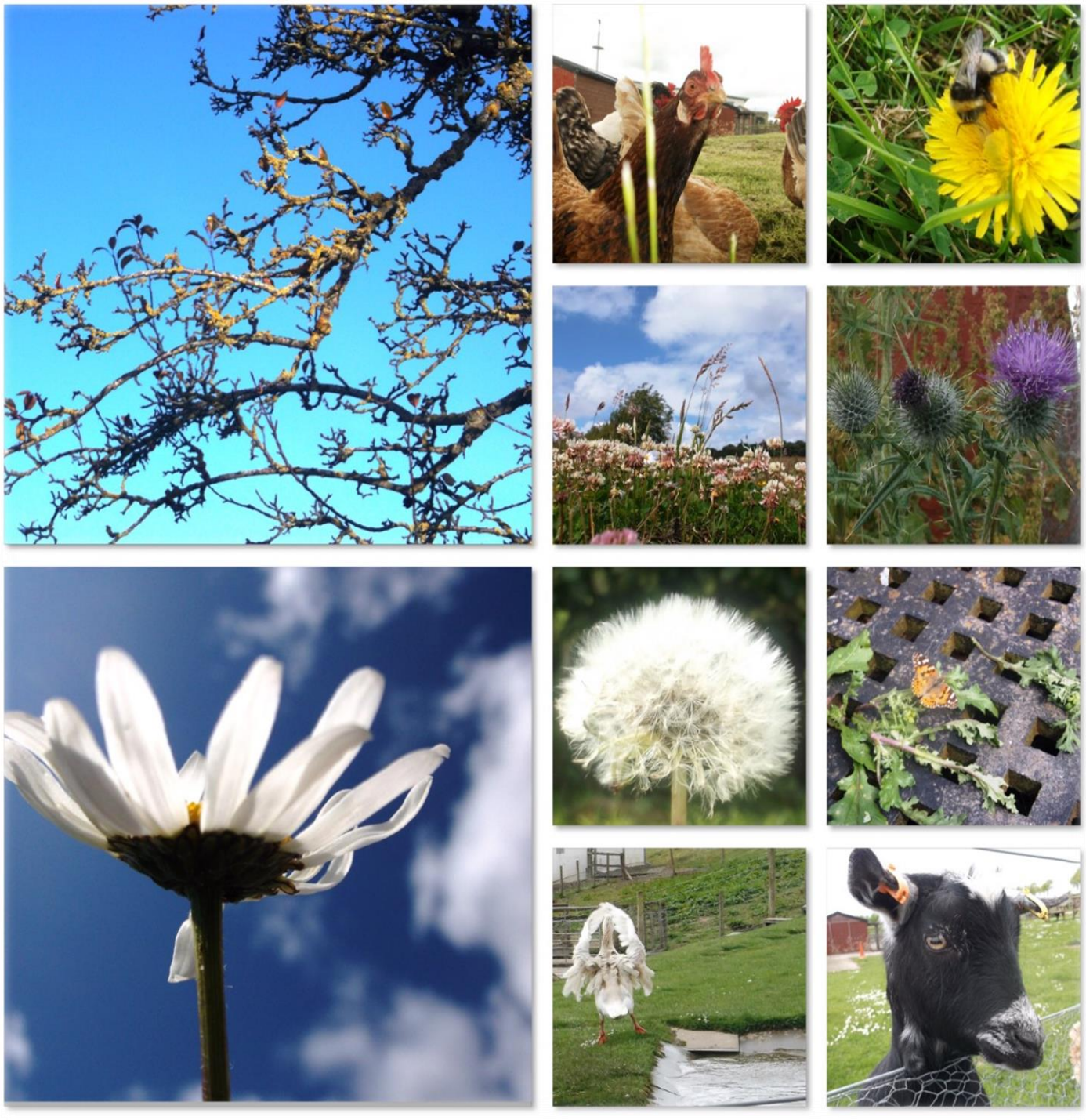
patients' advocacy service

Annual Report 2023 - 2024



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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. The Scottish Council for Voluntary Organisations (SCVO) employed PAS from April 2004 until March 2009. On 1st 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. An independent Board of Directors manages PAS.

During this financial year, PAS had a full time Manager and 3 part time advocates as part of the team.

Evaluations

- In 2001 and 2006, an external team evaluated PAS and 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 used as part of the SLA tender in 2019.

Service Level Agreements

- 3 years' Service Level Agreement (SLA) obtained for financial year beginning 1st April 2008 - 31st March 2011.

- 3 years' SLA with provision for a further 2-year extension obtained for financial year beginning 1st April 2011 - 31st March 2014 continued 1-year extension 2015.

- 3 years' SLA with provision for a further 2-year extension obtained for financial year beginning 1st June 2015 - 31st May 2018. 2-year extension granted on a year-by-year basis.

