

# THE STATE HOSPITAL BOARD FOR SCOTLAND

## REHABILITATION THERAPIES

### 12 Month Update Report

**01 October 2021– 30 September 2022**

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## **Introduction**

This report provides an overview of the rehabilitation activity provided within the State Hospital for the period October 2021 to September 2022. 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 and the Skye Centre.

For the last 12 months the legacy of Covid19 has continued to have an impact on the way in which services delivered interventions mostly in relation to ward closures/modified working and patients being cared for in “bubbles”.

Alongside this, Allied Health Professions (AHP) and Skye Centre staff have demonstrated flexibility and versatility in their commitment to provide support to nursing colleagues with resourcing pressures whilst at the same time still attempting to commit to their own role. This at times has proved difficult and has impacted directly on our services’ ability to deliver its interventions and KPI’s. However, it has been noted that enhanced working on the wards has appeared to strengthen relationships and further developed robust multidisciplinary team working.

Leadership has continued to be important in ensuring the health & wellbeing of staff is considered, embedding different 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 continued to face restrictions on participation has required increased collaboration and creativity to ensure care and rehabilitation needs are being met.

## **1. CORE PURPOSE OF SERVICE**

The World Health Organisation 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*).

Following COVID 19 and developed work from the Recovery and Rehabilitation Framework, the Scottish Government recently published in June 2022 it’s Once for Scotland Approach based on Six Principles of Good Rehabilitation supporting the delivery and development of rehabilitation. The approach focusses on the individual, putting them at the centre of their rehabilitation journey and highlights the following aspects of rehabilitation: ease of access, right timing, realistic and meaningful, integrated, innovative/ambitious and delivery by a flexible workforce. Our staff have been involved in this National agenda and are keen to be working towards these principles in the delivery of their services.

As mentioned previously balancing demands has been challenging for our workforce yet the response from all staff groups and the flexibility and ongoing resilience they have demonstrated in adapting to changing work practices has to be commended. Patients’ engagement in activity and therapy has been a priority and closely monitored across the hospital’s reporting structures and particularly through the Operating Model Monitoring Group now known as the Activity Oversight Group.

The Allied Health Professions staff is a diverse group of professions who provide diagnostic, therapeutic and re-ablement/rehabilitation interventions across all sectors. Allied Health Professionals 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 Allied Health Professions' disciplines provide individual and group activities – Arts Therapists (Art Therapy, Music & Drama – although vacancies in Art & Drama), Dietitians, Occupational Therapists and Speech and Language Therapists.

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 Occupational Therapist, 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 and managerial supervision within the Allied Health Professions service is seen as an essential component to safe and effective service delivery with it being integral in the developmental process of staff and services.

Supervision is viewed positively within the Allied Health Professions service and is delivered fortnightly to monthly dependent on staff grades and independent need with the Allied Health Profession's Appreciative Supervision Protocol being adhered to.

Those services procured through a Service Level Agreement receive clinical supervision from their respective organisations i.e. Music Therapy and Speech and Language Therapy and managerial supervision via the Lead Allied Health Professional.

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

A model was in place to provide Skye Centre Rehabs and Health Care Support Workers group supervision however this has not been consistently provided over the past 12 months with the restrictions in place for Covid19 and deficits within the Practice Nurse Development Team. Discussions have taken place with the last month to introduce Reflective Practice sessions for staff facilitated by one of the Consultant Psychologists.

All staff's statutory and mandatory training requirements are addressed, with compliance monitored by departmental managers. All clinical staff are level 2 PMVA trained (except 1 Speech and Language Therapist); 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' intervention is captured and 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 which is a comprehensive evidence based model and is supported by the suite of standardised assessments that are available to all Occupational Therapy staff.

Model of Human Occupation 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 Model of Human Occupation 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 a standardised tool that was used previously to evaluate the individual's quality of social interaction during natural social changes but is no longer utilised due to a deficit in Trainer Assessors and courses not currently being available. This has led to there being no staff currently trained in this assessment. This has impacted on the Participate Programme provided by the Occupational Therapy service as the Evaluation of Social Interaction tool was utilised as the pre/post Group's outcome measure. This is the most robust tool available for assessing social interactions however we have had to revert back to the Assessment Communications Inventory for the current cohort of Participate.

These standardised assessments are administered when clinically indicated at the discretion of the Therapist. There is a requirement to have an interest checklist and an Assessment of Motor and Process Skills completed for the admission case review. Work was carried out by the Occupational Therapy service to fully consider suitable options of Assessment of Motor and Process Skills tasks to support patients who are significantly unwell to enable an assessment to be carried out successfully.

