ITEM No …10………..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD 27 OCTOBER 2021**

REPORT ON: **INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE, PROGRESS REPORT JULY 2021**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB55-2021**

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board about the Independent Inquiry into Mental Health Services in Tayside, Trust and Respect, Progress Report which was published in July 2021.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report.

2.2 Notes the publication of Trust and Respect Progress Report, David Strang CBE, July 2021 (Appendix 1).

2.3 Notes the contents of the Full Survey Report 'Experiences of NHS Tayside Mental Health Services (Appendix 2).

2.4 Notes the easy read version of the Survey Report (Appendix 3).

2.5 Notes the actions being taken in sections 4.11 -4.16 that relate to some of the areas noted within the Progress report.

3.0 FINANCIAL IMPLICATIONS

There are no additional financial implications arising from this report.

4.0 MAIN TEXT

4.1 The Independent Inquiry Report into Mental Health Services in Tayside, 'Trust and Respect', was published in February 2020. Following publication of the Inquiry report, Dr David Strang, who led the Inquiry, was asked by the then Scottish Government Minister for Mental Health to review progress in Tayside after 1 year.

4.2 Dr Strang commenced a review as to the progress being made in February this year, the findings of which were published in July (Appendix 1).

4.3 The impact of the Covid-19 pandemic, which emerged directly following the publication of the Inquiry report, and the extraordinary demands placed on health and social care services is acknowledged at the outset of the report.

4.4 The Progress Report mentions in particular that the Inquiry team were impressed with the commitment and dedication of staff, partner organisations and others seeking to make a difference for people in Tayside.

4.5 Mention was made in the report of some positive developments to date. The Mental Health Discharge Hub in Dundee, and plans for the development of mental health hubs in each Health and Social Care Partnership within Tayside, were cited as examples. During the review, members of the team in Dundee had an opportunity to share with Dr Strang the plans at that time for a city centre Community Wellbeing Centre, Distress Brief Intervention support and a mental health ambulance vehicle. These developments are now materialising and the Integration Joint Board continue to be briefed as to progress.

4.6 Dr Strang also highlighted areas of concern within his report. Whilst the Inquiry team could evidence some improvements, Dr Strang noted that there is a long way to go to deliver required improvements. In addition, the report raised questions about the level of confidence in the accuracy of reported progress against Tayside's Listen. Learn. Change. Action Plan, which was produced in response to 'Trust and Respect', and some key relationships were found to still be problematic and unresolved.

4.7 Since the publication of the Progress report, a process of internal scrutiny has been followed in order to review reported progress against the Listen. Learn. Change. Action Plan. The outcome of this will support the anticipated independent process of scrutiny and help to ensure a realistic assessment of both progress to date and how much still requires to be achieved from here on.

4.8 Relational challenges continue to be a focus at an executive level for the Tayside Executive Partners Strategic Group. It is envisaged that shared understanding and agreement around governance/ accountability/ how collaboration should look and feel will support the development of a robust implementation plan for the Living Life Well Strategy.

4.9 The Inquiry review team considered that ongoing oversight of Tayside's response to the Inquiry recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.

4.10 Meaningful engagement by senior managers with patients, staff, families and carers in the development of future plans was also reinforced as necessary within the Progress report. Alongside the review process a survey aimed at capturing up to date experiences of NHS Tayside Mental Health Services from the perspective of service users was undertaken between January and April 2021 (Appendix 2). It was undertaken by PLUS Perth, with assistance from Dundee Healthy Minds Network, Angus Voice and several members of the Stakeholder Participation Group, formed during the Inquiry. The strong message from the survey findings is that 'authentic listening' will be an essential prerequisite to improving mental health support, and therefore satisfaction levels, in Tayside. A very helpful, easy read version of the survey findings has also been produced (Appendix 3).

4.11 The direction of travel within Tayside's Mental Health and Wellbeing Strategy 'Living Life Well' was submitted to the IJB in December 2020 for approval. The development of the Strategy was acknowledged as meeting one of the main recommendations of the Inquiry. Previous to that in 2019, the IJB had approved Dundee Mental Health and Wellbeing Strategic Plan and Commissioning Plan, which had been co-produced locally. Parity is given to both Tayside wide and local workstreams by Dundee operational/ strategic and clinical leaders, who both are immersed in leading key Tayside and local developments.

4.12 In terms of the development of the financial framework to support both the Living Life Well Strategy and Dundee's local strategy, the three Chief Finance Officers of the Health and Social Care Partnerships in Tayside and the Finance Manager of NHS Tayside have agreed a way for this to be taken forward. Dundee's Chief Finance Officer, alongside a finance

representative of NHS Tayside, will support a Tayside Integrated Leadership Group to develop a financial framework. This will support the development of an implementation plan to accompany the Tayside Strategy, which is an outstanding action.

4.13 We have been fortunate to have had some stability within the Dundee mental health Consultant Psychiatry workforce for over a year now and our Clinical Lead for Mental Health and Learning Disabilities regularly attends GP Cluster Lead meetings to keep colleagues updated on a range of issues. There are also regular meetings between the Consultant group and Clinical Lead, this has led to our medical colleagues feeling more supported locally.

4.14 We are in the process of developing a commissioning group for Tayside Psychological Therapies Services, which are hosted within Dundee HSCP. This will streamline our process for responding to 'asks' around changes/ increase to resources, driven either through local or Tayside developments. This will strengthen our hosting responsibilities and ensure robust governance arrangements. Increases to Psychological Therapies resources to date this year have included in patient input and support for a complex needs multidisciplinary community model within one of our neighbouring Health and Social Care Partnerships.

4.15 Dundee's Mental Health & Wellbeing Strategic & Commissioning Group comprises a wide range of partners including statutory and voluntary sector organisations, Police & Scottish Ambulance Service, primary care colleagues, Advocacy, Neighbourhood Services, Lead GP, Community Learning & Development, Dundee Healthy Minds Coordinator and Public Health colleagues. The Group is now moving to being co-Chaired by a representative of Dundee Voluntary and Volunteer Action (DVVA) and the Locality Manager for Mental Health and Learning Disability Services.

4.16 The outcome of the Mental Health Pulse Survey which was undertaken as part of the Inquiry review of progress has been fully reviewed and there is a draft improvement plan, co-produced with teams, in place. We are establishing a regular Staff Partnership Forum alongside Staffside/Trade Union representatives to improve staff engagement and better enable co-production.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	That people in Dundee do not receive effective and quality support in relation to mental health and wellbeing, and that the workforce is not fully supported in their respective roles
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Tayside wide and local workstreams are in place based on Living Life Well Strategy and Dundee Mental Health and Wellbeing Strategic Plan. Prioritisation of local and Tayside wide workstreams has been undertaken to ensure realistic scale and pace of work over the next 3 -5 years. Leadership capacity continues to be explored both locally and on a Tayside basis.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)

Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

None.

