

THE STATE HOSPITALS BOARD FOR SCOTLAND

**PHYSICAL HEALTH STEERING GROUP
12 MONTHLY UPDATE REPORT**

1 October 2022 – 30 September 2023

Lead Author	Dr Khuram Khan, Chair of the Physical Health Steering Group
Contributing Authors	Jill Kerr, Clinical Quality Facilitator
	Jacqueline Garrity, Skye Centre Manager
	Frances Waddell, Lead Dietitian
	Marcus Topping, Practice Nurse
	Alison Eadie, Health Psychologist
	Dr Louise Kennedy Consultant Forensic Psychologist
	Monique Crothall, Lead Occupational Therapist
Approval Group	Clinical Governance Committee
Responsible Director	Professor Lindsay Thomson

Contents	Page
1. Introduction	3
2. Summary of Core Activity for the last 12 months	3
3. Comparison with Last Year's Planned QA/QI Activity	10
4. Performance Against Key Performance Indicators	11
5. Quality Assurance Activity	13
6. Quality Improvement Activity	15
7. Planned Quality Assurance/Quality Improvement for next year	15
Appendix 1: Governance arrangements for Committee	16
Appendix 2 : Standard and Guidelines Action Plan	17

1. Introduction

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

The Physical Health Steering Group (PHSG) governs food, fluid and nutritional care, weight management, physical activity and physical health services on behalf of the State Hospitals Board for Scotland. The information within this report is taken from the reports which are presented to the PHSG.

2. Summary of Core Activity for the last 12 months

The following statistical information has been recorded during the period 1 April 2022 to 31 March 2023 and highlights the continuity of patient care provided by Health Centre staff.

Seasonal Influenza Vaccination Programme

The flu vaccination programme was routinely carried out by the practice nurse. This year the Infection Control nurse and ward nursing staff facilitated this alongside the covid vaccination programme. The following data was provided by the vaccination team and recorded on Vision. Reporting of this data will be reviewed for the next review period.

The % of vaccinations among patients has decreased from 74.4% to 62.2%, with 43 patients declining (36.1%) and 2 patients not being offered (1.7%): 1 patient was in isolation and the other was not prescribed this on Hepma when the vaccinator attended the ward.

Thirty two patients fall into the additional “at risk” group, of this 24 patients (75%) consented to the flu vaccination. There were 2 patients over 65 years who consented to flu vaccine (100%). The under 65 years group in the “at risk” population was 30 patients, of which 22 consented to flu vac (73.3%).

Table 1: Annual uptake – trend data for last 3 years

2020-2021	2021-2022	2022-2023
76 (66.6%)	87 (74.4%)	74 (62.2%)

Table 2: At risk uptake – trend data for last 3 years

2020-2021	2021-2022	2022-2023
24 (75%)	27 (79.5%)	22 (73.3%)

Colorectal Screening – March 2023

The Scottish National Bowel Screening programme offers bowel screening to all adults aged between 50 and 74 years every 2 years. All patients eligible for screening are provided with a sample kit and instructions. All sample kits delivered to the ward will be addressed to keyworkers and/or associate workers, with a cover note requesting the patient completes this with staff assistance if required. The sample request will be followed up at approx. 4 weeks and again during the annual health review (AHR) process, if a sample has not been obtained by then.

Currently there are 20 patients eligible; all 20 have been offered a test, 11 of which refused.

Abdominal Aortic Aneurysm (AAA) Screening

Men across Scotland in their 65th year are invited to be screened for AAA. This involves patients attending an outpatient appointment for an ultrasound scan. Currently there is 1 patient eligible but has refused to attend.

Cardiovascular Risk Assessment

Currently there are no patients within the hospital with confirmed Coronary Heart Disease (CHD). Six patients have Essential Hypertension; 19 patients continue on Statin/Fibrate lipid lowering therapy to support reduction in cardiovascular risk.

Table 3: Trend data for last 3 years

Cardiovascular Risk Assessment	2021	2022	2023
Coronary Heart Disease	0	0	0
Hypertension	6 (5.1%)	8 (7%)	6 (5.5%)
Patients on Statins/Fibrates	25 (21.3%)	22 (19.5%)	19 (17.4%)

Urinalysis Screen

All patients should have a urinalysis carried out by ward staff prior to their AHR. It should be noted that of those with an outstanding urinalysis, 6 patients refused; 1 patient is under palliative care and 7 patients are recent admissions awaiting screening results from ward staff.

Table 4: Trend data for the last 3 years

Urinalysis Screen	2020/2021	2021/2022	2022/2023
Screening completed	106	119	106
Screening outstanding	11	3	14

Diabetes

In March 2023 there were 10 patients with Type II Diabetes and 1 patient with Type I Diabetes.

Table 5: Trend data for last 3 years

2021	2022	2023
10.25%	8.85%	10%

The Diabetic Retinopathy nursing team attend TSH once per year to carry out annual screening to check for any signs of diabetic retinopathy. Seven patients attended for retinopathy screening, 3 refused to attend and 1 was physically unwell and unable to attend (palliative care).

Annual Diabetic Foot Screening is carried out by our podiatrist. Eight patients have attended for an annual foot review, 3 patients are outstanding and due to be seen in the next few weeks and 1 patient was physically unwell (palliative care).

Respiratory Disease, Asthma and COPD

There are currently 10 patients with a diagnosis of Asthma and 2 patients with a diagnosis of COPD. All respiratory patients are monitored by the Practice Nurse on a regular basis.

External Referrals for Specialist Review

There were 44 referrals processed for 27 patients, this includes 9 referrals from RMO/SHO. It should be noted that 8 of these referrals were for advice only and that patients did not need to attend an external clinical appointment. These were 1 referral each for Endocrinology, Haematology and Weight Management; 2 for Gastroenterology and 3 for Cardiology.

Table 6: Area of Referral – April 22-March 23

Breast Clinic	0	Neurology	3
Cardiology	9	Ophthalmology	3
Clinical Genetics	0	Oral Surgery (Dental)	0
Colorectal	0	Orthopaedics	1
Dermatology	0	Plastics	0
Diabetic	0	Radiology	13
Endocrinology	2	Rapid Access Chest Pain Clinic	2
Endoscopy	0	Rapid Access TIA/Stroke Clinic	0
ENT	2	Renal Physicians	0
Gastroenterology	2	Respiratory	0
General Surgery	2	Rheumatology	0
Haematology	1	Sexual Health Clinic	0
Infectious Disease	1	Urology	1
Macmillan	0	Vascular	0

Minor surgery	0	Weight Management	1
		WOS Anaphylaxis Services	1

External Clinical Outings

Health Centre staff are responsible for arranging and co-ordinating external clinical outings. There were 148 external clinical outings planned for 121 patients. A total of 98 appointments were attended and 50 appointments did not proceed for the reasons listed below. The Health Centre Administrator ensures all cancelled appointments are followed up and new appointments arranged if required, as well as liaising with external hospitals to ensure they are aware that an appointment will not be attended and requires to be rescheduled and/or cancelled.

Table 7: Reason for Non Attendance – April 22-March 23

Clinical team	3
Poor mental health	3
Patient refusal	6
Staffing issues	15
Paperwork	0
No transport	0
No longer required	3
Weather	0
Cancelled by external hospital	12
Poor physical health	1
Evening/weekend appointment	1
COVID-19	5
Other	2*

*One appointment rescheduled due to wrong information on appointment letter and 1 appointment rescheduled as patient had not fasted for procedure.

There were 10 telephone consultations arranged with external hospitals; 1 of these was rescheduled as the patient was positive for COVID and 1 other was cancelled for a pre-op assessment as our practice nurse carried this out in the health centre.

Unscheduled/Emergency Clinical Outings

Twelve patients attended Accident and Emergency on 24 occasions. Of the 24 attendances, 5 of these resulted in admission to acute ward. One patient had an emergency admission which was not via A&E.

NHS24/Out of Hours/Urgent Care

There have been 8 telephone advice calls to NHS24.

Annual Health Review (AHR)

All patients are offered an AHR, this is timed in conjunction with the patient CPA, to ensure the most up-to-date physical health information is available.

The AHR process includes blood monitoring, ECG, blood pressure, practice nurse overview and face to face appointment with the GP. This allows early identification of various health issues, for example, raised cholesterol, renal disease, liver disease and diabetes, among many others.