- 3 years SLA beginning 5th August 2019. 4th August 2022, 2-year extension grated to end 4th 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

Everyone has the right to a voice, to be heard, to have power and control in your life, to have your human rights respected. Independent advocacy is there to stand alongside those that need support to achieve this.

The Patients' Advocacy Service (PAS) is committed to amplifying the voices of patients, voices, ensuring they are listened to, their views are taken into account and their human rights are respected and recognised.

In 2023-2024 the PAS has continued to deliver an outstanding service which contributes to improving the quality of life of patients. A phrase PAS has heard often from patients this year is "**I couldn't have done it without you".** While we believe many of these patients can and will take control without the need for PAS, feedback like this shows how vital the support PAS offers truly is.

The Board are extremely proud of our team that continues to support patients to build confidence, have their say and empower them to take control into the future. They continue to foster excellent working relationships with colleagues in the State Hospital, and see every interaction as an opportunity to share invaluable insight from patients.

We also wish to **recognise the exceptional contribution made by our Patient Representative**. This year, the Patient Representative has brought his personal insight, highlighted current challenges and views of the wider patient group, and has also put forward informed solutions. This input has directly strengthened our service.

This year, long-serving board member, Heather Baillie stepped down from the board. We wish to thank Heather for the fantastic service to PAS, delivered with compassion and considerate thought. Heather imparted substantial wisdom from her legal background as well as bringing experience from working as a Convener of Mental Health Tribunals.

To boost our board capacity, we have recruited 4 new board members, each brining their own unique set of skills, experience and expertise to the organisation. We have also taken steps to ensure we can reintroduce our volunteer advocate service to add value to our service.

The Board has also continued to meet with TSH senior leadership regularly, providing insight into TSH strategy as well as additional context to current patient concerns or feedback PAS receives. These meetings are always open, informative and help strengthen our working relationship while maintaining our independence.

A patient providing feedback stated "**you are always there for me**". The patients remain our priority. In the coming year we will continue to be there for patients and will strive to develop and improve the service and support we offer.

Michael Timmons

Manager's Report

Across the 2023-2024 reporting period, The State Hospital (TSH) went through organisational change relating to the clinical model. As part of this piece of work, it was necessary for PAS to alter where advocates worked to ensure efficiency of time and continued positive therapeutic relationships. The clinical model changes are the focus of our narratives this year and more can be read on page 20.

Given the staffing pressures over this year we were unfortunately unable to resume our volunteer programme however this is going to be one of our main goals of 2024-2025 as we recognise the benefit having volunteers working with PAS brings to both the organisation and patients. An area where we excelled was in relation to board members. Over the course of the year, we were able to welcome four new faces to the team, which was a delightful development. Sadly, one of our longest standing board members, Heather Baillie, decided to step back from the role having been involved with PAS for many years. We thank her for her time and commitment to working with us to enhance the lives of patients.

Patients continue to be our focus and ensuring their rights are respected and actioned. Contact continued to increase over this period highlighting just how vital independent advocacy is to patients at all stages of their journey. In addition, it evidences the value of positive therapeutic relationships patients build with PAS staff. An area of service development this year related to the moving from using the datix system in TSH to using a reporting system independently built for our needs. A lot of work went into the development, training and transfer of information ready to start the next annual report where we will be using this system to collate the results which will be evident in our next report.

Visual independence was highlighted in our last report as something that came from the patient questionnaire as being important for PAS to develop. In addition to the lanyards, in this reporting period we purchased PAS badges which we can use to show to patients who we are. This provides a further degree of separation from TSH and has been well received.

The patient voice continues to be shared in a variety of ways including both internal and external consultations, roundtable discussions and short life working groups. One of the biggest we participated in this year was around Daytime Confinement (DTC). This group was set up to tackle patients being locked in their bedrooms due to a variety of factors. PAS were instrumental in ensuring the workstream focused on showing the impact of DTC had the patients voice at the front and centre of discussions. We worked with patients to host interviews with those who were keen to take part and ensured they were able to be honest and open with their thoughts by engaging with PAS staff rather than TSH staff. The group worked hard to ensure the patient experience was captured accurately and reported appropriately to help inform a culture change where everyone saw DTC as a never event.
It is vital we remain updated on developments in forensic mental health. We have continued to engage in activities which may have an impact on PAS and patients in TSH. One such area was in the development of guidance for Trans

Patients in the forensic estate with the Forensic Network. We also continue to be involved in discussions around the development of the recommendations of the Scottish Mental Health Law Review.

