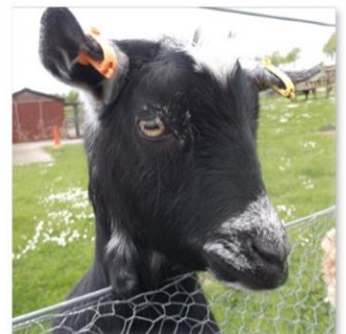
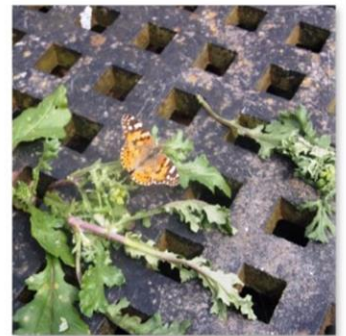


# PAS

patients' advocacy service

Annual Report 2021 - 2022



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## **Mission Statement**

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the Hospital, the service works independently within it to promote patients as individuals, to support them and to enable them to be fully informed and involved in their care and treatment.

## **History of the Patients' Advocacy Service**

The Patients' Advocacy Service (PAS) was established in 1997, with the recognition patients at The State Hospital were particularly vulnerable and needed a mechanism of independent support and assistance that would help them access services and information. It is vital the service provided to patients is flexible, efficient, independent and professional. PAS were employed by the Scottish Council for Voluntary Organisations (SCVO) from April 2004 until March 2009. On 1<sup>st</sup> April 2009 PAS officially became a Private Limited Company and a Registered Charity in January 2010. PAS is now completely independent of The State Hospital in line with Scottish Government legislation and the Scottish Independent Advocacy Alliance Guide for Commissioners. PAS is managed by an independent Board of Directors.

During this financial year, PAS had a part time Manager, 2 part time Advocacy Workers, 1 full time advocacy worker, and a part time administrator as part of the team.

### **Evaluations**

- PAS was evaluated in 2001 and 2006 by an external team, who found patients trusted and valued the Advocacy Service.
- PAS was benchmarked in November 2007 when The State Hospital ordered an internal audit report, following a value for money assessment.
- PAS instructed an Independent Evaluation of its service in February 2017. The evaluation was positive; feedback was sought from all levels of staff and patients as well as external professionals in the State Hospital and was used in the SLA tender in 2019.

### **Service Level Agreements**

- 3 years' Service Level Agreement (SLA) obtained for financial year beginning 1<sup>st</sup> April 2008 - 31<sup>st</sup> March 2011.
- 3 years' SLA with provision for a further 2-year extension obtained for financial year beginning 1<sup>st</sup> April 2011 - 31<sup>st</sup> March 2014 continued 1-year extension 2015.
- 3 years' SLA with provision for a further 2-year extension obtained for financial year beginning 1<sup>st</sup> June 2015 - 31<sup>st</sup> May 2018. 1<sup>st</sup> June 2018 we secured an additional year's extension.
- 3 years SLA beginning 3<sup>rd</sup> August 2019 with provision for a further 2-year extension.

### **Funding**

PAS continues to receive funding incorporated in to the SLA regarding "hard to reach patients". As part of this year, we have worked with the Person Centred Improvement Lead (PCIL) to establish what 'hard-to-reach' incorporates. This is further explained on page 7.

## Chair's Report

In 2021-2022 the Patients' Advocacy Service (PAS) has continued to deliver a crucial and consistent service to Patients within The State Hospital.

Despite the on-going challenges presented by Covid-19, the PAS team has continued to develop. It has remained committed, flexible and gone over and above to deliver an invaluable service that amplifies patient voices.

The Board are extremely proud of our team - Rebecca Carr, Stephanie Neilson, Lynn Macleod and Charlene Ramzan - for the outstanding work they have done during another extraordinary year, and we thank them for their commitment to improving the quality of patients' lives.

In 2021 a long-standing member of the team, Patricia Davidson, our Lead Advocate and Volunteer Coordinator, retired. The Board would like to pass special thanks to Patricia for the commitment to improving the lives of patients within the State Hospital, and for developing and supporting our volunteers and staff.

PAS leadership continues to foster excellent working relationships with colleagues in the State Hospital and continues to develop our service. The Board are delighted with staff progression and development, with Charlene Ramzan, who was previously an Administrator, moving into an Advocate role following both training and several months experience volunteering and shadowing advocates.

In 2021 we welcomed two new board members Ruth Buchannan and Innis Scott. My thanks to Ruth, Innis, and the rest of my board colleagues for continuing to bring a wealth of experience and providing expertise, support, guidance, and governance to PAS. The Board owes a special thanks to our Patient Rep who provided valuable insight into the day-to-day life within the State Hospital, highlighting patient concerns, challenges and views.

Finally, we also wish to pay thanks to long-serving board member Andrew Gardiner for his outstanding dedication to PAS. Andrew has serviced in a number of positions on the board and most recently as Treasurer. Although Andrew stood down from the board in 2021, he continues to offer advice, support and guidance to the board.