Table 8: Data for April 22-March 23

	No. of patients
Eligible for AHR	101
Practice Nurse Overview	99
Face to face with GP	89
Refused to attend face to face with GP (2 offers)	2
Unable to attend face to face with GP	10

Reasons for unable to attend:

- 6 patients cancelled due to poor mental health
- 3 patients cancelled due to poor physical health
- 1 patient cancelled due to COVID +ve

Dental Service

The dental clinic continues to take place ½ day twice per week. It should be noted that when a patient refuses to attend they are offered to attend on a further 2 occasions. If they still refuse they are then added to the recall list, i.e. they would then be offered 6 months later.

Table 9: Trend data for last 3 years

	2021	2022	2023
Patients treated	104	102	100
Interventions	313	317	374
Appointments refused	41	32	69
Unable to attend	9	6	19
Oral hygiene interventions	8	0	0

Reasons for unable to attend:

- 7 appointments were rescheduled due to time constraints in dental clinic
- 5 appointments were rescheduled due to COVID on ward
- 4 appointments were rescheduled due to patients presenting with poor mental health
- 2 appointments were rescheduled due to ward staff being unable to accommodate
- 1 appointment was rescheduled due to problems with dental equipment

Podiatry Service

The Service Level Agreement (SLA) with NHS Lanarkshire provides ongoing podiatry care ½ day per week.

All patients receive a podiatry appointment on admission. In addition to those patients with identified foot conditions requiring review, patients with poor mental health, physical disability, learning difficulties and obesity also attend. Nail Surgery clinics continue to be scheduled into routine sessions.

Table 10: Trend data for last 3 years

	2021	2022	2023
Patients assessed	79	77	84
Care interventions	301	324	332
Self-care patients	76	69	66
Unable to attend	106	57	134
New patients awaiting review	10	7	7
Nail surgery	5	0	2

Reasons for unable to attend:

- 26 appointments were not attended due to patient refusal
- 5 appointments were rescheduled due to time constraints in podiatry clinic
- 26 appointments were rescheduled due to COVID on ward
- 14 appointments were rescheduled due to patients presenting with poor mental health
- 30 appointments were rescheduled due to podiatrist unavailability
- 24 appointments were rescheduled due to other issues on ward, weather etc

Physiotherapy Service

The SLA with NHS Lanarkshire provides ongoing physiotherapy care on a weekly ½ day basis. The physiotherapist provides physiotherapy assessment, interventions and education within a mental health context with referrals from nursing staff, OT, RMO/SHO and other health professionals.

Table 11: Number of Referrals/Treatments

	No. of patients	No. of interventions
Referred to physiotherapy	36	60
Seen by physiotherapist	37	164
Joint consultations with other health professionals	0	0
Discharged from physiotherapy	29	36
DNA physio appointment	23	37
Patient's symptoms resolved	1	1
Clinical Reason		
Acute low back pain	10	13
Chronic low back pain	2	2
Acute neck pain	0	0
Chronic neck pain	0	0
Pain in upper limb	6	7
Pain in lower limb	13	16
Knee pain	7	7
Foot pain	4	4
Physio for respiratory issues	1	1
Physio in relation to mobility	2	3
Provision of mobility aid	0	0
Falls assessment	0	0
Exercise assessment complete	0	0

Reasons for unable to attend:

5 appointments were not attended due to patient refusal

3 appointments were rescheduled due to COVID on ward

1 appointments were rescheduled due to patients presenting with poor mental health

26 appointments were rescheduled due to physiotherapist unavailability

2 appointments were rescheduled due to other issues on ward, weather etc

Clozapine Monitoring Clinic

The Health Centre, in conjunction with Pharmacy, provides monitoring and support for the 37 patients (34%) on Clozapine (March 2023). Patients have the opportunity to discuss any concerns with the pharmacy technician. Patients have their BP and pulse monitored, identifying patients with raised heart rates and BP potentially due to medication. This ensures patient's physical health is monitored and recorded as per national guidelines for anti-psychotic therapy.

Health Improvement

The Health Centre team have recommenced health promotion events within the Skye Centre Atrium. Patients are encouraged by health centre staff to attend and are offered advice around the topic on display. It is anticipated that a monthly event will take place each month over the next year (excluding holiday periods).

Table 12: Health Improvement Events

Event	Month	Patient Attendance
Cancer Awareness	September 2022	31
Flu Vaccination	October 2022	23
Healthy Weight	January 2023	15
Oral Health	April 2023	23
Sun Awareness	May 2023	Nos. not obtained
Cancer Awareness	September 2023	34

Contracted Services

The hospital continues to have an SLA in place for GP services, Podiatry, Dental, Physiotherapy and Optician services.

The GP continues to provide 2 weekly sessions on a Tuesday afternoon and Friday morning. The GP continues to provide venesection on 2 patients which has significantly reduced external clinical outings. The GP will also provide minor surgery on the patient group within the hospital, which again will reduce the need for external clinical outings.

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

a) Nutritional screening: Nutritional screening has been a requirement of the Food, Fluid and Nutritional (FFN) Care standards since they were produced by QIS in 2003 (QIS 2003) (now HIS FFNC standards 2014). The last audit that was completed in December 2020 highlighted 97% patients had a completed Nutrition Screening Tool (NST), with 51% being accurately completed, of those 51%, 83% were in the correct risk category. There is no further update to the audit with the next full audit now anticipated in September/October 2023 due to changes to the NST and Health and Wellbeing Plans (HWP) audit and delays with this implementation following the pandemic.

b) Nutritional Screening and Nutritional Care Plans

The last annual Health and Wellbeing Plan (2020) audit has not been updated due to changes as noted above. Work has been completed with Nursing practice development to review the HWP and with consideration to the audit results. The recommendations are:

- The HWP will be replaced. An NST will be completed alongside a 'Nutrition and Physical Health Care checklist' and then an individualised care plan will be developed using the existing nursing care plan template. This will be known as 'The Nutritional Care Plan Process' (NCP).
- The checklist of factors relating to physical health care will be reviewed monthly. This will be reviewed as a minimum at intermediate and annual reviews by the clinical team.
- The NCP will be linked via RiO and available for weekly CTM's to support discussion regarding patient's physical health care.
- Annual audit supported by a QI approach will continue.
- A test pilot stage in Arran is ongoing.

c) Weight Management

Weight management and health promotion interventions have been slow to move on following the pandemic. 'Counterweight Plus' has remained ongoing and the Healthy Living group (HLG) was delivered in the Autumn of 2022 with 5 patients completing the program. The HLG for patients with intellectual disability was not delivered in 2022/23 as it was not required, it will be delivered in the future when required.

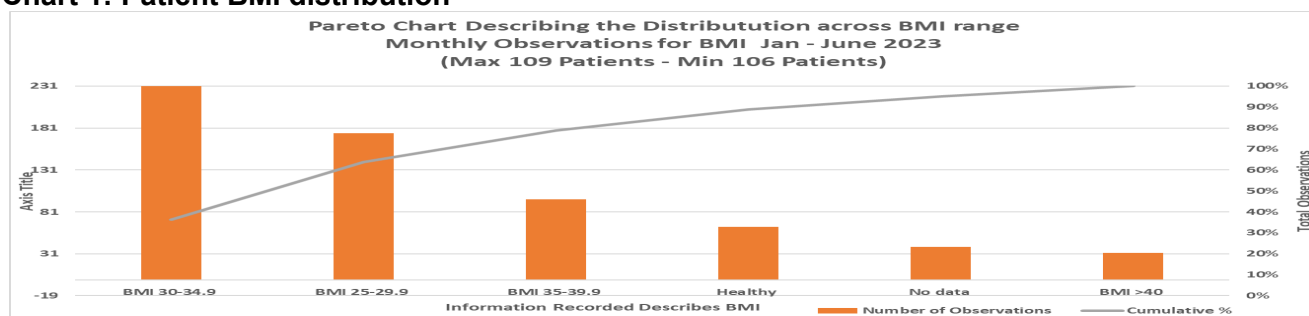
The 'slim and trim' group has not been delivered since 2019. This is under review by the Health Psychologist and Skye Centre Manager with the aim that a new evidence based peer support group focused on physical health will be facilitated from early 2024 in a MDT manner.

PHSG members supported the facilitation and evaluation of the delivery and evaluation of the Football Fans in Training (FFIT) programme, which was lead by Sports. This involved members of dietetic and psychology staff facilitating 4 sessions each that focused on biopsychosocial aspects of physical and mental health. FFIT is an evidence based 12-week programme that was developed through several randomised controlled studies and had been adopted by the adopted by the Scottish Professional Football League (SPFL) to encourage fans to become more active and lose weight. The evaluation of this programme focused on change in dietary intake, VO2 max, weight and recovery quality of life. As of end of September 2023, post intervention evaluation has been collected and analysis is underway. A 3 month follow up is planned for December 2023 and analysis will be written up and disseminated.

d) Anthropometric results

This data (weight and BMI) is now reported on monthly to the PHSG. Monthly weights (from the 12th) are reported via the Tableau system.