PAS has developed a protocol on External Boarding Out and Independent Advocacy Provision. This came from discussions with patients who had spent time in a general hospital and had less access to independent advocacy in relation to their peers on site. We worked with TSH colleagues to develop an appropriate protocol which would allow us to continue to visit patients who spend more than 7 days in a general hospital for treatment. As yet, we have not had to use the protocol but will ensure when it does have to be implemented this will be reflected in our reports. We view this support as vital and a significant development to the service and support we offer patients

Another important development, highly requested by patients, was the re-introduction of our Skye Centre drop in. This started on a trial basis in March 2024 for an initial 3-month period to ascertain viability and uptake. We will be reporting fully the impact of this in our next report.

Our patient rep has continued to be dedicated to the role, sharing unique insights from the patient perspective directly to our board. This was particularly important in terms of the DTC and allowed board members the opportunity to hear directly how this impacted on our patients. We remain grateful to our rep for continuing to dedicate the time to ensure PAS is working for the best of the patients at all levels of the organisation.

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

Rebecca Carr
Manager

Review of 2023/2024

Staff and Volunteers

- All staff continued to complete mandatory modules and attend training as required by The State Hospital (TSH) when restrictions allowed.
- Advocates were fully staffed for the duration of the period.
- We hosted 2 rounds of recruitment for an administrator which were unsuccessful.
- Volunteer paperwork and advert were updated to reflect changes in the organisation ready for recruitment.

Board of Directors

- Held 6 Board Meetings, 3 online and 3 in person.
- We recruited 4 new board members, and 1 prior member moved on from PAS

Internal Participation

- Person Centered Improvement Group
- Patient Partnership Group
- Responded to TSH policies: Unescorted Grounds Access
- Complaints and Feedback
- Child and Adult Protection Forum
- Monthly meetings with PCI lead
- Bi-monthly meetings with Nursing Director
- Inductions to all student nurses and New Staff
- Clinical Model Implementation Short Life Working Group (SLWG)
- Daytime Confinement SLWG
- Meeting re. Mental health tribunal processes within TSH
- Admissions Processes Group
- CPA review

External Participation

- SIAA Managers Support Sessions
- SIAA Peer Support Sessions
- SIAA AGM
- SIAA: SMHLR Recommendations
- SIAA: Human Rights Roundtable
- SIAA: Prisons and Forensic Mental Health Group
- Advocacy Managers Group
- Mental Health Service Users and Carers Group
- Meeting with Mental Welfare Commission
- SLWG Trans Guidance
- Consultation Responses: Human Rights Bill; National Care Service; SIAA Outcomes Framework

Patient Contact

- 1700 contacts on the wards
- 57 Skye Centre Contacts
- 86 Patient Phone Calls
- Overall, 2043 contacts with 125 patients

Mental Health Act

- Attended 42 tribunals
- Completed 17 Advance Statements and 8 Updates of Advance Statements

Knowledge

- Talking Mats Training
- MoreP: Human Rights Training
- SIAA Mental Health Act Training
- Trauma Informed Care Training

Patient Support

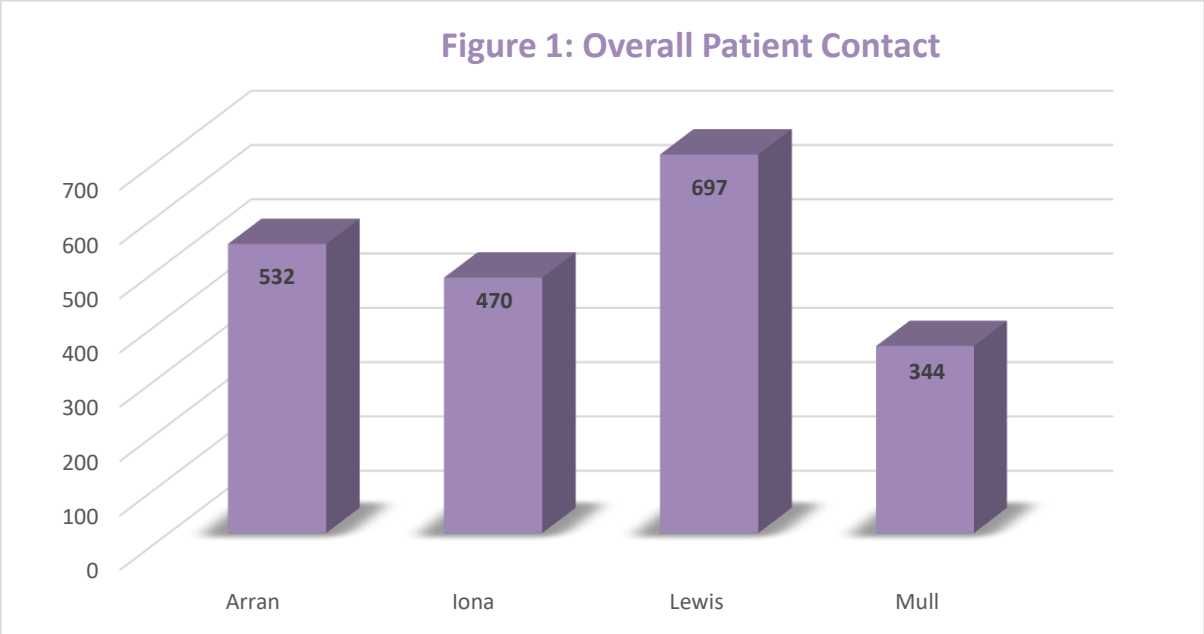
- Support before, during and after Case Reviews, Tribunals, Parole Boards and

