

# THE STATE HOSPITALS BOARD FOR SCOTLAND

## Clinical Governance Committee

### 12 Month Update Report

**November 2022 - October 2023**

Reference	November 2022 - October 2023	Issue:
Contributing Authors	Skye Centre Manager, Person Centred Improvement Team	

<b>Contents</b>	<b>Page</b>
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 Team (PCIT) 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 to support visits. Maintaining carer involvement family relationships
- Collaborating with the Forensic Network.
- Working with stakeholders to enhance the reputation of The State Hospital (TSH).
- Engaging with development of national work streams.
- Embedding the Supporting Healthy Choices programme.
- Through membership of various forums, it is ensured that a person centred approach to the delivery of individually tailored care and treatment plans is implemented.
- Ensuring that patients are supported during their progression through services.
- Addressing patients' social wellbeing issues.
- Supporting digital innovation for patients.
- Supporting a quality improvement approach.
- Enabling patients to engage with the climate change agenda.

The PCIT 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 Patient Advocacy Service (PAS).

This report relates to the period November 2022 to October 2023. During this 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), 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 the 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

Table 1 below provides an overview of the Person Centred Team staffing establishment.

**Table 1 - Staffing Establishment**

Job Title	Band	Actual WTE	Budget WTE	Comments
Person Centred Improvement Lead	8b	1.0	1.0	Post holder retired July 2023. Person Centred aspects of role assigned to Skye Centre Manager. Equality Diversity will be part of Senior Nurse Role.
Charge Nurse	6	1.0	0	12-month secondment created July 2022. Post extended to Feb 2024
Person Centred Improvement Nurses x 2	5	1.2	1.2	This equates to 2 staff members 0.6wte each post
Person Centred Improvement Advisor	5	1.0	1.0	
Health Care Support Worker	3	0.4	0.4	

## 3. Summary of Core Activity

- Facilitated the Hospital wide What Matters To You (WMTY) initiative.
- Reviewed visitor travel support arrangements and developed new Volunteer Driver Scheme.
- Supported development and implementation 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 ensure that patient experience influences the Clinical Model implementation plans.
- Developed and implemented the new 'Supporting Patient and Carer Involvement' Policy.
- 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 to take place where clinical presentation requires this approach).
- 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

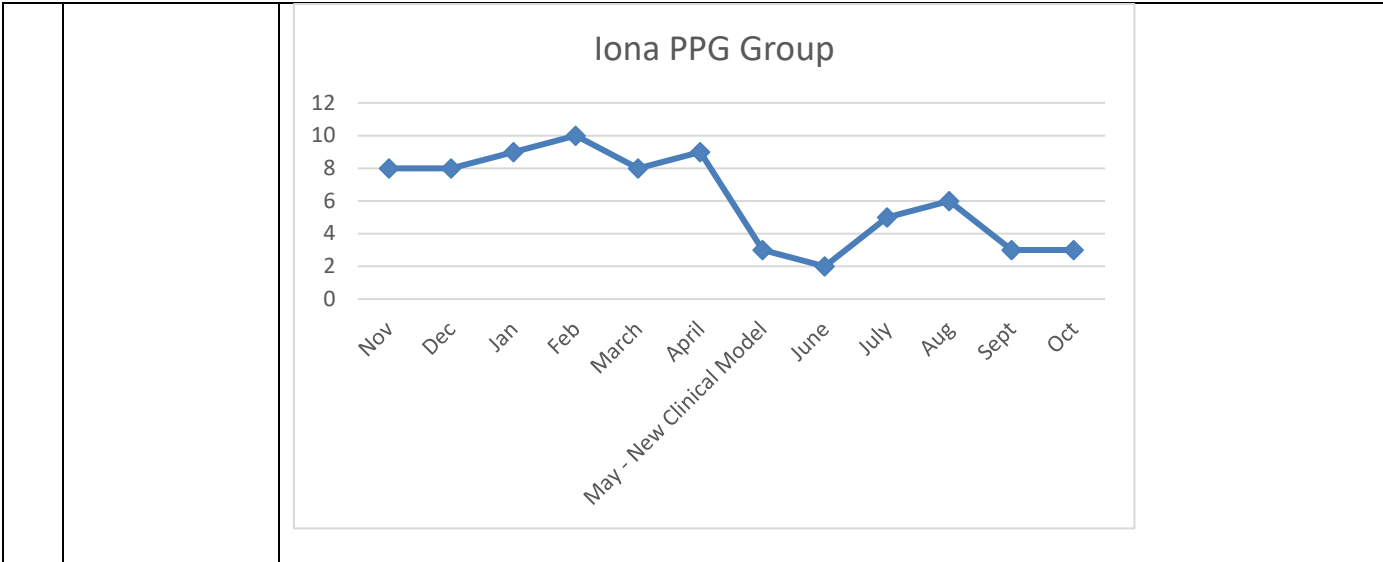
Long-term absence and subsequent retirement of the Person Centred Improvement Lead has delayed the progress of key pieces of work planned during this reporting period. Operational management of the team is now the responsibility of the Skye Centre Manager and work associated with the development of the Carer strategy and the review of the role and remit for volunteers is being progressed. Table 2 below outlines an update on the previous year's actions.

