



THE STATE HOSPITALS BOARD FOR SCOTLAND

SUPPORTING HEALTHY CHOICES

ANNUAL REPORT 2024

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THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE

Date of Meeting:	14 November 2024
Sponsoring Director:	Medical Director
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Title of Report:	Supporting Healthy Choices Annual Report
Purpose of Report:	For Noting

1. SITUATION

The Supporting Healthy Choice (SHC) programme of work has developed a vision and evidence based strategy that aims to develop an environment that best supports the opportunity, capability and motivation of our staff and patients to engage in behaviours that support and improve patients' physical health and weight.

2. BACKGROUND

The SHC programme was established in 2015 with the aim of reducing levels of overweight and obesity experienced by patients. A consultation began in 2015, with a focus on the food environment, exploring patients food access from meals, the shop, externally from procurement and their visitors: during this process, feedback was sought from staff, patients and carers on potential changes. In 2017, TSH introduced its first significant change to practice: to cease external purchases. Building on the action plans implemented in 2015 and 2021, in 2023 the SHC working group began a new phase of work. This report captures work undertaken by the SHC over the last year to work towards the SHC aim of:

"All staff at TSH are engaged in improving the overall health and well-being of all patients. Together, staff work collaboratively to address the social and environmental factors influencing patients' motivation, capability and opportunity to achieve and maintain a healthy weight."

3. ASSESSMENT

Over the last year, the team have focused on establishing strong foundations for work moving ahead with the establishment of clear governance and reporting structures, and establishing a comprehensive data management plan to evaluate change and intervention effectiveness. Alongside side this, improvement activity has been initiated and implemented: in January 2024, work was completed on an evidence based practice guidance “Moving towards a healthier State Hospital: a whole systems approach”. The practice guidance was supported by TSH board and Public Health Scotland, and includes specific objectives to support the workforce and services (admissions, treatment & recovery, transitions) focusing on interpersonal, intrapersonal, environmental, societal & cultural factors that enable or pose barriers to healthy weight within a high secure setting. Following from this, an action plan was implemented, and work began in two key areas: the patient shop with the establishment of a short life-working group, and the admissions period through the “TACKS” project.

Over the next year, the SHC group plan to continue to work towards the programme aim with a focus on admissions, the patient shop and further implementation of the action plan.

4. RECOMMENDATION

The Committee is invited to note the report and endorse the planned activity over the next year.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Improving physical health of our patients is a priority
Workforce Implications	Within current staff group
Financial Implications	None
Route to Committee Which groups were involved in contributing to the paper and recommendations.	Supporting Healthy Choices
Risk Assessment (Outline any significant risks and associated mitigation)	Full risk assessment re mitigation of obesity is in place.
Assessment of Impact on Stakeholder Experience	Improvements in quality of life.
Equality Impact Assessment	
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Morbidity and mortality in those with major mental disorder is increased. These initiatives are aimed at reducing these inequalities.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; There are no privacy implications. ✓ There are privacy implications, but full DPIA not needed There are privacy implications, full DPIA included

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1 Core Purpose of Service/Committee

The main purpose of the Supporting Healthy Choice (SHC) programme is to develop and implement a hospital wide intervention aimed towards creating an environment that best supports the opportunity, capability and motivation of our patients to engage in behaviours that support their physical health and weight. We will achieve this aim through the application of evidenced based knowledge and skills from the disciplines of behavioural science, nutrition and quality improvement.

2 Summary of Core Activity for the last 12 months

This year's core activity for the SHC programme has included:

1. Development and commencement of the practice guidance "Moving Towards a Healthier State Hospital: A whole systems approach"
2. Development of an action plan to implement the practice guidance
3. Establishing a governance and reporting structure
4. Agreeing a comprehensive data management plan
5. Implementing 21 objectives within the action plan and monitoring these for progress
6. Initiation of a scoping exercise within the admissions service (Test Admission Collaborative Kick Start) to deliver on short- and medium-term actions within the practice guidance/action plan
7. Establishing a short life working group to explore future operations of the hospital shop and how this can best support patients' health and wellbeing

3 Performance against Key Performance Indicators

There are no Key Performance Indicators associated with SHC at this time; all KPI's regarding physical health are reported through the Physical Health Steering Group (target of 150-minutes of physical activity for 70% of patients, a target of 25% of patients to have a BMI in the healthy category, 100% attendance at annual health review).

4 Quality Assurance Activity

4.1 Established governance and reporting structure

Supporting Healthy Choices is a sub-group of the main Physical Health Steering Group who report directly to Clinical Governance Group and Committee on a 6 and 12 monthly basis (see appendix 1). Additionally, the main SHC group reports to the SHC Oversight Group on a three monthly basis.

4.2 Established a data management plan

Data has historically been collected on many of the current aspects of care and monitoring. A data management plan (appendix 2) was developed to identify current relevant data, where this

would be sourced and by whom. Clinical Quality will support systems to ensure consistent review and reporting of data in agreed timescales.

4.3 Development and delivery of the practice guidance “Moving Towards a Healthier State Hospital: A whole systems approach”

Obesity is a complex disease, with multifactorial causes that include genetic, behavioural, socioeconomic and environmental factors. It is also a disease that can have bidirectional links to mental health, including specific challenges within the context of mental illnesses such as psychosis (Waite et al., 2022). At TSH, a stark health inequality exists. Patients are more likely to experience persistent physical health difficulties and have a weight in the overweight or obese range when compared to the general population (John et al., 2018; Ward et al., 2023; Rees & Thomson., 2020). Of the patients at TSH in September 2024, 85.1% had a BMI in the overweight or obese range ($>25\text{kg/m}^2$), in comparison to 70% of men in the Scottish population (Birtwistle, Deakin, & Wildman., 2022).

