



THE STATE HOSPITALS BOARD FOR SCOTLAND

PERSON CENTRED IMPROVEMENT SERVICE

TWELVE MONTH UPDATE REPORT

NOVEMBER 2021 - OCTOBER 2022

Contents	Page
1. Core Purpose	3
2. Current Resource Commitment	4
3. Summary of Core Activity	4
4. Comparison with Previous Year's Planned Activity	4
5. Performance to Key Performance Indicators	5
6. Stakeholder Experience	8
7. Planned Quality Assurance/Improvement Work Steams for the Next Twelve Months	9
8. Next Review Date	9
References	10
Appendix	11

1. Core Purpose

The 'Person Centred Improvement Service' (PCIS) supports services across The State Hospital (TSH) through its diverse work streams contributing to delivery to the Annual Operating Plan, specifically in relation to:

- Implementation of the Clinical Model
- Maximising opportunities for patient activity.
- Collaborating with the Forensic Network.
- Working with stakeholders to enhance the reputation of TSH.
- Engaging with development of national work streams.
- Embedding the Supporting Healthy Choices programme.
- Ensuring the delivery of individually tailored care and treatment plans.
- Addressing patients' social wellbeing issues.
- Supporting transition to step down services.
- Supporting digital innovation for patients.
- Supporting a quality improvement approach.
- Enabling patients to engage with the climate change agenda.

The PCIS portfolio supports 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 input.
- Carer / Named Person / visitor support.
- Visiting experience.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patients' Advocacy Service (PAS).

This report relates to the period November 2021 to October 2022, during which time the service continued to support wider disciplines including nursing and medical colleagues in terms of delivering a range of national drivers e.g. 'Realistic Medicine' (Scottish Government, 2016) (ref 2), 'Excellence in Care' (Scottish Government, 2015) (ref 3) and the 'Scottish Patient Safety Programme' (ref 20), which highlight the need to ensure that stakeholder feedback is embedded within service design.

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, national drivers and reviews including:

- The Framework for NHS Scotland: 'Re-mobilise. Recover, Redesign' (2020) (ref 19)
- Mental Health Strategy (2017-2027) (ref 4).
- 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 6).
- Safety and Protection of Patients, Staff and Volunteers in NHSScotland (2017) (ref 7).
- Public Sector Equality Duty (2016) (ref 8).
- Health and Social Care Delivery Plan (2016) (ref 5).
- Carers (Scotland) Act (2016) (ref 13).
- Equality Act (2010) (Specific Duties) (Scotland) (ref 11).

- Independent Review into the Delivery of Forensic Mental Health Services (2021) (ref 18).

Partnership working continues with key external stakeholder groups, including, the Scottish Government Person Centred Stakeholder Group, Mental Welfare Commission, Forensic Network partners, Health Improvement Scotland Community Engagement (HISCE), Scottish Human Rights Commission, Volunteer Scotland and Carers' Trust (Scotland).

2. Current Resource Commitment

Annual budget

£257,000: Staff - £208k, Chaplaincy Team - £9k, Visitor Travel, Volunteer Expenses and wider service running costs - £40k.

Job Title	Band	Actual WTE	Budget WTE	Comments
Person Centred Improvement Lead	8b	1.0	1.0	Succession planning in progress as part of directorate re-structure
Charge Nurse	6	1.0	1.0	12-month development role (to July 2023)
Person Centred Improvement Nurses x 2	5	0.6	0.6	0.6 each post
Person Centred Improvement Nurse	5	0.2	0.2	12-month funding (to July 2023)
Clinical Support Worker	5	1.0	1.0	
Clinical Support Worker	3	0.4	0.4	

3. Summary of Core Activity

- Facilitated the Hospital wide WMTY initiative.
- Reviewed visitor travel support arrangements and developed new Volunteer Driver Scheme.
- Supported development of 'Nu 2 U' Patient Charity Shop.
- Successful bid for capital funds for renovation of Family Centre garden.
- Equality Impact Assessment of CCTV, Digital Inclusion and Clinical Model projects.
- Supported Patient Partnership Group (PPG) Chair to develop a process to ensure that patient experience influences the Clinical Model implementation plans.
- Developed and implemented the new 'Supporting Patient and Carer Involvement' Policy.
- Supported patients to engage in the Quality and Safety Walk Rounds.
- Enabled PPG to share their experience of care directly with Scottish Government Ministers.
- Transferred online volunteer mandatory training modules to hard copy format in response to volunteer feedback.
- Family Centre visiting implemented as permanent (ward visits also facilitated take where clinical presentation requires this approach).
- Supported development of Arts Therapies evaluation tool.
- Team completed 'Talking Mats' Training, now in use with Intellectual Disability PPG.
- Influenced front-line staff recruitment process through PPG input.
- Progressed the 'Triangle of Care' assessment.

