

REGIONAL EATING DISORDERS UNIT (REDU)

ADMISSION INFORMATION PACK September 2026

Ward telephone number 01506 523 740

Visiting times: Monday – Friday 7 – 8pm Weekends – 3.45 – 4.45pm and 7 – 8pm

There is flexibility for patients on bed rest, visitors travelling long distances and patients with young children. Please speak with a member of the team to arrange a suitable visiting time.

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Welcome to REDU

Welcome to the Regional Eating Disorder Unit (REDU).

Established in 2012, we provide specialist inpatient care for adults with an eating disorder aged 18+ across Lothian, Fife, Forth Valley and the Borders.

Our experienced multidisciplinary team works together to provide person-centred, compassionate care, tailored to everyone's needs. We offer support with physical health concerns, recovery, and developing ways to live more safely with an eating disorder.

Arriving on the unit

A member of staff will welcome you on to the ward when you arrive. Staff will take your belongings as these will need to be checked and recorded.

You will meet with a member of the nursing team, medical team and a dietitian on arrival to the unit to begin an assessment. You may find it helpful to have a member of your family or a friend to sit in on this assessment for support.

The multi-disciplinary team (MDT) on the unit

You will meet with various members of our multi-disciplinary team throughout your stay:

- Consultant Psychiatrist
- Specialty Doctors
- Consultant Physician
- Nursing Team
- Clinical Psychologist
- Dietitians and Dietetic Support Worker
- Physiotherapist
- Occupational Therapist (OT)
- Administration staff
- Art Therapy (*dependent on student training post*)
- Volunteer staff *(who can offer a range of services such as a book trolley, complementary therapies, quizzes and creative writing. This is subject to their ability to offer their time)*

We have input from a pharmacist who specialises in the care of mental health conditions. You or your family/carers can request to see the pharmacist should this be appropriate.

Your care at the unit

Many people will be involved in your care at the unit. You will meet with different members of the team in your first few days to discuss and jointly develop a treatment plan that is based on your individual needs. A formal treatment planning meeting will be arranged and if you would like, other people such as a family member or friend can also attend this meeting.

Key & Co-worker Information

Every patient is allocated 2 nursing keyworkers and a co-worker on admission. Your keyworkers and co-worker are central to your care in REDU. They will meet with you regularly, either to work on an agreed topic or simply to provide additional support from someone who knows you well on the ward.

Where shift patterns allow, your keyworkers will attend any review meetings that are held about you and your treatment in REDU. As part of this they will represent your views and give a detailed account of how your stay at REDU is progressing.

Treatment Pathways

During your admission, your care team will work with you to identify the support and treatment that best meets your individual needs. There are three recovery pathways, each with a different focus. Your pathway will depend on your current needs, safety and progress in recovery.

1. Behavioural Interruption Pathway

This pathway focuses on helping you interrupt and reduce eating disorder behaviours, such as restricting food, purging or excessive exercise. Support includes structured interventions and monitoring.

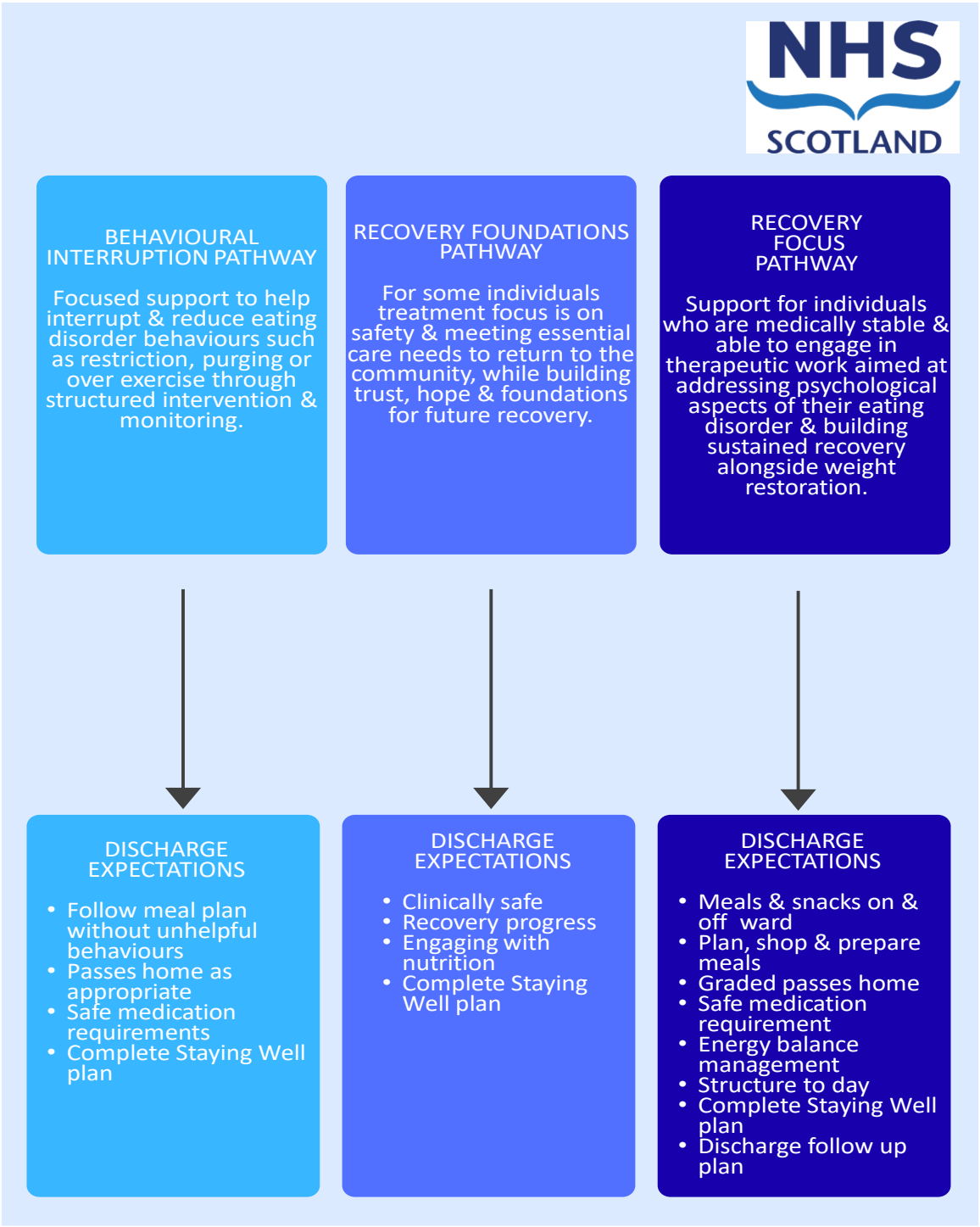
2. Recovery Foundations Pathway

This pathway is for people who need support to maintain their safety, meet essential care needs and build a foundation for recovery. The focus is on rebuilding trust, hope and confidence while working towards returning to the community.