We recognise that supporting patients physical health and weight is a multidisciplinary, hospital wide responsibility and is a crucial aspect to patients' recovery and rehabilitation from mental health illness and risk management. In order to achieve this, we must support biopsychosocial change in practice and culture across hospital, an approach that is grounded in the growing body of evidence that demonstrates adopting principles of behavioural science and whole system approaches are beneficial when addressing complex problems like obesity (Bagnall et al., 2019).

Building on SHC action plans from 2015 and 2021 in autumn 2023 the SHC group, with a renewed membership including a dedicated programme manager and newly recruited Health Psychologist, was tasked with taking forward the remaining actions and progressing the remit of the SHC to meet the following aim:

“All staff at TSH are engaged in improving the overall health and well-being of all patients. Together, staff work collaboratively to address the social and environmental factors influencing patients' motivation, capability and opportunity to achieve and maintain a healthy weight.”

As part of this work, it was agreed that SHC would benefit from the development of an overarching evidence based strategy that specifically addressed the complex challenges of supporting healthy weight within a high secure setting. Following consultation with the SHC oversight group (OSG) it was agreed that work would begin to adapt and apply existing practice guidance that had been developed by Public Health England in 2021, ‘Managing a healthy weight in secure settings’ (PHE, 2021) for TSH. The aim of the Public Health England guidance was to provide an evidence based, structured objectives that address specific issues related to healthy weight and outline ‘what good looks like’ for adult secure settings: it was written with the expectation that services such as TSH would apply the guidance to fit the needs of their setting. Within secure settings, like TSH, the PHE guidance recognises the need to balance autonomy and reasonable restrictions to protect from harm. At its forefront, it identifies that managing a

healthy weight and its complications are major public health concerns, and given the high prevalence of these issues within adult secure services, the guidance and actions in place must be both reasonable and proportionate in their approach.

Adaptation of the PHE guidance for TSH was completed in January 2024: this practice guidance emphasised the crucial role that high secure services play at supporting patients' health and weight, which viewed through a biopsychosocial lens is complex with many interlinked drivers. The practice guidance, titled "Moving Towards a Healthier State Hospital: A whole systems approach" (appendix 3) and was structured in line with the clinical model, with an additional section addressing actions to support the workforce. The practice guidance was endorsed by the SHC OSG and Public Health Scotland.

4.4 Development of an action plan to implement the practice guidance

Following the endorsement and support of the practice guidance, it was agreed the next step was to bring together the practice guidance and the driver diagram from the quality improvement arm of SHC into one cohesive "masterplan", which would continue to be structured by the clinical model, specify clear actions and include timelines for outcomes.

A small working group formed of a Health Psychologist, Lead Dietitian and Clinical Quality Facilitator began work on this process in mid-February. A structure was agreed and an excel template developed to host this. The action plan includes the following headings:

- Action: all actions from the practice guidance, which were further broken down into clear sections structured by phase of clinical model/area of action (workforce, whole pathway, pre-admission, admission, continuing care and treatment and transitions)
- By Whom: indicates who/whom the action can be most appropriately taken forward by (e.g. Nursing Practice Development, Head of OD and Learning, RMO's). It is anticipated that members of the SHC implementation group (the group made up of representatives from a range of services across the hospital) will be the intermediaries between SHC and each service/individuals who are assigned actions.
- Prioritisation: indicates a collaborative agreement on the importance of the action to meet the commitments included within documents such as the hospital's Annual Delivery Plan, the aim of SHC workstream and to meet patient need. Two options are available: essential and desirable.
- Timescale: three options are available, short (3-6 months), medium (6-12 months) and long. (12 month +). The timescale that was applied to each action was decided collaboratively between SHC and the service/individual to whom the action sits with, and took into account the prioritisation level. This process was based on the belief that a collaborative approach would ensure that the assigned timescale was realistic and achievable, and that by doing so it would enhance ownership and involvement of the action plan across the hospital, thus working towards the vision of the practice guidance of a whole systems approach.

The first version of the action plan was completed in July 2024, although it must be emphasised that the action plan is a flexible document which can be amended, with actions added or timescales/priority levels changed, if needed. Actions that were already being worked towards

were highlighted to the OSG in August 2024, as were essential actions that the group felt it would be important to take forward immediately. There are 21 short-term, one medium-term and one long-term actions that are actively being taken forward for implementation or have already been implemented. These are reported on in appendix 4, with the action number and section referring to the respective actions place in the overall SHC practice guidance and action plan.

5 Quality Improvement Activity

5.1 Scoping exercise within admissions service (TACKS)

Leading on the development of the action plan, a specific focus was placed on the admission period, due to established evidence that demonstrates that this is a timeframe when patients at TSH are most vulnerable to weight gain (figure 1).

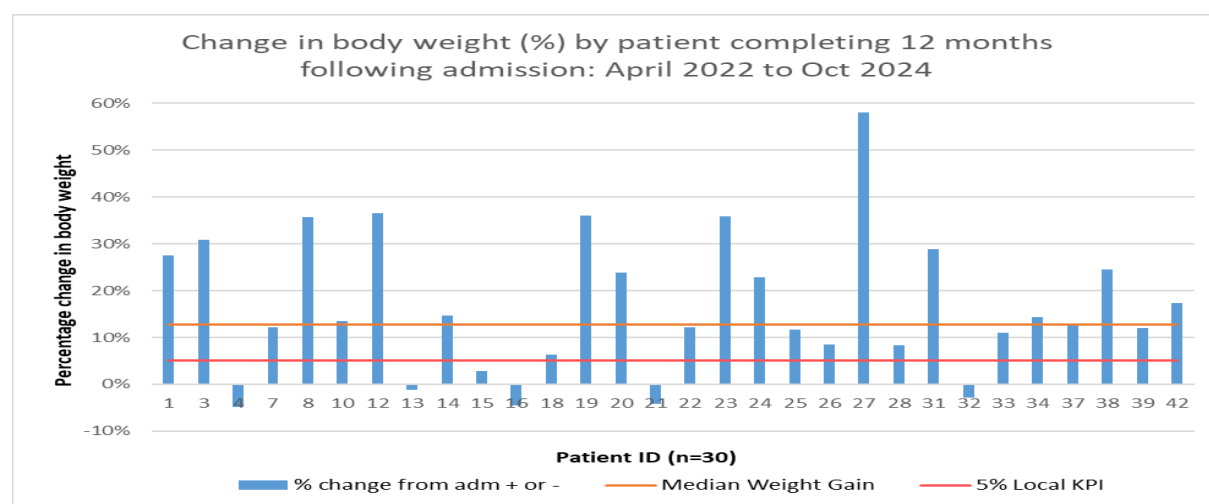


Figure 1: Change in body weight (%) for 30 patients from admission to 12 months following admission, not including any patients that refused to be weighed or did not have any weights recorded.

