THE STATE HOSPITALS BOARD FOR SCOTLAND

PERSON CENTRED IMPROVEMENT SERVICE

TWELVE MONTH UPDATE REPORT

NOVEMBER 2020 - OCTOBER 2021

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1. Introduction

The 'Person Centred Improvement Service' (PCIS) supports services across The State Hospital (TSH) through its diverse work streams contributing to achievement of strategic objectives specifically relating to:

- Person-centred improvement projects (Person-centred Health Care Programme (ref 1)).
- Meaningful stakeholder involvement: patients, carers, volunteers, and the public (limited to external regulatory/supporting bodies and third sector partners).
- Volunteer Services.
- Carer / Named Person / visitor support.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patients' Advocacy Service (PAS).

During this reporting period, the PCIS have also had responsibility for facilitating and making ongoing improvements to the interim visiting model.

This report relates to the period November 2020 to October 2021, during which time the service continued to support wider disciplines including nursing and medical colleagues in terms of a range of national drivers e.g. 'Realistic Medicine' (Scottish Government, 2016) (ref 3), 'Excellence in Care' (Scottish Government, 2015) (ref 4) and the 'Scottish Patient Safety Programme' (ref 22), which make explicit the need to ensure that stakeholder feedback is embedded within service design.

Constraints relating to managing the impact of Covid-19 have affected service delivery during this reporting period, impacting on objectives agreed in the autumn of 2020. However, the PCIS have remained focussed on the delivery of multiple objectives throughout this period.

The State Hospital's Board (the Board) is committed to continuously improving systems and processes which support safe, effective, person-centred care, adopting a balanced and proportionate response to legislative and national drivers including:

- The Framework for NHS Scotland: 'Re-mobilise. Recover, Redesign' (2020) (ref 21)
- Mental Health Strategy (2017-2027) (ref 5).
- British Sign Language (BSL) National Plan (2017-2023) (ref 10).
- Patient Rights (Scotland) Act (2011, updated 2019) (ref 12).
- Volunteering for All: Our National Framework (2019) (ref 15)
- Fairer Scotland Duty (2018) (ref 14).
- Rights in Mind (2017) (ref 7).
- Safety and Protection of Patients, Staff and Volunteers in NHSScotland (2017) (ref 8).
- Public Sector Equality Duty (2016) (ref 9).
- Health and Social Care Delivery Plan (2016) (ref 6).
- Carers (Scotland) Act (2016) (ref 13).
- The communication equipment and support legislation (part of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016) (ref 19).
- National Health and Wellbeing Outcomes (2014) (ref 20).
- Equality Act (2010) (Specific Duties) (Scotland) (ref 11).

Partnership working continues with key external stakeholder groups, including, however not limited to, the Scottish Government Person Centred Stakeholder Group, Mental Welfare Commission, Forensic Network partners, Mental Welfare Commission, Health Improvement Scotland Community Engagement (HISCE), Scottish Human Rights Commission, Volunteer Scotland and Carers' Trust (Scotland) to support the Board to discharge its duties.

2. Governance arrangements

The Person Centred Improvement Steering Group (PCISG), chaired by the Director of Nursing, Allied Health Professions and Operations, meet monthly to monitor progress in respect of the mainstreaming of processes supporting delivery of the above remit. This multi-disciplinary group ensures the organisation is compliant with legislative requirements and supports the service to respond to national drivers and embed local practice relating to the above portfolio. The patient Chair of the Patient Partnership Group (PPG), members of the Carers' Support Group and Volunteer Service Group are included within the core membership, in addition to representatives from HISCE and the Patients' Advocacy Service (PAS).

The group discuss a wide range of monitoring reports including:

- Patient and Visitor Experience.
- Volunteering input.
- Spiritual and Pastoral Care input.
- Progress to TSH Equality Outcomes (2021-25).
- Progress to TSH British Sign Language (BSL) Action Plan (2018-24).
- Advocacy input.
- Service Accessibility for Protected Characteristic groups.
- Learning from Complaints and Feedback.
- Person Centred quality improvement projects.

In recognition of the value of maximising opportunities to embed patient and carer experience in service design, the 'Learning from Feedback' Report is also included within quarterly monitoring reports presented to the Organisational Management Team (OMT), Clinical Governance Group (CGG) and Clinical Governance Committee (CGC).

