



THE STATE HOSPITALS BOARD FOR SCOTLAND

PHYSICAL HEALTH STEERING GROUP 12 MONTHLY UPDATE REPORT

1 October 2020 – 30 September 2021

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1. Introduction

The State Hospital continues to recognise the importance of health improvement and disease prevention programmes that target the main causes of morbidity and premature mortality with particular attention to obesity and reducing cardiovascular risk and recognises that physical activity is an extremely important part of overall physical healthcare.

The Physical Health Steering Group (PHSG) governs Food, Fluid and Nutritional Care, Weight Management, Physical Activity and physical health services on behalf of the State Hospitals Board for Scotland.

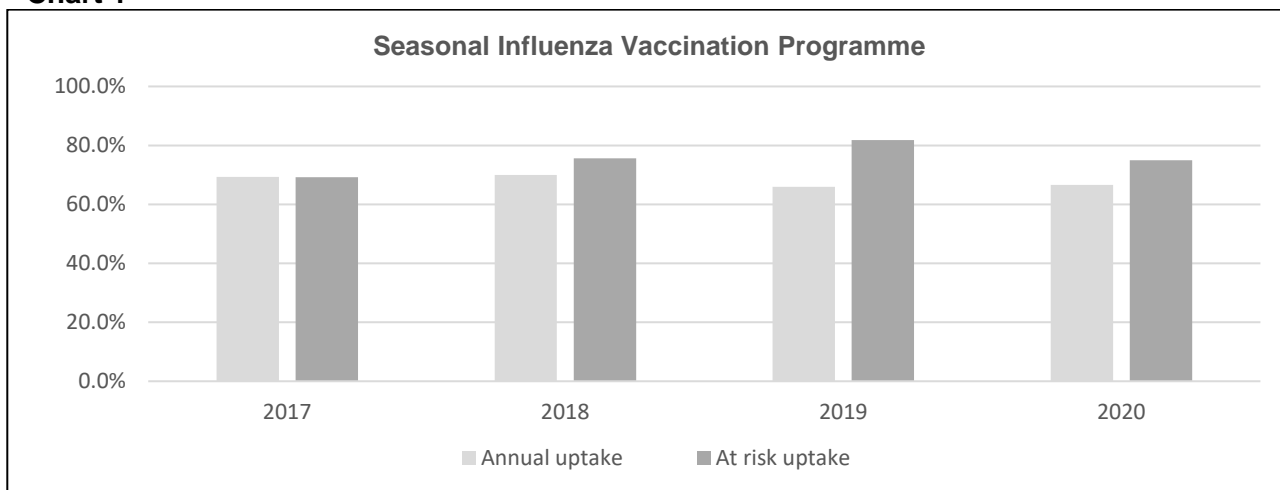
The information within this report is taken from the reports which are presented to the PHSG.

2. Summary of Core Activity for the last 12 months

Seasonal Influenza Vaccination Programme uptake for 2020/21

In 2020 there was an increase in the number of patients accepting the flu vaccination, from 70 patients in 2019 to 76 in 2020. There were also 32 patients who fell into the “at risk” category, of these 24 (75%) patients consented to the flu vaccination. This was a reduction of 3 patients from the previous year.

Chart 1



Colorectal Screening

Bowel Screening is a 2 yearly programme. In 2020 the programme was suspended due to COVID-19. However, in recent months this service has started to re-mobilise.

- All patients eligible for screening have their kits individually delivered with supporting advice and information by a member of Health Centre staff.
- 22 patients identified as aged 50 – 74.
- 15 patients were eligible for screening within the previous 2 years.

Existing patient group was reviewed and patients that met the criteria were aware of this screening process and encouraged to participate.

Abdominal Aortic Aneurysm Screening

Two patients have attended for screening with negative results. One patient has refused to attend despite advice and support on screening and one patient remains outstanding: this is an individual who was very recently admitted to The State Hospital.

Cardiovascular Risk Assessment

- August 2021 - within the hospital there are no patients with confirmed Coronary Heart Disease (CHD). We have 6 patients with hypertension (5.1%) which is a decrease from the previous year. This is attributed to patient population changes and discharges.
- August 2021 - 25 patients (21.3%) continue on Statin/Fibrate lipid lowering therapy to support reduction in cardiovascular risk.

Urinalysis Screen

All patients should have a urinalysis carried out by ward staff prior to their Annual Health Reviews. During the period 2019/2020 the annual health reviews were suspended due to the restrictions put in place related to COVID19. This accounts for the reduction in the number of urinalysis screening. Urinalysis was reinstated in August 2021. The annual health review process is presently being reviewed in conjunction with the GP and the Health Centre.

Table 1: Trend data for the last 3 years

Urinalysis Screen	2018/19	2019/20	2020/21
Screening completed	96	19	106
Screening outstanding	6	96	11

COVID vaccinations numbers of patients-

TOTAL 1ST DOSE	104
TOTAL 2ND DOSE	99
DECLINED	11
REFUSED 2ND DOSE	1
# OF PATIENTS GIVEN PFIZER	18
# OF PATIENTS GIVEN AZ	83
New admission / No Vaccine	0

Data related to Optician reviews carried out in section related to Diabetic and Podiatry reviews- Table below highlights Optician consultations, interventions, and refusals.

	2017	2018	2019	2020	2021
Number of clinic sessions	10	7	10	5	9
Number of patients seen	78	54	72	39	66
Number of interventions	88	56	85	40	72
Number of refusals	12	20	13	7	8

Diabetes

In August 2021 there were 11 patients (9.4%) with Type II Diabetes and 1 patient with Type I Diabetes.

Table 2: Trend data for the last 3 years

	2019	2020	2021
Diabetic Patient Numbers	17.60%	11.40%	10.25%

Ten patients have attended for an annual foot review, with 2 patients waiting to be assessed.

Respiratory Disease, Asthma and COPD

There is currently 1 patient with Emphysema, 11 patients with a diagnosis of Asthma and 3 patients with a diagnosis of COPD.

Unscheduled/Emergency Clinical Outings

Thirteen patients attended Accident and Emergency on 15 occasions. Of the 15 attendances, 8 of these resulted in overnight stays, whilst 7 were discharged immediately following treatment intervention.

NHS24/Out of Hours/Urgent Care

There has been 9 telephone advice calls to NHS24 and NHS Lanarkshire OOH's Service.

Dental Service

Please note that despite the restrictions related to COVID-19, our patients were able to still receive ongoing access to dental services.

Table 3: Trend data for the last 5 years

	2017	2018	2019	2020	2021
Patients treated	106	105	101	98	104
Interventions	532	442	408	308	313
Refusal	69	52	47	52	41
Unable to attend				9	9
Oral hygiene interventions	14	4	1	3	8

Podiatry

Podiatry services have continued to be offered to patients over the last 12 months with over 300 interventions carried out.

Near Me web based platform

The Near Me facility was introduced during the COVID pandemic in order to facilitate GP and Physiotherapy clinics. From August 2020 until July 2021 there were 14 instances when this facility was used for 9 patients. The physiotherapist saw 7 patients for 11 appointments using Near Me and 2 patients were seen by external services on 3 occasions. With restrictions being lifted in relation to primary care services, face to face consultations are now routinely provided by Advanced Nurse Practitioners or GPs.

