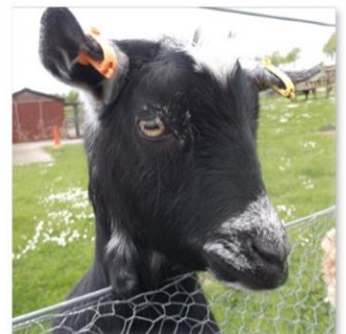
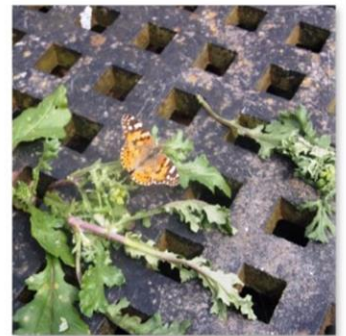


# PAS

patients' advocacy service

Annual Report 2022 - 2023



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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 full time Manager, 3 part time Advocacy Workers 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. 2 year extension granted on a year by year basis.
- 3 years SLA beginning 5<sup>th</sup> August 2019. 4<sup>th</sup> August 2022, 2 year extension granted to end 4<sup>th</sup> August 2024.

### **Funding**

In 2021-2022 'hard to reach' was agreed with TSH to mean individuals who fall under those with protected characteristics. We continue to receive funding relating to those individuals.

## Chair's Report

In 2022-2023 the Patients' Advocacy Service (PAS) has delivered a vital service to Patients within The State Hospital. The PAS team has continued to thrive, 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, Lynn Macleod and Charlene Ramzan. Despite facing the same challenges as the whole sector in terms of recruitment and at times facing high demand, they continued to deliver an outstanding service to patients, and we thank them for their commitment to improving the quality of patients' lives. We also wish to pass thanks to long-serving staff member Stephanie Neilson who moved on from PAS this year to explore new opportunities in mental health nursing.

The PAS team continues to foster excellent working relationships with colleagues in the State Hospital, using every opportunity to provide insight and feedback from patients. The Board has welcomed the opportunity to have more direct contact with the Chief Executive and Nursing Director at TSH through regular meetings. This has provided vital insight into TSH strategy as well as context to recurring issues that present themselves at our board meetings. These meetings are always open, informative and help strengthen the working relationship while maintaining our independence.

This year another long serving board member and previous Chair Danny Reilly stepped down from the board. We wish to thank Danny for his fantastic service to PAS over a number of years, providing support and guidance to the team and fellow board members.

The Board wishes to recognise the outstanding contribution made by our Patient Rep this year, who has developed in the role and continued to provide invaluable insight into the patient experience. As well as highlighting current concerns, challenges and views of the patient group, they have also contributed to discussions around next steps, ways to move forward and improve things. The board and the whole team at PAS wish to thank our Patient Rep for their input over this past year.

This year we aim to expand the expertise, skillset and diversity of our board through a targeting recruitment campaign.

The patients within TSH remain our priority. We aim to develop PAS further to continually improve the service provided to patients and hope we can reintroduce volunteers to compliment and add value to our work.

Michael Timmons

Chair

## **Manager's Report**

Across the 2022-2023 period The State Hospital (TSH) continued to implement measures relating to the spread of Covid-19. We continued to wear masks and incorporate the 2 metre distancing. Throughout this period, measures were altered to ensure entire wards no longer needed to go into a lockdown, when a patient tested positive for Covid-19 and instead the individual patients were required to isolate. Despite, these changes, covid-19 continued to impact our work with patients. However, we could see the light at the end of the tunnel with a decline in positive cases.

Our focus continued to be ensuring the safety and wellbeing of staff and patients in whatever means necessary. Our staffing group lost one of our long term Advocates Stephanie Neilson who moved on halfway through the year to undergo a masters in Mental Health Nursing, using her experience of working with PAS. We were sad to see her go, however thank her for her years of dedication to the service and wish her all the best for the future. After a fruitful recruitment, we welcomed Emma Hatton to the service. She has settled into the team well and is getting to know the role with our robust training, shadowing and mentoring programme. We also had our administrator move on from the service after a short time with us. Unfortunately, by the end of the financial year we had been unable to secure a replacement which will be our priority moving forward.

Given the staffing pressures over this year we were unfortunately unable to resume our volunteer programme. It is vital to us to ensure we are best able to support those who graciously offer their time to the service and it would be a disservice to not offer the correct support and supervision. We have continued to update materials and recruitment package so we are in the best place when we are able to bring them on board which we hope will be in the next financial year.

Patients remain our primary focus. Our contact with patients has continued to increase from the previous annual report highlighting the positive relationships, improved reporting and dedication of our advocates to provide the best service possible. We have ensured our statistics are robust and updated our quarterly reports throughout the year to be more informative and meaningful.

This year, one of our aims was to progress our digitalisation. After working with an external expert, we launched our new website which we hope to add to over the coming months. This can be found at [www.patientsadvocacyservice.scot](http://www.patientsadvocacyservice.scot). This will help highlight the positive impact of our work and help keep families and other stakeholders informed about the work we do. We would welcome any feedback or ideas on what can be improved. Additionally, we have dipped our toe into the world of social media. This has not been our priority but have shared helpful information. We hope to be able to build on this in the future.

