas Lunch - The Projectionist, Braehead



'My son phones to tell me he's been involved in another incident at the hospital he's a patient at. My immediate thought is about the carer's group. I wish we were meeting sooner. I want to be with people who really understand.

My son has been in the psychiatric system for 9 years. As a parent, perhaps you learn to navigate one ward or hospital, and which staff member is approachable and then your adult child ends up in a different hospital, and you have to start all over again. People can be very sympathetic but unfortunately there is still a stigma regarding mental illness and sometimes it's easier not to mention your child at all. The people attending the carer's group are going through exactly what I am going through. I don't have to explain for example, what a Named Person is, and why I have never been my son's Named Person before this year or why I currently feel relief that he's in a medium secure unit in a locked ward.

I found out about the carer's group in November 2024. As soon as Lynne received an email regarding my interest, she sent a friendly message with her phone number. We had a chat and I attended that month's meeting. Lynne even came to meet me at the front door to walk me into the group. You are welcomed into this group with such kindness and love. It really was a very emotional experience for me, after all these years, to finally connect with other people who won't judge my son's actions or indeed, ask why he is so angry with me.

I believe the warm, relaxed and friendly atmosphere is completely down to the commitment, energy and enthusiasm of Lynne. She plans a year's worth of speakers, always with input from us users. Attending the group would be worth it for the speakers alone. Lynne manages to secure such an interesting and useful range of speakers from occupational therapists to community nurses to a forensic psychiatrist. We have time to ask lots of questions. We have time to compare notes.

As a parent of a child with a very serious mental illness, I think your expectations for your child become narrower and narrower. Before you realise, years have passed and all you want for your child is for them to stay well. This group is a beacon of hope in the every-day reality of living with an adult child who may never hold down a job or even have a partner. Lynne is the beating heart of it.'

Reference List

Action for Carer's, (2025) online www.actionforcarers.org.uk

Carer's UK, (2025) online www.carersuk.org

Department of Health and Social Care (2025), Care and Support Statutory Guidance, Using the Care Act Guidance.

Finlay Carruthurs, Vestphal, T K., Gildberg, F A., Jørgensen, R., Rowaert, S., & Tingleff, E B. (2023). Experiences of family caregivers in forensic mental health care.

MacInnes, D. L., Beer, D., Reynolds, K. and Kinane, C. (2013) Carers of forensic mental health in-patients: what factors influence their satisfaction with services? Journal of Mental Health.

The Carer's Scotland Act (2016), www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance

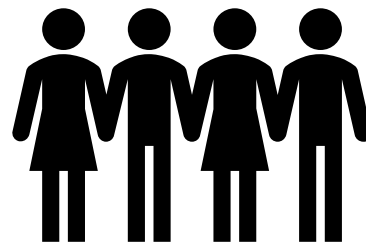
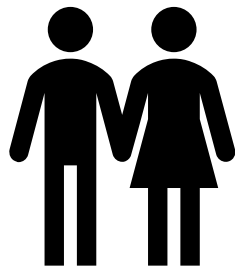
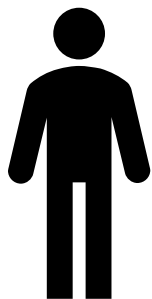
NHS Health Research Authority (2019) Effective Family Involvement to improve patient wellbeing and safety.

The Mental Welfare Commission Carers Consent and Confidentiality (2024)



1 – 2 - 4

In your care setting would you say care and support is shaped to meet the needs of people? Is this not embedded / partially embedded / fully embedded, and what is the reason for your answer?



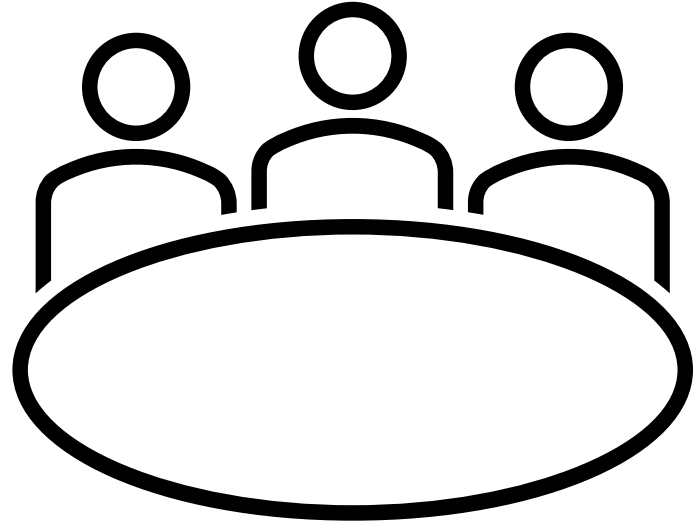
You are invited to take 1 minute to consider these questions on your own and then to share your answers with the person next to you for 3 minutes.

Finally, in a pair, share with the couple next to you for 5 minutes.

Use the post-it notes and paper to record your perspectives on the flipchart paper.

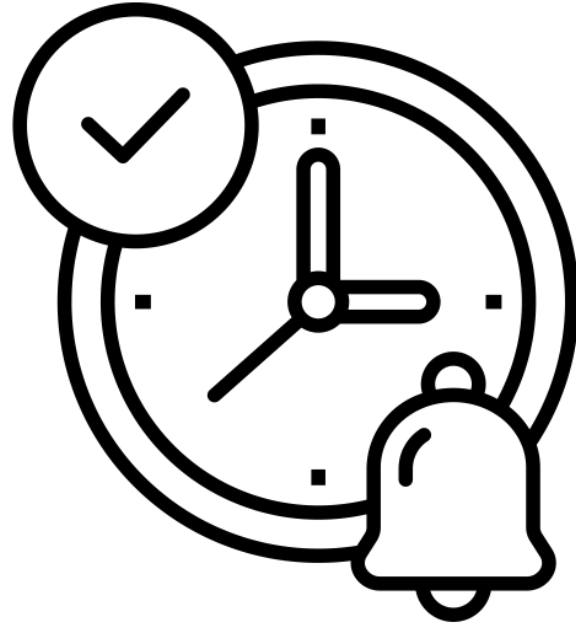
Feedback

- What are your reflections?
- Did you learn anything new?
- Have you thought of change ideas that you can test in your team/ organisation/ system?



Comfort break: 10 minutes

We will restart at 2:45pm



Welcome

Matthew Gallagher

AHP Falls Lead

Clacks & Stirling HSCP

Scott Bunton

Improvement Advisor

NHS Forth Valley

Lisa Wilson

AHP Falls Lead

Falkirk HSCP

Safer Mobility Project

NHS Forth Valley Safer Together Collaborative



Matthew Gallagher

AHP Falls Lead
Clacks & Stirling HSCP



Lisa Wilson

AHP Falls Lead
Falkirk HSCP



Scott Burton

Improvement Advisor
NHS Forth Valley

The challenge

- Multiple improvement priorities across system
- Improvement work sitting in isolation - variation in practice and outcomes++
- Currently in escalation
- Unclear about validity and extent of harms across the system



What is Safer Mobility?

