



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
25 AUGUST 2020**

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB39-2020

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board on progress in relation to the Tayside wide response to Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services, February 2020.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the content of Listen, Learn, Change: An Action Plan for Mental Health Services in Tayside. (Appendix 1).

2.2 Notes the content of the scoping report following engagement as part of the co-production of a Tayside Mental Health Strategy and Mental Health and Wellbeing Programme for Tayside. (Appendix 2).

2.3 Instructs the Chief Officer to submit to a future IJB meeting the draft Tayside Mental Health and Wellbeing Strategy once this becomes available.

2.4 Notes the content of the Healthcare Improvement Scotland Report (HIS): Review of Adult Community Mental Health Services, Tayside, July 2020 (Appendix 3).

2.5 Instructs the Chief Officer to submit a report to a future IJB meeting outlining the response to the HIS report once this becomes available.

2.6 Notes the transfer of operational responsibility for Inpatient Mental Health Services within Tayside from Perth and Kinross Health and Social Care Partnership to NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee Mental Health and Wellbeing Strategic developments continue to be implemented within the available financial resources of Dundee Health and Social Care Partnership. Developments that require a Tayside response will require a collaborative approach to be taken in respect of financial planning.

4.0 MAIN TEXT

4.1 TRUST AND RESPECT

4.1.1 Listen, Learn, Change, Action Plan

The final report of Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside, was published on 6 February 2020.

- 4.1.2 A draft action plan in response to the 51 recommendations made by the Inquiry was produced and submitted to Scottish Government on 1 June 2020.
- 4.1.3 A period of further engagement was subsequently undertaken with key stakeholders through June and July in order that a more detailed, whole system action plan could be produced.
- 4.1.4 A final action plan has been produced and was submitted to Scottish Government on 31 July 2020. Listen. Learn. Change is provided at Appendix 1 of this report along with the accompanying letter which was submitted to Scottish Government.
- 4.1.5 It should be noted that Listen. Learn. Change outlines in detail how each recommendation is being/ will be taken forward alongside due governance arrangements for same.

4.2 TAYSIDE MENTAL HEALTH AND WELLBEING STRATEGY

- 4.2.1 It is recognised that the recommendations within Trust and Respect require a Tayside wide response and initially it was agreed that ownership of these actions would lie with Tayside Mental Health Alliance.
- 4.2.2 A decision was taken in March 2020 to cease Tayside Mental Health Alliance and establish a Mental Health Strategic Board and an Integrated Leadership Team. The Integrated Leadership Group has acted as a Steering Group comprising membership from all mental health functions across Tayside.
- 4.2.2 A fully functional Operational Steering Group will continue to evolve and will assume a formal role in supporting a Tayside Mental Health and Wellbeing Programme Board. The Programme Board will be responsible for ensuring the delivery of actions against the Trust and Respect recommendations, the co-creation of system wide Change programme within Mental Health Services and the co-production of a Tayside wide Mental Health and Wellbeing Strategy. The overall Change programme will see the scope of work staggered over 2020/21, 2021/22 and 2022/23.
- 4.2.3 Strong interfaces exist between Acute and Community Services and it is envisaged that the success of the emerging Tayside strategy and work programme will be, in part, dependent on effective collaborative work between the 3 Health and Social Care Partnerships and NHS Tayside and strong leadership. The wider group of key stakeholders that operates within each area of Tayside will also need to be confident that existing systems of local engagement will continue to drive decision making about direction of travel and hence future care and support arrangements for people experiencing mental health challenges.
- 4.2.4 During June and July 8 scoping sessions were held via Microsoft Teams with over 175 stakeholders to support the co-production of a Whole System Change Programme structure. During the scoping sessions the recommendations from Trust and Respect were also mapped onto the programme structure.
- 4.2.5 The Scoping report “Making a difference to Mental Health Services in Tayside” is provided at Appendix 2 together with frequently asked questions.
- 4.2.6 The co-production of the Tayside Mental Health and Wellbeing strategy will follow the strategic outline below:
 - Mental health and wellbeing has a profound impact on our quality of life. This strategy advocates a holistic approach and is fundamentally about achieving better mental health and wellbeing for all.
 - Integral to the programme of work will be to implement strategies for promotion and prevention in mental health as well as Community interventions that focus on developing empowering processes and building a sense of ownership and social responsibility within community members.
 - The scope and scale of the Tayside Mental Health and Wellbeing Strategy will take into consideration national and local priorities ensuring the mental health and wellbeing needs of people living in each area of Tayside can be planned. All partners have identified that it is essential to co-create, develop and produce the Change Programme and Strategy using a rigorous inclusive planning approach.

- We will aim to strengthen effective leadership and governance for mental health.
- The Strategy and Change Programme will result in comprehensive, integrated and responsive mental health and social care services in community-based settings and only make use of acute in-patient services where necessary and where possible as part of a planned package of care.
- To take advantage of all new technologies and technology enabled care opportunities to strengthen information systems, evidence and research for mental health.

4.2.7 During August and September a draft strategy will be produced. This will be submitted to Dundee IJB for consideration.

4.3 HEALTHCARE IMPROVEMENT SCOTLAND (HIS) REPORT

4.3.1 Healthcare Improvement Scotland carried out a review of Adult Community Mental Health Services across Tayside from January to March 2020. The scope of the review was community services with a particular focus on Community Mental Health Teams, the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved a review of how services are planned, how teams communicate and interface with other services and most importantly, people's experience of care.

4.3.2 The report was published on 16 July 2020 and is provided as Appendix 3 of this report. Perhaps not surprisingly it is noted that many of the areas reported on are consistent with the recommendations within Trust and Respect.

4.3.3 The report highlighted some areas of concern. There were 3 immediate actions regarding medical staff and 12 recommendations noted and 8 areas of good practice recognised.

4.3.4 The report acknowledges the hard work of staff and HIS reported a very committed workforce across all specialities of the workforce.

4.3.5 The 3 Health and Social Care Partnerships and NHS Tayside (for the CRHTT services) have already made arrangements to formulate a response to the report by way of collective action where this is necessary. There are also some actions that require local responses in respective areas across Tayside and further detail will be provided to IJB members about this in due course.

4.4 OPERATIONAL MANAGEMENT ARRANGEMENTS FOR MENTAL HEALTH (ADULT) INPATIENT SERVICES WITHIN TAYSIDE

4.4.1 In March 2020, the Minister for Mental Health Clare Haughey MSP made a statement in parliament that the operational management of inpatient General Adult Psychiatry services would become the responsibility of NHS Tayside.

4.4.2 The new arrangements came into effect on Monday 15 June and work is underway to formalise this arrangement within the context of the Schemes of Delegation arrangements that are in place within each Health and Social Care Partnership.

4.4.3 The portfolio of adult inpatient mental health service includes:

- Inpatient General Adult Psychiatry (GAP IP)
- Inpatient Learning Disability and Craigmill Day Centre
- Inpatient Rehabilitation
- Crisis Response and Home Treatment
- Inpatient Substance Misuse
- Liaison Psychiatry
- Tayside Mental Health Act Administration Office
- Tayside Mental Health Medical Staffing Office

4.4.4 In conjunction with finance colleagues, consideration is also being given to the resource requirements in relation to management, leadership and administrative infrastructure that will be required within NHS Tayside to ensure robust operational management of all Adult Inpatient Mental Health services.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	That local and Tayside wide Strategic Plans are not fully implemented and therefore the recommendations within Trust and Respect are not adequately addressed.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) – High Risk
Mitigating Actions (including timescales and resources)	Progress continues to be made in respect of the priority areas set out within the local Dundee Plan. Dundee MHWSCG and the Tayside Mental Health and Wellbeing Strategic Board own the local and pan Tayside improvement, commissioning and governance arrangements associated with this Strategic Plan respectively. The final Listen. Learn. Change Action Plan will provide the overarching governance structure to ensure progress is made.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Approval recommendation	That the risk should be accepted due to the mitigating actions introduced.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 7 August 2020

Arlene Mitchell
Locality Manager

Tayside NHS Board
Ninewells Hospital and
Medical School
DUNDEE
DD1 9SY
01382 660111
www.nhstayside.scot.nhs.uk



Clare Haughey MSP
Minister for Mental Health
Scottish Government
St Andrew's House
Regent Road
EDINBURGH EH1 3DG
Sent by email: MinisterMH@gov.scot

Date	31 July 2020
Your Ref	
Our Ref	GRA/KB
Enquiries to	Grant Archibald
Extension	40115
Direct Line	01382 740115
Email	chiefexec.tayside@nhs.net

Dear Minister

Listen Learn Change: An Action Plan for mental health services in Tayside 2020 in respect to “Trust and Respect” Independent Inquiry Report (February 2020)

I am delighted to share the final Listen Learn Change Action Plan for mental health services in Tayside. We have been working hard with all partners in our community since January 2020 to develop our response to the Trust and Respect Inquiry and co-create our action plan to significantly improve how we care for the people who need it most so they can live better lives.

The report pack contains the following documents:

1. Our detailed action plan
2. Our governance structure
3. A programme summary report detailing key highlights
4. An interactive visual summary of 10 high impact changes formulated through our engagement

This work will directly inform the creation of the Tayside Mental Health and Wellbeing Strategy which we will be reflected in a whole-system Change Programme to significantly enhance our plans to improve mental health care and support in Tayside.

Our work to date has involved engaging widely with many people across mental health and wider health and social care organisations and listening to, and learning from, people with lived experience whose lives have been personally touched by mental health conditions. Their support and guidance have been the most valuable influence on this action plan and their voices will continue to feature most strongly as we co-create the Mental Health and Wellbeing Programme in Tayside.

We look forward to advancing the next phase of work and keeping you updated on our progress as we strive to create a world class mental health and wellbeing system and a Tayside where everyone can thrive.

Yours sincerely

Grant Archibald
Chief Executive

Enc



Everyone has the best care experience possible

Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Lorna Birse-Stewart
Chief Executive, Grant R Archibald



Listen Learn Change

An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report (February 2020)



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The views of people with lived experience and staff will be used as acceptance criteria to focus the strategy and the supporting change programme.



The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2018 *Hearing the voices of people with lived experience* and identified the following 11 key points as key areas to measure improvement by.

Building a long term recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

Provide carers with support to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

Ensuring learning from adverse incidents to inform future practice and staff training.

Creating a system of services that work together in an integrated way – in particular mental health, substance abuse and suicide prevention.

Formally evaluate the Third Sector's contribution to mental health services in Tayside and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

Better access to early intervention services focused on achieving improved personal outcomes.

Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

Person-centred assessments driven by personal situation and needs rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

Enabling culture change and empowering staff to support a therapeutic environment through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

I feel anxious...

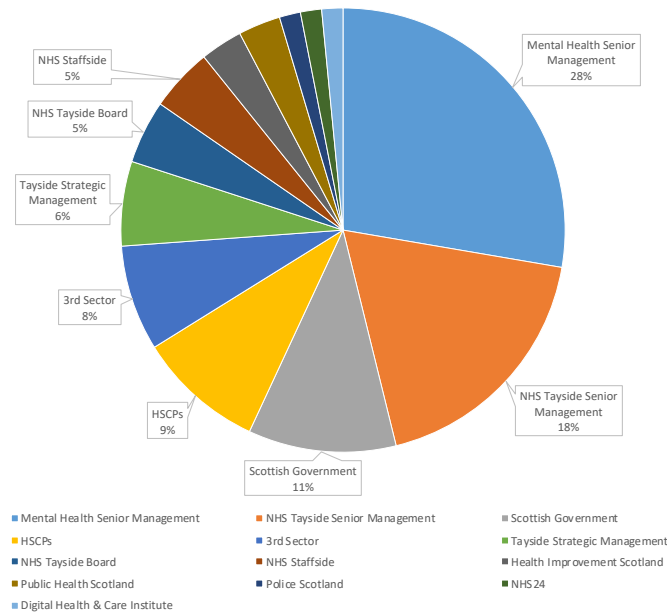


Employee Participation Group Themes

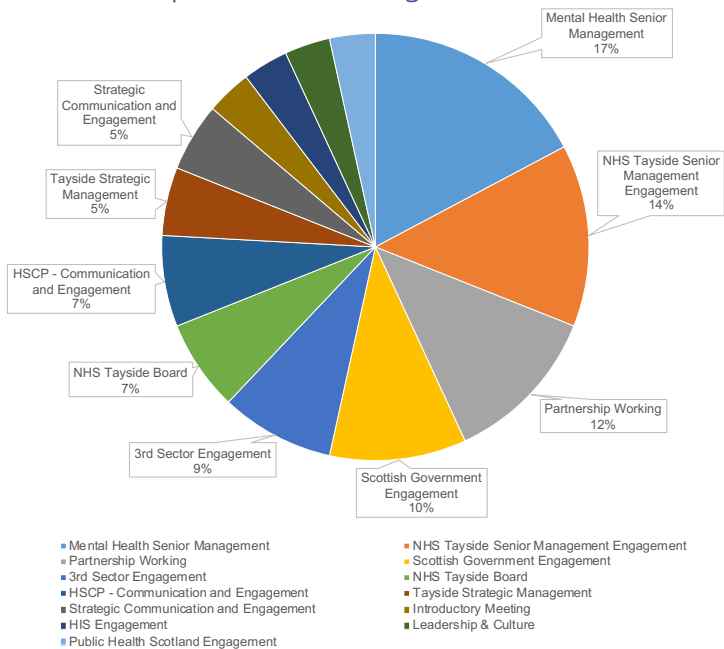


The feedback from the Employee Participation Group will be used as a driver for change and to ensure we improve care to create a service that staff feel confident working in and are empowered to deliver the best care at all times.

Communications and Engagement Stakeholder Group



Communications and Engagement Purpose of the meeting



Introduction

This Action Plan and supplementary papers set out Tayside’s approach to delivering the 51 Recommendations contained in the Trust and Respect Independent Inquiry into Mental Health Services in the region, published on 5 February 2020. The report acknowledged that the Tayside NHS Board took the report seriously and fully accepted all Trust and Respect recommendations at the NHS Board meeting on 27 February, 2020.

Since then, work to enhance mental health services for all has remained a priority for NHS Tayside and has continued regardless of the limitations presented by COVID-19 since early March 2020.

In that time, a full and comprehensive programme of planning, seeking approval and ongoing engagement has been carried out with the support of Tayside Executive Partners and all key stakeholders. During lockdown, relationships have been built and consolidated through the work on the action plan and scoping the Change Programme which saw us take engagement online using new and innovative ways to connect with stakeholders remotely to continue their work in line with the agreed timelines. This included all types of communications including one-to-one phone calls, interactive video-conferencing to facilitate large group sessions, and using the Zoom platform to enable face-to-face working.

The level of engagement achieved has been welcomed by stakeholders and has greatly informed and enhanced the work of the overall Mental Health and Wellbeing Programme. The graphs below give a detailed look at who has been involved in co-creating this Action Plan. See [Appendix 1](#) and [Appendix 2](#) for enlarged pie charts.

As the Action Plan title suggests, we have listened, learned and changed our approach, our thinking and our planning based on what partners have said, particularly those experts with experience and lived expertise.

All recommendations have now been incorporated into the Change Programme as a result of the scoping approach and will be reflected in the Tayside Mental Health and Wellbeing Strategy development process alongside an inclusive approach to add new ideas and highlight areas of best practice.

The ongoing implementation of the Action Plan represents a key milestone in our shared journey to create a Tayside where people will find it easier to talk about mental health, can access mental health and wellbeing supports and services and live with an improved sense of equality and boost their life choices, and in time, their life circumstances.

It is the foundation we are committed to building on as we move into the next phase of work to create a single Mental Health and Wellbeing Strategy and Change Programme for Tayside collectively with all partners.

“Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion.

The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition.”

Dr Strang, Independent Inquiry, Feb 2020

Background

The journey so far

Throughout 2020, we have worked tirelessly to create the Listen Learn Change Action Plan and have worked together to scope and define the Mental Health and Wellbeing Change Programme. This timeline represents that journey to date:

Partnership working

As previously stated, the Listen Learn Change Action Plan is a partnership response to the Trust and Respect Independent Inquiry into Mental Health services in Tayside. It details our far-reaching and ambitious programme of work to achieve the co-creation of modern, evidence-based mental health services which will see Tayside strive towards a world class mental health system recognised for mental health excellence.

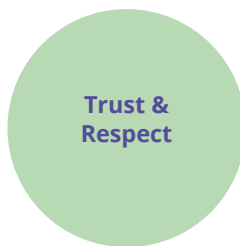
Mental health problems affect people of all ages so we understand that it is critical that our solution is multi-generational and covers all organisations with an interest in mental health to support the diverse needs of our population. This is a significant challenge and can only be delivered by all national and local organisations and agencies working together to tackle all aspects effectively over time, through the provision of a range of targeted mental health supports and services delivered across a number of connected organisations throughout Tayside.

Everyone has a voice, every voice is heard

The groundwork has been laid from the statement of intent and throughout the development of the Listen Learn Change Action Plan to enable this multi-organisational approach to the provision of support and services. Continuing to listen and learn from the personal experience of people with lived expertise and staff remains key to understanding and making changes that result in sustainable improvements.

It is critical that the people of Tayside hear about

January 2020



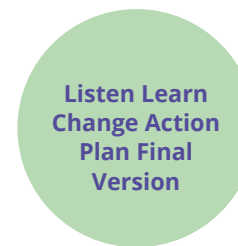
March 2020



1 June 2020



31 July 2020



the progress, can engage with us through a range of methods and know that together, we are moving forward. To that end, we are working to establish a clear communication and engagement strategy to share regular and relevant updates from the overall programme of work with everyone.

Leadership

In order to address the recommendations in the Independent Inquiry, a statement of intent (January 2020) was released by the Tayside Executive Partners, who are:

Chief Executive NHS Tayside

Chief Executive Angus Council

Chief Executive Perth & Kinross Council

Chief Executive Dundee City Council

Chief Superintendent, Police Scotland, Tayside Division

A Strategic Leadership Group was established and has been working to collectively oversee the urgent and essential actions required to improve mental health services in Tayside in order to be accountable for improvements that will restore public trust, respect and confidence in mental health services across Tayside.

The joint statement of intent sets out our strategic commitment to making all necessary improvements so that people from communities across Tayside have equal access to mental health and wellbeing care and

Who can I call?



There is no health without mental health

receive the best possible treatment. It is our ambition that those people with mental ill health are helped to recover without fear of discrimination or stigma.

The Scottish Government announced a support package for mental health services in Tayside in January 2020 including:

- **Multidisciplinary clinical and practice support, bringing specialists from across a range of mental health specialities and backgrounds to provide peer support and challenge**
- **Communications and engagement expertise**
- **Organisational development expertise to support culture change**
- **Royal College of Psychiatrists UK College Centre for Quality Improvement (CCQI) to assess the quality of clinical services and areas for improvement**
- **Engagement with the Royal College of Psychiatrists to provide peer support, senior mentorship support and guidance in conjunction with other key clinicians in Scotland**
- **Programme management support to enable delivery of NHS Tayside's improvement plans**
- **Healthcare Improvement Scotland specific support to address the quality of adult community health services**

As a result of the pandemic, not all resources listed above have been put in place or made available. NHS Tayside has made a significant investment in Executive Leadership appointing an Interim Director of Mental Health with expertise in major service change and a specialist programme management team to direct, lead and manage the Change Programme and Strategy co-creation, alongside the communications and engagement expertise jointly funded by Scottish Government and NHS Tayside. Work has commenced to add to the multi-disciplinary improvement team required for this comprehensive portfolio of work,

including discussions with Healthcare Improvement Scotland, NHS24 and National Services Scotland.

The support seeks to address service provision, clinical practice, organisational culture and enhancement of community-led services. It is also intended to provide insight on implementation of improvements, strategy development and potential service change.