The Model of Human Occupation Screening Tool can be used by any registered Occupational Therapist however, the Assessment of Motor and Process Skills requires post graduate training and calibration as an assessor. All of the registered Occupational Therapy staff are trained in the Assessment of Motor and Process Skills bar one new staff member with this training now being delivered via distance learning.

The following tables provide an overview of the assessments carried out over the last 12-month period with comparative data for previous years also being noted. There has been a slight decrease in the completion of the Model of Human Occupation Screening Tool for annual reviews and a more significant reduction in the admission reviews. It is worthy to note that the Model of Human Occupation Screening Tool's annual review figure was 97.4% for the period October 2021 to May 2022. This timing of change would appear to correlate with the impact of staff vacancies and long-term sickness. Another impact is Allied Health Professionals requiring to support nursing shifts on wards. Unfortunately, the Assessment of Motor and Process Skills and Interest checklists' completion figures have also been affected for the same identified reasons.

Table 1: Model of Human Occupation Screening Tool Standardised Assessment

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
<b>Annual Review</b>	64.8%	72.0%	68.1%	75.3%	87.4%	<b>79.8%</b>
<b>Admission Review</b>	N/A	54.5%	71.4%	51.7%	93.8%	<b>66.7%</b>

Table 2: Assessment of Motor and Process Skills - Admission Review Only

<b>2016/7</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
n/a	20%	35%	16.1%	35.1%	<b>20.9%</b>

Table 3: Interest checklist – Admission review only

<b>2016/7</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
n/a	80%	64.3%	48.3%	93.8%	<b>66.7%</b>

- Model of Human Occupation Screening Tool annual review figure 97.4% for period Oct 2021 to May 2022

Table 4: Assessment Data

Assessment	2019/20	2020/21	2021/22
AMPS	35	58	23
ESI	16	0	0
Interest Checklist	31	39	16
MOHOST	103	25	93
OCAIRS	3	19	1
OSA	9	3	0
WRI	2	0	0
Volitional Questionnaire	10	0	0
Falls Assessment	28	33	12
Other	11	16	0

## **2. CURRENT RESOURCE COMMITMENT**

The Allied Health Professions service has a funded establishment of 14.19 WTE with 15 staff currently in post many working part time hours. The current vacancies as of 30 September 2022 include 2 WTE B5 Occupational Therapists, 1 WTE B6 Occupational Therapist, 0.8 WTE Arts Therapists and 0.2 WTE not being provided via Service Level Agreement (refer to below).

Job Title	Actual WTE	Budget WTE	Comments
Lead Allied Health Professional	1.0	1.0	
Lead Occupational Therapist	1.0	1.0	
Lead Dietitian	0.77	0.77	
Band 6 Occupational Therapist	1.0	2.0	1 vacancy
Band 6 Dietitian	1.0	1.0	
Band 5 Occupational Therapist	2.0	4.0	2 vacancies
Band 5 Dietitian (temporary to 31 December)	1.0	0.0	
Band 4 AHP Support Worker	2.11	2.11	
Band 3 Support Worker	0.41	0.41	
Arts Therapists	0.0	0.8	vacancy
<b>Total</b>	<b>10.29</b>	<b>13.09</b>	
<b><u>Service Level Agreements</u></b>			
Music Therapist	0.4	0.4	
Speech and Language Therapist	0.4	0.6	0.2 not provided
Physiotherapy	0.1	0.1	
<b>Total</b>	<b>11.19</b>	<b>14.19</b>	

The current headcount for Allied Health Professionals is: 1 Lead AHP, 1 Lead Occupational Therapist, 1 Band 6 Occupational Therapist, 1 Band 6 Dietitian, 2 Band 5 Occupational Therapists, 1 Band 5 Dietitian, 3 Band 4

Support Workers, 1 Band 3 Support Worker, 1 Music Therapist, 2 Speech and Language Therapists and 1 Physiotherapist = 15 members of staff.

The Lead Allied Health Professional was successful in obtaining a 2 year secondment to the Scottish Government taking up post in April 2021. This post has now been filled with the successful candidate commencing in January 2022.

The Occupational Therapy service is currently running with three vacancies with a new Lead Occupational Therapist coming into post in August 2022.

The Dietetic service has 1.78 WTE registered staff and is supported by a Dietetic Assistant (0.52 WTE). In July 2021 the Band 6 Specialist Dietitian post became vacant with the new member of staff commencing in October 2021. To support and meet the needs of the service an additional one year fixed term Band 5 Dietitian was approved and appointed, taking up post in September 2021. This post has been extended to December 2022 with a business case being put forward to convert into a permanent post.

