

THE STATE HOSPITAL BOARD FOR SCOTLAND

REHABILITATION THERAPIES

12 Month Update Report

01 October 2020– 30 September 2021

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Introduction

This report provides an overview of the rehabilitation activity provided within the State Hospital for the period October 2020 to September 2021. Although much of our service delivery is focused on the rehabilitation of our patients, for the purposes of this report the scope of rehabilitation services are the activities and interventions delivered by the Allied Health Professions (AHP) and Skye Centre.

For the last 12 months our response to Covid19 has continued to influence the way in which services have delivered their interventions. The delivery of services was modified until the point that activities were fully remobilised in June 2021. Leadership across each service has been important in ensuring the health & wellbeing of our staff is considered, embedding new ways of working across teams with less opportunity to have face to face meetings, whilst continuing to provide a quality service. Meeting the needs of our patients who have faced additional restrictions on participation has required increased collaboration and creativity to ensure care and rehabilitation needs were met while ensuring their safety and physical wellbeing.

1 – Core Purpose of Service

The World Health Organization (WHO) defines rehabilitation as ‘a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment.’ Rehabilitation is a process that requires participation and collaboration with the individual to enable them to recover, incorporating a wide range of enablers including, but not limited to, health and social care professionals, the individual and their family and carer and society as a whole. It is therefore a vital part of an individual’s recovery from injury, illness or deconditioning and is inclusive of their physical and mental health and wellbeing needs within their social environment (*Recovery and rehabilitation framework 2020*).

Balancing the clinical and professional demands has been challenging at times yet the response from all of the staff groups and the flexibility and ongoing resilience they have demonstrated in adapting to their new and changing work practices has to be commended. The restrictions and the further ‘lockdown’ at the end of 2020 meant patients were unable to mix, had reduced access to workplaces and equipment, reduced room capacity and heightened infection control practices implemented to ensure activity spaces are safe. The hospital’s remobilisation plan, however, allowed these restrictions to be reviewed in line with national guidance and advice and this has supported the gradual reintroduction of activity across the hospital. Our patients’ engagement in activity has been a priority and closely monitored throughout the past year across the hospital’s reporting structures and particularly through the Operating Model Monitoring Group (OMMG).

The Interim Clinical and Support Services Operational Policy provided a clear framework and focus on ensuring that the risk of occupational deprivation was limited, and that through adapted working practices staff were still able to deliver interventions safely. The professional groups have continued to collaborate and work in a more joined up way with the weekly timetable of activities becoming more routinely coordinated. This has enabled the clinical spaces across the hubs and the Skye Centre to open with a focus on assessment, skills acquisition and educational pathways.

The AHP staff group is a diverse group of professions who provide diagnostic, therapeutic and reablement/rehabilitation interventions across all sectors. AHPs work in partnership to enable healthy, active and independent lives by supporting personal outcomes for health and wellbeing. This is set within an overarching recovery agenda where patients are encouraged to be an active part in their recovery in partnership with the therapist. The following AHP disciplines provide individual and group activities – Arts Therapists (Art Psychotherapy, Drama & Music), Dietitians, Occupational Therapists (OT), Speech & Language Therapist (SLT).

The Skye Activity Centre is defined by 4 Activity Centres - Patient Learning, Sports and Fitness, Gardens and Animal Assisted Therapy and Craft & Design. The Atrium is also an area where the patients can access the café, library, shop and bank. The Skye Centre service consists of a group of registered staff – nursing and a

Specialist OT, skilled technical and educational Rehabilitation staff and Healthcare Support Workers who are all dedicated to meeting the clinical, rehabilitation and recreational needs of our patient population.

Although ward nursing is not specifically covered in this report, all patients are assigned a Key Worker on admission. The key worker, in collaboration with the patient, is responsible for the assessment, planning, implementation and evaluation of the day to day care of the patient. The area of engagement in activity plays a key part in this process.

Safe

Clinical supervision within the AHP service is carried out in various formats. The model used within OT and Dietetics requires the senior clinicians to supervise the junior staff. All Senior OTs have professional and managerial supervision from the Lead Occupational Therapist. Whilst the Lead Occupational Therapist has managerial and professional supervision from the Lead AHP. The Lead Dietitian and Arts Therapists have managerial supervision from the Lead AHP and professional supervision is provided by an external source.

Those services procured through a service level agreement receive supervision from their respective organisations i.e. Music Therapy and Speech and Language Therapist.

Nursing staff within the Skye Centre and at ward level receive individual supervision via the agreed nursing supervision model.

A model was put in place to provide Skye Centre Rehabs and Health Care Support Workers group supervision however this has not been able to be provided with the restrictions in place for Covid19. Discussions have taken place with the Nursing Practice Development team to consider suitable options to reinstate this practice in the coming months.

All staff's statutory and mandatory training requirements are addressed, with compliance monitored by departmental managers. All clinical staff are level 2 PMVA trained; this enables flexibility in facilitation of care and treatment and ensures a safe environment for both staff and patients.

Effective

The progress of individual patients is monitored in a number of ways. This can be achieved subjectively using non standardised methods such as observation of behaviours, interactions with peers/staff and the recording of staff clinical reasoning and judgement, documented using the electronic patient record (RIO). This is more effective and robust when consistently using standardised measurement and rating tools.

The Occupational Therapy service has in place a range of outcome measurement tools. The service uses the Model of Human Occupation (MOHO) which is a comprehensive evidence based model and is supported by the suite of standardised assessments that are available to all OT staff.

MOHO Outcome measurement tools are used as follows

- The Model of Human Occupation Screening Tool (MOHOST) is the core assessment that addresses the majority of the MOHO concepts (volition, habituation, skills and environment), allowing the therapist to gain an overview of the patient's occupational functioning.
- Assessment of Motor and Process Skills (AMPS) is an Occupational Therapy assessment tool which provides the most robust standardised assessment of functional skills.
- The Evaluation of Social Interaction (ESI) is an Occupational Therapy standardised assessment tool that evaluates the individual's quality of social interaction during natural social exchanges with typical social partners.

These standardised assessments are administered when clinically indicated at the discretion of the therapist. There is a requirement to have an interest checklist and AMPS completed for the admission case review. It has continued to be a challenge to complete the AMPS mainly due to patients being too unwell and therefore

cannot access environments or the necessary equipment which is required for the AMPS assessment or it was not indicated.

MOHOST can be used by any registered Occupational Therapist however AMPS and ESI require post graduate training and calibration as an assessor. All of the registered OT staff are trained in AMPS and only 2 staff members are presently trained in ESI. Accessing training in the current climate has been challenging as the ESI training is a 3 day in person course.

The following tables provide an overview of the assessments carried out over the last 12-month period with comparative data for previous years also noted. There has been significant increase in the completion of the MOHOST for both the annual review and admission reviews. The completion of the Interest Checklist has also significantly increased from 48.3% the previous year to 93.8%.