In order to improve mental health and wellbeing for all, a partnership approach is required involving NHS, local authorities, and third and private sectors. In addition, communities themselves play an important role in enhancing mental health and wellbeing. The Tayside Executive Partners, in the form of its oversight group, the Strategic Leadership Group (SLG), will optimise resources, apply collective and integrated leadership and seek contributions from across the health and social care landscape requesting local and national organisations to contribute to the programme of work.

The combination of these contributions and the knowledge gained through engaging with people with lived experience will empower the systems and people to truly represent the needs of everyone living with mental conditions and ensure that they are at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do.

Our commitment to joint working by all partners has resulted in this Action Plan which is now embedded in our programme of work, putting people at the heart of our co-creation and shaping future services. Our joint working places people receiving mental health supports and services, their families, friends and carers at the very centre of all future clinical and service models and their experiences will lead the co-production of any future changes to service re-configuration.

Our co-creation approach, led by the collective leadership principles, is an inclusive and system-wide

approach investing in the mental health needs of our population through a value based approach, building trust, working with integrity to strengthen our two-way communication, engagement and continuous feedback. Going forward, we will continue to enable this engagement through meetings, telephone calls, dedicated video-conferencing workshops, websites and other methods.

Our Planned and Collaborative Response to the Independent Inquiry

Our aim is for the Tayside Executive Partners to ensure that our programme of work, including all aspects detailed in this Action Plan, informs the Tayside Mental Health and Wellbeing Strategy, and the Change Programme that will implement every recommendation to deliver significant improvements to mental health services and supports in Tayside by 2024.

Improving the overall mental health and wellbeing of the Tayside population is key to our success, and our council and public health colleagues will guide us on prevention and educational aspects, employment (or more accurately to tackle any increase in demand and changes in life circumstances people may face such as the impact on emotional, psychosocial health and the possible unemployment caused as a result of COVID-19) and a direct impact on mental health, housing, transport and wider determinants of mental ill health.

The mental health and wellbeing of our staff is paramount to our work. We will consider and invest time to develop and support our leadership and culture, focusing on listening, promoting action, providing compassionate leadership to develop and deliver changes that result in improvement.

The national Mental Health Strategy (2017-2027) commits to working with employers to guide how they can act to protect and improve mental health, and

support employees experiencing poor mental health. In order to meet this responsibility, we will involve large local employers in our change projects to ensure this work is embedded locally, starting with the NHS and council organisations.

Our ambitions for the Tayside population (World Class, Person Centred, Effective, and Safe) are only possible if staff at all levels are working in environments where they are supported to perform at their best. Our future ways of working will be inclusive, delivering equal contributions from all stakeholders to co-create, design, develop and deliver the Tayside Mental Health and Wellbeing Strategy and whole system Change Programme.

Our person-centred approach focuses on:

- **Actively listening to people to enable recovery and result in better clinical and patient reported outcomes (PROMs)**
- **Challenging and lifting the stigma and discrimination often surrounding mental health**
- **Putting mental health on an equal par with physical health**
- **Developing services that are robust and appropriate for our times**
- **Incorporating the best of supportive digital technology throughout to join data and information to reduce duplication to aid communication between staff, and to patients and their families**

Our Plans

In response to the Trust and Respect Inquiry, we have initiated a Tayside-wide response to review and redesign across identified areas of mental healthcare and support services with input from national organisations, GPs, primary and community mental health care our inpatient and outpatient offering in acute care and giving consideration to our current model of care in inpatient services.

“No matter how many actions we put into a plan, we must focus on delivering for those with lived experience first and foremost”.

Grant Archibald,
NHS Tayside Chief Executive

Do I have to speak to a doctor?



Together, we aim to develop responsive mental health supports and a service everyone can be proud of; one that makes a real difference by honouring the experiences people with lived expertise have shared throughout the Independent Inquiry and in the course of our work, enabling current and future service users, their families and carers to see improvements and have a positive and safe journey to care and recovery.

The co-creation of the Tayside Mental Health and Wellbeing Strategy is a priority. This multi-generational strategy will be informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027 alongside other policy drivers so that through learning and improvement, we minimise the risk to service users by delivering better services and building stronger, more connected communities. The Tayside strategy will reflect the needs of people living in Tayside and importantly the experience of people using our services, consistent with the Integration Joint Boards' vision for improvements in mental health provision, ensuring all those accountable hear the voices of the public and in particular, people with lived experience, their families and carers.

We have taken on-board the 51 recommendations made in the Trust and Respect Inquiry and embraced this unique opportunity to deliver integrated mental health services collectively, in a way that no other area in Scotland does.

Going forward the success of this work will be measured by the people of Tayside who are our equal partners in the process to:

- **Influence the scope of work and participate in the design, development and final production of the Tayside Mental Health and Wellbeing Strategy**
- **Co-create, design, develop and generate as well as comment on any papers relating to the strategy and change programme development**
- **Influence and co-design all engagement and development activity**

The Governance for the Change programme and strategy is set out at [Appendix 3](#).

Regular reports will be presented to meetings of the Oversight Board, the Tayside Executive Partners (Strategic Leadership Group) which is chaired by Mr Grant Archibald, Chief Executive NHS Tayside.

All stakeholders will feed into the Mental Health and Wellbeing Strategic Programme Board, a Governance Board with responsibility for planning and delivery of the overall programme, which will be chaired by Kate Bell, Interim Director of Mental Health.

Ongoing work will flow through an Operational Steering Group, meeting more frequently to steer the projects which will be chaired by Keith Russell, Associate Nurse Director of Mental Health.

Day-to-day leadership and management of the Mental Health and Wellbeing programme will be the responsibility of Lesley Roberts, Programme Director, NHS Tayside, alongside a dedicated programme team to work with all stakeholders to drive the programme development and implementation.

“Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination”.

Source:
Scottish Mental Health Strategy, 2017

We will focus on delivering the Trust and Respect Inquiry recommendations, some as early actions and others planned into a 3-year whole system change programme. Many of these changes are currently underway and a status report has been created to inform on progress against each action.

The Mental Health and Wellbeing Programme will feature the outcomes from a review carried out by Healthcare Improvement Scotland (HIS) over January to March 2020 observing some areas of community mental health services in Tayside with a particular focus on Community Mental Health Teams (CMHTs), the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved a review of how services are planned, how teams communicate and the interface with other services and most importantly, peoples' experience of care from accessing and using the service.

This review coincided and overlapped with the final report of the Independent Inquiry into Mental Health Services in Tayside (Trust and Respect) which was published by Dr David Strang in February 2020. For governance purposes, and to ensure a rigour to the response, a short-life working group has been set up to develop our action plan in response to the review. The findings of the HIS are also reflected in the 51 recommendations of the Trust and Respect Independent Inquiry's report, and will be taken forward as part of the Tayside Mental Health and Wellbeing Change Programme.

Areas of Mental Health in Tayside that require immediate planning and redesign have been formulated into the 10 High Impact Changes – See [Appendix 4](#).

Our Actions

The tables below set out our actions against the 51 recommendations from the Trust and Respect Inquiry across five cross-cutting themes:

1. **Strategic service design**
2. **Clarity of governance and leadership responsibility**
3. **Engaging with people**
4. **Learning culture**
5. **Communication**

In response to feedback and for ease of reference, we have included a section on Operational Service Delivery. It is important to state that despite progress across a number of these recommendations, there have been some delays with progress as we have worked across our Health and Social Care system to respond to the population need with respect to COVID-19 pandemic. This has been acknowledged by all with every effort made to maintain mental health as a priority area of work. We remain in the early stages of a major complex change process. The recommendations have been matched to the projects within the Change Programme and will be described in our Tayside Mental Health and Wellbeing Strategy.

Reporting Status -RAG (Red, Amber, Green)

In reaching the RAG status – **GREEN (23)** if we have begun this work, **AMBER (28 inc. National Recommendations)** if work is progressing/planned and **RED (0)** if these are not started yet.

I don't know who to speak to...



1. Strategic Service Redesign

Recommendation 1	Develop a plan for creating a new culture of working in Tayside built on collaboration, trust and respect.		Outcome – Staff are working in a Mentally Healthy environment and feel their Wellbeing is a priority for their employers. Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation (including development and learning opportunities)	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Grant Archibald NHS Tayside Chief Executive	NHS Tayside Corporate Wellbeing Group	Communication plans Organisational Development Plan	July 20 Aug 20	<p>We plan to implement robust and detailed action point for Recommendation 1 to run concurrent with Recommendation 2.</p> <ol style="list-style-type: none"> 1. Develop vision for mental health services 2. Develop staff charter for those working in mental health services, this gives clarity for staff about expectations what is expected from staff and what staff expect from their organisation. 3. Develop prospectus of the range of learning and development opportunities for staff across Mental Health 4. Supporting communication plans will include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation. 5. Development and learning opportunities for all mental health staff at all levels to be identified to ensure a consistent application of values and behaviours is practiced by all.
Team Involved <i>(more team members will be added as we develop these plans)</i> – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director. Kate Bell, Director of Mental Health, George Doherty, Director of Workforce, Scott Dunn, Head of Organisational Development				

Recommendation 2	Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.			Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with Recommendations for new model of care	RAG – GREEN Date –Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
<p>Kate Bell Interim Director of Mental Health, NHS Tayside</p> <p>Lesley Roberts, Programme Director MHWS</p>	<p>NHS Tayside</p>	<p>Develop programme of work for delivery of future models of care</p>	<p>May 20</p> <p>Sept 20</p>	<ol style="list-style-type: none"> 1. With the aims in mind, design, develop and implement the 2021-2030 Tayside Mental Health and Wellbeing Strategy and supporting Change Programme 2020-2023. 2. Develop projects and work streams and tasks to cover all recommendations from Trust and Respect and all national guidance to date. 3. Use collaborative tool – Teamwork to communicate and reduce duplication. 4. Review of mental health supports and services including reviewing the General Practitioners role in Whole System Review regarding new models of care and shifting the balance of care. 5. Co-create, design and develop Strategy (Recommendation 3) with accompanying detailed plans. 6. Recognised that engagement of Tayside community and also all staff is key to delivery 7. Design will take in COVID and Climate change considerations in the design for our services. <p>Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.</p>	
<p>Shared Aim:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In tune with feedback we will co-create a sustainable recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security. We will work in partnership to improve the wider determinants of mental health and wellbeing and help to improve life circumstances particularly for those people experiencing inequalities, which expands this remit. This will be a real strength of our approach, and taking a more inclusive approach would share the ownership, optimise available expertise and also the responsibility for improving mental health across the wider system. <input type="checkbox"/> Better access to early intervention services focused on achieving improved personal outcomes <input type="checkbox"/> Stronger investment in preventative, community assets which build and support a person’s wellbeing as well as avoiding mental ill health escalating into crisis 					
<p>Team Involved (<i>more team members will be added as we develop these plans</i>) – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders, Munro Stewart – climate change advisor will be involved. https://www.gov.scot/policies/climate-change</p>					

Recommendation 3	Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health			Outcome: Create a single Tayside Mental Health and Wellbeing Strategy. Sections will include specific areas in the plan, workforce, recruitment and retention, etc.	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
<p>Kate Bell Interim Director of Mental Health, NHS Tayside</p>	<p>NHS Tayside will lead and be accountable for the co-creation and production of the Strategy</p>	<p>NHS Tayside and key partners to approve and endorse draft strategy</p>	<p>Oct 20</p>	<ol style="list-style-type: none"> 1. Establish the Executive Partners Strategic Leaders Group (This group consists of the members of the Executive Leaders Team for Tayside and is the Governance Board for the recommendations from Trust and Respect, development of the Strategy and the supporting change programme 2020. This group leads on directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance. 2. Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition Document and Governance paper and Draft Action, and change programme to achieve the Trust and Respect recommendations, to be submitted to SG at beginning of June 2020.(Completed) 3. Undertake review of current services “As is” 4. Develop Programme Definition Document (PDD) and Develop Programme Plan 5. Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders throughout the change programme 6. Develop our infrastructure for programme development (Completion of the strategy and establishment of the change programme) 7. Establish Strategy writing process and timeline 8. Develop an action plan to engage and invest with medical staff 9. Assemble a draft Tayside Mental Health and Wellbeing Strategy 	

Recommendation 13	Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.			Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Programme (2020 – 2025)	RAG – Green Date – July 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald Chief Executive, NHS Tayside	Tayside Tayside Executive Partners (Strategic Leadership Group) (SLG)	Establish Strategic Leadership Group	Jan 2020	<ol style="list-style-type: none"> 1. Contribute to Joint Statement of Intent 2. Establish the Executive Partners Group as the Oversight and Leadership Group 3. Agree membership, terms of reference and schedule of meetings for 2020/21 4. Establish a Senior Responsible Officer (SRO) for Mental Health Strategic Change 5. Approve the Listen Learn Change Action Plan 6. Ensure multi-agency co-operation and support for co-creation of Strategic Change in Mental Health services across Tayside. 	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Grant Archibald CE, NHS Tayside, Karen Reid CE Perth and Kinross Council, Margo Williamson, CE Angus Council, David Martin, CE Dundee City Council - Strategic Leads Group					
STATUS UPDATE: <ol style="list-style-type: none"> 1. Joint Statement of Intent (Completed January 20) 2. Establish the Executive Partners Group as the Governance and Leadership Group (Completed Mar 20) 3. Governance set up and agree membership, terms of reference and schedule of meetings for 2020/21 (Completed March 20) 4. SRO established (Completed March 20) 5. Approve Listen Learn Change Action Plan (Draft Completed June 20) 6. All scoping work has been supported by all statutory and non-statutory organisations (Completed July 20). 					

Recommendation 14	Consider developing a model of integrated substance use and mental health services.			Outcome: New model of integrated substance use and mental health services	RAG - Amber Date - Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Diane McCulloch, Head of Service, Health and Community Care/Chief Social Work Officer Dundee Health & Social Care Partnership	Joint Local Authority and Public Health	Develop new model of care	Sept 20	<ol style="list-style-type: none"> To appoint Senior Clinical Leads from the Organisation (who has an understanding of Substance Misuse); who can build a model of care that engages with General Practices around Substance Misuse, which will be key to future sustainable models of care. (include General Adult Psychiatry) Set up a group to consider a new model of integrated substance use and mental health services Consider evidence base for models of joint working to inform a decision. Consider workforce requirements Consider all models of integrating the pathway If appropriate, develop model and service configuration and incorporate this integrated substance use model into the strategy <p>Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to Programme Board.</p>	
Team Involved (more team members will be added as we develop these plans) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden, Keith Russell, Associate Nurse Director					
STATUS REPORT: To date, this work has sat firmly within the HSCP, ADP and Community Planning processes and the Drug Commission report, Kindness, Compassion and Hope was published in August 2019 and has similar recommendations in relation to involving people with lived experience in strategic and operational structures. We will integrate actions at a Tayside and locality level where possible.					

Recommendation 18	Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.			Outcome - To develop new model for General Adult Psychiatry within strategy.	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	August 20	<ol style="list-style-type: none"> Develop medical workforce plan for mental health; Develop full workforce plan for mental health - all staff groups Develop recruitment and retention plan for mental health First Priority - Reconfiguration of General Adult Psychiatry (Reduce locum dependency by 50% to next summer) Also ensure that this is in place for community CAMHS. 	
Team Involved (more team members will be added as we develop these plans) - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell					
STATUS UPDATE: Workforce sub group set up					

Recommendation 19	Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.			Outcome - To reduce wait to treatment in Mental Health Services.	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Johnathan MacLennan and Leads of Community Mental Health Teams	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	<ol style="list-style-type: none"> Undertake root cause analysis for blocks and review current model Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services. Medical staff engagement across primary and secondary care interface Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams					
STATUS UPDATE:					
We hear comments like "I have more or less given up ringing CMHT - even when a patient is feeling suicidal - as it's always the same reply - 'send RMS referral urgently' - so rather than ring them I just dictate a letter & send it off within 24 hours - as long as the patient has someone to keep an eye on them overnight - and I check the patient's phone numbers & mention them in the letter." - We intent to change this experience for patients and staff. We accept that there is room for improvement. Listening we will Learn and Change					

Recommendation 20	Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.			Outcome - Distress Brief Intervention training programme developed and implemented	RAG - Green Date - Dec 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHW Programme Board	Aug 20	<ol style="list-style-type: none"> Set out the business case for DBI in Tayside Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project Develop training and process for implementation. To ensure DBI is within the strategy and to share workload across HSCP to have system-wide engagement Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project	
Team Involved (more team members will be added as we develop these plans) - Bill Troup					

Recommendation 21	Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.			Outcome - To develop and embed multi-disciplinary and team based approach to joint working.	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan Mental Health and Wellbeing Strategy	Sept 20 Oct 20	<ol style="list-style-type: none"> 1. Develop into the Organisational Development Plan 2. Ensure regular professional supervision is planned for all staff with a line manager/or professional lead 3. This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface Work Stream. X 4. Explore and identify approach to building collaborative teams and connecting this as a key part of the redesign of the Crisis Care and Community Interface Programme. 5. Priority area for Consultant recruitment. 	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Keith Russell, HSP Lead officers, Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood					

Recommendation 23	Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.			Outcome - New observation protocol	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS Tayside	Oct 20	<ol style="list-style-type: none"> 1. Observation Protocol Implementation 2. This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018). [The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.] Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached. See Restrictive Intervention reduction plan and Draft Mental Health and Learning Disabilities Observation Protocol <u>NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.</u> 	
Team Involved (more team members will be added as we develop these plans) - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)					
STATUS REPORT:					
<input type="checkbox"/> NHS Tayside's Observation Protocol is now in final draft. <input type="checkbox"/> Following education sessions with staff it will be tested in a clinical area during August. <input type="checkbox"/> Plan to present it to CQF in September					

Recommendation 27	Provide adequate staffing levels to allow time for one-to-one engagement with patients.			Outcome: Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Deliver safe staffing levels	Sept 2020	<ol style="list-style-type: none"> 1. Establish a workforce plan for all specialties 2. Short term Review of Caseloads 3. New model that balances out the need for generalist and specialist - shifting the balance of care. 4. Deliver through the workforce group set up who will be using safe staffing Scotland Legislation and the requirement to deliver safe staffing levels 	
Team Involved <i>(more team members will be added as we develop these plans)</i> – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts					

Recommendation 33	Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.			Outcome: Project within the MHW Change Programme will include mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include transition model.	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Chairs of the Children's Collaborative	All 3 Local Authorities	Reporting to the Mental Health and Wellbeing Strategy Board.	<p>June 20</p> <p>Aug 20</p> <p>Oct 20</p>	<p>1. Integrated Children's services to be linked to this whole systems work</p> <p>2. The implementation has significant detail which will be shaped to reflect the requirement to develop services as part of the Mental Health and Wellbeing Strategy.</p> <p>3. The strategy will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include work on transition to ensure the new CAMHS specification is scoped into the work also.</p> <p>We will also recognise General Practice involvement in co-producing with Third Sector and CAMHS teams, as they are key in the Community and have knowledge as to what works in practice.</p> <p>The increase in age to 24 will be challenging and needs to be a key focus.</p> <p>ACE's are also linked to drug use and drug use and mental health are closely linked. I know there is a Dundee policy and I think this should link closely with Tayside mental health planning. https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission</p> <p>1. Develop project focusing on Children and young people's mental health.</p> <p>2. From this develop writing team for this chapter</p> <p>3. Agree transition model</p> <p>4. Develop and agree strategy chapter.</p> <p>5. Develop stronger links between physical and mental health services</p>	
<p>Team Involved (<i>more team members will be added as we develop these plans</i>) - To be confirmed - Best fit would be the Chair of the Children's Collaborative and team working within the Change Programme and sharing interdependent plans.</p>					

Recommendation 35	Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.			Outcome - Clear care pathway for treatment within Neurodevelopmental Hub	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmental Hub, Clear pathway	Sept 20	<ol style="list-style-type: none"> 1. Identify the Clinical Leadership (Post advertised) NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway 2. Creation of the Neurodevelopmental Hub NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB 3. Clear pathway NOTE - Neurodevelopment pathway being developed and test of changes occurring within this; 4. Move this into paediatrics in recognition of prescribing needs and specialist clinics Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics; 5. External contractor (Healios) Trial agreed to commence in 3 weeks (Mid-June), to test neurodevelopment pathways for 3 streams of clinical need. 6. System improvements for internal Neurodevelopment pathway to be created from Healios trial. 	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Dr Pete Fowlie, Lorna Wiggin					
STATUS REPORT: Healios Neurodevelopmental pilot has commenced, involving 30 patients on the Neurodevelopmental waiting list. A Neurodevelopmental pathway has been mapped and includes functional points of the pathway, roles, accountabilities, timeframes to each stage, reoccurring journeys in the pathway, and barriers for effective pathway progression. This is informing the development of focused work around improving the journey of the child within CAMHS. Psychology and medical staff vacancies still exist resulting in high clinical workloads, and a Quality Improvement Leader Position filled April 2020, to support the progression of this work. There is still a need to obtain agreement from Paediatric Services regarding shared care for Neurodevelopmental patients. This is a priority to allow this work to be taken forward prior to commencing work on HUB alignment.					