We also set out to increase our visual independence within The State Hospital following feedback from our patient questionnaire that showed some patients were unsure of our independence. This year we worked with key colleagues from TSH and have introduced our new PAS Lanyards, these are a different

colour and design from those provided by TSH and provides a simple, visual cue for patients that PAS is independent from TSH. Some patients have commented this has been beneficial. In the next financial year we will look for other ways to ensure our independence from TSH is easily noticed and understood.

We have continued to remain active in highlighting the patient voice at every opportunity. This past year we were able to attend internal and external consultation and discussion groups, one of the most significant being the 'Clinical Model Implementation Short Life Working Group'. Further groups and consultations we participated in can be seen on page 8.

We have continued to keep abreast of changes and developments in the field of forensic mental health. One area we were involved this year was the Scottish Mental Health Law Review. We responded to the consultation, attended related events and were pleased to see an additional release for forensic specific proposals. We also submitted a response to the consultation on the Mental Health and Wellbeing Strategy as well as other consultations specific to TSH.

We are incredibly grateful to our patient rep who has continued to be involved with PAS over the last year, by attending board meetings virtually on a monthly basis. We amended our constitution to host board meetings on a bi-monthly basis to ensure these were more productive and reflective of the generosity of time our volunteer board members put into the service. It was also agreed we would switch between online and in-person meetings. This ensures flexibility to ensure all board members, our patient rep and TSH representatives can attend and contribute regularly. With every second board meeting taking place in-person this ensures Board Members remain in touch and gain further insight into the hospital environment for the patient group and the team. There were no new board members introduced this year, however we are in discussions with an individual who is going through the process and we hope to have them on board soon. We also have to express our sincere thanks to our long standing board member Daniel Reilly who after a number of years has stepped down. Danny has held many roles during his time on the board and was our previous chair paving the way for Michael. He has been invaluable during his time and we wish him all the best in his future endeavours.

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 2022/2023**

### **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 6 Board Meetings, 3 online and 3 in person.
- Continued the search for new board members and responding to interest.

### **Internal Participation**

- Person Centered Improvement Steering Group
- Patient Partnership Group
- Forensic Network Special Research Interest Group
- Responded to TSH policies including Clinical Care; Patients' Use of Telephone; CCTV and Seclusion policies.
- Complaints and Feedback
- Child and Adult Protection Forum
- Monthly meetings with PCI lead
- Bi-monthly meetings with Nursing Director and CEO
- Inductions to all student nurses and New Staff
- Clinical Model Implementation Short Life Working Group
- Scottish Parliament Participation and Communities Team Session

### **External Participation**

- SIAA Managers Support Sessions
- SIAA Peer Support Sessions
- SIAA AGM
- SIAA: SCCRC Information Session
- SIAA: Scottish Mental Health Law Review, Independent Advocacy
- Advocacy Managers Group
- High Secure Advocacy Leads Meeting
- Mental Health Service Users and Carers Group
- MHTS Advocacy Reference Group
- Meeting with Mental Welfare Commission
- Independent Review into the Delivery of Forensic Mental Health Services

### **Patient Contact**

- 1288 contacts on the wards
- 55 Skye Centre Contacts
- 157 Patient Phone Calls
- Overall 1824 contacts with 142 patients.

### **Mental Health Act**

- Attended 73 tribunals.
- Completed 6 Advance Statements and 10 Updates of Advance Statements.



### **Knowledge**

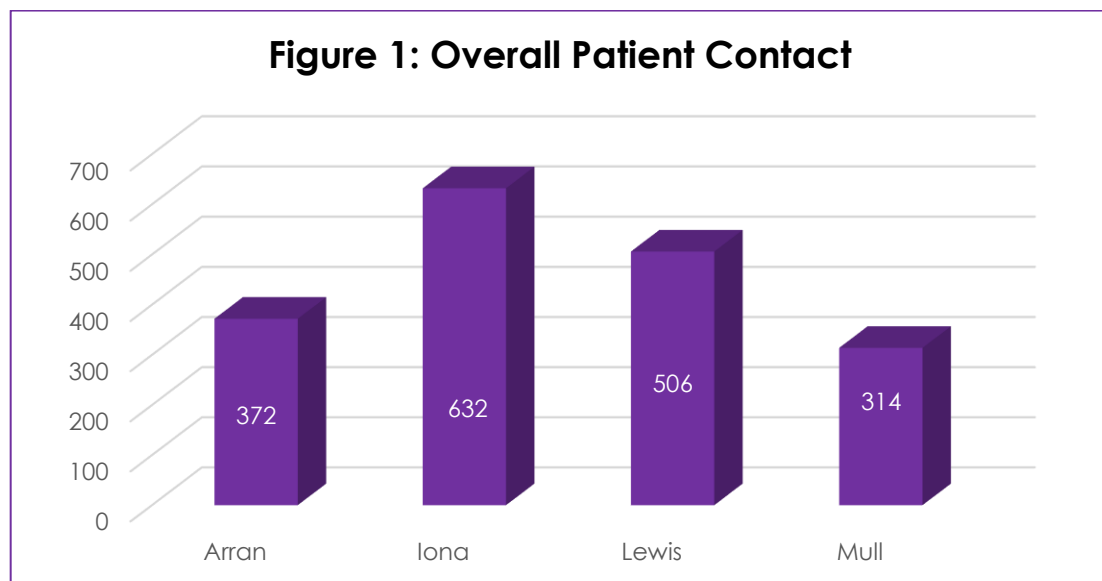
- New to Forensics
- TSH Seminar: TSH in 2022
- Webinar: Performance Management
- Mental Welfare Commission: Mental Health Support in Scotland's Prisons
- Reforming the Delivery of Forensic Mental Health Services to Improve Outcomes for People
- SCVO: Digital Strategy