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 and development of the Skye Centre Drop In.
- 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

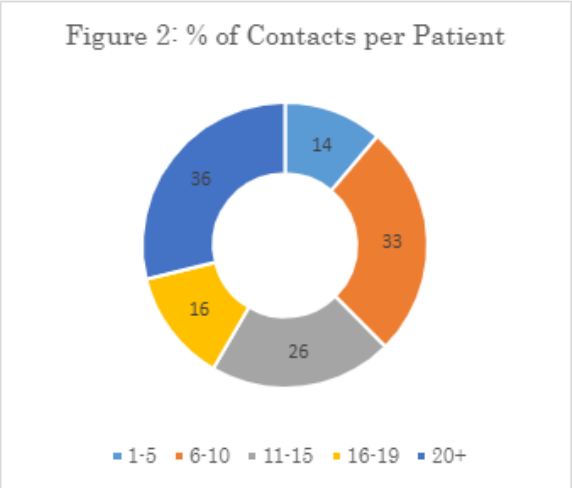
Overall patient contact



The chart above shows, 125 patients had 2043 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 16. These figures include 33 patients transferred to medium and low secure units and those who returned to prison. Two deaths were recorded and there were 21 admissions during this period.

Patient contact has increased a further 14% from the previous annual report highlighting yet another year where there has been an increase in contact. There are various reasons for this increase, our staff skill base has continued to improve, and more meaningful relationships have provided better outcomes for patients in addition to a full staffing of Advocates this year. Finally, we have also continued the weekly ward drop in to the intellectual disability service which we have also replicated in both admissions wards following the clinical model moves. This has proved fruitful in building positive relationships with those who have been admitted to TSH to provide more intensive support in the first 12 weeks of their admission.

Contacts Per Patient



This graph demonstrates 14% of patients were seen between 1-5 times with 36% seen more than 20 times. Those seen more than 20 times has increased from the last report, this is mainly due to some patients requiring more support than others. This is particularly true of our intellectual disability patient group and new admissions. The number of patients seen 1-5 times has further decreased from the previous report, 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 and weekly Drop in's offering increased contact with patients.

Formal Referral Routes & Timescales

Figure 3: Patient Referral Type

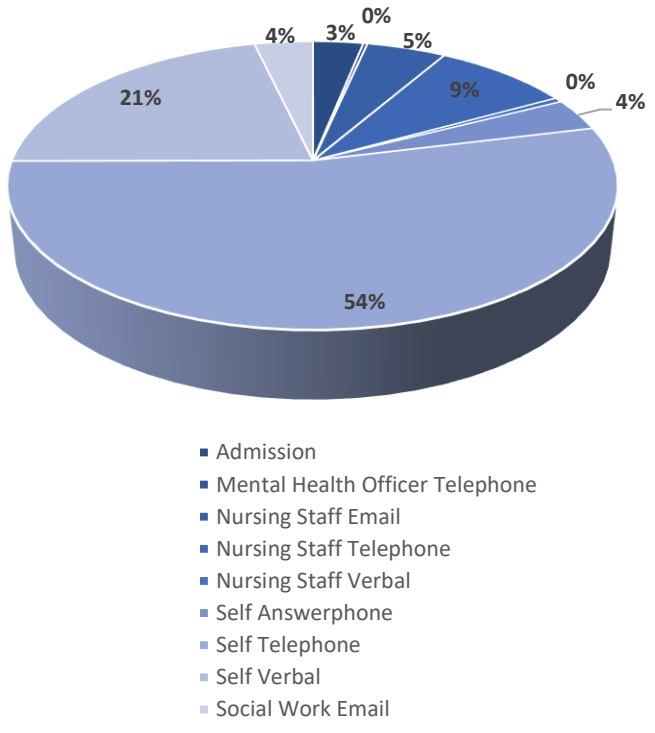
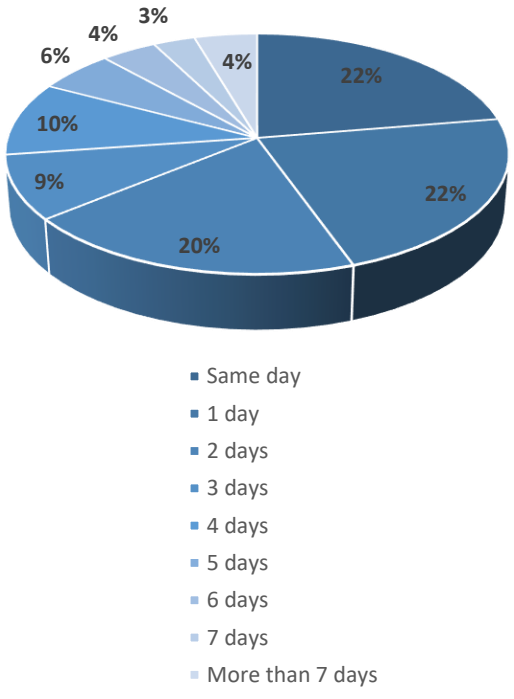