**Table 2**

Action	Update
1. Develop Action Plans for all Equality Outcomes.	Complete - Director of Nursing has reviewed and updated report
2. Review Person Centred Improvement Group Terms of Reference.	Complete
3. Review of PCIT to support succession planning.	Complete
4. Develop and implement Patient Safety and Recovery feedback tool.	Complete
5. Adapt EQIA process to incorporate inclusion of updated Fairer Scotland Duty.	Complete
6. Enhance Family Centre visiting process to include 'lunch visits'.	Complete
7. Review of volunteer and visitor financial travel support.	Complete. Financial review carried out
8. Develop Carers' Strategy.	In progress. Strategy will be developed by August 2024
9. Develop Carer Awareness Training Module.	In progress – will be considered as part of Carer strategy
10. Develop Carers' Support Guidance.	In progress – will be considered as part of Carer strategy
11. Review Volunteering Policy	In progress – to be considered as part of revised strategy

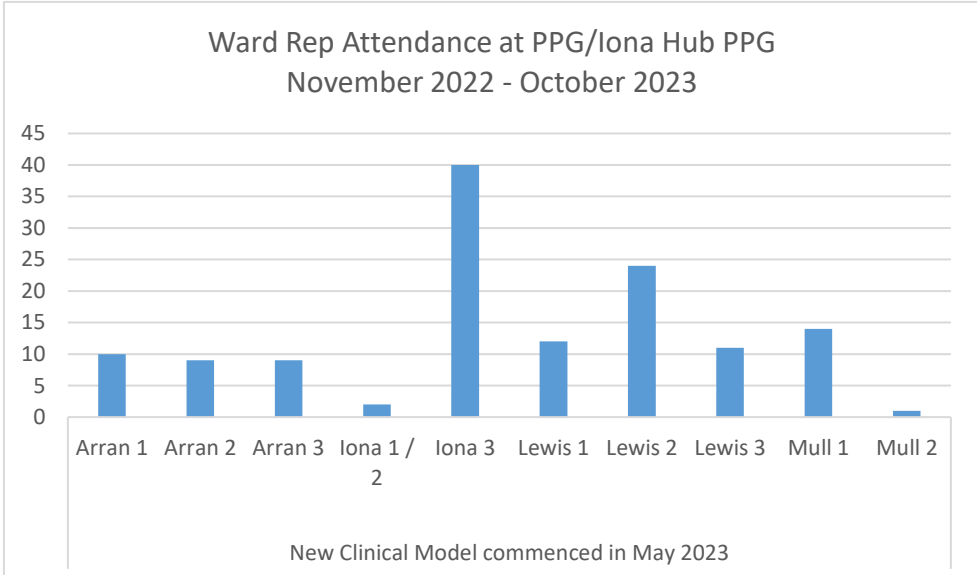
**5. Performance to Key Performance Indicators**