At the end of March 2024, a meeting was held with representatives from the admissions service to begin discussions and planning for actions that specifically applied to their service and wards. This led to the creation of the Test Admission Collaborative Kick Start (TACKS) group. The TACKS membership includes multidisciplinary colleagues from the admissions service and Senior Leadership Team (SLT). It was agreed TACKS would focus on eight key objectives SHC action plan, which applied to admissions and the mitigation of weight gain within this timeframe.

Work towards these actions has concentrated on two key areas:

- Providing support for the Lewis admission and assessment activity plan
- Assessing current practice within the admission service through a scoping exercise

Lewis: Admission and Assessment Activity Plan

The Lewis admission team is undertaking a piece of QI work which aims to implement clinical guidance that was agreed as part of the new clinical model:

1. Multi-disciplinary “admission activity plan” for all patients admitted to The State Hospital within 21 days of admission, to ensure patients have the opportunity to access tailored activity dependent on their mental state, physical health and risk. This aims to reduce siloed working and best support newly admitted patients having safe, early access to ward, Hub and Skye Centre Activity. As part of the QI project, the team have completed an activity plan for a newly admitted patient on Lewis 1 and feedback is being sought from the Admission Clinical Team to measure the utility of completing the plan and if it benefited the multi-disciplinary provision of activity for newly admitted patients.
2. A 6-week check-in with all members of a patients care to include a focus on the patients' physical health since admission and how this can best be supported prior to admission CPA.

The TACKS team have invited members of the Lewis admissions team to provide regular updates on the work to ensure that SHC actions can be supported and taken forward within the QI project.

Admission service scoping exercise

Through collaborative discussions, the TACKS team agreed it would be beneficial to undertake a scoping exercise to assess how/if routine practice aligns with expected practice, and as such allow the team to understand the system and move forward to test change ideas. It was agreed that a case study approach focusing on newly admitted patients would provide enough information to establish current trends in practice, without being too time consuming and lengthy. A proforma of the information the exercise would collect was established, and input of this data was completed late October 2024. Moving ahead, the TACKS team have time identified to analysis this information, which will inform the planning of tests of change and interventions moving ahead.

5.2 Established a short life working group to explore future operations of the hospital shop and how this can best support patients health and wellbeing.

A key focus of the SHC programme across 2023-2024 has been to understand the complex factors that contributes to and influences patients' weight across The State Hospital: part of this has focused on the patient shop. Following a full data impact assessment and access to data from finance, the SHC programme manager completed analysis of anonymised shop data. This was presented to the OSG in the Spring of 2024 and demonstrated that total patient spend at the hospital shop across the 2022-2023 financial year for 104 patients was £183,497.65; in the most recent fiscal year, 2023-2024, spend in the patient shop for 103 patients totaled £162,608. This included six patients who spend over £4000 in one year, and eight who spent between £3000 and £4000. This data is further described in figures 2 and 3.

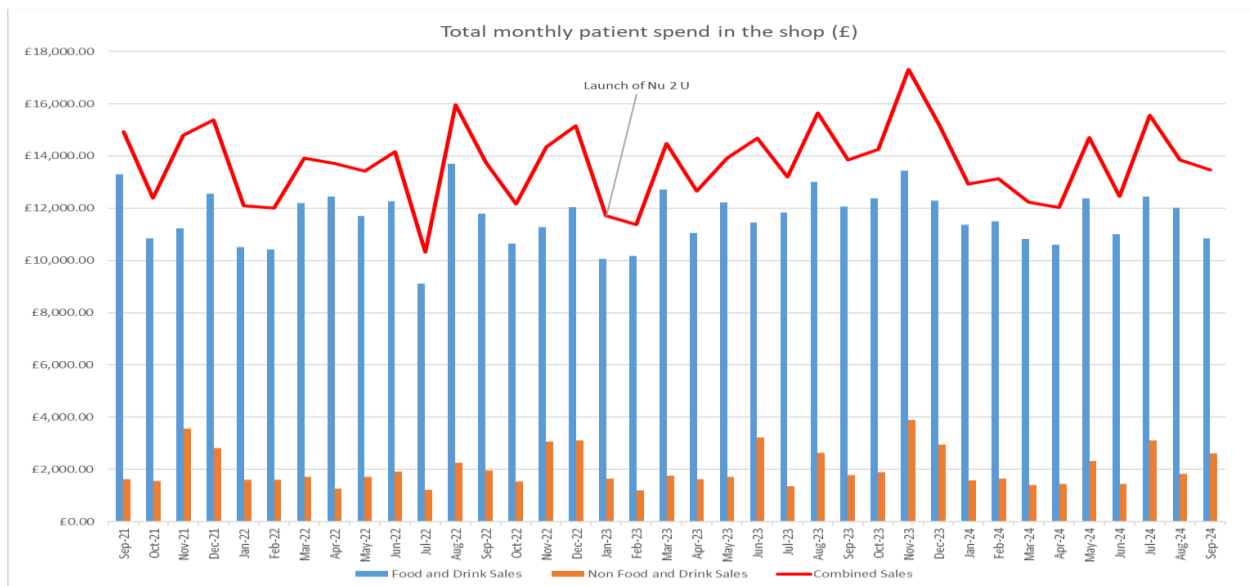


Figure 2: Total monthly patient spend in hospital shop from September 2021 – September 2024, broken down into 1) food and drink, 2) non-food and drink sales, and 3) combined sales.