Figure 4: Referral Timescale

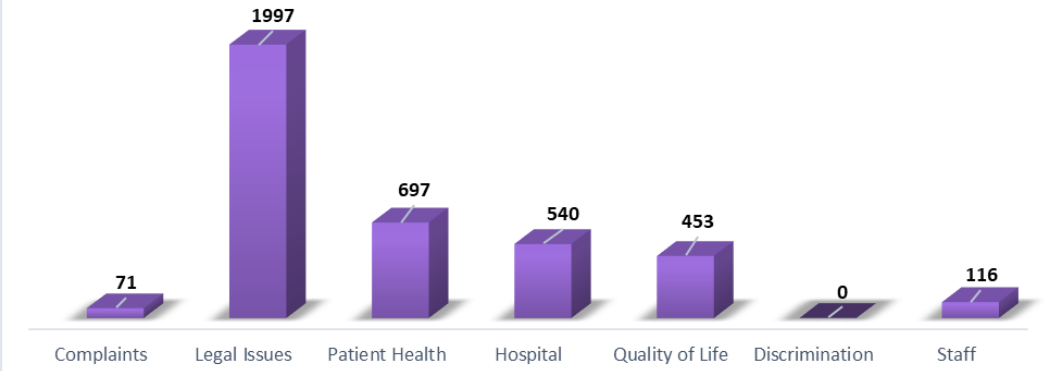


These statistics relate to formal requests to see an Advocate, 79% of referrals came from patients directly via the PAS free phone or discussion with an advocate. Hospital staff continue to be vital for us to provide support to patients with a further 14% of referrals coming from nursing staff. This trend continues in line with previous reports showing a higher proportion of patients directly accessing PAS support. 96% of referrals were seen within 7 days which is PAS's target, a decrease of 1% from the previous report. However, 64% were seen within 2 working days which is a 1% decrease from the last report. This highlights fast access to advocacy support to action their rights. The decrease is likely due to the increased request for independent advocacy input. Unfortunately, 4% of patients were seen out with the 7 working day target due to factors out with PAS' control, for example isolation for Covid-19, admissions who nursing staff relayed there was too much risk to visit with or an inability to meet with the patient at a convenient time due to DTC. In all circumstances, the ward was contacted to check in with the patients and ensure a date was set for a visit.

"Thank you for coming down so quickly, I only called 2 days ago." *(Patient)*

Issues

Figure 5 : Issues Reported



PAS dealt with 3407 issues which is an increase of 4% from the previous annual report.

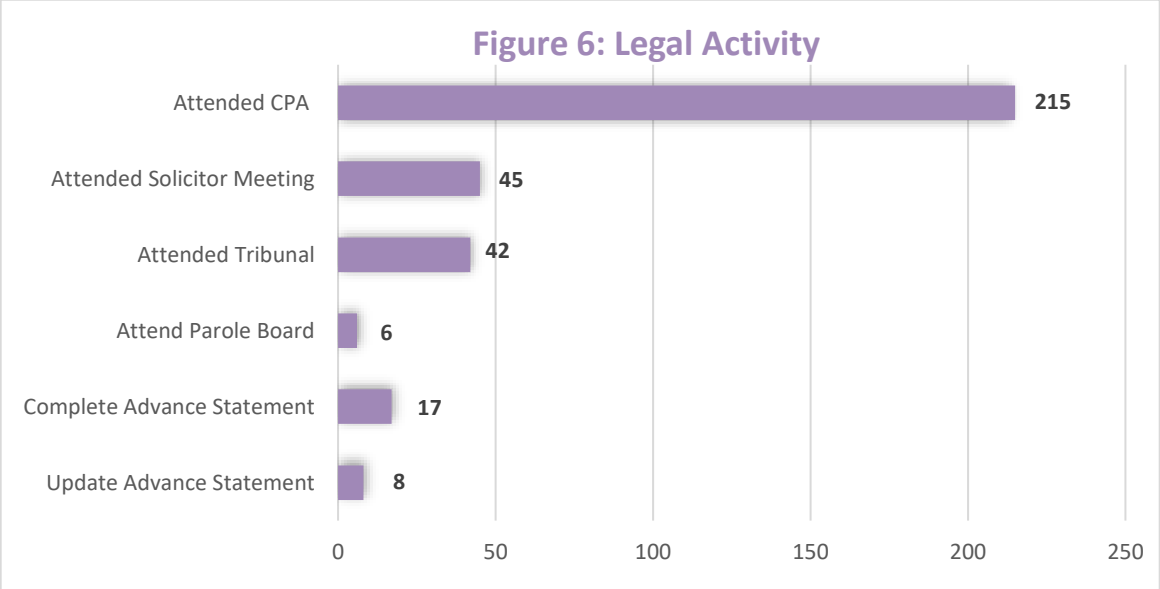
1997 issues were legal, this includes, contact with solicitors; tribunals, CPA and parole board pre and reflective discussions; informing patients of their legal rights to representation; instructing a solicitor; preparing a statement (if required) for a mental health tribunal or parole board and attending a tribunal, parole board or case review with support from an advocate either in person, via teleconference or videoconference.