The Arts Therapies service is currently funded for 15 hours per week (across each of the modalities – Music, Art and Drama) with the latter modality posts having been vacant since November 2020 and August 2020 respectively. With the new Lead Allied Health Professional coming into post in January 2022 a redesign of the Arts Therapies service was commenced incorporating engagement activities with the clinical teams and patient groups. The report and recommendations from this are envisaged to be published before the end of 2022.

The Speech and Language Therapy service is provided via a Service Level Agreement with NHS Lanarkshire with this having increased from 0.2 to 0.4 WTE (2 days Band 7) since January 2022. Increasing this to the 0.6 WTE funding allocation that had been negotiated and agreed with NHS Lanarkshire is currently being reviewed.

The Skye Centre funded establishment is 38.33 WTE. Six WTE Band 4 Hub Activity staff are line managed by the Skye Centre and the budget for this staff group is allocated within the Nursing establishment. The service currently has three vacancies with recruitment processes underway.

### **3. SUMMARY OF CORE ACTIVITY FOR THE LAST 12 MONTHS**

During and following the Covid19 pandemic staff worked together to support activity provision in the hospital. The Operational Management Monitoring Group was established to assess the impact of the interim clinical service model and this group now known as the Activity Oversight Group has continued to meet fortnightly to review the data related to activity.

Over the last 12 months activity data has continued to be recorded and as of the start of March 2022 the RIO Timetable has been utilised to provide reports on the planned activity offered, against the actual activities delivered. A wide range of activities are available. The Allied Health Professions service, Skye Centre, Nursing, Psychological Therapies and Person Centred Improvement Team collaborate to support each other to maximise resources and ensure patient activity is 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 Psychologists and Occupational Therapists. Occupational Therapists facilitate structured groups such as Participate (social interaction skills), Recovery Through Activity, 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 months 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 the Hub Activity and AHP staff provide weekly open sessions across hubs. The weekly sessions provided by Hub Activity staff have been less consistent over the past 12 months as this staff group have been regularly redeployed to support the ward staffing deficits.

The Healthy Living Group was due to commence in late 2021 and then 2022 but due to a combination of issues relating to resources (COVID19 staffing, patient implications, recruitment) and latterly access to rooms it commenced delivery in September 2022.

### **Allied Health Professions**

Due to restrictions on the normal service delivery model attributable to continued COVID19 impact and Allied Health Professions staff supporting nurse colleagues on wards, Allied Health Professionals have co-ordinated and facilitated hub timetables of activity to minimise occupational deprivation and worked creatively to ensure all opportunities for activity provision were enacted. Allied Health Professionals have also continued to support Skye Centre staff to ensure patients have had access to fresh air, physical activity and timetabled sessions and facilitated walks where appropriate as well as providing their own individual and group therapy programmes.

Allied Health Professionals have also led on quality improvement work including the NU 2 U project and are participating in National agendas where appropriate as well as specific workstreams within the Hospital eg the Neurodevelopmental Pathway and Intellectual Disability Taskforce.

Table 5 below compares Allied Health Professionals' attendance figures for the past 3 years

NB: Individual Contacts = face to face contact with patients on a one to one basis with intervention including assessment and treatment

Group Contacts = face to face contact involving 2 + patients encompassing assessment and treatment

**Table 5:**

Profession	Individual Contacts			Group contacts			Cancelled sessions		
	2019/20	2020/1	2021/2	2019/20	2020/1	2021/2	2019/20	2020/1	2021/2
<b>Occ. Therapy</b>	2220	1404	1243	4531	4487	3336	346	570	537
<b>Dietetics</b>	597	517	570	351	269	220	66	78	149
<b>Art Psychotherapy*</b>	234	-	-	81	-	-	41	-	-
<b>Dramatherapy</b>	121	110	-	131	116	-	37	56	-
<b>Music Therapy</b>	189	257	179	186	245	260	35	30	65
<b>Speech &amp; Language Therapy</b>	189	178	53	186	28	0	35	19	20

\*Art and Drama Therapy data not collected due to vacancies

This shows variance between professions with Occupational Therapy numbers being reduced within individual and group contacts. However Dietetics figures show an increase in individual work with Music therapy demonstrating an increase in group contacts.

### **Occupational Therapy**

Due to the ever changing face of COVID 19, the Occupational Therapy team along with the wider Allied Health Professions team have reacted to the needs of the wider organisation and implemented strategies to allow them to support their nursing colleagues on ward whilst trying to maintain their core skills inclusive of providing assessment, treatment planning and interventions that are core to their roles. Occupational deprivation and reduction of the same has been forefront with the team changing the delivery and method of care in order to



minimise the impact of COVID 19 on patients treatment and ultimately rehabilitation and recovery. They have continued to deliver structured group programmes utilising standardised outcome measures including Recovery through Activity and more recently the re-commencement of Participate as well as open hub sessions with the support of Allied Health Professions Support Workers. Other groups have included the Rise and Shine group with the aim of providing physical activity. Occupational Therapy students have continued to be supported.