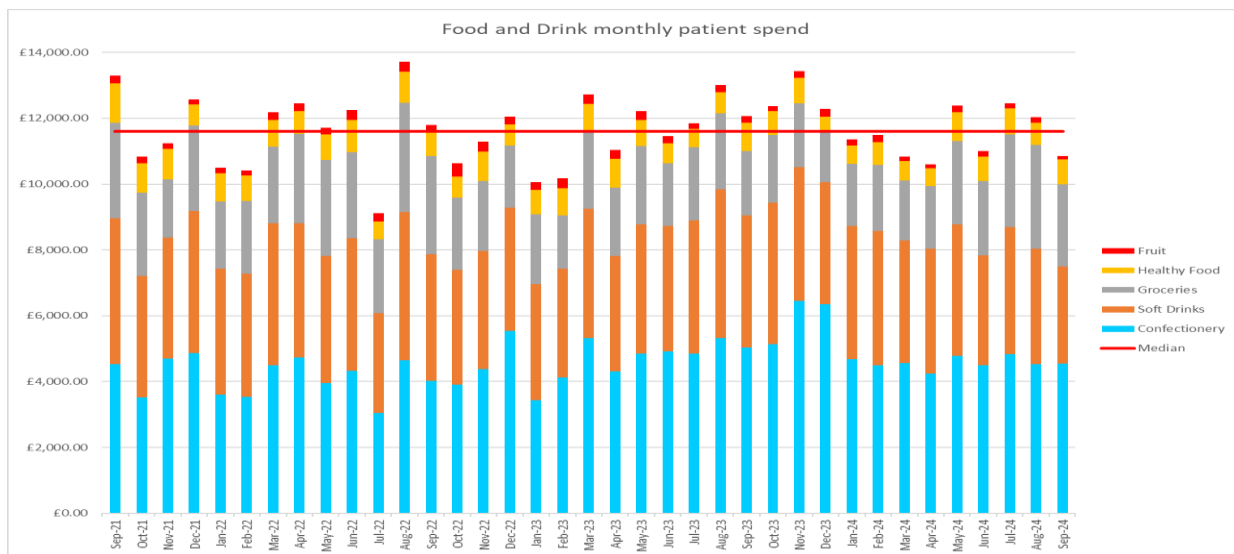


Figure 3: Food and drink monthly patient spend from September 2021 – September 2024 by category of food/drink

Although the hospital shop complies with the National Grocery Federation Guidelines (100% fluids and 80% food items), patient spend pertains to high energy food stuffs, generally in large volumes, which in general terms does not support physical health needs. Current trends identify 85% patients have BMI in the overweight or obese category (figure 4), and that 78% of patients are at risk of cardiovascular disease relating to their waist circumference.

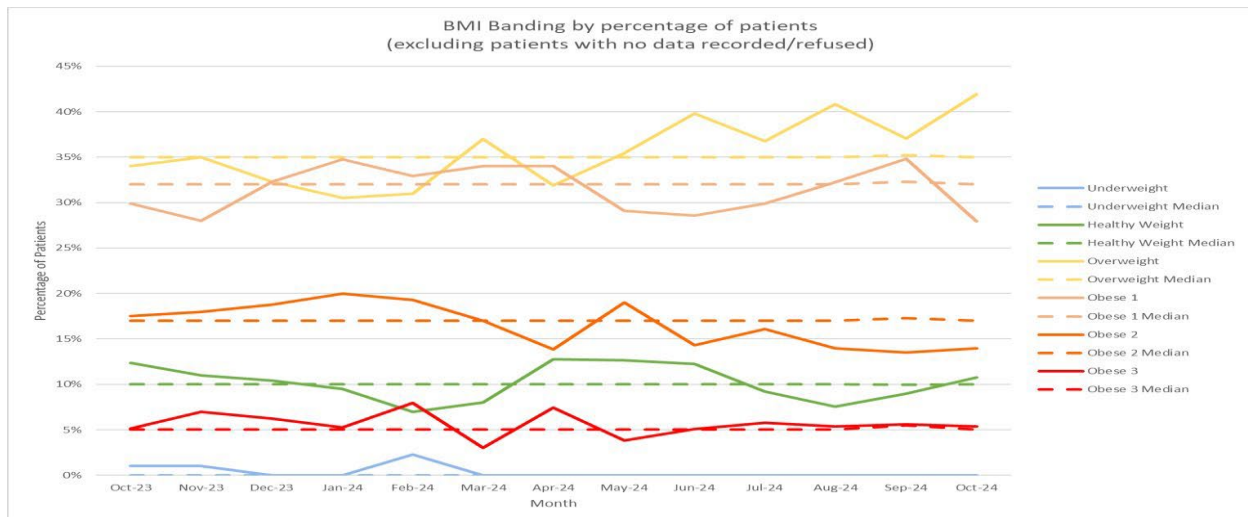


Figure 4: The percentage of patients in different BMI categories and how this has changed over the last 18 months. Those in the overweight group have slightly increased, with this being more evident the last few months and those with a BMI over 30kg/m² have reduced. Those with a BMI over 40 have remained stable.