Michael Timmons

Chair



## **Manager's Report**

Covid-19 has continued to impact on both The State Hospital and Patients' Advocacy Service. During this time we had another instance of 'lockdown' where we were required to reduce our service and work in bubbles. Following discussion with the team, it was agreed we would work in bubbles of two individuals at a time. This ensured people were not feeling the impact of loneliness whilst working in the office and also offered slightly more time in the office to see and support patients. This was in place for a shorter period than last year which was positive. Unfortunately during this time our office, for the first time since the beginning of the pandemic had a covid-19 outbreak. Despite us working across 2 bubbles, both were impacted at that same time whilst additionally dealing with a period of sickness absence. This meant for a period of 8 days there was no one physically in the office. Fortunately our resilient team pushed through feeling rotten and were able to ensure we supported patients via videoconference for CPA's. We also remained in contact with the Person Centred Improvement Lead and Senior Charge Nurses to keep them abreast of the situation and were so appreciative of their support during this time.

Our focus continued to be ensuring the safety and wellbeing of staff and patients in whatever means necessary, whilst continuing to adhere to legislation and our SLA to provide a vital service to those detained under the Mental Health (Care and Treatment)(Scotland) Act 2003 and Criminal Procedure Scotland Act 1995. Throughout this period, the PAS staff have continued to be loyal, committed and flexible, without them the service would not have survived, and they really are the unsung heroes of the organisation.

Our staff team over the past year unfortunately took a hit when our long term volunteer co-ordinator and lead advocate Patricia Davidson was finally able to retire to sunny Australia. Although we are delighted she has been able to retire and be closer to her family, this was a significant loss for the PAS team. Trish had been our rock for a number of years offering advice both personally and professionally, recognising and encouraging talent and progression as well as being a fan favourite with the patients. She will be sorely missed from the PAS team and we wish her all the very best for the future. Due to this development, we were left with a gap in our service and we were able to fill this quickly although unfortunately we were impacted by a long term sickness absence and then another vacancy. This meant we were working at reduced capacity for a period of 8 months. After a period of volunteering, we were successfully able to offer a full time permanent advocacy role to Charlene, who was our administrator. She has fit seamlessly in to this role and is enjoying the new challenge of working more closely with the patients. At the very end of this period, we were able to recruit a new administrator to the role, Julie. Julie has started to work on getting to know the role and is lucky she has Charlene still on board to offer support and guidance when necessary. Having such a small team, it is imperative we have the right individuals working with us and they are able to adapt to our ways of working. Over the past year, it has shown us how challenging it can be to hire the right individuals but also the necessity this carries. We are delighted with our current staff team and hope by having so many fresh faces we can develop our service to be even better than it already is.

Unfortunately, due to the instability of the situation with Covid-19, we were unable to recruit any external volunteers during this period. As mentioned, we were able to offer Charlene a voluntary role for a few months and she was able to undergo our updated training programme and provide feedback on the induction and training programme as she was already a member of the PAS team. PAS are looking forward to the future and bringing new faces and experiences to the organisation in the volunteering programme when possible.

Patients have continued to be our primary focus. During this period we have further enhanced our statistics to ensure we are capturing the work we complete accurately. In addition we have also begun to collate how many CPA's we are attending as well as how we attend these meetings to give us more variable data. You can read more about our statistics on page 11.

As an addition to the work on data, we hosted a discussion with the Person Centred Improvement Lead to identify what constitutes as "hard-to-reach" as there was some confusion as to what this entailed. Following some research and discussion, it was agreed for TSH, this would be individuals who have protected characteristics and we will include data on this specific group of individuals in future reports.

Digitalisation of the office continued to be a necessity for PAS and as of 2021 we were able to move all of our systems to an independent cloud system. This system is completely separate to The State Hospital and ensures only PAS staff have access to the information collected from patients. This brings us more in line with the independent organisation we are. We have a number of ideas for service development, one of the things we would like to achieve is our own website rather than only being featured on The State Hospital website. Keep your eyes peeled as we hope to have this in place for the next annual report.

We have continued to remain active in various ways highlighting the patient voice. This past year we were able to attend both internal and external groups as well as 2 short life working groups, one of which related to Covid-19 Response and Learning and the other was a resurrection of the Communications and Specified Persons group which we had attended previously. Further groups and activity we participated in can be seen on page 9.

One of the major developments in forensic mental health was the release of the Independent Forensic Mental Health Review report. We have been involved by responding to consultations and attending discussion groups about the topic. We were delighted to see such a focus on independent advocacy and await any outcomes which will affect The State Hospital and how PAS is able to support these changes.