### **Dietetics**

Historically information on individual and group contacts had not been collected from the dietetic service, however the information is now collected monthly. Data reported for the last 3 years shows individual contacts dropping initially due to dietetic resources, the ongoing impact of COVID 19 and time being spent elsewhere supporting wards,. Subsequently groups associated with dietetics such as cooking (with the Occupational Therapists) and the Healthy Living Group have not run (the latter since March 2020) until recommencing in September 2022.

The dietetic assistant had continued to adopt a more generic role supporting the opening of hubs and co-facilitating small groups with Allied Health Professional colleagues, until an injury in February 2022 stopped this with a subsequent change in duties due to not being level 2 trained and a period of long term sickness. Subsequently statistic figures have been affected by this.

Despite the challenges of the service some new developments have occurred. The Band 5 Dietitian has commenced patient education on wards with monthly resources being displayed on the physical health information boards covering topics such as healthier approaches to Easter, managing cholesterol and supporting men's health week. A paramedic student was a first for the Allied Health Professions with the dietetic service taking the lead with this 3 week mental health placement. Normally six dietetic "A" placement weeks are supported each year and during the pandemic support was offered virtually with training being delivered on-line. However for the first time a joint B placement with the Golden Jubilee was facilitated with positive feedback on both sides. Counterweight plus delivery has continued with all patients who started on the plan having lost weight with ongoing monitoring and support being part of the process.

### **Art Therapy**

The Art Therapy post has been vacant since November 2020. As stated previously the Arts Therapies as a whole has been involved in a review of its services.

### **Drama Therapy**

The Drama Therapy post became vacant in September 2021 with this post also being under review within the Arts Therapies service. Outcome and recommendations from this review are expected before year end 2022.

### **Music Therapy**

Music Therapy continues to be provided through a Service Level Agreement (SLA) with the charity Nordoff-Robbins Music Therapy UK. Over the review period, the Music Therapist has continued to offer individual sessions across the hospital supporting patients to develop skills in emotional recognition, creative expression, and relating better to self and others. The Skye Centre Choir is now in its fourth year. In November 2021, the Choir recorded an inspiring song which was featured at the online Excellence Awards. In December 2021, the Choir performed a programme of Christmas carols for patients and staff.

### **Speech and Language Therapy**

Since January 2022 Speech and Language Therapy staffing has been provided by NHS Lanarkshire under a Service Level Agreement. Speech and Language Therapy provision has included assessment of patients referred with communication and swallowing difficulties across the hospital. Post assessment, reports and strategies are provided for the ward environment and reviews are undertaken as required. For patients diagnosed with a learning disability across the site, 'all about me' passports are also completed and shared with relevant team members. One to one therapy focuses on social communication skills and facilitation of

more independent use of strategies. Multidisciplinary Team working embeds communication guidelines. Currently, the adapted Participate group is running jointly with Occupational Therapy.

The development of easy read, accessible resources has been a part of the Speech and Therapy role eg supporting patients with decision making, accessible CPA information, understanding their care and treatment orders, physical and mental health difficulties and their medications. An easy read poster with tips about safer swallowing has been introduced.