3. Key pieces of work undertaken

- Facilitated the Hospital wide WMTY initiative.
- Embedded and further developed the centralised visiting model.
- Developed Carers' Representative Role Descriptor and training programme.
- Developed and implemented TSH Volunteer Impact Assessment.
- Supported implementation of the patient internet shopping browsing experience (appendix 1).
- Reinstated delivery of Spiritual and Pastoral Care Services.
- Developed Volunteer Visitor programme.
- Published TSH Equality Outcomes.
- Influenced development of the national 'Quality Framework for Engagement' (QFE) (replaces 'Participation Standards'), supporting the delivery of effective engagement, developing practice and shared learning.
- Contributed to development of local 'Essentials of Safe Care' framework.
- Variety of stakeholder narratives shared with the Board.
- Contributed to development of the national Scottish Patient Safety Climate Tool refresh.

4. Wider Local Input

The Person Centred Improvement Lead (PCIL) is a member of TSH Quality Improvement (QI) Forum, supporting the spread of QI skills across the Hospital. The PCIL uses formal QI qualifications and experiential learning to provide mentoring input across the Hospital directly relating to person centred improvement initiatives including:

- Equality of access for Protected Characteristic Groups
- Shared decision making through meaningful patient and carer involvement in the CPA process.
- Supporting patients to make healthy choices.
- Visiting experience.
- Patient digital inclusion.
- Refresh of TSH Clinical Service Delivery Model.

These skills have also been used to support collaborative QI projects with external colleagues including:

- Assessing the impact of volunteering.
- Review of NHS Spiritual and Pastoral Care standards.
- NHS Interpretation and Translation Processes.
- Quality Framework for Engagement
- Review of Fairer Scotland Duty (2018)

5. Key performance indicators

	Improvement Indicator	***Outcome Measures***
1.	Patients from all areas of the Hospital are meaningfully engaged in contributing to service design.	a) Patient Partnership Group (PPG) is facilitated 50 weeks of the year. b) PPG membership includes representation from all wards. c) An average of 10 patients attend PPG each week. d) PPG engage with a wide range of internal and external partners.
2.	Patients who have no visitors have the opportunity to receive visits.	a) Recruit and train 3 new volunteer visitors.
3.	Wider patient attendance at group based spiritual & pastoral care activities.	a) Attendance mirrors national average trend (8.9%) (ref 16).
4.	Progress to TSH BSL Action Plan (2018-24)	a) 14 of total of 18 indicators achieved
5.	Carers are enabled to contribute meaningfully to patient outcomes.	a) Undertake cycle 4 Triangle of Care assessment (ref 17). b) 'Green' level achieved for 80% of indicators.
6.	Local policies have undergone an Equality Impact Assessment (EQIA), prior to implementation, which is fit for purpose.	a) 100% of all locally generated policies have an approved EQIA. *b)* 10% increase in quality compliance scores when compared to 2019/20.
7.	Publication of updated Equality Outcomes by end of April 2021.	a) All Directors engaged in collaborative development. b) Robust prioritisation process undertaken, based on the needs of Protected Characteristic Groups, based on stakeholder feedback.
8.	Facilitate national 'What Matters to You?' initiative, engaging all stakeholders.	a) Engagement with patients, carers, volunteers and staff. b) Patient feedback aligns to Person Centred Feedback database indicators.

1) Patients from all areas of the Hospital are meaningfully engaged in contributing to service design

a) PPG facilitated 50 weeks of the year (target of less than 52 weeks, accounts for 2 weeks' holidays requested by the group during the Festive period.)

Delivery to outcome measure a): Partially achieved.
PPG was suspended in March 2020 as a result of the impact of Covid-19. Where it has been possible to do so (around ward closures relating to the need to mitigate infection), the PCIS have continued to engage with PPG members on a weekly basis as part of the ward outreach involvement programme. The PPG Chair met regularly with the PCIS throughout this period to support continuity of his role. The sub-group of PPG, formed specifically to understand the experience of patients with an Intellectual Disability in June 2020, has been facilitated within the ward since then, ensuring that feedback from these patients is actively encouraged, supported and shared. Despite endeavours to facilitate patient involvement virtually using the video conferencing system, this proved to be unsatisfactory with PPG members stating they would prefer to continue with the 1:1 in-person contact model until such time as PPG could meet as a Hospital wide group. PPG resumed mid-July 2021 as part of the phased re-introduction of Hospital wide patient groups.

b) PPG membership includes representation from all wards

Delivery to outcome measure b): Achieved.
100% of wards represented. Succession plan in place to ensure continuity of involvement as patients transfer to step down services.

c) An average of 10 patients attend PPG (Target of ten patients influenced by total number of people in the group, including staff and visitors in relation to environmental Health and Safety restrictions, safety and security when working with large patient groups and ensuring all patients have the opportunity to engage meaningfully).