We are incredibly grateful to our patient rep who has continued to be involved with PAS for the last year, by attending board meetings virtually on a monthly basis. We thankfully were able to host one meeting in person but due to a further decline in Covid-19, we reverted to online meetings. We hope to view and amend our board meetings to ensure they are the best fit for both our board members who graciously give up their time to attend and also to our patient rep. In terms of new board members, over the past year we were able to recruit 2 new board members who both bring their own experiences from

different sectors. Innis Scott has a background in human resources whilst Ruth Buchanan's background is in social work as well as the mental health tribunal service. We were delighted to welcome both on board and have been delighted with their input. We also wish to extend our thanks to Andrew Gardiner who stepped down at the AGM after a lengthy period of being a Board Member. Although he is no longer a Board Member, Andrew continues to provide support to PAS through support sessions and we are grateful he continues to be a part of the service.

In the next year we will continue to offer a vital service to the patients detained in The State Hospital. Our future plans are included on page 15.

Rebecca Carr  
Manager



## **Review of 2021/2022**

### **Staff and Volunteers**

- All staff continued to complete mandatory modules and attend training as required by The State Hospital (TSH) when restrictions allowed.

### **Board of Directors**

- Held 11 Board meetings with input from our patient rep when safe to do so. 10 of these took place virtually and we hosted 1 in person meeting.
- Board members attended 2 team meetings with Staff.
- Began recruitment of new Board members.

### **Internal Participation**

- Person Centered Improvement Steering Group
- Patient Partnership Group
- Forensic Network Special Research Interest Group
- Responded to TSH policies including the PMVA policy and other consultations including MHTS routes of appeal following transfer to Scottish Tribunals
- Patient Groups via Virtual Platforms
- Corporate Parenting
- Complaints and Feedback
- Child and Adult Protection Forum
- Monthly meetings with PCI lead
- Started offering inductions to all student nurses
- Link meeting with the complaints team about changes to processes
- Patient Questionnaire Meetings/Poster
- Communications and Technology Group
- Started completing VAT data to demonstrate the number of CPA's we attend

### **External Participation**

- SIAA Managers Support Sessions
- SIAA Peer Support Sessions
- SIAA Roundtable – MHT Project
- SIAA Roundtable – Proposed Human Rights Bill
- SIAA Roundtable – Collective Advocacy
- SIAA Peer Support – Pause for Thought
- Mental Health Service Users and Carers Group
- SIAA AGM
- SIAA Leadership and Management Course
- Advocacy Managers Group
- High Secure Advocacy Leads Meeting
- MHTS Advocacy Reference Group

- Meeting with Mental Welfare Commission
- Consultations submitted for the Scottish Mental Health Law Review and Independent Forensic Mental Health Review
- COVID 19 response and learning short life working group

### **Patient Contact**

- 1531 contacts on the wards
- 46 Skye Centre Contacts
- 73 Patient Phone Calls
- Overall 1650 contacts with 136 patients.

### **Mental Health Act**

- Attended 57 tribunals.
- Completed 8 Advance Statements and 5 Updates of Advance Statements.

### **Knowledge**

- Dare 2 Lead – Book group on leadership
- New to Forensics
- Trauma Informed Care Meeting
- Addictions Webinar – Forensic Network
- Clinical Forum: Expert Reviews of Prisons
- Dementia Training
- Learning into Practice Meeting
- Adults with Incapacity – Foundation
- The Long-Term Effects of Child Sexual Abuse: Social, Psychological and Criminological Sequelae Confirmation Webinar
- Records Management Training
- SCVO – Introduction to People Management Training
- Human Rights and Mental Health Webinar
- Forensic Network Special Research Interest Group
- Restorative Justice in Sensitive Cases
- MWC consultation on investigating deaths during compulsory treatment
- Criminal Law and the CRPD – Vulnerability, Disability and Crime
- Victims and Trauma: The Impact of Trauma Training