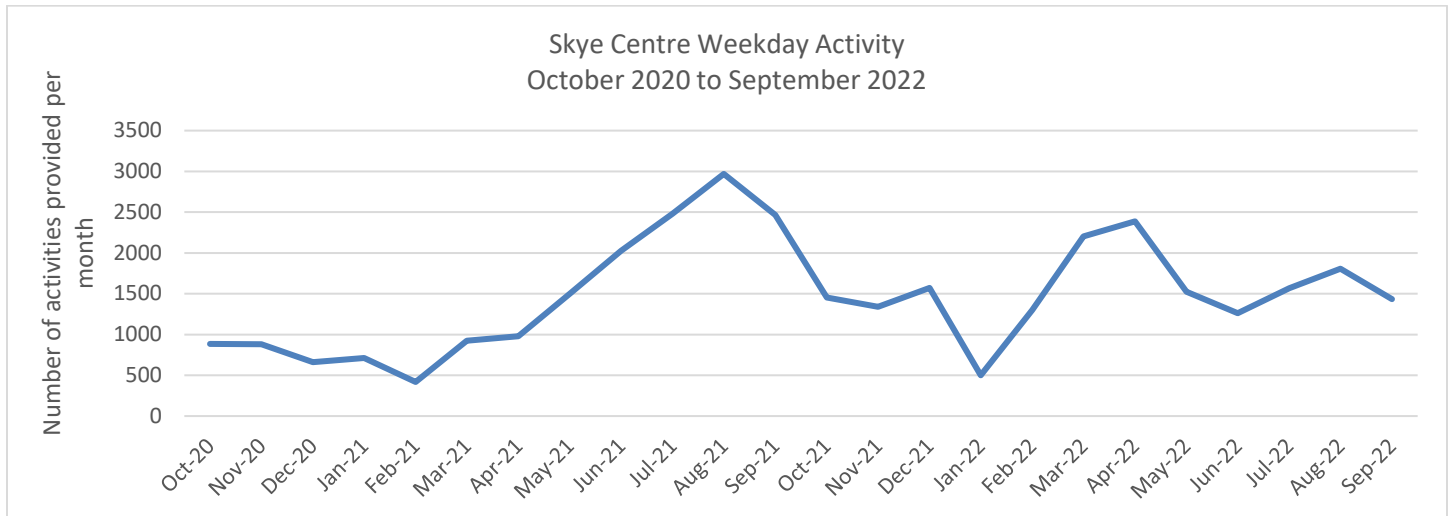
**Physiotherapy**

There is a 0.1 WTE Physiotherapist who provides a service into the Health Centre primarily focussing on musculoskeletal injuries with this service being reported elsewhere. However, it is worthy to note that some of this work can progress into the sphere of rehabilitation. It is believed that the Physiotherapy role within the State Hospital is one that is worthy of review due to the importance of the physical health and obesity agenda and the potential contribution and impact they could provide to this.

**Skye Centre**

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. The Skye Centre timetable was gradually reintroduced with an increase in activities provided from April to August 2021. However, the impact of Covid on the staffing resource in January 2022 resulted in a significant decrease to n=500 attendances provided. This increased again over the following months reaching n=2389 attendances in April 2022. However the issues relating to Covid, staffing resources and Skye Centre staff being redeployed to cover ward deficits resulted in a further decrease in attendance, and lower numbers than the previous year.

**Chart 2**



**Hub and Weekend Activity**

The Hub Activity staff are based primarily in the Hubs/Wards during the week, and are allocated to the Skye Centre at the weekend to offer activity that is accessible for patients across the hospital. Activities are facilitated by this staff group at Hub/ward level on week days and they support the social and physical activities at the weekends, in conjunction with the Skye Centre shift staff.

Chart 3 below shows the number of ‘Drop in Sessions’ provided by the Hub Activity staff, Monday to Friday during the past 12 months. Over this reporting period, the Hub Activity staff group have been redeployed on a regular basis to cover ward nursing deficits therefore activity is not provided on these occasions. The impact on the delivery of activity is evident in the chart below.