Delivery to outcome measure c): Achieved.
Attendance at meetings fluctuates depending on the mental health presentation of group members and requirement to attend tribunals, external clinical appointments and / or prescribed group therapeutic intervention which cannot be scheduled around the PPG timetable. The average attendance was 10 patients.

d) PPG engage with a wide range of professionals and external partners

Delivery to outcome measure d:) Partially Achieved.
The curtailed operational period impacted on the planned timetable of engagement with wider stakeholders. Catering staff and PAS have continued to support PPG since meetings recommenced. Recently appointed non-Executive Board members have been invited to attend PPG when orientation and induction processes are complete. HISCE have not yet recommenced engagement in in-person external meetings, however receive minutes of the PPG forum and engage virtually with the PCIT to support the work of the group.

2) Patients who have no visitors have the opportunity to receive visits

a) Recruit and train 3 new volunteer visitors

Delivery to outcome measure a): Achieved.
Volunteer recruitment suspended mid-March 2020 due to Covid-19 restrictions was re-opened in April 2021. Applications from 8 potential visitors are currently being progressed. Volunteer visitors recommenced input in April 2021, including input from 3 existing patient activity volunteers, unable to undertake these roles, as they were suspended at that time, who agreed to adapt their roles to provide this input. All three have confirmed they will continue to visit patients in addition to undertaking their original volunteer roles.

3) Wider patient attendance at group based spiritual & pastoral care activities (Church, RC Mass, Christian Fellowship, 1:1 ward based input)

a) Attendance mirrors national average trend (8.9%)

Delivery to outcome measure a): Achieved.
As was the case with all front-line patient groups, Spiritual and Pastoral Care activities were suspended in March 2020. The Chaplains continued to offer remote 1:1 support via telephone throughout the height of the pandemic and prepared materials each week which were printed for patients who would normally attend denominational services of worship to engage in 1:1 spiritual reflection.

All Spiritual and Pastoral Care Activities resumed in August 2021 with a significant increase in applications for patients wishing to attend. 11% of TSH patients currently engage in some form of Spiritual and Pastoral Care activity. Due to current limitations on room capacity, a waiting list is now in place for all 3 groups. Patients who have not been offered a place are offered 1:1 ward based chaplaincy input.

4) Progress to TSH BSL Action Plan (2018-24)

a) 14 of total of 18 indicators achieved

Delivery to outcome measure a): Partially achieved.
Actions to support completion of 13 indicators complete. One of the outstanding actions has been impacted by lack of progress at a national level as a result of Covid-19. This national policy has now been implemented and a gap analysis is currently being undertaken locally. One of the other outstanding actions has been incorporated within the wider Digital Inclusion work streams to support progress. Remaining 5 indicators on target for completion by 2023.

5) Carers are enabled to contribute meaningfully to patient outcomes

a) Undertake Cycle 4 Triangle of Care assessment

Delivery to outcome measure a): Achieved.

b) 'Green' level achieved for 80% of indicators

Delivery to outcome measure b): Achieved. 82% = 32 indicators (figures in brackets relate to outcome of cycle 3 assessment)

Standard	Red	Amber	Green	Indicators x
No. 1: Carers/Named Persons and their essential role are identified at first contact or as soon as possible afterwards.	0 (2)	0 (2)	8 (4)	8
No. 2: Processes are in place which ensures staff are aware of the role of carers/named persons.	1 (1)	1 (1)	1 (1)	3
No. 3: Policy and practice protocols regarding confidentiality and information sharing are in place.	2 (2)	1 (1)	5 (5)	8
No. 4: Defined post(s) and networks responsible for carer support are in place.	0 (0)	1 (1)	4 (4)	5
No. 5: A comprehensive introduction to the Hospital and processes to support ongoing involvement throughout the care journey is in place.	1 (2)	0 (0)	11 (10)	12
No. 6: A range of carer support mechanisms are available.	(0)	(0)	3 (3)	3
Total	**4 (7) -3**	**3 (5) -2**	**32 (27) +5**	**39**

Final assessment cycle is scheduled for November 2021, following which time an external panel of Forensic Network and Third Sector partners will support the ratification process.

6) Local policies have undergone an EQIA, prior to implementation, which is fit for purpose