Hospital issues account for a further 15%, an increase of 1.5% from the previous report, which covers any hospital-based issues including policies and

procedures; ward or service moves; changes to clinical teams; finance etc. Quality of life issues were 13%, a decrease of 1.5% from last year's report.

PAS recorded 51 complaints during this period, a decrease of 3 from the last report. 9 were increased to stage 2 and 1 was not taken forward by the patient.

"Thank you for coming down to the ward to talk to me about my complaint."
(Patient)

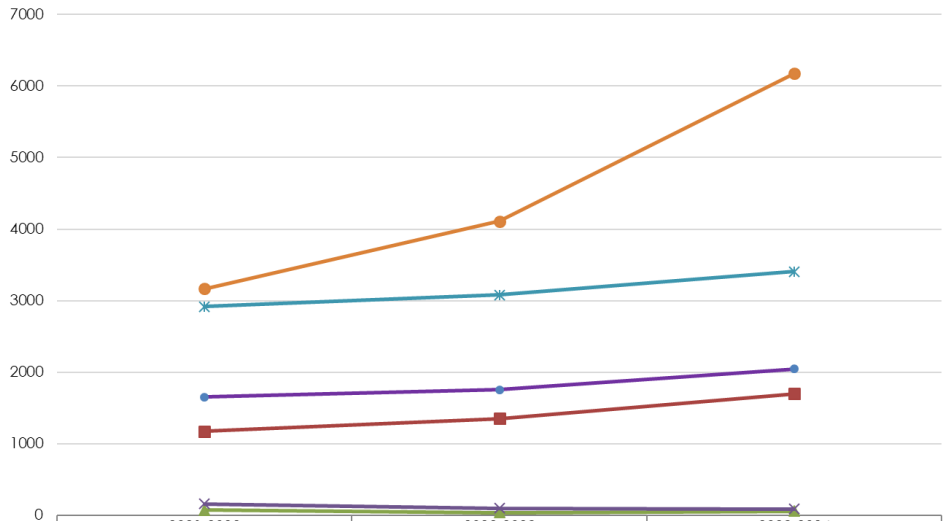


The activity classified as legal [Figure 6 above] was associated with attendance at formal meetings with patients, such as Care Programme Approach meetings (CPA), Mental Health Tribunals, Parole Boards and Solicitor meetings; all of which require support prior, during and following the meeting. We documented 17 Advance Statements being completed and 8 being updated within legal activity due to them being a legal document.

"I think it's important you come to the Solicitor meeting with me so you can talk for me."
(Patient)

3 Year Comparison

Figure 7: KPI 3-Yearly Comparison



	2021-2022	2022-2023	2023-2024
No of Contacts	1652	1753	2043
Ward Visits	1174	1350	1700
Skye Centre Visits	71	36	57
Patient Phone Calls	157	99	86
Issues	2917	3079	3407
Actions	3165	4112	6174

The graph above shows a 3 year comparison of our main categories of data. This shows there has been a sharp increase across the years in most categories. We have not seen an increase in telephone calls. This can partly be attributed to the DTC which meant patients had less access to the phone than they would usually. All other categories have seen a sharp increase over this period. The biggest jump being in the number of actions taken which has increased by 32%. This is due to the increased support provided on the admissions wards as well as building strong, trusting relationships with patients leading to increased requests for support.

"If you never came down to see me this afternoon I would have been stuck in my room all day. *(Patient)*

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.
- Appoint a volunteer co-ordinator to manage any volunteers.
- Further expand our knowledge by maintaining current training and continuing to attend relevant courses and webinars.
- Await the outcomes from the Scottish Mental Health Law Review and any potential impacts on PAS.
- Implement a new protocol for patients in restricted positions to continue to access independent advocacy.