### **Patient Support**

- Support before, during and after Case Reviews, Tribunals, Parole Boards and Child Related Hearings.
- 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.
- 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.
- Raising concerns to TSH.

## Statistics

### Overall patient contact

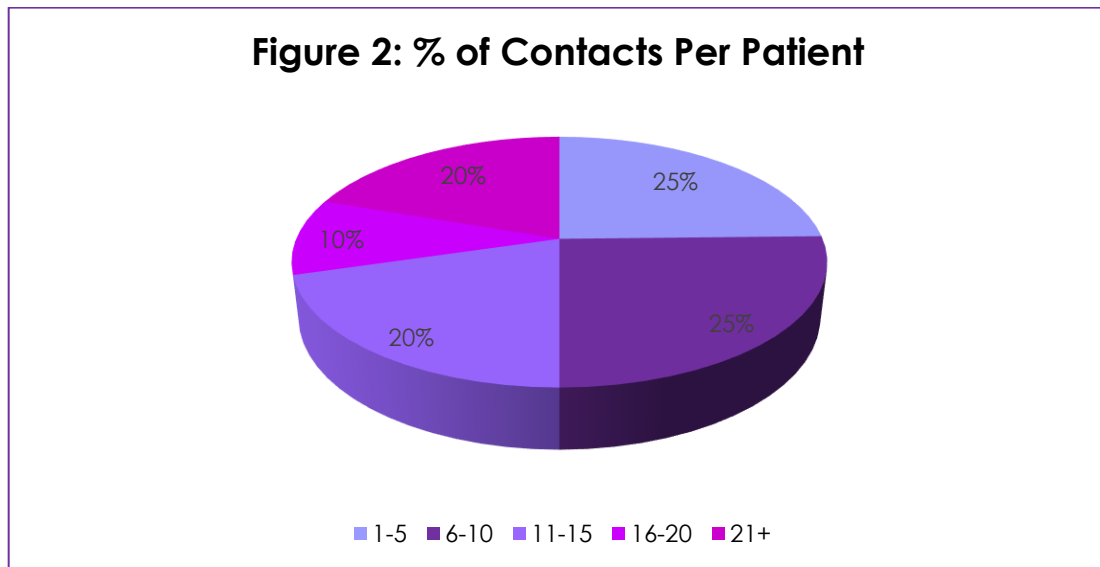


The chart above shows, 142 patients had 1824 contacts during the year; all patients within The State Hospital were seen at least once by an advocate, however most were seen a minimum of twice as we ensure each patient is approached prior to their case review, of which they have 2 per year. The average number of contacts per patient was 12. These figures include 36 patients transferred to medium and low secure units, those returned to prison and 1 death recorded and the 30 admissions during this period.

Patient contact has increased a further 9% (174) from the previous annual report highlighting yet another year where there has been an increase in contact. There are various reasons for this increase, partially the covid-19 restrictions were less impactful than previous years. Our staff skill base has continued to improve and more meaningful relationships have provided more outcomes for patients. Our reporting has continued to be improved with our statistical reporting being more accurate in recording our activity. Finally, we have continued to incorporate phone contact with patients which is quicker than ward visits and may attribute to some of the increased numbers.