Chart 1: Patient BMI distribution



The table shows over the last 6 months, the % of patients with a healthy weight has remained similar. Those in the overweight group have slightly increased, and those with a BMI over 30kg/m² remaining relatively stable as have the small numbers those with a BMI over 40. Monthly trend data is presented to the PHSG reflecting changes with physical activity, shop spend and BMI.

The hospital LDP target of 25% of the population being a healthy weight has not been achieved. This KPI has been reviewed and a local KPI agreed for new admissions not to gain more than 5% body weight within the first year of admission and on an ongoing basis. Preliminary data shows this target is not achieved and this will be reported on fully in the next report and reviewed.

Table 13: Waist Circumference Data for June 2023

	% known pts (98)	Number pts	% total patients (107)	Number pts
Ok	20.4	20	18.7	20
At risk	79.6	78	72.9	78
No data	-	-	8.4	9
	100%	98	100%	107

Percentage of patients with a waist circumference that highlights them 'at risk' of Cardio vascular disease remains consistently high and is reflective of our BMI status.

Table 14: Admissions data for the calendar year 2021-2022 (n=33)

	Weight	BMI
Average	86.6	29.2
Median	83.9	29.4
Minimum	59	19.3
Maximum	141.5	40

In 2021-22 there were 33 admissions and the average weight on admission was 86.6kg. Admissions have generally been heavier since 2016 with the exception of 2020/1 and now show an increase again.

dii) Weight gain 1 year following admission – data from 2010 to 2022

Table 15: Weight gain 1 year following admission

Year of admission	% weight gain 1 year after admission	Based on number of patients staying 1 year	Range of % weight change
2010/11	18	19	-5 to 52
2012/3	11	17	-2 to 63
2013/4	21	26	-28.7 to 56
2014/5	16.5	15	-4.96 to 55.7
2015/6	21.9	16	-22.7 to 92.8
2016/7	21.7	23	-3.92 to 50.45
2017/8	13.1	17	-1.68 to 43.34
2018/19	18.1	18	-0.5 to 64.1
2019/20	16.0	22	-0.8 to 35.6
2020/21	9.2	23	-11.7 to 29.6

2021/22	8.8	10	-10.7 to 39.5
---------	-----	----	---------------

There were 10 patients that were admitted between 1 April 2021 and 31 March 2022 who were still inpatients at the 12 month mark. There is a lag with these results following admission as results are presented to capture the full financial year.

Table 16: Weight gain at 12 months following admission

	Weight at 12 months	BMI at 12 months
Average	92.9 kg	30.5
Median	89.6 kg	27.9

Six patients gained weight and 4 patients lost weight. One of the patient's that gained weight had a 39.5 kg weight gain which is skewing the average admission data due to the small number of patients that lost weight.

Table 17: Summary

Average gain	8.4 kg	Average loss	12.7 kg
Median gain	10.9 kg	Median loss	16.7 kg
Gain range	10.4 kg to 39.5 kg	Loss range	1.4 kg to 10.7 kg
Average % weight gain	7.9%	Average % weight loss	3.98%

We can see from the 2021/2022 data, maximum weight gain was greater with a smaller number of admissions effecting the data. However average weight loss was greater at 3.98% for those who did lose weight and average weight gain less (7.9%) for this cohort.

Counterweight Plus – total diet replacement plan

The last cohort of 3 patients all demonstrated weight loss with an average loss of 8.5 kg. Funding has been received from the Scottish Government to continue the implementation of this to high risk and pre-diabetic patients.

e) Food, Fluid and Nutrition (FFN)/Food in Hospitals.

The FFN Care Policy was reviewed and updated and should be agreed in July 2023. Work is ongoing with associated SOP and guidelines, some have been updated and others are under review due to changes associated with the new clinical model. Post pandemic, the NST and Nutritional Care Plan (NCP) audit has been withheld as noted above with the forthcoming changes regarding the NCP Process.

A new 3-week cycle of patients' menus commenced in May 2023 with 'plated meals' continuing. To support this process new 'crocker' for patient meals has been procured with specialist items for those who require assistance and this is in the process of being rolled out. The move using 'Synbiotics' as part of the National Catering Implementation Strategy (NCIS), a system that can support food production ordering, patients ordering and nutritional analysis, has been delayed and a plan to progress with this is required as the contract has not been finalised.

The Food in Hospitals (FiH) self-assessment for 2023 was submitted in July 2023 and was peer reviewed in September 2023 with the report awaited.

3. Table 18: Comparison with Last Year's Planned QA/QI Activity

Rec	Description	Completed Yes/No	Further actions
1	Establishing the remit of 'Counterweight plus' as an evidenced based weight loss intervention for obesity and those with pre diabetes (diagnosed up to 6 years).	Yes (ongoing)	Data and outcomes will continue to be reported to the PHSG. Ongoing to target pre-diabetics and high risk patients. Data going forward will be included in a national data base on TURAS
2	Embedding HWP into practice, monitoring implementation and robust	No	Data and outcomes will continue to be monitored through the PHSG. The HWB are now part of the Nutritional care Plan process

	evaluation and audit of compliance rates. Developing HWP into practical resources for the ID patients, with support from the SLT, to make these purposeful for this patient group. Use of case studies and 'test patients' to help understand and gain confirmation of the legal perspective regarding managing high risk patients		(NCPD). This will be annually audited and reports available at admission and annual CPA's.
3	Deliver 9 Health Improvement events	Yes	This has been recommenced and is ongoing. Over the past year the Health Centre staff have facilitated Health Promotion events in the Skye Centre - see Health Improvement section
4	Continue to develop, supporting and monitoring the Supporting Healthy Choices Improvement Programme (SHCIP) agenda	No	Using a Clinical Quality Management Systems approach underpinned by improvement methodology. New leadership from a Senior Improvement Advisor/Portfolio Lead. Team have identified clear aim, outcome, process measures linked to Driver Diagram. The measurement plan and action plan will ensure that we understand the process and improvements to a patient's journey.

Health Psychology at The State Hospital

Tier 1: Psychologically informed physical health care

This has included contributing to existing strategic groups (e.g. PHSG and Supporting healthy choices), contributing to new protocols (GLP-1 medications for weight management), as well as advocating and providing evidence for changes in practice and the physical environment that currently limit the motivation, opportunity and ability of patients and staff to support optimum physical health.

Providing leadership and advice regarding health psychology external to TSH, such as to the forensic network, stakeholders and partner organisations. To date this has been provided to colleagues within an early intervention for psychosis service within NHS GGC and Arnold Lodge (medium secure) in Leicester.

Tier 2: Indirect interventions for physical health

This includes a number of activities and interventions that aim to enable staff to effectively support their patients with psychological and emotional aspects of physical health, such as teaching and training, consultation and coaching/supervision.

Direct Psychological Interventions

The health psychologist currently sees seven patients 1:1, has co-facilitated two "making healthy changes" groups (Jan-June 2023, August 2023 - present) and completed one self-management physical activity behaviour change group with eight patients within Iona 3 (completed August 2023). Looking ahead, the health psychologist aims to work with the Skye centre to redevelop and establish the previous 'Slim and Trim' peer support group, review and run the Healthy Living Group Programme and establish new psychological group interventions looking at underlying mechanisms for weight gain, such as emotional driven eating.

- 4. Performance against Key Performance Indicators** (Please note that there is 1 KPI which has been changed therefore a second chart has been added to show data from implementation in April 2023).