- **Safer Mobility is a proactive, prevention-focused approach** that supports people living in care settings to remain active while reducing the risk of falls and fall-related harm.
- **Falls are a major issue in care homes**, representing the most common reason for unplanned attendances to Acute Hospital, highlighting the need for effective falls prevention strategies.
- **Promoting regular movement and activity is essential**, alongside addressing modifiable risk factors such as environmental hazards, medication-related risks, and other contributors to falls.
- **A sole focus on reducing the number of falls can unintentionally restrict activity**, leading to deconditioning, reduced resilience, and an increased risk of future falls.
- **Recognising that not all falls are preventable allows a shift towards safer mobility**, where well-organised, multidisciplinary teams deliver person-centred, evidence-based care to identify and manage risks while helping residents remain active, independent, and less likely to experience serious injury.

Aims



1

Pressure Ulcer reduction

- Reduce all organisationally acquired pressure ulcers by 30% by November 2025

2

Enhanced Observations and Frailty Standards

- Reduce enhanced observations by 50% by November 2025 (including a 50% reduction in cost)

3

Safer Mobility and Falls Reduction

- Reduce **total falls and falls with Harm** (moderate to severe) by 30% by November 2025

4

Deteriorating Patient

- Reduce Cardiac Arrest rate by 40% by November 2025 (NCAA) while improving cardiac arrest reporting via safeguard.
- Increase number of TEPs in place for those with NEWS2 score > 5 to 80% by November 2025

5

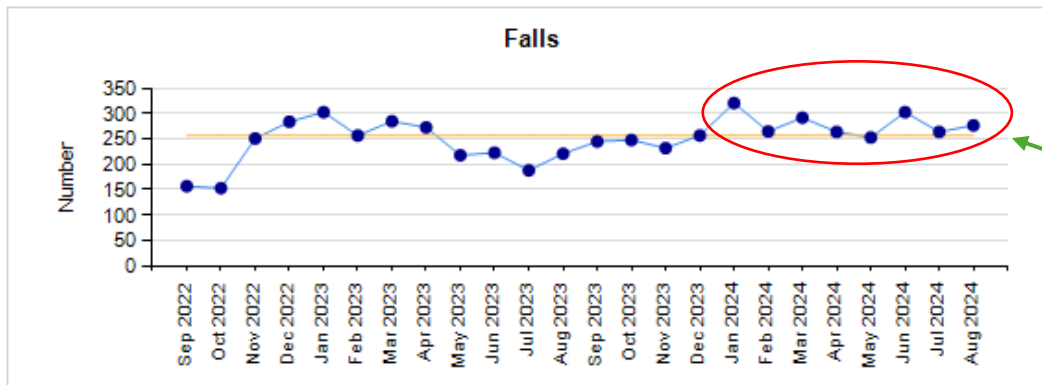
Catheter Reduction

- Reduce Catheter Prevalence and associated harms by 30% by November 2025.