Food, Fluid and Nutrition (FFN)/Food in Hospitals (FiH)

- The FiH review (HFS) was conducted as a peer review in January 2021 – the Hospital received positive feedback and noted area of good practice relating to FFN policies.
- Operational changes to the patient's meal during the pandemic occurred, the hospital resumed the 3-week cycle of summer and winter of analysed menus again in April 2021, however plated meals are still served operationally. This is now under review.
- The national Catering production strategy to adopt Synbiotix for food and meal ordering and nutritional analysis remains pending. It is anticipated the system will streamline the procuring of food and sundries, provide adequate standardised recipes, ensure compliance with EU Allergen regulations (2013) and meet the need of the FiH analysis.
- The ongoing increase in special diets has been maintained due to changes in patient's physical health needs. The analysis of textured modified diets and alternative diets requires updating.
- No FFN training has occurred due to the pandemic and now staffing. REHIS Food and Health training is scheduled for November 2021.
- The Hospitals Nutritional Care plans – Health and Wellbeing plans, are under review following annual audit to help improve nutritional care alongside physical care and monitoring.
- A new Trainee Health Psychologist has now been in post since March 2020. The scope for training in 2020/22 focuses on barriers and facilitators to weight loss maintenance in secure setting and health and wellbeing of staff. In addition, the SHC recommends the appointment of a full time substantive health psychology post.
- Anthropometric results –The Chart below shows monthly weights (from the 12th of each month) are reported via the Tableau system. Tableau reported data via total population, including data un obtained, so % BMI figures appear reduced in the new way of recording. This has been agreed as the way forward.

Table 4: TSH Patient BMI 2021 (Jan to Sept)

	Jan	Feb	Mar	April	May	June	July	Aug	Sept
No BMI	7.5 %	4.8%	3.7%	3.6%	1.8%	0.9%	1.7%	2.6%	1.7%
Normal	8.5%	14.4%	10.1%	7.1%	7.2%	6.1%	11.3%	11.3%	12.0%
Over wt	34.0%	36.5%	36.7%	38.4%	38.7%	41.2%	36.5%	32.2%	31.6%
BMI >30	34.0%	26.9%	33.0%	33.9%	35.1%	33.3%	33.9%	35.7%	33.3%
BMI 35-39.9	13.2%	14.4%	14.7%	15.2%	13.5%	16.7%	13.0%	13.0%	17.9%
BMI >40	2.8%	1.9%	1.8%	1.8%	3.6%	1.8%	3.5%	4.3%	3.4%
Total o'wt/ obe	84.0%	79.8%	86.2%	89.0%	90.9%	93.0%	86.9%	85.2%	86.2%
Under wt								0.9%	0%

Table 5 highlights, for each respected year of admission, how much weight on average a patient gained 12 months later.

Table 5: Patient Weight gain 1 year following admission

Year of admission	% weight gain 1 year after admission	Based on number of patients staying 1 year	Range of % weight change (kg)
2012/13	11	17	-2 to 63
2013/14	21	26	-28.7 to 56
2014/15	16.5	15	-4.96 to 55.7
2015/16	21.9	16	-22.7 to 92.8
2016/17	21.7	23	-3.92 to 50.45
2017/18	13.1	17	-1.68 to 43.34
2018/19	18.1	18	-0.5 to 64.1
2019/20	16.03	22	-4.6 to 35.6

Data on existing patients who were in patients pre and post cessation of external procurement shows that when a year post analysis review was carried out in November 2018 from 85 patients still residing in the hospital 35 lost weight and 50 gained weight. The average weight loss was 3.2kg (0.2 to -25.9kg or 9 BMI points) 7 pts lost >10kg, 22 pts lost <5kg. For those who gained weight, weight gain n=50 the average weight gain was 6.5kg (or 2.1 BMI points (range +18.7-25.9kg to or 6.1 BMI points).

Table 6: 3-year post analysis carried out in October 2020

	Post Year 1	Post Year 2	Post Year 3
Patients still residing	85	75	61
Number lost weight	35 (41%)	27 (36%)	31 (51%)
Number gained weight	50 (59%)	46 (61%)	28 (46%)
Number maintained weight	0	2 (3%)	2 (3%)

Patients residing had reduced from 85 in year 1 to 61 in year 3, with 51% of those losing weight, the average weight loss was 7.8kg (range -0.2 to -32.8kg) and average weight gain was 8.6kg (range +0.5- +30.2kg)

Table 7: Waist Circumference Data June 2021

	% known pts (102)	Number pts	% total patients (115)	Number pts
Ok	15.6%	16	13.9%	16
At risk	84.3%	86	74.8%	86
No data	-	-	11.3%	13
	100.0%	102	100.0%	115

Table 7 shows in June 2021 approximately 84% (of known) patients had a waist circumference that identifies them 'at risk' of CVD, which mirrors 2019 levels of 85%. Only a 1% change of those being in the healthy range (15.6% vs 14.6%) are not deemed to be not at risk.

Counterweight

In the latter part of 2020, 6 patients commenced counterweight plus weight loss plan and all 5 lost weight ranging from 4.7kg to 14.7kg, most of these patients had DM or pre Diabetes. A further 6 started in January 2021 and all have lost weight ranging from 1.3kg (dropped out after 3 weeks) to over 18kg 16 weeks later and ongoing. Our target group has changed from Diabetic to pre diabetic/at risk.

3. Comparison with Last Year's Planned QA/QI Activity

Rec	Description	Completed Yes/No	Further actions
1	Establishing the remit of 'Counterweight plus' as an evidenced based weight loss intervention for obesity and those with pre diabetes (diagnosed up to 6 years).	Yes	Data and outcomes will continue to be monitored through the PHSG. Ongoing to target pre-diabetics and high risk patients.
2	Embedding HWP into practice, monitoring implementation and robust evaluation and audit of compliance rates. Developing HWP into practical resources for the ID patients, with support from the SLT, to make these purposeful for this patient group. Use of case studies and 'test patients' to help understand and gain confirmation of the legal perspective regarding managing high risk patients	Yes	Data and outcomes will continue to be monitored through the PHSG. HWB plans are under review in conjunction with practice development.
3	Deliver 9 Health Improvement events	No	Health Improvement events were postponed due to the restrictions in place related to COVID19. These are being reintroduced over the coming months in line with the remobilisation plan.
4	The amalgamation of the HLG and Healthy Eating Groups (OT led) to streamline and support healthy eating and key nutritional messages with evaluating and outcome monitoring.	Yes	The amalgamation of the HLG and Healthy Eating Group is complete and a new manual has been written. The new group commenced in January 2020 but had to stop due to covid restrictions on group membership. The next group will commence in the new year.
5	Short life project to explore supervised patient access to the internet for purchasing non-food items should be set up	No (moved to Digital Inclusions Agenda)	Pilot has commenced in Arran 1, Equipment has been installed on the ward – touch screen tablet which provides access to approved internet sites for browsing e.g. Argos.
6	Continue to develop, supporting and monitoring the Supporting Healthy Choices agenda	No	A new Supporting Healthy Choices Plan (SHC) has gone to the board and will be actioned under a separate remit. A new post will be advertised for Supporting Healthy Choices (SHC) Project Manager. Following the appointment a SHC Project Manager, a SHC implementation group will be formed to implement the SHC Plan 2021/22.