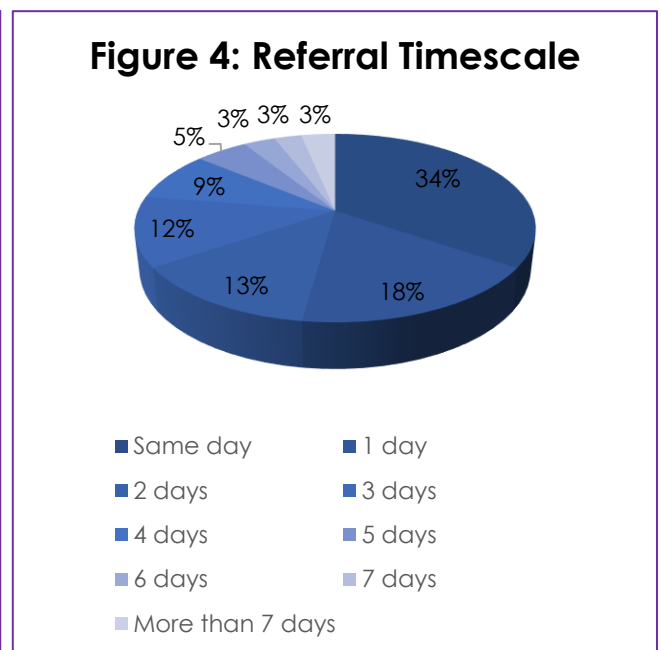
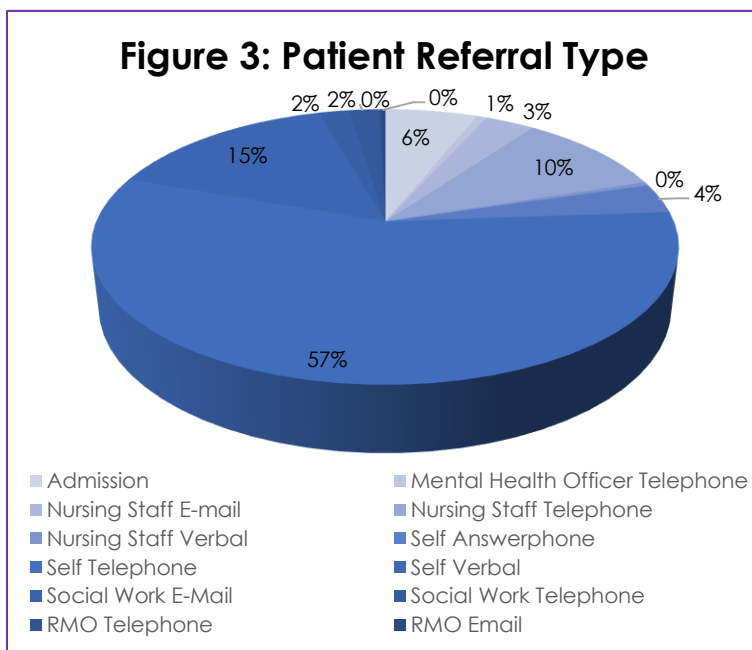
The spread of contacts was fairly consistent across the 4 hubs aside from Iona. There are a couple of reasons for this, firstly we were targeting Iona 1 as there was limited contact in this area and we wanted to ensure patients had the awareness and ability to access independent advocacy regularly. Secondly, we continued to host a weekly drop in with the intellectual disability ward. This has proved to be a productive use of time and ensures the named advocate is not visiting the ward multiple times per week.

## Contacts Per Patient



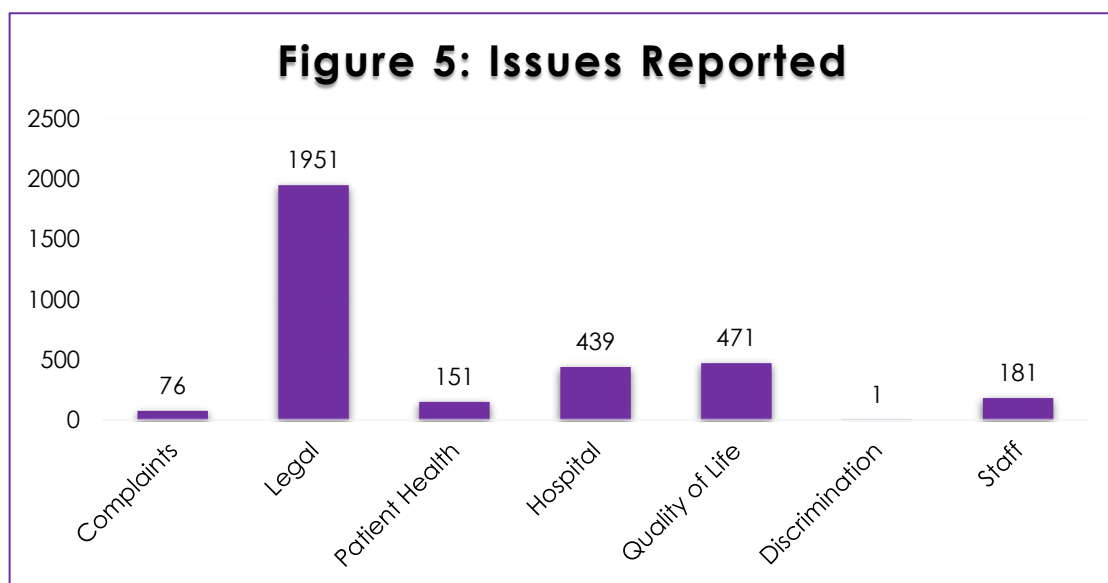
This graph demonstrates 25% of patients were seen between 1-5 times with 20% seen more than 20 times. Those seen more than 20 times has increased from the last report, this is mainly due to specific patients using the phone whereby advocates utilise active listening to help defuse a situation. We continue 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 further decreased from the previous report by 7%, this is partly due to patients being in contact 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, 61% 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 10% 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, 65% were seen within 2 working days which is a 4% decrease from the last report. This highlights fast access to advocacy support to action their rights. 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 3270 issues which is an increase of 463 from the previous annual report.