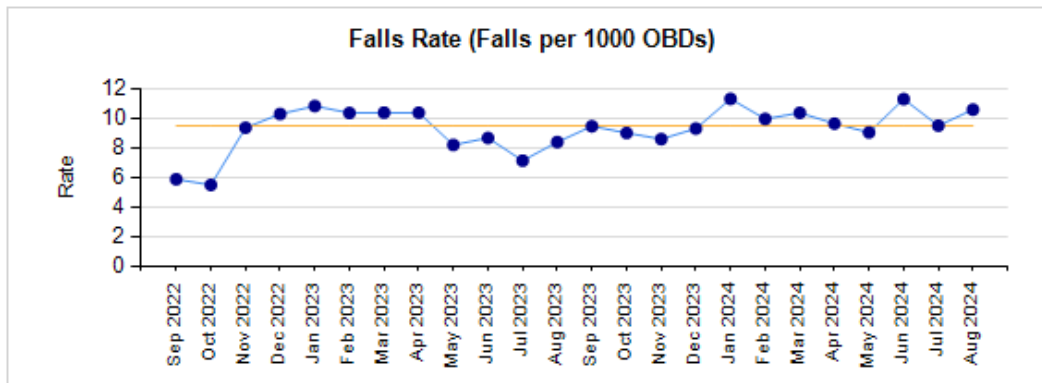


Whole System Falls

Falls

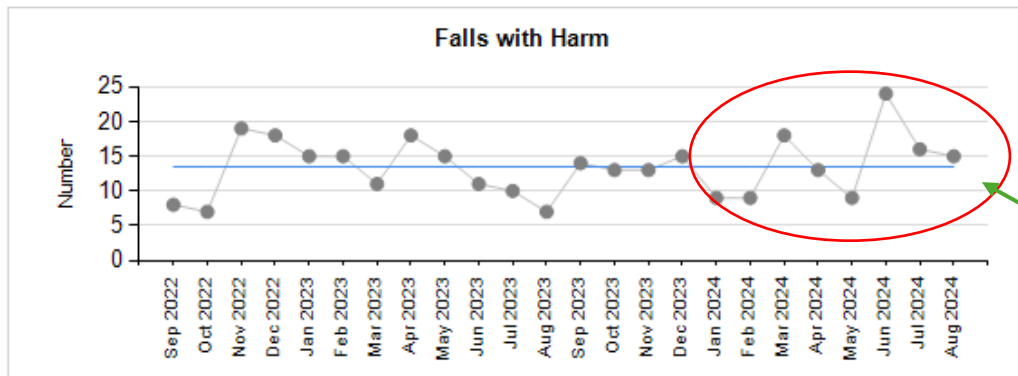


Increased Shift in
falls Jan 24 – August
24

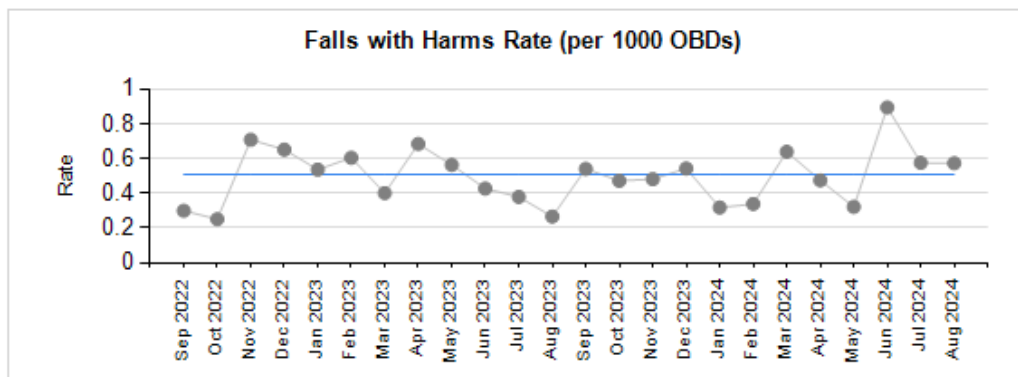


Whole System Falls With Harm

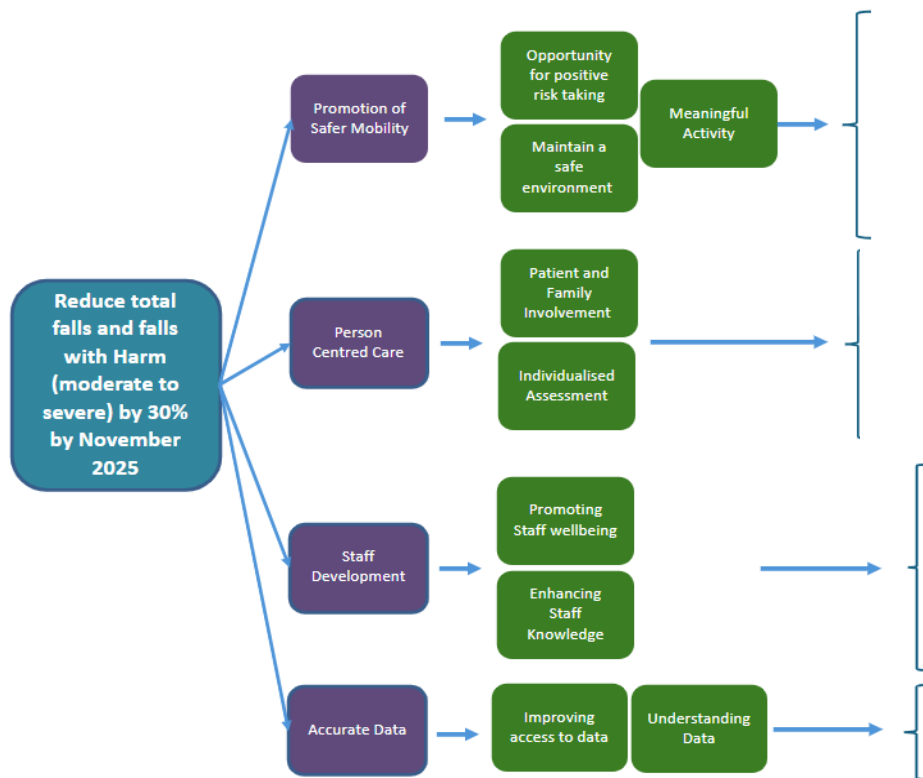
Falls with Harm - Summary



Random
Variation Jan
24-August 24



Key Drivers to Support Improvement



Creating The Conditions



Understanding Work as it is done



**Understand
People**

+

**Understand
stuff we use**





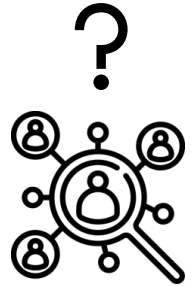
Tools We Can Use



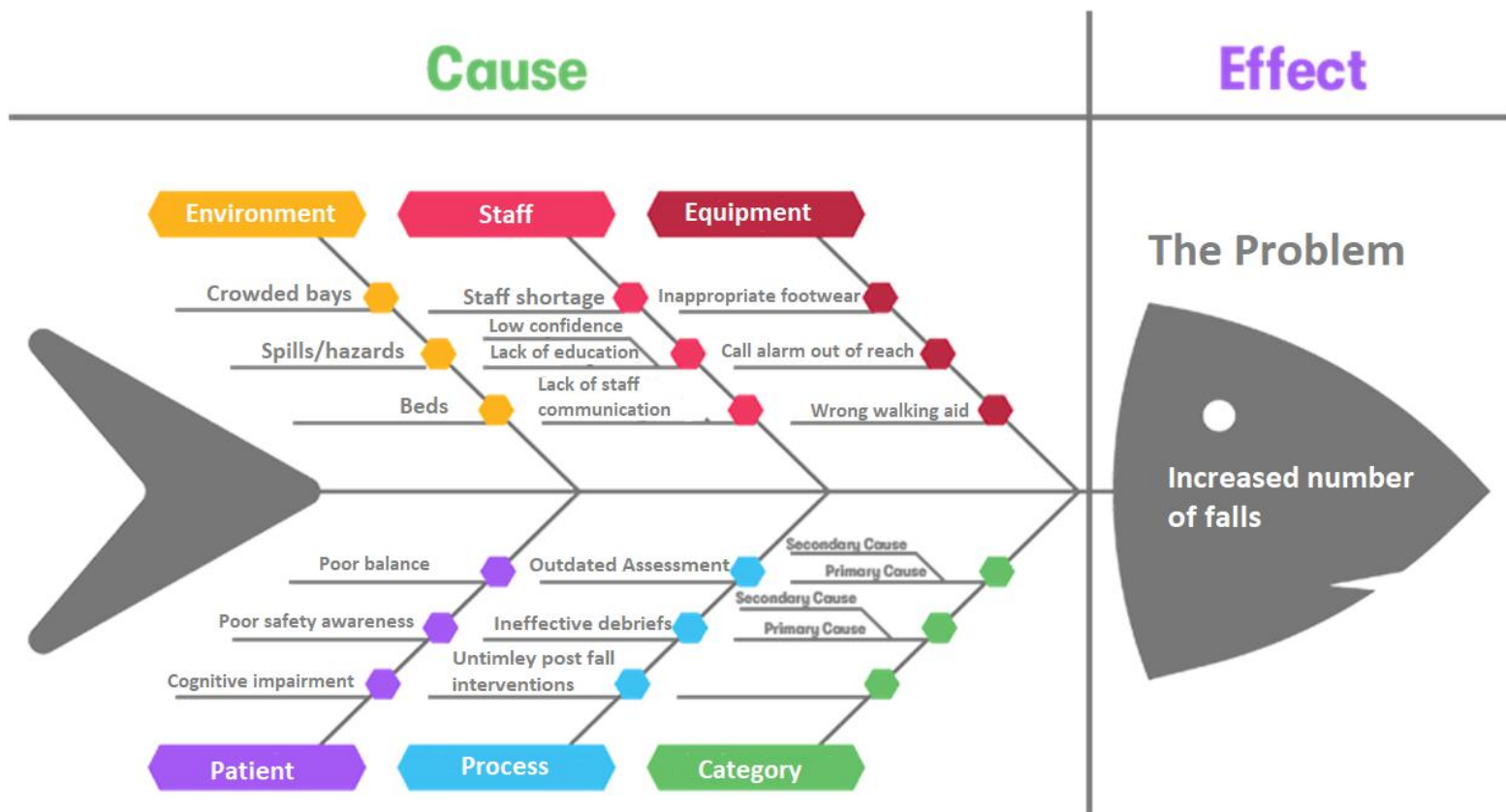
Fishbone

+

The 5 Why's



Fishbone



The 5 why's

Problem: Increased number of falls with harm in Ward C42

1 Why

Increased number of total falls

2 Why

Increase in deconditioning of patients

3 Why

People are taking less steps daily

4 Why