4. Performance against Key Performance Indicators

Key Performance Indicator	Trend Data	Trends over time																																						
<p>Health Improvement – Improving healthy life expectancy and encouraging healthy lifestyles</p> <p>90% of patients will be offered an annual physical health review</p>	<p>2018 The target of 90% of patients been ordered an annual physical health review continued to be achieved.</p> <p>2019 Achievement dropped to 71% in Jan-Mar 19 however returned to 100% in Apr through Dec 19.</p> <p>2020 The number of patients offered decreased to 93.94% between Jan – Mar 20 although did not fall under the target of 90%. This reason for decrease was due to Covid 19.</p> <p>2021 Achievement has dropped due to review and ongoing work to correctly reflect the uptake and quality of the physical health care provided as per the Annual Health Review.</p>	<p style="text-align: center;">Patients will be offered an annual physical health review - Target 90%</p> <table border="1"> <caption>Patients will be offered an annual physical health review - Target 90%</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-Jun '17</td><td>100%</td></tr> <tr><td>Jul-Sept '17</td><td>100%</td></tr> <tr><td>Oct-Dec '17</td><td>100%</td></tr> <tr><td>Jan-Mar '18</td><td>100%</td></tr> <tr><td>Apr-Jun '18</td><td>100%</td></tr> <tr><td>Jul-Sept '18</td><td>100%</td></tr> <tr><td>Oct-Dec '18</td><td>100%</td></tr> <tr><td>Jan-Mar '19</td><td>71.00%</td></tr> <tr><td>Apr-Jun '19</td><td>100%</td></tr> <tr><td>Jul-Sept '19</td><td>100%</td></tr> <tr><td>Oct-Dec '19</td><td>100%</td></tr> <tr><td>Jan-Mar '20</td><td>93.94%</td></tr> <tr><td>Apr-Jun '20</td><td>100%</td></tr> <tr><td>Jul-Sep '20</td><td>100%</td></tr> <tr><td>Oct-Dec '20</td><td>26.66%</td></tr> <tr><td>Jan-Mar '21</td><td>0.00%</td></tr> <tr><td>Apr - Jun '21</td><td>0.00%</td></tr> <tr><td>Jul - Sep '21</td><td>60.86%</td></tr> </tbody> </table>	Period	Percentage	Apr-Jun '17	100%	Jul-Sept '17	100%	Oct-Dec '17	100%	Jan-Mar '18	100%	Apr-Jun '18	100%	Jul-Sept '18	100%	Oct-Dec '18	100%	Jan-Mar '19	71.00%	Apr-Jun '19	100%	Jul-Sept '19	100%	Oct-Dec '19	100%	Jan-Mar '20	93.94%	Apr-Jun '20	100%	Jul-Sep '20	100%	Oct-Dec '20	26.66%	Jan-Mar '21	0.00%	Apr - Jun '21	0.00%	Jul - Sep '21	60.86%
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<p>80% of patients will undertake 90 minutes of moderate exercise each week</p>	<p>Recording of patients' physical activity started in 2018. The allocated target (60%) was met. Target was increased to 80% and remained unachieved until 2020. Target was achieved through Apr-June 2020 where it reached 81%. This was mainly due to the number of escorted walks provided to patients as a result of Covid 19 and the reduction in normal activity services being offered at this time. Target has been achieved from Apr to Sept 2021 at highest levels recorded.</p>	<p style="text-align: center;">Patients will undertake 90 minutes of exercise each week - Target 80%</p> <table border="1"> <caption>Patients will undertake 90 minutes of exercise each week - Target 80%</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jan-Mar '18</td><td>48.70%</td></tr> <tr><td>Apr-Jun '18</td><td>64.90%</td></tr> <tr><td>Jul-Sept '18</td><td>62.20%</td></tr> <tr><td>Oct-Dec '18</td><td>38.80%</td></tr> <tr><td>Jan-Mar '19</td><td>59.30%</td></tr> <tr><td>Apr-Jun '19</td><td>64.20%</td></tr> <tr><td>Jul-Sept '19</td><td>66.40%</td></tr> <tr><td>Oct-Dec '19</td><td>59.20%</td></tr> <tr><td>Jan-Mar '20</td><td>53.00%</td></tr> <tr><td>Apr-Jun '20</td><td>81.00%</td></tr> <tr><td>Jul-Sep '20</td><td>82.00%</td></tr> <tr><td>Oct-Dec '20</td><td>72.00%</td></tr> <tr><td>Jan-Mar '21</td><td>65.00%</td></tr> <tr><td>Apr - Jun '21</td><td>90.00%</td></tr> <tr><td>Jul - Sep '21</td><td>86.00%</td></tr> </tbody> </table>	Period	Percentage	Jan-Mar '18	48.70%	Apr-Jun '18	64.90%	Jul-Sept '18	62.20%	Oct-Dec '18	38.80%	Jan-Mar '19	59.30%	Apr-Jun '19	64.20%	Jul-Sept '19	66.40%	Oct-Dec '19	59.20%	Jan-Mar '20	53.00%	Apr-Jun '20	81.00%	Jul-Sep '20	82.00%	Oct-Dec '20	72.00%	Jan-Mar '21	65.00%	Apr - Jun '21	90.00%	Jul - Sep '21	86.00%						
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Key Performance Indicator	Trend Data	Trends over time																																						
<p>25% reduction in the number of patients with a BMI over 40 and a further 5% reduction in the number of patients with a BMI over 30.</p>	<p>2018 Between Apr-Jun 18 patients in the “healthy” BMI category reached 18.8% and 81.2% remained in the unhealthy category. Data collated on a quarterly bases however in Dec 2018 BMI recording moved into RiO and is now monitored monthly.</p> <p>2019 Patients in the “heathier” category continued to be around 10% with 90% being in the unhealthy category. Between Oct-Dec 19 patients with a heathier BMI decreased to 7%.</p> <p>2020 Patients in the “heathier” category increased and between Apr-Jun reached 13%.</p> <p>2021 Patients in the “healthier” category dipped to a low of 7% however have increased in Jun –Sept to 11%. This KPI continues to be unachieved.</p>	<p style="text-align: center;">Percentage of patients with a healthy BMI - Target 25%</p> <table border="1"> <caption>Percentage of patients with a healthy BMI - Target 25%</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-Jun '17</td><td>15%</td></tr> <tr><td>Jul-Sept '17</td><td>14%</td></tr> <tr><td>Oct-Dec '17</td><td>16%</td></tr> <tr><td>Jan-Mar '18</td><td>15%</td></tr> <tr><td>Apr-Jun '18</td><td>19%</td></tr> <tr><td>Jul-Sept '18</td><td>14%</td></tr> <tr><td>Oct-Dec '18</td><td>12%</td></tr> <tr><td>Jan-Mar '19</td><td>10%</td></tr> <tr><td>Apr-Jun '19</td><td>10%</td></tr> <tr><td>Jul-Sept '19</td><td>8%</td></tr> <tr><td>Oct-Dec '19</td><td>7%</td></tr> <tr><td>Jan-Mar '20</td><td>10%</td></tr> <tr><td>Apr-Jun '20</td><td>13%</td></tr> <tr><td>Jul-Sept '20</td><td>13%</td></tr> <tr><td>Oct-Dec '20</td><td>8%</td></tr> <tr><td>Jan-Mar '21</td><td>8%</td></tr> <tr><td>Apr-Jun '21</td><td>8%</td></tr> <tr><td>Jul-Sep '21</td><td>11%</td></tr> </tbody> </table>	Period	Percentage	Apr-Jun '17	15%	Jul-Sept '17	14%	Oct-Dec '17	16%	Jan-Mar '18	15%	Apr-Jun '18	19%	Jul-Sept '18	14%	Oct-Dec '18	12%	Jan-Mar '19	10%	Apr-Jun '19	10%	Jul-Sept '19	8%	Oct-Dec '19	7%	Jan-Mar '20	10%	Apr-Jun '20	13%	Jul-Sept '20	13%	Oct-Dec '20	8%	Jan-Mar '21	8%	Apr-Jun '21	8%	Jul-Sep '21	11%
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Access to Service – Patients have quicker, easier and greater use of services																																								
<p>100% of patients requiring primary care services will have access within 48 hours</p>	<p>The Hospital is currently meeting the target of 100%.</p>	<p style="text-align: center;">Patients requiring primary care services will have access within 48 hours - Target 100%</p> <table border="1"> <caption>Patients requiring primary care services will have access within 48 hours - Target 100%</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-Jun '17</td><td>100%</td></tr> <tr><td>Jul-Sept '17</td><td>100%</td></tr> <tr><td>Oct-Dec '17</td><td>100%</td></tr> <tr><td>Jan-Mar '18</td><td>100%</td></tr> <tr><td>Apr-Jun '18</td><td>100%</td></tr> <tr><td>Jul-Sept '18</td><td>100%</td></tr> <tr><td>Oct-Dec '18</td><td>100%</td></tr> <tr><td>Jan-Mar '19</td><td>100%</td></tr> <tr><td>Apr-Jun '19</td><td>100%</td></tr> <tr><td>Jul-Sept '19</td><td>100%</td></tr> <tr><td>Oct-Dec '19</td><td>100%</td></tr> <tr><td>Jan-Mar '20</td><td>100%</td></tr> <tr><td>Apr-Jun '20</td><td>100%</td></tr> <tr><td>Jul-Sept '20</td><td>100%</td></tr> <tr><td>Oct-Dec '20</td><td>100%</td></tr> <tr><td>Jan-Mar '21</td><td>100%</td></tr> <tr><td>Apr-Jun '21</td><td>100%</td></tr> <tr><td>Jul-Sep '21</td><td>100%</td></tr> </tbody> </table>	Period	Percentage	Apr-Jun '17	100%	Jul-Sept '17	100%	Oct-Dec '17	100%	Jan-Mar '18	100%	Apr-Jun '18	100%	Jul-Sept '18	100%	Oct-Dec '18	100%	Jan-Mar '19	100%	Apr-Jun '19	100%	Jul-Sept '19	100%	Oct-Dec '19	100%	Jan-Mar '20	100%	Apr-Jun '20	100%	Jul-Sept '20	100%	Oct-Dec '20	100%	Jan-Mar '21	100%	Apr-Jun '21	100%	Jul-Sep '21	100%
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Jan-Mar '21	100%																																							
Apr-Jun '21	100%																																							
Jul-Sep '21	100%																																							