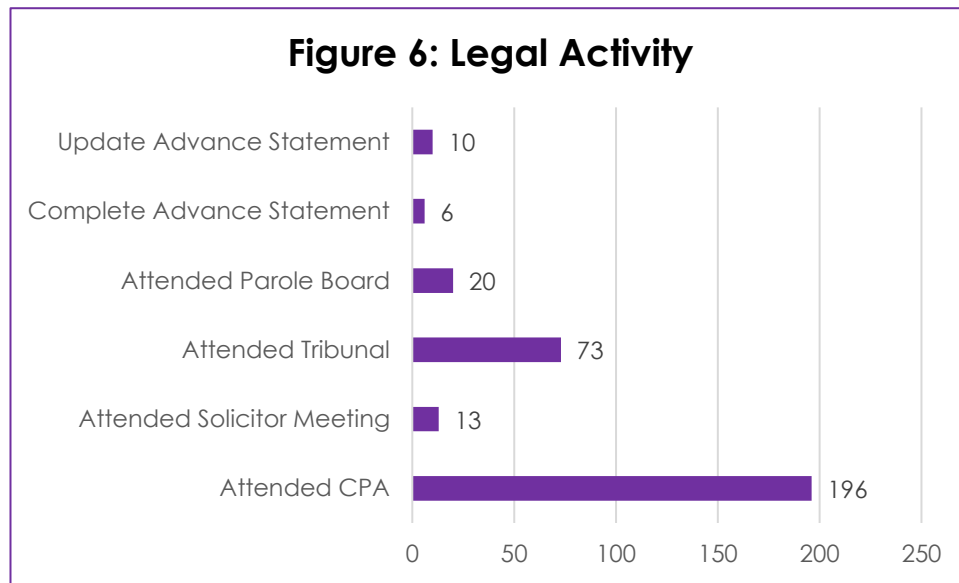
1951 of the issues were legal (60% of the total), this includes, contact with solicitors; tribunal, CPA and parole board pre and reflective discussions; informing patients of their legal rights to representation; instructing a solicitor; preparing a statement (if required) for a mental health tribunal or parole board and attending a tribunal, parole board or case review with support from an advocate either in person, via teleconference or videoconference.

“When independent advocacy is involved things have to get looked at and not swept under the rug”  
(patient)

Hospital issues account for a further 13.5% an increase of 1.5% from the previous 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. Quality of life issues were 14.5%, an increase of 3.5% from last year's report.

“Can you get the outcome of the complaint for me, I trust you.”  
(Patient)

PAS recorded 54 complaints during this period, an increase of 9 from the last report. 5 were increased to stage 2 and 3 were not taken forward by the patient.