a) **100% of all locally generated policies have an approved EQIA**

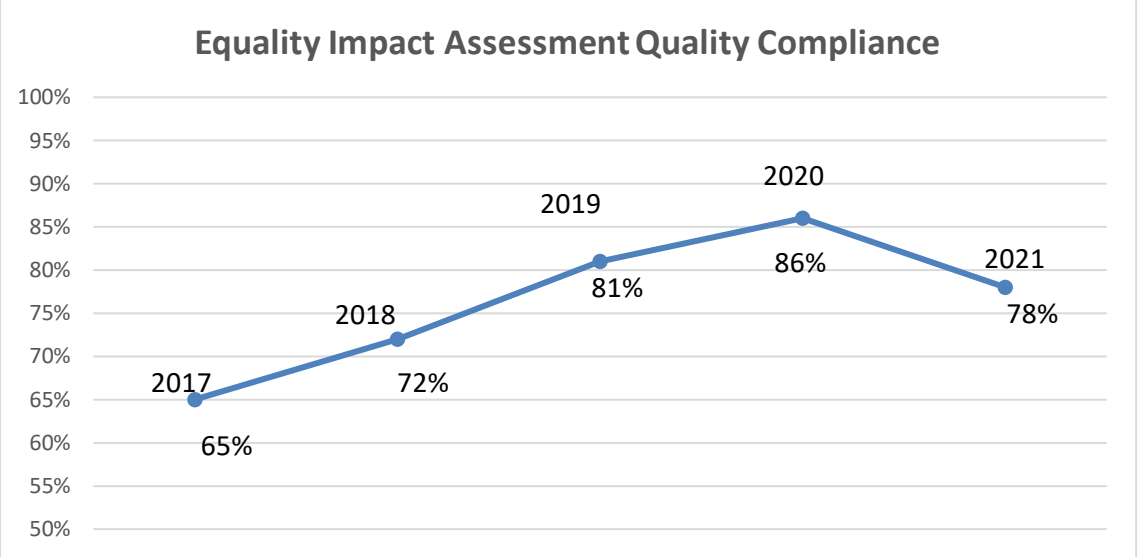
Delivery to outcome measure a): Not achieved

As of September 2021, 114 of the 130 TSH policies in place have approved EQIAs, representing 88% of all policies. Comparative data to the same period in 2020 indicates a decrease from 38 outstanding EQIAs to the current deficit of 16. The Policy Approval Group, (PAG) formed in 2020, to support a more proactive approach to ongoing improvement, continue to monitor and act on any areas of concern.

b) 10% increase in quality compliance scores when compared to 2020

Delivery to outcome measure b): Not achieved

Concerns highlighted to PAG in relation to quality of EQIAs completed, representing an 8% decrease in quality compliance. Issues relating to staff who have not completed the EQIA training prior to undertaking this assessment. New process developed to ensure that Directors assume responsibility for ensuring that staff tasked with developing / refreshing polices have attended EQIA training in order to equip them with the appropriate skills to undertake this complex assessment.



The data continues to indicate a need for improvement in relation to understanding the impact of policies / protocols, specifically in relation to the Protected Characteristic groups**.** The characteristics relating to 'disability', 'age', 'race/ethnicity' and 'religion/belief' are of particular relevance to the organisation in the context of the refresh to the Clinical Services Delivery Model as the organisation considers how best to group patients within specific wards.

7) Publication of updated Equality Outcomes (appendix 2) by April 2021

a) All Directors engaged in collaborative development

Delivery to outcome measure a): Achieved

Virtual seminars took place with all Directors, following which Service Leads were allocated responsibility to undertake the follow-up work required to develop draft Equality Outcomes. A total of 13 opportunities emerged highlighting potential to improve the experience of Protected Characteristic Groups within TSH.

b) Robust prioritisation process undertaken, based on the needs of Protected Characteristic Groups

Delivery to outcome measure b): Achieved

The Equality Outcome Priority Criteria template was used to agree on outcomes which could be realistically achieved, given the current challenges relating to Covid-19 and the complexity of the work required to implement the refreshed Clinical Service Delivery Model.
When scrutinising the supporting evidence, it was agreed that 3 related to linked inequalities and could reasonably be combined to form a single outcome and a further 2 were very similar and could be merged. Three inequalities identified have not been progressed through the Equality Outcomes work streams as they relate to legislation, existing national work streams and changes to local processes already underway. A total of 7 outcomes were therefore prioritised.

The majority of the Equality Outcomes developed from stakeholder correlate with wider corporate objectives, including the Clinical Service Delivery Model, least restrictive practice, digital inclusion, equity of access for patients with an Intellectual Disability, supporting healthy choices, shared decision making and staff wellbeing. It is therefore reassuring that this piece of work offers additional evidence to support existing work streams working on improvements which will mitigate potential health inequalities for the Protected Characteristic Groups.

8. Facilitate national 'What Matters to You?' initiative, engaging all stakeholders

a) Engagement with patients, carers, volunteers and staff

Delivery to outcome measure a): Achieved

In previous years, those engaging in the 'What Matters to You?' initiative has been limited to patients, carers and volunteers, mirroring national practice. However, in recognition of the very challenging situation all stakeholders have experienced since March 2020, the decision was taken to extend this initiative to include *staff.