5. Quality Assurance Activity

Audits

Cancelled Clinical Outings audit

The following recommendations were approved:

- All Nursing and Medical staff should be reminded of the Clinical Outing Cancellation Flowchart.
- Re-audit within 6 months from date all Nursing and Medical staff are reminded about the Clinical Outing Cancellation Flowchart with close involvement from the Practice Nurse to ensure full completion of audit tools take place.

Physical Health Monitoring Equipment Audit

The following recommendations were approved:

- Physical Health Steering Group discuss the areas for improvement and put forward a business case for the purchase of items they think should be included either on each ward, or one per hub.
- Based on this audit we should aim to locate areas that need to re-equip instruments and equipment to those wards (as per the findings above and standards suggested by Care Quality Commission).
- Identify drawers for specific purposes and if required this should be locked with access key for medicine nurse and doctor.
- Identify things that can be removed from each of the Treatment rooms to make space for methodically storing equipment that can be retrieved easily.
- Label all the drawers and cabinets to clearly identify contents in it. Notice to be pasted on the drawers to strictly adhere to what needs to be stored in the specific drawers so additional equipment are not placed in them because space is not available elsewhere.
- BM meters should have easy access to batteries.
- De-cluttering of the Treatment room is required with management of space and consideration given to placing an examination couch in each of the wards.
- All equipment to be stored in cabinets or drawers and not in available spaces on the cabinets or surfaces as this limits space and is potentially an infection risk.
- The concept of treatment room for only physical examination and pharmacological purposes needs to be re-asserted as we risk this room becoming a proxy store room.

NST and (previous NCP) HWP audit

Nutritional screening has been a requirement of the Food, Fluid and Nutritional (FFN) Care standards since they were produced. Compliance with screening is excellent, albeit it is noted this is generally not completed by the key worker and that routinely these are re-screened monthly regardless of risk score due to the review of Health and Wellbeing Plans. During 2019, NCP was replaced with HWP; when the audit was completed one hub was to receive training which is representative in the figures.

Table 8: Completion rates

	2017	2018	2019	2020
NST	100.0%	99.0%	99.0%	97.0%
NCP/HWP	98.8%	96.1%	91.0%	98.0%

National and local evidence based guidelines and standards

Over the review period (1 October 2020 to 30 September 2021), 51 guidelines/standards reviewed by the PHSG. 44 were deemed to be either not relevant or were covered by a similar guideline. Of the remaining 7 guidelines/standards, 4 of these publications had varying degrees of relevancy to physical health services within The State Hospital and were sent out for information purposes. There were Evaluation Matrices conducted for 2 of the 3 remaining guidelines/standards whilst a decision is currently pending regarding the 1 remaining document.

Table 9: Breakdown of documents reviewed

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
WHO	1	1	0
SIGN	2	1	0
Scottish Government	1	0	1
Healthcare Improvement Scotland (HIS)	11	0	1
National Institute for Health & Care Excellence (NICE)	36	2	1

The 3 guidelines/standards that required evaluation matrices are noted below. The additional evaluation matrix for Anaphylaxis was carried over from the previous report period.

Table 10: Details of evaluation matrices required

Publishing Body and date	Title	Current situation
HIS (October 2020)	Prevention and Management of Pressure Ulcers	Evaluation Matrix completed with 48% compliance achieved. 13 outstanding recommendation to be added to PHSG Guidelines Action Plan
NICE (August 2021)	Chronic Kidney Disease: Assessment and Management	Decision to be taken at next PHSG meeting regarding the relevancy and need for an Evaluation Matrix to be completed.
Scottish Government	Diabetes Framework	Evaluation Matrix completed with 63% compliance achieved. 27 outstanding recommendation to be added to PHSG Guidelines Action Plan
NICE	Anaphylaxis: Assessment and referral after emergency treatment	Review delayed due to long term absence of GP and Practice Nurse vacancy. Evaluation Matrix completed with 100% compliance achieved.

As at the date of this report, there are currently 2 evaluation matrices awaiting action. The Osteoporosis guideline required input from the GP which has proven difficult to access. This guideline is currently under review by the new Practice Nurse. The remaining guideline relating to diverticular disease has been reviewed and awaits sign off at the next PHSG in October 2021.