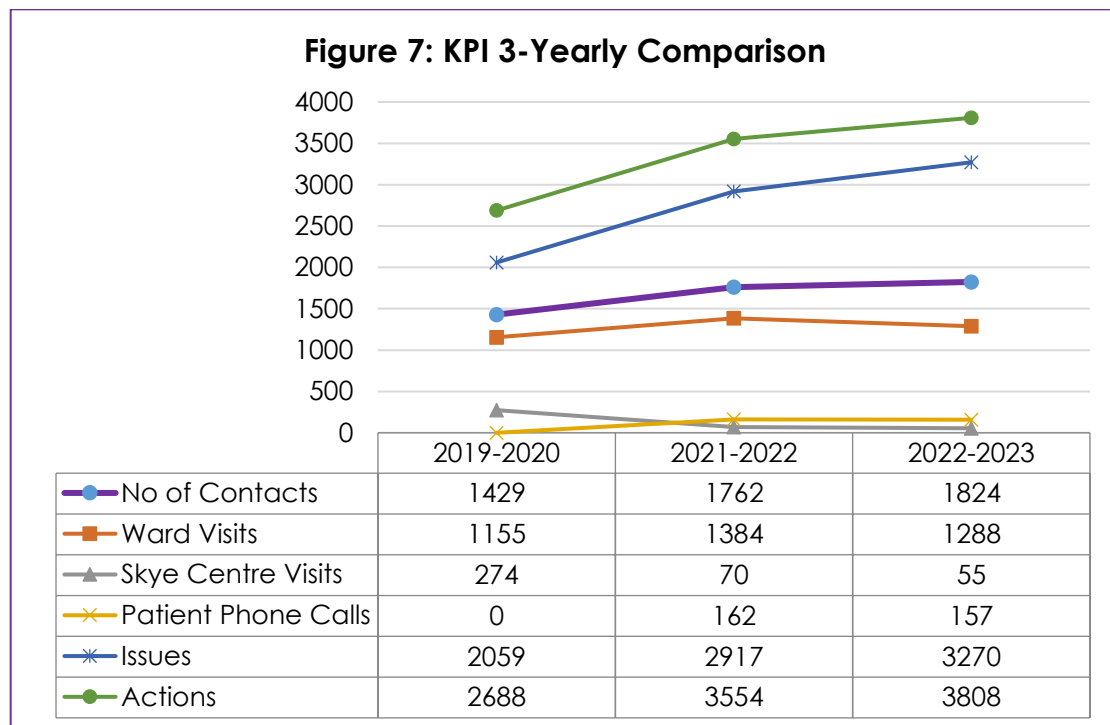


The activity classified as legal [Figure 6 above] was associated with attendance at formal meetings with patients, such as Care Programme Approach meetings (CPA), Mental Health Tribunals, Parole Boards and Solicitor meetings; all of which require support prior, during and following the meeting. We documented 6 Advance Statements being completed and 10 being updated within legal activity due to them being a legal document.

“Thank you for explaining the order to me, without a doubt I feel so much better now I know I won't be able to return to prison.”  
(Patient)

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.

### 3 Year Comparison



The graph above shows a 3 year comparison of our main categories of data. As we can see there has been a steady increase across the years in all categories aside from Skye Centre Visits, this is due to the drop no longer being offered as of August 2019. In addition covid-19 played a huge roll in the amount of contact we had with patients in the Skye Centre from April 2020 onwards. An area which has stayed fairly consistent is patient telephone calls. We began to record these separately during the pandemic to highlight how much contact we were having with patients in this manner. Patients have continued to utilise the phone to discuss issues with advocacy which has been beneficial throughout the staffing and covid-19 challenges, which have continued to impact our access to the wards.

“We did benefit from the information independent advocacy was able to provide on the patients' situation.”  
*Parole Board Convenor*

## 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 we have the ability to appropriately support individuals.
- Further expand our knowledge by maintaining current training and continuing to attend relevant courses and webinars.
- Expand the options to be visible online.
- Await the outcomes from the Scottish Mental Health Law Review and any potential impacts on PAS.

### **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.
- Continue to explore options for visual independence.
- 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 to align with each new service within the clinical model.
- To finalise an admission pack to provide to all new patients to TSH to inform them of PAS and how we can support them.
- Continue working on measuring impact and how we can further evidence our impact to patients.
- Explore the options for an independent reporting and recording system.

## **Board of Directors**



Michael Timmons

Chair

Joined 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 the Executive Director of the music and dementia charity Playlist for Life which improves the quality of life of people living with dementia through personally meaningful music.



Heather Bailie

Treasurer

Joined 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 2023.

### **1. Operating:**

The Statement of Financial Activities shows a net deficit for the year of **£15,711**, our reserves stand at **£44,305**.

### **2. Income:**

Overall income for the year was **£120,370** this includes the interest received and funds carried over from previous year.

### **3. Costs:**

Overall expenditure for the year was **£136,089**.

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

During the year no capital items purchased.

### **5. Cash and Bank Balances: £51,187.**

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 **£44,305**.

Treasurer,

Heather Baillie

## Financial Report

### Patients' Advocacy Service Income and Expenditure Report For the period from 1 April 2022 to 31 March 2023

	£
<b>Gross Income</b>	120,378
<b>Gross Expenditure</b>	136,089
<b>Incoming Resources</b>	
Government Funding	120,370
Bank Interest	8
	<b><u>120,378</u></b>
<b>Cost of Charitable Activities</b>	
Employment Costs	125,873
Establishment Costs	1,679
Print, Post, Stationery	65
Subscriptions and donations	379
Training	986
Computer Costs	915
Trustees/Meeting Expenses	355
Sundries	476
Advertising	1286
	<b><u>132,014</u></b>
<b>Governance Costs</b>	
Accountancy Fees	2,700
Legal Fees	1,375
	<b><u>4,075</u></b>
<b>Total Resources Expended as per Account</b>	<b>136,089</b>
<b>Cash &amp; Bank Accounts</b>	<b>51,187</b>
Liabilities payable in one Year	4,210
<b>Net Current Assets</b>	<b>46,977</b>

## Positive Relationships: Mental Health Tribunals

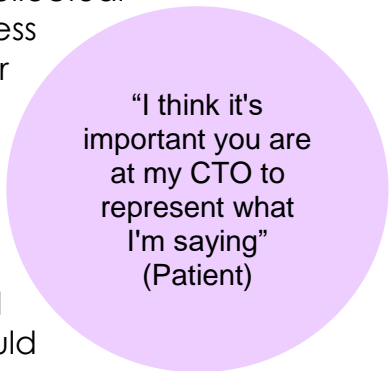
### **About Tribunals**

Over this year we have supported patients with 73 mental health tribunals. Tribunals are of high importance to patients as they impact their lives from the application, extension and challenge of orders. Therefore this can be a challenging process for patients to go through. As we have built positive relationships with our patients we are up to date with where they are in their journey, are able to represent their views clearly, are able to see their perspective and are free from bias. This is vital for the patient to trust we will speak up for them.