Table 19

KPI	Trend Data	Trends over time																										
<p>100% of patients will undertake an annual physical health overview (Commenced April 2022)</p>	<p>This KPI charts the completion of an annual physical health overview by the Practice Nurse. The Practice Nurse then refers appropriate patients on for face to face review by the GP. The GP conducts these consultations to complete the physical assessment of the annual health review. This KPI has been achieved during Q1 and was sitting at 97% in Q2.</p>	<p>Patients will undertake an annual physical health review - Target 100%</p> <table border="1"> <caption>Annual Physical Health Review Completion Rates</caption> <thead> <tr> <th>Period</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr> <td>Apr - Jun '22</td> <td>100%</td> </tr> <tr> <td>Jul - Sep '22</td> <td>100%</td> </tr> <tr> <td>Oct - Dec '22</td> <td>97.00%</td> </tr> <tr> <td>Jan - Mar '23</td> <td>95.80%</td> </tr> <tr> <td>Apr - Jun '23</td> <td>100%</td> </tr> <tr> <td>Jul - Sep '23</td> <td>97.00%</td> </tr> </tbody> </table>	Period	Completion Rate	Apr - Jun '22	100%	Jul - Sep '22	100%	Oct - Dec '22	97.00%	Jan - Mar '23	95.80%	Apr - Jun '23	100%	Jul - Sep '23	97.00%												
Period	Completion Rate																											
Apr - Jun '22	100%																											
Jul - Sep '22	100%																											
Oct - Dec '22	97.00%																											
Jan - Mar '23	95.80%																											
Apr - Jun '23	100%																											
Jul - Sep '23	97.00%																											
<p>60% of patients will undertake 150 minutes of moderate physical activity per week (Ended April 2023)</p>	<p>At the Board meeting in June 2022, the Board agreed to change the corporate Key Performance Indicator from 80% of patients will achieve 90 minutes of moderate physical activity per week to 60% of patients will achieve 150 minutes of moderate physical activity per week following guidance released by the WHO and reviewed by the PHSG. This change was implemented from 1st April 2022 and will be reviewed after 4 quarters data to assess whether the target should be increased to 70% for 2023/24. Target was achieved in Q1 and Q2.</p>	<p>Patients will undertake 150 minutes of exercise each week - Target 60%</p> <table border="1"> <caption>150 Minutes of Exercise per Week Completion Rates</caption> <thead> <tr> <th>Month</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr> <td>Apr-22</td> <td>67%</td> </tr> <tr> <td>May-22</td> <td>63%</td> </tr> <tr> <td>Jun-22</td> <td>62%</td> </tr> <tr> <td>Jul-22</td> <td>70%</td> </tr> <tr> <td>Aug-22</td> <td>75%</td> </tr> <tr> <td>Sep-22</td> <td>67%</td> </tr> <tr> <td>Oct-22</td> <td>64%</td> </tr> <tr> <td>Nov-22</td> <td>56%</td> </tr> <tr> <td>Dec-22</td> <td>50%</td> </tr> <tr> <td>Jan-23</td> <td>58%</td> </tr> <tr> <td>Feb-23</td> <td>66%</td> </tr> <tr> <td>Mar-23</td> <td>62%</td> </tr> </tbody> </table>	Month	Completion Rate	Apr-22	67%	May-22	63%	Jun-22	62%	Jul-22	70%	Aug-22	75%	Sep-22	67%	Oct-22	64%	Nov-22	56%	Dec-22	50%	Jan-23	58%	Feb-23	66%	Mar-23	62%
Month	Completion Rate																											
Apr-22	67%																											
May-22	63%																											
Jun-22	62%																											
Jul-22	70%																											
Aug-22	75%																											
Sep-22	67%																											
Oct-22	64%																											
Nov-22	56%																											
Dec-22	50%																											
Jan-23	58%																											
Feb-23	66%																											
Mar-23	62%																											
<p>70% of patients will undertake 150 minutes of moderate physical activity per week (Commenced April 2023)</p>	<p>Previous 60% target was reviewed and increased to 70% from April 2023. This target has been achieved on 5 weeks during the Q1 and Q2 review period. During June 2023, recording of PA data also changed and moved from the use of PA Forms within RiO to being recorded within the timetable data. See section headed "Change in KPI" under section 6 of the report for details of accompanying ongoing work.</p>	<p>Patients will undertake 150 minutes of exercise each week - Target 70%</p> <table border="1"> <caption>150 Minutes of Exercise per Week Completion Rates (Q1-Q2 2023)</caption> <thead> <tr> <th>Month</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr> <td>Apr-23</td> <td>60%</td> </tr> <tr> <td>May-23</td> <td>61%</td> </tr> <tr> <td>Jun-23</td> <td>69%</td> </tr> <tr> <td>Jul-23</td> <td>68%</td> </tr> <tr> <td>Aug-23</td> <td>66%</td> </tr> <tr> <td>Sep-23</td> <td>63%</td> </tr> </tbody> </table>	Month	Completion Rate	Apr-23	60%	May-23	61%	Jun-23	69%	Jul-23	68%	Aug-23	66%	Sep-23	63%												
Month	Completion Rate																											
Apr-23	60%																											
May-23	61%																											
Jun-23	69%																											
Jul-23	68%																											
Aug-23	66%																											
Sep-23	63%																											

<p>25% reduction in the number of patients with a BMI over 40 and a further 5% reduction in the number of patients with a BMI over 30.</p>	<p>Patients in the “healthier” category dipped to a low of 7% during the recent quarter. This may be due to a higher number of patent refusals and incomplete Weight Recording Forms over 2 months. This KPI continues to be unachieved as figures remain at similar levels. Patient data up to July 2023 shows mean of 9.8% healthy weight, 6.5% no data, <2% Under Weight and 81.6% of individuals not in a healthy weight range, with risk of associated comorbidities and known increased risk of morbidity and mortality.</p>	<table border="1"> <caption>Percentage of patients with a healthy BMI - Target 25%</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-Jun 17</td><td>14.40%</td></tr> <tr><td>Jul-Sep 17</td><td>14.40%</td></tr> <tr><td>Oct-Dec 17</td><td>15.80%</td></tr> <tr><td>Jan-Mar 18</td><td>15.80%</td></tr> <tr><td>Apr-Jun 18</td><td>18.80%</td></tr> <tr><td>Jul-Sep 18</td><td>14.60%</td></tr> <tr><td>Oct-Dec 18</td><td>11.60%</td></tr> <tr><td>Jan-Mar 19</td><td>10.00%</td></tr> <tr><td>Apr-Jun 19</td><td>10.00%</td></tr> <tr><td>Jul-Sep 19</td><td>8.50%</td></tr> <tr><td>Oct-Dec 19</td><td>7.90%</td></tr> <tr><td>Jan-Mar 20</td><td>10.00%</td></tr> <tr><td>Apr-Jun 20</td><td>13.00%</td></tr> <tr><td>Jul-Sep 20</td><td>13.00%</td></tr> <tr><td>Oct-Dec 20</td><td>8.00%</td></tr> <tr><td>Jan-Mar 21</td><td>8.00%</td></tr> <tr><td>Apr-Jun 21</td><td>8.00%</td></tr> <tr><td>Jul-Sep 21</td><td>11.00%</td></tr> <tr><td>Oct-Dec 21</td><td>11.00%</td></tr> <tr><td>Jan-Mar 22</td><td>10.00%</td></tr> <tr><td>Apr-Jun 22</td><td>10.00%</td></tr> <tr><td>Jul-Sep 22</td><td>9.00%</td></tr> <tr><td>Oct-Dec 22</td><td>10.00%</td></tr> <tr><td>Jan-Mar 23</td><td>9.30%</td></tr> <tr><td>Apr-Jun 23</td><td>10.00%</td></tr> <tr><td>Jul-Sep 23</td><td>7.60%</td></tr> </tbody> </table>	Month	Percentage	Apr-Jun 17	14.40%	Jul-Sep 17	14.40%	Oct-Dec 17	15.80%	Jan-Mar 18	15.80%	Apr-Jun 18	18.80%	Jul-Sep 18	14.60%	Oct-Dec 18	11.60%	Jan-Mar 19	10.00%	Apr-Jun 19	10.00%	Jul-Sep 19	8.50%	Oct-Dec 19	7.90%	Jan-Mar 20	10.00%	Apr-Jun 20	13.00%	Jul-Sep 20	13.00%	Oct-Dec 20	8.00%	Jan-Mar 21	8.00%	Apr-Jun 21	8.00%	Jul-Sep 21	11.00%	Oct-Dec 21	11.00%	Jan-Mar 22	10.00%	Apr-Jun 22	10.00%	Jul-Sep 22	9.00%	Oct-Dec 22	10.00%	Jan-Mar 23	9.30%	Apr-Jun 23	10.00%	Jul-Sep 23	7.60%
Month	Percentage																																																							
Apr-Jun 17	14.40%																																																							
Jul-Sep 17	14.40%																																																							
Oct-Dec 17	15.80%																																																							
Jan-Mar 18	15.80%																																																							
Apr-Jun 18	18.80%																																																							
Jul-Sep 18	14.60%																																																							
Oct-Dec 18	11.60%																																																							
Jan-Mar 19	10.00%																																																							
Apr-Jun 19	10.00%																																																							
Jul-Sep 19	8.50%																																																							
Oct-Dec 19	7.90%																																																							
Jan-Mar 20	10.00%																																																							
Apr-Jun 20	13.00%																																																							
Jul-Sep 20	13.00%																																																							
Oct-Dec 20	8.00%																																																							
Jan-Mar 21	8.00%																																																							
Apr-Jun 21	8.00%																																																							
Jul-Sep 21	11.00%																																																							
Oct-Dec 21	11.00%																																																							
Jan-Mar 22	10.00%																																																							
Apr-Jun 22	10.00%																																																							
Jul-Sep 22	9.00%																																																							
Oct-Dec 22	10.00%																																																							
Jan-Mar 23	9.30%																																																							
Apr-Jun 23	10.00%																																																							
Jul-Sep 23	7.60%																																																							
<p>Access to Service – Patients have quicker, easier and greater use of services</p>																																																								
<p>100% of patients requiring primary care services will have access within 48 hours</p>	<p>The Health Centre is currently continuing to meet the target of 100%.</p>	<table border="1"> <caption>Patients requiring primary care services will have access within 48 hours - Target 100%</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-Jun 17</td><td>100%</td></tr> <tr><td>Jul-Sep 17</td><td>100%</td></tr> <tr><td>Oct-Dec 17</td><td>100%</td></tr> <tr><td>Jan-Mar 18</td><td>100%</td></tr> <tr><td>Apr-Jun 18</td><td>100%</td></tr> <tr><td>Jul-Sep 18</td><td>100%</td></tr> <tr><td>Oct-Dec 18</td><td>100%</td></tr> <tr><td>Jan-Mar 19</td><td>100%</td></tr> <tr><td>Apr-Jun 19</td><td>100%</td></tr> <tr><td>Jul-Sep 19</td><td>100%</td></tr> <tr><td>Oct-Dec 19</td><td>100%</td></tr> <tr><td>Jan-Mar 20</td><td>100%</td></tr> <tr><td>Apr-Jun 20</td><td>100%</td></tr> <tr><td>Jul-Sep 20</td><td>100%</td></tr> <tr><td>Oct-Dec 20</td><td>100%</td></tr> <tr><td>Jan-Mar 21</td><td>100%</td></tr> <tr><td>Apr-Jun 21</td><td>100%</td></tr> <tr><td>Jul-Sep 21</td><td>100%</td></tr> <tr><td>Oct-Dec 21</td><td>100%</td></tr> <tr><td>Jan-Mar 22</td><td>100%</td></tr> <tr><td>Apr-Jun 22</td><td>100%</td></tr> <tr><td>Jul-Sep 22</td><td>100%</td></tr> <tr><td>Oct-Dec 22</td><td>100%</td></tr> <tr><td>Jan-Mar 23</td><td>100%</td></tr> <tr><td>Apr-Jun 23</td><td>100%</td></tr> </tbody> </table>	Month	Percentage	Apr-Jun 17	100%	Jul-Sep 17	100%	Oct-Dec 17	100%	Jan-Mar 18	100%	Apr-Jun 18	100%	Jul-Sep 18	100%	Oct-Dec 18	100%	Jan-Mar 19	100%	Apr-Jun 19	100%	Jul-Sep 19	100%	Oct-Dec 19	100%	Jan-Mar 20	100%	Apr-Jun 20	100%	Jul-Sep 20	100%	Oct-Dec 20	100%	Jan-Mar 21	100%	Apr-Jun 21	100%	Jul-Sep 21	100%	Oct-Dec 21	100%	Jan-Mar 22	100%	Apr-Jun 22	100%	Jul-Sep 22	100%	Oct-Dec 22	100%	Jan-Mar 23	100%	Apr-Jun 23	100%		
Month	Percentage																																																							
Apr-Jun 17	100%																																																							
Jul-Sep 17	100%																																																							
Oct-Dec 17	100%																																																							
Jan-Mar 18	100%																																																							
Apr-Jun 18	100%																																																							
Jul-Sep 18	100%																																																							
Oct-Dec 18	100%																																																							
Jan-Mar 19	100%																																																							
Apr-Jun 19	100%																																																							
Jul-Sep 19	100%																																																							
Oct-Dec 19	100%																																																							
Jan-Mar 20	100%																																																							
Apr-Jun 20	100%																																																							
Jul-Sep 20	100%																																																							
Oct-Dec 20	100%																																																							
Jan-Mar 21	100%																																																							
Apr-Jun 21	100%																																																							
Jul-Sep 21	100%																																																							
Oct-Dec 21	100%																																																							
Jan-Mar 22	100%																																																							
Apr-Jun 22	100%																																																							
Jul-Sep 22	100%																																																							
Oct-Dec 22	100%																																																							
Jan-Mar 23	100%																																																							
Apr-Jun 23	100%																																																							