3. Recovery Focus Pathway

This pathway is for people who are medically stable and ready to engage in therapeutic work. It focuses on understanding the psychological aspects of your eating disorder and building lasting recovery alongside weight restoration, where needed.

Your Recovery Journey



Your care team will work alongside you to support your individual needs and recovery goals. Together, you will work towards building the skills, confidence and support needed to continue your recovery in the community.

Patient meetings within REDU

TREATMENT PLANNING MEETING**:**

Initial meeting in the first few weeks of your admission to agree the overall treatment goals and pathway with you, the community team and REDU staff.

Invitations to attend will be sent out to your referring team and any carers that you wish to attend. You can also bring along a representative from the advocacy services.

PROGRESS REVIEW:

After the treatment planning meeting, the team at REDU will arrange a review meeting every 4 weeks. These meetings last for 30-45 minutes and are on Wednesday afternoons. The ward administrator will provide you with information on the dates and times of your meetings on the ward. Please speak with staff if you have any queries regarding these meetings.

The review meetings aim to be patient centred; giving you the opportunity to feed back about your progress and treatment plan. The REDU team will invite your community team to join the reviews, to ensure information is shared and there is a continuity of work between the teams.

We encourage you to invite family or carers to your review meetings if you feel this would be helpful.

During your review you will be asked to provide feedback about your treatment and progress; it is up to you how much you wish to actively participate. You can utilise the services of advocacy.

WARD ROUND:

Every Tuesday morning the ward-based team hold a ward round to review every patient. Prior to this meeting, you will have a 1:1 meeting with a member of the nursing team to discuss your treatment progress, goals and points of discussion for the coming week. This is documented and taken to ward round.

During ward round the team will discuss your treatment and goals for the coming week. You will then have a discussion with representatives from the team about these goals, and you will have the chance to ask further questions. We aim to do this before or shortly after lunch that day.

DISCHARGE PLANNING MEETING:

This meeting will be arranged towards the end of your admission to review your progress on the ward, discuss your discharge needs and the support required in the community, and

confirm follow-up appointments, including dates and times. We would encourage you to invite your carers to attend the meeting to contribute to discussions about your discharge needs and help plan any ongoing support required following discharge.

Some areas to think about focussing on in preparation for any meetings on REDU are:

- Meal management
- Weight change and weight targets
- Therapy
- Group therapy
- Passes
- Discharge planning
- Goal of treatment
- Physiotherapy work
- Occupational therapy work
- Key worker sessions.

Confidentiality

Patient confidentiality guidance will be applicable during your admission to hospital. **Details of your care, treatment and progress may be shared with other health care professionals involved in your care including your GP and local community support teams, the multi-disciplinary team that operates within the Regional Eating Disorders Unit and if applicable your social worker if you have been allocated one.**

We are not at liberty to give details of your care and treatment to friends or family unless you have given us permission to do so. Staff will clarify with you which family members or friends you are willing to be provided with information and any individuals who you do not wish information to be shared with. If family or friends contact the team to provide information or need to ask general questions, there can be discussion without disclosing any of your conversations with staff.

If any information comes to light during your stay that potentially could place others at risk for example relating to a crime that may have been committed, then we have a duty of care to inform the relevant authorities including the police. This will only take place after discussion with you the individual and any information will only be shared with the necessary people.

We can support your family and carers by providing them with information on diagnosis, treatment options and hear their concerns.

Facilities in the unit

All patients have a single room with an en-suite bathroom for their sole use.

Hub - A congregation point with seating areas for patients, staff and visitors. Access to and from the unit will be monitored by staff at the hub area; there is a secure access door that staff regulate.

Courtyard - Can be used at staff discretion and dependent on treatment plan and risk assessment

Lounge which all patients are free to use with:

- Wide-screen TV, DVD's, games, art and craft materials, books and magazines
- The lounge is used for after-meal support where a member of staff will be based for support for 30 minutes after snack times and 1 hour after main meals.

Social inclusion with your peer group will be encouraged in a very supportive manner by staff.

Dining area - Where all patients are expected to attend for meals and snacks.

Group room – Used to practice independent eating and is available for you to meet with your visitors at visiting times or to have family meals.

Training kitchen – Where patients can practice self-catering with support from the staff and from the dietetic team. Cooking groups are also held in this area.

Family room - Used for meetings, including admissions, but is available for you to meet with your visitors at visiting times or to have family meals. This room is prioritised for patients who have young visitors.

Laundry room - For patients to wash their own clothes to maintain skills of independent living.

Other facilities at the hospital

There is a WH Smith in the hospital and a Co-op opposite the hospital. Both sell newspapers, confectionery, and a small selection of toiletries.
The Co-op is open daily from 6am – 10pm.
WH Smith is open daily Mon – Fri 7am – 8pm, Weekends 9am – 7pm.

Cash Machine

There is a cash machine on the ground floor of the hospital next to the Howden Cafe.

Catering / Refreshments

The hospital dining room is situated on the second floor. Vending machines are available in the lounge seating area. There is also a small cafe on the ground floor near the reception.

Opening times – for hot food service in the 2nd floor dining room.
Breakfast: 7.30am – 11.00am
Lunch: 12.00pm – 2.00pm
Supper: 5.00pm – 7.00pm

Outside these times, it is open all day for cold food/snacks/cakes and hot & cold drinks.

The Howden Café on the ground floor is open from 8am – variable times dependent on staff availability.

Mealtimes on the ward

Breakfast	8:30am until 9am
Morning Snack	10:45am until 11am
Lunch	12:30pm until 1pm
Afternoon Snack	3pm until 3:15pm
Dinner	5:30pm until 6pm
Supper	8:45pm until 9.05pm

Mealtimes are protected so we ask that appointments or visits are arranged out with these times. Visitors are asked to leave the ward during meals to ensure patient dignity, safety and security.

Breakfast, snacks, and supper are prepared by the nursing team on the ward.

- These will be based on the meal plan agreed with the dietetic team.
- A chart of the meal plan stages will be discussed with you on admission so you know how your meal plan will progress throughout your admission.

Lunch and dinner in REDU are provided by the main hospital kitchen based in the hospital. Meals are prepared fresh on the day by an experienced catering team.

The meals are on a 3-week rota and menus are completed twice weekly in REDU. Guidelines on how to complete your menus will be in your menu folder and you will be supported to do so by staff.

In addition to the main kitchen, we have assistance from the chefs in the Diet Bay. These chefs will prepare meals for special diets to meet the needs of patients with specific conditions or cultural preferences. This list is not exhaustive but covers some of the special diets the chefs can adapt the menu to meet:

Gluten free *	Lactose free *
Nut free *	Halal
Kosher	Other allergies or intolerances *

* The provision of these diets will always be discussed with the dietitian to explore whether it is needed on medical grounds and is in the best interest of the patient during this admission.