Table 1: MOHOST Standardised Assessment

	2016/17	2017/18	2018/19	2019/20	2020/21
Annual Review	64.8%	72.0%	68.1%	75.3%	87.4%
Admission Review	N/A	54.5%	71.4%	51.7%	93.8%

Table 2: AMPS - Admission Review Only

2016/7	2017/18	2018/19	2019/20	2020/21
n/a	20%	35%	16.1%	35.1%

Table 3: Interest checklist – Admission review only

2016/7	2017/18	2018/19	2019/20	2020/21
n/a	80%	64.3%	48.3%	93.8%

Admission assessments have been impacted by a number of Covid19 related factors. The focus of staff to provide activity was a priority for the service during the first half of this reporting period. Inability to observe patients in a range of environments for the MOHOST and the closure of the therapeutic kitchens for the AMPs have also contributed. Although there is an increase in the number of AMPS, 47 of the 58 were carried out from May 2021 onwards as services have remobilised.

Table 4: Assessment Data

Assessment	2019/20	2020/21
AMPS	35	58
ESI	16	0
Interest Checklist	31	39
MOHOST	103	25
OCAIRS	3	19
OSA	9	3
WRI	2	0
Volitional Questionnaire	10	0
Falls Assessment	28	33
Other	11	16

Person – Centred

Complaints

The complaints information related to activity provision is attached in Appendix 1

There were 8 complaints recorded related to the provision of activity, compared to 4 the previous year. 4 were upheld, 1 was partially upheld and 3 were not upheld.

Compliments

5 compliments were received in relation to the delivery of the activity timetable. These are detailed in Appendix 2.

2 - Current Resource Commitment

The AHP service has a funded establishment of 13.94wte with 18 staff in post many working part time hours. The Lead AHP was successful in obtaining a 2 year secondment to the Scottish Government taking up their new post in April 2021. The post has recently been recruited to over an 18 month fixed term basis and the successful candidate will take up post in November 2021.

As of mid-September 2021 the Occupational Therapy service is at full establishment. The service ran with a total of 4 vacancies in their registered staff group from August 2020 until December 2020 when the vacancies were filled.

The Dietetic service has 1.8 WTE registered staff and is supported by a Dietetic Assistant. The Band 6 Specialist Dietitian left at the end of July 2021 with a new member of staff commencing at the start of October 2021. To support and meet the needs of the service an additional fixed term 1year Band 5 Dietitian was approved and appointed, taking up post September 2021.

The Arts Therapists are each funded for 15 hours (0.4 WTE) per week, across 2 days each. The Art Psychotherapy and Dramatherapy posts are currently vacant. The ongoing requirements for the Arts Therapy service provision will be reviewed by the Lead AHP once they take up post.

The Speech and Language Therapy post became vacant in December 2020 and an interim service arrangement was put in place for 1 day per week by NHS Lanarkshire (NHSL) Speech & Language Therapy (SLT) service. A service level agreement has now been agreed with NHSL with the service provision being increased from 15 hours to 22.5 hours per week, delivered over 3 days. A band 7 SLT has been appointed and will take up post in January 2022. In the meantime, the one-day service provision will continue.

The Skye Centre funded establishment was increased to 44.33 WTE. In May 2021 6 WTE Band 4 Activity Rehabilitation staff were appointed to provide activity for patients at ward/hub level. The service currently has 4 vacancies with recruitment processes underway. The recruitment of registered nursing staff has proved difficult and the skills mix is presently being reviewed in Partnership. This work will conclude in December 2021 and a revised workforce plan will be brought forward.

The recruitment of registered ward nursing staff is proving very challenging and there are ongoing difficulties in filling deficits in rosters with supplementary staff. This has led to numerous deficits in ward staffing. While this impacts on normal service delivery and requires modification to ward routines, the Activity Coordinators referred to above have played an important role in mitigating against the impact of this, and ensuring our patients were still able to access activities.

3 – Summary of Core Activity for the last 12 months

Combined response to Covid19 restrictions

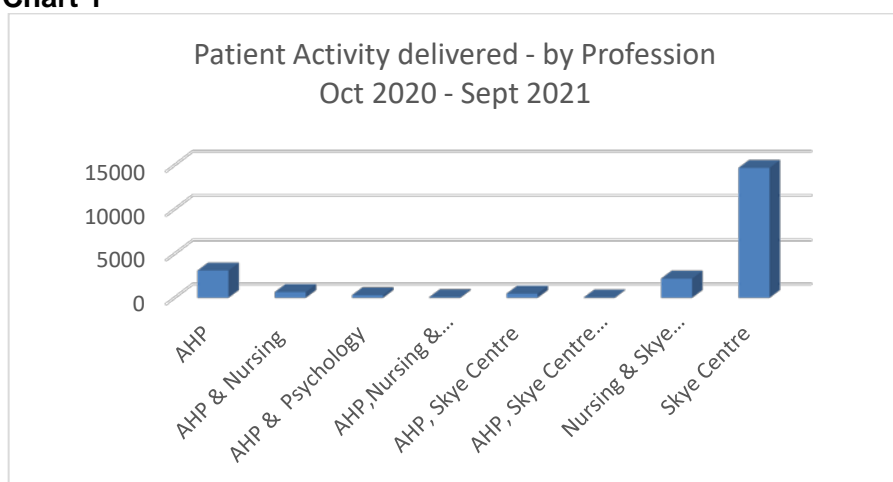
Since the start of the Covid19 pandemic staff have worked together to support activity provision in the hospital. The OMMG was established to assess the impact of the interim clinical service model and this group has continued to meet fortnightly to review the data related to activity.

Over the last 12month activity data has been recorded using the 'drop in' option within the electronic patient record system RIO and reported fortnightly at the Operational Management Monitoring Group (OMMG). There are a wide range of group interventions available to our patient group. The AHP service, Skye Centre, Nursing, Psychological Therapies and Person Centred Improvement Team collaborated to support each other to maximise resources and ensure patient activity was maintained.

The delivery of groups is carried out using a variety of methods. There are regular ongoing group activities e.g. vocational, educational and sports activities for which there is no restricted time limit, these are mainly delivered by the Skye Activity Centre. There is scope for these activities to be modified depending on the needs of the patients participating. Dietetics jointly delivers groups with health psychologists, and Occupational Therapists. Occupational Therapists facilitate structured groups such as Participate (social interaction skills) Healthy Eating, walking, cooking and relaxation groups. Patients are referred to these group activities after discussion with their respective Clinical Teams. Over the last 12-month open Drop In groups have been offered from all services which encourages participation from patients who are less likely to engage with pre planned activity and may have difficulty sustaining commitment. For example, Music Therapy provides a weekly choir session and the Hub Activity staff provide weekly open sessions across all hubs.

The number of attendances relevant to the disciplines included in this report are detailed in Chart 1 below and this is further expanded in Appendix 3. Attendances were recorded for the period October 2020 to September 2021.