Recommendation 39	Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.			Outcome: Service for young people aged 18 – 24	RAG – Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Oct 20	<p>The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work.</p> <ol style="list-style-type: none"> 1. Consider the overlap and pathways for Children and Adult 2. To ensure strategy has a Children and Young People chapter 3. Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24. 	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Chris Pell, Arlene Wood (Transition), Senior Nursing/AHP Lead					
STATUS REPORT: A transition project to keep young people within CAMHS until they are 18 is underway. CAMHS has already rolled out transition of children and adolescents to Adult Mental Health services fully in Angus. (16-18 year olds) resulting in all adolescents remaining with CAMHS until 17 years and 4 months, when an individual transition plan into Adult Mental Health Services is triggered. This has been occurring for 10 months and has not been interrupted by COVID. A staged approach for transition for Dundee and Perth / Kinross is in its early stages, due to the impacts of COVID however this will occur as part of the remobilisation plans. The August Management Meeting will be used to plan for recommencement of the transition work. Due to Psychiatric Consultant vacancies within the CAMHS Service there would be a risk to fully implementing the age range changes at this time					

Recommendation 44	Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.			Outcome - Workforce plan detailing that all staff offered exit interview	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	July 20	<ol style="list-style-type: none"> Development of Workforce Strategy Development of Recruitment and Retention Strategy (Plan to include policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview) Exit interviews themes to be reported back to ILG (and SLG as appropriate) for follow-up action 	
Team Involved (more team members will be added as we develop these plans) - George Doherty, HR Director					

Recommendation 45	Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.			Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell, Interim Director of Mental Health	NHS Tayside	Full time compliment of Associate Medical Director in post	Aug 20	<ol style="list-style-type: none"> Development of Workforce Strategy Development of Recruitment and Retention Strategy Develop job description and advertise and appoint to this post. Promote local interest and recruit retain current medical staff to take up this opportunity Contribute to Mental Health Recruitment and Retention Plan (Drafting at present) 	
Team Involved (more team members will be added as we develop these plans) – George Doherty, Peter Stonebridge					

Recommendation 48	Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.			Outcome - Staff charter. Training Development Plan agreed with Value Based Cultural changes embedded.	RAG - Amber Date - October 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	Tayside Mental Health Integrated Leadership Group	Employee Participation Group engagement validation and sign off the Action Plan	July 20	<ol style="list-style-type: none"> 1. Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service. 2. Development of staff charter and a set of corresponding measures 3. Strengthen staff communications, staff meetings, development opportunities 4. Promote the full use of i-Matter as a team development process 	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Arlene Wood, Scott Dunn, Alan Drummond, Jackie Bayne					
STATUS UPDATE:					
<input type="checkbox"/> The spiritual team updated that Values Based Reflective Practice (VBRP) supports this recommendation. <input type="checkbox"/> Dates are being set to train 10 charge nurses to deliver VBRP. <input type="checkbox"/> VBRP is a readymade package developed by NES that supports the embedding of values.					

2. Clarity of Governance and Leadership Responsibility

Recommendation 5	Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.			Outcome - Detail of assignment of delegated responsibility for Mental Health Functions. See interdependency Recommendation 13 above	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	<p>This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly.</p> <p>The Mental Health and Wellbeing Strategy Board will deliver on this.</p> <ol style="list-style-type: none"> 1. Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required) 2. Work up all relevant intelligence required – Strategic Needs Assessment 3. Workforce Development Plans based on requirements and Recruitment and Retention Plans 4. Review current Dundee, Angus, Perth & Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need <p>To involve HSCP clinical leads in supporting strategic needs assessment recognising future balance of service delivery is likely to be in community - needs assessment should not be focused on current model but rather on the future model</p>	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Bill Nicoll, Chief Officers with input from Scottish Government Integration Unit					

Recommendation 6	Ensure that NHS Tayside Board members clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.			Outcome – Empowered competent confident NHS Board members	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside Board Selection, induction and training processes	July 20 Aug 20	<ol style="list-style-type: none"> Develop a document that outlines the roles and responsibilities of NHS Board to ensure Board members are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role. 	
Team Involved (more team members will be added as we develop these plans) - Margaret Dunning (Board Secretary) has a leading role.					

Recommendation 7	Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.			Outcome – Informed NHS Tayside Board members	RAG – Green Date – June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	<ol style="list-style-type: none"> The Board Secretary will ensure there is a robust governance framework in place in which mental health will report and ensure those responsible provide reports to provide assurance. The Director of Mental Health will report through the approved Governance route develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Executive Partners Strategic Leadership Group (SLG) Develop update reports with high level reporting against agreed outcomes. Link with Business unit and governance team to provide information and context. 	
Team Involved (more team members will be added as we develop these plans) – Kate Bell, Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell, Lesley Roberts					

Recommendation 9	Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.			Outcome - Operational Mental Health Strategic Risk Strategy and register covering all 4 main partners (NHS Tayside and	RAG - Green Date - June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy Corporate and IJB Risk Registers	TBC	<ol style="list-style-type: none"> 1. Establish an Operational Strategic Risk Management Strategy - supported by clinical governance teams 2. Executive leads to discuss full breadth of Mental Health Services in Tayside and how they work together and how they manage risk, with an outcome of clear responsibility for decisions. 3. Regular review of Strategic Risk Management at Mental Health Executive Partners SLG 	
Team Involved (more team members will be added as we develop these plans) – Grant Archibald, Clinical Governance Leads, Arlene Wood and Keith Russell					
STATUS REPORT - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs. Clinical Governance are supporting risk management workshops and building in sustainability and resilience.					

Recommendation 15	Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.			Outcome - Report on metrics of the need and service requirement in the community mental health teams.	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	Business unit All agencies to work collaboratively	Develop data and data-capture process Develop analysis Collate into Strategic Needs Assessment of MH	July 20 Aug 20 Oct 20	<ol style="list-style-type: none"> 1. Undertake a review of the current mental health Quality and Performance Indicators. Participate in National work to develop Mental Health National Quality Indicators. 2. Establish mechanism to develop a single dashboard 3. Agree data <i>NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore, we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.</i> 4. Review data capture process 5. Review metrics and outcome measure across the scope of the programme 6. Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear <p>Our aim is to develop a whole system data set that can be used for clinical care and reporting.</p> <p>Clinical leads will be supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams</p>	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Bill Nicoll, Director of Strategic Planning, HSCP Strategic Commissioning Groups, Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, and clinical leaders to be agreed.					

Recommendation 36	Clarify clinical governance accountability for Child and Adolescent Mental Health Services.			Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside with Local Authorities for Children and Young People known to SW	Clinical Governance and Quality Performance Review	Oct 20	<ol style="list-style-type: none"> 1. Ensure clear clinical governance structure for CAMHS is within the strategy 2. Ensure clinical governance accountability for CAMHS includes pharmacy and others with knowledge of prescribing as this is a major clinical concern within this service. Partnership expertise would be valuable. 3. Work with Mental Health Director to align reporting of CAMHS 	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Lorna Wiggin, Diane Caldwell					
STATUS UPDATE: CAMHS will report through the newly developed WCF Clinical Governance Forum in line with other community children's services. There is also a multi-disciplinary local Clinical Governance group who are responsible and report through the above governance group. Accountability to CAMHS oversight group continues regarding HIS Improvement work.					

Recommendation 51	Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.			Outcome - Culture of embracing external review to be embedded, and recommendations from external reviews and engaging staff in development of actions for improvement.	RAG - Green Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	Ongoing	Commenced	<ol style="list-style-type: none"> 1. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on 'what this report means to me'. 2. Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren't picked up. 3. Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process 4. Managers to ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation. 5. Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework 	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Keith Russell, Arlene Wood, Scott Dunn, Organisational Development and Quality Performance Review Process					

3. Engaging with People

Recommendation 4	Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.		Outcome - Establish a communications and engagement sub group of the Mental Health and Wellbeing Programme	RAG - Green Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	<ul style="list-style-type: none"> • 1. Establishment of groups: Stakeholder Participation; Organisational Lead for Public and Patient Involvement; Communication and Engagement Group. 2. Co-create a Staff Engagement Charter 3. Co-Creat Service User Engagement Charter. 4. Set up a Communications and Engagement Sub Group of the Tayside MHW Programme Board. 5. Establish a communications and Engagement network
Team Involved <i>(more team members will be added as we develop these plans)</i> – Jane Duncan to establish group supported by the Programme Team and Lindsey Mowat, key managers and other stakeholders.				
STAU UPDATE: Group being formed.				

Recommendation 24	Involve families and carers in end-to-end care planning when possible.			Outcome - Clear policy for family and carer engagement	RAG - Green Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes Learn from Adverse Events	July 20 Sept 20	<p>There is significant detail in this Implementation Plan and our focus will now be on engagement with families and carers. The existing Care Planning Collaborative is the group to progress this and there is significant expertise in this group</p> <p>Suggested plan</p> <ol style="list-style-type: none"> 1. The membership will be reviewed to ensure family/carers engagement and a work plan agreed to ensure feedback from families and carers. 2. Review of the Mental Health Person Centred Care Planning Standards 3. Review of Standing Operating Procedures for Anticipatory Care Planning 4. Review of Triangle of Care Implementation Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care Planning 5. The audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme. 6. Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency. 7. Develop and undertake training to learn from adverse events 8. Focus has been on in-patients - we plan to extend to integrated CMHT 	
<p>PLEASE NOTE: A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.</p> <p>In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.</p> <p>The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.</p> <p>See Tayside Mental Health Nursing - Standards for Person-Centred Care Planning</p>					
<p>Team Involved (<i>more team members will be added as we develop these plans</i>) - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine</p>					
<p>STATUS UPDATE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHS Tayside's Person centred Care Planning Standards have been updated and now includes a new standard which requires that a clear communication strategy with carer/relative is recorded. <input type="checkbox"/> Audit results reported monthly to inpatient governance group. Collaborative now working on the development of documentation pathways and assessment audit. <input type="checkbox"/> Meeting planned in August to develop triangle of care steering group which has representation from cares groups from each partnership and national lead from cares trust. 					

Recommendation 25	Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.			Outcome - Clear comms plan for patients, families and carers on admission to the ward	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Johnathan MacLennan	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Aug 20	<ol style="list-style-type: none"> Review all patient information leaflets (PiLs) Engage service users and representatives to consider what could be done to improve the type and format of PiLs Update leaflets, consider web based information, apps and other digital forms of information (This work also links to Recommendation 24) <p>This action relates to inpatient services only.</p>	
Team Involved (more team members will be added as we develop these plans) - Johnathan MacLennan, Arlene Wood, Advocacy Lead, Patient representatives					
STATUS UPDATE :					
<input type="checkbox"/> Work is underway to enhance carer support and involvement in patient care, underpinned by the Triangle of Care Toolkit and is a development for our inpatient service led by Johnathan in partnership with the Mental Health Development Co-ordinator, Carers Trust Scotland.					
<input type="checkbox"/> The triangle of care toolkit was developed by carers who were supporting someone regularly requiring inpatient care and uses 6 standards to improve carer support and involvement.					
<input type="checkbox"/> DIAS have an annual contract/SLA for the provision of advocacy services in Carseview. Routine meetings take place to act upon any recommendations or concerns. Contract recently renewed					

Recommendation 26	Make appropriate independent carer and advocacy services available to all patients and carers.			Outcome - single referral point for advocacy	RAG - Amber Date - Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Chief Officer, IJB's	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	<ol style="list-style-type: none"> To ensure achievement of a single referral point for advocacy in the strategy Our expected outcome is a standard or agreed service specification so that there is equity of advocacy for all Tayside residents irrespective of post code as opposed to a single point of referral. 	
Team Involved (more team members will be added as we develop these plans) - Mental Health Leads, HSCP's, Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations, Representatives of the Stakeholder Participation Group					
STATUS UPDATE All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.					
STATUS UPDATE:					
<input type="checkbox"/> Review of the inpatient admission information provided to patients during their ward stay with input from patients and carers has occurred.					
<input type="checkbox"/> The patient information leaflet provided in GAP at MRH and Carseview, when this was reviewed, confirm patient involvement in its development and ensure it contains the elements outlined on page 65 of Trust and Respect.					
<input type="checkbox"/> All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.					

Recommendation 41	Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.			Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.	RAG - Amber Date - Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	<ol style="list-style-type: none"> This links to recommendation 26. Within the strategy we will ensure that there is a robust pathway for advocacy irrespective of post code (to include parent and carers of young people advocacy) Advocacy Services - we plan to work with these partners to achieve this 	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Lorna Wiggin, Diane Caldwell, Karen Anderson led on the SG citizen's jury work and we hope she would be interested in supporting.					
STATUS UPDATE:					
<input type="checkbox"/> CAMHS website being redesigned and developed to create uniformly of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools. 1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised. <input type="checkbox"/> Children's advocacy is already in place https://www.partnersinadvocacy.org.uk/what-we-do/dundee/ <input type="checkbox"/> We have already done some great work around shared decision making and prescribing and advocacy was a key theme as per citizen's jury.					

4. Learning Culture

Recommendation 11	Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.			Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations	RAG - Green Date - Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance Training System Wide Learning's from Adverse Events	Sept 2020	<ol style="list-style-type: none"> 1. Review mental health system-wide Quality Performance Review framework; 2. Evaluation of system-wide Adverse Event Review 3. Agreed that actions should be addressed individually into <ol style="list-style-type: none"> a. (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board level b. (Training) Use learning from adverse events to prevent future occurrence c. (System Wide Learning's from Adverse Events) 4. Work already underway needs collated and reported to ensure consistent approach to policy compliance 5. Additionally, we plan to take cognisance of partnerships and GP services who are likely to be stakeholders and involved. Need to have prescribing knowledge within this group and the ability to link to wider healthcare system. 6. Need to ensure that this is also applied to community CAMHS. 	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry					
STATUS REPORT: <ul style="list-style-type: none"> <input type="checkbox"/> There is a System Wide Learning from Adverse Events session implemented - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed. Plans are underway to reinstate the adverse event learning sessions using remote methods to apply physical distancing principles. <input type="checkbox"/> Adverse events are also standing item agenda on Mental Health System Wide Quality Performance Review. 					

Recommendation 31	Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.			Outcome - Adverse Events training provided by Healthcare Improvement Scotland	RAG - Amber Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Dr Stuart Doig Consultant Forensic Psychiatrist	NHS Tayside Quality Improvement Team	Training package to ensure learning from reviews informs and develops practice. Implementation Plan	July 20 Aug 20	<ol style="list-style-type: none"> 1. Set up a short Life Working Group 2. Design and Develop mechanisms to ensure learning across the system and promote a learning culture. 3. Adverse Events to feature on Mental Health Operational Leadership Team agenda as core report 	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Dr Stuart Doig, Keith Russell, Tracey Passway					

Recommendation 46	Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.			Outcome - Positive staff experience and promote those who train here to be recruited and retained in Tayside Mental Health	RAG - Green Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter Associate Medical Director	NHS Tayside	Current Issues RCA focus group	Oct 20	<ol style="list-style-type: none"> 1. Scope out current support mechanisms for nurses and doctors in training/newly-qualified; 2. Undertake planned, facilitated feedback sessions to build our approach to create our high-impact actions to improve support 3. Reporting - To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG 4. Use Workforce Group to develop a culture of shared learning and support and respect across all of NHS Tayside 5. Work with Directorate of Medical education to embed the Recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice 	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Donna Robertson, Mike Winter, Keith Russell, Peter Fowlie					
<p>STATUS UPDATE: All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year. A very detailed action plan is submitted quarterly as part of the JDC remit. Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners</p> <p>Finally, we recognise that improving culture, relationships and transparency goes beyond NHS employees and extends to families, carers, communities and the public health workforce in its broadest sense. We want to improve relationships and reputation across the piece. We understand that Trust and respect are living things, they take a long time to build and believe in but can be snuffed out in an instant. We intend to deliver an excellent mental health service in future.</p>					

5. Communication

Recommendation 8	Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.			Outcome - External reporting plan	RAG - Amber Date - Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan Care Governance Committee (public forum)	July 20	NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function, once we develop the Mental Health score card/dashboard for reporting to NHS Tayside Board <ol style="list-style-type: none"> 1. Requires a piece of work to review what is currently being provided 2. Determine future reporting (scorecard/ dashboard) 3. Implement a reporting process. 4. SLG will agree this. 5. Ensure that existing clinical governance and risk structures are consistent in mental health services 	
Team Involved (more team members will be added as we develop these plans) – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical Governance					

Recommendation 42	Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction. Managers of service should facilitate this engagement.			Outcome – Demonstration of Staff engagement co-creation and development the service strategy.	RAG - Green Date - June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	Mental Health services, NHS Tayside Organisational Development, HR	Tayside Mental Health and Wellbeing Strategy	June - Oct 20	<ol style="list-style-type: none"> 1. Information on all changes to be shared with staff to ensure engagement and feedback loop 2. To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard employee relations model at all levels of decision making. 3. Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work <p>Communication and Engagement Strategy to embed ongoing contribution of staff to the Programme Engagement Strategy and also the Staff Charter</p>	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell					

Recommendation 43	Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.			Outcome - Build a Staff Charter detailing that Staff will be actively listened to and valued and engaged in co-producing the strategy	RAG - Green Date - Immediate and Ongoing
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	<ol style="list-style-type: none"> 1. Establish process for building a staff charter, detailing rights to face-to-face meetings where staff feel valued and listened to. 2. Implement 3. Spread - communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development. 4. Sustain 	
Team Involved (more team members will be added as we develop these plans) - Scott Dunn, Communication Lead, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees					
STATUS UPDATE: Programme Management Team to work with Creative Director for Communication and Engagement, Director of Communications to lead the engagement and development of this.					

Recommendation 47	Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.			Outcome - Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan	RAG - Green Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Implement dedicated web based technological approaches to communication with staff groups	April 20	<ol style="list-style-type: none"> 1. Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan and website will be developed as part of the Communications work which will include vision, values, scope, communication principles, branding external/internal for mental health services in Tayside. 2. Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience 3. Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are. 4. Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health 	
Team Involved (more team members will be added as we develop these plans) - Jane Duncan, Lindsey Mowat, Programme Management Team					
STATUS UPDATE: External communication resource commissioned to support the programme communication and engagement strategy and implementation.					