Patients are requested **not** to bring any of their own food items on to the ward under any circumstances. This is for several reasons:

- The nutritional content of meal plans is carefully balanced and specific to each individual patient's requirements.
- Concerns around food safety around storage and reheating items.
- To allow patients to bring in their own foods may maintain an eating disordered behaviour.
- Ensuring a regular stock of a specific food may be difficult if family members are unable to attend the ward regularly therefore leading to problems with patients completing their meal plan.

Expectations of patients in the dining room

Rules	Rationale
Once menus have been completed, changes are not possible	To reduce the stress of repeatedly changing choices and to ensure the kitchen has menus in advance
Portion sizes are standard and variations may occur at times. If you have any problems with portion sizes, please speak to a member of the nursing team	Variation in portion size is normal. If nursing staff are concerned over portion sizes, they will amend them ahead of the meal
Condiments are limited. One salt and one pepper are allowed per course	Condiments are limited to encourage normal eating behaviours and to avoid food spoilage
Patients are expected to display normal eating behaviours in the dining room. Any eating disorder behaviours will be discouraged	To encourage normal social eating
Patients are expected to attend on time. No extra time is given for lateness. It is the patient's responsibility to attend meals on time	To allow patients the full allocated mealtimes and to ensure that meals are served at optimum temperature
Patients are encouraged to complete meals within allocated times; 30mins for breakfast, lunch and dinner; 15mins for snacks and 20mins for supper	To encourage normal eating times and encourage completion of meals within an appropriate amount of time
Supplement will be given for food not completed. If patients are using supplement as a replacement for entire meals, their care plan will be reviewed. Missed supplement carried over and record kept over 24 hours period	To ensure patients receive full nutrition as per meal plan
All plates and cutlery should be left on the table for nursing staff to clear up	To ensure all meals are completed in full
Reading materials, blankets, scarves, jumpers, teddies, mobile phones and iPads are not to be brought into the dining room at mealtimes	To promote normal eating behaviours and to encourage polite table manners
Any spilt, dropped or destroyed food will be replaced with supplement	To ensure patient receives full nutrition as per meal plan
Be mindful of others and if struggling speak to staff, rather than disrupting dining room	To minimise disruption
Once sat down, patients should not leave table until the meal is over. Ask if you need something	To minimise disruption to others
Patients should not leave dining room until advised by staff	To encourage normal eating behaviour and courtesy to others at table
Everyone is individual and has different goals and treatment plans	Patients to focus on own goals rather than concerning themselves with others treatment

Expectations of staff in the dining room

Rules	Rationale
Staff to be in dining room 5 minutes before mealtimes	To set up meals on time and allow full time for completion of meals
When supervising patients, do not leave the table	To offer continuous support for all patients
Challenge all eating disordered behaviours observed	If behaviours are unchallenged, it is not helpful for patients
Where possible, staff are to eat with patients	To encourage social aspect of eating and maintain a sense of normality in the dining room
Member of staff in charge of mealtimes will check in on patients dining in the ADL Kitchen	To offer continuous support and encourage independence
Staff are to keep conversation appropriate throughout mealtimes	Inappropriate conversation can be unhelpful, such as conversations regarding dieting, calories and personal matters
If staff are surplus to requirement they should leave the dining room.	To avoid patients feeling overwhelmed with staff numbers
One member of staff to be runner on the unsupported tables	So patients can remain seated and to minimise disruption

Vegan Meals

Having listened to patients and carers who advocate for the availability of a vegan adapted meal plan, we have undertaken a thorough review of the most current literature and explored the views and experience of eating disorder professionals. The REDU Vegan Dietary Guidelines have been modified for those wishing to follow a vegan meal plan for ethical reasons which are unrelated to their eating disorder.

It is well documented that there is a rising trend to follow a vegan diet in the UK population. However, we also acknowledge that for some individuals, following a vegan diet can legitimise further dietary restriction in the context of an eating disorder. This should be carefully considered, and decisions should be based on the least restrictive option for the individual whilst also considering safe and efficient treatment for eating disorders whilst being mindful of genuine ethics and choice which pre-date the onset of an eating disorder.

MEED states: “Many vegans, in line with some religious practices, acknowledge that using products derived from animals may be necessary under certain circumstances. For many, lifesaving or health-improving treatment would constitute such circumstances. In practice, the use of soya-based feeds with vegan patients is common because they contain fewer animal derivatives compared with standard feeds. Becoming vegan may be part of eating disorder pathology, in which case moving to a vegetarian diet may be justified. “

Our recommendation for all patients admitted to REDU would be to relax your vegan restriction and transition to a vegetarian diet whilst an in-patient, where we can offer

nutritionally complete meals and where necessary, nutritional supplements, nasogastric (NG) feeds and safely navigate the refeeding process.

To provide care in the least restrictive option and for anyone who does not feel able to make this transition onto a vegetarian diet, an adapted meal plan will be offered which substitutes dairy for non-dairy alternatives (soya milk, soya yogurts, soya desserts). This vegan adapted menu will be available for anyone who chooses a vegan diet and who is medically unwell and requires urgent refeeding in a hospital setting.

This vegan adapted plan will be available until medical stability has been achieved and it can be reviewed whether it is safe enough for you to return to the community if you wish to remain on a vegan diet. At this time, you can consider whether you would like to remain on the ward and challenge your eating disorder with non-vegan meals and foods with support.

However, if you feel that this would be too difficult, or not the right time to challenge this, a transition to home will be planned to challenge your eating disorder with vegan meals in your home environment; where there is greater access to foods to support recovery from an eating disorder which are not available in a hospital setting.

Vegan food options

In practical terms, breakfast, snacks (with limited options) and supper will be adapted with vegan alternatives. On the existing NHS 3-week menu cycle there are some vegan meals available on rotation. However, at many mealtimes this is not the case. As we are unable to provide nutritionally adequate vegan meal alternatives, individuals would be asked to opt for the vegetarian meals at these times or accept a plant based nutritional supplement to replace the meal or elements of the meal not managed.