	Performance Measures	Outcomes								
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>There has been an increase in the number of PPG sessions facilitated over the past year. With the removal of restrictions related to the Covid pandemic the number of sessions increased from 37 to 50. A weekly PPG session is also provided on Iona Hub and can be accessed by all patients who remain on ward and not attending planned activity. Feedback from PPG continues to be shared at a senior level and acted upon quickly (appendix 1).</p> <div style="text-align: center;"> <table border="1"> <caption>Number of PPG Sessions Facilitated</caption> <thead> <tr> <th>Year</th> <th>Number of Sessions</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>23</td> </tr> <tr> <td>2022</td> <td>37</td> </tr> <tr> <td>2023</td> <td>50</td> </tr> </tbody> </table> </div>	Year	Number of Sessions	2021	23	2022	37	2023	50
Year	Number of Sessions									
2021	23									
2022	37									
2023	50									



b) PPG membership includes representation from all wards.

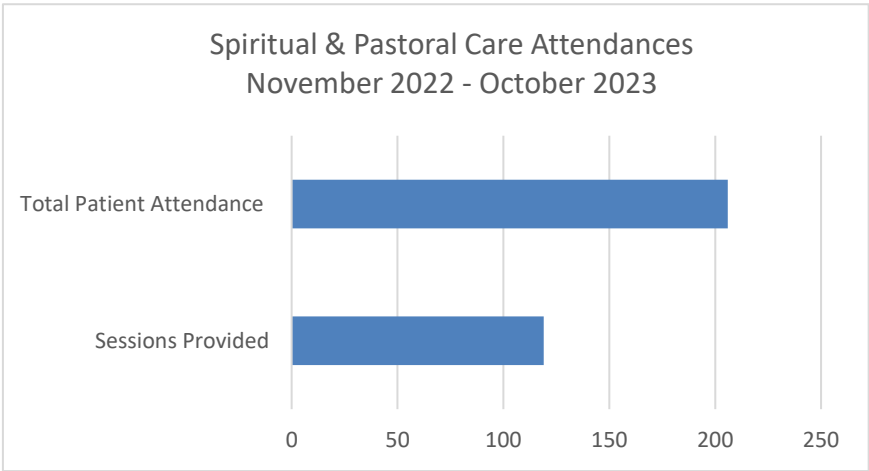
The PPG group membership remained settled during the previous reporting period of 2021/2022 with limited patient movement due to the impact of the pandemic. However, with the implementation of the revised Clinical Model in May 2023 this resulted in a change of ward for a number of group members to their allocated care area. This affected the group representation and attendance during this time. One patient was transferred to step down services with a new representative identified prior to their discharge, and by the end of October 2023, all wards were represented at the meeting.



d) PPG engage with internal stakeholders fortnightly and external stakeholders monthly.

Internal stakeholder engagement remains consistent. Level of involvement with both stakeholder groups increased this year. A wide range of stakeholders have attended the weekly meeting to engage with the group members to provide information and seek their views on a number of initiatives. Examples are noted below:-

- Non-Executive Directors on a monthly basis hearing first hand from patients about their experiences in Hospital,
- Senior Nurse Infection Control to discuss Health and Wellbeing Plans
- Business Development Manager to update patients on Clinical Model move progress
- Advocacy Manager and Complaint Officer jointly on a monthly basis to maintain a comprehensive approach to identifying themes / trends and avoid duplication of input.
- Consultant in Forensic, Clinical and Neuropsychology to inform group about the development of the Neurodevelopment Pathway.