**Chart 3**

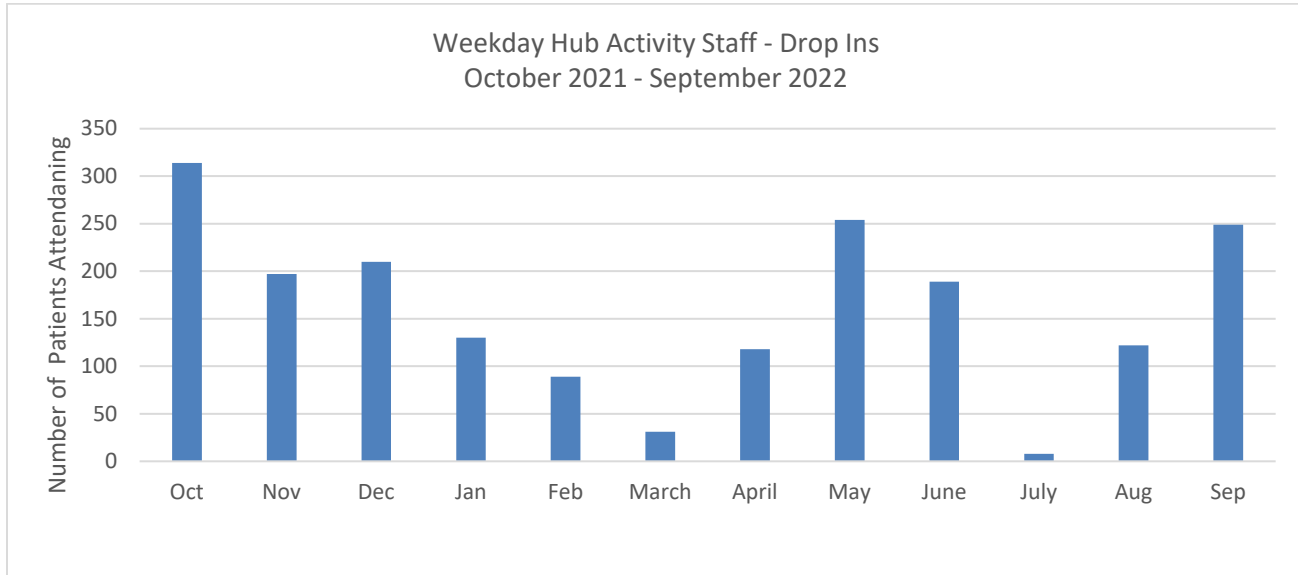
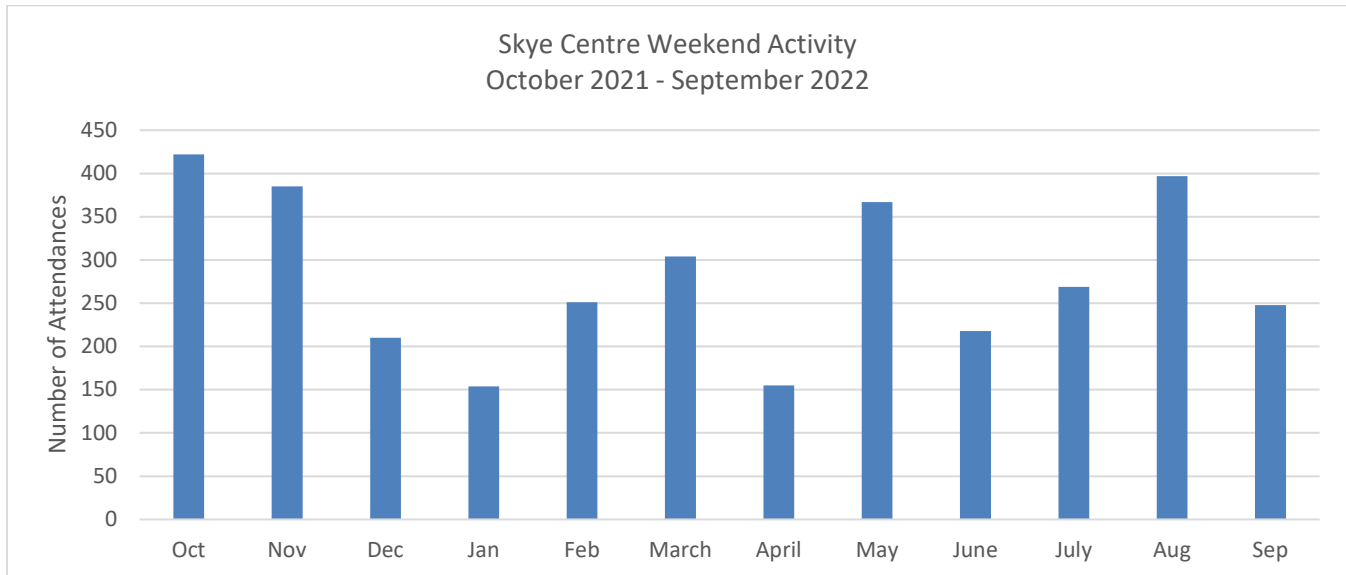


Chart 4 below provides detail on the number of patients attending activity provided at the weekend facilitated by the Skye Centre shift staff and the Hub Activity staff. The number of attendances has fluctuated over this period and has been influenced by the department closing in order to redeploy staff to support ward nursing deficits.

**Chart 4**



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.