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 working on measuring impact and how we can further evidence our impact to patients by implementing a leavers questionnaire as well as measurable outcomes on admission and discharge.
- Gather formalised feedback in the form of a questionnaire for colleagues to comment on our performance.
- Host a dedicated development day with our Board to identify opportunities to improve and increase our visibility.
- Identify a procedure for working with carers.
- Implement an admission pack for patients including GDPR compliant information.
- Work towards peer supporters for the Get On, Get Out project book.

Board of Directors



Michael Timmons
Chair
Joined2017
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.



Innis Scott
Secretary
Joined 2021
Since 2018, Innis has been working with The Weir Group as Head of Engagement, responsible for leading several 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.



Laura Murphy
Joined 2024
After graduating from The University of Glasgow with an MA (hons) in psychology, Laura worked in the field of additional support needs, particularly Autism, epilepsy and complex health needs. Holding a variety of roles throughout her career, managing registered services and adopting a person centred approach to support. In 2022 Laura began her current role as Outreach Services Manager at Beatson Cancer Charity. In this role she manages several patient support services, established the Bereavement Support service and is leading on the introduction of a Lived Experience Group. In her spare time Laura enjoys time with her family and two dogs. She enjoys challenging herself and has recently taken up running. Taking on her first half marathon this year. Her other hobbies include weightlifting, reading and being outdoors.



Kirsty McVeigh
Joined 2024
Kirsty has worked as a procurement contractor in the public sector for several years, leading on a range of medium to high value and complex procurement projects. She currently works as a Procurement Manager at Ofgem. Kirsty holds an LLB from Strathclyde University and is also an Associate Member of the Chartered Institute of Procurement and Supply. Kirsty is currently undertaking a post-graduate qualification in procurement.

Monica Griesbaum
Joined 2024
Monica is passionate about patient/service user rights and wellbeing and happy to be part of this line of work. I have an MSc in psychology and Health and BA (Hons) in psychology. Also, currently completing an MSc in Forensic Psychology with the aim of gaining Chartered Status after stage 2 of my studies. I have work experience in Mental Health including, Trainee psychologist at the Priory, trainee psychologist and project worker with Richmond Fellowship Scotland and working for the Mental Health Foundation training service users in service-led research. I have also worked in Technology and Renewables and have skills in project management, recruitment and finance.

Treasurer's Report

Treasurer's Report for Financial Year ending 31st March 2023.

1. Operating:

The Statement of Financial Activities shows a net surplus for the year of **£13,244** our reserves stand at **£60,221**.

2. Income:

Overall income for the year was **£151,440** this includes the interest received and funds carried over from previous year.

3. Costs:

Overall expenditure for the year was **£138,196.**

4. Capital Items Purchased:

During the year no capital items purchased.

5. Cash and Bank Balances: £64,430.

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 **£60,221.**

Treasurer,

Clare Daly

Financial Report

Patients' Advocacy Service
Income and Expenditure Report
For the period from 1 April 2023 to 31 March 2024

Gross Income	151,440
Gross Expenditure	138,196
Incoming Resources	
Government Funding	151,292
Bank Interest	148
	151,440
Cost of Charitable Activities	
Employment Costs	115,909
Establishment Costs	1,798
Social Security	5,359
Print, Post, Stationery	135
Subscriptions and donations	429
Training	175
Computer Costs	8,586
Trustees/Meeting Expenses	416
Sundries	847
Advertising	243
	133,897
Governance Costs	
Accountancy Fees	2,824
Legal Fees	1,475
	4,299
Total Resources Expended as per Account	**138,196**
Cash & Bank Accounts	**64,430**
Liabilities payable in one Year	4,209
Net Current Assets	**60,221**

Clinical Model Changes

Impact on Patients and PAS

The State Hospital implemented a new Clinical Model in July 2023. This identified 4 specific services within the hospital; Admissions, Treatment and Recovery, Transitions and Intellectual Disability. The purpose of which is to ensure patients receive the best care for their mental health through each stage of their admission and to offer them a sense of progression throughout the hospital until discharge.

We were able to observe the impact of the change on patients and the reported uncertainty it caused, in the lead up to implementation. This highlighted the importance of independent advocacy being kept up to date with all relevant information as patients had many questions and required reassurance.

It was imperative for PAS to understand the aims and objectives of the new Clinical Model as a whole, as well as each individual service. Being part of the clinical model implementation short life working group allowed to be kept abreast of developments and any necessary information to be able to share this with patients as necessary.

Once the model was implemented, patients informed PAS of the initial strengths and challenges they faced. For example, the patients in the transitions service felt that they were not being given what they expected the new model would provide. Some patients believed it was taking time for staff to adapt from working in an admissions ward to the new model.

PAS had to adapt their way of working within the new Clinical Model. To ensure consistency, PAS had already made the decision to have dedicated independent advocates in each ward. This approach meant patients would have a consistent independent advocacy service through the entirety of their admission.