Vicky Irons
Chief Officer
Dundee HSCP

DATE: 04 October 2021

THE INDEPENDENT INQUIRY
into Mental Health Services in Tayside

Trust and Respect

Progress Report 2021

July 2021

David Strang CBE

Independent Inquiry Review Team

David Strang CBE - Chair of the Inquiry

Denise Jackson - Secretary to the Inquiry

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1. Executive Summary

1.1. In the year since the publication of the *Trust and Respect* report in February 2020, every area in Scotland has had to respond to the COVID pandemic. This has understandably placed extraordinary demands on those charged with delivering health and social care.

1.2. At the time of publication of the *Trust and Respect* report, the Minister for Mental Health asked the Independent Inquiry team to revisit Tayside's mental health services in 2021 to review the progress which had been made in implementing the report's recommendations. Throughout the year 2020-21 the Chair of the Inquiry was kept informed of the development of Tayside's mental health services by the Director of Mental Health and the Director of Strategic Change for NHS Tayside.

1.3. The purpose of this review has been to give everyone the opportunity to have their voices heard in relation to the progress made in addressing the issues raised by the *Trust and Respect* report. Contributions were invited from everyone working in mental health services in Tayside, as well as from a wide range of partner organisations and other interested stakeholders. The feedback and evidence provided to the Review team has informed the conclusions of this review.

1.4. The Review team was assisted by a user survey conducted by the Stakeholder Participation Group and a mental health services staff pulse survey conducted by NHS Tayside. The Review team is grateful to everyone who contributed evidence to the review.

1.5. The formal Progress Review began in February 2021, with a request to NHS Tayside and its partners to provide an assessment of the progress that had been made in implementing the relevant recommendations in the report. It was understood that it would not have been possible to have implemented fully the longer-term changes which were planned, but an accurate self-assessment of progress to date was requested. One of the issues the Review team was concerned about was to what extent were the assessments by Tayside a realistic reflection of the true extent of the changes accomplished.

1.6. It is important that Tayside has a realistic understanding of the scale of the task ahead of them in transforming the delivery of mental health services following the *Trust and Respect* report.

1.7. This Progress Review is intended to assist the delivery of improvements in the provision of mental health services in Tayside and highlights the key elements that need to be addressed over the next two to four years in order to deliver the desired outcomes.

1.8. The Review team has found a great deal of positive changes in progress and has been impressed with the commitment and dedication of staff, partner organisations and others seeking to make a difference for patients and the wider community in Tayside. There have been some very positive developments such as the mental health discharge hub and the local mental health hubs planned in each Health and Social Care Partnership (HSCP) area.

1.9. There have, too, been some missed opportunities for listening to people and engaging with partners in order to build trust. It is hoped that this Review will provide a fresh opportunity to build on the early response to the *Trust and Respect* report.

Key findings

- **Tayside responded positively to the *Trust and Respect* report, establishing an early foundation for developing a new approach to delivering mental health services in Tayside.**
- **There remains a long way to go to deliver the improvements that are required.**
- **Questions have been raised about the level of confidence in the accuracy of the reported progress against Tayside's Listen Learn Change Action Plan.**
- **Some key relationships remain problematic and unresolved. There is scope for building the respectful relationships which are necessary for the delivery of effective mental health services.**

2. Response to the *Trust and Respect* report

2.1. The final report of the Independent Inquiry into mental health services in Tayside (entitled *Trust and Respect*) was published in February 2020.

2.2. It was recognised that Tayside faced a considerable challenge in responding to the *Trust and Respect* report and in addressing the long-term difficulties which were evident in the delivery of mental health services. These were long-standing challenges; they would not be fixed in a short time.

2.3. Nevertheless, Tayside partners welcomed the report and accepted all its recommendations. There was a commitment to make the delivery of mental health services a priority for Tayside and a standing item at every Tayside NHS Board meeting.

2.4. The Chief Executive of NHS Tayside and the Director of Nursing had an early meeting in February 2020 with the Stakeholder Participation Group, who had made significant contributions to the work of the Inquiry. The Chief Executive expressed his personal commitment to deliver the recommendations of the report and to improve the delivery of mental health services.

2.5. An important decision was taken to appoint a new Director of Mental Health to lead the response to the report. This was a one-year appointment, with a specific remit to develop an action plan and a long-term mental health strategy for Tayside.

2.6. The Tayside Executive Partners (TEP), comprising the Chief Executives of NHS Tayside, Angus, Dundee City and Perth & Kinross Councils, and the Tayside Police Scotland Divisional Commander, issued a joint statement of intent, committing their organisations to work collaboratively to deliver the improvements identified in the *Trust and Respect* report.

"Together with people living with lived experience of mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry and set out in the *Trust and Respect* (2020) to build high quality mental health services that meet people's needs and build a working environment that supports our staff." Tayside Executive Partners.

Listen Learn Change Action Plan

2.7. The *Trust and Respect* report recommended that a detailed action plan should be developed by 1 June 2020. This was achieved through the development of the Listen Learn Change (LLC) Action Plan. This was accompanied by an extensive engagement programme to hear the voices of relevant stakeholders, including patients, families, carers, staff, third sector and partner organisations. Consultation events for LLC were well attended.

2.8. A comprehensive response was developed for each of the 49 (Tayside) recommendations, which included an identified lead person and a target timescale for completion. Separately, the Scottish Government developed responses to the additional two recommendations which applied across Scotland.

2.9. Regular progress updates were produced throughout the year for NHS Tayside, the three Integration Joint Boards and other relevant organisations, staff and stakeholders. The status of each recommendation's progress was reported using a Red/Amber/Green (RAG) status for each

recommendation.

2.10. Throughout the year, a number of challenges emerged:-

Consultation and inclusiveness of processes

2.11. In developing the LLC Action Plan, there was a real opportunity to involve staff from partner organisations other than NHS Tayside in leading the responses to the recommendations. In the event, however, nearly all the people who were appointed to lead the Action Plan were from NHS Tayside.

2.12. The process of allocating lead people was rushed, with partner organisations feeling that there was insufficient time to consider the Action Plan in detail before it was finalised. As a result, they felt that their opportunity to contribute to shaping the Action Plan was limited. Some people who were identified to lead responses had not been asked if they would contribute, and subsequently withdrew.

2.13. Some contributions and responses to the early documents went unacknowledged and ignored. Some people feared that consultation events for LLC were a tick-box exercise, because their questions went unanswered and their contributions ignored.

2.14. The LLC document itself was subject to a number of revisions throughout the year, including the definitions of the RAG status. This made comparisons difficult to make; some people found the document and reporting hard to follow.

Use of RAG status

2.15. The May 2021 LLC Action Plan (Appendix 2) showed that 34 (of 49) recommendations were graded with a Green status. A Green status indicated that the outcome for the recommendation was complete.

2.16. A Listen Learn Change Progress Overview was presented to the Tayside NHS Board meeting on 24 June 2021 (Appendix 3). There were now 35 recommendations graded with a Green status. The Progress Overview used a different format, which made it clearer to identify the updates for each recommendation. Each section included “Next Steps”, describing what action is still to be undertaken, irrespective of whether the recommendation had been graded Complete or Ongoing. However, there was a less detailed response to each of the recommendations compared to the May 2021 Action Plan. Individual action points were no longer listed, there were no timescales indicated for completion, and the person leading each response was no longer identified in the report.