Soya products available from NHS catering:

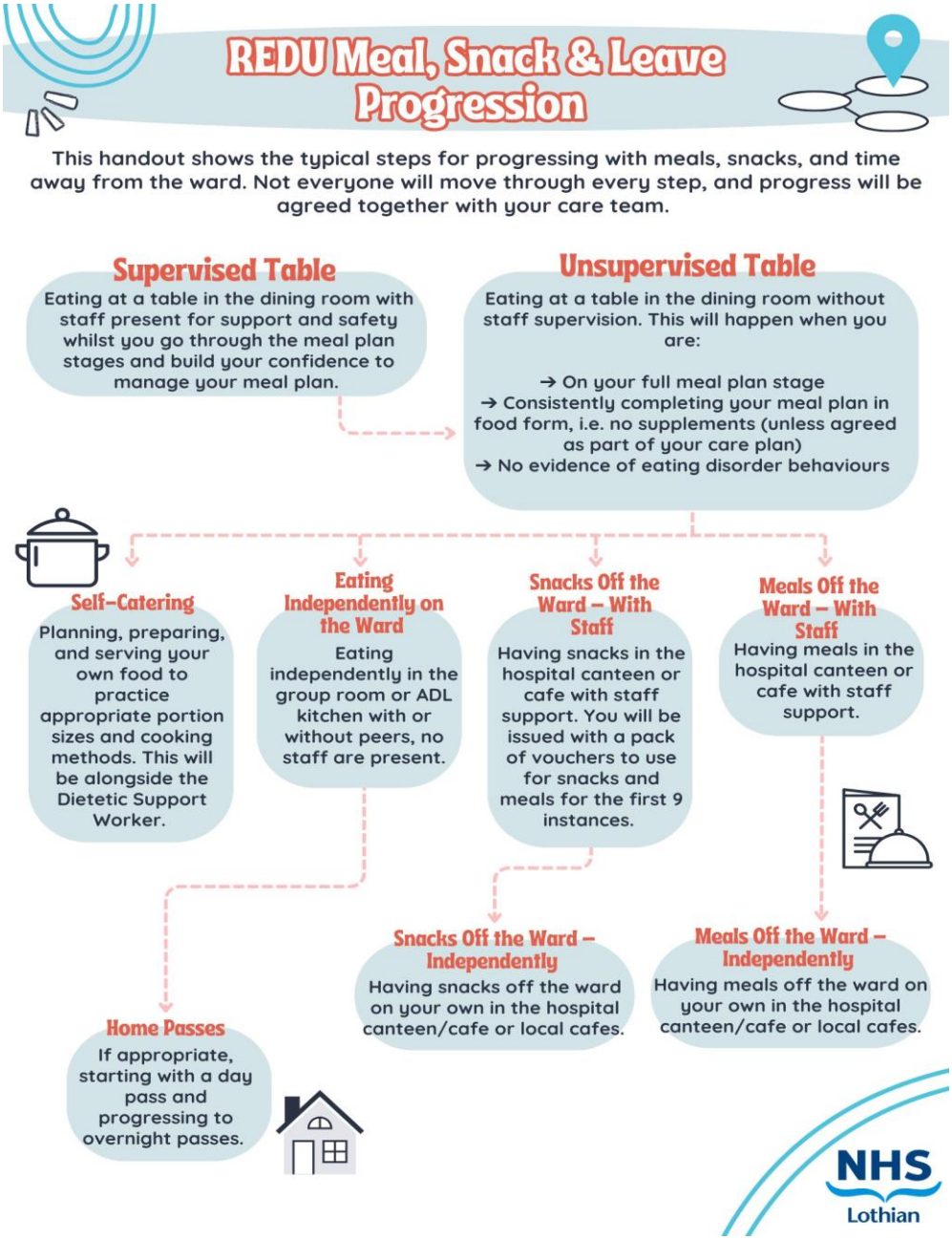
- Soya / oat milk
- Soya yogurt
- Soya desserts
- Vegan nutritionally complete supplement now available
- NOTE: Adaptations to portion sizes are necessary to ensure nutritional equivalence to dairy based products. This may involve larger portions and additions.

Nasogastric feeding options

For anyone requiring NG feeding, the plant-based supplement will be used for bolus NG feeds. If pump assisted NG feeding is clinically indicated, we have access to a plant-based nutritionally complete feed.

The next steps

Throughout your admission, we will be considering the support and skills you may benefit from developing to allow you to progress towards discharge. Once you are completing your meal plan without the need for support from the nursing team and without any eating disorder behaviours you will progress to the unsupervised table in the dining room. If you are managing this well, you may progress to eating independently with peers or alone in the ADL kitchen or the group room. These can be important steps ahead of discharge. The diagram below shows a guide to progression.



Self-catering

During your admission, it may be recommended that you start to self-cater your meals or snacks. This is usually at the stage when you are completing your entire meal plan in food form at the unsupervised table and will be with support from the Dietetic Support Worker. If you feel this would be an important opportunity for you to have during your admission, please discuss this with a member of the team.

Usually, we start with the snack meals, and you will be encouraged to self-cater a maximum of 3 snacks per week on the ward. We encourage you to choose snack items not available on the hospital menu and snacks that give you a personal challenge.
Examples of snack items:

- chocolate bars or sweets
- crisps
- bakery items not available on the hospital menu
- ice cream snacks

These can be purchased by the dietetic team from the local shops. Alternatively, if you are having time off the ward, you may choose these yourself. The ward has a budget for purchasing these items (maximum of 3 per week) so please pay in cash and keep the receipt. Please note items purchased by card cannot be reimbursed.

Shopping, preparing, cooking and portioning may be the next important steps for your recovery. You may progress to preparing sandwiches and main meals on the ward with the assistance from the Dietetic Support Worker. Again, these items are paid from the ward funds up to a cost of £4 per meal. However, if you would like to buy more expensive ingredients, we would encourage you to supplement this budget. For some patients spending money on food can be part of the challenge and you may be encouraged to pay for food for yourself.

Another way to self-cater on the ward is to buy a take-away. The ward does not have a budget to pay for take-away meals for patients therefore if you feel this would be beneficial to try out in the ward environment you will be asked to purchase this for yourself.

Eating off the ward

Ordering food from restaurants and eating independently can be a hurdle. We encourage people to try choosing a meal or snack from the hospital canteen. It is helpful to have a tour of the canteen to see what they have to offer, so staff will take you up prior to your visit.

It may be that you choose to have a member of staff with you on your first meal/snack – we will endeavour to provide this support, but this will be dependent on ward activity. You will be issued with a pack containing an information sheet and 9 vouchers which you can use to purchase your meals in the canteen and coffee shop on hospital grounds only; these are only for patients and **cannot** be used for family or friends who may be with you. If you continue to eat in the canteen after you have used these vouchers, you will be asked to

purchase your meals and snacks as paying for nutrition can be an important part of the process. Please let staff know if this causes you any difficulty for any reason.

It is common for people to try to eat meals in the surrounding area if they are having short passes off the ward, e.g. Howden Park Centre, Dobbies, Livingston Centre. These are ideal opportunities to practice taking responsibility for your nutritional needs and you should prepare for these trips by speaking with a member of the team to assist in planning. You will be asked to purchase this for yourself.

On your return to the ward, we would suggest that you check in with a member of the team to address any issues you may have experienced or to share any positive experiences so these are captured in your progress.