Staff are not encouraging patients to mobilise

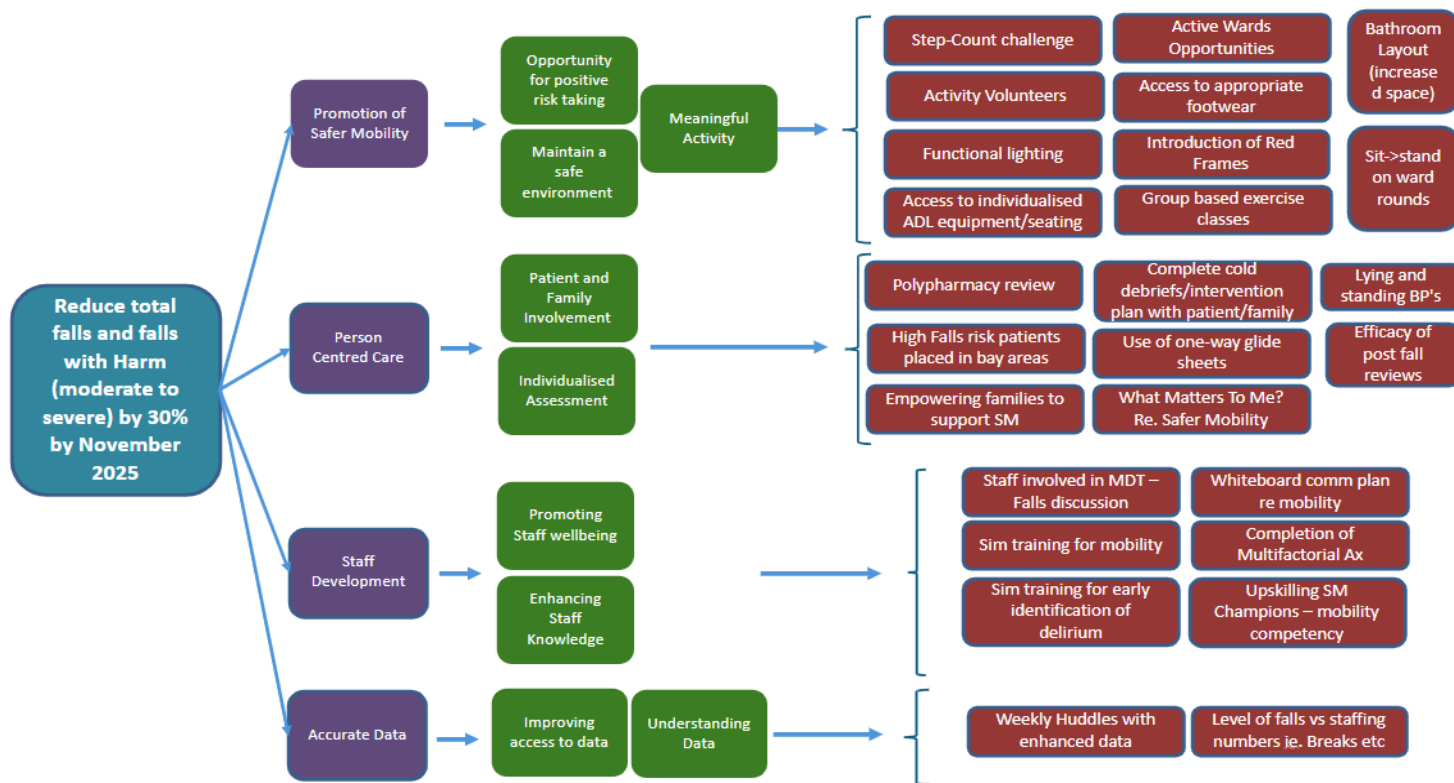
5 Why?

Staff aren't confident to mobilise patients with poor balance

Solution:

Staff development to increase confidence re safer mobility

Driver diagram



Workstreams





Recognising Early Soft Signs of Deterioration

Recognising early signs of deterioration

Aim:

By November 2025, falls will be reduced by 22% by ensuring that 100% of residents have the SBARD tool in place.

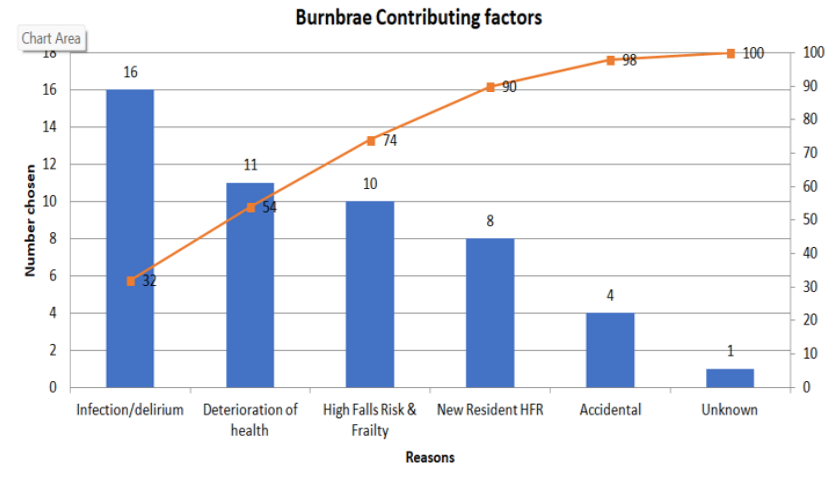
A project to introduce the SBARD tool to support staff in early identification and intervention of deterioration in residents that may result in a fall.

Recognising early signs of deterioration in a care home setting

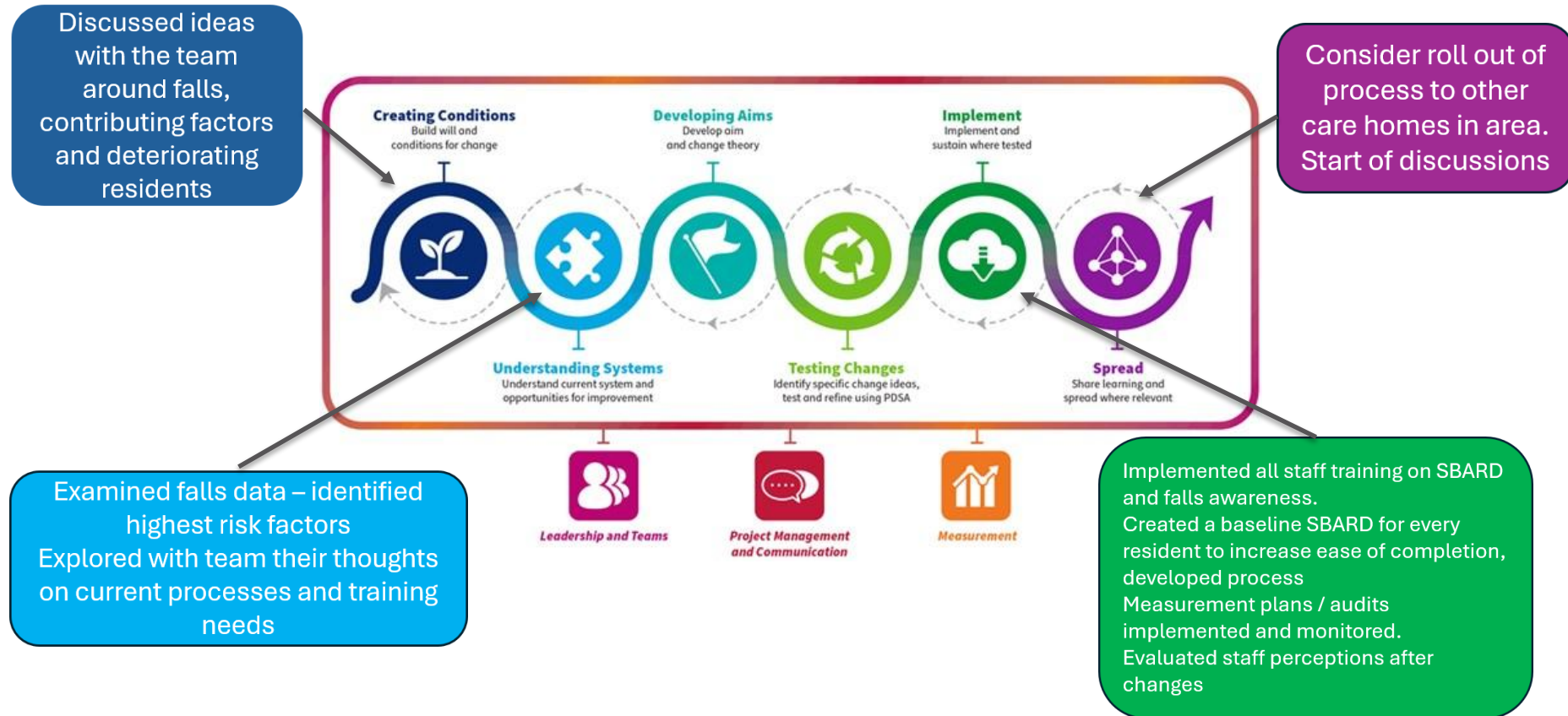
Data identified that a frequent contributing factor of falls were infection or medical deterioration.