4. Comparison with Previous Year's Planned Activity

Responsibility for the Family Centre visiting process in the absence of additional resourcing until July 2022, increased workloads relating to concurrent service improvement projects as well as supporting ward resourcing has impacted on the ability to fully achieve key pieces of work planned for this year.

	Action	Update
1.	Tailor national 'Interpretation and Translation Policy' for implementation locally.	Complete.
2.	*Develop Carers' Policy.	In progress. Working with Forensic Network to develop Forensic-wide Carer Support Guidance. <i>Revised timescale: March 2023</i>
3.	*Develop Action Plans for all Equality Outcomes.	In progress. 50% complete. <i>Revised timescale: April 2023</i>
5.	Support achievement of updated Supporting Healthy Choices Plan.	Ongoing. PPG engaged in timetabling activity including physical activity.
6.	Implement national 'Quality Framework for Engagement'.	Led by HIS, draft framework currently being piloted with 2 NHS Boards prior to wider implementation.
7.	Implement revised Patient Safety Climate Tool.	In progress. National tool tailored for local use. To be further developed to include baseline measure to support evaluation of Clinical Model implementation. <i>Revised timescale: Feb 2023</i>
8.	Adapt EQIA process to incorporate inclusion of updated Fairer Scotland Duty.	In progress. <i>Revised timescale: May 2023</i>
9.	Undertake service review to support capacity and resilience at leadership level.	Complete. Additional 12 month Charge Nurse post developed and recruited (July 2022)
10.	Develop local volunteer drivers' scheme.	Complete.
11.	*Develop Carers' Needs Support Plan.	In progress. Now merged with no. 2 as part of the proposed Carer Support Guidance.

*Work streams aligned to refreshed Clinical Service Delivery Model, delayed due to impact of Covid-19 pandemic.

5. Performance to Key Performance Indicators

	Performance Measures	Outcomes	Trend								
1.	Patients from all areas of the Hospital are meaningfully engaged in contributing to service design.										
a)	<p>Patient Partnership Group (PPG) is facilitated 50 weeks of the year.</p>	<p>PPG was impacted as a result of re-introduction of restrictive practice relating to Covid-19, resulting in a number of cancelled groups. PPG members were encouraged to contact the PCIT via the telephone and limited ward outreach input was offered where it was possible to access wards closed due to Covid. During this period the ward Suggestion / Feedback boxes continued to be serviced with PPG sharing feedback via this method also. Feedback from PPG continues to be shared at a senior level and acted upon quickly (appendix 1).</p>	<p>Number of PPG Sessions Facilitated</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of PPG Sessions Facilitated</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>24</td> </tr> <tr> <td>2021</td> <td>23</td> </tr> <tr> <td>2022</td> <td>37</td> </tr> </tbody> </table>	Year	Number of PPG Sessions Facilitated	2020	24	2021	23	2022	37
Year	Number of PPG Sessions Facilitated										
2020	24										
2021	23										
2022	37										