Family meals

Our family room or training kitchen can be used to have family meals should you and your family/carers feel this would be helpful. Please discuss this with staff if you feel this would be something you would like to try.

Feedback

The catering department welcome feedback, good or bad, regarding the meals provided. This can be done by completing the reverse side of the hospital menu. If you would like to speak to a member of the catering department, they will gladly come down the ward to meet with individual patients.

Passes home from the unit

As part of your treatment plan staff will help you to initiate passes home as maintaining your life outside of hospital is **v**ital to your recovery.
Planned passes will occur when the ward staff deem this to be suitable in terms of what stage you are at in your treatment and at what level you are at in terms of your physical and mental health.
If you are on pass for more than 1 night, staff will discuss your pass and formulate a **pass plan** with you to **identify early warning signs of relapse and what you should do in the event of a crisis**. Information on who to contact will also be incorporated in this pass plan. You will be given a copy of all pass plans for your own reference.

All planning and preparation for passes will be collaborative and will ensure that you can access the appropriate services and take the right steps in to dealing with any potential difficult situation.

Physical Monitoring

Whilst in REDU your physical health will be monitored. This includes daily blood samples for the initial period, typically 7-14 days. This is to ensure that any features of blood abnormalities and 'refeeding syndrome' are picked up quickly when they require specific treatments. Any other physical symptoms you may experience will be assessed by the Specialist Doctors on the unit including advice from a Consultant Physician who visits the ward regularly. If you already see another team around your physical health the ward doctors will contact them to ensure that your treatment with them is not interrupted.

Your weight and height will be measured in the morning after your admission and weekly on Mondays thereafter; temperature, heart rate and respiratory rates will be measured daily in the early stages.
All REDU staff aim to respect the patient's dignity and to make a positive effort to secure a safe, comfortable and considerate atmosphere for the patient.

In certain circumstances it may be within the interests of the patient and staff to have a chaperone present during a procedure, treatment, examination or therapeutic session. Patients may request to have someone present to offer support during any of these situations and the request will be honoured.

The chaperone can be another member of staff or family or friend depending on the purpose of the chaperone.

Employees of NHS Lothian are always expected to be professional, caring and courteous. If you believe any interaction with an employee of NHS Lothian to fall short of these expectations, please see our leaflet entitled "Complaints and Compliments".

Levels of Support and Observation in Hospital

Your safety, privacy and dignity are important to us. We will work with you to understand your needs and provide the right level of support to help keep you and others safe.

Following an individual assessment, we will agree the most appropriate level of support, using the **least restrictive approach possible**. Decisions will involve you as much as possible, alongside your care team and, where appropriate, your family or carers.

There are three levels of support:

1. General Support
The standard level of care for most patients who are assessed as being at low risk. You will receive your normal ward care, and the nurse in charge will know whether you are on or off the ward. Therapeutic support and activities will be available throughout the day.

2. Increased Support
May be needed if you are experiencing distress and there are concerns about your safety or

the safety of others. A designated staff member will check your whereabouts at agreed intervals throughout the day and night. They will offer additional support, engagement and activities to help you feel calmer and safer.

3. Continuous Support
This may be needed if there are serious concerns about your safety or the safety of others. A designated staff member will remain with you, maintaining appropriate proximity so they can see and hear you. Their role is to support you through distress, help you feel safe and work alongside you in your recovery.

Your level of support will be based on your individual needs and risks. Decisions will be made thoughtfully, reviewed regularly and discussed with you and the relevant members of your care team. Increased or continuous support will not be reduced or stopped without discussion with the appropriate care team.

Our aim is to keep you safe while respecting your choices, dignity, privacy and individual needs, and to provide support in a caring and therapeutic way.

Treatment Recommendations and Consent

During the early stages of admission, we may ask for your consent to place some restrictions on you. This is to allow you to work solely on challenging your eating disorder. If you cannot follow this guidance, this may impact on whether an admission to REDU is going to be an effective part of your recovery, and there may need to be a review on whether the admission can continue. Sometimes there can be some flexibility for your individual care plan but at other times this may not be possible or appropriate.

At all times, it is important that the team at REDU can see that you are consenting to the admission and the treatment plan. Your right to consent to treatment is important to us.

During the initial stage of your admission to REDU, it might be recommended that you follow ward guidance to manage risks associated with treatment and recovery from an eating disorder.

It is important you understand why we make these recommendations during your time in REDU and we aim to explain these fully, so you can make informed decisions around consent for these aspects of treatment. Our aim is to protect you from eating disorder behaviours which may increase your risk of harm.

Initially we might recommend you have your bathroom locked and toilet visits supervised.

Physical risks – for some patients with physical instability, there is an increased risk of becoming more unwell unexpectedly while using the bathroom and you may not be able to easily call for help.

Exercise – bathrooms can be identified as a space to exercise discreetly to attempt to lose weight.

Purging – urges to vomit after meals can be intensified at times and this may be something you will need support to avoid acting on.

Self-harm risk – bathrooms may be used as a space to self-harm when unsupervised.

Fluids – drinking excessive fluids, e.g. tap water from bathroom sink, can be used to falsify weight measurements.

Why do we recommend wheelchair transfers for some patients?

Physical risk – patients at low weights are at higher risk of falls and injury as a result of a fall. Factors such as low blood pressure, low blood glucose, electrolyte imbalance (i.e. potassium, sodium, magnesium, phosphate) and fatigue may result in unsteadiness or fainting.

Conservation of energy – it may be necessary to minimise energy expenditure by limiting movement during the early stages of treatment.

Why do we recommend you have no unescorted time off the ward?

Exercise – for many patients the urge to exercise before or after meals may be problematic and therefore having unescorted time off the ward too early in your treatment may result in exercising to limit weight gain.

Physical risks – for some patients with physical instability, there is an increased risk of becoming more unwell while off the ward and you may require medical assistance.

Self-harm risk – for patients with urges to harm, time off the ward may be used to engage in self-harming behaviours or obtain items intended to use to self-harm.

Purging – for patients with a history of purging or urges to purge, time off the ward alone is not advised due to the risk of these urges being too intense to resist.

Bingeing – Some patients may use time off the ward to access to local shops to buy foods which can be used to binge, which may trigger purging or refeeding syndrome.

Smoking – sometimes patients may attempt to use smoking to suppress appetite as a means of restricting calories. Nicotine replacement can be prescribed as an alternative.

Your care plan will be reviewed with you throughout your admission, and the recommendations will change as the admission progresses.

Guidelines for groups in REDU

Several groups are run in the ward. Group timetables can be found on each patient's bedroom door.

Confidentiality
Respect confidentiality of everyone's contribution,
'What's said in the group stays in the group'
The group facilitator may be required to break confidentiality by informing the team if any concerning risks are discussed within the group. This could be used to facilitate any one-to-one work. Wherever possible, this will be discussed with the patient in advance.