The team wanted to move towards anticipatory care over reactive care.

Focus on preventing unwanted admission to acute hospital and keeping resident in their normal environment - **Right care, Right place.**



Recognising early signs of deterioration in a care home setting



Recognising early signs of deterioration in a care home setting



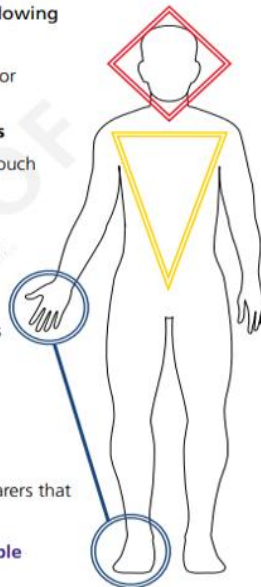
Ask your resident – how are you today?

Does your resident show any of the following 'soft signs' of deterioration?

- Increasing **breathlessness**, **chestiness** or **cough/sputum**
- Change in **usual drinking / diet habits**
- A **shivery fever** – feel **hot or cold** to touch
- Reduced mobility – '**off legs**' / less co-ordinated or **muscle pain**
- New or increased confusion / agitation / anxiety / pain
- Changes to usual level of **alertness / consciousness / sleeping** more or less
- Extreme tiredness** or **dizziness**
- '**Can't pee**' or '**no pee**', change in pee appearance
- Diarrhoea, vomiting, dehydration**

Any **concerns** from the client / family or carers that the person is not as well as normal.

If **purple signs** are present, think possible COVID-19.



If **YES** to one or more of these triggers – take action!

Get your message across

Resident/
patient name: NHS No. D.O.B.

Raise the Alert within your home e.g. to a senior carer, registered nurse or manager. If possible, **record the observations** using a **NEWS2** based system. **Report your concerns** to a health care professional e.g. Nurse/GP/ GP HUB/111/999 **using the SBARD Structured Communication Tool.**

S **Situation** e.g. what's happened? How are they? NEWS2 score if available

B **Background** e.g. what is their normal, how have they changed?

A **Assessment** e.g. what have you observed / done?

R **Recommendation** 'I need you to...'

D **Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)

Key prompts / decisions

Name of person completing: Signature:

Today's date:

Don't ignore your 'gut feeling' about what you know and see.
Give any immediate care to keep the person safe and comfortable.

Recognising early signs of deterioration in a care home setting

Before the SBARD was in place staff felt...

14% of staff felt confident in identifying a deteriorating resident and reducing falls before using the SBARD document

Staff concentrated on what happens after the fall opposed to what we can do beforehand to prevent the **fall** from happening

Staff didn't communicate fully the extent of a resident's deterioration and the intervention

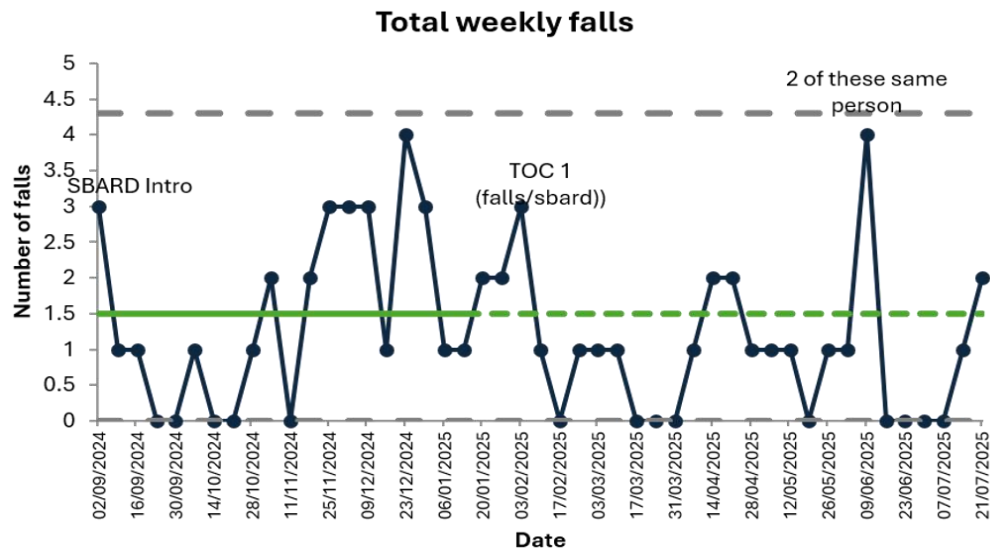
Staff weren't as proactive before the SBARD, as they relied on management to provide early intervention

Recognising early signs of deterioration in a care home setting

Staff are able to identify soft signs of infection quicker which allows antibiotics to be commenced quicker and reduce infection related falls

Team can quickly intervene – it helps identify appropriate support more quickly

The quicker a resident receives medical attention, the less likelihood of risk of falls



Recognising early signs of deterioration in a care home setting

Key Learning

Leadership is key

Communication
across the whole
team

Being proactive
can reduce falls
harm

Education
alongside can
support changes

Understanding the
why?