5. Quality Assurance Activity

Physical Health Monitoring Equipment Audit

A sub-group was created to take forward the actions from the audit completed in August 2021. Progress on this has been slow due to prioritising within the workload of members as well as prolonged resourcing pressures. Excess and faulty equipment has been identified across wards with work also done around what main equipment could be utilised within a Treatment Bag for the Consultant to use. Work is ongoing.

NST and HWP (previously NCP) Audit

This audit had previously been postponed given the pending introduction of the new Nutrition and Physical Health Care Plans however was carried out during October 2022. There were 4 actions from this audit:

- SCNs to ensure that Key Workers and Associate Key Workers are completing NSTs as directed.
- Training/refresher training to be delivered to Key Workers and Associate Key Workers to ensure all aspects of NST completion in RiO are addressed
- All NST scores that are incorrect and have resulted in the patient being in the wrong risk category should be corrected
- Circulate NST Audit and posters to SCNs for information and awareness

Trend Reporting

Data is collected and analysed each month in relation to physical activity, BMI and patient spend in the shop and Nu 2 U charity shop with any trends reported so the PHSG can take action.

National and local evidence based guidelines and standards

Over the review period, 64 guidelines/standards were reviewed by the PHSG (an increase of 13 from the previous review period). Five were published for consultation purposes and 45 were deemed to be either not relevant or were covered by a similar guideline. Of the remaining 14 guidelines/standards, 6 had varying degrees of relevancy to physical health services within the Hospital and were circulated for consultation purposes. There were Evaluation Matrices conducted for 5 of the 9 remaining guidelines/standards and 3 evaluation matrices are in the process of being completed whilst a decision is currently pending regarding the 1 remaining document.

Table 20: Breakdown of documents reviewed

Body	Total documents reviewed	Documents for information	Evaluation Matrix required
SIGN	3	0	2 in progress (1 pending decision re relevancy)
HIS	10	6	0
NICE	51	0	5 with 1 in progress

The 5 guidelines/standards that required and the 3 evaluation matrices that are in progress are:

Table 21: Details of evaluation matrices required

Publishing Body & date	Title	Current situation
SIGN Aug 2023	Cutaneous melanoma (Updated)	Decision pending re relevancy and need for evaluation matrix to be completed
SIGN June 2023	Care of deteriorating patients	Review conducted and evaluation matrix to be typed up by CQ Dept
SIGN Apr 2023	National Clinical Guideline for stroke	Document currently being reviewed for relevant recommendations (currently holds over 500 recommendations many more likely to be relevant to specialist services)
NICE Sept 2023	Chronic obstructive pulmonary disease in adults (Updated)	Evaluation matrix to be completed. To be prioritised within Practice Nurse and GP workload
NICE May 2023	Head injury: Assessment and early management	The group agreed that 100% compliance was achieved for 18% relevant recommendations
NICE May 2023	Acne Vulgaris (Updated)	Evaluation matrix completed with 100% compliance noted
NICE Nov 2022	Subarachnoid haemorrhage caused by a ruptured aneurysm: Diagnosis and management	The group agreed that 100% compliance was achieved for 13% relevant recommendations
NICE Oct 2022	Osteoarthritis (Updated)	Evaluation matrix completed with 100% compliance noted
NICE Oct 2022	Osteoarthritis in over 16s: Diagnosis and management	Evaluation matrix completed with 100% compliance noted

There was also a considerable piece of work done to review the content of the NICE Rehabilitation after Traumatic Injury guideline which found TSH to be 96% compliant with the recommendations therein. The outstanding recommendations have been added to the Guidelines Action Plan as detailed in Appendix 2. This Action Plan details work ongoing from outstanding recommendations.

Healthy Living Group (HLG)

The HLG programme supports patients to begin the process of making long-term lifestyle behaviour changes. The group is delivered by a multi-disciplinary team of professionals and is informed by a cognitive behavioural framework. The programme incorporates education regarding healthy eating and activity, while supporting patients in their motivation to make changes and the cognitive and behavioural skills known to be helpful to support behaviour change. An overarching aim of the programme is that

each group member leaves the group with a psychological understanding of what the important underlying reasons and maintaining factors in their weight history.