Respect
Respect each other's opinions and views.
Give space to each other to speak.
Listen to each other's views.
Do not interrupt or speak over others.

Attendance
Attend the full group programme offered to you. You will be advised as to which groups are suitable for you to attend throughout your admission.
Be an active member of the group.
If you have another appointment or scheduled pass, please inform the group facilitator.
If you are struggling in the groups or find them unhelpful speak with the group facilitator.
Encourage each other to attend and participate.

Punctuality
All groups will start and finish on time so please be punctual.
Bring everything you may need for the group.

Group Work
Any work given to patients will be followed up. If this becomes an issue, please speak to the group facilitator.

Fire Safety

Our staff, patient and visitors fire action notice is located on the corridor wall opposite the hub area. This will provide you with full evacuation information.

Every Wednesday at 09.30am there will be a fire alarm test. This lasts for approximately one minute. There is no need to evacuate the building.

If you hear a continuous fire alarm this indicates there is a fire in our area and you should stand by to evacuate. Patients should congregate in the patient lounge unless otherwise directed due to source of the fire. The staff will be there to guide and reassure you. Staff will direct you to the nearest fire exit and assembly point.

An intermittent fire alarm indicates the fire is not in our area. The Nurse in Charge will give the instructions and reassurance but will not evacuate at this point.

Alarm system

For everyone's safety, our ward has an alarm system that allows patients to call for help or assistance from a member of staff. To use please press the nurse call button in your room. Staff will respond to your call as soon as possible.

This system also allows staff to call for urgent assistance in an emergency. This may be used if someone becomes unwell or is injured, if there is a risk of harm to anyone, or if another urgent situation arises.

There are two types of call sounds:

- **Intermittent sound (beeping):** This indicates a patient has pressed their nurse call button to request assistance.
- **Continuous sound:** This indicates an emergency call requiring an urgent staff response.

If you hear a continuous alarm, please remain calm. **Staff will respond to emergencies and manage the situation. You do not need to take any action yourself.** Please follow any instructions given by staff to help keep everyone safe.

Internet access

Patients can access free Wi-Fi whilst on the St John's site. To set up simply connect to NHSL-FREEWIFI wireless network, open your web browser and from the welcome page accept the terms and conditions and click 'Get Online'.
Due to demand, the Wi-Fi can sometimes be intermittent. If you need any help accessing this please speak with staff.

Mobile phone and technology policy

Mobile phones can be helpful tools in recovery when used in a balanced and supportive way. You are encouraged to use your phone for things like staying in touch with loved ones, planning your day, and accessing helpful resources or distractions (e.g. music, games, or relaxation apps).
To support your recovery and the ward environment:

- Phones should not be used during meals, therapy sessions, or group activities.
- Avoid content that may be triggering or unhelpful, such as calorie tracking or pro-eating disorder material.
- Photography, recording, or sharing information about the unit, staff, or other patients is not allowed.
- Patients have the right to request to make a recording – this should be agreed with the clinician in advance.

Staff are here to help you reflect on your phone use and find a healthy balance. If there are concerns, we will always discuss this with you and work together to agree supportive changes.
In some situations where there are significant safety or treatment concerns, phone use may be restricted, but this will always be carefully considered, clearly explained, and regularly reviewed.
Your phone is a tool—using it in a positive way can support your recovery.

Whilst you're on the ward, we ask you not to bring or use pedometers, exercise tracking watches, or any calorie or nutrition tracking apps. Our goal for your admission is recovery, and we understand the dangers of tracking nutrition and exercise for people with eating disorders. We know this might be difficult if you have been using them, but it is important to try to stop tracking during your admission.

Drug & Alcohol

REDU has a **zero-tolerance** policy towards illicit drugs and alcohol. Neither drugs nor alcohol are allowed on the unit, and we specifically request none are brought in at any time by either patients or visitors.

Any patient found to have taken drugs or consumed alcohol whilst on the ward will have any offending items removed and destroyed by the appropriate means. A discussion will be had between the senior members of the team and the Consultant Psychiatrist about discharge from the unit.

Any informal patient returning from pass under the influence of drugs or alcohol will be asked to leave the unit and remain at home until the effects of either the drugs or alcohol have worn off. Patients whose care is given under the Mental Health Act will need to be reviewed by a senior doctor before a decision is made.

Any visitor who is suspected to be under the influence of either drugs or alcohol will be asked to leave the unit. If any situation escalates, security and/or the police will be contacted.

Smoking

All NHS grounds in Lothian became smoke free on 1 April 2015. These changes were made to promote health and improve the environment for all.

Please do not smoke anywhere in our buildings or grounds.

If you do not want to stop smoking, please comply with our policy by not smoking anywhere in our buildings or grounds. If you are a patient, it may not be appropriate for you to leave the ward and go off the hospital grounds to smoke. However, staff will be able to advise you on this.

During your stay in hospital, you will not be able to smoke in the hospital buildings or grounds. Our staff will encourage you to stop smoking, at least for the duration of your stay. Referral can be made on to a *smoking cessation* facilitator who can provide more in-depth support for stopping smoking.

Nicotine Replacement Therapy (NRT) and other treatments will be available to manage nicotine withdrawal symptoms while you are an inpatient and on discharge if clinically appropriate.

The smoking cessation facilitator may signpost or refer smokers on to other support services.

Can I use an e-cigarette or vapouriser?
Electronic nicotine delivery systems (ENDS), which are e-cigarettes and vaping devices, are not allowed anywhere in our buildings. They are also not allowed to be used in green hatched areas or close to our entrances or windows. Due to fire risk, please do not charge ENDS in our buildings. If this is a problem, please discuss it with a member of staff.

Sharps

The use of razors and tweezers is **NOT permitted** in REDU. If you have brought any sharps in on admission, we would ask that you hand these over to staff for safe keeping.

Any brought in by relatives or friends will also be removed from them/you and kept for safekeeping until your discharge from the unit.

There may be times if we have concerns someone is concealing a razor or tweezers that we will ask you to consent to a room search in order we can obtain the item and remove it.

We ask that everyone adheres to this policy for the safety of everyone on the unit.

There are several other hair removal methods you can consider such as:

- Sugaring
- Wax strips
- Cold wax
- Hot wax
- Electric razors
- Hair removal creams

Violence & Aggression

The Regional Eating Disorders Unit is a place of treatment and recovery. Hostility, intimidation, aggression and violence will not be tolerated at any level from patients or visitors whether family or friends. The ward staff are here to assist you in your treatment and recovery and will do our utmost to do so in a safe and therapeutic environment.

NHS Lothian operates a zero-tolerance policy. Threats, intimidating behaviour or violence against any employee will not be tolerated and NHS Lothian will seek to prosecute any offender. The instigator may be refused treatment.