Table 11: Outstanding evaluation matrix completion

Body	Title	Current Situation	Publication Date
SIGN	Management of Osteoporosis and the prevention of fragility fractures	Review delayed due to long term absence of GP and Practice Nurse vacancy. Evaluation Matrix previously completed for 2015 guideline. 20% compliance with 23 outstanding recommendations. Updated guideline released June 2020 and Jan 2021. Practice Nurse currently reviewing	Jan 2021
NICE	Diverticular Disease: Diagnosis and management	Review delayed due to long term absence of GP and Practice Nurse vacancy. Small section of document relevant to TSH.	Dec 2019

Body	Title	Current Situation	Publication Date
		Minimal numbers of recommendations which are relevant and TSH currently adheres to these. To be taken to next PHSG to consider if group happy to record this rather than complete a full Evaluation Matrix?	

An Action Plan detailing work ongoing from outstanding recommendations is attached to this report (Appendix 2).

6. Quality Improvement activity

Counterweight

Funding from the Scottish Government on the back of the Diabetes Framework (2015), was secured for 2019/20 to commence staff training and delivery of the 'Counterweight plus' program. Staff training occurred and 5 patients have commenced the program.

Since the implementation of Counterweight Plus in TSH table 12 shows 5 patients have either completed or are still completing the programme. 1 of the patients tried the programme for 4 weeks in January then had a 2 month break before recommencing and sticking to the plan. All of the patients who have tried the programme have lost weight but have demonstrated varying degrees of compliance. Only 1 patient has managed to complete the full programme as its delivered (4 meal replacement shakes per day with no other food). The other have all followed a modified version of the plan. Below in table 17 details some of the benefits seen so far.

Table 12: Counterweight participation

Patient	Weight at start	Weight at end	Change in weight	Change in HbA1c	Change in BP
Patient 1a (1 st attempt)	106.5kg	100.5kg	- 6.0kg	Unable to check as patient now d/c	Unable to check as patient now d/c
Patient 1b (2 nd attempt)	103.0kg	88.5kg	- 14.5kg	Unable to check as patient now d/c	Unable to check as patient now d/c
Patient 2	106.7kg	99.5kg	- 7.2kg	Decrease of 9 mmol/mol	Slight decrease
Patient 3	103.5kg	92.6kg	-10.9kg	No change	Slight decrease
Patient 4 (still on the programme)	109.3	98.1kg (ongoing)	-11.2kg	Continues on the programme	Continues on the programme
Patient 5	142.5kg	138.0kg	-4.5kg	Only on programme for 2 weeks	Only on programme for 2 weeks

It is hoped to provide more opportunities for patients who wish to lose weight to take part in Counterweight Plus over the next 12 months. Feedback from patients has been mixed, however most report that it has been a useful tool to enable weight loss and increased their motivation. The plan is to write up the Counterweight plus trial in TSH formally once we have completed 1 year. A second member of staff will be trained in the programme in the Autumn.

Healthy Living Group

The re-establishment of the Healthy Living Group (HLG) under the psychological therapies group therapy remit aims to deliver this program bi- annually. During 2019, the HLG had not been delivered, however plans were agreed regarding aiming to deliver 2 programs during 2020. This was initiated and commenced in February 2020 however due to the pandemic stopped. There are no plans to re commence this at present, due to the mixing of patients between wards.

The new HLG for patients with intellectual disability (wrote by the trainee health psychologist) was delivered by health psychology, dietetics, a clinical nurse specialist and supporting staff during 2019. It was hoped a rolling program of this would be ongoing commencing in 2020, however due to the pandemic this is on hold.

Patient Sports Volunteer Roles

Kick Start is a health improvement programme offering targeted intervention tailored to individual needs, involving group or individual intervention; supported by Patient Sports Volunteers. This is the first time patient volunteer's roles have been offered within the hospital.

Patient sports volunteers completed Sports Leadership Level 5 to further their skills in leading and supporting others. Volunteers were involved leading warm up sessions, planning sporting events and mentoring peers. This enabled volunteers to assist staff to deliver Kick Start. Before the COVID19 pandemic, volunteers were involved in supporting a number of patients on a 1:1 basis. These sessions involved 1:1 yoga, 1:1 fitness gym work and badminton coaching. This was very well received by volunteers and other patients. Since the COVID19 pandemic these sessions have ceased. The input from the sports volunteers has been gradually reintroduced through outdoor activities such as bikeability and circuit training.

Volunteers have maintained contact with sports staff and are included in the service reopening. Peer to peer support is fundamental to Kick Start therefore the reintroduction of the Sports Volunteer role is key in progressing through lockdown. Initial indoor sessions have involved ward based warm ups led by volunteers. It is envisaged that future progression will involve patient volunteers completing additional training in regards to infection control) to allow them to fully undertake their role.

Health Passport

Consideration was given to the value of a "Health Passport" as a tool to promote patient ownership over their physical health matters. This work was carried out by group members and it was felt this could be a useful tool in health promotion (if adapted slightly) with our patients if used in conjunction with their wider care plans. A bid via the realistic medicine network was unsuccessful to fund this potential post, other options are being considered.

Change of Key Performance Indicator

Further to review of WHO guidance, the group agreed to implement an increase of the physical activity KPI. An information leaflet has been drafted for patients informing them of the increase in the physical activity target from 90-150 minutes. Seasonal differences in activity levels were noted and an audit of our patient interest checklists was carried out with a cohort within Arran hub. It was also highlighted that security representation would be valuable on the group for this type of work to be followed through, ensuring ideas for activities were acceptable to security staff and to avoid rejection on a security basis at a further stage. It should be noted that this piece of work has now been placed on hold as part of the Supporting Healthy Choices work.

Trainee Health Psychologist

The current trainee health psychologist (THP) has been in post since March 2020. The THP will finish their two-year training in March 2022. Below is a summary of the projects being delivered by the THP within The State Hospital (TSH). In addition to the below, the THP is working with patients on a 1:1 basis to improve their physical health (e.g. weight management and diabetes management). TSH bid for a further trainee has been unsuccessful for 2022/2023.

Weight Loss Maintenance (WLM) Project

The primary outcome of this service evaluation is to identify the perceived facilitators and barriers to WLM among patients within TSH. This aim has been identified to test the hypothesis that patients within a high secure forensic hospital will experience unique facilitators and barriers to WLM when compared to the general population. Information gained from this project will be used to create new WLM resources that staff within the hospital can use to support patients with their WLM. For instance, worksheets that staff can work through with patients.

This is a qualitative project that consists of ten 1:1 semi structured interviews with patients within TSH. Patients who have previously lost a clinically significant amount of weight (defined as 5% or more of their original body weight) and have (or have previously had) a body mass index over 25 were eligible to participate. The THP interviewed five patients who maintained their weight loss and five patients who did not maintain their weight loss. The ten patient interviews have been completed and data transcription is currently being done. The data gathered from the interviews will be analysed by thematic analysis.

Staff Training – Physical Activity

The THP delivered two trainings to a group of 11 Skye Centre staff in May and June 2021. The training aimed to develop staff knowledge and skills regarding behaviour change and motivational interviewing. The training focused on physical activity so that staff could use such knowledge and skills to support patients with their physical activity within TSH.

The THP plans to deliver two reflective practice sessions in 2021. The current dates and mode of delivery for such sessions is uncertain due to the ongoing covid-19 restrictions. The aim of the reflective practice sessions is to evaluate how staff got on implementing the skills and knowledge gained from the training. The THP will also seek feedback from staff to evaluate whether they feel the training supported patient's physical activity in practice.

Research Project – Patient's Physical Health

This project aims to assess the perceived facilitators and barriers that healthcare professionals (HCPs) experience when supporting patients with their physical healthcare within TSH.