2.17. Two particularly important recommendations of note are Recommendation 1 (Develop a new culture of working in Tayside built on collaboration, trust and respect) and 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).

2.18. Despite these being long-term cultural change recommendations, they were both designated Green status within 11 and 13 months of the Trust and Respect report’s publication. It is not credible or realistic that culture change of such magnitude could be implemented in such a short time. In the June 2021 LLC Progress Overview the grading for Recommendation 1 had been changed to Ongoing, in recognition of the long-term nature of this recommendation. At the time of publication of the Trust and Respect report, it was anticipated that these two recommendations would require a much longer timeframe to implement (perhaps over several years).

2.19. The May 2021 status of Recommendation 48 is assessed as being Green, with the accompanying text indicating a relaunch of the Dignity at Work policy. Relaunching the Dignity

at Work policy would be necessary, but not sufficient to ensure a new culture among the workforce. The status report of this Recommendation states that [a number of actions] will be undertaken or completed. Despite this indication that further work is required, the status is shown as Green, “Recommendation complete” and has remained so in the June Progress Overview report.

2.20. This response suggests that Tayside has not fully appreciated and understood the cultural change requirements that were identified in the Trust and Respect report.

2.21. Direct feedback to the Review team demonstrates that these cultural issues are far from being resolved.

2.22. Further examples of Recommendations which have been graded Green but which the Review team had concerns about are:

2.23. 13 (Ensure that there is urgent priority given to planning of community mental health services. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.) The status report in October 2020 shows all actions complete.

2.24. 22 (Develop pathways of referral to and from university mental health services and CRHTT.) Although the June Progress Overview indicates the pathways are now in place, thier success or otherwise is yet to be tested.

2.25. 51 (Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop.) The status report in October 2020 shows an action plan tracker and Standard Operating Procedure was established in 2019. The action plan sets out suitable actions to implement this recommendation, but with insufficient progress to warrant a Green assessment.

Implications for effective oversight and governance

2.26. Many of the recommendations with a Green status still have outstanding actions awaited. The Green RAG status may mistakenly give the impression that there is no further action required. This potentially provides the Board with the impression that the task is completed, rather than a work in progress that needs further effort and scrutiny. To be satisfied that a recommendation has been completed and that the recommended changes have in fact occurred, there must be sufficient evidence to provide the assurance that the task is complete. It is not enough to report that a committee has been tasked with examining the issue or that a new policy has been developed and published.

2.27. For example, three of the recommendations graded Green (numbers 44, 48, 49) in the May 2021 update have the following as the final comment in the status updates:

All actions complete. The responses to this recommendation have provided a platform upon which to build an ongoing Workforce Development Programme to raise awareness and enhance understanding of associated guidance for staff. The programme of sessions will be extended through April, May and June 2021. Recommendation complete.

2.28. Over-optimistic use of the RAG system is problematic for the Board (and others with responsibility for the oversight of the LLC Action Plan). There should be a clear distinction between those recommendations that have been implemented in full with no further action required and those which are simply “in progress” with further actions required and which will therefore need further scrutiny. The completion of tasks in themselves may not be sufficient to discharge the recommendation; there needs to be an assessment of the impact on the underlying issue which gave rise to the recommendation. Have the desired changes taken place? There is a danger that over-optimistic

reporting may undermine the effective functioning of the Board.

Living Life Well – a lifelong approach to mental health in Tayside

2.29. One of the foundational recommendations in *Trust and Respect* is Recommendation 2 (Conduct an urgent whole-system review of mental health and wellbeing provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside). This has been a substantial task for Tayside throughout 2020-21, resulting in the publication of its Living Life Well (LLW) strategy in February 2021 (Appendix 1).

2.30. Tayside undertook a substantial consultation process involving a wide range of stakeholders in order to hear the voices of people with an interest in mental health and wellbeing in Tayside. Participants and contributors included people with lived experience of services, staff in NHS Tayside and other partner organisations, third sector and community groups.

2.31. The result was a new mental health and wellbeing strategy: Living Life Well – a lifelong approach to mental health in Tayside. Living Life Well is a well-designed and professionally produced document, with positive photographs throughout. It is commendable that there is a comprehensive, well presented document setting out the vision for mental health services in Tayside. Such a strategy has been missing to date.

2.32. The LLW strategy is a substantial document (with 131 pages), setting out the aspirations for mental health services in Tayside. Its content focuses on the strategic intent and high-level outcomes for patients and communities.

Implementation

2.33. The final chapter of LLW (“Delivering the Strategy”) sets out how the strategy will be implemented. “This strategy must have a full three to five-year implementation plan to match the expressed and identified needs of those described in this strategy.” (p.118).

2.34. However, to date there is no implementation plan for the LLW strategy.

2.35. “Implementing the Strategy (2020-2025)” p.123 identifies that a number of cross-cutting themes will see full and detailed plans developed. These include:

- **Risk management strategy and plans**
- **Communication and engagement plans**
- **A Transitions strategy and plan**
- **A digital/new technologies plan**
- **A workforce strategy and plan**
- **A financial plan**

2.36. The Board (and other scrutineers such as Healthcare Improvement Scotland; Mental Welfare Commission Scotland; Scottish Government Quality and Safety Board) should ask to see the LLW Implementation Plan (p.118) and the cross-cutting detailed plans (p.123), and should regularly monitor progress against these plans.

2.37. The Director of Mental Health had been instrumental in ensuring the delivery of the response to *Trust and Respect* (through LLC) and the development of the new mental health strategy – Living Life Well. The Director of Mental Health left Tayside in March 2021 and is yet to be replaced. The earliest appointment date for the replacement is anticipated to be September 2021. This raises the question as to how the strategy will be implemented in the absence of the Director of Mental Health. There was concern around NHS Tayside and amongst partners that the momentum of the last year may be lost.

2.38. In addition to the above, there needs to be a more systematic approach to managing the change programme,

providing administrative support, following up actions from decisions in meetings and ensuring scrutiny and assurance. There needs to be a more detailed design of actions undertaken and detail of monitoring the effectiveness of the changes that have been introduced.

2.39. The role of the TEP in the implementation phase is unclear. The Listen Learn Change Scrutiny Panel comprises predominantly NHS Tayside staff, with only one Local Authority Chief Executive a member.

2.40. Community Mental Health Teams (CMHT) continue to struggle with the demands placed on them. It seems there is a lack of communication about the difficulties the service is experiencing. Cluster 4 CMHT had no psychiatrist for several weeks, but those working in primary care making referrals did not know. Primary care teams supporting their patients with mental ill-health report that it is difficult to feel optimistic about services improving when there is little or no communication.

Resourcing

2.41. The three Integration Joint Boards in Tayside approved the LLW strategy in principle, subject to more details about the funding of the strategy. Plans for funding the new strategy are laid out on p.120 of LLW “Funding the Strategy”.