b)	PPG membership includes representation from all wards.	Having had a settled group of PPG members during 2021/21 as a result of limited patient movement due to the impact of the pandemic, this year, 2 members of the group transferred to step down services. Despite efforts around succession planning, one patient representative role remains vacant at the time of writing this report. The other vacancy has recently been filled and training is currently ongoing to support the patient to contribute meaningfully to the work of the group.	<p style="text-align: center;">PPG Representation from all Wards</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Representation (%)</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>100%</td> </tr> <tr> <td>2021</td> <td>100%</td> </tr> <tr> <td>2022</td> <td>80%</td> </tr> </tbody> </table>	Year	Representation (%)	2020	100%	2021	100%	2022	80%
Year	Representation (%)										
2020	100%										
2021	100%										
2022	80%										
c)	An average of 10 patients attend PPG each week.	Remains consistent.	<p style="text-align: center;">Average Patient Attendance at PPG</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Average Attendance</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>10</td> </tr> <tr> <td>2021</td> <td>10</td> </tr> <tr> <td>2022</td> <td>10</td> </tr> </tbody> </table>	Year	Average Attendance	2020	10	2021	10	2022	10
Year	Average Attendance										
2020	10										
2021	10										
2022	10										
d)	PPG engage with internal stakeholders fortnightly and external stakeholders monthly.	Internal stakeholder engagement remains consistent. Engagement with external stakeholders increased to monthly. Level of involvement with both stakeholder groups increased this year.	<p>2020 - Internal: monthly, external bi-monthly 2021 – Internal 3 weekly, external bi-monthly 2022 – Internal fortnightly, external monthly</p>								
2. Patients who have no visitors have the opportunity to receive visits.											
a)	100% of referrals for volunteer visitor input are fulfilled.	1 referral received and met. Sporadic impact of Covid-19 on visiting resulted in challenges in relation to volunteer recruitment.	First year KPI, trend analysis unavailable.								
3. Wider patient attendance at group based spiritual & pastoral care activities.											
a)	Attendance mirrors national average trend (8.9%) (ref 16).	Increase in attendance this year, reflecting a considerable increase on the Scottish data.	<p style="text-align: center;">Percentage of Patients Attending Spiritual and Pastoral Care Activities</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>11%</td> </tr> <tr> <td>2022</td> <td>15%</td> </tr> </tbody> </table>	Year	Percentage (%)	2021	11%	2022	15%		
Year	Percentage (%)										
2021	11%										
2022	15%										
4. Progress to TSH BSL Action Plan (2018-24)											
a)	16 of total of 18 indicators achieved	Achieved. Remaining 2 relate to wider pieces of work currently in progress (Digital Inclusion Project and refresh of TSH intranet). On target for 2024 deadline.									

5. Carers are enabled to contribute meaningfully to patient outcomes.										
a)	Undertake cycle 5 of 'Triangle of Care' assessment (ref 17). Achieved.									
b)	'Green' level achieved for 80% of the 39 indicators. 90% in green status. 4 outstanding actions (2 of which coalesce), 1 requires collaboration across the Forensic Network and third party sectors and 1 with colleagues in NHS National Education for Scotland to develop national 'Carer Awareness' Training modules. Both long-term pieces of work for completion by end of 2023.									
6. Local policies have undergone an Equality Impact Assessment (EQIA), prior to implementation, which is fit for purpose.										
a)	All those responsible for undertaking EQIAs have been trained. Directors nominated those responsible. 2 training sessions delivered with a total of 14 additional staff trained this year. Bi-annual workshops scheduled to train staff who become responsible for this remit.									
b)	100% of all locally generated policies have an approved EQIA. 90% of local policies have a current EQIA, a 2% increase on last year. 113 of 125 local policies have an approved EQIA. Of the outstanding 12, 9 HR policies are being reviewed nationally and may not require a local EQIA. 1 policy is currently being reviewed with a view to being re-categorised as a guidance document. 2 policies are currently being refreshed, including EQIAs.	<p>Policies with Approved EQIA</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>62%</td> </tr> <tr> <td>2021</td> <td>88%</td> </tr> <tr> <td>2022</td> <td>90%</td> </tr> </tbody> </table>	Year	Percentage	2020	62%	2021	88%	2022	90%
Year	Percentage									
2020	62%									
2021	88%									
2022	90%									
c)	EQIA data is used to highlight the needs of protected characteristic groups impacted by service change. Ongoing. CCTV Project EQIA complete. Digital Inclusion and Clinical Model Project EQIAs in progress and will continue to be developed as a dynamic process as the projects evolve.									
d)	10% increase in quality compliance scores when compared to 2020/21. Following a decrease in compliance last year, this year has seen a 6% increase, however compliance remains lower than 2019/20. 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	<p>Equality Impact Assessment Quality Compliance</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>86%</td> </tr> <tr> <td>2021</td> <td>78%</td> </tr> <tr> <td>2022</td> <td>84%</td> </tr> </tbody> </table>	Year	Percentage	2020	86%	2021	78%	2022	84%
Year	Percentage									
2020	86%									
2021	78%									
2022	84%									

		<p>organisation considers how best to group patients within specific wards. With a large number of staff responsible for policy development, frequency of completion of EQIAs is low and therefore there are challenges in relation to sustaining the learning.</p> <p>This is an element of the equalities agenda which will form part of the service review in 2023.</p>	
--	--	--	--