Specifically, we want to hear about HCPs experience of supporting physical healthcare within a high secure forensic setting. For instance, what has helped them to support patients with their physical health? What has acted as a barrier to them being able to better support patients with their physical health? We are also interested in identifying what different HCPs think about the provision of physical healthcare. For instance, do they believe it is part of their job role?

The research project required 74 responses from staff for data analysis. Data collection has almost been completed by the THP, with a current 76 responses from staff. Once data collection has been finalised, data analysis will commence. The information gathered from this project will be used to consider any necessary education and training materials required for staff to assist patients with their physical healthcare within TSH. Recommendations will also be made to the PHSG.

7. Planned Quality Assurance/Quality Improvement for the next year

- Look at Physical Health data pre and post Covid and ways that we can use this data to establish a "new normal".
- Continue to monitor patient's physical activity and review what effect the "re-opening and new normal" will have on patient's physical activity levels by completing 6 monthly physical activity.
- Continue to monitor the timescales in when patients Sports induction are completed under a "new normal".
- Supporting key dietary messages, to promote good nutritional care and healthy eating within the restrictions of a current pandemic.
- Consultancy project within TSH regarding patient's weight loss maintenance – 'To investigate patients perceived barriers and facilitators to weight loss maintenance.

Governance arrangements for Committee

Membership

The Chair of the group will be appointed by the Medical Director. Members are appointed by the group, membership will be reviewed annually and reported as part of normal monitoring mechanisms. Members will also be asked to disseminate, discussions and agreement from the committee to other relevant groups and committees, as agreed within the group membership table.

- Consultant Psychiatrist (Chair)
- Specialist Trainee
- Practice Nurse
- Lead Dietitian
- Catering Manager
- Skye Centre Manager
- Occupational Therapy Representative
- Clinical Effectiveness Representative
- Nursing Representative
- Nursing Practice Development/SNIC
- Psychology Representative
- Trainee Health Psychologist
- Pharmacy Representative
- Admin Co-ordinator

Frequency

Meetings will be six weekly. Meetings maybe convened electronically through Microsoft Teams or Teleconferencing. The Chair may convene additional meetings if necessary. The PHSG met on ten occasions during 2019/20. As a result of Covid 19 two meeting were cancelled. Since the re-establishment of the group in June 2020 the PHSG has meet on five occasions electronically through MS Team and will continue to meet in this way for the foreseeable future.

Work Plan

The Workplan is currently under review and wil be updated within the next few meetings.

Management Structure

The group will report 12 monthly report to the Clinical Governance Committee. In addition, the group will report 6 monthly progress reports to the Clinical Governance group providing an update summary based on the recommendation set out in the 12 monthly report.

Next Review Date

The Physical Health Steering Group will submit a six monthly update on the Key Challenges for the next 12 months, as detailed in this report, to the Clinical Governance Group in May 2022 and the 12 month Report will be submitted to the Clinical Governance Group in October 2022 for approval, prior to submitting to the Clinical Governance Committee in November 2022.

PHSG - Guidelines and Standards Action Plan – Outstanding actions from previously completed gap analysis

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
British Association for Psychopharmacology (BAP) guidelines – The management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment			Date reviewed at Clinical Governance: November 2016
Clinical commissioning groups & trusts, working with clinicians in both primary & secondary care, need to ensure that appropriate agreements are in place with regard to who takes the lead responsibility for the monitoring & management of physical health for people with psychosis at the different stages of their care. This should include sharing of core clinical information between primary & secondary care.	Dr Khan	An audit looking into physical activity & physical health discussions within CTMs given the information provided within RiO & Vision was conducted during October/ November 2019. The findings were discussed at PHSG 11/03/2020 & lack of physical health, physical activity & mental health joint discussions noted. Recommendations & action plan draft by CED & agreed from group (June 2020). Audit report & Action Plan taken to Dr Alcock for CTM/RiO User Group (July 2020). 09/2020 – CTM Group no longer held. J Garrity to take 3 actions from audit Action Plan to Digital Inclusion Group for action. Remaining action re standard formats for CTMs to be disregarded.	2018 Lewis Pilot – March Mull pilot – June Iona – Sept Arran - Oct
Royal College of Nursing – Parity of Esteem: Delivering physical health equality for those with serious mental health needs			Date reviewed at PHSG: 11/09/2019
Pressure area care and VTE (venous thromboembolism)	K Burnett/ M Topping	To be taken forward as part of the HIS Pressure Ulcer Standards review (see below)	Summer 2021
HIS – General Standards for Neurological Care and Support			Date reviewed at PHSG: 13/11/2019
People living with neurological conditions can access treatment in line with relevant condition-specific guidance and standards where available.	Practice Nurse	Although the review group felt that practice complies, they have suggested an audit of patients with epilepsy against the national guidelines to ensure adherence. Audit currently on hold due to other audits being conducted and will be revisited.	TBC
HIS Standards – Prevention and management of pressure ulcers			Date reviewed at PHSG: 11/08/2021
1.1 For the prevention & management of pressure ulcers, the organisation can demonstrate: - implementation of national & local policies, procedures, guidance & standards	K Burnett/ M Topping	Partial achievement re MDT approach and duty of candour. Further guidance required which could be achieved via completion of a flowchart	TBC

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
<ul style="list-style-type: none"> - a multidisciplinary approach - collection, monitoring & review of data with action plans as required - an education & training programme - ongoing quality improvement - adherence to duty of candour regulations & responsibilities. 			
<p>1.3 There are locally-agreed pathways & procedures for the prevention & management of pressure ulcers, which:</p> <ul style="list-style-type: none"> - include response times - facilitate cross-organisational support, appropriate referral processes & access to specialist advice & equipment when indicated - detail escalation levels & reporting processes if access to specialist advice & equipment is not available when required. 	K Burnett/ M Topping	To be incorporated into flowchart when being developed	TBC
<p>1.4 There is timely, effective & person-centred communication, documentation & transfer of information to ensure continuity of care between teams & settings.</p>	M Topping/ M Burgess	Practice complies but could be improved. Communication via MDT and Health Centre with links to tissue viability nurse if required. Information recorded within RiO and Vision.	TBC
<p>2.1 The organisation implements a comprehensive & multifaceted education & training programme that includes:</p> <ul style="list-style-type: none"> - an assessment of staff training needs that is responsive to staff roles, responsibilities & workplace setting - validated online tools, such as the Creating Viable Options tool - training & continuing professional development plans, including updates for pressure ulcer prevention & management - guidelines, policies, assessment tools & care planning - application of quality improvement methodology for pressure ulcer prevention & management, including service developments - evaluation of the provision, quality & uptake of training. 	M Topping/ M Burgess	Partial compliance via CPD however more training required. See NES module – could some of this be used within the TSH Physical Health Module (clinical staff only – is this mandatory)? Link to point 1.4.	TBC
<p>2.2 The organisation is committed to delivering education & training programmes for pressure ulcer prevention & management, appropriate to roles and workplace setting, which include:</p> <ul style="list-style-type: none"> - initial assessment & reassessment of risk, including contributing factors, such as frailty, limited mobility & underlying health condition - person-centred care planning for prevention of pressure ulcers, including management of risk - assessment, grading & person-centred care planning - prevention & management of wounds & systemic infection 	K Burnett/ M Topping/ M Burgess	Partial compliance though not in relation to training and education for pressure ulcers. Aspects listed will be captured informally within day to day practice as and when required though highlight the small numbers of patients having had pressure ulcers. Need to formalise and can incorporate into suggested flowchart. Link to 2.1	TBC