The HLG was facilitated once in 2022-2023, between Sept 2022 and Feb 2023. Five patients completed the programme. With the exception of 1 individual, participants generally showed a small reduction in weight during the course of the group. Moving ahead, the content and evaluation process for the HLG is being reviewed to consider delivering the group with a multidisciplinary focus in a structured new way. The aim that this will be completed and ready to deliver to patients in early 2024.

6. Quality Improvement Activity

Sports Leadership

Over the past 12 months one level 3 (n=2 patients), one Level 4 (n=5 patients) and one level 5 (n=1 patient) Sports Leadership course were completed. The level 3 course is the first time this format has been provided and supported patients within the Intellectual Disability Service to participate, with smaller numbers and increased staff support available. The Sports Leadership courses enabled patients to further their skills in leading and supporting others. All patients participating successfully obtained the qualification.

Currently the Sports Department has 6 Volunteers within the department, an increase from 5 last year (2 of the original cohort of 5 remain). Interviews took place in September 2023 and 4 new volunteers were recruited (1 patient from the level 3 course was successfully appointed).

Our Volunteers were involved in leading warm up sessions, planning sporting events and mentoring peers and have been involved in supporting patients on a 1:1 basis. They have been involved in circuit training and supporting the outdoor Bikeability sessions.

Two Sports Leadership courses commenced at the end of September 2023 with an end date of mid-December 2023. Level 4 has 5 patients participating and Level 5 has 1 patient participating.

Change of Key Performance Indicator (KPI)

Work completed in 2022/23 saw the successful formalisation of change in the KPI in relation to physical activity targets. The target was initially set to 60% of patients would achieve 150 minutes of moderate physical activity per week. This target was reviewed and was increased to 70% in April 2023. This will continue to be monitored over the year 2023/24.

As part of an MSc qualification, the Lead Occupational Therapist is exploring the relationships between patient demographic factors and levels of engagement in physical activity. This project is being carried out as a service evaluation and is due to be complete by the end of October 2023. Variable factors being considered are: age, primary mental health diagnosis, secondary mental health diagnosis, length of admission, ward, BMI at time of data collection, physical health comorbidity, level of observation, grounds access. It is hoped that the results of the service evaluation will provide valuable insights to inform service development with a view to increasing performance levels further.

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

- Continue to monitor patient's physical activity with the new target of 150 min/week by 70% of the patients in TSH
- Monitor local KPI regarding weight gain following admission and ongoing being limited to 5%
- Continue to monitor the timescales in when patients Sports induction are completed, proposed link working with MHPSG regarding grounds access.
- Supporting key dietary messages, to promote good nutritional care and healthy eating within TSH.
- Implement new Nutrition and Physical Health Care Plans and commence audit review process
- Continue to progress Supporting Healthy Choices Improvement Programme
- Support implementation of recommendations from report entitled "An Exploration of the Barriers and Facilitators of Engagement in Physical Activity for Patients within a High Secure Forensic Setting (a quantitative service evaluation)."

Governance arrangements for Committee

Membership

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

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

Frequency

Meetings will be monthly.

Work Plan

The Workplan is reviewed as required

Management Structure

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

Next Review

The Physical Health Steering Group will submit a six monthly update on the Key Challenges for the to the Clinical Governance Group and the 12 month Report will be submitted to the Clinical Governance Committee.

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

Guideline & Outstanding Recommendation	Person Responsible	Update	Projected Completion Date
Royal College of Nursing – Parity of Esteem: Delivering physical health equality for those with serious mental health needs		Date evaluation matrix at PHSG: 11/09/2019	
Pressure area care and VTE (venous thromboembolism)	K Burnett/ M Topping/ Dr Neville	To be taken forward as part of the HIS Pressure Ulcer Standards review. Reviewed a number of risk assessments and tools and the Waterlow risk assessment considered most suitable. Time frames for re-assessment to be considered and will be incorporated into Health & Wellbeing nursing assessment. When patient specific, TSH would follow pressure ulcer flow chart which is pending sign off from PHSG. Flowchart agreed and circulated for implementation and sent to Tissue Viability for approval . Feedback received from TV in that they are questioning the use of the Waterlow and not a more recent assessment. Discussions onging	August 2022
HIS – General Standards for Neurological Care and Support		Date evaluation matrix at PHSG: 13/11/2019	
People living with neurological conditions can access treatment in line with relevant condition-specific guidance and standards where available.	Practice Nurse	Although the review group felt that practice complies, they have suggested an audit of patients with epilepsy against the national guidelines to ensure adherence. This audit was placed on hold during the Practice Nurse vacancy however is currently under review with a Junior Doctor for progressing.	Dec 2023
HIS Standards – Prevention and management of pressure ulcers		Date evaluation matrix at PHSG: 11/08/2021	
1.1 For the prevention and management of pressure ulcers, the organisation can demonstrate: - implementation of national and local policies, procedures, guidance and standards - a multidisciplinary approach - collection, monitoring and review of data with action plans as required - an education and training programme - ongoing quality improvement - adherence to duty of candour regulations and responsibilities.	K Burnett/ M Topping	Partial achievement re MDT approach and duty of candour. Further guidance required which could be achieved via completion of a flowchart. Flowchart agreed and circulated for implementation and sent to Tissue Viability for approval . Feedback received from TV in that they are questioning the use of the Waterlow and not a more recent assessment. Discussions onging	August 2022
1.3 There are locally-agreed pathways and procedures for the prevention and management of pressure ulcers, which: - include response times - facilitate cross-organisational support, appropriate referral processes and access to specialist advice and equipment when indicated - detail escalation levels and reporting processes if access to specialist advice and equipment is not available when required.	K Burnett/ M Topping	To be incorporated into flowchart when being developed Flowchart agreed and circulated for implementation and sent to Tissue Viability for approval . Feedback received from TV in that they are questioning the use of the Waterlow and not a more recent assessment. Discussions onging	August 2022
5.2 Regular reassessment of risk is undertaken, using a structured and validated tool (see Standard 4) when:	K Burnett/ M Topping	Do complete a needs assessment tool as and when required however could tighten process via flowchart.	August 2022

<ul style="list-style-type: none"> - an observed or reported change has occurred in the person's condition or changes are noted upon skin inspection - the person (and/or their representative) reports a change - the person is transferred to another location or care setting within the same organisation. Where appropriate, the person-centred care plan is revised (see Standards 6 and 7). 		<p>Flowchart agreed and circulated for implementation and sent to Tissue Viability for approval . Feedback received from TV in that they are questioning the use of the Waterlow and not a more recent assessment. Discussions ongoing</p>	
<p>6.1 The person-centred care plan is agreed with the person (and/or their representative), and includes:</p> <ul style="list-style-type: none"> - the outcome from the risk assessment and skin inspection - identification and management of other risks or contributing factors, including, pain, skin tone, incontinence or nutritional compromise (SSKIN care bundle) - frequency of repositioning - frequency of skin inspection - requirements for equipment - skin cleansing and maintenance regime - cross-references to other relevant care plans, such as falls risk or nutrition - details of self-management strategies and information - planned reassessment of risk and care plan. 	<p>M Topping/ M Crothall/ Mull Nursing (TBI)</p>	<p>Care plans completed however awareness required around pressure ulcers</p> <p>2/22 – Links with improvement in other actions. Complete the admission waterlow score and then follow the flow chart for monitoring. This will ensure that the health centre is made aware of any changes immediately following the review. They will be co-ordinating care/onward referrals.</p> <p>Flowchart agreed and circulated for implementation and sent to Tissue Viability for approval . Feedback received from TV in that they are questioning the use of the Waterlow and not a more recent assessment. Discussions ongoing</p>	<p>August 2022</p>
<p>Scottish Government – Diabetes Framework</p>			<p>Date evaluation matrix at PHSG: 11/08/2021</p>
<p>1.Weight Management Services should ensure programmes and support are tailored to local need. To do this services should undertake a robust assessment of local need and consult with their local population and frontline staff to better understand their needs. This will help to identify any barriers and facilitators to uptake and completion of programmes and ensure that services are designed in a way which better meets the needs of the local populations</p>	<p>F Waddell/L Kennedy</p>	<p>Local need is defined with the Food, Fluid and Nutrition Policy. The Supporting Healthy Choices Route Map is the hospitals strategy document for weight management. Groups are tailored to suit forensic population i.e. Healthy Living Group (HLG), Counterweight Plus, Diabetes Group, HLG for Intellectual Disabilities. Update SHC Route Map to include further links with Diabetes</p> <p>Weight Hx forms awaiting instigation now agreed. HLG is being reviewed by dietetics and psychology with a view to options for delivery of any weight management groups later this year.</p>	<p>Mar 2022</p>
<p>3.Weight management services should provide a single point of entry for a tiered weight management service.23 Learning from good practice in Scotland suggests that a single point of entry helps to streamline the referral process and remove barriers to access by minimising confusion among professionals referring into services and those wishing to self-refer.</p>	<p>F Waddell</p>	<p>Current open referral process. Single point of entry and referral pathway to be discussed and agreed.</p> <p>Draft flowchart in development though temporary hold up due to staffing/COVID Being led by dietetics and the health centre with flowchart updated to incorporate WMP and DM f'work needs. Flow chart is with practice nurse for feedback, needs review along with WMP due to changes in clinical model structure.</p>	<p>December 2021</p>
<p>3.Weight management services should work to develop local relationships and actively engage with and promote awareness of weight management services with potential referrers to the service – in particular, work to strengthen links with primary care. This should also include awareness raising around the option for self-referral. This</p>	<p>F Waddell</p>	<p>Promotion of Counterweight Plus programme. Health Awareness days. Health Champions. Patients self-refer. Need to "re-advertise". Consider timing of when delivering information to patients i.e. not at point of admission when patient is too mentally unwell</p>	<p>December 2021</p>