> “The public sector organisations in Tayside will work together in early 2021 to set out the financial framework that acknowledges the strategic priorities set out in this strategy.”

2.42. There is still a focus on inpatients/ hospitals rather than on developing community mental health services - which should be the first priority.

Scottish Government response

2.43. The Scottish Government undertook to lead on the response to two of the *Trust and Respect* recommendations – 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) and Recommendation 32 (A national review of the guidelines for responding to substance misuse on inpatient wards is required). The Scottish Government’s update in response to these recommendations is in Appendix 4.

3. Leadership

3.1. The first substantive chapter of *Trust and Respect* was Governance and Leadership. This reflected the importance of good governance and leadership in the effective delivery of mental health services in Tayside. One year on, the delivery of a major improvement in mental health services still requires clear, confident, engaged leadership.

3.2. The establishment of the Tayside Executive Partners (TEP) was a positive step forward in stating the intention to lead collectively on such a major change programme in Tayside. At an individual level, the Director for Mental Health was able to provide energy and focus to develop the Listen Learn Change (LLC) Action Plan and the development of the Living Life Well strategy (LLW) (Appendices 2 and 1 respectively).

3.3. However, it is clear that the leadership of mental health services in Tayside is still divided. The Review team received conflicting messages about how the leadership team is working in practice. This impacts at two levels. Firstly, the leadership partners are not united in their assessment of progress. There is not a sense of shared collective ownership and responsibility for the delivery of mental health services. Secondly, there continues to be a gap between what is stated publicly at a Board level and the reality of the experience of those delivering the service and of patients, carers and families.

Leadership of staff

3.4. A number of people reported to the Review team a gap between the stated values of the public sector organisations and the behaviours exhibited at a senior level in NHS Tayside. There had, at times, been low levels of respect shown to those engaging with the response to the *Trust and Respect* report. The Review team received feedback that some people felt that undue pressure was exerted on them to deliver the recommendations of the Action Plan – simply to allow for ‘Green’ status. Leaders may have to be firm in managing the performance of staff, but this experience of pressure is inconsistent with respectful working.

Leadership/collaboration of partners

3.5. One of the most important and pressing recommendations of the report was 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).

3.6. In the May 2021 LLC Action Plan this has been assessed as Amber 25%, indicating that work has started to scope actions and an implementation plan is under development. It was clear in evidence to the Review team that little progress had been made in developing such a shared understanding and commitment.

3.7. The major thrust of this recommendation relates to the relationship between the four organisations and the need to develop a shared understanding of and commitment to the respective roles and responsibilities of each organisation.

3.8. Tayside are aware that this recommendation remains to be completed. There is an acknowledgement that the level of trust between the partner organisations needs to improve. Until relationships have improved, it is difficult to see how progress can be made in implementing the changes that will flow from the greater clarity that is needed.

3.9. Some felt that the decision made by the Scottish Government in February 2020 that GAP inpatient responsibility should move from Perth & Kinross Integration Joint Board to NHS Tayside had exacerbated the situation.

"I have had loads of ideas of how to change things following *Trust and Respect*, but they have just fallen on deaf ears".

Stability of Leadership team

3.10. There is a need for strong and clear leadership to take forward the mental health strategy for Tayside – Living Life Well. With the level of changes of senior staff in recent months, there is a risk of the implementation of the strategy losing momentum and direction. An unsuccessful recruitment process for a new Director of Mental Health was undertaken in October 2020. Another recruitment process is underway in summer 2021, but this process should have been completed in advance of the previous post-holder's leaving in March 2021. This delay has resulted in a significant and unnecessary gap in mental health leadership.

3.11. A recruitment process was undertaken in response to Recommendation 45 of *Trust and Respect* (Prioritise recruitment to ensure the Associate Medical Director (AMD) post is a permanent whole-time equivalent, for at least the next two years whilst significant changes are made to services), but without success. A second process is underway, but 17 months after the report's publication there is still no permanent whole-time equivalent AMD.

3.12. CAMHS: A lack of leadership is still a major concern within CAMHS. There needs to be identifiable leadership at a clinical level in both Paediatrics and CAMHS, in order to progress some of the much-needed initiatives.

3.13. In the Relationships chapter of this report it is noted that communications were still inadequate. Members of staff reported that they did not know who to go to for decision making and leadership. Staff were not encouraged to share their thoughts and ideas.

4. Relationships

4.1. Organisations with good working relationships can demonstrate a culture of respectful personal interactions and collegiate practices. These should be evident in all relational activities, regardless of circumstance or the status of individuals. The *Trust and Respect* report identified many cases of poor working relationships in Tayside mental health services (between staff; between staff and patients/carers; across services/partnerships) and urged a much greater genuine engagement with people who are closely involved in or affected by the delivery of mental health services.

Partnerships

4.2. Respectful and collegiate working relationships between the three Integration Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs), and NHS Tayside are critical to the successful delivery and quality of care in mental health services in Tayside.

4.3. The *Trust and Respect* report identified that these relationships were generally not functioning well. The Review team have ascertained that little has changed since then. Delegations of responsibilities continue to be poorly understood, with Chief Officers reporting that there remains a lack of clarity of who oversees what. Furthermore, communication between the partnerships and the NHS on operational matters remains poor. Leadership in NHS mental health services reported finding out about changes decided by individual HSCPs from the Press.

4.4. Initially, the Tayside Executive Partners (TEP) responded positively to the *Trust and Respect* report, appearing to have a genuine desire to work together on the recommendations and production of the strategy. However, there is uncertainty within TEP members about there being a collaborative approach to the next stages. They expressed concern that NHS Tayside is asserting control over strategy implementation without adequate collaboration.

4.5. The three HSCPs do not have strategies for working together in the delivery of community mental health services and in conjunction with crisis and inpatient services. Each locality has remained focused on its own area. Whilst this has been understandable during the pandemic, it has created a risk that Tayside-wide issues are currently being overlooked. There is a view that in fact most of the current challenges facing community mental health provision are the same across all three localities and could therefore be addressed more efficiently through a collective approach. This would allow each partnership to focus on the remaining issues unique to its own area.

4.6. The quality of mental health services in Tayside is dependent on the four organisations (and associated partners – such as Police Scotland) working well together, both legislatively and relationally. There should be a concerted effort at executive level to work collaboratively and respectfully. This in turn will set the tone for operational relationships to develop and flourish, creating a real prospect of improved mental health services for the people of Tayside.

Staff

4.7. The *Trust and Respect* report identified many cases of committed and dedicated staff in mental health services being overlooked or simply not listened to. Staff felt undervalued by some of those leading the service.

4.8. The Review team found that in responding to the recommendations

in the *Trust and Respect* report, the interim leadership developed good working relationships within services and the staff involved felt they had enjoyed a clearly defined sense of strategic direction and agreed that they had felt supported in their work. The creation of short-life working groups within the Listen Learn Change (LLC) Action Plan had worked well and staff had enjoyed working together with a positive focus on a better future.