6. Operational Service Delivery

Recommendation 10	Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)			Outcome - clear line management organisational charts in all mental health structures	RAG - Amber Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Arlene Wood, Associate Director, Mental Health	NHS Tayside	Clear line management organisational charts for all clinical staff & social care staff employed by councils but working within an integrated model of care.	Aug 20	<ol style="list-style-type: none"> 1. Review organisational charts and all line management arrangements 2. Clear line management schematic for all clinical staff & social care staff employed by councils but working within an integrated model of care. 3. Link to workforce group for sustainability e.g. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this 	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Arlene Wood, Associate Director of Mental Health, Dr Stephen Cole AMD for Appraisal, Mike Winter, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell, Jackie Bayne, Human Resources, Alan Drummond Staffside Mental Health					

Recommendation 16	Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.			Outcome - 7-day community mental health service providing crisis resolution and home treatment	RAG - Green Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Bill Troup Head of Service Angus Health and Social Care Partnership	Integration Joint Boards	7 day crisis resolution home treatment team service across Angus.	Aug 20	<ol style="list-style-type: none"> 1. Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project to be set up (<i>Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that have been approved and funded. Note: Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.)</i>) 2. Review delivery of the home treatment requirement. 3. Consider reinstating the Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project - Explore the views of clinicians and other stakeholders: including how previous service viewed and used. 4. Propose 7-day service model (develop specification) and set out in the Strategy and Programme Delivery Plans 	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Bill Troup					
STATUS REPORT: <ul style="list-style-type: none"> <input type="checkbox"/> Funding and Nursing Staff received to commence this in North Angus. <input type="checkbox"/> Barrier to implementation in 2019/20 was lack of local medical leadership and stable medical workforce. <input type="checkbox"/> Both of these factors remain a risk but now have long term locums in place. B <input type="checkbox"/> and 7 Nurse identified to progress this, once released from current post in September. Aim to have 7 day working in place in North Angus by January 2021. <input type="checkbox"/> Once the model is tested in the North, it will be rolled out in South Angus, on receipt of agreed funding transfer from inpatient services.. 					

Recommendation 17	Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.	Outcome - Establish process and frequency for updating care plans	RAG - Amber Date - Oct 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/ Health and Social Care Partnerships (particularly social work leadership)	1. Robust audit tool. 2. Process for review 3. Schedule for reviews 4. Report on lessons learned	July 20 Aug 20 Sept 20 Oct 20	<ol style="list-style-type: none"> 1. Establish mechanism to review Community Mental Health Team caseload 2. Ensure that there are robust audit tools in place to review complex cases 3. Process for review 4. Planned review discharging of patients on medication for severe and enduring mental health problems which ought, really, to be under psychiatric review. 5. Schedule for regular audit of this cohort 6. Report on lessons learned.

Team Involved (more team members will be added as we develop these plans) - Keith Russell, Bill Troup, Chris Lamont, Arlene Mitchell

STATUS UPDATE:

- NHS Tayside's Person Centred Care Planning Standards for Mental Health & Learning Disabilities have been updated and care planning leads identified in each area

Recommendation 22	Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.	Outcome - Student referral pathway	RAG - Amber Date - Aug 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	<ol style="list-style-type: none"> 1. Collaborate with Universities (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.) 2. Establish what they currently provide and see what is required to achieve the recommendation. 3. To improve access to urgent reviews/on-the-day assessments, which are often done by Duty Worker and not after 3pm.

Team Involved (more team members will be added as we develop these plans) - Keith Russell, Sara Vaughn

STATUS UPDATE -

- Initial meeting with Fiona Grant from Dundee University and Sara Vaughn CRHTT has taken place, further meetings planned to develop pathway jointly.
- Spiritual Care have a presence in every GP Surgery in Tayside offering The Community Listening Service. This is also promoted through Student Services at Dundee University and can be expanded if required

Recommendation 28	Ensure appropriate psychological and other therapies are available for inpatients.			Outcome - Appropriate psychological and other therapies are available for inpatients	RAG - Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	<ol style="list-style-type: none"> 1. Strengthen and agree priorities for safe, effective, person-centred care. This would include IOP, locked doors, etc 2. IOP Steering group to develop an implementation plan for the protocol. 3. Position statement for inpatient psychology for the next three years. 4. Development of a programme that starts with a reflective practice session around the NES 'Opening Doors' animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach. 5. Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe. 	
Team Involved (more team members will be added as we develop these plans) - Professor Kevin Power, Psychology Services, Keith Russell, Associate Director of Nursing, Mental Health					
STATUS UPDATE: The Department of Spiritual Care will be part of the conversation around this. We have a WTE member of spiritual staff based over at Murray Royal, Carseview and Strathmartine providing 1:1 patient support as well as supporting the training and development of staff in reflective practice, this is working well.					

Recommendation 37	Support junior doctors who are working on-call and dealing with young people's mental health issues.			Outcome - Develop strong support process for junior doctors within workforce plan	RAG - Amber Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter NHS Tayside Associate Medical Director	NHS Tayside	Develop programme of work for future model as part of future rotation	Aug 20	<p>This is an Operational Issue that will be considered through TTMG</p> <ol style="list-style-type: none"> 1. Consider the role of out of hours' social work, Mental Health Officers, Mental Health liaison roles 2. Ensure that there is a Consultant on call and available to support decision making. (As this is part of our workforce strategy to retain and support trainees) 	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Peter Fowlie, George Doherty , Teaching and Training Medical Group (TTMG)					

Recommendation 38	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.	Outcome - To develop confidentiality protocols and share with parents and carers	RAG – Amber Date – Oct 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	<ol style="list-style-type: none"> 1. Exploration of the exact protocols referred to. 2. Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families. 3. Review process and make materials available to staff and families.

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell

STATUS REPORT: Staff undertake annual education around confidentiality (LearnPro) and CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.

Recommendation 29	Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.	Outcome – The guidance on ward locking is updated, approved and shared with all staff.	RAG – Green Date – Aug 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	<ol style="list-style-type: none"> 1. Embed MWC Right in Mind Pathway across all In Patient Services 2. Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking) 3. Review design and technology innovations to management of ward door locking.

Team Involved (more team members will be added as we develop these plans) – Leads: Arlene Wood, Associate Director of Mental Health, Keith Russell, Associate Director of Nursing, Mental Health

Recommendation 30	Ensure all inpatient facilities meet best practice guidelines for patient safety.			Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety	RAG - Green Date - Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	<ol style="list-style-type: none"> 1. Build on work achieved to date around health & safety, Royal College of Psychiatry accreditation. 2. Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver 3. Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible. 4. Roll out structured patient safety programme reflecting of National SPSP safety principles <ol style="list-style-type: none"> i. Least Restrictive Practice ii. Physical Health iii. Leadership and Culture iv. Communication 5. Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include: <ol style="list-style-type: none"> i. Standards for inpatient mental health service (1 ward started) ii. Standards for inpatient learning disability service iii. Standards for rehabilitation iv. Standards for crisis response v. Standards for Intensive Psychiatric Care Units (started) 	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams					
STATUS REPORT: <ul style="list-style-type: none"> <input type="checkbox"/> Work continues on the standards for Inpatient Mental Health in Mulberry ward and IPCU. <input type="checkbox"/> Interviews to appoint Quality Improvement Lead and Improvement Adviser to take place in August - they will lead on SPSP safety principles. 					

Recommendation 34	Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.	Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process	RAG - Green Date - Oct 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Quality	Report of referral management and rejected referrals to be sent to programme board with recommendations	Oct 20	Rejected CAMHS referrals requires wide engagement with primary care and involvement across 3 council areas with creating alternatives to a CAMHS referral. Partnership expertise, including around prescribing patterns would be valuable. <ol style="list-style-type: none"> Review referral management to CAMHS Audit rejected referrals. Review communication process and content

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Peter Fowlie/ Mike Winter, Dr Pascal Scanlan

STATUS UPDATE

Improvements in Trakcare coding has resulted in refinement of codes; GPs have been provided with updates on the process to support correct selection for referral, including CAMHS referral thresholds commenced July 2020. The GP referral test of change support project has been interrupted by COVID, and is anticipated to recommence as part of the Remobilisation work. A standard acknowledgement letter for all referrals has been developed and commenced use in July 2020, and is inclusive of signposting to other services and supports. Audit completed and identified duplication of referrals and coding issues, which has impacted on accuracy of information and data. Successful small test of change completed with GPs to improve referral. New acknowledgements letters for all referrals being sent out which also includes information on support services / tools available in their local area. Spiritual Care Team is supporting this pathway, through their work in GP surgeries - they can be a signpost for parents who have anxieties as to why their child was rejected, and these parents might require additional support. Also, there is potential for us to develop the Listening Service to include young people in this service. This potential development might develop as an early intervention for young people experiencing distress. There is some evidence from the work we undertook in Angus secondary schools that backs this up.

Recommendation 40	Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements	RAG - Amber Date - Oct 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	The new e-Mental Health subgroup will lead this, linked to strategic data groups in our partner organisations. <ol style="list-style-type: none"> Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Sarah Lowry, Hazel Scott

STATUS UPDATE: Data Dash Board completed and in use. This will now be aligned fully to national reporting recommendations.

Recommendation 49	Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.			Outcome - Cultural change embedded	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils	Oct 20	<ol style="list-style-type: none"> 1. Promoting Attendance and Managing absence systems to be applied and embedded. 2. Creation of workforce plan to raise the profile to promote mental health recruitment and retention. 3. Develop ‘Leadership, Accountability, Culture, Engagement and Communications’ project. 4. Reduce work related stress- Ensure job roles and expectations and reporting lines are clear and detailed in the service specification supported by strategy, and local objective setting and job plans. 5. To implement more robust Promotion of Attendance and Managing absence systems. 6. Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside. <p>Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn't differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.</p>	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith, Arlene Wood, Employee Director (Staff Mental Health & Wellbeing work will be co led by Director of Workforce & Employee Director) Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations					

Recommendation 50	Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.			Outcome - Develop 'Leadership, Accountability, Culture, Engagement and Communications' project.	RAG - Amber Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Proposed \ Mental Health OD Plan to be quantified and approved by the Director of Mental Health	July 2020	<ol style="list-style-type: none"> 1. Develop staff charter in Partnership with Employee Director and Area Partnership Forum 2. Develop work plan associated with staff governance standards 3. Develop a report template developed for MH Partnership Forum 4. Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff 5. Work with medical staff to build a culture of respect and trust. 6. Ensure staff are confident that they can challenge harmful behaviours. 	
<p>Team Involved <i>(more team members will be added as we develop these plans)</i> - George Docherty/Whistle blowing champion Non-exec, Jenny Alexander, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement</p> <p>This work has commenced. Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations</p>					

7. National

National Recommendations 12, 32					
Recommendation 12	Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.			Outcome - Liaise with Scottish Government to support Tayside input to the national plans	Date - 2021
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	2021	2021	<ol style="list-style-type: none"> The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes Agreement that any actions against this Recommendation should be addressed by the Scottish Government. (Health and Safety Quality Review from the Scottish Government) 	
Team Involved (more team members will be added as we develop these plans) – Donna Bell					

Recommendation 32	A national review of the guidelines for responding to substance misuse on inpatient wards is required			Outcome - Liaise with Scottish Government to support Tayside input to the national plans	Date - Not set yet
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	Draft Framework to be established	Aug 20	<ol style="list-style-type: none"> Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services We will including NHS Tayside guidance on substance misuse on inpatient wards National policies on adverse childhood experiences be used to guide mentally healthy young people. (ACEs are well known strong predictors for mental health difficulties and carefully guided interventions are hugely cost effective. https://www.gov.scot/publications/adverse-childhood-experiences/) 	
Team Involved (more team members will be added as we develop these plans) – Mental Health Directorate, Scottish Government to progress					

For further information contact:

Kate Bell, Interim Director of Mental Health NHS Tayside – mentalhealth.tayside@nhs.net

NHS Tayside Prevention and Management of Violence and Aggression – Restrictive Intervention Reduction Core Function Establishment Proposal

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338256

Draft Mental Health and Learning Disabilities Observation Protocol

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338254

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338255

Advocacy services

Partners in Advocacy in Dundee have a specific remit relating to Advocacy and Mental Health for children and young people 21 and under <https://www.partnersinadvocacy.org.uk/what-we-do/dundee/>

Angus Independent Advocacy Project support children under 16 who have been impacted by the Mental Health (Care and Treatment) (Scotland) Act 2003. <http://www.angusindadvocacy.org/about-advocacy.html?id=9>

Similar service to the Angus Independent Advocacy Project, offering support as above.

<https://www.iapk.org.uk/>

Who Cares Scotland for LAC (Care experienced) Children. Who Cares also work with Kinship care and LAC at home kids.

<https://www.whocarescotland.org/what-we-do/advocacy/>

The Clan Law Society have an excellent reputation for Child Rights and offer legal support, in some areas offering a legal representative.

<https://www.clanchildlaw.org/>

The Children and Young People's Commissioner Scotland, particularly Bruce Adamson, who has an incredible reputation. They can be approached by individuals in respect of learning their rights and can get support from the Commissioner to challenge.

<https://cypcs.org.uk/>

PROGRAMME SUMMARY REPORT



Between January and July 2020 the Tayside Mental Health & Wellbeing Programme has focused on the co-creation and delivery of the **Listen Learn Change Action Plan** and the development of the Tayside Mental Health Change Programme.

Our work has involved significant stakeholder engagement with over 600 people contributing to how we can improve mental health services for those who need them and those who deliver them across the region.

Mental Health remained a key priority in Tayside during the Covid 19 lockdown with dedicated resource continuing to co-create the response to Trust and Respect and develop the Listen Learn Change Action Plan



Key milestones to date

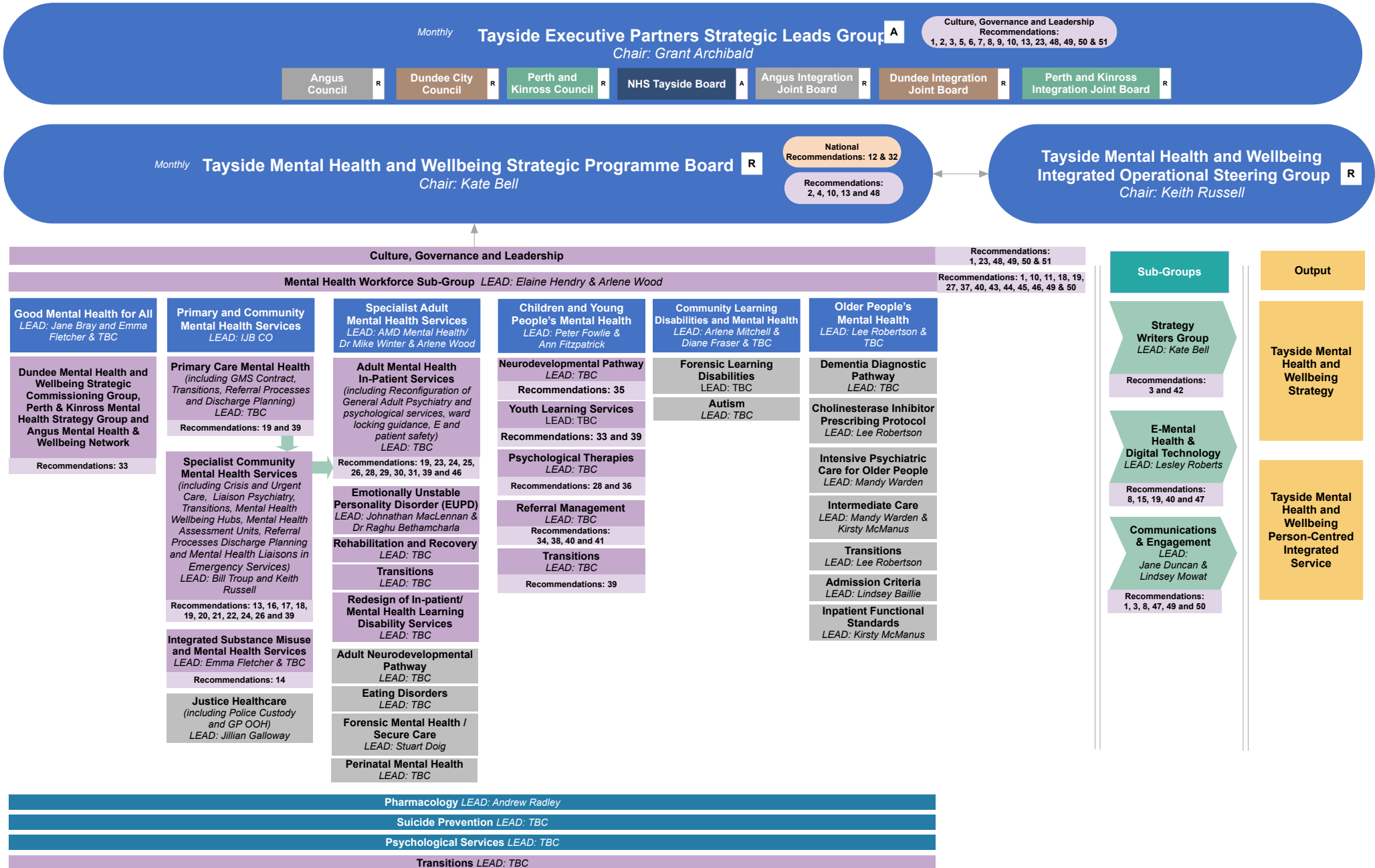
Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	Delivery of final Listen Learn Change Action Plan
Jan 2020	Mar 2020	Jun 2020	Feb -Jun 2020	Mar-Jul 2020	Jul 2020
<p>Tayside Executive Partners formed Strategic Leadership Group</p> <p>Signed Statement of Intent</p> <p>Commitment to work together to improve mental health services for all</p> 	<p>Identified strategic change manager</p> <p>Senior Responsible Officer for Mental Health Programme of work</p> <p>Responsible for:</p> <ul style="list-style-type: none"> › Trust & Respect Inquiry › Co-creating the Tayside Mental Health & Wellbeing Strategy › Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside <p>Held over 120 stakeholder meetings since appointment</p> <p>Led increased focus on co-creating strategy</p> <p>Programme team recruited for specialist expertise and support</p>	<p>Over 200 stakeholders have been engaged with in 65 meetings (video conference, teleconference and face to face)</p> <p><i>Rollover Pie charts for more detail</i></p>	<p>Over 200 inputs from Tayside Mental Health stakeholders</p>	<p>Held 8 virtual scoping sessions</p> <p>175 stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more</p> <p>Identified new areas of focus</p> <p>600+ new stakeholder requests to contribute to the programme</p> 	<p>Engagement process and numbers</p> <p>10 high impact changes formulated</p>

Next Steps

Our focus is now on developing the Tayside Mental Health & Wellbeing Change Programme and Tayside Mental Health & Wellbeing Strategy. Our immediate work will be structured around the agreed scope of work set out in the Governance to identify all project leads and work stream members. We will set out a work plan to deliver the ten high-impact changes formulated during the engagement of the **Listen Learn Change Action Plan**.

We will continue to work closely with our key partners and will hold two stakeholder strategy development events in August and September 2020 to gain critical insights to inform the production of the draft strategy which we will share for agreement and approval to the Scottish Government in October 2020.

Governance Structure: Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme



The Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme structure encompasses the Listen. Learn. Change actions and implementation plans derived from the independent inquiry and 'Trust and Respect', the national Mental Health Strategy 2017 – 2027 and other associated Mental Health strategies as the drivers for change and improvement. The boxes in purple within the structure map the recommendations within 'Trust and Respect' to the appropriate governance meeting, project and workstream within the Change Programme.

Programme Phases

- Trust & Respect Projects & Workstreams
- Additional Projects & Workstreams

Key (Strategy Board Governance)

- R – Responsible
- C – Consulted
- A – Accountable
- I – Informed

Ten High-Impact Changes

Ten high-impact changes emerged from our work to scope and co-create the Listen Learn Action Plan.