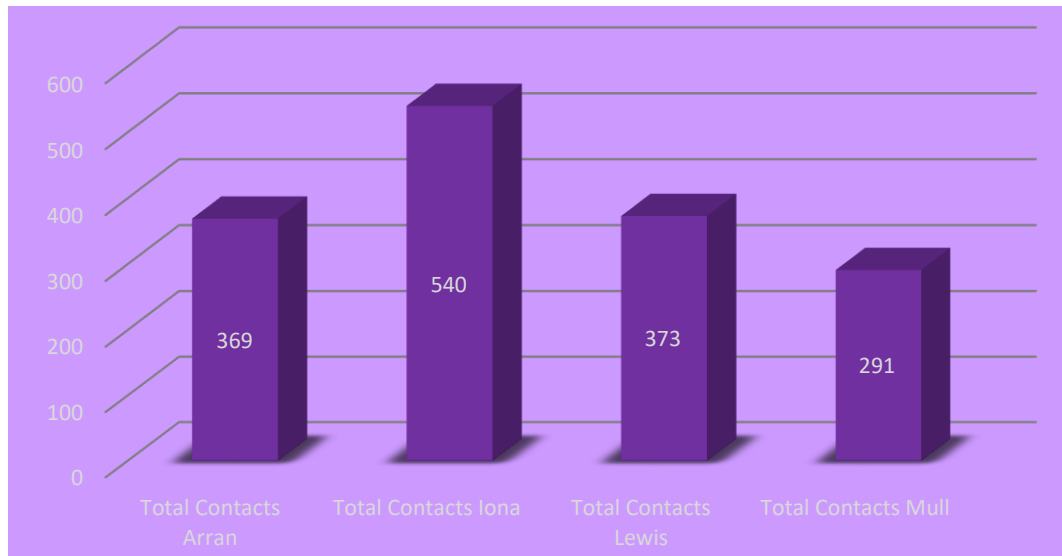
### **Patient Support**

- Support before, during and after Case Reviews, Tribunals and Parole Boards.
- Attendance at meetings in a variety of formats, in-person, teleconference and videoconference.
- Contact with external agencies and organisations.
- Drop in sessions on the wards when covid-19 restrictions allowed.
- Information gathering.
- Ensuring patient understanding of both human and legal rights.
- Raising Complaints and local resolution.
- Contacting Solicitors.
- Support at ASP investigations and supporting ASP referrals.
- Offering a variety of ways to communicate with PAS.
- Non-Instructed Advocacy.

## Statistics

### Overall patient contact

**Figure 1: Overall Patient Contact**

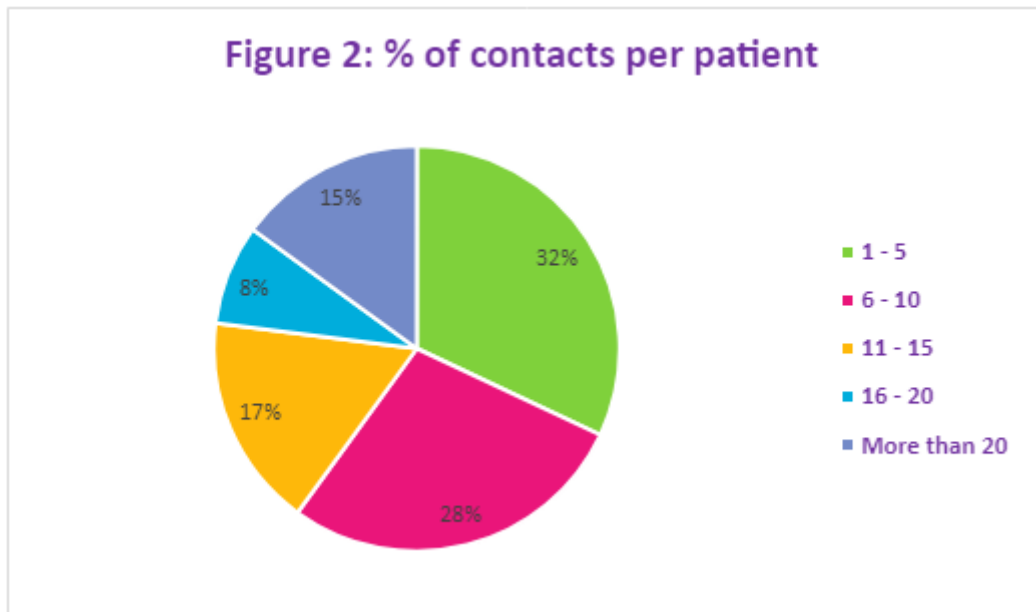


The chart above shows, 136 patients had 1650 contacts during the year; all patients within The State Hospital were seen at least once by an advocate, however most were seen a minimum of twice as we ensure each patient is approached prior to their case review, of which they have 2 per year. The average number of contacts per patient was 11. These figures include 24 patients transferred to medium and low secure units, those returned to prison and 1 death recorded and the 25 admittances during this period.

Patient contact has increased 23% (369) from the previous annual report. This could partly be attributed to less covid-19 restrictions and having the opportunity to see patients more often. In addition, we continued to communicate via the patient phone in some instances which is less time intensive than in-person visits. Finally, we have amended our reporting to ensure all patient contacts which result in an action are recorded and so better recording may also be partly attributable.