Chart 1



Allied Health Professions

Due to restriction on the normal service delivery model due to Covid 19, up until April 2021 AHP staff coordinated and facilitated hub timetables of activity to minimize occupational deprivation and worked creatively to ensure all opportunities for activity provision were enacted. AHP staff also supported Skye Centre staff ensuring patients had access to fresh air, physical activity and timetabled sessions and regularly facilitated walks in grounds. Therapeutic Kitchen activity recommenced in April 2021. Standardised assessment was impacted to enable staff to facilitate this activity during periods of restriction.

Table 5 below compares the AHP attendance figures for 2020/21 with 2019/20.

Table 5:

Profession	Individual Contacts		Group contacts		Cancelled sessions	
	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21
Occ. Therapy	2220	1404	4531	4487	346	570
Dietetics	597	517	351	269	66	78
Art Psychotherapy*	234	-	81	-	41	-
Dramatherapy	121	110	131	116	37	56
Music Therapy	189	257	186	245	35	30
Speech & Language Therapy	189	178	186	28	35	19

*Art Psychotherapy data not been collected since September 2020 due to vacancy.

Occupational Therapy

The impact of Covid19 required evaluation of the service delivery. The Occupational Therapy staff focused on providing hub activity and supported patients to access fresh air and physical activity. Staff ensured that each hub had activity slots and patients attending hub activity daily, utilising this time to explore creatively feelings and responses to restrictions. From April 2021 a more role specific service was provided. Sessions were able to take place on a 1:1 or group basis, dependent on individual patient needs and also based on individual treatment plans.

Dietetics

Historically information on individual and group contacts has not been collected from the dietetic service. The information is now collected monthly, and data is reported for the last 2 years.

Healthy eating and healthy living groups saw increase in group contacts. This can also be attributed to the dietetic assistant adopting a more generic role and supporting the opening of hubs and co facilitating small groups in the hubs with AHP colleagues. Individual contacts will have reduced due to the impact of COVID 19 and a member of staff shielding for a period of time.

Art Psychotherapy

The Art Psychotherapy post has been vacant since mid-November 2020. No activity data was reported during the reporting period for this report. Prior to leaving post, the Art Psychotherapist engaged with the other AHP staff and the Senior Rehabilitation Instructor in the Crafts department and a number of patients have been supported

to carry on with the projects that they were engaged in. However, 8 patients remain on the Art Psychotherapy waiting list. The caseload remains on hold and will be reviewed once the Lead AHP takes up post to consider their suitability for further Art Psychotherapy work or another Arts Therapy modality.

Drama Therapy

The Dramatherapy service provided input on a 1:1 and group basis up until August 2021 when the post became vacant. The Dramatherapist worked closely within Arran hub to assist multi-disciplinary colleagues to facilitate engagement during periods when Covid19 restrictions were in place and offered significant contributions to formulation and index offense-based work with patients deemed high-risk in Arran and Iona hubs. The Dramatherapy groups in Arran and Mull also provided patients with meaningful and creative ways to explore group dynamics and individual relational skills. The service as 9 patients on the waiting list. The caseload remains on hold and will be readdressed once the Lead AHP takes up post to review their suitability for further Dramatherapy work or another Arts Therapy modality. One additional patient from this caseload has been identified as suitable for reassessment by the Music Therapist after a pause, likely in November 2021.

Music Therapy

Music Therapy continues to be provided through a Service Level Agreement (SLA) with the charity Nordoff-Robbins Music Therapy UK. The SLA was suspended from March-May 2020 due to Nordoff-Robbins' decision to utilise the government's furlough scheme. The SLA resumed in June 2020 at three days a week to fulfil the contractual obligations and from June 2020 – April 2021 the music therapist was onsite 3 days per week. From April 2021 to present the Music Therapy service has resumed 2 days each week. COVID-19 restrictions enabled opportunities to work alongside multi-disciplinary colleagues from OT and the Arts & Crafts to deliver jointly facilitated groups using art materials and music for patients across Iona hub. In addition, the music therapist provided short-term 1:1 assessment for 3 patients on Iona 2 who were isolating due to shielding. There is presently 1 patient on the waiting list.

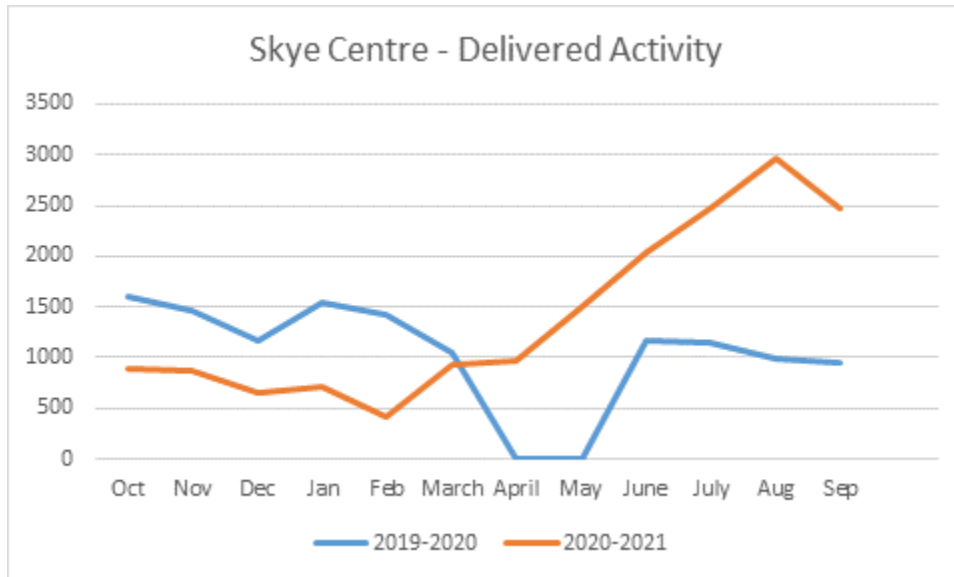
Speech and Language Therapy

The Speech and Language Therapy post became vacant in December 2020 and an interim service arrangement was put in place for 1 day per week by NHS Lanarkshire (NHSL) Speech & Language Therapy service in February 2021. The interim service has provided urgent communication and swallowing assessments and prioritised patients who require ongoing SLT input. A service level agreement has now been agreed with NHSL with the service provision being increased from 15 hours to 22.5 hours per week, delivered over 3 days. A band 7 SLT has been appointed and will take up post in January 2022.

Skye Centre

The restrictions that were in place related to Covid19 had an impact on the delivery of activity across the Skye Centre. However, the timetable has gradually been reintroduced from June 2021 and good progress has been made with a steady increase in the number of sessions delivered. The comparison with the previous year's delivered sessions is detailed in Chart 2 below – n = 12538 increased to n= 14699. Patients have the opportunity to attend 4 activity centres (Sports, Crafts, Gardens, Patient Learning Centre) during week days, on a sessional basis, supported by a range of staff across various grades and skills.