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 RECOMMENDATIONS/ACTIVITY**

<b>Planned Activity</b>	<b>Progress Update</b>	<b>Outcome</b>
QI Patient Activity Project	A concluding report to be completed and presented to the CMT on the outcomes of this project which will be utilised for the upcoming work in the Activity Oversight Group workstreams and Clinical Model.	<b>Achieved</b>
Development of RIO Timetable for the collation and reporting of planned and actual delivery of activity	The RIO timetable is now used to record the planned and actual activity provided by a range of disciplines. Reports are provided to the Activity Oversight Group.	<b>Complete</b>
Develop approach to data including KPIs and outcomes	Lead Allied Health Professional (AHP) and Skye Centre Manager to liaise with Clinical Quality re reviewing and developing system and measures.	<b>Ongoing</b>
Explore Opportunities for Digital interventions	Project Support has been allocated by the Head of eHealth and an options appraisal has been carried out detailing the future priorities for this workstream. A presentation is being provided to the CMT in December 2022	<b>Ongoing</b>
Introduce process for routine reporting of AMPS assessment data	Process for reporting AMPS assessment data identified through VATS.	<b>Complete</b>
Increase employability opportunities – review employability pathway to maximise opportunities throughout the hospital	Employability pathways work not progressed due to Clinical Model work pausing.  N2U project involving work roles to commence towards the end of 2022.	<b>Partially achieved</b>
Join national work streams on rehabilitation and recovery framework	With Lead AHP coming into post opportunities to influence the rehabilitation and recovery framework were realised.	<b>Achieved</b>
Workforce planning within the AHP service	Scoping exercise completed with all members of staff with Lead AHP. Review of Arts Therapies service included workforce skill mix.	<b>Partially achieved</b>
Skye Centre Skills Mix Review	An engagement process took place with all relevant stakeholders and feedback obtained regarding the appropriated skill mix required to ensure the safe and effective delivery of the activities across the Skye Centre. It was approved that activity departments will open	<b>Complete</b>

	with the required skill mix which will include a Registered Clinician from any professional group.	
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## **5. KEY PERFORMANCE INDICATORS**

The current key performance indicators in relation to the delivery of activity are noted below.

- 100% of patients will engage in meaningful activity on a daily basis.
- 90% of patients will be engaged in off-hub activity centres.
- 60% of patients will undertake 150 minutes of exercise each week as per national targets (this is a new target)
  - 20% patients will have a healthy BMI (this is staying but local KPI re aiming to reduce the % weight gain following admission and ongoing is anticipated)

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 5 years.

**Table 6 Annual ICP VAT Information**

Profession	% of Annual Review Reports Complete					
	2016/17	2017/18	2018/19	2019/20	20/21	21/22
<b>Occupational Therapy</b>	65.9	76.0	70.3	75.3	86.8	<b>80.4</b>
<b>Dietetics</b>	50.5	8.0	90.1	83.5	85.1	<b>85.9</b>
<b>Skye Centre Nursing</b>	74.7	70.0	88.9	95.8	89.4	<b>96.6</b>

**Table 7**

Profession	% Annual Review Reports Discussed					
	2016/17	2017/18	2018/19	2019/20	20/21	21/22
<b>Occupational Therapy</b>	59.3	62.0	47.3	52.9	63.2	<b>61.6</b>
<b>Dietetics</b>	47.3	8.0	49.5	23.5	63.2	<b>70.1</b>
<b>Skye Centre Nursing</b>	-	-	86.1	52.1	45.5	<b>78.2</b>

- Dietetics had a performance target to improve this which has been achieved

**Table 8**

Profession	% Annual Reviews Attended					
	2016/17	2017/18	2018/19	2019/20	20/21	21/22
<b>Occupational Therapy</b>	52.2	71.3	68.9	76.2	77.8	<b>62.7</b>
<b>Dietetics</b>	13.2	0.0	48.4	70.6	65.5	<b>67</b>

<b>Skye Centre Nursing</b>	0	1.0	2.8	2.6	0	<b>0</b>
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- Please note that Occupational Therapy attendance was at 76.1% from Oct 21 to May 22 prior to staffing issues

Skye Centre and Dietetics have both shown a slight increase in the number of reports provided to annual case review meetings with Occupational Therapy having decreased. Skye Centre is above the 90% target with all other professions being slightly shy of this mark. Flexible working during the pandemic and the ability to 'attend' CPA's virtually has supported this improvement.

The Skye Centre do not routinely attend the Annual Case review meetings due to current operational requirements related to staffing resources. Dietetics have increased their attendance at annual case reviews but Occupational Therapy numbers have decreased. However this can be explained re Occupational Therapy having had two vacancies within the year and a number of short to long term sickness leaves. This can be borne out from their attendances being at 76.1% from Oct 21 to May 22 prior to marked staffing issues occurring.

## **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 completed the SCLiP program in 2021. This course has also been completed by the Skye Centre Senior Charge Nurse.

The Lead Occupational Therapist is completing year 2 of Msc in Healthcare Management.

### ***Staff and Team Development***

Training for this period has included Talking Mats for AHPs, Occupational Case Formulation for Occupational Therapists (see below for further information) with the Senior Occupational Therapist commencing post graduate training in Sensory Integration.

With the new Lead Allied Health Professional coming into post a scoping exercise was completed to review staff members' views re service delivery and to identify areas of good practice and areas requiring development. From this, Team development was highlighted and the commencement of the Athena Organisational Development programme initiated in September 2022.