The analysis conducted also highlighted that the current system in place at the shop and within finance is limited with regards to the information it can provide, due to the equipment it uses (the till does not support point of sale information). Whilst we do collect and hold data regarding individual patient spend, due to the limitations from this equipment we cannot collect or share information regarding what food, drink and non-food items individual patients are spending this money on: we can only do so on a whole site and hub level. Availability of this information, for example what proportion of spend is on food associated with higher weight gain, such as ultra-processed foods or foods high in salt, sugar and fat, would be helpful to support individual decision making as it would provide a source of feedback on behaviour, which is an evidence based behaviour change technique (BCT) demonstrated to support health behaviour change, and therefore has the potential to better support health outcomes and rehabilitation goals (e.g. through money management and budgeting).

Within our aim to understand how the shop contributes to patients' health and weight, we also aimed to increase our knowledge regarding how other high secure hospitals host a patient shop and what processes they have in place to support health and wellbeing within their shop settings. Working towards this aim, SHC team members met with the Rehabilitation Therapy and Health & Fitness Service Manager and the Patient Retail Manager from Broadmoor Hospital in May 2024. Staff from Broadmoor shared that their weight management group have

guided the design and environmental structure within their hospital shop, a process that has also included patient consultation. As a result, Broadmoor now have a rigorous set of procedures in place within their shop that are specifically intended to support patients' health and wellbeing. These include limitations on the amount and volume of food and drink items, a reduced stock line of confectionary items, structured support plans in place to support patient decision making and purchasing behaviour and guidance in place for the number of family visits that can include food.

Following discussion of this and shop data from TSH with the OSG, it was agreed that it would be beneficial for TSH to review the practices of the patient shop through a lens of how it can better support clinical decision making (e.g. through the availability of individualised data), health behaviour change of patients, and ultimately improve patient health and wellbeing. As such, a short life-working group (see appendix 5 for terms of reference) was formed. The first meeting of this group has not yet taken place, however it is anticipated this will occur in November 2024.

6 Stakeholder Experience

Following appointment of a SHC programme manager in 2023, one of the key pieces of work was around engaging the wider hospital in order for the whole systems approach to supporting patients' physical health to be undertaken. To achieve this, all heads of services/leads were contacted and appraised of the project work; patients were engaged via the monthly Patient Partnership Group (PPG) meetings and letters were sent out to carers about the work that was being undertaken and importantly why. The programme manager role within SHC ceased in June 2024, and since then this engagement work has been managed on an ad hoc basis by the core SHC team as clinical time allows. This has naturally incurred some delays and changes in operationally how the group is able to run and the efficiency of liaising with the many staff groups this work links with.

Since June 2024, the following engagement work has taken place:

- Patient posters were displayed on ward notice boards to promote health needs and awareness of changes that may happen. Patient engagement and feedback had previously been sought and acted on via the PPG.
- Links have been made with communications and information disseminated in the bulletin regarding SHC work, with plans for a "vision" article.
- The Service Leadership Teams (SLT) will all aim to have SHC as a core agenda item so any workstreams and feedback of actions can be shared and implemented. This is to ensure changes in the management of physical health right from admission through to transition are managed in a consistent, evidence based and strategic manner to support patients individual and progressive needs.

7 Planned Quality Assurance/Quality Improvement for the next year

The SHC programme will focus on the following key areas of work over the next twelve months:

1. Maintain the data monitoring and reporting structure
2. Through the TACKS project, we will continue to prioritise physical health during the admissions period by finalising the scoping exercise; disseminate learning from this; and implement practice change within the admissions service to improve physical health and lay the foundations to mitigate weight gain within the admission period.
3. Through the short life working group for the hospital shop, implement and evaluate improvements made to the environment and practice of the shop with a view to best support individual decision making, health and wellbeing
4. Implement, in a staged manner, key short, medium, long objectives within the action plan.

8 Next review date

The Supporting Healthy Choices group will report to Clinical Governance Committee in November 2025 with a six-monthly update to the Clinical Governance Group.

9 References

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10 Appendices

10.1 Appendix 1: SHC Terms of Reference

Aim

To engage all TSH staff in improving the overall health and well-being of all patients, and involve all patients to address the social and environmental factors influencing patients' motivation, capability and opportunity to achieve and maintain their healthy weight.

This is an incremental process linked to long term goals.

- To engage in planning to ensure all service users experience good physical health
- To collaborate to optimise patient centred care, involvement, intervention and opportunities
- To ensure optimal workforce engagement in prevention and reliable health improvement and wellbeing planning
- To influence culture for improvement for all TSH workforce
- To influence leadership and capability to manage process at all levels and phases of care.

Aims and objectives

1. Identify and set priority areas for the Supporting Healthy Choices Improvement Programme and wider TSH engagement
2. To be cognisant of current evidence and upcoming opportunities and challenges
3. To monitor workstreams, objectives, tests of change and report on measurement of improvement
4. To provide a platform for shared learning, culture for improvement, leadership and support for improvement with a bottom-up MDT approach
5. Foster collaboration with TSH groups and networks and work with them to limit duplication

Group Membership and meeting frequency

The SHC programme is attended by a group of multi-disciplinary staff from across all disciplines working in the Hospital, membership of the groups within the SHC programme are as follows:

SHC Core group (bi-weekly)

Alison Eadie, Health Psychologist (Chair)

Frances Waddell, Lead Dietitian

Dr Khuram Khan, Consultant Forensic Psychiatrist

Jill Kerr, Clinical Quality Facilitator

SHC Oversight Group (every 3 months)

Dr Lindsay Thomson, Medical Director (Chair)

Gary Jenkins, Chief Executive

Karen McCaffrey, Director of Nursing and Operations

Sheila Smith, Clinical Quality Lead

Alison Eadie, Health Psychologist

Frances Waddell, Lead Dietitian

Dr Khuram Khan, Consultant Forensic Psychiatrist

Jill Kerr, Clinical Quality Facilitator

Dr Louise Kennedy, Consultant Forensic Clinical Psychologist

Test Admissions Collaborative Kick Starts (TACKS) group (when needed)

Dr Khuram Khan, Consultant Forensic Psychiatrist (Chair)

Alison Eadie, Health Psychologist

Frances Waddell, Lead Dietitian

Jill Kerr, Clinical Quality Facilitator

Carly Dolan, Occupational Therapist

Dr James Morphett, Specialty Doctor

Jenifer Gardiner, Senior Charge Nurse

Lorna Lawrence, Charge Nurse

Scott Clelland, Catering Manager

Management arrangements

The group reports to the Oversight Group every 3 months, and directly to the Clinical Governance Group every twelve months.