This year we heard about how patients coped with a more limited model of care (appendix 3), the challenges for families unable to visit, volunteers coming to terms with losing valued roles, staff responding to different ways of working, including the isolation of those who were shielding, the onus of balancing home-schooling with home-working as well as many other aspects of living and working through a pandemic.

Reflections were brought to life through images, which are being used to build jigsaws which will be mounted for display throughout the Hospital.

*staff feedback will be shared through the HR and Wellbeing Group reporting structure.

b) Patient feedback aligns to Person Centred Feedback database indicators

Delivery to outcome measure b): Achieved

The local feedback database was developed in collaboration with external partners, enabling TSH to contribute to collation of national data sets specific to six core person-centred principles, informed by the experience of patients and carers, specifically in relation to mental health service delivery:

i) Person centred values.
ii) Effective communication.
iii) Physical comfort.

iv) Emotional support.
v) Effective relationships.
vi) Access to care.

Ongoing feedback is mapped to these principles within the quarterly 'Learning from Feedback Report', from which service improvement opportunities are progressed. Feedback relating to the importance of effective relationships are a regular theme, as is the need to ensure that patients are treated as individuals with discrete needs.

Key performance indicator overall performance

10 of 15 outcome measures achieved. 3 of those partially achieved are directly as a result of the impact of Covid-19. A plan is in place to support achievement of the remaining 2 relating to the equality agenda.

6. Overview of service remit

Equality and Diversity Agenda

Equality, Diversity and Rights Training continues to be delivered via the mandatory online module. The half day interactive in-person workshops were suspended in March 2020 however recommenced in September 2021. As is the case with the majority of in-person training programmes, there is therefore currently a delay in access to this training, also impacted by wider resourcing challenges.

As a result of restrictions on in-person training, EQIA training has been delivered virtually since March 2020. 1:1 input continues to be provided to support policy authors to engage in this area of policy development to ensure a proactive approach to mitigating potential health inequalities (ref 20).

The EQIA process highlights the needs of those with barriers to effective communication impacting on the recovery process who require 'Augmentative and Alternative Communication' (AAC) (ref 19).

The Fairer Scotland Duty (2018) (ref 14) places responsibility on the organisation to consider inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Following consultation on the draft updated guidance (2021), it is likely that the recommendation to incorporate this duty within the EQIA process will form part of the refreshed framework due to be published in 2022. The NHS Equality Lead network is currently informing development of the refresh.

Enabling Patients to share Feedback Contributing to Service Design

Patient feedback continues to be shared via the Operational Model Monitoring Group. This approach supports a rapid response to patient and carer feedback, which informs ongoing iterative changes to operational protocols driving service recovery.

The PPG have a dedicated service improvement meeting each month in order to ensure that patients are appraised of developments and encouraged to offer feedback contributing to the Digital Inclusion programme, Supporting Healthy Choices and Clinical Service Delivery Model refresh.

The views of stakeholders contribute to informing service design locally through:

- Hospital Management Team.
- OMT.
- Clinical Governance Group.
- Patient Active Day Project Group.
- Patient Safety Group.
- Supporting Healthy Choices Group.
- Digital Inclusion Group.

- Mental Health Practice Steering Group.
- Clinical Forum.
- QI Forum.
- Service change consultation / Short Life Working Groups.

The PCIL ensures the unique needs of TSH stakeholders are shared in respect of influencing the national person-centred landscape, through membership of external groups including:

- NHS Person-centred Leads.
- NHS Equality Leads.
- Scottish Government Person Centred Stakeholder Forum.
- Scottish Government Visiting Reactivation Steering Group
- NHS/Third Sector Volunteer Leads.
- Scottish Government Cross-Party Volunteering Forum.
- NHS Spiritual and Pastoral Care Leads.
- HISCE QFE Development Group.
- National AAC Advisory Group.

Volunteer Input

Pre-Covid, 15 volunteers provided a wide range of input to complement service delivery across the Hospital. Volunteer input ceased in March 2020 with 3 volunteers no longer available as a result of taking up full-time employment. Applications continued to be submitted during this period, which have since been screened. There are currently a total of 10 applications being followed up.

Volunteer Visitors returned in April 2021, with Spiritual and Pastoral Care volunteers resuming their roles in August 2021. Discussions are taking place at present to support Skye Centre Patient Activity volunteers to resume based on a peripatetic model rather than being affiliated to one activity centre. This more flexible approach will ensure that volunteers can continue to provide input each week if changes to the activity timetable are required at short notice.

Carer Support

The Triangle of Care assessment has highlighted some valuable learning in terms of understanding the lived experience of carers associated with TSH patients. One of the key points emerging is the importance placed on shared decision making and its value within the Care Programme Approach process. Insight into the needs of carers at different stages of their journey through TSH will continue to inform the refreshed Clinical Service Delivery Model.