4.9. However, since April 2021 the leadership void in mental health services has begun to impact on the energy and enthusiasm of the staff involved in the change process, creating a significant risk that newly created and well-functioning relationships will wane.

4.10. Staff are aware of key leadership resignations and interim contracts coming to an end but are not being advised of a strategy to cope with these vacancies. There is a feeling that the open and transparent decision-making which had been in place during the response to *Trust and Respect* is no longer existent. Staff are not being answered when raising their concerns, creating an environment of worry and concern where once again, they feel disenfranchised or that their views and opinions are of no value.

4.11. Whilst it is understood that the multiplicity of resignations, retirements and expiry of interim contracts is challenging to navigate for senior leaders, experienced and dedicated staff feel there is a real need to work together collegiately. Service continuity planning alongside the development of a clear implementation plan for the Living Life Well (LLW) strategy are both critical to the future of mental health services. Inclusion of senior staff from across the services is encouraged, to share the problem and to canvass alternative views on the solutions.

4.12. The Review team also found that there had been some progress in the development of better working relationships within service delivery, but this was not universal. There were some examples of good strong leadership which had impacted positively on staff, encouraging a feeling that there was now more of a sense of a team working approach. Disappointingly, the leaders who have effected these changes did not report that they themselves felt supported in their roles and instead stated that their relationship with line managers was poor.

4.13. There is a continuing concern about relational difficulties across the whole of mental health services arising from the conflict between the need for progressive change against the concerns of the impact of the change on staff at operational levels. The employee-employer partnership relationship has, at times, created an impediment to the change processes rather than actively supporting it.

4.14. NHS Tayside recently conducted a survey of NHS mental health services staff which showed that there is still low confidence that staff feel their ideas are listened to and acted on or that their employer is concerned about their well-being. Good working relationships are predicated on staff feeling valued and listened to, particularly those working at operational levels. Staff feel valued if they are empowered in their roles, trusted to make the right decisions and to feel supported when they don't.

4.15. A culture of trust is still lacking in many aspects of mental health services, with the relationship between frontline staff and senior managers at times to be more that of a distrust. Many of those in leadership and management roles felt that staff were being asked excessively to evidence the rationale behind their decision-making. Whilst it is understood that decisions on patient care must be documented and evidenced, there is a need to balance that requirement against the risk of discouraging creativity and disempowering staff. This culture seems to exist throughout the management hierarchy and, unsurprisingly, is pervasive within and across teams who are trying to work closely together. The result is that there are still many staff who feel their working relationships are not good, with

several saying they feel undervalued and undermined almost daily.

4.16. Many of the clinical staff who agreed to lead on the short-life working groups, now feel they have unmanageable workloads which in turn has become a disincentive for others to be willing to engage in change processes at all. It is important to support staff who are willing to be part of the solution to the problems in mental health services. Overwhelming them by not giving them appropriate time to engage with projects creates more stress and anxiety which impacts the whole service, and ultimately the service users.

4.17. There continues to be conflict between managers deciding on operational changes and clinicians not agreeing with the changes, due to the practicalities of their application. The clinicians often feel excluded from the decision-making processes and are not listened to if they register concerns. This unresolved cycle of disharmony has almost become a self-fulfilling prophecy, rehearsed regularly as changes are mooted or strategies are developed.

4.18. For services to improve staff must feel they are part of the changes; they need to have the ability to see where they fit into the service redesign and to feel they are listened to if they have comment or concern. Some staff who were keen to engage with the LLC process and who took the time to comment and engage extensively, reportedly received no acknowledgement of their feedback or commentary. This is disappointing as these were individuals with enthusiasm and a genuine desire to help, who then felt despondent and disrespected. These included individuals who were not NHS Tayside staff but were from areas of mental health services working in partnership. To involve these people would have created an opportunity to engage with others whose work may not be at the centre of NHS mental health services but who do have an important role in supporting the people in Tayside with mental ill-health.

4.19. Good working relationships require good quality communications particularly during a time of significant change. Many staff who gave feedback to the Review team noted that the communications regarding the strategy development and action plans have been excessive and beyond what many had time to read and digest. Paradoxically, this has resulted in reports of “poor communication” as staff were in fact unaware of changes being made. They described having feelings of waiting for something to happen without having time to find out what that might be. It is important that communications are finessed, with consideration given to the amount, type and nature of the messaging if staff are to feel part of the change process.

4.20. In summary, there is still much work to be done in the development of good working relationships in mental health services. The development of a culture of collegiality – where staff feel valued and respected - is critical if the LLW and LLC Action Plans are to be delivered successfully. The culture of healthy working relationships is set by the organisation itself, in its values and the actions of its leaders. There needs to be an urgent top-down review of how well staff feel supported and treated and a sincere drive to address disrespectful and unsupportive behaviours if mental health services are to develop and improve for the people of Tayside.

5. Operational Issues

Adverse Event Reviews

5.1. The May 2021 Listen Learn Change (LLC) Action Plan shows Recommendation 31 (Ensure swift and comprehensive learning from reviews following adverse events on wards) to be Amber status – 75%. There are several identified tasks which still have a status “to be completed in April/May 2021” or are simply a narrative of what needs to happen, without a timescale.

5.2. From the status reports, the greatest impediment to progress seems to be a lack of staff availability and capability to undertake these reviews. This impacts on the speed of the reviews taking place (as staff are reluctant to move from clinical time to conduct the reviews). Correctly, consideration is being given to using personnel from other Boards or using retired clinical staff. So far this has not been resolved and no one person has been recruited to undertake this work.

5.3. There has nevertheless been a significant amount of work to consider the processes and procedures for learning from reviews of adverse events and staff reported feeling that the procedures are generally now more robust and are operating more within a learning and no-blame culture. The Review team also received feedback from staff who had been involved in a significant incident on a ward in recent months, saying that they had felt supported by line management during and immediately after the incident, which in turn gave them confidence (and not fear) to be involved in the future review of the event.

5.4. So far, the work undertaken on this recommendation shows positive steps in the direction of the development of a learning culture for staff within mental health services, and with a continuity of leadership and support from the Quality Improvement Team, there should be confidence that a supportive learning culture will develop.

5.5. There are some outstanding concerns from families and carers of patients regarding the post-event engagement between themselves and NHS Tayside following a significant incident. There are currently several examples of a lack of response from NHS Tayside to concerns raised in connection with Local Adverse Event Reviews (LAER) which remain unresolved. The concerns from the families and carers have been further compounded by senior staff in NHS Tayside who promised to investigate and made offers to family members to meet to discuss, but then the family heard nothing more. One family is still waiting for a meeting with Executives which was promised in May 2020 - to correct inaccuracies in a LAER report from 2019. It is likely there are understandable mitigations for the delay to responding to these individuals (particularly given the pandemic) however, the families feel a lack of respect and kindness being shown to them by false-promises giving rise to false-hopes. It also must be concluded that learning opportunities are being delayed or missed altogether or that the learning outcomes may be misguided if they are based on inaccurate or out-of-date information and data.