### **Prior to a Tribunal**

It is important for us to inform them of their rights under the mental health act when they are hoping to appeal their order or appeal their level of security. Having this relationship ensures we are able to provide them with all their options and help them understand the consequences of these appeals. If patients choose to appeal their order or level of security, we will inform them of their right to a solicitor and explain why this is beneficial, particularly when seeking appeal. If the patient already has a mental health solicitor we will ask if the patient would like us to contact them to inform them of the patient's wishes. If the patient does not have a mental health solicitor we can provide them with our curated solicitors list for them to make an informed choice. We will inform the patient of their right to have independent advocacy present at any meetings with their solicitor if they feel this would be beneficial.

We have supported 13 solicitor meetings in the current year some of which have been via VC due to Covid-19 and solicitors being unable to see them in person. This has been important to patients so they are able to clearly express their views and understand what the solicitor is advising. This can be particularly important for our intellectual disability (ID) patients so we can reiterate the process and information in a more accessible way. Our support for the ID patients in regards to tribunals can be more intensive as they require extra input with this process. This can include reading over legal mail with them, giving them an easy read guide with regard to the tribunal process, working together with Social Work to ensure they understand their rights and being clear of what the outcome of the tribunal could mean for them.



“I think it's important you are at my CTO to represent what I'm saying”  
(Patient)

Not all tribunals are in regards to appeal, we have supported patients with tribunals for renewal of their orders and discussing potential options for other legal challenge. Once we receive notification of a tribunal

date we will see the patient as soon as is practicable to inform them a date has come in, to ensure they have a solicitor if they want one and to check if they have received the tribunal papers. Some patients will have read over the papers and will raise issues with us if there are errors or parts they do not agree with. We give them the option if they want this raised, of either us taking note of these issues to put in writing to the tribunal or let them know the solicitor can also do this with them. We aim to meet with patients on a number of occasions in the lead up to a tribunal. How often we meet with a patient prior to a tribunal is dependent on the level of support they require and if they are looking to challenge or not.

It is important to ensure the views of the patient are expressed at a tribunal whether the patient has a solicitor or not. We will discuss with the patient if they would like to do a tribunal statement which we would be able to submit in advance of the meeting or if they wish for us to say a few words on their thoughts we can say this on their behalf or the patient can say this themselves.

“Thanks for letting them know I didn't want to answer questions. I was too anxious to do that.”  
(Patient)

“Thank you for reading my tribunal statement.”  
(Patient)

There has also been, on occasion, where tribunals go ahead and the situation is more complex and has required more than one tribunal, these patients require more input in terms of independent advocacy support and more time committed to putting statements together to ensure their views are made clear to the tribunal. They also require more input in explaining the process and reassurance throughout the tribunal.

### **Non-Instructed Independent Advocacy**


We work with some of our patients by non-instructed advocacy which means they have been deemed by a doctor/solicitor to not have capacity to understand the process or be able to make informed decisions. We have supported patients through this tribunal process in a non-instructed capacity. For example, a curator ad litem is appointed ensuring legal practices are upheld. For us, the process of the tribunal is the same however we would contact the curator to ensure we pass on to them any views we have sought from the patient so as to ensure the patient voice is still being heard.

### **Conduct of Tribunals**

Due to the Covid-19 pandemic tribunals have not been held in person since March 2020. Instead these were being done by teleconference

as standard however a couple were held by WebEx throughout this financial year. The location of where the tribunals would be held changed from the Skye Centre back to the Tribunal centre in Harris and there was also a tribunal which was located on ward due to use of equipment. There was also a delay in the change of location due to the equipment. A positive over the year was that solicitors were able to attend in person which meant on the day of a tribunal the patient was able to raise any concerns with the solicitor and have a proper meeting with them prior in preparation. It also meant the Consultant Psychiatrist could attend in person if they wished which can be beneficial for patients who may have hearing difficulties. It was important for us during this time to keep the patient as well informed as we could as the tribunal process can be stressful for patients and we wanted to relieve any extra anxiety these changes could induce. In amongst all changes this year and ensuring patients were kept updated with the most recent changes to tribunal practices, independent advocacy remained the constant supportive source and ensured when patients were in attendance, we were also there in person as we felt this was the best way to provide support and make sure there was the opportunity for their voice to be heard.

During the tribunal we have provided differing levels of support dependant on the patient needs and the type of tribunal. Due to tribunals being held on the phone it can be difficult to hear what all parties are saying due to background noise or a bad phone connection. We would check with the patient at the start if they are able to hear, this is also done by the convener of the tribunal. Independent advocacy being present with the patient meant if they were struggling to hear or understand what was being said we were able to assist with this. Also, if the patient required a break for whatever reason we could interrupt and make the tribunal aware. As the solicitor was not always in the room but on the phone, there were a couple of occasions where the patient requested we interrupt and request a conversation with the solicitor. This was not always easy to arrange however alongside The State Hospital (TSH) supporting staff, we were able to arrange this so the patient could speak to their solicitor and update their instructions or seek reassurance.