The well-established local practice of offering financial support to visitors travelling to the Hospital is recommended to wider forensic settings (Independent Review into the Delivery of Forensic Mental Health Services, 2021) (ref 18).

As a result of the impact of Covid-19, in addition to national transport issues, there have been some challenges in respect of visitor travel: costs have risen significantly, trains to local stations have reduced in frequency, infection rates continue to fluctuate impacting on ward closures and, as a result, access for visitors, and visitors are reluctant to use public transport. There are a number of visitors who have physical heath / mobility issues and are unable to travel independently.

Work is underway with Third Sector partners to explore the development of a TSH volunteer drivers scheme which will deliver an individually tailored approach to support those most in need of such input to visit regularly.

The Carers' Support Group and Carers' Trust (Scotland) are in the early stages of engaging with TSH in a piece of work to identify opportunities to enhance carer involvement by developing a Carers' Needs Support plan. Forensic Network partners will be invited to contribute to this initiative moving forward.

The interim visiting model introduced in July 2020 remains in place. Feedback indicates that this approach continues to be well received by all stakeholders.

A short life working group, commissioned by the Corporate Management Team (CMT) to consider the viability of implementing this practice as a permanent visiting model is currently underway. Recommendations are due to be shared with CMT in November 2021.

In order to support a consistent approach to engaging the Carers' Representative and ensure training is embedded within the support mechanisms for this role, TSH Carers' Representative role descriptor was developed in collaboration with the Carers' Support Group and Carers' Trust (Scotland). This piece of work has offered a helpful opportunity to review the role of this member of the Person Centred Improvement Steering Group, specifically in relation to responsibilities, aspirations and safeguarding information.

Patients' Advocacy Service (PAS)
The PCIS continue to support the role of PAS, ensuring that the PAS Patient Board member is able to attend regular meetings and participate fully in the PAS AGM. Meetings have been facilitated virtually since March 2020, however in-person meetings recommenced in September 2021.

The PCIL meets regularly with the PAS Manager to discuss forthcoming Mental Welfare Commission visits, and general feedback, ensuring PAS remain fully involved in all aspects of service delivery and maximising opportunities for collaborative learning.

The Person Centred Improvement Advisor, PAS Manager and Complaints Officer meet regularly to share feedback from patients, identify trends / themes and use a triangulated approach to analyse the data included within the quarterly 'Learning from Feedback' Report.

7. Progress to previous key actions

	Action	Outcome	Comment
1.	Tailor national 'Interpretation and Translation Policy' for implementation locally.	Outstanding	National policy was delayed by 9 months as a result of Covid-19. Now published.
2.	Develop Carers' Policy.	Outstanding	Delayed due to resourcing challenges and additional workload relating to operational responsibility for visiting.
3.	Adapt local Volunteer Impact Assessment to incorporate national volunteering framework.	Complete	Now in use. Outcomes to be included in future Board Reports.
4.	Support Hospital wide working group to identify and explore options to develop an enhanced visiting experience aligned to the refreshed Clinical Service Delivery Model.	Ongoing	SLWG commenced September 2021.
5.	Undertake QI project to increase the number of patients receiving visits.	Ongoing	Scoping exercise underway to identify potential barriers to in-person visiting.
6.	Publish Equality Outcomes Report to national standards.	Complete	7 outcomes identified to support a more inclusive approach for Protected Characteristic Groups.
7.	Support progression of the digital agenda to enhance patient and carer involvement.	Ongoing	Internet shopping browsing experience now implemented.
8.	Undertake service review to support service remobilisation and new visiting model.	Complete	See no. 4.
9.	Support Hospital wide Patient Activity Project.	Ongoing	Patient feedback contributed to development of project plan.

8. Challenges, solutions and service development opportunities

Challenges	Solutions / Development Opportunities
Competing priorities as a result of increased workload relating to visiting, impacting on delivery of core function.	Undertake service review following outcome of Visiting SLWG.
'Flat' service workforce structure, need for future proofing in terms of succession planning.	Include within above review to ensure capacity and resilience.
Implementing person-centred visiting, aligned to national guidance. Risks identified as a result of increased use of the Family Centre for visiting.	SLWG commissioned to make recommendations to CMT.
Implementing the new HIS CE QFE self-assessment.	Align existing evidence base to 3 domains which form the QFE: 1. ongoing engagement and patient / care involvement (15 indicators). 2. Involvement of people in service planning, strategy and service design (13 indicators). 3. Governance: Supporting leadership in community engagement (13 indicators).