Chart 2



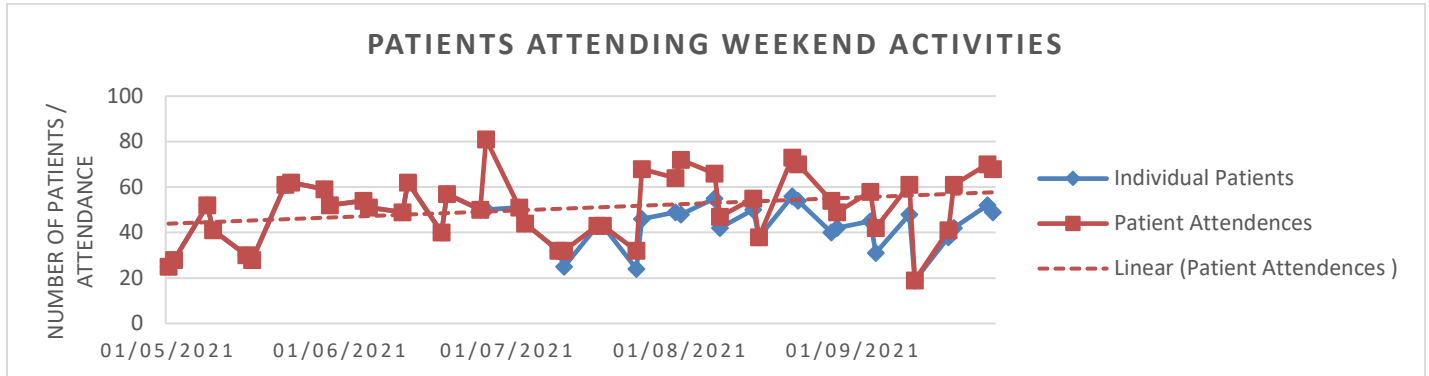
Hub and Weekend Activity

Prior to the Covid19 Pandemic the Skye Centre resource was prioritised and predominantly focused on delivering activity within the Activity Centres Monday to Friday and although some activity was provided at weekends, this was dependent on the availability of Skye Centre staffing and ward nursing support. The importance of and benefit of activity has been demonstrated by the creation of six Band 4 Rehabilitation Activity Coordinator posts. These dedicated posts are based primarily in the Hubs during the week, and are allocated to the Skye Centre at the weekend to offer activity which is accessible for patients across the hospital.

- Staffing – 6wte Activity Instructors took up post on 26 April 2021. All staff work a 5 over 7 rota.
- Monday to Friday planned group and 1:1 activity is provided on Hub/Ward and in the grounds i.e. supported walks
- Weekend group activity provided in 2 activity areas - Atrium & Sports, also 1:1 activity consistently provided for patients who require additional support.

Since May 2021 planned activities have been offered at Hub/ward level during the week and there is planned social and physical activities provided at weekends. On occasions when ward nursing deficits result in contingency plans being put in place i.e. ward closure, this staff group time has been re-prioritised and support has been provided to the ward to enable patients to remain engaged in activity. Chart 3 below shows the impact of these posts and the increasing trend in attendance.

Chart 3



Skye Centre staff have continued to facilitate court and tribunal attendance via Video and Tele Conferencing. This requires activity staff to be redeployed for this purpose and depending on the scheduling of the hearings this can result in up to 6 activity staff being required. This has an impact on the ability to open activity centres as planned due to the redeployment of staff. Discussions are taking place with the Mental Health Tribunal Service and Courts to improve the communications regarding scheduling and to address the resource implications going forward if the practice for VC and teleconferencing is to remain.

Ward nursing are now routinely recording activity data using the 'drop in' option on RIO. The data provided demonstrates the support that nursing have provided to the wider disciplines to enable activity to go ahead as planned. There is no comparative data available.

4 – Comparison with Last Years Planned Activity

Planned Activity	Progress Update	Outcome
Implement Recovery Through Activity manualised group intervention	First group commenced within Arran Hub on the 12 th August 2021 as a pilot. The aim will be to have RTA as a rolling programme within the admission services following the implementation of the new clinical model.	Achieved
Increase number of staff throughout the hospital trained in talking mats to aid communication	The foundation level training was facilitated by Lead OT. The first distance learning cohort went through the programme earlier this year. Second cohort planned for November 2021.	Achieved
Review Speech and Language Therapy Provision	Service Level agreement in place with NHS Lanarkshire with service provision increased from 15 hours to 22.5 hours provided over 3 days.	Achieved
Increase employability opportunities – review employability pathway to maximise opportunities throughout the hospital	The employability pathway has been reviewed and featured heavily in plans for Transitions service in new clinical model. This work has not been progressed due to the pause in the clinical model work.	Partially Achieved
Consider workforce opportunities with the implementation of a new clinical model	This has been considered and workforce actively engaged in opportunities with new clinical model. This work has now been paused but until the Clinical Model work resumes.	Partially Achieved
Join national work streams on rehabilitation and recovery framework	Work in this area has not progressed due to the Lead AHP vacancy.	Not achieved.

Report outcomes using standardised assessments	Interpret collected information hospital wide as demonstrated in Lewis improvement work. This was unable to be progressed due to Covid restrictions and vacancies. The service is now at full establishment and all registered OT staff are now AMPS trained therefore this work will be progressed and implemented from November 2021.	Not achieved
Explore further interpretation of collected data, review need for assessment database and reduce any repetition in data	Work with clinical effectiveness delayed due to Covid restrictions. New Lead AHP will review current system and liaise with CE department develop better outcomes	Not achieved
Explore opportunity for service growth.	Request has been made for investment in Speech and Language Therapy and Occupational Therapy for ID service as part of new clinical model review. Not progressed due to the delay in progressing review of Clinical Model.	Not achieved

5 - Key Performance Indicators

The current key performance indicators in relation to the delivery of activity are noted below however it should be noted that these are currently under review.

- 100% of patients will engage in meaningful activity on a daily basis.
- 90% of patients will be engaged in off-hub activity centres.
- 80% of patients will undertake 90 minutes of exercise each week.
- 20% patients will have a healthy BMI

The performance targets are underpinned by a number of supporting measures, including:

- Clinical Outcome Measures – completion of standardised assessment
- Provision of reports for annual review meetings

The tables detailed below provide the VAT analysis information for the last 4 years.

Table 6 Annual ICP VAT Information

Profession	% of Annual Review Reports Complete				
	2016/17	2017/18	2018/19	2019/20	20/21
Occupational Therapy	65.9	76.0	70.3	75.3	86.8
Dietetics	50.5	8.0	90.1	83.5	85.1
Skye Centre Nursing	74.7	70.0	88.9	95.8	89.4

Table 7

Profession	% Annual Review Reports Discussed				
	2016/17	2017/18	2018/19	2019/20	20/21
Occupational Therapy	59.3	62.0	47.3	52.9	63.2
Dietetics	47.3	8.0	49.5	23.5	63.2
Skye Centre Nursing	-	-	86.1	52.1	45.5

Table 8

Profession	% Annual Reviews Attended				
	2016/17	2017/18	2018/19	2019/20	20/21
Occupational Therapy	52.2	71.3	68.9	76.2	77.8
Dietetics	13.2	0.0	48.4	70.6	65.5
Skye Centre Nursing	0	1.0	2.8	2.6	0

With the exception of the Skye Centre where there was a slight decrease in the number of reports provided to annual case review meetings the other professions have all increased over the last year.