These are all areas which our stakeholders, and in particular our partners with lived experience, say can improve personal journeys through our mental health systems.

They reinforce the need to focus on a holistic care approach that, by removing barriers across health and social care services and wider support services (including housing, education and social security), will achieve more responsive and accessible mental health supports and services.

Furthermore, these changes also highlight the need for us to work across wider determinants of mental health and wellbeing to improve life circumstances for people experiencing inequalities.

All ten of these changes will be a focus for our work in 2020/21 as we develop our Mental Health and Wellbeing Strategy and Change Programme to improve the quality of care and enhance the effectiveness of our mental health provision to meet individual service user needs across our region.

The illustration on the next page maps all ten changes. **Roll your mouse over each of the 10 sections to reveal more detail about the changes.**



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TRUST & RESPECT



Shared Aim



Medical MODEL

Holistic CARE

**TRUST
RESPECT
INTEGRITY**

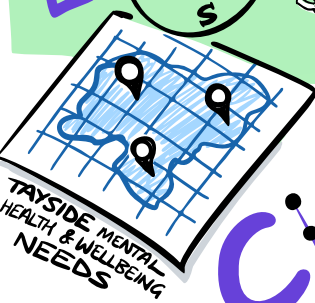
CULTURE

PEOPLE CENTRED



GOVERNANCE & ACCOUNTABILITY

Mental Health LEADERSHIP



TAYSIDE MENTAL HEALTH & WELLBEING NEEDS

CHANGE



Life Circumstances

STRATEGY



Lifespan

Programme



LIFE EXPECTANCY



CASE FOR CHANGE

Hospital Admissions
ADULT MENTAL HEALTH & LEARNING DISABILITIES
INPATIENT REDESIGN

DATA AND INTELLIGENCE REVIEW

SUICIDE PREVENTION

COMMUNITY
Prevention Service
Health care worker
Community worker
3rd sector worker

See Me
End mental health discrimination

SERVICE

STIGMA FREE TAYSIDE
MHW CAMPAIGN

EXPERT by EXPERIENCE

STATEMENT of INTENT



Work Together to improve mental health services for those who need them & those who deliver them

OUR SUPERPOWER
Shared ownership
Optimised experience
more inclusive

CENTRE OF EXCELLENCE

FOCUS & DEVELOP



CLASS MENTAL HEALTH AND CARE SERVICES

PUBLIC HEALTH PRIORITY #3

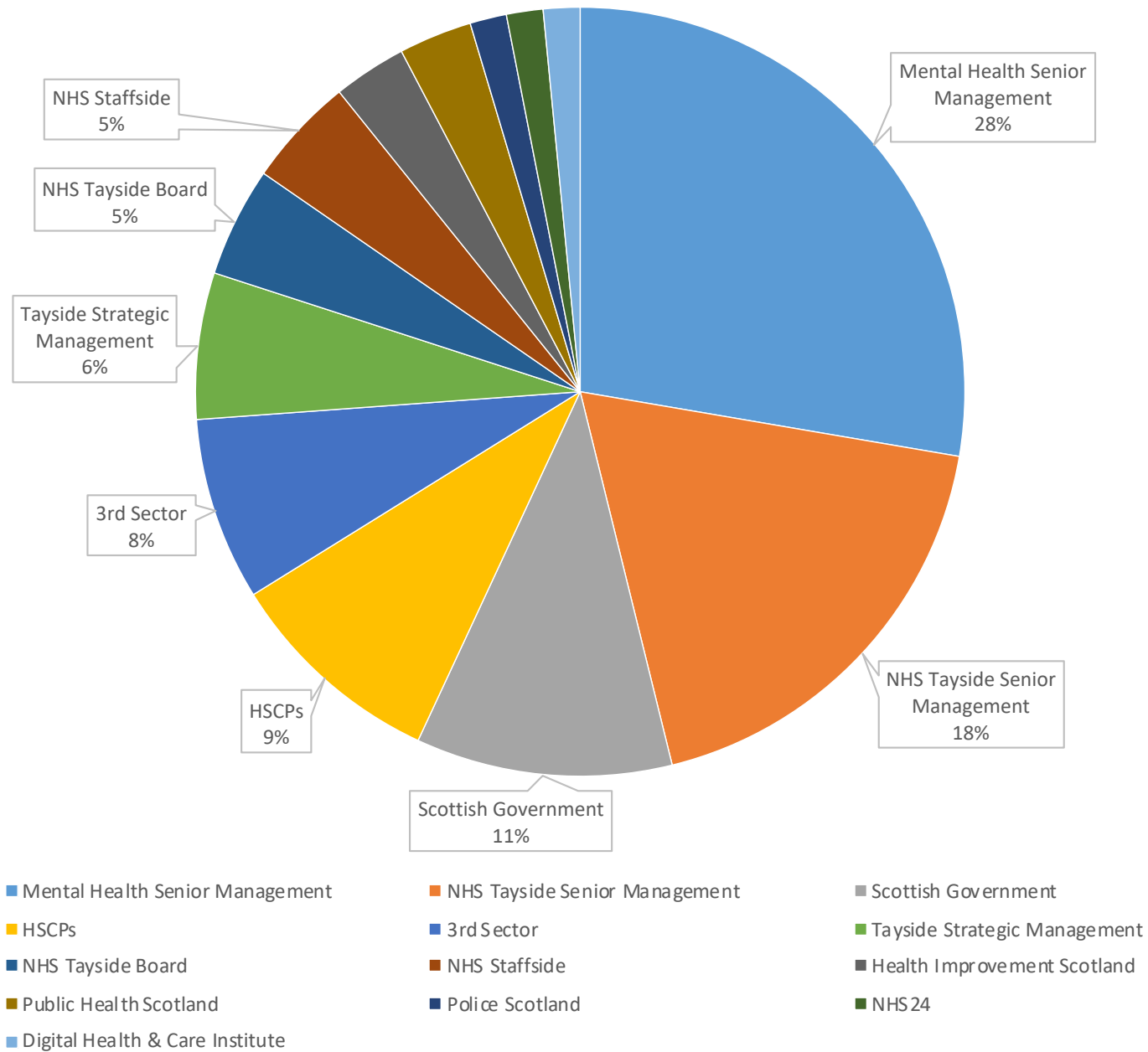
Tackle
Multi Generation Action Plan
GP 3rd Sector Nurse community worker
OUR TEAM
A Tayside where we have good mental wellbeing

RECRUIT & RETAIN

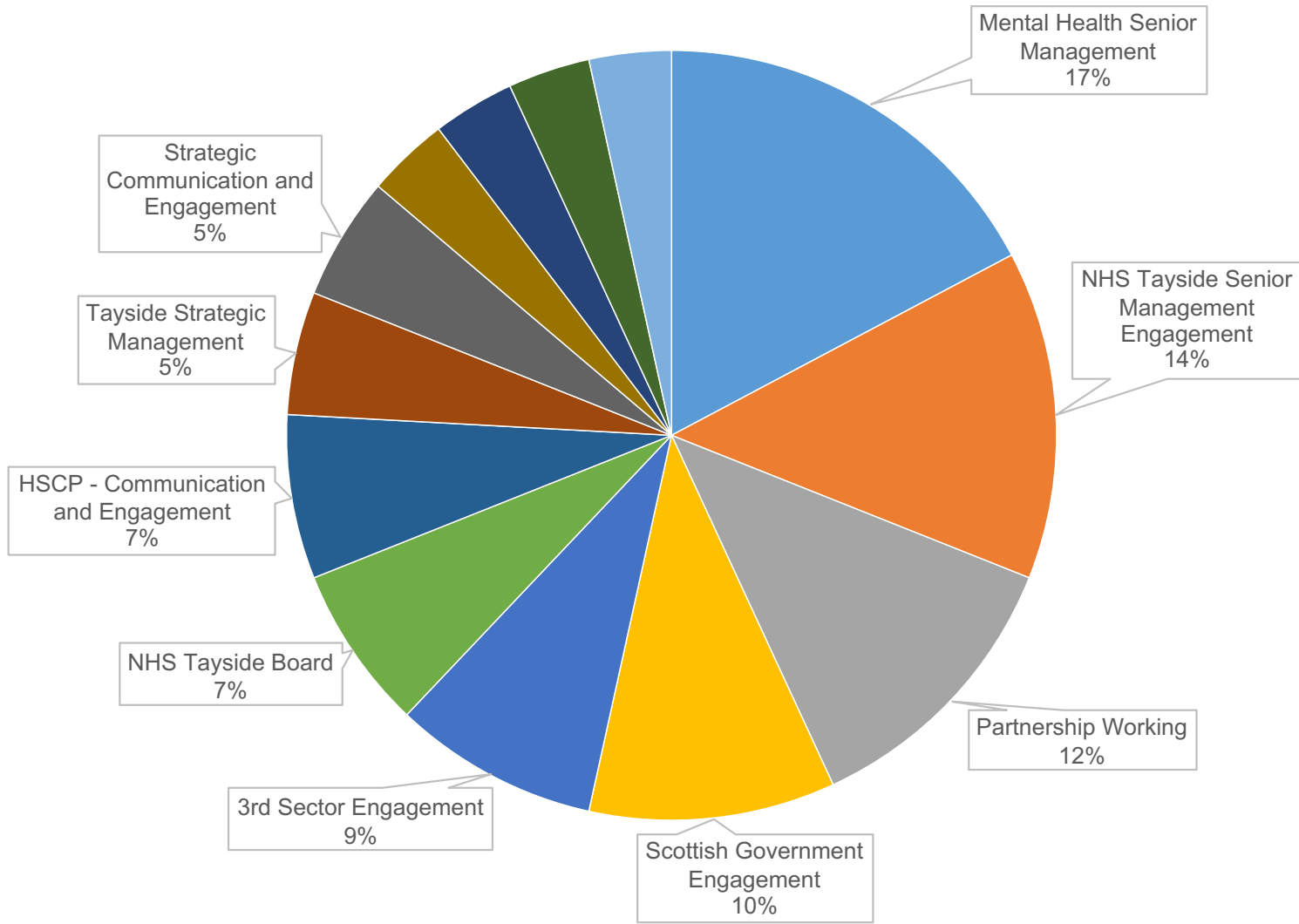
URGENT CARE
RIGHT CARE
time



Communications and Engagement Stakeholder Group



Communications and Engagement Purpose of the meeting



- Mental Health Senior Management
- Partnership Working
- 3rd Sector Engagement
- HSCP - Communication and Engagement
- Strategic Communication and Engagement
- HIS Engagement
- Public Health Scotland Engagement
- NHS Tayside Senior Management Engagement
- Scottish Government Engagement
- NHS Tayside Board
- Tayside Strategic Management
- Introductory Meeting
- Leadership & Culture

Listen Learn Change



APPENDIX 2 (PDF) – MAKING A DIFFERENCE IN MENTAL HEALTH SERVICES IN TAYSIDE SCOPING REPORT



Making a difference to Mental Health services in Tayside

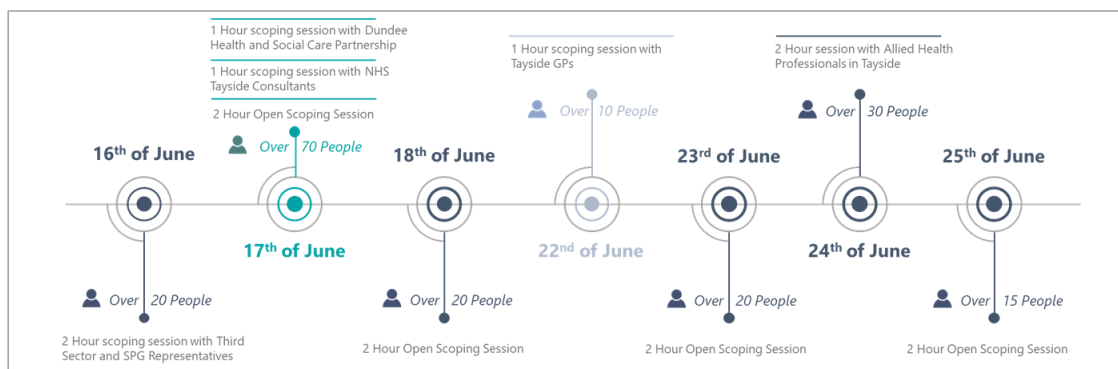
This report illustrates the changes to the Tayside Mental Health and Wellbeing Programme from as a result of Scoping Sessions held throughout June

SCOPING REPORT

This Scoping report 'Making a difference to Mental Health services in Tayside' contains the outputs of the eight scoping sessions coordinated by the Tayside Mental Health and Wellbeing Programme Team throughout June 2020. This report details the highlights of the deep and detailed discussions undertaken within the scoping sessions. It also details the key themes stakeholders fed back on current Mental Health Services within Tayside. Additionally, it shows feedback on the proposed governance structure for the Tayside Mental Health and Wellbeing Change Programme before showing the outcomes of the suggestions on how the Change Programme may need to change to incorporate feedback provided through scoping. The report concludes with a suggestion of how we will move forward together to ensure the co-production of a Strategy and Tayside Mental Health and Wellbeing Programme to deliver changes to the services as required in Trust and Respect and our action plan, Listen. Learn and Change 2020.

Stakeholders throughout Tayside were invited and engaged within the scoping sessions throughout June. Eight scoping sessions were held to which **over 600** people were invited to attend GPs, Consultants, Service Users, Third Sector representatives, NHS Tayside including clinical and administrative Staff, Health and Social Care Partnership staff, Staffside and more.

More than 175 people attended the scoping sessions throughout June



Making a difference to Mental Health services in Tayside

Together we discussed....

The scoping session planned to achieve three objectives, these objectives are detailed further below and were the focus of the discussion throughout all sessions.

1. Clear priorities for our mental health system wide work. This will support co-creation, co-production and joint delivery of a plan for next 3 years

When discussing the priorities of our mental health system-wide work the acceptance criteria from the 'The views of People with Lived Experience and Staff' report was highlighted along side the views of the **Employee Participation Group** from the Trust and Respect Report (Feb 2020).

A number of key areas were outlined as 'Must-Do's' as part of the programme:

Scottish Government Mental Health Strategy 2017 – 2027

Prevention and early intervention; Access to treatment, and joined up accessible services; The physical wellbeing of people with mental health problems; Rights, information use, and planning

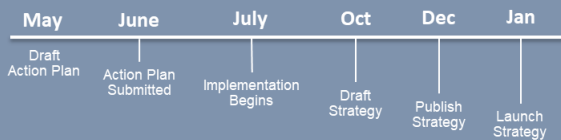


Person centred, Safe and Effective care

1. Working more effectively with families and carers,
2. Peer Support Workers,
3. Self management and self support,
4. Put a stop to discrimination,
5. Focus on the rights of people with mental illness,
6. Look at the whole person,
7. Use new Technology

2. Shared Understanding of all recommendations in the Independent Inquiry, the actions to be achieved in the change programme, and other national priorities

Key dates of the Independent inquiry were outlined through the 5 cross-cutting themes that sat across the 51 recommendations (2 national) within the Trust and Respect report.

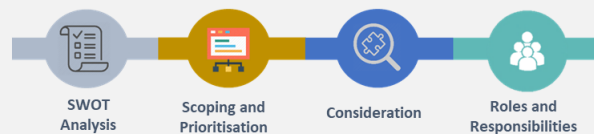


National and Strategic Policies were outlined by which the Mental Health and Wellbeing Programme in Tayside will embed and or be aware of.



3. Collect outputs today to feed into the scoping report which will then refocus our strategy and change programme

All sessions completed a SWOT Analysis to understand our current service, working through what is within scope of the Strategy and Change Programme, consideration into areas of scope not already included and discussed roles and responsibilities for staff who plan to get involved.



Making a difference to Mental Health services in Tayside

Summary of Results...

Feedback from group exercises for all scoping sessions was analysed in order to identify key themes and trends to help inform how we move forward together.

Overview of Weaknesses, Threats, Strengths and Opportunities of the current Mental Health Service in Tayside

Weaknesses

W

- Lack of Communication between services
- Staffing Capacity
- Waiting Times
- Transition of Patients
- Loss of Public Confidence
- Leadership

Threats

T

- Resources (Clinical / Nursing / Community)
- Funding
- On-going Morale
- Post-COVID Demand
- National Policy Changes

Strengths

S

- Staff
- Willingness to embrace change
- Third sector support and interaction
- Engagement of staff, carers and service users

Opportunities

O

- Improving systems for patients, records and interactions)
- Improving Pathways
- Tayside wide collaboration
- Service Re-design

Is there anything within the current scoped structure for the Single Tayside Mental Health Strategy and Change Programme that should not be in scope?

Over 97% of all stakeholders who responded determined that all of the areas in scope within the initial scoped structure should be in scope for the Change Programme moving forward.

1. Mentally Healthy Environments and Communities	Digital Technologies	In Patient Services	Adult Mental Health In Patient Services
2. Mentally Healthy Infants, Children and Young People	Prisoner Healthcare	Children and Adolescent Mental Health	Community Mental Health Teams
3. Mentally Healthy Employment and Working Life	Primary Mental Health Team	Neurodevelopmental Pathway	Crisis Care and Home Treatment
4. Mentally Healthy Later Life	Transforming Mental Health in Accident and Emergency	Universal Services	Emotionally Unstable Personality Disorder (EUPD)
5. Reducing the Prevalence of Common Mental Health Problems, Distress, Self-Harm and Suicide	Suicide Prevention		Learning Disabilities
6. Improving the Quality of Life of those Experiencing Mental Health Problems			Rehabilitation and Recovery
			Perinatal Mental Health

Should anything else be in scope from a Tayside perspective?

Substance Misuse Services	Psychological Therapies	Impact of Mental Health on Physical Health
Adult Neuro-development	Forensic Mental Health/ Secure Care	Prescribing
Forensic Learning Disabilities	Autism	Eating Disorder

Many areas within Mental Health were suggested to be considered for being in scope, above are the areas that were raised on more than 5 occasions throughout the scoping sessions.

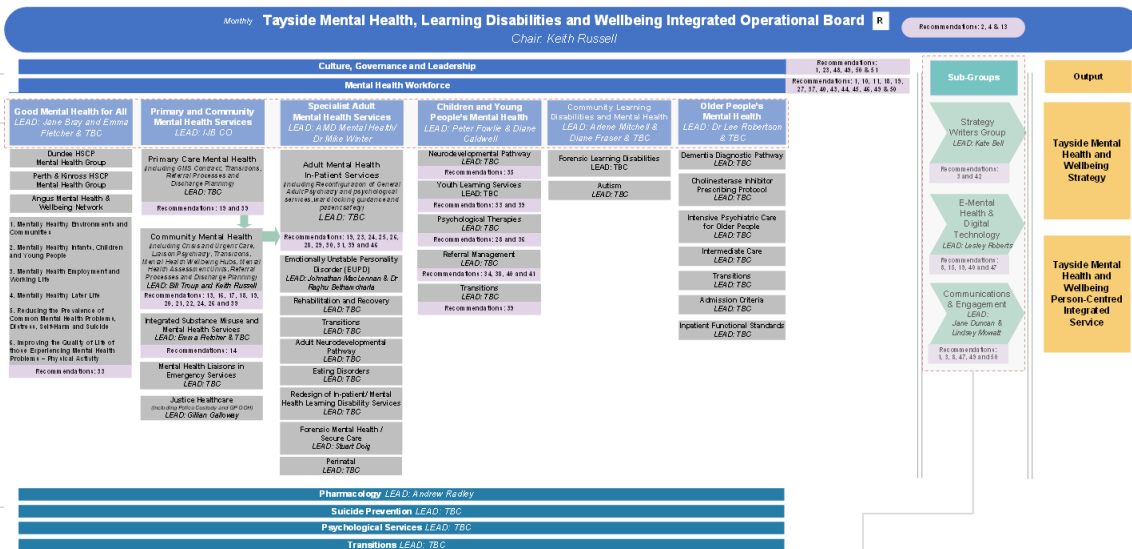
Making a difference to Mental Health services in Tayside

How the Programme has changed....