10.2 Appendix 2: SHC Data Management Plan

[illegible]

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
								KPI Performance Report Clinical Governance Group Clinical Governance Committee	

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Physical activity 150 mins</u> <i>Proportion of Patients %</i> <i>Median for each month</i> Describe by <ul style="list-style-type: none"> All Patients / phase of care / ward Proportion with no activity 	MDT Record of Booked Planned and Unplanned Patient Timetable	RiO	Project teams Clinical Quality	√				SHCIP – Weekly verbal updates / test of change data specific reporting to project action SLT – Monthly BMI reporting to be revisited when Tableau established AOG – via SLT flash reports. Verbally via Dr Khan if exception reporting.	Tableau Dashboard pending sign off

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
							✓ ✓	SHCIP OG – 6/8wkly PHSG – SHCIP OG flash report for information following meeting KPI Performance Report Clinical Governance Group Clinical Governance Committee	

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Physical Activities Offered</u> Count listed by activity available	Planned Timetable	RiO	Clinical Quality		√			SHCIP SLT – Monthly BMI reporting to be revisited when Tableau established AOG – Monthly via SLT flash Verbally via Dr Khan if exception reporting. SHCIP OG – 6/8wkly PHSG – SHCIP OG flash report for information following meeting	Tableau Dashboard <ul style="list-style-type: none"> • Number of activities that make up the 150 minutes by proportion • “Planned Activity” • “Unplanned Activity” • Of activities available how many accessed

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Nutritional Purchase Onsite</u> Total Shop Income Food/Non Food <u>Finance Spend Individuals</u> <i>Median for each month</i> All Patient Spend Two levels of Patient Income Spend by HW Spend by OB2 Category Spend by Patient Refused Spend by All Overweight CQ Cannot currently report continually on this. Data provided by Finance once per year	Onsite Shop Till Roll and Banking Finance		Project Teams Clinical Quality	√			√ √ √ √	SHCIP - Weekly verbal updates / test of change data specific reporting to project action SLT – Cannot currently provide this SHCIP OG – 6/8wkly PHSG – SHCIP OG flash report for information following Meeting Clinical Governance Group Clinical Governance Committee	<ul style="list-style-type: none"> DPIA approval achieved 22/1/24 Data received from Finance 22/1/24 Link data to individual for learning Share themed learning with RMO and nursing Action plan with RMO when data linked to activity and BMI

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Grounds access</u> % of patients with grounds access Timeframes re process (Data to be provided to SHC quarterly by MHPG)	Clinical Team	RiO	Clinical Quality		√	√ √	√ √	SLT – Monthly SHCIP OSG – 3 monthly PHSG – SHCIP OG flash report for information following meeting Clinical Governance Group Clinical Governance Committee	<ul style="list-style-type: none"> Grounds access forms now live on RiO. Data can be pulled once process starts to be used and referrals are made

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Data and Measurement ALL Parameters</u> Individual Pathway Activity, BMI, Lifestyle spend, harms, metabolic risk, Length of Stay (LOS)	Nursing Team Activity Team Finance	RiO Vision	Project Teams Clinical Quality	√	√ √			SHCIP – Weekly verbal updates / test of change data specific reporting to project action SLT – Monthly AOG – Monthly via SLT flash reports. Verbally via Dr Khan if exception reporting SHCIP OSG – 3 monthly PHSG – SHCIP OG flash report for information following meeting Clinical Governance Group Clinical Governance Committee	<ul style="list-style-type: none"> Data Systems Development to link data to Individual Recognise each individual and care pathway during LOS

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
					√ √		√ √	<p>AOG – Monthly via SLT flash reports. Verbally via Dr Khan if exception reporting</p> <p>SHCIP OSG – 3 monthly</p> <p>PHSG – SHCIP OG flash report for information following meeting</p> <p>Clinical Governance Group</p> <p>Clinical Governance Committee</p>	

Measurement for Improvement	Input	Data Source	Analysis by Department	Report Weekly	Report Monthly	Report Quarterly	Report Annually	Progress Reports	Requires Actions and Development
<u>Patient Specific Case Studies</u> Measurement of Patient Experience	MDT / Health Centre / Catering	RiO, Vision, Meal Ordering Forms	Project Teams & Clinical Quality	√	√ √ √			SHCIP – Weekly verbal updates / test of change data specific reporting to project action AOG – Verbally via Dr Khan if exception reporting. SHCIP OG – 6/8wkly PHSG – SHCIP OG flash report for information following meeting	Consider learning available from work in progress and use opportunity to present patient experience and staff experience

10.3 Appendix 3: Moving Towards a Healthier State Hospital: A Whole Systems Approach

The above practice guidance can be viewed at the following link:

[V4 Moving Towards a Healthier State Hospital, A Whole Systems Approach Jan 2024](#)

10.4 Appendix 4: SHC Action Plan

The above action plan can be viewed at the following link: [V2 SHC Action Plan - live document August 2024.xlsx](#)

10.5 Appendix 5: Current actions being implemented from SHC Action Plan

Colour	Relevant Section of Practice Guidance Document
	2. Workforce
	3.1 Whole pathway: General
	3.1 Whole pathway: Food & Nutrition
	3.2 Pre-admission: General
	3.2 Pre-admission: Food and Nutrition
	3.2 Pre-admission: Physical Activity
	3.2 Pre-admission: Treatment Intervention
	3.3 Admission, treatment and recovery: General
	3.3 Admission, treatment and recovery: Food & Nutrition
	3.3 Admission, treatment and recovery: Physical Activity
	3.3 Admission, treatment and recovery: Treatment Intervention
	3.4 Transitions and discharge: General