Advocacy

The Mental Health Advocacy Project (MHAP) provides independent advocacy service for people with mental health problems that stay in Lothian or who are being treated in inpatient services in St John's Hospital.

MHAP offers individual and collective advocacy to adults and young people to help with a range of issues as; detention under the MHA 2003, care and treatment, housing, family, benefits/welfare issues and helping individuals to access legal assistance. MHAP can also help people to access information about local groups and services and national groups. This service is free of charge.

Eligibility: adults and young people resident in hospital in West Lothian with a past or current Mental Health problem with priority given to those subject to the Mental Health (Care and Treatment) Act 2003 (Scotland), the Adults with Incapacity Act 2000 (Scotland) and the Adult Support and Protection Act 2007 (Scotland).

Contact Number: 01506 857230
Email: admin@mhap.org.uk

Address: Strathbrock Partnership Centre, 189a West Main Street, Broxburn, EH52 5LH

Visit their website www.mhapwl.org for full details.

Mental Health Act

Where a patient is refusing admission or an aspect of their care, a senior doctor from the unit will perform an assessment as to whether use of the Mental Health Act is appropriate to facilitate treatment. Most of our patients do not need these formal measures even when choosing treatment feels difficult. The Mental Health Act can allow clinicians to compel a patient to stay in hospital or have treatment with nasogastric feeding or specific medications.
Whilst under the Mental Health Act, you have rights. These include the right to advocacy, the right to appeal your section under the Mental Health Act and the right to nominate a Named Person. It is also important to know that even if you are not able to refuse specific treatment to save your life, we still try our best to incorporate your views on other aspects of your treatment. For example, someone may not be able to leave hospital safely but they can still make decisions about medications.

Named Person

A Named Person is someone you choose to help look after your interests if you are being cared for or treated under the Mental Health (Care and Treatment) (Scotland) Act 2003. They provide an extra voice to support you, especially if decisions are being made about compulsory care or treatment.

Your Named Person can:

- Be involved in discussions about care options
- Receive key information and documents about compulsory measures
- Apply to or appeal to the Mental Health Tribunal on your behalf
- Attend Tribunal hearings and speak or give evidence
- Help make sure your wishes and feelings are considered

Your Named Person acts independently, and you do not always have to agree with each other. You also do not need to have one.

If you do not have a Named Person and cannot make decisions about Tribunal applications, certain people (such as a guardian or carer) may apply on your behalf. You can choose to **stop specific people** from acting in this role if you wish.

A Named Person must:

- Be 16 or over
- Agree to take on the role in writing
- Be someone you trust (for example a partner, relative, friend, or carer)

They **cannot** be someone who provides your care professionally (such as your doctor, nurse, or social worker).

- You can change or cancel (revoke) your Named Person at any time, as long as you can make that decision
- This must be done in writing, signed and witnessed
- Until you nominate someone else, you will not have a Named Person

Your Named Person can also step down from the role if they choose.

Whether or not you have a Named Person:

- Your views and wishes must be taken into account
- You have the right to independent advocacy
- You can make an advance statement about your care and treatment preferences
- You can get legal support if you need it

Advance Statement

An Advance Statement is a written record of your wishes about your mental health care and treatment. You write it when you are well, in case you become unwell in the future and are unable to make decisions for yourself. If you later receive compulsory treatment under the Mental Health Act, the people making decisions about your care must read your Advance Statement and take it into account.

Purpose

- To ensure your views and preferences are known
- To protect your rights
- Guide professionals if you are too unwell to explain what you want
- Give you more control and involvement in your future care

It does not guarantee your wishes will always be followed, but it **does guarantee they will be considered**. Professionals may decide not to follow it if they believe it is not in your best interests at that time. If this happens:

- They must explain their reasons in writing
- You, your Named Person (if you have one), and the Mental Welfare Commission must be informed
- The decision is reviewed to make sure it was justified

Your Advance Statement must be written down, signed and dated by you and a witness (such as a doctor, nurse, occupational therapist, social worker, or solicitor). The witness confirms that you understand what you are doing. They do not have to agree with your wishes. It can include:

- Treatments or medications you want or do not want, and why
- Whether you prefer hospital or community care
- Therapies you find helpful or unhelpful

It is helpful to explain your reasons, so professionals understand your choices.

You cannot request treatments that are not normally available through the NHS.

Statements should be:

- Shared with your care team and anyone important to you
- Reviewed regularly, especially after illness
- Updated or withdrawn at any time, in writing, with a witness

Where to get help or more information for Advance Statements or Named Persons

- Speak to your **Mental Health Officer (MHO)** or care team
- Contact **Independent Advocacy Services**
- Mental Welfare Commission for Scotland
    - Free advice line: **0800 389 6809**
    - Website: www.mwcscot.org.uk

Requesting a Second Opinion

If you are unhappy with decisions being made about your treatment at any point, you can request a second opinion from an independent consultant psychiatrist. We will do our best to try and accommodate your request if appropriate to do so. Before asking for a second opinion, it is worth asking staff to discuss your diagnosis and your treatment plan and explain anything you don't understand.

If you are unhappy with this information, do not agree or would like a different course of treatment to be considered, you should raise this with the staff involved in your care. You may find it helpful to ask a family member, friend, keyworker or advocacy to attend any meetings to ensure your thoughts and concerns are fully considered.

Interpreting & Translation Services

If a patient is prevented from understanding by a language barrier, the REDU team will obtain the services of a professional interpretation or translation service.

If the additional communication need is due to sight or hearing impairment, the Sensory Impairment Service can be utilised. It is not recommended that family members or friends are utilised to fulfil the communication role.

All patients who require this; and it is appropriate for, will receive written information about their position and rights to interpretation services, and also receive a verbal explanation. REDU staff will ensure interpreters are fully used as necessary to support the above.

Interpreters may be sought to:

- Assist in explaining a patient's care and treatment, rights and other specific information.
- Ensure the patient's symptoms and opinions are shared with the treating team.
- Support one-to-one time with medical and nursing staff.

Statutory leaflets in many other languages and formats (e.g. Braille) can be made available where required.

Spiritual Care

Person-centred spiritual care is part of the care offered by NHS Lothian. It recognises that our beliefs, values and understanding of life can help us cope at times of illness, change or loss.
Spiritual care seeks to help people find meaning, purpose and hope in the midst of illness or uncertainty; affirming that tears and laughter, pain and joy are all part of normal human experience.
Many people welcome spiritual care when they have a serious illness, or their health is changing.