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
- the importance of a multidisciplinary approach, such as access to specialist advice, treatment and equipment.			
2.4 All staff have access to clear guidance on: - their roles & responsibilities in relation to pressure ulcer prevention & management - identifying & addressing their own continuing professional development, education & training needs.	K Burnett/ M Topping	Partial compliance around achievement of CPD. Clear guidance will be developed as part of flowchart	TBC
4.1 A structured & validated risk assessment tool is used to support professional & clinical judgement. For babies, children & young people at risk of developing pressure ulcers, an age-appropriate structured risk assessment tool is used.	K Burnett/ M Topping	Partial relevance given TSH admission criteria is 18 years of age and over. Waterlow Assessment chart used but not routinely – PURA risk assessment to be launched. Could be better provided for access on wards.	TBC
4.2 Assessment & documentation of the risk of developing pressure ulcers or further damage to existing pressure ulcers is carried out based on professional & clinical judgement as soon as possible after admission to, or contact with, the care service.	K Burnett/ M Topping	Complete body map and assessment upon day of admission however paperwork required updating to comply with standards	TBC
5.1 A structured & validated risk assessment tool is used to support professional & clinical judgement for each reassessment. For babies, children and young people at risk of developing pressure ulcers, an age appropriate structured risk assessment tool is used.	K Burnett/ M Topping	Partial relevance given TSH admission criteria is 18 years of age and over. Waterlow Assessment chart used but not routinely – PURA risk assessment to be launched. Could be better provided for access on wards.	TBC
5.2 Regular reassessment of risk is undertaken, using a structured & validated tool (see Standard 4) when: - an observed or reported change has occurred in the person's condition or changes are noted upon skin inspection - the person (&/or their representative) reports a change - the person is transferred to another location or care setting within the same organisation. Where appropriate, the person-centred care plan is revised (see Standards 6 and 7).	K Burnett/ M Topping	Do complete a needs assessment tool as and when required however could tighten process via flowchart.	TBC
6.1 The person-centred care plan is agreed with the person (and/or their representative), & includes: - the outcome from the risk assessment & skin inspection - identification & management of other risks or contributing factors, including, pain, skin tone, incontinence or nutritional compromise (SSKIN care bundle) - frequency of repositioning - frequency of skin inspection - requirements for equipment - skin cleansing & maintenance regime	M Topping/ M Burgess/ Mull Nursing (TBI)	Care plans completed however awareness required around pressure ulcers	TBC

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
<ul style="list-style-type: none"> - cross-references to other relevant care plans, such as falls risk or nutrition - details of self-management strategies & information - planned reassessment of risk & care plan. 			
<p>7.1 Everyone with identified pressure ulcers will receive a holistic assessment. This will be completed by an appropriately trained health or social care professional who will:</p> <ul style="list-style-type: none"> - undertake a holistic pressure ulcer assessment, which includes grading the pressure ulcers, using validated structured tools - complete a holistic wound assessment using validated structured tools - develop & implement a person-centred treatment plan for pressure ulcer management, with an identified review period & cross reference to other relevant care plans, including nutrition & risk of falls - assess the requirement for equipment & dressings or therapies to assist in the management of pressure ulcers & prevention of further skin breakdown - develop a skin cleansing & maintenance regime - carry out regular assessment of pressure ulcers - escalate any concerns through the local reporting process - demonstrate good record-keeping. 	K Burnett/ M Topping	Aspects listed will be captured informally within day to day practice as and when required though highlight the small numbers of patients having had pressure ulcers. Need to formalise and can incorporate into flowchart.	TBC
<p>7.3 For all pressure ulcers that have developed while a person is in care, a review is undertaken with appropriate investigation, identification of learning & reporting of actions implemented, as part of ongoing improvement. When a person has been transferred between care settings with existing pressure ulcers, the referring service is notified so it can undertake an appropriate review.</p>	K Burnett/ M Topping	To be incorporated within flowchart	TBC
Scottish Government – Diabetes Framework			Date reviewed at PHSG: 11/08/2021
<p>a) Weight Management Services should ensure programmes and support are tailored to local need. To do this services should undertake a robust assessment of local need & consult with their local population & frontline staff to better understand their needs. This will help to identify any barriers and facilitators to uptake &</p>	F Waddell/L Kennedy	Local need is defined with the Food, Fluid and Nutrition Policy. The Supporting Healthy Choices Route Map is the hospitals strategy document for weight management. Groups are tailored to suit forensic population i.e. Healthy Living Group (HLG), Counterweight Plus, Diabetes Group, HLG for Intellectual	Mid July

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
completion of programmes & ensure that services are designed in a way which better meets the needs of the local populations		Disabilities. Update SHC Route Map to include further links with Diabetes 10/21 - Needs assessment to be completed. Planned group to be delivered Oct/Nov this year.	
b) Services should have a central list of all facilities and equipment required. The list should include details of safe working loads, product dimensions, as well as where specific equipment is located and how to access it.	H Connor	Central storage of equipment within Skye Centre and training equipment within Islay Conference Centre. Estates maintain lists for hospital owned lifting equipment i.e. patient hoists (200 kgs). AHP have list of additional equipment with additional information available from Procurement. AHP to further enhance list of equipment	December 2021
c) Weight management services should include both tier 2 & tier 3 services as described by Figure 1: Tiered approach to prevention & management of overweight and obesity for adults. Further details are given throughout this document regarding referral criteria & suitable interventions for each tier.	F Waddell	Weight Management Pathway under review to include tiers required. Completion of the development of tiers 10/21 - Wt management plan has been reviewed and tiers incorporated.	July 2021 Completed September 2021
<ul style="list-style-type: none"> Weight management services should provide a single point of entry for a tiered weight management service.²³ Learning from good practice in Scotland suggests that a single point of entry helps to streamline the referral process & remove barriers to access by minimising confusion among professionals referring into services & those wishing to self-refer. 	F Waddell	Current open referral process. Single point of entry and referral pathway to be discussed and agreed. 10/21 - Meeting with practice nurse, nursing rep and clinical team rep to be arranged.	December 2021
<ul style="list-style-type: none"> Weight management services should include both the option for self-referral & referral from health and social care & other professionals, including: GPs, practice nurses, physiotherapists & all other AHPs, diabetes specialists, social care & mental health services, dietetic teams, leisure services, smoking cessation, respiratory care, community link workers & so on. NHS Boards should also actively promote awareness of referral pathways into weight management services, locally (see further detail below). 	F Waddell	Open to referral from members of MDT or self referral from patient. Recirculate Weight Management Pathway for information and awareness 10/21 – Aim to do in Oct 2021	September 2021
<ul style="list-style-type: none"> Weight management services should work to develop local relationships & actively engage with & promote awareness of weight management services with potential referrers to the service – in particular, work to strengthen links with primary care. This should also include awareness raising around the option for self-referral. This should include communicating details such as: how to refer to the service (including the option for self-referral), what the service offers, who the service is for, where the service 	F Waddell	Promotion of Counterweight Plus programme. Health Awareness days. Health Champions. Patients self referral. Need to "re-advertise". Consider timing of when delivering information to patients i.e. not at point of admission when patient is too mentally unwell 10/21 – Work planned for Oct/Nov to promote uptake	December 2021