Consistency in the clinical teams also appears to have a beneficial outcome of the new Clinical Model. This provides patients with the opportunity to build lasting and trusting relationships with all members of their clinical team, which should be beneficial in their treatment and recovery, reducing the number of times their team will change. This is also allows PAS to build strong working relationships within clinical teams and thus advocate more effectively for the patients.

Initial Difficulties

Prior to implementation, patients reported to PAS feeling anxious about various aspects of the changes. These included questions on whether they would need to change ward and clinical team, which staff would be on their ward and whether the changes would hold up their progression in their journey. We heard from patients that some also felt anxious about not knowing if they were

moving on, where they would move to and when this would happen. All of this, required support and reassurance from PAS to help ease anxiety, help bring clarity and support the communication and information being shared by TSH.

Once patients had moved, we checked in with them to find out how things had gone. Most patients we spoke with, found the change positive and were content with the changes in their care team.

While many of the patients we supported through this period change were pleased with the changes, there were others who found it more challenging. We supported some patients with their wish to make complaints about the new clinical model had affected them. This included complaints regrading:

- Communication, where a patient reported being informed of different dates for when they were going to move which caused them to feel unsettled - this complaint was upheld, and the patient received an apology for the miscommunication.
- The Intellectual Disability service in relation to a patient feeling they were misunderstood due to staff new to the ward not knowing the patient well enough - this was not upheld, however there was an acknowledgment that staff and patients were still getting to know one another.
- 'Being stuck in the admission ward' when no longer an admission patient – this was upheld and was reported this was due to no beds being available in treatment and recovery wards.

The formal complaint regarding not being able to move on from the admissions ward to treatment and recovery, in an ongoing issue raised by patients, we continue to support patients to raise their concerns and hope this situation will improve r and patients feel the sense of progression and equality of service between wards.

Intellectual Disability Service

PAS provided additional support to patients within the intellectual disability (ID) service to move through the implementation of the clinical model. We continued to provide updates, provided clarity on communication from TSH and answered questions as and when they came up to reduce anxiety. Some patients reported feeling anxious about moving ward and being supported by new staff that didn't know their specific support needs.

All ID patients transferring to the one service allowed us to see them together a lot easier on a weekly basis during the drop in. This helped build positive relationships with the patients, as we were able to ensure we saw all of them weekly. It also allowed patients to have staff consistently working with them with ID experience to provide the best possible care and treatment available. This reflected the way TSH was working in the ID service and is positive for this group of patients, as it has been identified by many patients that consistency in their routine and staff are very important to them in their recovery. We have also seen a real positive improvement over the year of the clinical model with

the patients in the ID ward who we provide non-instructed Advocacy to. Due to the consistent support and PAS presence in the ward working with those with ID, it has helped us develop stronger more trusting relationships with patients in the ID Service and better support them. This allows us to better advocate for them during meetings such as tribunals and CPA's where they are unable to participate in the same way as their peers.

It also had a positive impact on PAS's relationship with the clinical team within Iona. We have built excellent working relationships with the clinical team which also allowed us to do much more joint working with certain members of the clinical team, especially social work which has been very positive for the patients. The clinical model has allowed staff to know what days we are on the ward weekly to let the patients know this too which ensures consistent communication and information being provided to patients.

Conclusion

Overall, based on working closely with the patient group that the clinical model has been a positive change in TSH for the hospital, patients and PAS. Our relationships with clinical teams, nursing staff and patients have been strengthened. There is better information sharing providing better outcomes for patients as well as joint working opportunities. While there have been teething problems, we have been able to share these with the service leadership teams, provide patient feedback and ensure their voice is heard throughout the implementation.

Feedback

Patients

"I will keep opening up to you because **I feel like you really listen to me**."

"I don't know what I would do without you, I wouldn't understand any of this (legal issues)**."**

"Appreciate everything Advocacy does for me. I like you are Independent /different from the staff, **you are always there for me"**

"You always put so much effort in every time I see you. **It's good to know you care**"

"You're a trusted Advocate for me."

"Thank you for explaining the CPA process, I understand how it works now"

"**It's a big weight off** that you can sort that list of stuff."

"You've been great through the complaint process, **I couldn't have done this without you**."

"I want to thank you for all your support, especially when I was in a really dark place. **I couldn't have done it without you.**"

"You will be a great voice for me."

Hospital Team

"It is a great relationship you have with the patient**, it has a really positive impact** for him." (MHO)

"Thanks very much **for being there for him at the CPA** and trying to get him to understand our view, I think he really needed it." (RMO)

"Thank you for all the support you provide to the patients in Iona. It is much appreciated by all." – SLT

"I think it's really **great that the Advocacy drop in is back**" (Skye Centre Staff)

"Thank you for your work over the year**, it's an incredibly important service you provide**." (Board Chair)

"**The number of complaints upheld is clearly down to the support PAS provides**." (Complaints)

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