9. Implications

Staffing
The current staffing establishment of 2 full-time, 2 x 0.5 and 1 x 0.4 WTE has been supplemented to support the current interim visiting arrangements. Following a review of the visiting model, the Corporate Management Team has confirmed that the centralised visiting model will be implemented permanently moving forward.

A proactive approach to ensuring capacity and resilience are in place at service leadership level will be the key focus of the coming six months.

Finance
There are increased costs relating to resourcing of the centralised visiting model however, additional costs relating to the current financial year have been offset by the savings within the Visitor Travel Budget. Funding has been sourced from within the Nursing Directorate to resource a 12-month operational development role to support visiting.

A business case has been approved to fund renovation of the Family Centre garden area from the Capital Budget.

10. Key actions for the next twelve months

	Action
1.	Tailor national 'Interpretation and Translation Policy' for implementation locally.
2.	Develop Carers' Policy.
3.	Complete QI project to increase the number of patients receiving visits.
4.	Develop Action Plans for all Equality Outcomes.
5.	Undertake QI project to increase the number of patients receiving visits.
6.	Support achievement of updated Supporting Healthy Choices Plan.
7.	Implement national Quality Framework for Engagement.
8.	Implement revised Patient Safety Climate Tool.
9.	Adapt EQIA process to incorporate inclusion of updated Fairer Scotland Duty.
10.	Undertake service review to support capacity and resilience at leadership level.
11.	Develop local volunteer drivers' scheme.
12.	Develop Carers' Needs Support Plan.

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Appendix 1 **Patient Partnership Group: Influencing Practice, Improving Experience**

We asked "What would make your shopping experience better?"

You said	We did	The difference it made
"Shopping for clothes and stuff is a nightmare. You need to wait till you	Spoke to patients to understand which websites are the ones most	"It's a good idea and gives me back a bit of control and choice." "I was used

Appendix 2 **The State Hospital Equality Outcomes 2021-25**

Outcome	
1	The outcome of every CPA review process will evidence a collaboratively developed, individually tailored care and treatment plan.
2	Practice, supported by policy, is embedded to ensure that all TSH patients who experience increased emotional distress are cared for adopting a consistent, least-restrictive, person-centred, trauma-informed approach.
3	All patients are supported to participate in a level of physical activity which reciprocates national recommendations, introduced as part of health and wellbeing preventative guidelines.
4	All patients are cared for in ward cohorts which reflect the patient's current stage of recovery, enabling a person-centred model of care which delivers least restrictive practice.
5	TSH will introduce use of digital platforms, enabling patients to communicate safely, effecting reciprocity of access with people who experience mental health issues.
6	Tailored processes, adopting a least restrictive approach are in place to support reciprocity of access to TSH physical environment for all patients.
7	Every member of staff and volunteer will be signposted to and have access to informal, independent, individually tailored Pastoral Support which reflects a holistic approach to wellbeing.

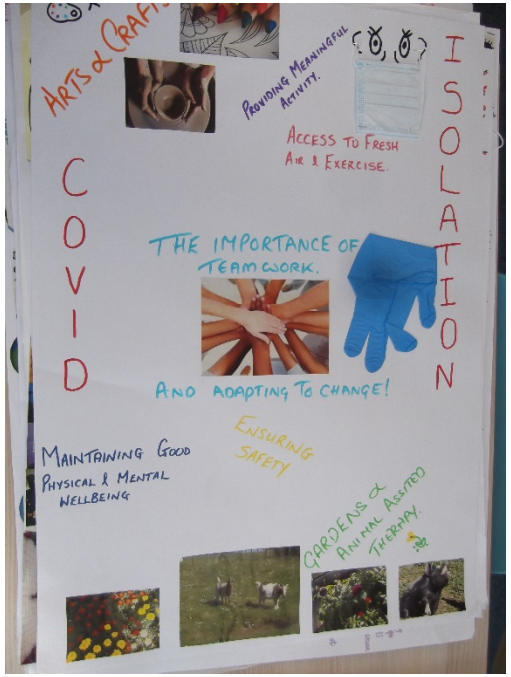
Appendix 3

The State Hospital Initiative 2021: Patient Feedback

Patients across the Hospital engaged in the 'What Matters to You?' initiative focussing on the impact of Covid-19:

Patient Feedback Indicator	Feedback Shared	Posters and Learning
1. Person Centred Values: Culture/Faith Dignity and Respect Quality of Life Shared Decision Making	"We were "I needed you to listen to "Staff "Staf f were good at "No haircuts not a "I matter, you matter,	 • Compassionate care delivery • In response to feedback, equipment was provided for patients to cut their own hair. • Scope to think about how staff can be more easily identified when wearing PPE.