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
39	3.2 General	As part of the nutrition and physical health care pathway, the nutrition and physical health care checklist should be considered for use pre-admission. This would offer holistic assessment of health, which currently does not exist.	Health Records Clinical Quality Lead Dietitian RMOs	Essential	Short	Underway as part of nutrition and physical health care pathway project: pilot complete in Arran and implementation planning for expansion to Lewis underway as of August 2024
56	3.3 F&N	Explore and develop admissions screening process for disordered eating / eating disorders in conjunction with national trauma pathway and psychology	Dietetics Psychology	Essential	Short	Screening tool already used and in place - developed by TSH dietetics.
70	3.3 F&N	National Catering Nutritional Standards will be reviewed and new information will be added in.	Lead Dietitian	Essential	Short	Underway as of June 2024
71	3.3 F&N	With guidance from colleagues within Public Health Scotland, review how appropriate the "food in hospitals" guidance is to the aims of TSH and if needed, amend the application of guidance to better support weight & health	Lead Dietitian	Essential	Short	Underway as of June 2024

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
72	3.3 F&N	Update existing policies/standards (such as National Catering Nutritional Standards) in keeping with legislative change e.g. Natasha's Law (food allergens)	Lead Dietitian	Essential	Short	Underway as of June 2024
94	3.3 T&I	The Healthy Living Group content and evaluation process to be reviewed by psychology and dietetics	Health Psychologist Lead Dietitian	Essential	Short	Ongoing
11	2.0 Workforce	Dietetics to continue to facilitate tiered training programme	Lead Dietitian	Essential	Short	Ongoing with REHIS training planned for 24/25
12	2.0 Workforce	Health Psychology to continue to deliver monthly "psychology of health" sessions which is available to all staff, and MAP/MI for patient facing staff.	Health Psychologist	Essential	Short	Ongoing: psychology of health delivered monthly and second MAP training of year planned for November

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
16	2.0 Workforce	Tiered approach to training delivered by dietetics and health psychology to continue. This includes behaviour change skills/psychological aspects of physical health and nutritional education training delivered by dietetics: training delivery by dietetics could be enhanced by further funding/recruitment	Health Psychologist Lead Dietician	Essential	Short	Training delivery is ongoing with timetable
26	3.1 General	Within health psychology model care, psychoeducation material will be produced and prompted regarding psychosocial aspects of physical health. These materials should be coproduced with patients.	Health Psychologist	Essential	Short	Range of psychoeducation materials currently available and further being developed to be available more widely.
28	3.1 General	Evaluate and consider maintaining the role and remit of the Health Psychologist (fixed term contract until Oct 2024)	Head of Psychology Health Psychologist Director of Nursing Chief Executive	Essential	Short	Permanent funding was identified for this role on a 0.8 WTE basis: in place as of 14 th October 2024.

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
29	3.1 General	Apply for funding/support to submit a bid for a Trainee Health Psychologist in partnership with NES (bids due Autumn 2024).	Health Psychologist	Essential	Short	Planning to submit papers to workforce governance group in November 2024 in
30	3.1 General	Training that supports staff to explore patients ambivalence and motivation for change needs to be core to everyone in a clinical role, underpinned by appreciation that motivation will fluctuate and this is normal, not pathological.	Health Psychologist	Essential	Short	This is covered within a half-day session which is delivered monthly by the Health Psychologist with all clinical staff invited to attend
32	3.1 General	Continue to delivery training and coaching that enhances staff skills in supporting patients motivation, including training regarding biopsychosocial approach to health and behaviour change skills (MAP and MI)	Health Psychologist	Essential	Short	This is covered within a half-day session which is delivered monthly by the Health Psychologist with all clinical staff invited to attend

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
33	3.1 General	New nutrition and physical health care pathway process adopts holistic physical health overview, collaborative discussion and plan with patients to take place monthly, and represent an opportunity to explore ambivalence and motivation.	Nursing Lead Dietitian	Essential	Short	Underway as part of nutrition and physical health care pathway project: pilot complete in Arran and implementation planning for expansion to Lewis underway as of August 2024
34	3.1 General	SHCIP practice guidance evaluated/monitored via improvement methodology and measurable outcome data (detailed in data management plan)	Clinical Quality SHC Core group	Essential	Short	Data management plan in place and reported to SHC Oversight group on three monthly frequency
38	3.1 F&N	3.1 Evaluate the effectiveness of the hospital shop at supporting patients to move towards a healthy weight, implementing changes in response to this evaluation if needed and utilising the expertise of professionals across the hospital to support environmental and behavioural change.	Skye Centre Manager	Essential	Long	SLWG to take this forward.

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
50	3.3 General	3.3 Clarify what/how/when a conversation is had with patients regarding physical activity, nutrition and physical health. If patients are extremely unwell on admission this would be best placed later in their recovery.	Nursing Lead Dietitian	Essential	Short	This action is a key aim within TACKS project
55	3.3 General	3.3 Review the content of admission physical and what scope there is to include supportive, person centred conversations at this stage (note, this may not be the most appropriate time for this conversation depending on acuity of mental illness)	RMOs	Essential	Short	This action is a key aim within TACKS project
61	3.3 F&N	Explore how nutritional education can be included within the hospital shop	Dietetics Skye Centre Manager Health Psychologist	Essential	Long	Being explored as part of wider conversations between OT and Skye Centre regarding the development of a shopkeeper patient placement.