After feedback from all sessions was analysed, the structure below details the changes in a newly co-collaborated and co-designed single Tayside whole system Mental Health and Wellbeing Change Programme, that will also result in production of our Strategy before October 2020.

From the feedback received the structure of the change programme itself has been changed to reflect key areas with focus on an individual project for Primary care and Community Mental Health and Learning Disabilities

Key Workstreams within the Change Programme that were continuously raised throughout the scoping sessions have been included within projects below, no areas have been removed from scope from the previous structure.



Above in blue spread across the programme are the cross-cutting themes. These will be a focus of each project.

A wider set of sub-groups to include a focus on e-Mental Health through data driven decisions and workforce sub-group to span all areas of the change programme

The structure detailed above is in the final stages of development and will be complete in tandem with the Listen. Learn. Change Action Plan at the end of July.

Making a difference to Mental Health services in Tayside

How we move forward together...

You said, we did



You said:

"It would be really positive if you allowed us to provide feedback in many different ways at different times so that everyone could be continually engaged."

We did:

In the scoping sessions we utilised the Menti system with the chatbox in Microsoft Teams and also provided a direct e-mail contact. Communications and engagement will be through more platforms moving forward

Roles in the programme



Over 40 additional stakeholders from every area of the Mental Health Service in Tayside put their name forward to be part of the change programme moving forward. The programme team will contact these people to further assess their capacity to get involved before finalising project teams.

Additional names can come through this email:

mentalhealth.tayside@nhs.net

Programme FAQs



Over 300 Actions/ Questions/ points to be considered were collated throughout the scoping sessions.

These are being collated and reviewed for response on an ongoing basis through an FAQ page.

The page will be built into our Mental Health and Wellbeing website pages as part of NHS Tayside.

To keep up with communications from the Mental Health and Wellbeing Programme you can follow us on our website:



[www.nhstayside.scot.nhs.uk
/MentalHealthandLearning
DisabilityServices](http://www.nhstayside.scot.nhs.uk/MentalHealthandLearning/DisabilityServices)

Want to get in touch about the Programme?
e-mail the Mental Health and Wellbeing Programme on

mentalhealth.tayside@nhs.net



Tayside Mental Health and Wellbeing Programme

FREQUENTLY ASKED QUESTIONS

1. Q. Will Learning Disability be included in the Scope?

A- Learning Disability will be a key project within the Tayside Mental Health and Wellbeing Programme moving forward. As part of the scoping sessions a number of key workstreams were repeatedly fed back as being important to be within the scope of the programme, these included; Learning Disability In-Patient Service Redesign, Forensic Learning Disabilities and Autism.

2. Q. Will substance Misuse be added to the Scope?

A- Redesign of Substance Use and Mental Health Services will be included as a key work stream within the Primary, Crisis and Community Mental Health Services project within the programme. This work stream will include within its scope the actions addressed to Recommendation 14 ('Consider developing a model of integrated substance use and mental health services') outlined within the Listen. Learn. Change Action Plan.

3. Q. There appears to be an over reliance on the prescribing of drugs. Will this be reviewed?

A- Pharmacology within the programme will be reviewed as a cross-cutting theme throughout all projects and workstreams. As part of the programme and strategy pharmacology will be a theme that sits throughout the programme which will be taken into account within each area.

4. Q. Will the review cover all age groups/services?

A- Scope -The programme will cover all age groups throughout Tayside from perinatal through to Older People's services as well as cover all areas of Mental Health including population mental health and determinants of health, as well as services from prevention, links to third sector through to community primary care and inpatient care as well.

B- Participation – All those with an interest in mental health are being encouraged to become involved, to participate, to be part of shaping mental health in Tayside.

5. Q. Will people with lived experience of mental health or carers be involved in the process?

A- Throughout each stage of the programme people from various backgrounds including those with lived experience are asked to get involved to shape the scope of the programme, the creation of a single Tayside Mental Health and Wellbeing Strategy, and to be involved in the project groups of their choice and the Programme Board.

B- We welcome all those who would like to be involved, send your details and the area you want to help with to (Mentalhealth.tayside@nhs.net).



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Review of Adult Community Mental Health Services, Tayside

January – March 2020





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About us

Healthcare Improvement Scotland (HIS) supports healthcare providers to improve the quality of care they deliver through promoting self-evaluation for improvement and delivering external quality assurance.

Our quality of care approach (QoCA) is how we design our inspection and review methodologies and tools and provide external assurance of the quality of healthcare provided in Scotland.

We have included only the elements of the quality of care (QoC) framework/domains that are specific to addressing the focus for this review. Domains included for this review were:

Domain 2:	Impact on people experiencing care, carers and families
Domain 5:	Delivery of safe, effective, compassionate and person-centred care
Domain 6:	Policies, planning and governance
Domain 7:	Workforce management and support
Domain 9:	Quality improvement-focused leadership

This in turn, formed the basis for our key lines of enquiry (KLOE) for the review. More information about the quality framework (QF) and QoCA can be found in Appendix 1 and on our [website](#).



Adult Mental Health Services in Tayside

Background and review focus

HIS carried out a focused review visit to mental health services in Tayside from Thursday 7 to Saturday 9 December 2017. A review report was published in February 2018. (*Review of Adult Mental Health Services in Tayside: February, 2018*)¹

The report set out the key findings from the visit, which had a specific focus on:

- General Adult Psychiatry (GAP) services within the Carseview Centre, Dundee, and
- Community Mental Health Services (CMHS) and crisis support for residents in the local council areas and localities of Angus, Dundee City and Perth & Kinross.

During the review, HIS highlighted five key areas of strength and six areas for improvement.

At the time of the review, NHS Tayside and Perth & Kinross Health and Social Care Partnership (HSCP), which hosts inpatient mental health and learning disability services across Tayside, were redesigning the adult mental health and learning disability inpatient services as part of its mental health and learning disability services redesign transformation programme.

On Monday, 4 June 2018, HIS met with senior management from mental health and learning disability services in Tayside. The focus of the meeting was:

- for Tayside to provide an update on the consultation of adult mental health and learning disability inpatient services, and the decision on the preferred option that was announced on 26 January 2018, and
- to discuss progress against the six areas for improvement.

Ahead of the meeting, Tayside shared its improvement action plan that had been created to track its actions and progress against the six areas for improvement.

Following this meeting, HIS published a report on the progress and continued areas of improvement required. NHS Tayside announced that an independent inquiry would be carried out by David Strang to examine the accessibility, safety, quality and standards of care provided by mental health services. In view of the work to be undertaken by this independent inquiry, HIS stated it would give NHS Tayside and the partnerships the time to focus on this inquiry and that HIS would request an update, and plan future quality assurance activity, once the independent inquiry published its findings.

¹ http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

The final report of the inquiry was published in February 2020, *Trust and Respect, Final Report of the Independent Inquiry into Mental Health Services in Tayside, February 2020*. For full details of the report, please click [here](#).

The Sharing Intelligence for Health & Care Group (SIHCG) provides a mechanism enabling seven national agencies to share, consider, and respond to intelligence about care systems across Scotland. The organisations which represent this group are:

- Audit Scotland
- Care Inspectorate
- HIS
- Mental Welfare Commission for Scotland (MWC)
- NHS Education for Scotland (NES)
- Public Health & Intelligence (part of NHS National Services Scotland), and
- Scottish Public Services Ombudsman.

In June 2019, the group raised concerns regarding the continued and ongoing shortages of consultant psychiatrists with a particular shortfall in general adult psychiatry. Only 50% of psychiatry posts were filled with permanent consultants. Locum psychiatrists, if available, would be employed to reduce the gap in vacant posts to support and manage the service.

The group also identified issues regarding the strategic planning and direction of Tayside's CMHS and the efficiency of how they provide a range of mental health interventions across communities.

Concerns regarding the partnerships' governance, leadership structures and decision-making capabilities were also raised, as they are responsible for the commissioning of mental health services.

In September 2019, HIS asked the chief executive of NHS Tayside to provide a response on the progress against the recommendations made following HIS's previous review of adult mental health services. A decision was made to undertake further quality assurance activity around the quality and governance performance of NHS Tayside and the partnerships for GAP Services, particularly for those accessing Community Mental Health Teams (CMHTs) and the Crisis Resolution and Home Treatment Team(s), which sit within GAP Services.

HIS carried out a review on the quality of care in Tayside with a specific focus on adult community mental health services between January – March 2020. For a list of review team members, please see Appendix 2.

Profile of service

In 2016, HSCPs were established in Tayside. The HSCP is responsible for the delivery of social care and community-based health services for all adults in Angus; Dundee; and Perth & Kinross localities. The Integration Joint Board (IJB) – the partnership’s board of governance, strategy and scrutiny – became responsible for its delegated health and social care functions at the same time and its purpose is to ensure people receive integrated seamless support and care throughout these localities in Tayside. (*Demographics, see figures 1-3*)

The three HSCPs are responsible for ensuring that mental health services are planned and delivered in Tayside. Services should also be available, accessible, appropriate, and of the same high quality.²

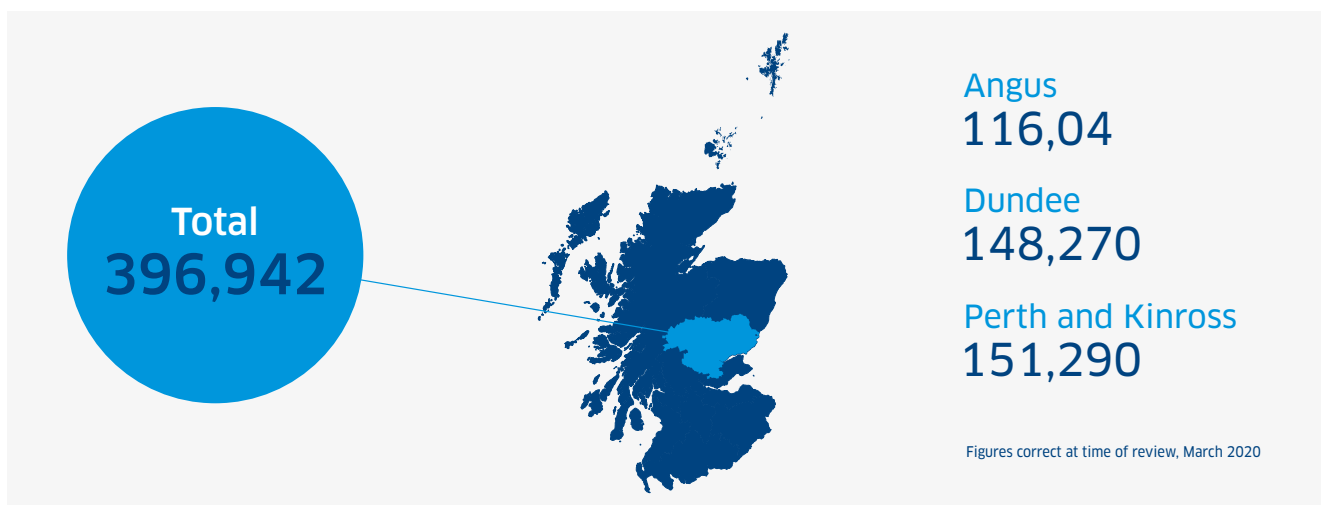
CMHTs were set up to provide care for those people who present with severe, complex and enduring mental health problems in the community. The CMHTs also work with more specialist services such as learning disability, substance misuse, and adult psychological therapies services.

Around 94% of patients who require specialist secondary care intervention for their mental health receive this support in their own communities via community mental health services, with only a small proportion of people (6%) requiring admission to hospital.

Crisis Resolution and Home Treatment Teams (CRHTTs) provide an alternative to hospital admissions by offering emergency assessment and intensive interventions within the community. They act as a single point of access for all inpatient mental health admissions. Where hospital admission does occur, Home Treatment teams will also assist in providing intensive home treatment to support early discharge back into the community.

The HSCP has the hosting responsibilities for the following:

Figure 1: Population of NHS Tayside



² <https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/3/>

Figure 2: Community Mental Health Services delivered by locality

	Hosted	Angus	Dundee	Perth & Kinross	Tayside
GAP CMHT		Yes	Yes	Yes	
Forensic CMHT	Tayside				Yes
CAMHS Outpatient	Tayside				Yes
Learning disability CMHT		Yes	Yes	Yes	
Psychiatry of old age CMHT		Yes	Yes	Yes	
Substance misuse Outpatient		Yes	Yes	Yes	
Liaison Psychiatry				Yes	
Eating disorder Service	Dundee		Yes		
Psychotherapy	Dundee		Yes		
Psychology	Dundee		Yes		

Figure 3: In patient services delivered by locality (Please note CRHTTs are a community based service however they are managed as part of inpatient services)

	Hosted	Angus	Dundee	Perth & Kinross	Tayside
CRHTTs	Perth & Kinross			Yes	
GAP Inpatient	Perth & Kinross			Yes	
Rehabilitation				Yes	
Psychiatry of old age Inpatient		Yes	Yes	Yes	
Substance misuse Inpatient	Perth & Kinross			Yes	
Forensic Inpatient	Tayside				Yes
Learning disability Inpatient	Perth & Kinross			Yes	
Young Persons unit	Tayside				Yes
CAMHS Inpatient	Tayside				Yes

GAP General Adult Psychiatry
 CMHT Community Mental Health Team
 CRHTTs Crisis Resolution and Home Treatment Teams
 CAMHS Children and Adolescent Mental Health Services

About this review

For this review, we concentrated on community services with a particular focus on CMHTs the Crisis Resolution and Home Treatment Team (CRHTT), based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved looking at how services are planned, how teams communicate and interface with other services and most importantly, peoples' experience of care from accessing and using the service.

Before our visit, NHS Tayside and the three partnerships provided us with self-evaluations and supporting evidence. The review team considered this information to form the key lines of enquiry (KLOE) for the review visit.

The review was carried out over a 3 week period: week 1 commencing 27 January 2020; followed by week 2 commencing 17 February 2020, and week 3 commencing 2 March 2020. On-site visits took place involving a range of staff and service providers across NHS Tayside and the three partnership areas (Perth & Kinross, Dundee and Angus).

During week 1 we undertook a review of case records to look at how people access and receive care across Tayside. We also looked at the record keeping and assessed how well the case files were consistent and reflected best practice guidelines. The lived experience of people experiencing care was elicited from the case record review and the follow up interviews with patients identified from the case files.

During weeks 2 and 3 we were on site in various locations throughout NHS Tayside. For the complete list of clinical and non-clinical areas visited, please see Appendix 3.

We spoke with the following staff groups during the review.

- CMHTs, CRHTTs and HTT staff.
- Consultant psychiatrists: locum and substantive.
- Psychological therapies staff.
- Strategic planning groups.
- Mental Health Officers (MHOs).
- Heads of services.
- Egton Medical Information System (EMIS) leads.
- People experiencing care.
- Third sector organisations.
- Chief officers and locality managers of each of the three partnerships.
- NHS Tayside's medical director and associate medical director for mental health.

This report is intended to:

- provide NHS Tayside and the partnerships with the findings of our review to support them in their efforts to identify and address areas of concern, and
- take forward the immediate actions and recommendations to improve the provision of its adult community mental health (ACMH) service to avoid further crises and a downward spiral of deterioration in service provision.

On Wednesday 11 March 2020, The Minister for Mental Health, Clare Haughey, announced that the management of GAP in-patient services must be led by NHS Tayside rather than an integration authority. The following statement was made:

6 *'I am clear that operational management of general adult psychiatry services must now be led by NHS Tayside, rather than an integration authority. NHS Tayside will now implement this change, and will work closely with its integration partners in doing so.'*

www.gov.scot/publications/update-independent-inquiry-mental-health-services-tayside

Executive summary

Our main focus of this review from the outset was to provide assurance as to whether:

6 *'People referred to Community Mental Health Services in Tayside have access to mental health care where and when they need it and are they able to move through the system easily so that those people who need intensive input receive it in the appropriate place and at the right time?'*

We conclude from our findings that this is not always the case for everyone using services across Tayside. We identified areas of significant concern but we also saw examples of good practice and encouraging initiatives throughout the area. These were confined to individual areas and pockets of the service rather than being consistent pan Tayside initiatives. This was a recurring theme across the three partnership areas.

We saw that the Crisis Resolution and Home Treatment service continued to face many challenges, difficulties and complexities and as highlighted in previous HIS reports, there is still a lack of equity in relation to geographical location, speedy access and timely interventions for people to access care. We considered this inequity of service provision across Tayside to be a concern. NHS Tayside and the partnerships have highlighted to us in the self-evaluation documentation those areas of the service that they plan to address and take forward for improvement.

We acknowledge that since we commenced this review, the Scottish Government has announced that responsibility for the provision of General Adult Psychiatry in-patient services (which includes the medical workforce and Crisis Resolution and Home Treatment Teams) will be the operational responsibility of NHS Tayside. This is an encouraging development, however we would expect to see NHS Tayside and the partnerships work together to achieve a clear pan Tayside approach to strategic planning to ensure equity of access and treatment across all community mental health services.

Locum doctors provide valued input and complement the permanent workforce. However, too many ever-changing locum consultants, alongside a large number of vacancies tips the balance with regard to the provision of care into a significant risk for the service. Staff told us that they need to spend considerable time and energy supporting new locum psychiatrists and are obliged to accommodate the changes in working practices and patient care which a new consultant inevitably brings.

This has had a negative impact on the multi-disciplinary teams which has compromised staff working in this environment. This is not sustainable and we are concerned about the negative longer-term impact and risks this has on staff wellbeing and patient care. We were told by staff how this makes daily working life even more difficult while trying to deliver a service where demand far exceeds capacity; the need to constantly adapt to and monitor the work of a new doctor creates its own risks due to the distraction it causes.

We acknowledge that Tayside is the first area we have reviewed in respect to its adult community mental health service. In the interests of fairness, demands and challenges in the provision and delivery of adult community mental health services is a situation we recognise affects all NHS boards and partnerships providing this service. In particular, there are challenges with a national shortage of consultant psychiatrists and the difficulty to recruit permanently to these posts. However, how this is managed and the lack of leadership and management of this situation is an area of significant concern which NHS Tayside and the partnerships need to address as a priority.

NHS Tayside and the partnerships must:

- Implement formal senior mentoring and supervision to ensure locum psychiatrists are monitored and supported to deliver safe and high-quality clinical practice. In particular, more formal processes and checks need to be in place for changes in medication and/or diagnosis.
- Put job plans in place for locum psychiatrists to support this group of doctors in order to give clear guidance of what is expected in the role and to outline the minimum standard of practice expected.
- Take steps to reduce the current inequity of service provision across all three partnership areas.