5.6. As Recommendation 31 moves to its completion, it should be borne in mind that learning outcomes from adverse events are achieved by fully understanding the situation, by engaging with everyone involved in a supportive and compassionate manner. Staff clearly are important to the process and should feel supported throughout an incident review, but families and carers also need to understand what happened and why, and to feel included in a compassionate manner. Families and carers, whilst upset and maybe angry, mostly are keen to assist in the reviews and potential learning outcomes for future

service development. This is extremely important, if families and carers are to trust the service and those responsible for its delivery.

Inpatient and Community Services

5.7. There has been good progress on improvements to inpatient services across NHS Tayside since the publication of the *Trust and Respect* report.

5.8. The work to develop better ways to support patients on the wards has been welcomed, with patient handouts relating to admission information and protocols for family and carer involvement in care-planning now in place. Patients should expect to feel more comfortable when being admitted to a ward they are unfamiliar with, and to feel there is support from those who know them best in the development of their care-plans.

5.9. Some of the desired improvements to inpatient services are being impeded by staffing issues particularly where recruitment has been difficult. Notwithstanding that, the Review team feel that the decision to create new posts to effect these changes is correct as many of the initiatives reflect new ways of working or an organisational change, both of which require a level of ownership beyond existing staff roles.

5.10. Recommendation 30 (Ensure all inpatient facilities meet best practice guidelines for patient safety) will not be completed until 2022. The implementation plan includes an aim to achieve standards set by the national Scottish Patient Safety Programme and by the Royal College of Psychiatrists. The work towards accreditation for these standards takes time and the Review team recognise that it has been difficult to build the evidence required during the challenges of the last year. Nevertheless, the Review team would urge that these standards be satisfied and accreditation sought, if public confidence in NHS Tayside's inpatient mental health services is to be restored.

5.11. There are some policy-practice gaps becoming evident where new protocols or policies have been devised within the action plan and introduced operationally but without success in achieving their aims. An example of this is the Intervention Observation Policy (IOP) which is working well in Intensive Psychiatric Care Unit (IPCU) due to the small number of patients but not on the other busier wards. There are also examples of policies which are clearly in place but after initial promotion become invisible (e.g. access to external independent advocacy services).

5.12. An ongoing concern is the location and redesign of General Adult Psychiatry (GAP) inpatient services. During the Independent Inquiry (August 2018 – February 2020) there were proposals and consultations for redesign of GAP inpatient services with no conclusion reached at the time of the publication of *Trust and Respect* in February 2020. In June 2021, the issue remains unresolved.

5.13. The current debate regarding the redesign of GAP inpatient services continues to raise several concerns which have been shared with the Review team. These are: -

The proposal to reduce the numbers of GAP inpatient beds in Tayside

5.14. The Review team recognises the concerns about the strategy to further reduce the number of GAP inpatient beds before community provision is enhanced. Statistics show that there are currently a third fewer beds than 20 years ago, but there is no evidence that community provision has correspondingly increased over that time and no confidence this will be addressed during the current redesign.

5.15. The effective delivery of good mental health services in Tayside is at risk unless action is taken to significantly enhance services in the communities before inpatient bed numbers are reduced. Mental health service strategies are required from each Health and Social Care Partnership

(HSCP), to complement the LLW strategy and to ensure alignment of community mental health service provision and outcomes.

5.16. Concerns about the lack of community strategies and service enhancement are echoed in primary care services where an increase in community mental ill-health (at the mild to moderate level) has already been noted by GP practices during the pandemic. It was noted that there are more referrals being made to the Community Mental Health Teams (CMHT) than anticipated in 2021, resulting in waiting times increasing. GPs across Tayside agree that they expect that this trend will continue for the next few years.

5.17. Increased demands on community mental health services should be noted as an early warning for a likely increase in demand on inpatient service provision long-term. Likewise, inpatient services are also reliant on adequate community resource at the point of discharge.

5.18. The Review team learnt that community services have struggled to cope during the last year. Medical staffing shortages in CMHTs were not communicated to primary care and instead patients were simply told appointments were cancelled with no explanation or indication of when they may be rearranged. Locum staff are now in place but once again the lack of continuity in patient care is destabilising and distressing. It appears that there are still some patients who feel the only continuity is their GP - as the person who truly knows and understands them.

Location of GAP inpatient services

5.19. Currently, the decision to move to a single site for inpatient services has been largely accepted (although not universally welcomed) but its location is yet to be decided.

5.20. To redesign an inpatient service in Tayside which is resource-sustainable (both human and financial), safe for patients and effective in the delivery of patient care is extremely difficult. The continual churn of proposals and consultations which seem only to lead to more indecision is unhelpful and is without doubt affecting the morale of staff, patients and stakeholder groups. A decision must be made and in conjunction with consideration of community service provision across Tayside.

Learning Disability

5.21. Since the publication of *Trust and Respect*, the Learning Disability service has continued to operate within a culture of instability and uncertainty. The 2019 decision to close Craigowl ward at Strathmartine was made at short-notice and without full consultation or consideration of options. This was noted in *Trust and Respec*t.

5.22. The consequences of this sudden change are still, 23 months later, being felt. There are several outstanding grievances raised by staff, which remain unaddressed or unresolved - causing stress and anxiety to the staff concerned. Medical staffing continues to be a challenge since the resignation of the substantive consultant in 2019. There is reportedly no visible leadership on site regularly and as a result staff feel there is little or no support in their day-to-day work.

5.23. The Review team found there to be ongoing concerns and anxiety from staff and from family and carers regarding the quality of care currently being delivered. It was noted in the May 2021 LLC Action Plan that within the Whole System Change programme, the “rapid review of Learning Disability Inpatient Services requires immediate and ongoing attention”. This stated “rapid review” will be welcomed, as the lack of decision-making, alongside the lack of investment in the Strathmartine site, is causing significant concerns for staff and for patients, families and carers.

CAMHS

5.24. There have been several improvements in CAMHS during the last year.

HEALIOS

5.25. At the time of the publication of *Trust and Respect*, waiting times for CAMHS were long. This has much improved, aided by the use of the external online HEALIOS service for certain referrals. At the time of writing, 85% of referrals to CAMHS are seen within the 18-week target waiting time.

Primary Care – referrals

5.26. The relationship with GP practices in Dundee has improved following the introduction of a pilot system of telephone consultations for patients before they are referred to CAMHS. This was part of a Covid-response in primary care. The telephone consultations triaged patients and, in some cases, prevented inappropriate referrals to CAMHS, instead giving opportunity for signposting to alternative services for families, where appropriate. Now there are plans in place to roll this out to other GP clusters and across other HSCP areas.

Website

5.27. A new website has been developed for CAMHS. This was done in conjunction with families, carers, children and Allied Health Practitioners. It includes important information such as referral guides, scope of CAMHS and confidentiality. The website has been very well received.