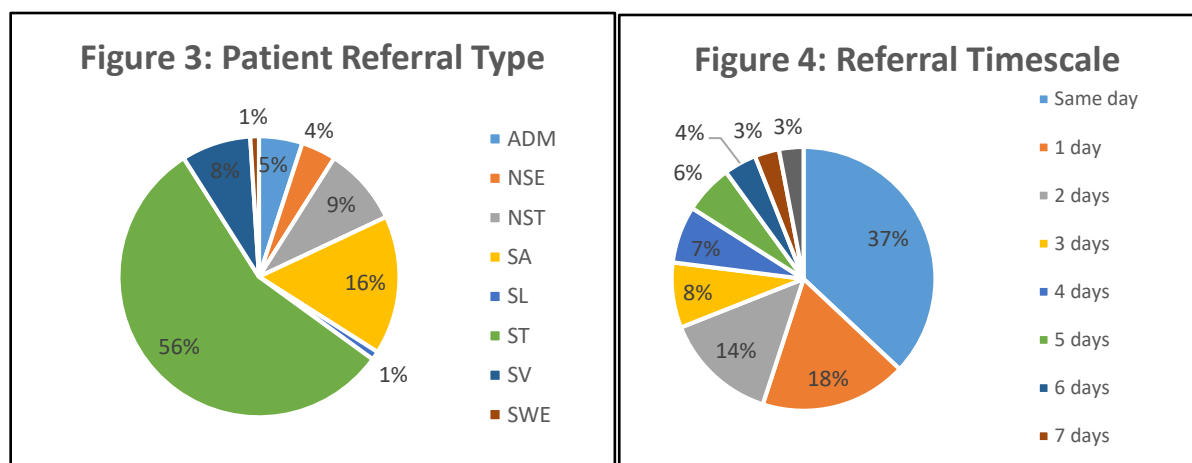
The spread of contacts was fairly consistent across the 4 hubs aside from Iona. This is partly due to increased efforts to visit with patients in all Iona wards as we noticed there was limited contact with this group. Additionally, it was identified patients in Iona 2 were seeking out advocacy contact more frequently than some other groups. In an effort to ensure staff were not visiting the ward too frequently, we discussed with staff and agreed a weekly drop-in on this ward. This has worked well to reduce the need for advocacy staff to frequent the ward more regularly meaning more efficient working whilst also understanding the needs of this particular patient group. This weekly visit has meant more contact in Iona 2 as compared to the rest of the hubs.

## Contacts Per Patient



This graph demonstrates 32% of patients were seen between 1-5 times with 8% seen more than 20 times. Those seen more than 20 times has remained consistent with the last report. We continue to monitor patient contacts to ensure they are reflective of the service we provide. Some patients require more support than others, this is particularly true of our intellectual disability patient group and new admissions to the hospital. The number of patients seen 1-5 times has decreased by 24%, this is partly due to patients being contacted more often and as previously mentioned this may be due to the volume of phone contact which is quicker access than visiting a ward.

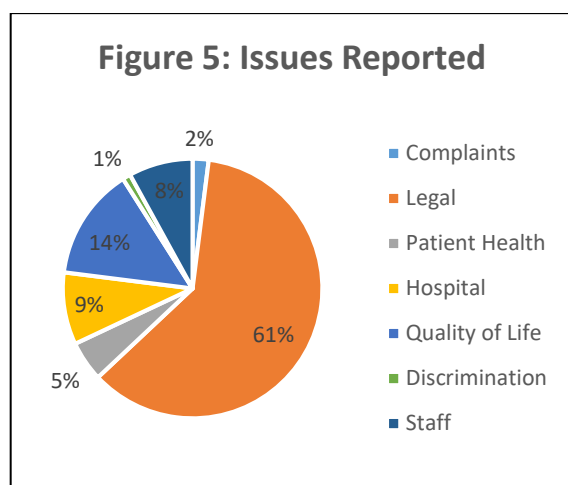
## Formal Referral Routes & Timescales



These statistics relate to formal requests to see an Advocate, 56% of referrals came from patients directly via the PAS free phone or discussion with an advocate. Hospital staff continue to be vital for us to provide support to patients with a further 13% of referrals coming from nursing staff. This trend continues in line with previous reports showing a higher proportion of patients

directly accessing PAS support. 97% of referrals were seen within 7 days which is PAS's target. However, 69% were seen within 2 working days which is a 3% increase from the last report. This highlights fast access to advocacy support to action their rights, even during a pandemic. Unfortunately 3% of patients were seen out with the 7 working day target due to factors out with PAS' control, for example isolation for Covid-19 and admissions who nursing staff relayed there was too much risk to visit with. In all circumstances, the ward was contacted to check in with the patients and ensure a date was set for a visit.

## Issues



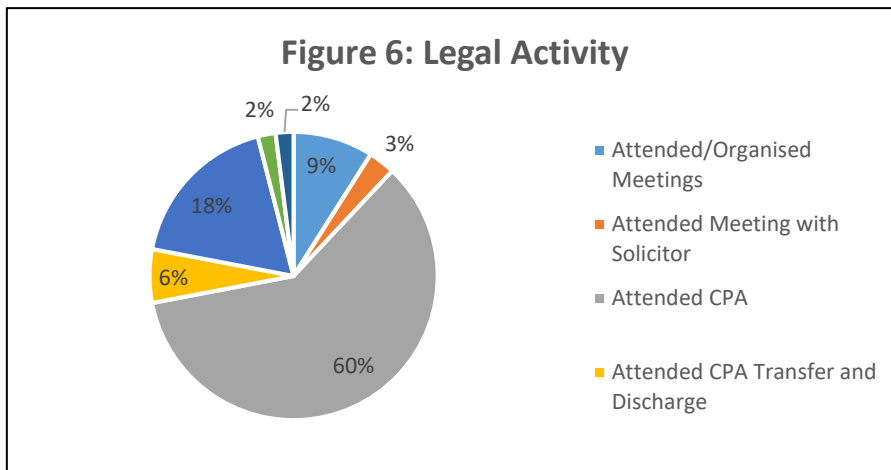
PAS dealt with 2807 issues which is an increase of 866 from the previous annual report.