Recommendations

In addition to implementing the above actions, NHS Tayside and the partnerships must also:

- Review its referral and acceptance standards for primary and secondary community adult mental health services, to ensure that there are clear pathways for people to access care and to support equity of access to care across Tayside.
- Ensure that it has clear governance and oversight of all of the cases currently open to the CMHT's enabling systematic monitoring and review of all open cases to the teams.
- Ensure that there are robust audit processes in place for clinical records to ensure that all clinical documentation meets standards for Nursing and Midwifery Council (NMC)/NHS record keeping guidance.
- Review its use of Egton Medical Information System (EMIS) to make sure it is used to its full capability. EMIS web is an electronic clinical record in which clinical and some social care staff record their assessments and update their contacts with people who use the service.
- Review waiting times for routine initial assessment into CMHTs and monitor, adopt and share learning and good practice from teams across the partnership to inform service improvement.
- Ensure that effective governance systems and processes are embedded across all mental health services and that policies and procedures are up-to-date consistent and support staff to provide high quality care and treatment.
- Ensure that clear clinical and corporate risks are identified and effectively managed at every level in the organisation including a clear risk escalation process and recording on the risk register.
- Ensure that there is a clear systematic and standardised approach to improve communications between the CRHTT, HTT, inpatient wards and CMHTs. Technology such as video conference or other IT communication platforms should be considered.
- Review the remit and scope of the CRHTT and HTT teams to ensure they can effectively provide a timely and accessible service. This should include:
 - the operational role of the co-ordinator within the CRHTT including reviewing the bed management role
 - the accessibility to services and location of assessments for people in crisis within Tayside, reviewing where and when people can receive assessments, and
 - the actual capacity for the CRHTT team to effectively provide the home treatment aspect of care for people in Dundee.

- More collaborative working between partnerships to ensure all key performance indicators for ACMH are reviewed, updated and consistently applied across all partnership areas.
- Ensure the provision of specialist data support from the NHS board's business intelligence unit to support staff to use data to monitor service provision and help drive improvement across all areas of ACMH. In particular, there needs to be a greater focus on outcome data to drive improvement.
- There needs to be a systematic approach for measuring and monitoring the quality of community mental health services in Tayside. The main purposes of this are to learn about, and improve, the quality of care delivered.
- Essential components of this are:
 - collecting quantitative data about important aspects of the delivery and outcomes of care
 - collecting information about the experience of people using and also those delivering mental health services and
 - drawing together this data/information to learn about the quality of care, for example what aspects of care are reliably delivered to a high standard and, what elements of care need to be improved?

During our time on-site, we observed a very committed workforce from all specialties across the service. We very much appreciate the excellent levels of engagement and openness from all staff we met who gave us an insight into the work they do to deliver the service on a daily basis. We wish to acknowledge their professionalism and honesty throughout the review.

Good practice

We identified the following areas of good practice which had a positive impact on patient care and services:

- In the commissioning of services, the Dundee partnership sought mental health nurse clinical knowledge to best suit the needs of the people using the services.
- The HTT team based in Perth & Kinross had care plans which were strength-based and recovery-focused and there was evidence both of the person receiving the service and their carer being involved in their care. Copies of the care plan and safety plans were given to both the patient and their carer, and we saw that consent to share information was documented.
- Teams used outcomes from significant adverse events to drive improvement.
- There was evidence of effective multidisciplinary team (MDT) collaboration in CMHTs which supported patient care and the ongoing management of their condition.
- Community teams we met with were committed to providing high quality care to people using their service under difficult circumstances.
- Positive working relationships and good communications were observed at a local level. There was evidence of teams having a positive and supportive culture despite the challenges they faced daily.
- Teams were committed to reducing waiting times by running additional services on Saturdays in Dundee.
- CMHTs in Angus HSCP were fully integrated with local social care services and we saw good examples of effective collaboration with third sector providers to develop an inclusive primary care mental health services for the provision of “low level” interventions.

Community Mental Health Teams

In Tayside, adult CMHTs provide a single point of access for people who present with severe, complex and enduring mental health problems. To achieve this, the teams work closely with other services such as, acute inpatient wards, more specialist services, primary care, local community networks and other agencies.

It is important to highlight that the community teams we met with were committed to providing high quality care to people using their service under difficult circumstances.

Positive working relationships and good communications were observed at a local level. There was evidence of teams having a positive and supportive culture despite the challenges they faced daily.

CMHTs had local operating policies and procedures in place which included a service specification – a descriptor of the remit of the service. However, we consistently heard how the nature of referrals had changed in recent years. In particular, all CMHTs' remit seems to have widened from “severe, complex and enduring mental health problems” to include “moderate” level of needs, with many more referrals for people with mild/moderate distress and emotionally unstable personality disorders.

The teams also received a very broad range of referrals including requests for:

- the assessment and diagnosis for people with suspected autism spectrum disorder (ASD)
- attention deficit hyperactivity disorder (ADHD), and
- for general support and medication review.

Most referrals are received from GPs via SCI Gateway (a national system that integrates primary and secondary care systems). Like most teams nationally, the CMHTs do not accept self-referrals.

CMHTs catchment areas were commonly attached to GP practices, however, we were told this was changing to locality areas based on an individual's postcode. For adult CMHTs in Tayside, the response time for referrals accepted for assessment would be categorised as follows:

- emergency – within 4 hours
- urgent – within 72 hours, and
- routine – within 12 weeks.

Once received, an initial screening was undertaken by a duty worker, and the level of priority would be decided at a CMHT referral and allocation meeting. Normally this group consists of senior clinicians and practitioners from a range of disciplines. The referrer did not have to complete a risk assessment when referring which meant there could be limited information on risk factors and history to base their decisions when considering the priority of referrals.

There were examples of CMHTs accepting referrals where vague suicidal thoughts or superficial self-harm in reaction to life events or social stressors. This was happening regularly, however the more appropriate option may be to consider third sector organisations or primary care services who can provide support for these specific referrals.

It was acknowledged by some teams that they were risk averse and believed it was simpler to see the person for an assessment and to signpost to more appropriate services afterwards. Lack of consistent medical leadership to support decision making about referrals were highlighted as a contributing factor and raised as a concern with the review team.

The review team was concerned that these current working practices may be detrimental to the person receiving care due to the delay in receiving the most appropriate intervention at the time of greatest need.

It is important to highlight that the nursing workforce was the most consistent element of the CMHTs. We saw that nurse team managers were the core element in supporting staff, making decisions and providing steady and resilient leadership to their teams. Staff we spoke with told us that they provided stability and resilience.

On reviewing waiting times for routine assessments, we observed considerable disparity between teams in different areas. Some CMHTs in the partnerships manage to see people for routine assessment in as little as two weeks, whilst in other partnerships, it might be as long as 12 weeks. There were many complex and varying reasons for this, for example:

- staff retention and allocation of resource
- ongoing vacancies
- the composition and availability of clinical staff, and
- the planned scheduling of referrals, with some teams allocating more weekly referral assessment slots than others.

However, we also saw examples of teams committed to reducing waiting times by running additional services on Saturdays in Dundee, which entailed locum psychiatrists supported by nursing staff arranging clinics to reduce the backlog of referrals. Staff supporting this initiative should be commended. However, providing this additional locum work resource at weekends may not be the most efficient or cost effective way to manage the service.

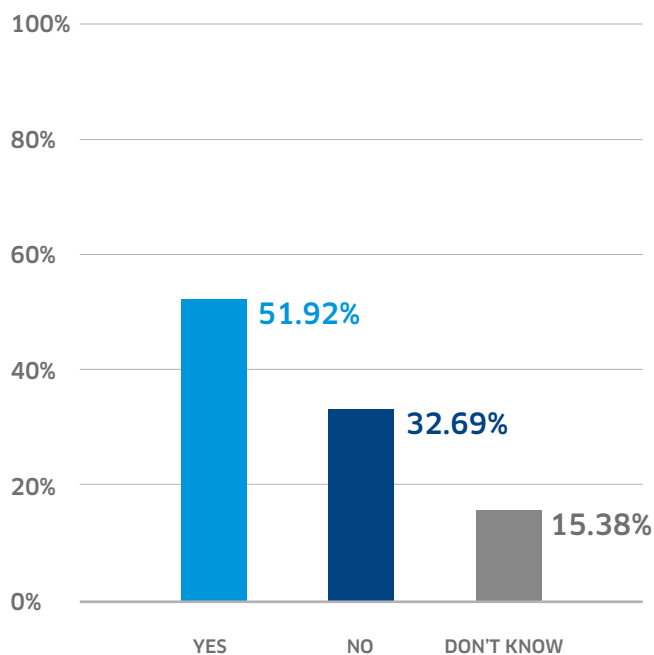
Our discussion with senior managers highlighted that there did not seem to be an opportunity to capture, monitor and discuss actual waiting times for initial assessment across the three partnerships, or to discuss the breadth and nature of referrals coming into the teams. As mentioned earlier in the report, the needs of the population have changed with the expectation of the service fundamentally changing in response to this. For example, people seeking help with diagnoses, such as ADHD, and an increase in referrals for mild/moderate distress and emotionally unstable personality disorders.

The review team was concerned that waiting times for access to assessment were dependent on the geographical area. Depending on where someone lived, they could be seen as much as 10 weeks earlier than others, which is clearly inequitable.

As part of the review, we asked 69 GPs seven questions to obtain their views on the referral process to CMHTs and how the service communicates and responds. Eighty-three per cent of GPs responded, of which 48% reported that they were not aware of the referral criteria for the CMHT (Figure 4). Comments included that guidelines on referral had been received many years ago however it would be beneficial if these could be updated and re-issued to GPs and primary care mental health nurses.

Forty percent of GPs reported that they received information on the progress of referrals with 56% saying they did not receive any such information (Figure 5). Seventy-four percent reported that they were given a reason if a referral is rejected. Some 12% reported that they do not have a clear understanding of waiting times for initial assessment. GPs are however aware of the shortage of psychiatrists.

Figure 4: Do you know the referral criteria for Community Mental Health Teams?



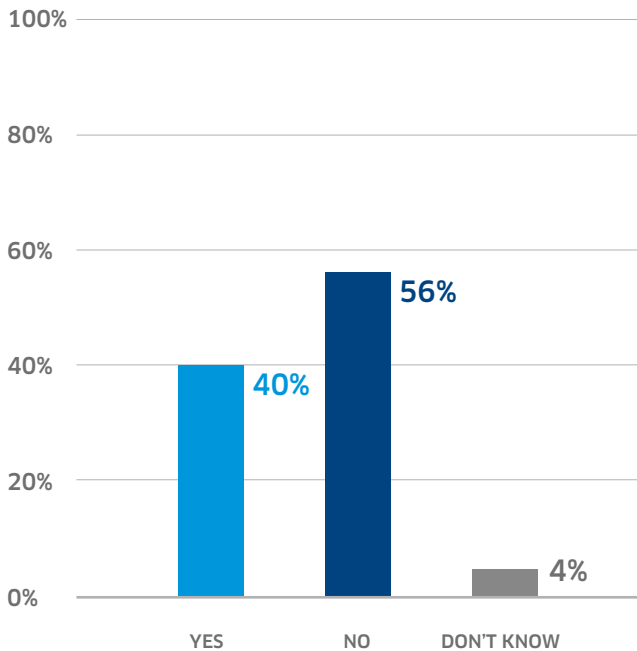
Referral Criteria to CMHTs

“Previously sent guidelines but many years ago now. Updated referral pathways would be useful to new GP’s locums and primary care mental health nurses”

“From my experience of working in Tayside, I have knowledge of what our local CMHTs will accept and which mental health needs are met within other services”



Figure 5: Are you given information on the progress of referrals you have made?



Information on Referral Progress

“Feedback often slow and incomplete”

“Through discharge letters once discharged from hospital if admitted. Details are given of any plans for visiting in the community by crisis team etc. However no progress information is given if the patient remains in hospital”



The CMHTs were not fully integrated, or managed as a single entity, with clinical psychology and occupational therapy (OT) services operating as centralised services. Common themes, particularly in Perth & Kinross and Dundee, were that each professional group worked in silos, with MHOs, social workers, OTs and psychologists operating from and being line-managed in different bases.

Although some teams had a psychologist co-located with the CMHT for part of the working week, they were unable to accept direct referrals. Referrals to the team for psychology would have to be discussed with more senior colleagues in the centralised psychology department prior to approval and allocation. This resulted in delays to referrals being allocated.

However, on a positive note, CMHTs in Angus HSCP were fully integrated with local social care services; this was established prior to the formation of the HSCP. This has enabled access to and use of the same electronic record systems, which has in turn enhanced and supported clear communication between professionals.

Once people had undergone the initial assessment and were identified as potentially benefiting from intervention and treatment, they were then placed on an internal waiting list, dependent on which clinical specialty was required.

The longest internal waiting times – up to a year in some instances – were for OT, clinical psychology and psychiatry. Some community teams had internal waiting lists for mental health nursing input, one for assessment and one for treatment. There was no robust process to capture, monitor, analyse or discuss waiting times for the commencement of treatment or intervention.

Review and care planning

For people referred to CMHTs, planning their care and support should be a collaborative process at all levels of intervention, including the identification and management of risk, whether to self or others.

For most CMHTs, there was no scheduled routine process to review patients accepted onto the CMHT's caseload. Cases of concerns could be brought to the team meeting (if one existed) and while processes for monitoring and review appeared better in some teams than in others, overall, there was no clear robust, systematic and consistent process across all teams.

We were concerned that for some teams there was a lack of clear governance and oversight of all of the cases currently open to the CMHT. There was no systematic monitoring or review of open cases. We saw examples where people were waiting for an appointment to see a psychiatrist but if one was not available, they were not offered a follow-up appointment or alternative support.



LOCAL INITIATIVE

The Penumbra mental health charity in Arbroath supports around 1,800 adults and young people every year and works to promote mental health and wellbeing for all, prevent mental ill health for people who are 'at risk', and to support people with a range of mental health problems. It provides a wide range of services which offer hope and practical steps towards recovery throughout the Angus area.

Clinical records and EMIS web

Following consultation with other NHS boards, NHS Tayside introduced EMIS web to its mental health service in June 2018. EMIS web is an electronic clinical record in which clinical and some social care staff record their assessments and update their contacts with people who use the service. On the introduction of EMIS across Tayside, two or three 'super users' were trained in each area to support staff in using the new system. However, due to staff changes, it was not clear whether the staff in those roles were still in post. There is a generic email address to support staff with any issues or concerns, but the lack of clarity about dedicated staff to support EMIS raised concerns around the coordination and monitoring of challenges in using the system to its full potential.

Areas for improvements included the following:

- Designations of staff completing the written record were not being included on the system – this was a concern as it meant that it was not clear which professional member of staff has actually seen the person.
- Appointments were not forward-planned using EMIS – another system 'Trak Care' is used for scheduling appointments. This meant that staff had to navigate between two electronic systems to arrange appointments. We also asked why a single system was not used in the community and were advised that this was primarily to allow alignment with the 'Trak Care' system used in acute care.
- We observed inconsistencies and difficulties in being able to follow care plans; evidence patient involvement; or confirm whether consent had been sought or obtained from the person receiving care. We also noted that care plans were not always person-centred. The quality and consistency of documented risk assessments were also variable. There was a lack of clarity as to who had completed or been involved in the completion of the risk assessments.
- NHS Tayside acknowledged that there was considerable work required to ensure a consistent approach to clinical record-keeping for people receiving mental health services. To support this, in May 2019 it established person-centered care planning standards. The aim of the standards is to provide an auditable framework to support a quality approach to care planning for nurses working in all mental health and learning disability settings in NHS Tayside.
- For the CRHTT and HTT it had been identified that there was duplication and lack of consistency in the approach to records management.

We concluded that EMIS web is not currently being used to its full potential and we recommend that it is used to its full capability. This would better support staff in their work, using their time more efficiently and allowing appointments to be arranged quickly and simply. Using two systems simultaneously incurs additional costs; staff time; duplication of effort and creates more risk of error by the very nature of having to enter the same information twice.

Service user, carer engagement and support

On meeting with community teams we heard that people using the service would be given information on the service at the point of contact. There was a clear process for ensuring that people were informed of their appointment, which consisted of letters and phone calls. However, the information provided on the service was not available in different formats or “easy-read” versions.

There is no strategic or consistent approach to capture the patient experience. However, there were examples of evaluations, a patient story and recognition of the importance of patient stories in the recent independent review. Material on advice, support and information on how to raise concerns was displayed in various areas visited, although patient and carer feedback has been highlighted by the partnerships themselves as an area for further improvement. The teams were using significant adverse event reviews to drive improvement which is good practice. However other sources of feedback such as information from patient surveys should be accessible to staff to enable greater focus on learning from feedback received to help drive improvement. At the time of the review staff in the partnerships did not feel they had the support, skills or the capacity to do this.

As discussed previously, on reviewing individual records we saw that there was no consistent approach to capturing and recording informed consent, carer involvement and information supplied.

Person-centred care planning was also variable and inconsistent. People using services did not systematically receive copies of their care plans and evidence that a discussion had taken place between the individual and the clinician was not consistently recorded.

The review team met with patients identified from file reading activity. One patient we spoke with told us about the good experience they had received from the CMHT in their area. Through effective MDT collaboration, we saw how a number of services had been utilised to monitor and promote recovery for the patient. This included liaising with their family to help identify early changes in the patient’s behavior. This has provided a positive outcome for the patient to regain confidence and manage their condition successfully.

Crisis Resolution and Home Treatment Teams

Crisis Resolution and Home Treatment Teams are now an established part of mental health services across Scotland. In general, their purpose is:

- to provide short-term, intensive home treatment for people experiencing an acute mental health crisis.

Tayside provides 24 hour crisis service where people can receive an urgent mental health assessment. For some people requiring short term intervention, this is provided by a home treatment team which supports them through their crisis.

The Crisis Resolution and Home Treatment service has faced many challenges, difficulties and complexities and as highlighted in previous HIS reports, there is still a lack of equity in relation to geographical location, speedy access and timely interventions. We also acknowledge the difficulty for substantive staff across all disciplines working to deliver a service despite the daily challenges, and we would like to highlight their dedication and motivation to deliver a service in these circumstances.

Our findings from this review confirm that there were clear variations in the help, care and support available to people in crisis in Tayside and although we did find examples of good crisis care, we saw that many people had poor experiences due to challenges accessing the service when they needed a response.

It is important to acknowledge that the partnerships and NHS Tayside recognise that they were struggling to provide the appropriate levels and quality of crisis response. Steps are being taken to address this.



LOCAL INITIATIVE

Refugee support has been developing peer support for refugees with mental health issues and is modelled on the mental health foundation work in Glasgow.

Access and availability

The CRHTT based at the Carseview Centre in Dundee provides a 24 hour, 365 day service for people to access an urgent mental health assessment across Tayside. We found the pathway and criteria for a person to access the CRHTT was complex and variable depending on the partnership area. People who used CRHTT services, CMHTs, and third sector providers told us that the access process and pathways for crisis assessments were not easy to navigate or understand.

The assessment service is hosted in the Carseview Centre in Dundee. However, people living in Dundee could also be visited at home if they could not attend their appointment due to mitigating circumstances, for example a physical disability. We found inequality for the provision of the home visit service for people in Perth & Kinross and in the Angus partnership areas, despite living geographically further away from the Carseview Centre.

We consistently heard concerns that travel time could exceed an hour for people attending the Carseview Centre in Dundee. Due to demands upon the service, some people were being offered times for assessment late at night. This then meant that it might be difficult or impossible, depending on the person's address, to attend the centre and return home on the same day.

Across Tayside, there was a maximum response time of 4 hours for a crisis assessment. We were told that this would often be breached due to the demands of the service. The CRHTT has a very broad remit, including the assessment of child and adolescent mental health service patients; older adults; liaison psychiatry patients, NHS24 referrals and police referrals. The CRHTT also provides home treatment team intensive intervention and undertakes all emergency referrals for the people living in Dundee.

Across Tayside, there are inequities in the ability to access the home treatment team. People in Angus do not have a 7 day home treatment team service. This was first highlighted in a HIS report in December 2017 and it is concerning to see that improvement has not been progressed. There were several reasons offered for this delay: initially, the funding was unavailable and more recently lack of available and qualified staff to fill posts.

Planning and delivering support

On reviewing peoples' record for the CRHTT across the partnership, similarly to the CMHTs we saw that there was not a consistent approach to clinical record-keeping and care planning.