Occupational Therapy, Dietetics and Skye Centre fall just short of the 90% target for reports provided to annual case review meetings.

The Skye Centre do not routinely attend the Annual Case review meetings due to current operational requirements related to staffing resources.

6 - Quality Assurance Activity

Standardised Assessment

Performance in utilising standardised assessments are reported elsewhere this assures the best quality assessments are used to plan intervention.

Leadership Development

The Lead Dietitian has completed post graduate training via Glasgow Caledonian University in Management and Leadership and commenced the SCLiP program in August 2021. This course was also completed by the Skye Centre Senior Charge Nurse.

Within the OT service 3 of the Specialist OT's participated in a Leadership Programme funded by the Elizabeth Casson Memorial Fund alongside other West of Scotland OT's working in mental health. Whilst the course was found to have been beneficial, all 3 staff have since moved on from the hospital.

Key Performance Indicators

Key Performance Indicator (KPI) measurement and definitions are kept under review to ensure that they are accurate and provide the level of assurance the TSH Board and Corporate Management Team require. The KPI related to patients' engagement in activity is being reviewed and seeks to provide assurance on activity offered to patients across the activity pathway. With improvements to the recording of timetabled activity, sessions being planned around patient needs, delivered through various activities and recorded on RIO timetable, we can now improve the data definition and data used for this KPI.

7 - Quality Improvement Activity

QI Patient Activity Project

In November 2020, the patient activity project team (led by the Clinical Operations Manager) agreed a Project Charter setting out a proposed 90-day QI Project to review activity with the aim of establishing a 7-day service across the site by 31 March 2021.

During the initial scan phase, the project team enlisted additional support to carry out the proposed tasks and it was agreed that it was essential to engage with as many staff and patients as possible across the site but that this would require additional time. As the work was completed the initial 90-day plan was reviewed and it was agreed it was neither feasible nor the best model to take forward the work.

From December 2020 to June 2021, the following work was completed:

- Literature review
- Expert interviews
- Process mapping/engagement sessions with all teams/depts.
- Patient feedback exercise
- Process map developed
- Force field analysis
- Cause and effect analysis
- Development of driver diagram
- Project team session on change ideas/next steps

The work to date has allowed the project team to develop a fuller understanding of the challenges that have prevented the implementation of an effective 7-day activity service across TSH. The challenges have been categorised into 6 main themes and a driver diagram has been developed translating 4 of these themes into the primary drivers in the overall change strategy.

An update on the work to date was reported to CMT in September 2021 and this group have endorsed the following:

1. To utilise existing improvement infrastructure and experience (including learning from the TSH3030 model in TSH to take forward the next steps of developing and testing change ideas
2. The proposal to integrate this work with the design of the new clinical model

Skye Centre Skills Mix Review

The current operating procedures and working practices related to the agreed staff skill mix does not support the delivery of a comprehensive timetable of activity across the Skye Centre. Current practice dictates that activity areas cannot open without a registered Nurse being present in the area. Despite efforts to recruit, 3 vacancies still remain across the service and as a consequence the consistent delivery of planned activity is influenced by these vacancies in relation to our registered staff group. It was endorsed by the HMT in May 2021 and subsequently by the June 2021 Joint Staff Side meeting that a review of the Skye Centre registered skill mix should take place and future recruitment to the current registered vacancies will be considered. This work will be concluded in December 2021 with recommendations provided in relation to the Skye Centre workforce.

Counterweight Plus

'Counterweight Plus' was adopted by 5 patients in the latter part of 2020 and a further 6 at the beginning of 2021. The initial group losing between 4.5 and 14.5kg within 12 weeks. The COVID pandemic has highlighted Obesity as an independent risk factor for increased morbidity and mortality in this group. Information posters (Appendices 5 & 6) highlighting the findings from the project and supporting the management of patients' weight were produced alongside the previous Art Psychotherapist to encourage healthier lifestyles. This was adopted during the acute pandemic phase.

Occupational Formulations

Funding has been approved from the Corporate Training budget to provide a Q&A session with the external provider who developed the model which will support the Occupational Therapy team to implement the use of Occupational Formulations across the hospital. This will work alongside the QI Activity Project that is currently underway.

Health and Wellbeing Plans (HWP)

The annual audit was carried out in November 2020. It was identified that the plans required to be streamlined in order to support improvements in the completion of these. Additional resources are also being developed to support physical health. The Dietetic service is jointly working with Nursing Practice Development to implement these changes.

RIO Activity Timetable

The development of the RIO patient activity timetable was postponed at the onset of the Covid19 pandemic. For the past 12 months the 'Drop In' function has enabled activity to be recorded retrospectively. Going forward the RIO timetable will be used to record planned activity and actual activity. The reporting system has been created and individual patient timetables will also be able to be provided. This is being implemented from the start of October 2021.

Digital Interventions

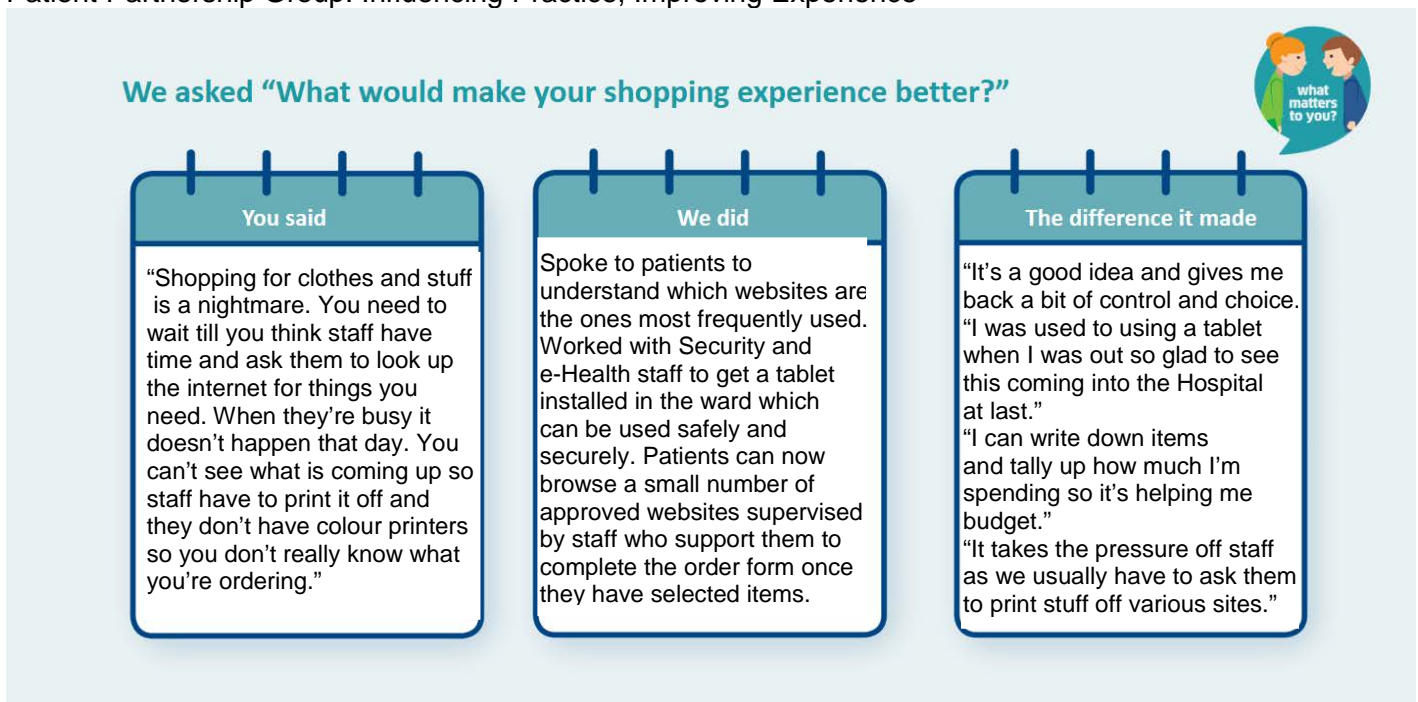
The Digital platforms project is underway to enable all patients to have access to new and advancing technology through use of tablets, laptops and PC's for skill development. The equipment for the project has been ordered however there has been a delay in receiving this due to a National shortage. The protocols and procedures are in the process of being agreed and a scoping exercise will be carried out to establish patient knowledge of digital technology to try and lessen the skills gap.