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
59	3.3 F&N	3.3 New nutrition and physical health pathway to be implemented by keyworkers monthly and reviewed at CPA's	Dietetics Nursing Practice Development	Essential	Medium	Programme of work already in place and taking this forwarded. Pilot in Arran early 2024 and rolled out in Lewis in August 2024.
62	3.3 F&N	3.3 Patients supported via nutrition and physical health pathway with keyworkers (monthly) which includes conversations regarding diet and activity	Nursing Nursing Keyworkers	Essential	Short	Programme of work already in place and taking this forwarded. Pilot in Arran early 2024 and rolled out in Lewis in August 2024.
67	3.3 F&N	3.3 Patients' nutrition and physical nursing care plan to be jointly agreed with patients and review at least monthly with any points of concern taken to clinical teams for action.	Nursing	Essential	Short	Programme of work already in place and taking this forwarded. Pilot in Arran early 2024 and rolled out in Lewis in August 2024.

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
83	3.3 PA	<p>3.3 Explore opportunities for a wider range of activities to include:</p> <ul style="list-style-type: none"> * more structured daily routines for newly admitted patients * more pre planning of seasonal activities with a variety of ward based, weekend and evening options to increase more opportunities for physical activity. use of scheduled hub and patio activities, football, outdoor games. 	Admission service / Activity Coordinators / Skye Centre Manager / Lead Nurses / Security	Essential	Medium	SBAR to Head of Security to be submitted August 2024 by Dr Khan proposing new resources for patients such as outdoor football pitch
88	3.3 PA	Monitor, review and support wards and staff to open the hubs to allow for time off ward and exercise opportunities.	Lead Nurses / Nursing Activity Coordinators / Lead AHP	Essential	Short	This action is a key aim within TACKS project

Number	Section	Action	By Whom	Prioritisation (essential, desirable)	Timescale (short, medium, long)	Progress update as of October 2024
80	3.3 PA	Rio electronic referral forms for grounds access being rolled out with the intention that this will reduce lost paperwork/delays in Processing.	Clinical Security Manager / CTMs	Essential	Short	Ongoing
81	3.3 PA	Grounds access policy currently being reviewed and specific focus must be placed on how security/risk needs can be balanced with supporting patients to access physical activity to support their weight, health and mental health recovery.	Security / PHSG	Essential	Short	Completed
89	3.3 PA	Minimising daytime confinement (DTC) is a priority for the hospital.	Lead Nurses	Essential	Short	Significant amount of work ongoing to meet this action across the hospital.

10.6 Appendix 6: Terms of Reference for the patient shop SLWG

THE STATE HOSPITALS BOARD FOR SCOTLAND Patient Shop Short Life Working Group

TERMS OF REFERENCE

1 PURPOSE

The purpose of the Patient Shop Short Life Working Group (SLWG) is to review the future operations of the shop that is available to patients at The State Hospital (TSH) and explore how the physical environment and design of the shop can be optimised to best support the mental and physical health of patients, and the operational and security requirements of a high secure setting such as TSH. All work undertaken within the SLWG will contribute to the implementation of the Supporting Healthy Choices (SHC) practice guidance and action plan, entitled “Moving Towards a Healthier State Hospital, A Whole Systems Approach” and TSH’s principle aim of rehabilitation. The Patient Shop SLWG is accountable to the Supporting Healthy Choices Oversight Group (SHC OSG).

2 COMPOSITION

Membership

The Chair of the group will be the Skye Centre Manager, deputy chair is the Health Psychologist. Members are appointed by the chair. Members will be asked to disseminate discussions and agreement from the group to other relevant groups and committees, as agreed within the group membership table.

- Skye Centre Manager
- Health Psychologist
- Lead Dietitian
- Consultant Psychiatrist
- Occupational Therapist
- Clinical Quality Representative
- Nursing Representative
- Skye Centre Atrium Charge Nurse
- Senior Rehabilitation Instructor (Patient Shop)
- Social Work Representative
- Finance Representative
- Skye Centre Secretary
- Patient Representative

Attendance

Members should attend all meetings or a deputy can attend in their absence. In the long-term absence of a member, the group can agree to co-opt another staff member as a replacement.

In order to fulfil its remit, the group may obtain whatever professional advice it requires and invite external experts and relevant members of hospital staff to attend meetings on an as required basis.

3 MEETINGS

Frequency

Meetings will be fortnightly and will be disbanded when the group agrees its remit has been achieved. Meetings may be convened electronically through Microsoft Teams, however preference will be given to in person meetings as standard to allow for the patient representative to attend. The Chair may convene additional meetings if necessary.

Quorum

A minimum of six members are required to be present.

Agenda, Action Notes and Papers

Action points will be circulated in an electronic format following the meeting to allow time for actions to be completed. Paper copies will be provided to the patient representative. There will be a standing agenda items relating to the core remit of the group. Additional items may be added if approved by the Chair.

4 REMIT

- To provide a forum for consultation, discussion and debate around the patient shop at TSH.
- To include patient feedback, via the patient representative and the Patient Partnership Group (PPG) to consult on any changes to recommendations.
- To review the use of data collected from shop purchases and determine how this can be used for the purpose of benefitting patient mental and physical health, and rehabilitation, in the context of information governance
- To review the implementation of the health care retail standards and recommend changes to their implementation to better support patient mental and physical health
- To review and recommend evidence-based changes that could be made to the physical environment of the shop so that it best supports patient's mental and physical health, and rehabilitation. This may include a review of stock lines and a review of spending or item restrictions that may be placed on purchases.

5 AUTHORITY

The Patient Shop SLWG is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires to meet its terms of reference from any employee and all employees are directed to co-operate with any request made by the Committee.

7 REPORTING FORMAT AND FREQUENCY

The group will report to the Supporting Healthy Choices bi-weekly development meeting, and three monthly to the SHC OSG.

8 COMMUNICATION AND LINKS

The Patient Shop SLWG will report into the SHC OSG. There will be communication with other hospital groups, such as the Physical Health Steering Group, Infection Control Committee, Nursing Practice Development, Mental Health Practice Steering Group, Nursing and Allied Health Professional Advisory Committee and Person Centred Improvement Group as required.