<p>should include communicating details such as: how to refer to the service (including the option for self-referral), what the service offers, who the service is for, where the service is run, and what time, the training qualifications of staff delivering the service.</p>		<p>Dec posters produced and displayed re groups, however groups on hold due to COVID and staffing pressures. Referral pathway clarity is part of flowchart development. Group was due to start in May then June, various challenges and is for discussion on 6th July. Rescheduled meeting re slim and trim now 4th July. HLG on hold. Pathway/referral flowchart meeting anticipated later this month and flow chart is being finalised incorporating Clinical Model.</p>	
<p>3. Weight management services should as part of this awareness raising, NHS Boards may wish to consider offering training on initiating sensitive behaviour change conversations related to weight management (See section 9 below for more detail).</p>	<p>S Dunlop</p>	<p>Supporting Health Choices recommendations. As per Public Health England "Managing a healthy weight in adult secure services" - Staff are encouraged but could be supported better with further education to enable informed discussion with patients out with specialist groups. Some staff have CBT/MI training, some have basic level. Training within staff inductions varies across clinical disciplines i.e. included for AHP/Sports. Staff are required to complete an Introduction to food safety online module. Healthy eating modules. Dietetics have a tiered approach to nutritional related training in place. HWP, HWMP/CPA, content in CTM meetings, Health Champions received training in healthy conversations. Caution re challenges of expecting staff who are overweight to engage in this intervention. We have heard that some staff with medical cause for being overweight/those with health related eating disorders do not feel it is safe for them to be expected to have these interactions with patients. ID ward currently work to a behaviour change model. Further training to be considered</p> <p>Meeting with Louise Kennedy, Sandra Dunlop and Frances Waddell to discuss training needs and potential options for delivery. Proposing to implement a tiered training model that will incorporate 3 levels of training aligned to the Behaviour Change Development Framework.</p> <p>Level 1 –Behaviour change literacy - Aims to increase practitioner awareness of what influences health and wellbeing and their role in supporting patients to make positive health and lifestyle related choices and behaviour changes. Target date for launch is 1 April 2022.</p> <p>Level 2 – Brief advice & brief interventions - Aims to develop practitioner knowledge and confidence in raising issues and delivering brief advice and brief interventions to support behaviour change (including understanding of the MAP model and how it can be applied to help patients initiate and sustain behaviour change). Implementation date tbc.</p> <p>Level 3 – Motivational interviewing and skills development – Aims to enhance practitioner competence and confidence in applying appropriate behaviour change techniques to motivate and encourage patient engagement with specific behaviour change (e.g. weight management/reduction; physical activity). Implementation date tbc.</p> <p>02/22 – meeting scheduled for 4th March re learning module development</p>	<p>June 2022</p>

		<p>4/22 – Draft storyboard (i.e. script) developed for the Level 1 Behaviour Change Literacy awareness module. Technical build of the module is currently in progress with a revised launch date of 1 May 2022. (Slippage in planned timescale has been due to staff absence and associated resource/capacity issues and competing work priorities.)</p> <p>07/22 ED/wt stigmas awareness via journal club In March, and diet week in June.</p> <p>01/23 – health psychologist now in place who will support this. Weight Stigma awareness and education actioned ad hoc at present. Plans for REHIS food and health course in March '23.</p> <p>03/23 – S Dunlop to liaise with Health Psychologist who is currently on leave</p> <p>5/23 Health psychologist to review the Level 1 online training module script to ensure alignment with other elements of training. Proposals for Level 2 and Level 3 training delivery have been approved within the 2023/24 corporate training plan. Will include MAP training for nursing staff and MI training for key personnel (e.g. health champions and activity co-ordinators). MAP/MI coaching groups will also be piloted in 2023/24. Dates for delivery to be identified/agreed with the Health Psychologist.</p>	
<p>3. Weight management services should give consideration to those people that would like to self-manage their weight – referrers should be informed of where to signpost to approved digital and other resources to support their weight management, including the option to self-refer if their circumstances change and/or additional care is required.</p>	F Waddell/L Kennedy/M Topping	<p>Work currently being conducted by Digital Inclusion Group (DIG) and Patients Learning Centre re patients being able to access a digital resource. Currently patients can be provided with self-help advice and information leaflets etc. Access electronically to information - may be options via learning centre, to access resources</p> <p>Work by DIG may take some considerable time however is on their agenda. Re referrals, practice nurse and dietetics, following approval by PHSG, will include this in the management of overweight and obesity flowchart that includes what happens with referrals, and where they are signposted too. Nationally Counterweight plus will be delivered on a digital platform and is currently awaited. As digital developments progress, options for nutrition/health education will be explored. C'wt is going digital however TSH will currently remain with paper resources at present.</p>	Dec 2023 (DIG dependant)
<p>4. Weight management services should put in place 'a clear and explicit pathway and guidelines for triage and assessment for all people referred to the weight management service'</p>	F Waddell	<p>Not required within TSH setting however currently use Weight Management Pathway. Need to identify and use national assessment</p> <p>Development of flowchart ongoing and has been updated to incorporate WMP and DM f'work needs. Pathway was agreed however update re new clinical model changes needs to be agreed – under current discussion with psychology and health psychology.</p>	December 2021
<p>4. Weight management services should ensure all referrals are to weight management services are received at a central triage point within a designated Health Board†, where individuals are then referred</p>	F Waddell	<p>Most referrals currently made direct to Dietetic Department however needs to be formalised. Discussions to take place and agreement to be reached regarding central contact point</p>	June 2022

to the weight management programme best suited to their needs or receive further assessment.		Development of flowchart ongoing and has been updated to incorporate WMP and DM f'work needs. Pathway was agreed however update re new clinical model changes needs to be agreed – under current discussion with psychology and health psychology.	
4. Weight management services should consider triaging individuals with severe or complex obesity to a tier 3 service in the following circumstances: - Uncontrolled eating behaviours that are causing clinically significant distress and require further assessment.	F Waddell/L Kennedy/M Topping	Discussed within MDT. Weight Management Pathway. Need to include further within Weight Management Pathway Development of flowchart ongoing and has been updated to incorporate WMP and DM f'work needs. Pathway was agreed however update re new clinical model changes needs to be agreed – under current discussion with psychology and health psychology.	December 2021
6.Weight management services should ensure robust assessment including patients' current diabetes control and clinical management plus other co-morbidities. Psychological/behavioural markers to identify eating disorder risk and disordered eating history should also be assessed due to the higher risks associated with more restrictive dietary patterns	F Waddell	Diabetes control, clinical management, morbidities routinely assessed, CTM will discuss with Psychology if concerns. Eating disorder risk not routinely assessed by formal assessment unless identified informally. National eating disorders screening tool to be adopted where appropriate Weight management history screening tools are being scoped for use. Wt screen for all, ED as required – part of B6 project. National tools under review for improving assessment. Fits into draft flowchart referral process development. PHSG agreed to progress screening at admission. Feedback from members before end of year needed and then to progress to clinical forum and NAHPAC Weight admission screening document requires final Ok by clinical forum before being incorporated into admission assessment and CPA process. Weight admission screening form, to be completed from 1 st April 2023 for all new admission pts. Assessment agreed for use and pathway almost completed Tool agreed and test phase re completion commencing on A1 and L1	July 2022
6.Weight management services should ensure patients receive ongoing monitoring of weight, blood glucose and blood pressure to assess ongoing diabetes control, potential remission status and importantly review of any medications required – may be provided by dietitian delivering programme or qualified healthcare staff. Professional Protocols for medical monitoring form a key component of Counterweight Plus.	F Waddell	Weekly and 3 monthly monitoring conducted and recorded within Vision. Professional protocol to be drafted System needs update and access problems have limited this	December 2021
6.Weight management services should ensure systems are put in place to recommence medications where patients drop out of the intensive programme having had medications withdrawn at baseline.	M Topping/M Wright	Done informally with communication between health centre and Dr. Professional protocol to be drafted Will form part of updated pathway and flowchart	December 2021
6.Weight Management Services should adopt the following inclusion criteria for programmes containing an LELD/TDR stage : (Written informed consent, Men and women aged 20–65 years, all ethnicities (in line with current evidence – but exception cases may be made),Body	F Waddell/L Kennedy	Utilised as appropriate. Consent obtained via participation into project. To be written into protocols and referral process	December 2021