Importance of
connecting to
those we care for

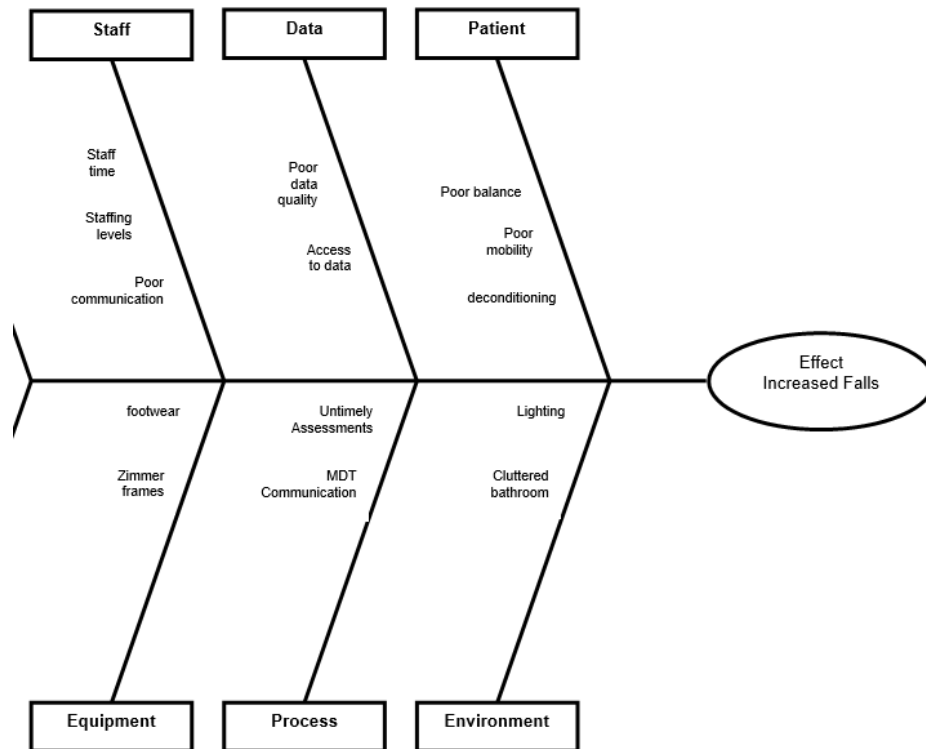
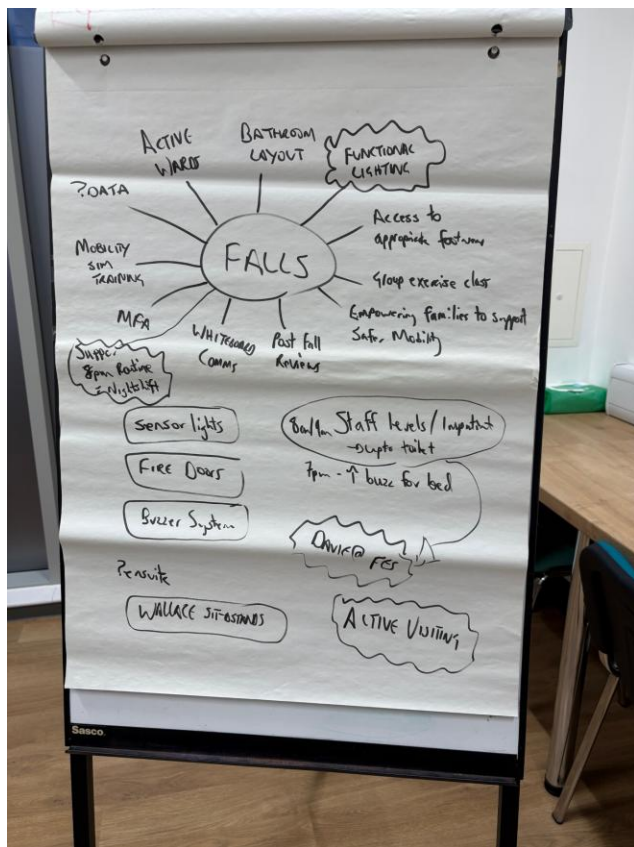
Active Visiting

Active visiting

The MDT



Active visiting



Active visiting

Beginners:

- 1 Sit comfortably in a chair with armrests. Keep your back straight, shoulders back, and head facing forward.
- 2 Place your hands on the armrests of the chair. Place your feet shoulder distance apart, right below your knees.
- 3 Position yourself as if you're going to stand up.



Figure 12. Lifting your body off your seat.

- 4 Straighten your elbows and lift your buttocks off the seat until your elbows are straight. Lift your buttocks as high as you can, even if you can't get off the chair completely.
- 5 Slowly lower yourself back onto the seat of your chair as you bend your elbows.
- 6 Repeat times.

[illegible]

Beginners:



Front Knee Strengthening

Sit on chair with back well supported. Straighten the leg out. Lower the leg.

Repeat _____ times on each leg

Progress with ankle weight if advised safe by team.

[illegible]

Active visiting

Name:

Active Visiting



Practice sit-to-stand transfers



- Move forward in chair. Draw feet back. Place hands on armrests.
- Push up to stand
- Make sure to have your walking aid in front of you

[illegible]

Name:

Active Visiting



Go for a walk! - 'Daily Daunder'



- Go for a walk with your loved one - don't forget to take their walking aid!
- Have you tried the new café? Go for a wander and have a cuppa!

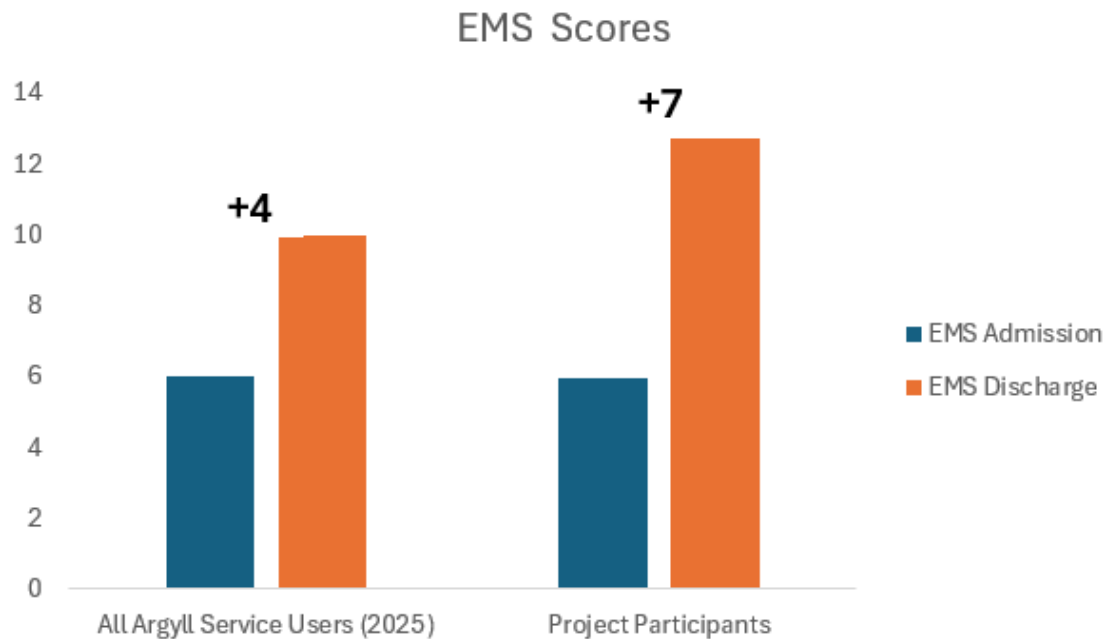
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Active visiting – Sim session