1724 of the issues were legal (61% of the total), this includes, contact with solicitors; tribunal, CPA and parole board discussions; informing patients of their legal rights to representation; instructing a solicitor; preparing a statement (if required) for a mental health tribunal or parole board and attending a tribunal, parole board or case review with support from an advocate either in person, via teleconference or videoconference.

Hospital issues account for a further 12% which is double the previous report and quality of life 11%, a decrease of 7% from last year's report, which covers any hospital based issues including policies and procedures; ward or hub moves; changes to their clinical team; issues relating to food, family and grounds access etc.

PAS recorded 43 complaints during this period. 19 were submitted at stage 1, 1 at stage 2, 1 was not taken forward by the patient and 1 was resolved locally. This is reduced from previous reports and may be attributed to patients spending more time in their rooms due to covid-19 restrictions.

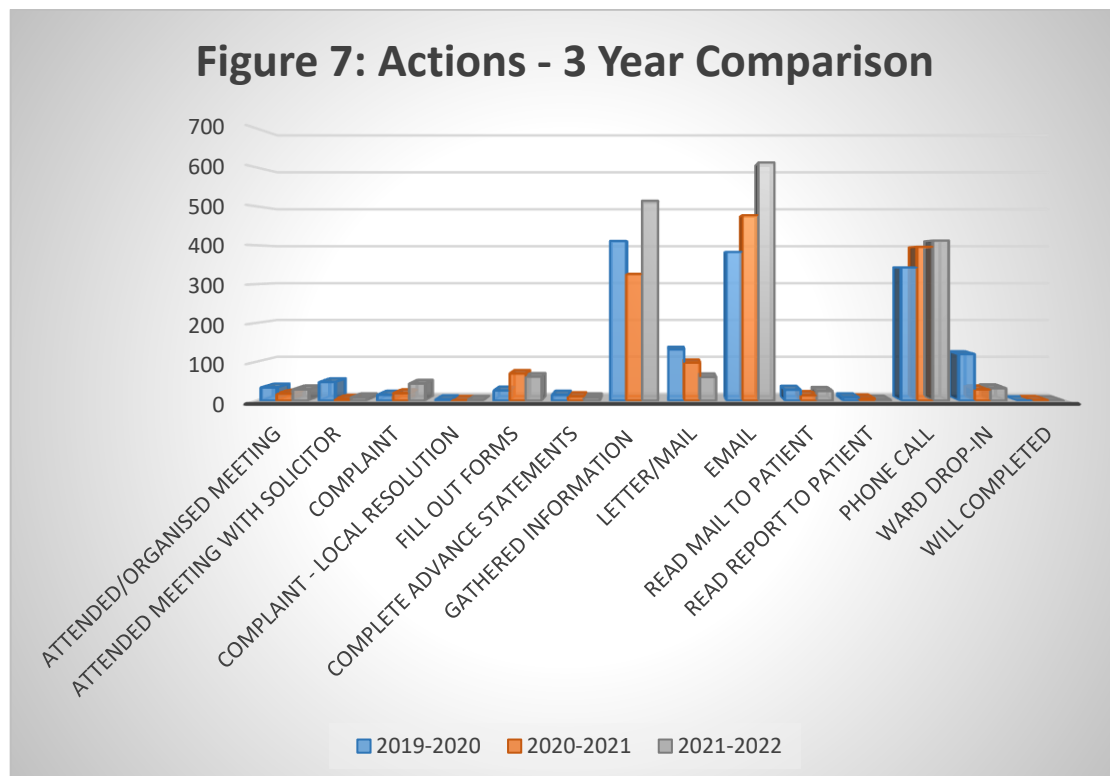




The activity classified as legal [Figure 6 above] was associated with support and attendance at formal CPA meetings with patients, such as Care Programme Approach meetings (CPA), Mental Health Tribunals, Parole Boards and Solicitor contact; all of which require support prior, during and following the meeting. We documented 8 Advance Statements being completed and 5 being updated within legal activity due to them being a legal document.

As detailed in our last report, we have been working on our statistical reporting so we can be more accurate in the reporting of our activity. This work is ongoing and is updated every April with amendments made as necessary.

#### Actions carried out by PAS



The service followed up requests from patients by various actions as outlined above. There were 3061 total actions in 2021/2022, this is in comparison to 2388 in 2020/2021 and 2688 in 2019/2020. We are beginning to see an increase in our actions back to our normal levels pre-covid. This is partly due to more staff onsite and able to action requests. As mentioned, phone contact with patients allows us to quickly take action. As shown, there is a significant increase in the amount of email contact we have with both internal and external organisations. This allows us to have queries answered quickly to communicate to patients.

### **Plans For The Next Financial Year**

#### **Organisational**

- Continue to recruit Board Members to ensure diversity of experiences.
- Volunteers, we aim to recruit new members to meet the conditions as set out in the SLA once the room occupancy issue related to covid-19 is resolved.
- Further expand our knowledge by maintaining current training and continuing to attend relevant courses and webinars.
- Explore the options for being more active online such as a website and twitter.
- Await the outcomes from the Forensic Mental Health Law Review and any potential changes that may result.