8 - Stakeholder Experience

Digital Inclusion – Patient Browsing Experience

A digital solution has been identified to enable patients to browse approved internet websites for non-food items that they want to purchase. A touch screen tablet has been installed in Arran 1 ward which was identified for the pilot site. Ongoing review of the equipment and processes has taken place over September/October 2021. Feedback was provided during this period from patients and staff to inform planning for the equipment being rolled out to the remaining wards. The use of this equipment will support and improve patient skills in the use of digital technology. Patient feedback regarding the project is noted below.

Patient Partnership Group: Influencing Practice, Improving Experience



We asked "What would make your shopping experience better?"

You said

"Shopping for clothes and stuff is a nightmare. You need to wait till you think staff have time and ask them to look up the internet for things you need. When they're busy it doesn't happen that day. You can't see what is coming up so staff have to print it off and they don't have colour printers so you don't really know what you're ordering."

We did

Spoke to patients to understand which websites are the ones most frequently used. Worked with Security and e-Health staff to get a tablet installed in the ward which can be used safely and securely. Patients can now browse a small number of approved websites supervised by staff who support them to complete the order form once they have selected items.

The difference it made

"It's a good idea and gives me back a bit of control and choice. "I was used to using a tablet when I was out so glad to see this coming into the Hospital at last."
"I can write down items and tally up how much I'm spending so it's helping me budget."
"It takes the pressure off staff as we usually have to ask them to print stuff off various sites."

A circular icon containing two stylized human figures, one green and one blue, with the text "what matters to you?" written below them.

Covid19 Ceramic Mural Project

Art has the power to bring people **together** physically—at galleries, museums and in theatres. Art has the capacity to tell a community’s shared story, to inspire reflection, and form connections. Artists have had to adapt their ways of working in order to continue making art. The Arts and Crafts team wanted to promote creativity and make it possible during a time when we were distanced from each other.

Their goal was to create a mural that expressed the voices of our patients and staff using imagery that represents them. Murals can positively transform public spaces. The mural would be a collaborative artwork that would bring patients and staff **together** despite working in isolation. The café area in the Skye Centre was identified as the location for the mural. This was because it was the area where patients and staff came **together** to socialise and could be viewed on a wider scale by all and would act as a talking point and centerpiece for the Skye Centre that brings people **together**. The mural has successfully engaged over 120 patients and staff and continued to expand with newly admitted patients and staff wishing to be included.

Appendix 4 provides a few images that have been selected from the Crafts & Design submission for the 2021 National Koestler awards. This project was successful in obtaining a Silver award.

9 - Planned Quality Assurance/Quality Improvement for next year.

Planned Activity	Progress to date
QI Patient Activity Project	Process Mapping exercise has been completed. Drivers for test of change to be agreed for implementation.
Development of RIO Timetable for the collation and reporting of planned and actual delivery of activity	Project plan has been devised and reporting templates have been created. All disciplines will use the RIO timetable for reporting on planned activity by December 2021
Develop approach to data including KPIs and outcomes.	Work with clinical effectiveness delayed due to Covid19 restrictions. New Lead AHP and Skye Centre Manager will liaise with CQ department to review and develop system and measures.
Explore Opportunities for Digital interventions	Digital Platforms project will continue to be developed and implemented. The progress and benefits of the initiative will also be monitored.
Introduce process for routine reporting of AMPS assessment data.	Interpret AMPS assessment data hospital wide This work will be progressed and implemented from November 2021.
Increase employability opportunities – review employability pathway to maximise opportunities throughout the hospital	The employability pathway has been reviewed and featured heavily in plans for transitions service in new clinical model. This will be embedded in practice as part of the clinical model work.
Join national work streams on rehabilitation and recovery framework	The new Lead AHP and Skye Centre Manager will continue to secure opportunities for National engagement.
Workforce planning within the AHP service	Initial review of AHP service carried out in line with the previous Clinical Model review. The new Lead AHP will continue this area of work and consider the skill mix and succession planning for all AHP's and consider strategies to enhance recruitment and retention of staff.
Skye Centre Skills Mix Review	Initial engagement completed with Staff Side. The agreed implementation plan and identified ‘tests of change’ will be taken forward in partnership with Staff Side and key stakeholders.

Section 10 – Next Review Date

The next annual report will be provided to the Clinical Governance Committee in November 2022. Over the next 12 months, work will be undertaken to review the content and focus of the report to best describe rehabilitation from a person centred perspective. This will wherever possible, draw upon agreed KPI and outcome data.