Registered Healthcare Chaplains work alongside staff, patients and carers to ensure that patients remain at the centre of wellbeing and decision making by providing:

- Spiritual Care
- Faith and Belief Care
- Staff wellbeing and support
- Bereavement Care

The Spiritual Care Service can support individuals in the context of illness, injury or loss. The Service provides a 24-hour service. Within office hours (Monday to Friday, 9am - 5pm) referrals to the Spiritual Care Team can be made by phone on 01506 522188

How to View Your Records

If you wish to see your patient records, there is an NHS Lothian-approved process for this. Please speak to our REDU administrator and they can supply you with the application form to request this.

Compliments & Complaints

These can be made either in person or in writing to any member of the team or to:

Clinical Nurse Manager
REAS
c/o REDU
St John's Hospital
Howden West Road
Livingston
EH54 6PP
Telephone: 01506 523740

REDU are bound by NHS Lothian's Policy on how to deal with complaints. If you wish to make a complaint about your treatment informally, please contact:

Senior Charge Nurse
REDU
St John's Hospital
Howden West Road
Livingston
EH54 6PP
01506 523740

If, however, you wish to make a formal complaint, please contact:

Patient Experience Team
Mainpoint
102 Westport
Edinburgh
EH3 9DN
Telephone: 0131 536 3370 (9am -2pm)
Email: **LOTH.Feedback@nhs.scot**
Website: www.nhslothian.scot/yourrights/patient-experience-team-tell-us-about-your-experience/

The above website has links to useful feedback documentation.

For informal and formal complaints please expect an initial response within 5 working days.

You can ask any member of staff for a complaints leaflet (these are available around the ward), or you can complete the online form.

Donations

If you would like to give any gifts to any of the staff in REDU, please note they are not allowed to receive high monetary value items such as jewellery and cannot accept gifts of money. If you would like to make a donation to REDU which would go towards patients' funds, please post or hand in a cheque addressed to:

REDU
St John's Hospital
Howden Road West
Howden
Livingston
West Lothian
EH54 6PP

REDU Abbreviations and What They Mean – A guide for patients, families and carers

Whilst you are in REDU, staff will avoid using jargon. However, there may be times when abbreviations are used in written or verbal communication and we have compiled this list of commonly used abbreviations to help your understanding. We would encourage you to let us know if you need clarification on any information provided by any member of the team.

Eating Disorders

AN – Anorexia Nervosa: An eating disorder where someone restricts food intake and may lose a significant amount of weight. It can affect both physical and mental health.

BN – Bulimia Nervosa: An eating disorder involving episodes of overeating followed by behaviours such as vomiting, excessive exercise, or misuse of laxatives to try to compensate.

BED – Binge Eating Disorder: An eating disorder where a person has repeated episodes of eating large amounts of food and feels unable to stop.

OSFED – Other Specified Feeding or Eating Disorder: An eating disorder that causes significant difficulties but does not fit all the criteria for anorexia, bulimia, or binge eating disorder.

ARFID – Avoidant/Restrictive Food Intake Disorder: Difficulty eating enough food because of sensory issues, lack of interest in food, or fear of unpleasant consequences such as choking.

ED – Eating Disorder: A general term for conditions that affect eating behaviours and relationships with food.

Staff You May Meet

MDT – Multidisciplinary Team: A group of professionals from different backgrounds who work together to support your care.

Consultant Psychiatrist: The senior doctor responsible for overseeing mental health treatment on the unit.

RMN – Registered Mental Health Nurse: A nurse specialising in supporting people with mental health conditions.

HCA – Healthcare Assistant: A member of staff who helps with day-to-day care and support.

Dietitian: A specialist who helps with meal planning, nutrition, weight restoration and eating disorder recovery.

OT – Occupational Therapist: A professional who helps people develop skills and confidence for daily living, work and leisure activities.

Physiotherapist: A professional who helps people understand the impact of eating disorders on the body and supports them with exercise behaviours.

Psychologist / Therapist: A professional who provides talking therapies and helps people understand and manage difficulties.

Social Worker (SW): A professional who helps with social, family, housing or safeguarding concerns.

Physical Health Monitoring

BMI – Body Mass Index: A calculation using height and weight that helps assess physical health.

BP – Blood Pressure: A measure of how strongly blood is moving through your body.

HR – Heart Rate: The number of times your heart beats each minute.

OBs/TPRs – Observations / Temperature, pulse, respiratory rate. Regular checks of physical health, such as blood pressure, pulse and temperature.

ECG – Electrocardiogram: A test that checks the electrical activity and rhythm of your heart.

Blood Tests: Samples taken to check physical health and nutrition levels.

DEXA Scan: A special scan used to assess bone strength and bone density.

Nutrition and Feeding

Meal Plan: A structured eating plan designed to support recovery and nutritional needs.

Meal Support: A meal eaten with staff support to help manage eating disorder difficulties.

Nutritional Supplements: High-energy or high-protein drinks used to help meet nutritional requirements.

NG Tube – Nasogastric Tube: A tube that passes through the nose into the stomach to provide nutrition when needed.

Refeeding: The process of increasing nutritional intake to improve physical health and recovery.

Refeeding Syndrome: A rare but serious medical complication that can occur when nutrition is increased after prolonged restriction.

Therapies and Treatment

CBT-E – Enhanced Cognitive Behavioural Therapy: A therapy that helps people understand and change thoughts and behaviours that maintain eating disorders.

MANTRA – Maudsley Model of Anorexia Nervosa Treatment for Adults: A therapy specifically developed for adults with anorexia nervosa.

SSCM – Specialist Supportive Clinical Management: A treatment combining practical support around eating with therapeutic conversations.

DBT – Dialectical Behaviour Therapy: A therapy that teaches skills to manage emotions, relationships and distress.

1:1 – One-to-One Support: Time spent receiving support from a specific member of staff.

Ward and Care Planning Terms

Ward Round: A regular meeting where progress, treatment and plans are reviewed by the MDT.

Care Plan: An agreed document outlining treatment goals and support needs.

Risk Assessment: A discussion and review of any risks to physical or mental health and how these will be managed.

Pass: Time away from the ward that has been agreed as part of treatment and recovery.

Therapeutic Leave: an agreed break from treatment that gives you time away from hospital to think about what you want for yourself and whether continuing treatment feels right for you just now.

Discharge Planning: Preparing for a safe return home and transfer to community teams.

Common NHS Terms

NHS – National Health Service: The publicly funded healthcare system in the UK.

GP – General Practitioner: Your family doctor.

CMHT – Community Mental Health Team: Mental health professionals who provide support outside hospital.

Frequently Used Words on the Unit

Supervised Meal: A meal where staff are present to provide support and encouragement.

After Meal Support: Support provided after eating to help manage anxiety or urges related to the eating disorder.

Weight Restoration: Regaining weight to a healthier level as part of recovery.

Recovery: The process of improving physical health, mental wellbeing and quality of life.

Lived Experience: Knowledge and understanding gained through personal experience of an eating disorder or caring for someone with one.