		<ul style="list-style-type: none"> <li>Security Director to discuss progress regarding the Commissioning phase related to cameras and a further attendance to update group on technical issues with cameras and reassure patients they are looking at solutions to prevent ground access being restricted.</li> <li>Lead Nurse and Advocacy Manager to introduce and discuss Daytime Confinement Project</li> <li>eHealth Project Team regarding Digital Inclusion Project Group</li> </ul>						
2.	Patients who have no visitors have the opportunity to receive visits.							
a)	100% of referrals for volunteer visitor input are fulfilled.	No referrals received during this reporting period. One outstanding referral has not been progressed due to the specific requirements related to gender. The Volunteer Visitor recruitment process will be considered as part of the revised strategy and the current resource and allocation will be reviewed.						
3.	Wider patient attendance at group based spiritual & pastoral care activities.							
a)	Attendance mirrors national average trend (8.9%) (Ref 16).	<p>Patient attendance has remained static at 15%, reflecting an increase on the Scottish data.</p>  <table border="1"> <caption>Spiritual &amp; Pastoral Care Attendances</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Total Patient Attendance</td> <td>~205</td> </tr> <tr> <td>Sessions Provided</td> <td>~120</td> </tr> </tbody> </table>	Category	Value	Total Patient Attendance	~205	Sessions Provided	~120
Category	Value							
Total Patient Attendance	~205							
Sessions Provided	~120							
4.	Progress to TSH British Sign Language (BSL) Action Plan (2018-24)							
a)	16 of total of 18 indicators achieved	Achieved. Remaining two 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)	Triangle of Care	Due for review 2024. This will help to inform the wider Carer Strategy which will be developed by August 2024						
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.	Training will be the remit of the new Senior Nurse. Neighbouring Health Boards have offered training until this post is recruited.						
b)	100% of all locally generated policies have an approved EQIA.	96% of local policies have a current EQIA, a 6% increase on the previous year. 98 of 102 have an approved EQIA. Of the outstanding 4%, these are HR local policies that will be superseded by national Once for Scotland Workforce Policies and as such the review dates have been extended until these are archived.						

c)	EQIA data is used to highlight the needs of protected characteristic groups impacted by service change.	Ongoing. Clinical Model EQIA completed and will continue to be reviewed as part of this dynamic process, Digital Inclusion Project EQIA in progress and will continue to be developed as the projects evolve.
d)	Quality compliance scores when compared to 2020/21.	Following the retirement of the Person Centred Improvement Lead, the quality and standards of EQIA now sit with the relevant Directors who have responsibility for review and sign off.

## 6. Stakeholder Experience

“Can I just thank everyone who made today’s visit with [my son] successful... it was lovely to finally be able to bring him in to visit [his brother] and we appreciate the accommodations made for him”

“Great to see the TV size increased to 24 inch. Thank you PPG for getting this for us”

“There seems to be more activity in the new clinical model and we are open more than closed/modified”

“Loving having an unlimited spend at NU2U means, I can learn how to budget and manage my finances, similar to a real shopping experience”

“Love seeing staff friendly faces since they do not need to wear masks anymore. There is some staff in here I have never seen their face until today”



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

Quality Assurance	Quality Improvement
Develop a Carer Strategy	Sensory Garden for Iona Hub
Review and Refresh Triangle of Care	Outdoor Seating Area in Family Centre
Introduction of Senior Nurse post with remit for Equality and Diversity	Complete a Carer Walk Through to understand the visitor experience using 15 Steps Methodology.
Review current reporting of Person Centred Care	Review of various streams of patient feedback
	Review of information provided and available for carers/visitors, including considering needs of younger people and those whom English is not their first language.

## 8. Next Review Date

The next report is due in October 2024

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

Patient Feedback related to Skye Centre Activity Timetable.

<b>You Said</b>	<b>We did</b>	<b>The difference it made</b>
<p><b><i>Can we have more activity other than Sports please? Everything in the Skye Centre always seems to be closed.</i></b></p> <p><b><i>Can patients whose ward is closed be prioritised for activity drop ins please. It's not fair that we have to go to our rooms if we could get a drop in that would make a big difference.</i></b></p> <p><b><i>I'm not able to get to Crafts because it's always closed and Sports is always open. Can you maybe open it a bit more regularly?</i></b></p> <p><b><i>Please open Gardens more because I don't go anywhere else.</i></b></p>	<p>The redesigned Skye Centre timetable came into effect the week commencing 23<sup>rd</sup> January 2023 to enable a more consistent service delivery and minimise disappointment associated with cancelled sessions. All patients received a communication detailing the changes with support from the Person Centred Improvement Team and all patients received an updated copy of their activity Timetable.</p> <p>Information regarding the identified wards that are closed/modified is received at the Daily Huddle and this information is shared with each activity department to prioritise the affected wards for drop-ins.</p>	<p>Positive feedback received at PPG that patients are happy with the new timetable. It has been a positive move and they reported the rest of the hospital said it was a positive thing as well.</p> <p>Patients reported that activity departments seem to be open more that closed.</p> <p>One patient said he has been calling for extra placements and getting them and states he feels "really lucky"</p>