Active visiting

62
Participants

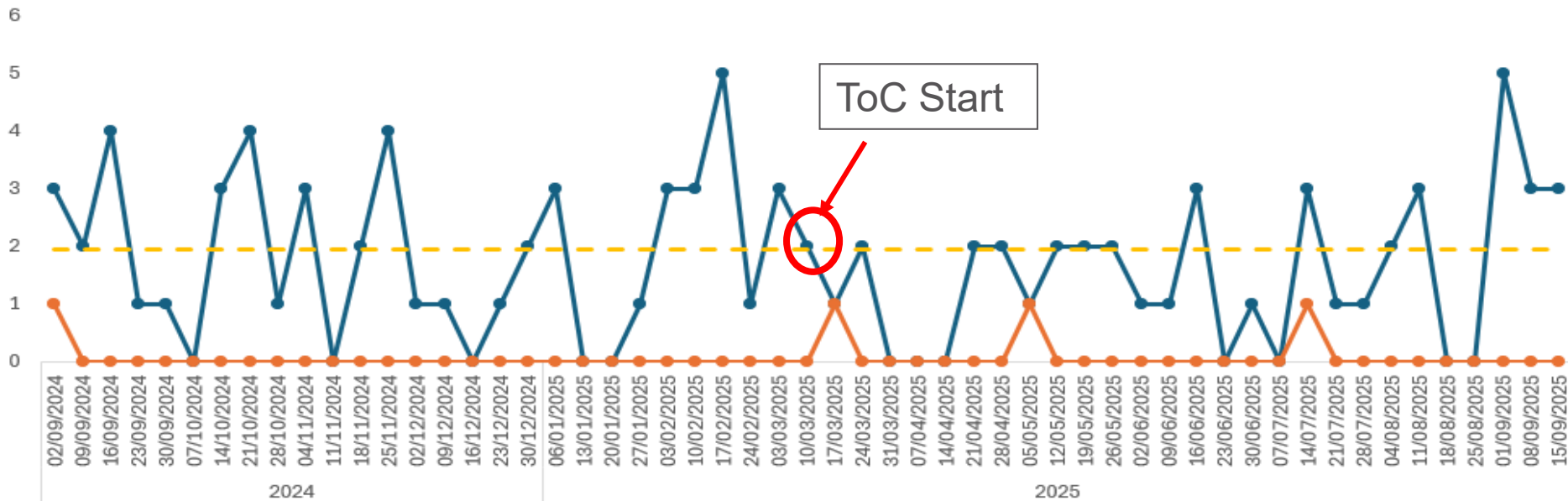


Active visiting

Site ▼

Sum of Falls Sum of Falls + Harm Sum of Falls Mean

Total Falls + Falls with Harm



Active visiting

What people and their families thought about Active Visiting



A cloud-shaped bubble containing various feedback phrases. The phrases are arranged in a loose, overlapping manner within the cloud. The phrases are:

- good idea
- improved balance
- can manage exercises
- continue at home
- enjoy with family
- legs are stronger
- can do daily
- more energy
- see improvement
- actively helping
- good fun
- improved confidence
- strengthened my upper bod

Active visiting



Care Staff



John's Story

Project Leads: Joanne McNaught, Bence Fazekas & Sam Graham

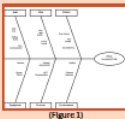
By November 2025, we will aim to reduce the number of falls in the Argyll Suites by 20% through developing an "Active Visiting" programme.

Falls remain a common cause of harm to patients in an acute setting, with falls being the cause of approximately 1/3 of all reported safety incidents.

The consequences of a fall cut across all agencies working with people at risk of falling. Adverse outcomes for patients which impact on the NHS include increased morbidity, longer stays in hospital and higher rates of discharge to institutional care. An economic evaluation published in 2013 estimated that the annual cost to health and social care services in Scotland of managing the consequences of falls was more than £470 million.

In 2024, the Health & Social Care Partnership Units within the Bellfield Centre reported 300 falls with 13 associated harms.

We held a brainstorming session with colleagues across health and social care to understand our data with regards to what may be leading to falls (Figure 1).



Historically, the promotion of physical activity of patients has been the role of the ward Physiotherapist. We know the benefits of mobilising regularly should be encouraged to prevent deconditioning.

The therapists and social care team staff were to invest time in empowering families to complete the active visiting task whilst visiting their loved ones. The hope being to see improved patient outcomes upon discharge home.

An "activity of the week" was set. A weekly rotation between 4-6 different activity posters were displayed in each person's room (Figure 2). Each poster had tally table for family to record when they engaged in activity with their loved one.

This data was collected on a weekly basis.

Each person in the unit had assessment outcomes on admission and discharge. Those engaging with active visiting were compared with those not.



SCAN THE QR CODE FOR OUR
VIDEO ON THE "ACTIVE VISITING"
PROJECT

62 service users took part in "Active Visiting" over an initial 6-month reporting period

EMS

The Elderly Mobility Scale (EMS) is a 20 point scale that measures the level of functional ability for the over 65 population. The average improvement in scores for the ward throughout 2025 was "+4". In Figure 2, you can see the significant improvements with those taking part improved to "+7"



Falls



As demonstrated in Figure 4, we did not see any shifts in the data points. However, falls are trending down despite an increase in the levels of physical activity of our service users.

Feedback

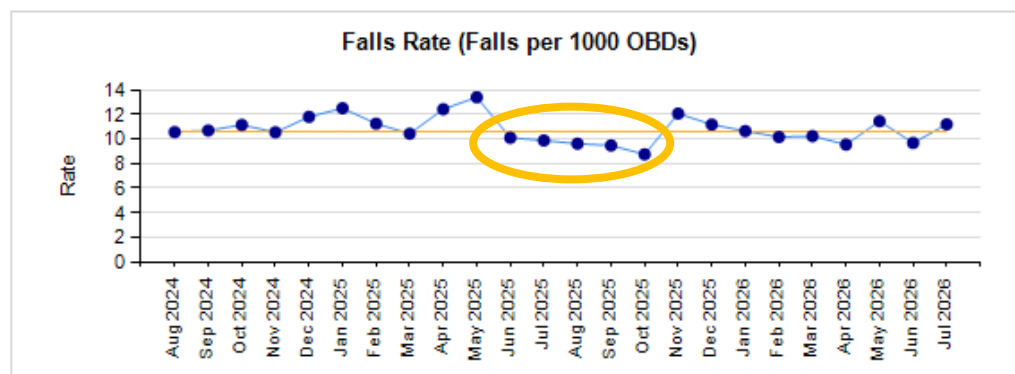
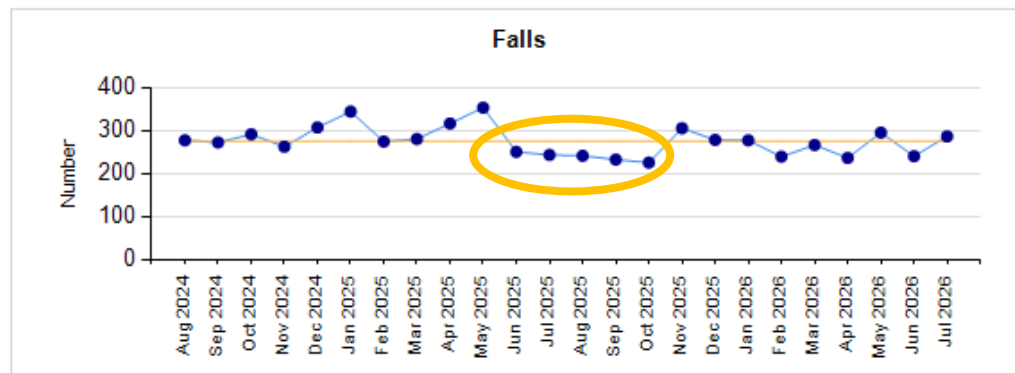