6. Stakeholder Experience

“When I come in for a visit in the Family Centre, I can imagine I’m in a cafe. Great atmosphere, staff always smiling”

“I have a volunteer visitor who comes every month to visit me. I really look forward to her visits, she makes me laugh”

“Going to PPG has helped me to speak out. Staff really listen to you. Wish it was on more than once a week”

“The Person Centred Team make sure I get to Church every week even when there’s problems with having enough staff”

“She called me when my son was admitted and made me feel less anxious about coming in for the first time”

7. Planned Quality Assurance/Improvement Work Steams for the Next Twelve Months

Quality Assurance	Quality Improvement
Complete action plans for all Equality Outcomes and publish bi-annual update.	Develop Carer Support Guidance.
Develop and implement Patient Safety and Recovery feedback tool.	Evidence of patient/carer experience influencing implementation of Clinical Model.
Adapt EQIA to incorporate Fairer Scotland Duty compliance.	Complete EQIAs for Digital Inclusion and Clinical Model projects.
Review of volunteer and visitor financial travel support.	Develop Carer Awareness Training Module.
Review PCISG Terms of Reference.	Review of PCIS to support succession planning.
Review Volunteering Policy	Enhance Family Centre visiting process to include 'lunch visits'.

8. Next Review Date

An update report will be published in October 2023.

References

1. Health Improvement Scotland, Health and Care Programme, http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx
2. Practising Realistic Medicine, Chief Medical Officer's Annual Report (2018), <https://beta.gov.scot/binaries/content/documents/govscot/publications/report/2018/04/practising-realistic-medicine/documents/00534374-pdf/00534374-pdf/govscot:document/?inline=true/>
3. Excellence in Care- Scotland's National Approach (2015), <https://www.gov.scot/Publications/2015/09/8281/3>
4. Mental Health Strategy (2017-2027) <http://www.gov.scot/Publications/2012/08/9714>
5. Health and Social Care Delivery Plan (2016) <http://www.gov.scot/Publications/2016/12/4275>
6. Rights in Mind (2017) <http://www.mwc.scot.org.uk/rights-in-mind>
7. Safety and Protection of Patients, Staff and Volunteers in NHSScotland (2017) [www.sehd.scot.nhs.uk/dl/DL\(2017\)07.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2017)07.pdf)
8. Public Sector Equality Duty (2016) <https://www.equalityhumanrights.com/public-sector-equality-duty>
11. Equality Act (2010) (Specific Duties) (Scotland) <http://www.legislation.gov.uk/sdsi/2012/97801110167181/contents>
12. Patient Rights (Scotland) Act (2011) <http://www.gov.scot/Topics/Health/Policy/Patients-Rights>
13. Carers (Scotland) Act (2016) <http://www.gov.scot?Topics/Health/Support-Social-Care/Carers/Carers-scotland-act-2016>
14. Fairer Scotland Duty (2018) <https://www.gov.scot/Resource/0053/00533417>
15. Volunteering for All: Our National Framework (2019) <http://www.gov.scot/publications/volunteering-national-framework>
16. Christianity in the UK (2020) https://faithsurvey.co.uk/UK_christianity.html
17. Worthington A, Rooney P, Hannan R (2013) The Triangle of Care 2nd ed, Carers Trust, London
18. Independent Review into the Delivery of Forensic Mental Health Services (2021) <https://www.gov.scot/publications/independent-forensic-mental-health-review-interim-report/>
19. The Framework for NHS Scotland: Re-mobilise, Recover, Redesign <https://www.gov.scot/publications/re-mobilise-recover-re-design>
20. Scottish Patient Safety Programme (Mental Health) (2012) <https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-programmes-of-work/spsp-mental-health>

Patient Partnership Group: Influencing Practice, Improving Experience

It Just Takes One



You said

"It's not fair that our ward has to close when only one patient has tested positive for Covid.

Our ward has been closed over and over again because patients keep catching it but it's only one person in a ward of twelve.

Why can't anyone who hasn't got Covid still go to placements and visits?"

We did

"We understand how frustrating this is for patients so have updated the protocol.

If there is a positive Covid result in your ward, all other patients will be asked to take an LFD test.

If this test is negative, you will be free to leave the ward and take part in activities".

The difference it made

"You have no idea how glad we are that you made these changes.

Our ward kept going into isolation and it was really starting to affect my mental health.

Now I know I can take a test in the morning and get to placements, go for a walk and still have family visits. This has made such a difference to everyone in the ward."