Mass Index (BMI) >27 kg/m ² (in line with current evidence – regarding the increased chance of remission but exception cases may be made) T2DM of duration 0–6 years (diagnosis as per clinical guidelines), HbA1c > 48 mmol/mol within last 12 months, If HbA1c >42<48mmol/mol patient must be on oral hypoglycaemic agents, Established medical management of condition and prescribed medications		Included via MDT however not formally collated and documented. Flowchart development required. Work around admission screening regarding weight management history that is ongoing within dietetics. Info held within Vision and dietetic records, will be incorporated into national database when able. Problems due to access to data system need resolved to update. Part of practice and assessment screening. Fits with new work	
8. Weight management services should be aware that health professionals may find it challenging to approach the subject of weight and can struggle to talk to people about this in a sensitive manner. Barriers include concern about upset, time, extent of their role, lack of knowledge of what to say and of knowledge of local services.23 NHS Boards should therefore consider providing training to support health and care professionals to have sensitive conversations about weight management	S Dunlop	Supporting Health Choices recommendations. As per Public Health England "Managing a healthy weight in adult secure services" - Staff are encouraged but could be supported better with further education to enable informed discussion with patients out with specialist groups. Some staff have CBT/MI training, some have basic level. Training within staff inductions varies across clinical disciplines i.e. included for AHP/Sports. Staff are required to complete an Introduction to food safety online module. Healthy eating modules. Health Champions received training in healthy conversations. Caution re challenges of expecting staff who are overweight to engage in this intervention. We have heard that some staff with medical cause for being overweight/those with health related eating disorders do not feel it is safe for them to be expected to have these interactions with patients. Further training to be considered Proposal to deliver training on weight management conversations' submitted by health psychologist and approved within the 2023/24 corporate training plan. Total of 10 sessions proposed for 2023/24.	June 2022
8. Weight management services should be aware that healthcare professionals can have stigmatising attitudes and, in some cases, fail to provide appropriate advice and access to treatment. Services should offer training and education on weight stigma and bias in order to help remove barriers that may otherwise interfere with provision of care for patients with obesity. This will help to improve treatment accessibility and reduce adverse patient behaviours such as avoiding appointments and not reporting concerns to healthcare providers.	S Dunlop	Nursing staff acknowledge that further training would be beneficial. Further training to be considered See comments for actions 3 and 8 above. This issue will be progressed as part of Level 2 and Level 3 training.	March 2022
NICE – Rehabilitation after traumatic injury			Date evaluation matrix at PHSG: 09/08/2023
1.1.4 After a traumatic injury: • Avoid delays in acute treatment so that rehabilitation can start as soon as possible, for example, to maintain movement. • Start rehabilitation when the person is ready and able to engage and participate (see also recommendation 1.2.5). For people who lack capacity to engage in making decisions about their rehabilitation, follow the NICE guideline on decision making and mental capacity.	M Crothall	Practice complies however process could be improved by developing a generic AHP pathway to include physio and OT. No specific rehab pathway. Delays possible due to limited SLA physio input 0.1 WTE - increased resources required to achieve compliance.	
1.4 Developing a rehabilitation plan and making referrals 1.4.1 Use the rehabilitation needs assessment (see the section on multidisciplinary team rehabilitation needs assessment) and the person's	M Crothall	CPA and subsections. Currently comply though do not have documents concentrated within one specific file. No single rehab plan that links physio with MDT or CTM. No shared system therefore replication of rehab plan from Vision to CTM via email/written	

<p>rehabilitation goals (see the section on setting rehabilitation goals) to develop a rehabilitation plan for the person (this may be in the form of a rehabilitation prescription). The rehabilitation plan should include:</p> <ul style="list-style-type: none"> • information about the person's injuries • the person's short-term and long-term rehabilitation goals (see the section on setting rehabilitation goals) • information about the person's needs and preferences • a suggested rehabilitation programme of therapies and treatments (see the section on rehabilitation programmes of therapies and treatments) • how the rehabilitation programme of therapies and treatments will be delivered • information and sources of further information about returning to vocational or leisure activities • information about associated risks, responsibilities, and possible legal issues about returning to driving and sources of specific advice (for example, the DVLA [Driver and Vehicle Licensing Agency]) • information about referrals or sources of further information • any follow-up arrangements (especially when transferring to home or community settings) • who the rehabilitation plan should be shared with (with the person's consent) and details about any information that the person wants to remain confidential • details of a rehabilitation coordinator or key worker, and the lead healthcare professional involved in the person's care. 		<p>handover. Physio / physical health plan recorded on Vision. Nursing/CTM plan recorded on RiO. Rehab instructions/requests if transferring from external/acute specialist services recorded on Docman and regular verbal/written handovers may occur with physio staff as required, especially if patient is required to continue with specialist outpatient appointments. TSH staff support this as able although implications to staffing and budget.</p>	
<p>1.4.2 The rehabilitation plan should be:</p> <ul style="list-style-type: none"> • a tailored and personalised journey towards the person's agreed goals, focusing on what is important to them • developed with the person, and their family members or carers (as appropriate) • based on advice and input from all members of the multidisciplinary team • written in clear English • a single document or file • shared with the person, their families and carers (as appropriate), the person's GP, and healthcare professionals involved in their ongoing care • regularly updated in partnership with the person to reflect their progress, goals, ongoing needs and key contact information, particularly at key points of transition in care. 	<p>M Crothall</p>	<p>Currently comply though do not have documents concentrated within one specific file. Limitations of RiO/Vision as separate systems unable to share information. Replication often takes place to handover between staff via email/telephone – increased time for same for already limited SLA services such as physio</p>	

<p>1.4.3 Where it is not possible or appropriate for the person to have access to all of the information in a rehabilitation plan, ensure that important components of the plan are included in a summarised patient-held document that is regularly updated with progress, appointment times and contact details.</p>	<p>M Crothall</p>	<p>Currently included within Care and Treatment section of CPA document. Consider patient friendly document which is appropriate to the setting which can be updated to re-iterate goals. Should be noted that Physio is not currently included in the CPA</p>	
<p>1.5.5 Start an intensive rehabilitation programme at the appropriate time for the person, taking into account:</p> <ul style="list-style-type: none"> • that the timing and nature of rehabilitation therapies and treatments will depend on issues such as bone and soft tissue healing, weight-bearing, and removal of weight-bearing restrictions • the person's psychological and emotional wellbeing, levels of adjustment and engagement with the rehabilitation process. 	<p>L MacGregor</p>	<p>Due to limited 0.1WTE SLA physio capacity and the high-risk environment, there are restrictions on timing and nature of rehab therapies. Advice taken from external specialist services as necessary on timing of interventions. Engagement levels may be affected by patient mental health status. All recorded via progress notes on Rio/Vision</p>	
<p>1.11.13 As soon as possible after a traumatic injury, start a tailored exercise programme to help with reconditioning, fitness, strengthening, balance, proprioception and vestibular function, irrespective of the person's age, stage of rehabilitation or combination of injuries. The exercise programme:</p> <ul style="list-style-type: none"> • could be self-directed and/or delivered as one-to-one sessions or in a group • should include resistance training, core strengthening exercises and general aerobic fitness • should include task-specific balance training if needed • should be incorporated into the usual play activities for children • should be tailored to the person's needs and goals (for example, the frequency of the sessions and the exercises involved). 	<p>L MacGregor</p>	<p>Physio assessment and treatment plan initiated asap. Recorded on Vision. Previous issues regarding maximum secure setting and use of equipment for resistance training i.e. therapy not permitted by Security or Infection Control and resistance bands not being permitted. In addition, given the SLA for the Physio is currently 1 session per week, both security restrictions and limited access to Physio service will prove detrimental to early intervention and patient care. TSH would support taking patient off site to attend sessions however this would have cost implications for staffing and transport.</p>	