### ***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. This work is ongoing with the recommencement of the Clinical Model and monitoring via the development of the Activity Oversight Group.

## **7. QUALITY IMPROVEMENT ACTIVITY**

### ***QI Clinical Model Implementation***

Allied Health Professions and Skye Centre staff will support the definition of activity and how this will be embedded into the Clinical Model ensuring patients' treatment aims and interventions are realised. This work shall be delivered in parallel to the monitoring capacity of the Activity Oversight Group whose business is the delivery of all activity within the State Hospital.

### **Nu 2 U Project**

It was recognised that within The State Hospital patients experience inequalities of access and opportunity as a result of being detained within a high secure environment. The Shopping experience for essential clothing is limited to the Hospital shop and a small number of websites. Inequality is exacerbated by the disparity between patients within the Mental Health and Criminal Justice systems as to the level of funds that are available to them.

The Patient Partnership Group initiated The Nu 2 U Charity Shop as a quality improvement project. The Occupational Therapy service with the support of the Patient Centred Improvement team have driven this forward to prepare the shop for opening and provide opportunity and choice for patients to shop for clothing at a nominal cost. The Charity shop will be run by patient volunteers therefore providing vocational roles to patients, with opportunities to develop work based skills, gain confidence and also gain a volunteer qualification in collaboration with the Patient Learning Centre. The use of Occupational Outcome measures and Assessments such as Assessment of Motor and Processing Skills, Volitional Questionnaire and Worker Role Interview will support the review of performance capacity of the Volunteers and track their progress.

### ***Occupational Formulations***

At the end of 2021 the Occupational Therapy team had a Question and Answer session with Sue Parkinson on Occupational Formulation. Further funding has been secured to continue this learning in conjunction with forensic services in NHS Greater Glasgow and Clyde with a view to implementing this within the State Hospital. Training is due to take place in February 2023

### ***Health and Wellbeing Plans (HWP)***

The last annual audit was carried out in November 2020. It identified that the Plans required to be streamlined in order to support quality improvement. Services including Dietetics, Nursing Practice Development and Nursing with support from others i.e. Practice Nurse have reviewed the plans and agreed changes in line with clinical governance. The Nutritional Screening Tool will remain supported by a nursing checklist (both to be completed monthly) and the existing nursing template will be utilised to formulate individual nutritional care plans (NCP) as defined by Food, Fluid and Nutritional Care standards (2014). Additional resources are also being developed to support physical health. No Health Wellbeing Plans audit with Clinical Quality was completed in 2021 however this will occur in 2023 due to the delay in the full process being implemented. This was due to planned changes with the HWP and the impact of COVID.

### ***RIO Activity Timetable***

The RIO patient activity timetable was further developed and now provides data in relation to the planned activity and the actual activity provided. This change was implemented from the start of March 2022. The data included has informed the reporting across various forums and is now include in the Patient Dashboards that are currently under development.

### ***Digital Interventions***

The Head of eHealth has allocated Project Support to assist the Digital Inclusion Group. The Project Managers have carried out an options appraisal detailing the future priorities for this work stream and in conjunction with group members are developing a Route Map for future projects. A presentation will be provided to the CMT in December 2022

## **8. PLANNED QUALITY ASSURANCE/QUALITY IMPROVEMENT FOR NEXT YEAR**

<b>Planned Activity</b>	<b>Progress to date</b>
Team Development of the AHP workforce to include AHP vision & sharing Hospital wide	Commencement of the Athena OD programme with support from the OD Department. To continue over the next 9 months.
Review and redesign of the Arts Therapies service	Report with recommendations to be published before year end 2022. Implementation envisaged Spring 2023.
Review and explore interpretation of collected data and reduce any repetition in data	Liaise with Clinical Quality and AHP staff group.
AHPs and Skye Centre staff to support the definition of activity and therapeutic interventions into the Clinical Model	Work to recommence with Clinical Model and to ensure AHP and Skye Centre workforce are embedded into the Clinical Model workstreams.
To train all Occupational Therapy staff in Occupational Case Formulation and to embed into practice	Training dates identified and agreed to complete jointly with fellow Health Board. To incorporate into supervision process.
To review the suitability of some AHP's delivering low intensity psychological therapies eg Motivational Interviewing & Behavioural Activation within the Hospital and the training needs/delivery for staff	Identified NES training/support. Liaise with other health Boards and forensic settings.
Increase and maximise employability opportunities throughout the hospital	Employability pathways have been reviewed and will feature heavily in plans for the Transitions service within the new Clinical Model working in collaboration with hospital wide services.

## **9. Next Review Date**

The next annual report will be provided to the Clinical Governance Committee in September 2023. 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.