Clinical governance

5.28. CAMHS is based in Women, Children and Family services but the clinical governance matters are now also shared with mental health services. The quality of data collection has improved which is informing decision making.

5.29. However, despite these positive changes, there remain some concerns about the provision of mental health care for young people in Tayside.

5.30. The leadership challenges currently experienced by CAMHS have made operational changes difficult in the last year. It has been difficult to recruit to clinical leadership roles. It is thought it would be helpful if both CAMHS and Paediatrics had clinical leaders in post. Some recommendations from *Trust and Respect* have not been implemented and without any clear leadership, these will be challenging to action. The creation of a neurodevelopmental hub has not been achieved despite funding being made available. This is disappointing as there is a significant increase in young people being referred for assessment on the Paediatric Neurodevelopmental Pathway. These young people and their families are currently waiting an unacceptably long time (more than 6 months in some cases) to be seen.

5.31. The transition age of young people from CAMHS to Adult Services has not yet fully moved to being 18 although this change is in progress, in an incremental manner. The recommendation in the *Trust and Respect* report to consider developing a separate service for 18-24yr olds was reviewed by CAMHS staff but it was felt better to work on improvements in the transition processes of young people to adult services instead.

6. Actions

The Review team considers the following actions are necessary to progress appropriately the implementation of the recommendations made in the Independent Inquiry's *Trust and Respect* report.

1. **Recommendation 5 must be revisited urgently to resolve the relational issues which still exist in Tayside.**

2. **The response to all recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made. This would result in a more realistic assessment of the rate of progress and how much remains to be implemented further.**

3. **An implementation plan is urgently needed for the Living Life Well Strategy.**

4. **Ongoing oversight of Tayside's response to the recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.**

5. **Senior leaders should engage meaningfully with staff, patients, families and carers in the development of future plans.**

Appendices

Appendix 1 - Living Life Well

The “Living Life Well” document can be accessed at:

https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608

Appendix 2 - Listen Learn Change Action Plan May 2021

The Listen Learn Change Action Plan can be viewed here:

https://independentinquiry.org/listen-learn-change-action-plan/

Listen Learn Change

Status update

Listen Learn Change Action Plan - our Tayside response to the Trust and Respect' Independent Inquiry Report

May 2021 (Update Version 11)

Appendix 3 - Listen Learn Change Progress Overview June 2021

Board paper 8.1 of board meeting 24 June 2021.

https://www.nhstayside.scot.nhs.uk/YourHealthBoard/TheBoardanditsCommittees/TaysideNHSBoard/index.htm

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

Listen
Learn
Change
Progress
Overview

NHS Tayside

June 2021

Appendix 4 - Scottish Government Response to Recommendations in *Trust and Respect*

SCOTTISH GOVERNMENT PROGRESS AND UPDATE TO INDEPENDENT INQUIRY RECOMMENDATIONS

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.

The Scottish Government has confirmed its commitment to this recommendation in the Mental Health Covid-19 Transition and Recovery plan which was published in October 2020. The following wording was included:

16.7 – Patient Safety. Through the Quality and Safety Board we will review the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission, as recommended by the Independent Review of Mental Health Services in Tayside. This will seek to ensure safe delivery against the new standards outlined above.

What do we want to achieve?

We want to make sure that people who access mental health services are safe and receive person-centred and effective care. We want to have the correct arrangements in place to assess the quality and effectiveness of services, to ensure they are safe and to drive improvement. Mental health service users, especially when acutely ill, are vulnerable to a number of potential risks. We want to improve the safety and quality of experiences, as well as prevent unwanted inequalities for those experiencing mental illness. We want to support and empower services to be transparent and demonstrate accountability at a local and national level to the people who use them, their families and carers. This will ensure continuous improvement in support provided, greater trust in mental health services and ultimately better outcomes for the people who access them.

How do we want to achieve it?

Our approach will seek to strengthen improvement, scrutiny and assurance mechanisms aimed at driving continuous quality improvement by working closely with our partners at both a local and national level. We will aim to do this by working with the Quality & Safety Board for Mental Health Services to undertake a scoping exercise into how we can support local governance mechanisms which are key to improving quality and safety nationally. This focus will enable us to better understand variation within the system and any gaps in national provision. Through this exercise we will aim to:

- Collect key local data to aid our understanding of common themes and variation in the safety and quality of mental health care across Scotland
- Identify and support the sharing of good practice
- Scope the governance assurance arrangements at a local level, benchmarking this against the national guidelines
- Develop recommendations to further strengthen improvement, governance and assurance
- Support and empower both local and national governance bodies' oversight of these complex services in their drive to improve care quality and safety.

Next Steps

We will commission a programme which will:

- gather local quality indicators
- map local governance arrangements
- produce a rapid evidence review of effective scrutiny and assurance mechanisms
- undertake engagement with local governance leads.

From this we will produce a series of recommendations to our Quality and Safety Board to support future policy development.

The work identified above and any improvements made to local scrutiny and assurance processes will inform the wider review of assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission.

We have begun a series of engagement with partners who have been supportive of the need for this work. A working group has been established to support the local government mapping exercise which will host its first meeting in June 2021. We will continue to work with the Quality & Safety Board to develop a scoping exercise over the summer. This will provide an evidence base for a further review of the scrutiny and assurance of mental health services.

RECOMMENDATION 32

A national review of the guidelines for responding to substance misuse on inpatient wards is required.

What do we want to achieve?

We want to make sure that those who come into hospital for mental health support are also provided support for co-occurring substance use. We recognise that mental health treatments cannot take place in isolation and that where possible, patients need to receive help and treatment in hospital and to ensure that this is followed up upon discharge into community services.

It is also recognised that inpatient substance use can affect other in-patients and staff in the ward. We want to ensure that inpatient wards and all mental health settings are safe places for those who use them and work there.

How do we want to achieve it?

We want to support action to improve treatment and management of those on mental health wards using substances through various means:

- Medical Managers & Nurse Leads Group

The Scottish Government attended the first meeting of Mental Health Medical Managers & Nurse Leads Group in May this year (delayed due to Covid) where the issue of substance use on inpatient wards was identified as a priority. Scottish Government officials have agreed to act as secretariat to the national group as well as a dedicated Short Life Working Group (SLWG) which is being established to address substance use on inpatient wards. This SLWG will work collaboratively with other agencies as part of this work and will enable us to ensure the voice of staff is included and heard to inform our guidelines and response.

- Lived Experience

Also critical to this work is to ensure the voice of those with lived experience is included. We are working with Drugs Policy colleagues to connect with their lived experience groups and Mental Health Division is establishing a Lived Experience Panel to inform our work which we will also engage with.

- Improving integration of Mental Health and Substance use services

Health Improvement Scotland (HIS) are currently working in Tayside to prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive mental health, alcohol and drugs services. This work is currently taking place in

Dundee, however, we are currently in discussions negotiating with HIS with regards to expanding this work, with an opportunity to look at the connection to inpatient wards and upon discharge to community services. Learning from these areas will be shared throughout Scotland to ensure better integration of services nationwide.