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
is run, & what time, the training qualifications of staff delivering the service.			
<ul style="list-style-type: none"> Weight management services should as part of this awareness raising, NHS Boards may wish to consider offering training on initiating sensitive behaviour change conversations related to weight management (See section 9 below for more detail). 	S Dunlop	Supporting Health Choices recommendations. As per Public Health England "Managing a healthy weight in adult secure services" - Staff are encouraged but could be supported better with further education to enable informed discussion with patients out with specialist groups. Some staff have CBT/MI training, some have basic level. Training within staff inductions varies across clinical disciplines i.e. included for AHP/Sports. Staff are required to complete an Introduction to food safety online module. Healthy eating modules. Dietetics have a tiered approach to nutritional related training in place. HWP, HWMP/CPA, content in CTM meetings, Health Champions received training in healthy conversations. Caution re challenges of expecting staff who are overweight to engage in this intervention. We have heard that some staff with medical cause for being overweight/those with health related eating disorders do not feel it is safe for them to be expected to have these interactions with patients. ID ward currently work to a behaviour change model. Further training to be considered	June 2022
<ul style="list-style-type: none"> Weight management services should give consideration to those people that would like to self-manage their weight – referrers should be informed of where to signpost to approved digital & other resources to support their weight management, including the option to self-refer if their circumstances change & /or additional care is required. 	F Waddell/L Kennedy/M Topping	Work currently being conducted by Digital Inclusion Group and Patients Learning Centre. Currently patients can be provided with self-help advice and information leaflets etc. Access electronically to information	June 2022
<ul style="list-style-type: none"> Weight management services should put in place 'a clear & explicit pathway & guidelines for triage & assessment for all people referred to the weight management service' 	F Waddell	Not required within TSH setting however currently use Weight Management Pathway. Need to identify and use national assessment 10/21 - Weight management history screening tools are being scoped for use.	December 2021
<ul style="list-style-type: none"> Weight management services should ensure all referrals to weight management services are received at a central triage point within a designated Health Board, where individuals are then referred to the weight management programme best suited to their needs or receive further assessment. 	F Waddell	Most referrals currently made direct to Dietetic Department however needs to be formalised. Discussions to take place and agreement to be reached regarding central contact point	June 2022
4. Weight management services should consider triaging individuals with severe or complex obesity to a tier 3 service in the following circumstances:	F Waddell/L Kennedy/M Topping	Discussed within MDT. Weight Management Pathway. Need to include further within Weight Management Pathway	December 2021

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
4. Uncontrolled eating behaviours that are causing clinically significant distress & require further assessment.			
<ul style="list-style-type: none"> In addition to the practical sessions individuals should also be supported & empowered to meet CMO's (2011) guidelines on physical activity & reducing sedentary behaviour within their own lifestyles. 	J Garrity	TSH previously adhered to 90 mins and is currently in the process of ensuring adherence to WHO guidance of 150 mins. KPI's to be increased	July 2021
<ul style="list-style-type: none"> Weight management services should ensure robust assessment including patients' current diabetes control & clinical management plus other co-morbidities. Psychological/ behavioural markers to identify eating disorder risk & disordered eating history should also be assessed due to the higher risks associated with more restrictive dietary patterns 	F Waddell	Diabetes control, clinical management, morbidities routinely assessed, CTM will discuss with Psychology if concerns. Eating disorder risk not routinely assessed by formal assessment unless identified informally. National eating disorders screening tool to be adopted where appropriate 10/21 - Weight management history screening tools are being scoped for use.	July 2022
6.Weight management services should ensure patients receive ongoing monitoring of weight, blood glucose & blood pressure to assess ongoing diabetes control, potential remission status & importantly review of any medications required – may be provided by dietitian delivering programme or qualified healthcare staff. Professional Protocols for medical monitoring form a key component of Counterweight Plus.	F Waddell	Weekly and 3 monthly monitoring conducted and recorded within Vision. Professional protocol to be drafted	December 2021
6.Weight management services should ensure systems are put in place to recommence medications where patients drop out of the intensive programme having had medications withdrawn at baseline.	M Topping/M Wright	Done informally with communication between health centre and Dr. Professional protocol to be drafted 10/21 – Protocol to be drafted and incorporated into existing protocol documentation	December 2021
6.(Written informed consent, Men & women aged 20–65 years, all ethnicities (in line with current evidence – but exception cases may be made),Body Mass Index (BMI) >27 kg/m ² (in line with current evidence – regarding the increased chance of remission but exception cases may be made) T2DM of duration 0–6 years (diagnosis as per clinical guidelines), HbA1c > 48 mmol/mol within last 12 months, If HbA1c >42<48mmol/mol patient must be on oral hypoglycaemic agents, Established medical management of condition & prescribed medications	F Waddell/L Kennedy	Utilised as appropriate. Consent obtained via participation into project. To be written into protocols and referral process	December 2021
<ul style="list-style-type: none"> Weight management services should be aware that health professionals may find it challenging to approach the subject of weight & can struggle to talk to people about this in a sensitive manner. Barriers include concern about upset, time, extent of 	S Dunlop	Supporting Health Choices recommendations. As per Public Health England "Managing a healthy weight in adult secure services" - Staff are encouraged but could be supported better with further education to enable informed discussion with patients out with	June 2022

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
<p>their role, lack of knowledge of what to say & of knowledge of local services.23 NHS Boards should therefore consider providing training to support health & care professionals to have sensitive conversations about weight management</p>		<p>specialist groups. Some staff have CBT/MI training, some have basic level. Training within staff inductions varies across clinical disciplines i.e. included for AHP/Sports. Staff are required to complete an Introduction to food safety online module. Healthy eating modules. Health Champions received training in healthy conversations. Caution re challenges of expecting staff who are overweight to engage in this intervention. We have heard that some staff with medical cause for being overweight/those with health related eating disorders do not feel it is safe for them to be expected to have these interactions with patients. Further training to be considered</p>	
<ul style="list-style-type: none"> Weight management services should be aware that healthcare professionals can have stigmatising attitudes & in some cases, fail to provide appropriate advice and access to treatment. Services should offer training & education on weight stigma & bias in order to help remove barriers that may otherwise interfere with provision of care for patients with obesity. This will help to improve treatment accessibility & reduce adverse patient behaviours such as avoiding appointments & not reporting concerns to healthcare providers. 	S Dunlop	<p>Nursing staff acknowledge that further training would be beneficial. Further training to be considered</p>	March 2022
<ul style="list-style-type: none"> Weight management services should be aware that individuals living with obesity experience a range of physical & psychological challenges as a consequence of obesity. It is therefore essential that interventions in weight management integrate psychological awareness & techniques to address this. Clinical & /or health psychologists could be involved in training & supporting staff to develop psychological understanding & developing psychological practice. Appropriate training and in-service support should be used to ensure quality standards across all services 	L Kennedy	<p>Clinical Psychologists and Trainee Health Psychologist involved within groups. Further training to be considered</p>	March 2022
<ul style="list-style-type: none"> Weight management services should audit reasons for non-engagement – this is an important consideration. This can help to ensure that services are being designed to meet the needs of the local service users. Feedback is essential to ensure that services are reactive to poor attendance or disengagement, to help improve engagement and impact of the service.* 	L Kennedy (for Trainee Health Psychol)	<p>Done informally. Consider linking in with wider piece of psychology work</p>	June 2022