#### **Service**

- Remain committed to responding to consultations both internal and external as appropriate, to champion the voice of our patients in their unique position.
- Continue to review our annual patient questionnaire in conjunction with the Patient Partnership Group to allow greater scope for feedback.
- Work towards developing our visual independence.
- To continue to support The State Hospital in regards to changes in the Clinical Model, ensuring patients' voices are prioritised.
- Review our ward drop in service and how this can better support our patients.
- To develop an admission pack to provide to all new patients to TSH to inform them of PAS and how we can support them.
- To continue working on measuring impact and how we can further evidence our impact to patients.

## **Board of Directors**

Michael Timmons  
Chair



Joined PAS 2017

Michael started his involvement with PAS as a Volunteer Advocate. He graduated from the University of Glasgow with a BSc in Psychology. Michael has worked in a variety of roles in the Health and Social Care Sector. Michael is currently the Head of Communities for the music and dementia charity Playlist for Life embedding the use of personally meaningful music for those living with dementia across the UK.

Danny Reilly



Joined PAS 2013

Danny had a career of over 30 years in local government, including community development and management of care services. He currently works in the field of care service improvement. He also chairs the Open Gates organisation; based in Glasgow and working with people on community payback orders and men coming to the end of life sentences. Danny is a qualified hypnotherapist, practicing in the west of Scotland.

Heather Bailie  
Treasurer



Joined PAS 2011

Heather was born in Inverness and moved to Edinburgh to study law. She has been a lawyer for 40 years, initially as a court practitioner, then specialising in Licensing law. In 1993, she became a tribunal judge with the Social Security Appeal tribunal (now the First tier tribunal Social Entitlement Chamber). In 2005 she was appointed as a legal member of the Mental Health Tribunal for Scotland (MHTS) and she continues to work part time as a Convener of Mental Health Tribunals. During her time with MHTS, Heather has been an in house convener at Hamilton HQ and for 10 years she had responsibility for tribunal members' training. She served on the Parole Board for Scotland from 2008 and became vice chairman in 2011. Heather and her husband moved to Dunbar from Paisley in 2015. Her

interests include dog walking, gardening and drawing and painting. She is keen to take up wild swimming.

Innis Scott  
Secretary



Joined 2021

Since 2018, Innis has been working with The Weir Group as Head of Engagement, responsible for leading a number of strategic people initiatives including communications, employee voice, Inclusion, Diversity & Equity and behavioural safety. Innis has a background in communications and change consulting with previous roles including Global Communications Manager at William Grant & Sons (a family owned premium spirits business) and a Management Consultant at PwC. Innis holds an MBA from University of Strathclyde School of Business and a BA Hons in Film & Media Studies from the University of Stirling, Scotland.

Ruth Buchanan



Joined 2021

Ruth has worked in mental health for over forty years (!) first as a nurse, then as a social worker / Mental Health Officer. She was involved with advocacy services as an MHO and feels strongly they do not always get the recognition they deserve. She still does occasional MHO shifts and sits on the Mental Health Tribunal for Scotland when not enjoying being retired.

## Treasurer's Report

Treasurer's Report for Financial Year ending 31st March 2021.

Treasurer's Comment:

### **1. Operating:**

The Statement of Financial Activities shows a net surplus for the year of **£21,585**, our reserves stand at **£62,688**.

### **2. Income:**

Overall income for the year was **£147,014** this includes the interest received and funds carried over from previous year.

### **3. Costs:**

Overall expenditure for the year was **£122,437**.

### **4. Capital Items Purchased:**

During the year no capital items purchased.

### **5. Cash and Bank Balances: £62,688.**

OSCR (Office of the Scottish Charity Regulator) requires that charities must have a minimum of three months running costs held on account at any given time. At the year-end these reserves stood at **£44,296.33**.

Treasurer,

Heather Baillie



## Financial Report

### Patients' Advocacy Service Income and Expenditure Report For the period from 1 April 2021 to 31 March 2022

	£
<b>Gross Income</b>	147,014
<b>Gross Expenditure</b>	125,429
<b>Incoming Resources</b>	
Government Funding	146,853
Bank Interest	161
	<b><u>147,014</u></b>
<b>Cost of Charitable Activities</b>	
Employment Costs	119,513
Establishment Costs	1,583
Print, Post, Stationery	107
Subscriptions and donations	322
Training	110
Computer Costs	224
Trustees/Meeting Expenses	547
Sundries	31
	<b><u>122,437</u></b>
<b>Governance Costs</b>	
Accountancy Fees	1,644
Professional Fees	1,348
	<b><u>2,992</u></b>
<b>Total Resources Expended as per Account</b>	<b>125,429</b>
<b>Cash &amp; Bank Accounts</b>	<b>67,010</b>
Liabilities payable in one Year	4,322
<b>Net Current Assets</b>	<b>62,688</b>