- Time to reflect together generates creative ideas
- Opportunity for Health & Social Care collaboration improves team-work
- The value of face-to-face communication engages families
- Time consuming for therapy team in first Pilot run

- Run a simulation with visitors to further promote engagement and confidence in participation.
- Expand training to all of the Intermediate Care Bed Therapy team and Social Care staff.
- Scale the project up to cover Argyll B (third and final suite).
- Expand the catalogue of activities to include more occupational focussed tasks.

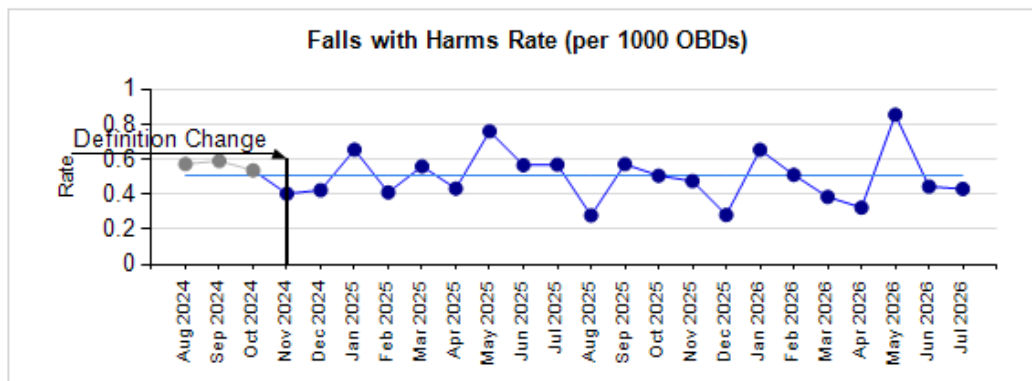
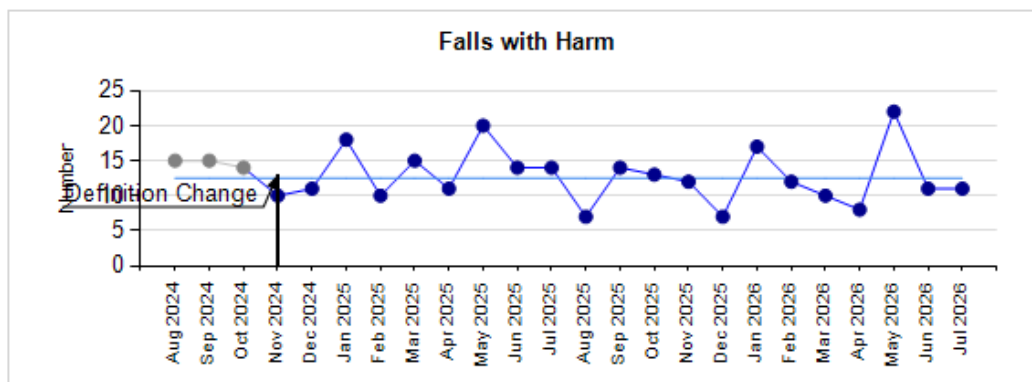
Data

Falls



Data

Falls with Harm - Summary



5 Learning points

1. Collaboration is essential for achieving sustainable improvement.
2. Clear leadership and strategic direction create the conditions for successful change
3. Falls prevention is about enabling safe activity, not restricting movement
4. The most effective improvements are shaped by people who use services and the staff who deliver them
5. Co-production and meaningful engagement improve outcomes and support sustainability

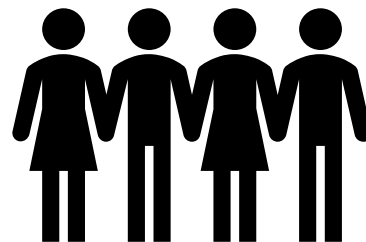
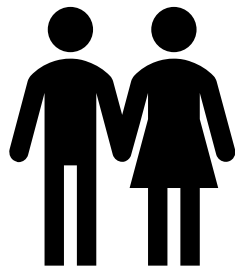
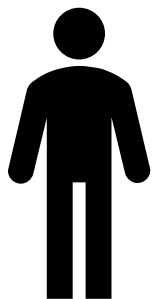
Thank you

Thank You!
Any Questions?



1 – 2 - 4

In your care setting would you say care and support is shaped to meet the needs of people? Is this not embedded / partially embedded / fully embedded, and what is the reason for your answer?



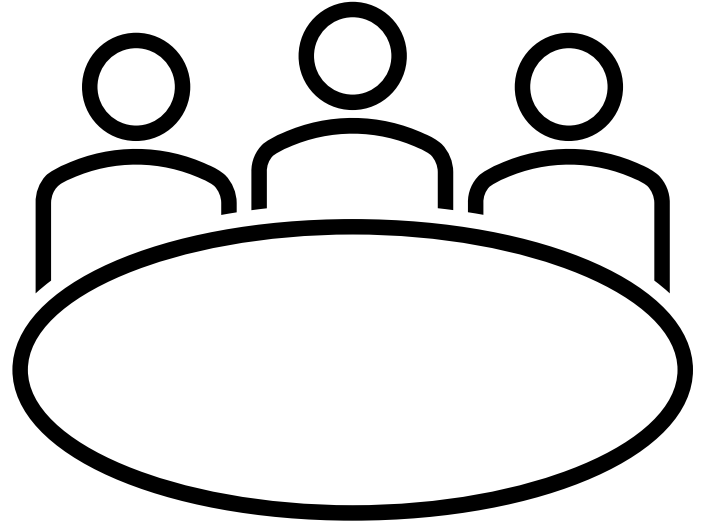
You are invited to take 1 minute to consider these questions on your own and then to share your answers with the person next to you for 3 minutes.

Finally, in a pair, share with the couple next to you for 5 minutes.

Use the post-it notes and paper to record your perspectives on the flipchart paper.

Feedback

- What are your reflections?
- Did you learn anything new?
- Have you thought of change ideas that you can test in your team/ organisation/ system?



Closing remarks and evaluation

Thank you to all our speakers for their contribution to this session and to all who joined us today for your interest and input.

Our aims for this session were to:

- Explore examples of care and support being shaped to meet the needs of people
- Engage in a creative space for learning and exploration
- Discuss options for services to integrate this EoSC secondary driver into their service plans and delivery



Please scan to share your
evaluation feedback

Keep in touch

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Thank you Enjoy the Closing Conference Plenary Session