Appendix 1		Complaints		
First received	Area	Description (Policies)	Outcome	Outcome code
09/10/2020	Skye Centre	Patient has recently had his ears syringed which he complained was not been done properly resulting in problems with his hearing and experiencing some pain.	Patient attended clinic for review and to have any wax removed, via syringe, following a 2 week course of ear drops. Review found left eardrum visible therefore no syringing clinically required. Right eardrum not visible, therefore wax removed by syringing the ear. Patient did not complain of any discomfort but was unhappy that only one ear had been syringed and an explanation was provided at the time. Only one member of staff currently in the service is trained and experienced to carry out this procedure, which was also explained to the patient at the time. Patient advised to see the GP if there is ongoing discomfort in his ears.	Not Upheld
15/10/2020	Arran Hub	Patient complained CN called him a paedophile; Nursing Assistants are never off his back about eating sweet; staff are not adhering to social distancing or wearing masks on the ward; staff are making toast for themselves using the one plain loaf that is sent weekly from the kitchens and patient is only getting off the ward on a Tuesday morning to attend Gardens and has been refused an additional session at PLC and only gets to go on an escorted walk if Skye Centre staff are available to take him.	CN refutes calling patient by derogatory name; patient is actively discouraged from eating too much confectionary; all staff adhering to social distancing and are wearing appropriate PPE; staff bring in own bread to make toast. No patients from ward requested to attend PLC, however session for patient on his own has been made available. Patient can also request drop in sessions.	Not Upheld
07/01/2021	Lewis Hub	Seven patients on the ward raised concerns that as covid restrictions in the country are being tightened they are getting eased in the hospital and all patients are now expected to sit in the day room at the same time, causing anxiety.	The household model for wards is being reviewed and includes introducing restrictions on the number of patients who can mix together. Wards will be required to cohort patients into two groups of 6+6. This means that patients from their own group of 6 cannot mix with patients from another group of 6 within the same ward with immediate effect.	Not Upheld
27/01/2021	Skye Centre	Patient complained the placements were cancelled due to the fog. Patient feels the sessions should be facilitated in the hub	Staff were allocated to hubs to provide general activity for all patients able to access the hub, however it is not possible to ensure that all patients can have hub access to the activity they were expecting to attend in the Skye Centre. Patient was offered a range of activities but did not wish to participate.	Partially Upheld
17/06/2021	Skye Centre	Patient complained that his sports placements have been cancelled the last 2 weeks, despite new staff being recruited.	Sports department closed in order to install the new gym equipment. The Sports hall was also out of commission as this area was used as additional space to build the equipment. Staff then also required training on the use of the equipment. The additional Rehab staff were employed to provide activity for patients at HUB and Ward level. The Skye Centre timetable has been updated to reflect changes to the clinical operational policy and there should be more opportunities to access the sports department now that patients are able to mix across the hospital.	Upheld
17/06/2021	Skye Centre	PAS complained on behalf of patient's about number of placements being cancelled, in a service that has been reduced due to covid-19 over the last year. This is further affected by staff shortage, and Skye Centre staff having to facilitate tribunals.	During w/c 4th June the service experienced a number of factors which impacted on our staffing levels. An increased number of short term sickness in addition to long term absences. Annual leave allocation was at maximum capacity and the interim arrangements that are in place for the Mental Health Tribunals and Video Court Appearances meant the activity staff had to be redeployed to support this activity. A number of staff were required to attend mandatory PMVA training and the Sports team attended a full days training for the new gym equipment installed. This took place in the Sports which resulted in a closure. In order to mitigate this, efforts were made to provide activity at Hub level and also to support patients with escorted walks. This information was communicated in advance to all wards and was highlighted at the weekly timetable meeting which all disciplines across the hospital attend. As restrictions have lifted and patients are able to mix across the hospital this will open up more opportunities for patients to attend a wider range of activity centres.	Upheld
09/08/2021	Skye Centre	Patient complained that he was unable to attend planned placements at Skye Centre for two weeks in a row.	Skye Centre staff inform the wards of all closures. Ward staff confirmed the information was relayed to patient. Apologised for the closures and advised that for the foreseeable future, unplanned department closures may occur again. Informed patient that he can ask ward staff to contact the Skye Centre to see if a drop in can be accommodated in another department, including the Atrium. The Skye Centre is currently under review and looking at the registered staff skill mix, in conjunction with joint staff side colleagues and other staffing resources, whilst actively recruiting registered nursing staff. Meantime, to try to improve communication the Atrium CN will explore the option of providing information on Onelan on the wards to keep patients better informed of what will be open for each session.	Upheld
19/08/2021	Skye Centre	Patient, via PAS, complained about the frequent closure of Arts and Crafts sessions.	Skye Centre had been experiencing staffing challenges in recent weeks. Staff member back at work and Crafts will now be able to open more. Acknowledged the value and importance patients place on these sessions. Going forward, SCN is hopeful they will be able to open Crafts more regularly.	Upheld

Appendix 2 Compliments/Feedback						
Date	Type	Sub-type	Source	Area	Sub-area	Field0
28-Jul-21	Comment	Positive	PPG Meeting (Monthly)	Iona	Ward 2	The group reported lots of activity this week including hub opening, ward garden activities and escorted walks.
21-Jul-21	Compliment	Positive	PPG Meeting (Monthly)	All Wards		The group were pleased to report that activity had improved this week with access to football, badminton and bowls. There was also more hub activity noted.
28-Jul-21	Compliment	Positive	PPG Meeting (Monthly)	Hospital wide		The group acknowledged that staff are doing extra hours, dropping into different roles and generally working hard to ameliorate the situation and wished to pass on their thanks.
04-Aug-21	Compliment	Positive	PPG Meeting (Monthly)	Arran	Ward 2	Group members described physical activities provided by a member of ward staff, they enjoyed it a lot and agreed to share their experience in a narrative to the board.
25-Aug-21	Compliment	Positive	PPG Meeting (Monthly)	Skye Centre		Skye centre staff have September weekend activities already organised and everyone is looking forward to that.

Appendix 3 Activity Provision by Profession

Activity	AHP	AHP & Nursing	AHP & Psychology	AHP, Nursing & Psychology	AHP, Skye Centre	AHP, Skye Centre & Nursing	Nursing & Skye Centre	Skye Centre	Grand Total
1:1 Escorted Walks	6	1			3		31	1326	1367
1-2-1 Psychotherapy	98								98
1-2-1 Session	628	91	4	2	9			41	775
Animal Care					5		1	4	10
ASN Learning								22	22
Atrium 1-2-1		4						11	15
Atrium Activity						1	231	2026	2258
Book club								5	5
Café					1		57	952	1010
Carpet Bowls							10	330	340
Cfts					1		14	706	721
Cfts 1-2-1								22	22
Circuits								35	35
Computer Games						2		18	20
Cooking 1-2-1	74	9	1		3				87
Cooking 1-2-2	4								4
Cooking 1-2-3	3								3
Cooking Group	3	2							5
Core skills Communication					2			26	28
Core skills ICT							1	276	277
Core skills Numeracy							1	61	62
Core skills Problem Solving								10	10
Diet:1 to 1	440								440
Diet:1 to 2	9								9
Diet:1 to 3	4								4
Diet:Assessment	32								32
Diet:General	32								32
Diet:Group	1								1
Distance Learning								3	3
Dramatherapy – 1:1	86	2	12						100
Dramatherapy Group	88								88
ECDL								46	46
Football							8	280	288
Gen:Other	1				2	1	2	12	18
Grd								1156	1156
Grd 1:1							1	15	16
Grd Maintenance	2							7	9
Grd Peer								27	27
Gym	2				1			956	959
Healthy Lifestyle Group								1	1
Hub Club	77	295	19	14	99	16	8	133	661
Hub Gym	1	18			7	2	40	112	180
Induction (Sports)								2	2
Library							1	14	15
Literacy								40	40
LT-Cfts					2	2		524	528
LT-Grd							1	451	452
Music Therapy: Closed Group)	1	1							2
Music Therapy: SC Choir	190	2			49				241
Music Therapy:1:1	248	1			1				250
Music Therapy:1:2	6	1							7
Nursing 1-1		3					23	6	32