## **Patient Experience of Advocacy and the Admission Process**

"When I came in to The State Hospital I saw an advocate pretty quickly which was really good for the time of year. It was a couple of days before Christmas and I saw someone within a couple of weeks. Seeing advocacy was really beneficial and they were able to help me. She made it clear and simple about advance statements, named persons and all that. It was clear that she was autonomous. She was really nice and I felt it was good to have the opportunity to speak to someone in confidence and separate from the rest of the process. It was obvious when she was explaining about advocacy and what they do you could speak to her. She did tell me how I could get in contact with advocacy but I never had to. It would have been helpful for me to speak to another patient about their experience of advocacy when I was first in the hospital. Maybe even for them to see me first and explain to me about advocacy and the benefits before I got to see the advocate. I think it would have encouraged me to want to use the service more.

I was quite unwell when I first met the advocate but I remember she was able to get me in touch with a solicitor. She sent me down a list of solicitors so I was able to pick someone. The number got put on my list quite quickly and I was able to see the solicitor I picked within a couple of weeks. It was good how quickly it was all actioned.

Over the first few months I seen her regularly not for anything in particular. It was more just her checking in and informing me what advocacy was for. I always seen her on the ward, it didn't bother me where I saw her.

I would have hoped the advance statement would have been done quicker. I'm not sure if it was a miscommunication or whatever. It is important to always be on the ball with things because you need to have that trust relationship. Once the process got started it was brand new.

When it came to my first case review advocacy made themselves available to advocate on my behalf and attended with me. The way the process is works well by coming to see you in advance and having a discussion about what you might want to bring up. For my first CPA I wanted to ask questions about my diagnosis and how they could make that decision. I wanted to know what the clinical team identified my symptoms. I was keen to find out when I could start my placements and also about a psychology group I had been told I had to do. I wanted to know when this would be starting and what other treatment I needed. At the CPA I felt like my questions were answered and I was able to hear about what treatment I would have, what the plans were for my immediate future and also some information about mental health.

The future was also important for me to be told about and what the team were thinking about my stay in hospital and whether I would have to go back to prison. It's good to have the option of a debrief after the meeting to talk about what happened and get any questions answered if you had any. Having advocacy at the CPA meant I had someone to take notes for me and I got a copy of these afterwards. This was helpful for me because at the time it was hard to remember all the information so having it written down allowed me to look back on it."

## Feedback

Over the last year we have worked hard to collect feedback from a variety of individuals, both professionals and patients. Majority of this feedback is verbal although we have had some from feedback slips when they were initially introduced to the ward. This highlights the benefit of advocacy and we have included this in all of our reports to show that our work with patients is necessary.

**"Maybe you can still be my advocate when I leave so I know what's going on"** – Ward visit

**"Can do my own advocacy, I don't need you any more...I'm kidding on"** - Verbal

**"Would like to thank the PAS team for doing a good job in supporting all patients"** - Verbal

**"Would like to praise all staff that have supported me during my poor mental state. I would also like to thank all PAS for their support too"** - Verbal

**"I would like to thank you both for the caring support that you have given me. I don't know what I would have done over this last few weeks."** – Thank you card

**"I'm happy to talk to advocacy as you're not part of the hospital and I have no one else to talk to"** - Verbal

**"Thank you, I'm really grateful"** - Verbal

**"That would be so much easier and should be something that's done across the board"** Staff Verbal following a discussion on hospital procedures

**"That's it sorted now, thanks for arranging that"** – Staff Verbal following a repair reported to Estates

**"I'm not comfortable with her being in the room, I don't want to see her again"** - Verbal

**"Just to let you know, good news. I got the change of keyworker"** - Verbal

**"It's good you came to listen to me so I could get all that out"** – Verbal

**"I'd recommend speaking to advocacy because they're independent from the hospital and they can listen to you" - Verbal**

**"I don't want to talk about it but thank you for giving me the option" - Verbal**

**Grateful for positive relationships with patients, the support we provide, particularly with the complaints process, and our general input -  
Complaints**

**"Being able to maintain a critical service during this time is exceptional" - TSH Board**

**"Much appreciated and thank you for doing all this so quickly" - Thank you card**

**"Critically helpful in CPA meetings" - TSH Board**

**Thanks passed to all the team over the past year and enthusiasm expressed for continuing to work with us - Chief Executive**

**Recognition for how we do really well at being connected to the hospital through the complaints process and with the PCT whilst also remaining independent - Nursing Director**

**"Thank you for sorting that for me" - Verbal**

**"PAS continuing to attend case reviews has been really valued by the patients" - RMO**

## Acronyms

PAS	Patients' Advocacy Service
TSH	The State Hospital
SLA	Service Level Agreement
GDPR	General Data Protection Regulation
SIAA	Scottish Independent Advocacy Alliance
AGM	Annual General Meeting
PPG	Patient Partnership Group
CPA	Care Programme Approach
MHT	Mental Health Tribunals