Patient Feedback Indicator	**Feedback Shared**	**Posters and Learning**
2. Effective Communication: Care and Treatment Individual Communication Needs Digital Inclusion "I saw my family every week	"How does anyone think "Everything that I like doing off "We couldn't "Sometimes your head was	 • Value of virtual communication to maintain relationships. • Impact of environmental restrictions. • Lack of spontaneity of contact based on need. • Communication barriers relating to use of facemasks.

Patient Feedback Indicator	Feedback Shared	Posters and Learning
3: **Physical Comfort:** Daily Living Activities Clean and Comfortable Surroundings Health and Wellbeing Safety and Security "Cateri ng staff were "In lockdo wn, the only	"We could have done "Would be good "Covid got "I was worried that if I "You neede d to make "I'm lucky I'm not	 • Acknowledgement of Catering Team's compassionate approach. • Recognition of frustrations of restricted model. • Learning opportunities for patients.

Patient Feedback Indicator	Feedback Shared	Posters and Learning

4: **Emotional Support:**
Peer Support
Clinical
Family / Friends

"I heard staff talking about patients who had Corona

"Covid stopped me

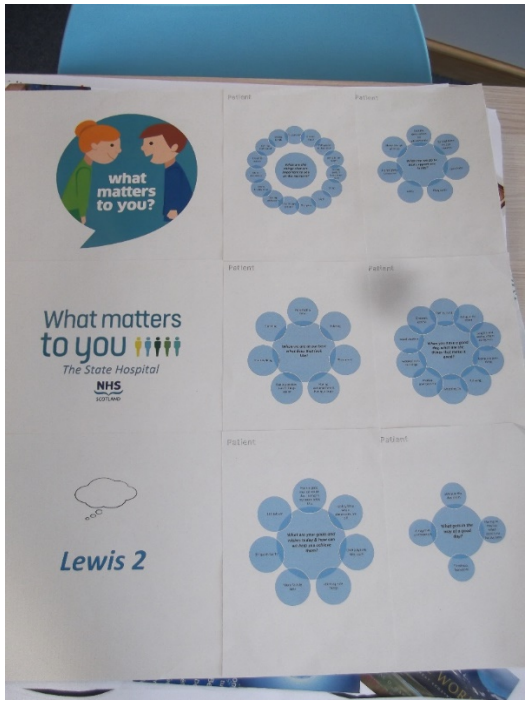
"Why can't my dog come with my mum to

"When we were in lockdown it

"The folk that do

"The choir

"I like to talk to patients who are



- Impact of patients unable to communicate with peers in other wards.
- Importance of relationships.

Patient Feedback Indicator	Feedback Shared	Posters and Learning
5: **Effective Relationships** Meaningful Involvement of Carers Clinical Teams Working Together	"I came in when Covid just started. The only" "My key worker is the only one who I" "They put us into 'bubbles' "My RMO gets me. I would like her to be around more" "Staff may be the" "Having respect for each other means that"	 • Value of shared decision making. • Importance of consistent relationships.

Patient Feedback Indicator	Feedback Shared	Posters and Learning

6: **Access to Care**

"I needed to see the consultant and staff

"I'm not any

"I'm lucky I

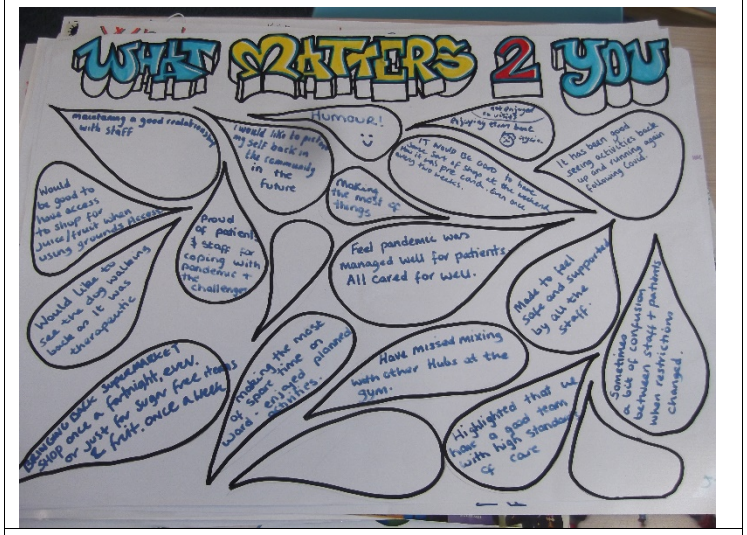
"One of the good

"Covid meant it's taking

"I put

"It was

"No



- Value of structured activity.
- Impact of suspension of some areas of care delivery.