Appendix 3 cont. Activity Provision by Profession									
Nursing 1-2								1	1
Open Hub	9				17	1	125	90	242
OT Group	677	131	139	51	118	11		1	1128
Patients Day								8	8
Personal Presentation	1								1
PLC 1-2-1					1			64	65
PLC 1-2-2								5	5
PLC 1-2-3								4	4
PLC Generic session								684	684
PLC Induction								8	8
PLC-Group/Core Skills								29	29
PLC-ICT					1			267	268
PLC-Numeracy								56	56
PLC-Open Learning								6	6
PLC-Open University								77	77
Pool	4	17			109	9	543	1225	1907
Reading								11	11
Recovery Through Activity	33								33
Relaxation Group	49	6	128	14	9				206
SC:Occupational Therapy	2								2
SLT:121 Communication	88	4							92
SLT:121 swallow	12	3							15
SLT:Group	27	1							28
Special Events							2	65	67
Sports 1-2-1					1			1	2
Sports Admission								6	6
Sports Hall					10		262	1502	1774
SVQ-Grd								42	42
Table Tennis	1	2			12	2	739	266	1022
Volleyball								128	128
Volunteer Role (Library)							1	33	34
Volunteer Role (Sports)								2	2
Walking 1-2-1	102	19	1		1			60	183
Walking 1-2-2	1							13	14
Walking 1-2-3	1							13	14
Walking Football							20	14	34
Walking Group	63	42	5		9		35	255	409
Ward Card/Board Games		2			2		24	101	129
Ward Craft Activities		2				1	4	6	13
Ward Quiz Night					1		6		7
Yoga					1				1
Grand Total	3106	659	309	81	477	48	2191	14699	21570

Appendix 4 Covid19 Ceramic Mural Project



Appendix 5

Further progress from the implementation of the T2DM prevention framework at The State Hospital



Early results

In 2021 a further 6 patients adopted the Counterweight Plus (CW+) Programme (6.3% of our patient population). All have a severe mental illness.

Due to the **unique challenges** presented within our clinical setting The Counterweight Plus programme has been adapted and we continue to learn from these challenges to improve the programme.

We have developed the following:

- Assessment paperwork (kindly adapted from The East Region) to suit patients who have a severe mental illness.
- A flowchart to identify patients within our population who would be ideal candidates to consider CW+.
- A protocol for the use of CW+ products within the hospital.

What we have learned so far:

- Collaboration with colleagues from other health boards is essential to ensure support and shared learning.
- Patients who have engaged in the programme appear generally very positive about their experiences and are positive about having another option to manage their weight/ reverse their T2DM.

Patient	Weight at start (kg)	Weight at end	Change in weight (kg)	Change in HbA1c
Patient 1 a (2nd attempt) D	101	94.8	-6.2 (8 weeks)	Not yet at 6/12 review, was 53. (Reduced 5mmol in attempt 1)
Patient 2 (1 st attempt) T	117.6	111	-6.6 (3 weeks then stopped)	Normal, risk of pre DM
Patient 3 C	95.4	87.7	-7.7 (in 4 weeks ongoing)	Not diabetic
Patient 4 G	108.5	99	9.5kg in 12 weeks and ongoing	Not diabetic
Patient 5 To	106.5	99	-7.5kg (9 weeks)	Was 41mmol/mol in Jan '21, not repeated. Reduced 4mmol before starting.
Patient 6 K	100	98.1	-1.9kg (3 weeks – foot injury)	Not diabetic

Focusing on improving patients' health – a joined up approach to weight management

Fraser Breed, Forensic Dietitian (Fraser.Breed@nhs.scot) and Sharon Jeffrey, Art Psychotherapist
The State Hospital



Introduction/Background

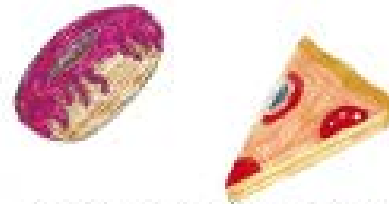
Obesity levels across Scotland continue to be a top clinical priority, and as in previous years, the management of levels of obesity and physical activity remain a significant challenge. This is similarly the case for State Hospital patients who are statistically more at risk of being overweight/obese compared to the general population due to a range of different factors. 93% of our patients are currently overweight/obese compared to 65% of the general Scottish population [1].

The Board recognises that the relationship between physical health, mental health and nutritional status is unequivocal. However consideration had not previously been given to Dietetics and Art Psychotherapy working collaboratively to establish if this would help patients overcome barriers and empower them to make healthier choices based on a better understanding of how their emotions could relate to the food they eat. These two Allied Health Professions (AHPs) do not routinely work together, therefore our aim was to assess the impact of collaboration between professions on the options provided to support patients to manage their weight.

Methodology

A small group intervention involving five patients for seven weeks. Each session involved a discussion related to a certain topic followed by an artistic activity (such as a self portrait or drawing one's least favourite food, then discussing this with the group).

Feedback was gathered and analysed after each session, with emerging themes being identified and used not only to evaluate the intervention but to consider the value in taking this collaborative approach forward.



Example of artwork produced by a patient during the group to illustrate their favourite food.

Aim

To establish if a novel collaborative approach could help patients within a high secure mental health setting manage their weight.

Objectives

- To help patients explore their relationship with food and their body image, and not necessarily on weight loss alone.
- To assess the impact of the collaboration between Dietetics and Art Psychotherapy as an option to help patients to manage their weight.
- If successful, to create awareness of the benefits of this collaboration on patient care so it can be shared across NHS Scotland.

Results

A successful intervention with positive feedback from patients and an average patient weight loss of 1.44 kg over the 7 weeks.

Individual comments/feedback

- "It made me stop and think about my emotions before I went to get my shopping."
- "Exploring my emotions and thinking about the choices I make was new to me."
- "Enjoyed learning more about food and how I feel."
- "A bit optimistic for future"
- "...started on a rocky road and now the path is clear ahead."
- "Need more support"
- "Shone a light on bad eating habits."

Conclusion

Overall the outcomes and feedback from this group have been positive. Patients have highlighted that they enjoyed the group and benefited from taking the time to explore how their thoughts and feelings surrounding food can influence body weight and self-image. From a facilitators perspective both of the different AHPs felt benefit from a collaborative approach to working, including shared learning and looking at topics from a different perspective. Future collaboration between AHPs and other professionals would likely be beneficial for improving patient care options.

1- The Scottish Government, 2010. Preventing overweight and obesity in Scotland- a route map towards a healthy weight [online]. Available from: <http://www2.gov.scot/Resource/0/0/2010/004785.pdf>