“Thank you for being here at the tribunal for me it would have been hard to have been sat myself”  
(Patient)

## **Post Tribunal**

When we are at a tribunal with a patient, when the outcome is given we are able to discuss this briefly with them and check they have understood what this outcome means for them. If the patient may struggle to understand the outcome or if there is further steps to be taken, we will meet the patient again to discuss. This is particularly important in terms of an excessive security appeal. As patients have

been experiencing long delays to move on to medium secure, we will meet with patients after these tribunals to check if they have any updates with moving on or if they go past the date set by the tribunal making sure their solicitor is contacted to enact a potential judicial review.

### **Example of a Tribunal**

We have had a few technical issues with tribunals being held by teleconference as described above. We also had an issue where the phone number provided by the tribunal service would not connect. TSH support staff attempted to get to the bottom of the issue and get onto the tribunal however there was little information from the tribunal service. After an hour delay we attempted to connect to the tribunal but this was still not working. The patient was present at this tribunal and understandably found this situation frustrating and he requested to go back to the ward. We were able to support him during the time we were waiting to join. The patient was also happy for independent advocacy to request an adjournment on his behalf if we were able to get back onto the meeting. However, we were still unable to join the tribunal and were then informed the tribunal had been adjourned. As the patient left prior to this, it was important we let him know the tribunal had been adjourned and once we were aware of a new date we would discuss the tribunal with him.

### **Impact**

- Patients understand their legal rights in relation to mental health tribunals
- Patients have independent advocacy to guide them through the mental health tribunal process
- Patients have trusting relationships with their independent advocate
- Independent advocacy support patients to ensure their voice is heard whether the patient chooses to attend a mental health tribunal or not
- Patients understand the outcome of a mental health tribunal and any next steps

## How to go on a Journey when you're not allowed to walk

I first arrived with more voices than a male welsh choir  
If my blood was made THC and CBD  
I couldn't possibly have been any higher  
I'd decided to die but in here it's futile to try  
That is not a challenge – just what I discovered

They will medicate you  
Possibly sedate you  
You will take it personally  
As if they really hate you!

Like a neglected dog  
You can't go for a walk  
When your mind is a dense fog  
You can't see all there is to do is talk  
And talk and talk and talk and talk and talk honestly  
And talk and talk and talk and talk and talk honestly

And how the brain does bleed in waves in a sea of voices  
Neither you or me or they or him or she  
Has had an easy life but look at your own choices  
I'd decided to die but it's futile not to try  
Help yourself to professional help without costly invoices!

Meds may be just what you need  
Unlike all the coke, the drink and weed  
And heroin and L.S.D  
These meds may just sort your head

Yes you might be sedated  
But the more energy you give  
Get yourself educated  
The more energy you get

Like a neglected dog  
What you need is a walk  
Soon enough the doors unlocked  
Because you opened up and talked  
And talked and talked and talked and talked and talked honestly  
And talked and talked and talked and talked and talked honestly

But you can't chatter bullshit  
You must self-evaluate  
Be it with your doctor, staff nurse or advocate  
They all want to help you fully recuperate

You must admit to yourself  
You must be aware  
Life's not been working for you  
If you've ended up in Carstairs  
So talk and talk and talk and talk and listen your way out of here

And talk and talk and talk and talk and never reappear.



## Feedback

We have continued to collect feedback from patients, TSH colleagues and external agencies throughout the year. This is a selection which highlights the work PAS does, we wouldn't have the space to add all the thank you's we get!

"Thanks very much for phoning the solicitor for me, he's a really nice guy" – Patient

"You don't get an advocacy service in prison" - Verbal

"What a great service you all provide" - Patient

"I've got the best advocacy worker, she's helped me with medical issues and is always there for me" – Verbal

"Thanks for sending me down those forms" - Verbal

"Very helpful report that highlights the breadth of work advocacy does" - RMO

"The Skye Centre drop-in was much better for having relaxed conversations" Patient

"Thank you to [advocate] for supporting the patient" – Solicitor

"Thank you for contacting my Doctor so quickly, I was really raised and knowing you are contacting her has cooled me off a bit. I think LMV is helping me to use my coping skills to talk to the right people. You're an angel." - Patient

"You're doing your job brilliantly" - RMO

"Everything is very good. Advocacy have always gone the extra mile for me. I really do feel you all couldn't do enough for me. You've always done everything asked for, I don't think the service can be bettered." - Verbal

"Thanks for assistance today and the prompt response." – Nursing Staff

"You're a great advocate. Advocacy helped me out a lot with solicitors for my court stuff." - Patient

"I'm really glad you're dealing with this for me. I know I used to work with [advocate], I liked her but she would say thing one thing one day and then forget." – Verbal

"You've done so much for me. I don't know what I would do without you, I've nothing bad to say"- Patient

"You guys are great, without you things would be a nightmare." - Patient

"She is a really good Advocate and always follows up with things that I ask" – Verbal

"Thanks very much for taking the time out of your day to come and see me and do this [complaint] for me" - Patient

"I think advocacy is very valuable" - Complaints

"Thank you for taking the time to listen to me." - Patient

## 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