The HTT based in Perth & Kinross creates care plans which are strengths-based and recovery-focused and there was evidence of the person receiving the service and their carer being involved in their care. Copies of the overall care plan and safety care plans (for people at risk of deliberate self-harm or suicide) were given to the patient and their carer, and we saw that consent to share information was also documented.

Disengagement plans were also in place for how services should act if the person does not attend or otherwise tries to disengage from the service and there was a process to review care plans and risk assessments in collaboration with the person receiving care.

The CRHTT team in Dundee was not able to evidence a collaborative approach between the person receiving care and the team providing the care. Care plans, in general, were not focused on an individual's strengths or recovery and we were concerned to see that some care plans were apparently generated before the clinical team had actually met with the person. Crisis plans were not widely available to people using the service.

Similarly, issues identified with consultant psychiatrist leadership within CMHTs were echoed in the CRHTT and the HTT in Perth & Kinross. Concerns were raised about the impact of inconsistent availability of psychiatrists on people using the service. Lack of senior medical support for locum psychiatrist and staff grade doctors in the HTT was also an area of concern.



LOCAL
INITIATIVE

The Haven is a service for people hearing voices. The service provides a free café and there are plans to open on Saturdays.

Service user involvement and supporting carers

Information on the service was given to the person receiving care at the point of contact and there was a clear process for ensuring that people were informed of their appointments, which consisted of letters and phone calls. Information on the service was not available in different formats or languages or easy read versions. Procedures were in place to record and feedback the outcome of a referral to service users, carers and referring agencies.



LOCAL
INITIATIVE

The Wellbeing Works is funded by Dundee HSCP and promotes better wellbeing for those who face mental health challenges, by building confidence, teaching new skills and connecting with others and having a positive impact on the community.

Interface with other services

Communication between the CRHTT, HTT, CMHTs and the inpatient units was not consistent and at times there was a failure to communicate effectively, which led to confusion and conflict between teams. There was no formal scheduled and systematic mechanism to facilitate contact between teams to discuss people in their care with all communication being ad-hoc and unscheduled, relying on emails and telephone calls.

Effective communication protects people using the service from potential harm arising from misunderstandings between clinical staff. To reduce clinical risk NHS Tayside must ensure that there is a clear systematic and standardised approach to communication between all community teams and inpatient wards.

The role of co-ordinating and arranging admission to an inpatient bed is the responsibility of the CRHTT team daily co-ordinator. This meant that if a person requires admission to hospital, and required an escort, this would be arranged by the co-ordinator within the CRHTT team. Both community staff and CRHTT staff told us that could be challenging and extremely time consuming, leading to delays in getting people to hospital. It was also perceived as an ineffective and inefficient way of managing escorts as it impacted and detracted on the time available for the co-ordinator to manage the CRHTT team.

Staff in the CMHTs and the CRHTT and HTT did not participate in ward meetings. This meant that they did not contribute to the care planning and support for early discharge or make arrangements for people planning to return home. This was a concern as it meant that there was a limited contribution to planning and evaluation of people's care in preparation for discharge. There was no structured mechanism in place for discussion between the CMHT and the inpatient team. When meeting with staff we were told that time constraints were a factor in attending meetings.

NHS Tayside and the partnerships must consider ways to improve communication between inpatient settings and the community teams, making sure that resources are used effectively for example, IT support, such as video conference or other IT communication platforms. This will help provide a better mechanism to facilitate discussions in supporting arrangements for peoples care and discharge.

Communication with inpatient services was via members of the team attending 'daily huddles' which discussed operational issues such as bed status and staffing pressures. We saw that this enabled pressure points in the service to be discussed and managed and there was representation from senior managers at this meeting.

Psychological therapies

In 2017, when HIS visited Tayside, we were informed that psychology services were hosted by the Dundee IJB. We were concerned that this could lead to challenges in understanding and agreeing priorities across all parts of the service.

Psychological therapies (sometimes called ‘talking therapies’) are interventions for problems related to a person’s mental health or wellbeing. Psychologists, psychiatrists, some GPs, social workers, mental health nurses, counsellors and others may be able to offer different psychological therapies provided they have been appropriately trained and possess the necessary skills.

On the most recent review visit, we saw that psychology services continued to be hosted within the Dundee partnership but provided services across the 3 partnerships. Psychologists were co-located in each CMHT for at least part of the working week and people could be referred to the service via their GP or by another mental health professional within the CMHTs.

There are nationally established criteria within each partnership’s local delivery plan which aims to improve access to mental health services by delivering a maximum wait of 18 weeks referral-to-treatment for psychological therapies.³

Access to psychological therapies in community adult mental health services can vary depending on the partnership area in which the person resides. Certain areas do not meet the national waiting time standards of 18 weeks from referral-to-treatment. There were lengthy waits for people to access diagnosis and treatment within subspecialist teams, in particular for ADHD and ASD.

On a positive note, a number of measures had been put in place to improve access to psychological therapies and supporting services across the three partnerships. This has had a positive impact on waiting times overall. However, challenges remain concerning the strategic vision and systematic planning for the provision of psychological therapies and how this fits in as an essential part of an integrated mental health service.

We did not see evidence of robust processes in place which enable the effective measurement of the quality of care provided by psychological services. For interventions provided within CMHTs, we saw that data relating to waiting times, referrals, reasons for rejections and complaints in relation to psychological therapies were reviewed. However, analysis of data is very limited and as a result, no significant learning or improvements have been made from the data collected.

³ <https://www.webarchive.org.uk/wayback/archive/20170701074158/http://www.gov.scot/Publications/2011/12/15095906/0>

The Patient Assessment and Liaison Mental Health Service (PALMS) is a new pilot service run by Dundee HSCP. It aims to improve access to community mental health assessment for adults within primary care settings and provide direct, timely clinical advice to GPs.

However, we note that despite the good practice displayed in this partnership, it is not replicated in the other partnerships. We recognise that there are local variables to consider regarding demographics and workforce resource disparities, however, there is significant concern that the current pilot and an uncoordinated approach to roll-out will result in a continued lack of a fair, equitable and sustainable service for people across Tayside.



LOCAL
INITIATIVE

Dundee Independent Advocacy offers a service to people aged over 21 years with learning disabilities, mental health issues, dementia and physical ill health.

Primary care services

Over recent years, the partnerships have developed a community-orientated model of primary care mental health services. Primary care mental health services support people with mild to moderate levels of mental health problems. The intention is to ensure that people can access the right support and treatment at the right time. We found that there was wide variation in how primary care services were being delivered and monitored.

In the partnerships of Dundee and Perth & Kinross, the review team did not see clear strategic planning or pathways to ensure alignment between primary care mental health services and secondary care provision by CMHTs. However, we found that the Angus CMHTs had a much better model in place with systems and processes which enable good collaboration with primary care mental health services for the provision of “low level” interventions. This is a marked contrast to the other partnerships. The review team saw evidence of local initiatives which have had a positive impact on people using the service and we considered it important to acknowledge these and recommend them to other HSCPs.



LOCAL
INITIATIVE

Building Bridges of Hope was started for homeless people and is a forum to enable a range of third sector agencies to meet and discuss available resources across Dundee.

Recruitment and retention of staff

Recruitment was regarded as an extremely lengthy and problematic process which requires simplification and streamlining throughout all services. There were long waits to interview and recruit successful applicants for vacant posts. Some staff highlighted a 9 month gap for vacancies to be filled and for a new staff member to come into post. Managers we spoke with agreed that the processes are multi-layered, which causes delays and hinders the recruitment process.

Despite an ongoing recruitment campaign by NHS Tayside to employ psychiatrists, which included incentives to encourage staff to apply, it was recognised by the NHS board that given the very high number of vacancies in adult psychiatry posts nationally, it was unlikely that all posts would be filled in the near future.

A new model for working was being developed, with a programme of training Advanced Nurse Practitioners (ANPs) in mental health over the next year who will work across mental health services, including the community. ANPs will function at an advanced clinical level with considerable autonomy and are often non-medical prescribers. NHS Tayside has developed a competency framework to support ANPs which includes regular supervision and support from a substantive consultant psychiatrist. At the time of the review, we were unable to say what impact this initiative will have on people receiving care, however, we recognise this as a positive development which is likely to enhance the skill mix and resilience of CMHTs.



LOCAL
INITIATIVE

Recovery@Dundonald works closely with local partners to support people on their recovery and empower those with lived experience of mental illness to flourish.

Training and education

We did not see a NHS Tayside board-wide policy for staff training and development. However, we were informed that within each locality there is a local Clinical and Care Governance Forum which monitors all governance arrangements. Additionally, there is a mental health Quality and Review Group which meets on a monthly basis to review key performance indicators (KPIs) across NHS Tayside. However, we saw that some KPIs, such as, the quality of care in psychological therapies, were not monitored and reviewed on a regular basis. NHS Tayside must review all KPIs for adult CMHS.

Each partnership spoke about a range of training provisions from local to national mandatory training for various staff groups. We were told that training requirements are managed at various levels for mandatory requirements, including ongoing professional development and clinical competency which addresses the requirements of NHS Tayside as well as those of professional regulatory bodies.

On speaking with the teams, we were told that access to training was generally good, with some team members having been trained in Behavioural Family Therapy, Dialectical Behavior Therapy (DBT) and low-level psychological therapies. Most nursing staff have had training in safety and stabilisation.



LOCAL INITIATIVE

The Wellbeing Team in Perth & Kinross offers short term support and intervention to people aged 16 years or over, who have mental health needs such as depression and anxiety, or other mental health issues which interfere with the individuals cognitive, social or emotional abilities.

Vision and leadership

Planning within each of the three partnerships in Tayside has led to a perceived imbalance in the provision of adult CMHS with individual local approaches to services delivery not being replicated across Tayside.

Staff groups told us they were supported by their immediate locality managers. However, they also described a disconnect between senior leadership and frontline staff delivering the current service model throughout the localities and within the CMHTs. This has contributed to low morale, with staff not feeling listened to. Staff told us that they felt that services were better integrated before the formation of the three partnerships. Most staff were not aware of the partnership or its strategic direction for mental health services and felt that the strategic intentions and frontline service risks did not match up.

Medical staffing and the inability to recruit substantive consultant psychiatrists has been a significant concern for a considerable period in Tayside. During this review, we consistently heard from community teams that the short-fall of substantive psychiatrists and the high turnover of short-term locums had a direct impact on the team's ability to deliver comprehensive and consistent mental health care.

The shortage of senior permanent medical staffing and leadership had not only significantly impacted on staff morale and relationships with colleagues, but has also led to gaps in key organisational learning and continuity of care for individual patients. Teams told us that people receiving services were unhappy at the regular changes in locum doctors. We were also told that decisions with regard to medications, diagnosis and care planning could change frequently and had at times been unhelpful and had a detrimental impact on the person receiving care.

As highlighted in previous HIS reviews, we continue to have concerns that the lack of medical leadership also affects the quality and consistency of training, support and supervision available to trainee psychiatrists. Medical students are the consultants of the future and are most likely to join a service if they have had a good educational or training experience there. While there is a lead clinician who provides a level of oversight and support to locum psychiatrists in Dundee, the continued absence of a lead psychiatrist remains a significant concern.

Lines of accountability and medical line management were neither clear nor effective for locum psychiatrists. There was not a clear escalation process in place for responding to concerns raised regarding a locum's performance. There was also a lack of clarity as to who is responsible and accountable for managing such concern – NHS Tayside or the individual HSCP.

During the review, we heard from staff that there was no clear guidance or process to follow to raise concerns, and worryingly when they did raise a concern, that they were not listened to.

Tayside highlighted that the use of data is an area for improvement throughout the service and described it as being 'in development'. We saw some good examples of using data and intelligence for inpatient services but these need to be extended to community mental health. For example, NHS Tayside previously applied The Health Foundation's framework for measuring and monitoring safety in an inpatient setting and also as part of its performance reviews. There may be some good learning from this experience.

Mental health performance reviews were established over 5 years ago to assure consistency of approach and measurement of outcomes for services users. A Tayside group meets every two months to examine available data and provide positive, supportive challenge across the whole system to understand how this process works, the data being considered, and what conclusions are being drawn about the quality of care.

Overall, we saw a limited focus on outcome data across all groups and any future approach should ensure quantitative data is collected about the important aspects of service delivery and outcomes of care. Tayside must use other sources of information in conjunction with quantitative data, such as feedback from people using services and staff for the purpose of learning about and improving the quality of care throughout CMHS. The data and intelligence considered by higher governance groups were very much focused on central government targets, such as waiting times, and because there is no waiting time target for the community, they reviewed relatively little or no data about community mental health services.

In relation to community mental health services, we saw that partnerships and NHS Tayside made limited use of data to manage quality. We did see some recent efforts to enrich governance meetings with new sources of data about community mental health services. This was often undertaken by medical staff who have the valuable subject knowledge, but who were not supported to analyse data in a way that helps them recognise important variation or patterns in the data.

In general there was no demonstrable understanding of how to use data to inform quality management, both locally and at a strategic level. Staff we spoke with felt there was a need for a consistent approach for enhanced data gathering, sharing and its systematic use to drive improvement, describing services as 'data-rich but analysis light'.

As noted in the Perth & Kinross joint inspection with the Care Inspectorate (the Effectiveness of Strategic Planning in Perth & Kinross HSCP, September 2019) concerns were raised that the partnership did not take a coordinated approach to involving CMHS in the early plans for mental health and learning disability inpatient redesign resulting in a mismatch of service provision.

Tayside was aware of the lack of joined up planning and we heard of a co-production approach to the development of a strategic single mental health and wellbeing strategy. The strategy sets out the responsibilities for action and governance for the Tayside Mental Health and Wellbeing Strategy Board which will replace the Tayside Mental Health Alliance (TMHA). It identifies priorities and initiatives from each partnership both locally and Tayside-wide. It also examined the format of the Lanarkshire model⁴ and what could be tailored to apply to the Tayside landscape.

Initially the TMHA was designed to strengthen an integrated approach between the health board and HSCPs in the delivery of all aspects of mental health services. Membership consists of representatives of the 3 partnerships across Tayside as well as third sector partners. Each partnership in Tayside has its own set of priorities for financial planning, governance and strategic planning arrangements as well as leadership capacity. We therefore express concern at this group's ability to effectively make decisions and prompt change. We acknowledge that since we commenced this review, the Scottish Government has announced that responsibility for the provision of General Adult Psychiatry (GAP) in-patient services (which include the medical workforce and Crisis Response & Home Treatment Team(s), will be the operational responsibility of NHS Tayside. This together with the new Tayside Mental Health and Wellbeing Strategy Board is an encouraging development, however we would expect to see NHS Tayside and the 3 HSCPs work together to identify and implement shared strategic priorities for mental health to ensure equity of access and treatment across all adult community mental health services.



Drama therapy is funded by the Dundee HSCP and operates from a local theatre in the city.

⁴ <https://www.nhs.uk/lanarkshire-scot.nhs.uk/strategies/mental-health-wellbeing-2019-24/>



Further information

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Appendix 1: Quality of care review process

Listed below are the key stages in the quality of care review process.

Stage 1 – schedule planning and notification

We notify the organisation of the review several weeks in advance of a self-evaluation submission being required. Initial discussions and planning takes place regarding the requirements of the review.

Stage 2 – pre-work and self-evaluation

The organisation uses the Quality Framework, self-evaluation tool and the detailed guidance to ‘tell its story’. This involves reflecting on how well it makes an impact and delivers improved outcomes for people who experience care, plus the challenges and ‘bright spots’ of good and innovative practice.

Stage 3 – analysis phase

The HIS team analyses the package of data, with input from service-based or topic specialists as required. This analysis includes publicly available information, the SIHCG information and the completed self-evaluation and any additional evidence. Based on this analysis, the team develops Key Lines of Enquiry (KLOE) to shape the discussions with the NHS board representatives during the visit.

Stage 4 –visit

The review team visits the NHS board and meets with a range of staff and people who experience care to discuss the KLOE. This process provides an overview of what the team has seen and heard, and discussion around good and innovative local practice and any areas for potential further work.

Stage 5 – output and agreement on next steps

HIS will write up a report for publication following the review identifying key findings, areas of good practice, challenges and any areas for improvement. A draft version of the report will be shared with the NHS board before publication to check for factual accuracy. Once factual accuracy has been confirmed the report will be published on the HIS website.

Appendix 2: Review team

Name	Title	Organisation
Caroline Arnott	Senior Reviewer	Healthcare Improvement Scotland
Sharon Baillie	Programme Manager	Healthcare Improvement Scotland
Aileen Bradford	Administrative Officer	Healthcare Improvement Scotland
Ross Cheape	Service Development Manager/Interim Clinical Director	NHS Forth Valley
Jane Cheeseman	Consultant Psychiatrist	NHS Lothian
Margaret Doherty	Public Partner	Healthcare Improvement Scotland
Jo Elliot	Project Officer	Healthcare Improvement Scotland
Cath Haley	Senior Inspector	Healthcare Improvement Scotland
Cat Hutcheson	Senior Inspector	Healthcare Improvement Scotland
Maureen Johnston	Strategic Inspector	Care Inspectorate
Taf Madziva	Inspector	Healthcare Improvement Scotland
Tim Norwood	Data and Measurement Advisor	Healthcare Improvement Scotland
Mark Richards	Director of Nursing and AHPs	The State Hospital
Jennifer Russell	Mental Health Integration Manager	NHS Lanarkshire
Helen Samborek	Senior Inspector	Healthcare Improvement Scotland
Cliff Sharp	Medical Director	NHS Borders
Ian Smith	Head of Quality of Care	Healthcare Improvement Scotland
Emma Vaughan	Senior Charge Nurse	NHS Greater Glasgow & Clyde

We would also like to acknowledge the contribution provided from our colleagues in Community Engagement.

Appendix 3: List of clinical and non-clinical areas visited

- Action 15 Funding Panel, Perth
- Angus Care and Professional Governance, Angus House, Forfar
- Assertive Rehab Team Meeting Recovery Centre and wider team, Dundonald Centre, Dundee
- Clinical & Professional Team Managers, Murray Royal Hospital, Perth
- Clinical Team Manager & Senior Occupational Therapist, Arbroath
- CMHT (Access Team) meet and shadow, Perth
- CMHT (East), Dundee
- CMHT (North Angus), Stracathro Hospital, Brechin
- CMHT (North Perthshire), Blairgowrie Community Hospital
- CMHT (Perth City), Perth Royal Infirmary, Perth
- CMHT (South Angus), Arbroath
- CMHT (South) Staff team meeting, Arbroath
- CMHT (South Perthshire), Crieff
- CMHT (South) Allocation Meeting, Arbroath
- CMHT (South) follow up, Arbroath
- CMHT (West), Dundee
- CRHTT Huddle, Dundee
- CRHTT (shadow), Dundee
- Daily Triage Meeting, Perth Royal Infirmary
- DBT Staff Consultant, Perth Royal Infirmary
- Dundee Mental Health & Wellbeing SPG – Employment Support Service, Dundee
- EMIS meeting, Dundee
- Head of Health & Head of Service (Social Care), Perth and Kinross – Teleconference
- In-Patient Therapeutic Governance Committee (telecom), Murray Royal Hospital, Perth - Teleconference
- Inspector, Murray Royal Hospital, Perth
- Integrated Manager and Clinical Lead (telecom), Murray Royal Hospital, Perth
- LAER meeting (observing), Whitehills Hospital, Forfar
- Learning Event, Gannoc Learning Theatre, Ninewells
- Locality Manager and Clinical lead, Dundee
- Medical Director and Associate Medical Director, Dundee
- Mental Health Nursing Interface Meeting, Carseview

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Healthcare Improvement Scotland

Edinburgh Office

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office

Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org