- Mental Welfare Commission

The Mental Welfare Commission (MWC) has made dual diagnosis the focus of their themed visit programme for 2021. The MWC has assembled a team to take forward this work which includes people with lived experience, care experience and addiction workforce experience. It is expected that these visits will identify good practice, current protocols as well as gaps. The report is expected to be published in April 2022 and this work will be used to inform any set of standards or principles for care of those with a dual diagnosis.

- Mental Health Quality & Safety Board

We will be bring the outputs and recommendations emerging from this work to the Mental Health Quality & Safety Board for advice and input. The Board is made up of a cross-section of those working in and leading mental health public services and scrutiny and lived experience representation. We will also ensure that the work being taken forward to develop quality standards for adult secondary mental health services, and the Medication Assisted Treatment (MAT) Standards which were recently published by the Drug Deaths Taskforce, will inform any guidelines that are developed on substance use on inpatient wards.

THE INDEPENDENT INQUIRY

into Mental Health Services in Tayside

www.independentinquiry.org

LISTEN

Experiences of NHS Tayside Mental Health Services

Full Survey Report

September 2021

In collaboration with the Independent Inquiry Stakeholder Participation Group

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EXECUTIVE SUMMARY

The aim of this survey was to capture up to date *Experiences of NHS Tayside Mental Health Services* from the perspective of service users. It was undertaken by PLUS Perth, with the assistance of Dundee Healthy Minds Network, Angus Voice and several members of the SPG (the Stakeholder Participation Group formed during the Independent Inquiry into Mental Health Services in Tayside). The survey was open from 18th January to 11th April 2021, during which time it was promoted in the press, on local radio and on social media. Four hundred and three respondents completed the survey. Of those that revealed which Local Authority they resided in, 136 lived in Perth and Kinross, 94 lived in Dundee and 42 lived in Angus. The results assisted the Independent Inquiry Review, the purpose of which was to "*give everyone the opportunity to have their voices heard in relation to the progress made in addressing the issues raised by the Trust and Respect report*" (Strang, 2021; section 1.3).

This survey was based on a similar survey conducted by PLUS Perth in 2017, which was completed by 395 respondents, allowing comparison of results over the 4 year period (PLUS Perth, 2017). The 2021 survey comprised 48 multiple choice questions regarding service user experiences and nine questions capturing demographics. Sixteen of the service user experience questions were open ended and invited respondents to elaborate on their multiple choice answers by entering comments in a "*please expand if you wish*" section. The survey was completed by 403 respondents.

Comparison of the multiple-choice responses from the 2021 survey with those of the 2017 survey revealed a deeply concerning downward trend in service user satisfaction over the four year period. The percentage of respondents rating the service "*poor"* rose from 14% to 21% and those rating it "*very poor"* rose from 9% to 20%. Only 36% of respondents gave the service a favourable rating ("*good" "very good"* or "*excellent"*) in 2021. Of the 286 people who answered Q43 "*How confident are you in NHS Tayside looking after your mental health if required?*" 14% said "*highly confident"*, 28% said "*fairly confident*" and 58% said "*not confident"***.** The areas of mental health care showing greatest deterioration in this survey, compared to the 2017 survey, were patients' relationships with their psychiatrists and community psychiatric nurses (CPNs) and care received, or lacking, during inpatient stays.

The comments submitted to the survey amounted to over 30,000 words. The vast majority of comments were highly critical of NHS Tayside Mental Health Services as a whole. Respondents who gave the service a favourable rating were less inclined to leave detailed comments than those who gave the service a critical rating. Negative comments outweighed positive comments by more than 5:1. However, many respondents clearly felt that there were highly skilled and compassionate individuals and teams working within the service. There were many comments praising individual service providers (such as a named Doctor or CPN) and specified teams such as the Intensive Home Treatment Team (IHTT).

The comments revealed that service users shared many common areas of concern. Many of these concerns had not been directly addressed by any of the survey questions, yet they emerged very clearly and repeatedly from the comments.

The seven emergent themes of concern were:

1. Poor service response to expressed suicide risk
2. Scarcity of psychological therapies for inpatients
3. Absence of promised follow up
4. Excessive waiting times
5. Difficulty in accessing support prior to, or during, a mental health crisis
6. NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions
7. Failure of the service to cater to the communication needs of autistic patients and deaf patients

Recent appraisals of components of the service conducted by Health Improvement Scotland (HIS, 2018 & 2020), the Mental Welfare Commission for Scotland (MWCS 2020 & 2021) and the Independent Inquiry (Strang 2020 & 2021) have highlighted issues that echo, and help to explain, our emergent themes.

Respondent confidentiality prevents us from disclosing any respondent quotes in this report. Instead, these comments were collated according to the topics they address and shared with the Inquiry Review team (David Strang & Denise Jackson). The Independent Inquiry Review assessed the progress made by NHS Tayside in enacting the recommendations set out in the Inquiry final report *Trust and Respect,* which was published on 5th February 2020. All the documents we sent to the Inquiry Review team made a clear distinction between service user experiences that were known to have occurred since the publication of *Trust and Respect* and those that either pre-dated *Trust and Respect* or were of undetermined date. The Inquiry Review team was also provided with all the raw data from this survey and the 2017 PLUS Perth survey. This data was shared to enable scrutiny of all the analytical work undertaken in the process of compiling their confidential documents and this report. The Inquiry Review team published their Progress Report on July 14th 2021 and acknowledged the contribution of this survey in section 1.4 (Strang, 2021).

We recognise that the time required for the work outlined in *Listen Learn Change* to be put into practice and the additional pressures placed on the NHS by the COVID pandemic must be taken into account when interpreting the results of this survey. This report is not intended to constitute a final verdict on the success or failure of NHS Tayside's response to the Inquiry. It is a reflection of the experiences of several hundred people who are trying to access support from a system that is clearly compromised, whilst that system undergoes transition. **The results of this survey support the Inquiry Review findings (Strang, 2021) that, in their efforts to implement the *Trust and Respect* recommendations, NHS Tayside are rushing to enforce change, without first really listening to and learning from their own staff, their patients or the wide range of other stakeholders who are making great efforts to be part of the solution to the crisis in mental health care in Tayside. Our recommendations focus on areas where such listening has been demonstrably poor and on improving NHS Tayside's approaches to stakeholder involvement.**

The final section of this report addresses the future surveys we intend to conduct for the purpose of monitoring changes in Mental Health Service user experience in Tayside.

Dissemination of survey results

In an effort to alleviate any concerns amongst respondents that being seen to criticise NHS Tayside could have a detrimental effect on the care they received, we provided assurance that only the Survey Analysis team (5 members) and the Inquiry Review team (2 members) would have access to the information they shared. (We are aware that this did not allay all fears amongst potential respondents, see section 4.4.3). After careful consideration, we (the Survey Analysis team) have chosen to disseminate the results of the survey in the following ways:

1) A set of confidential documents which were prepared solely for use in the Independent Inquiry Review and submitted to the Inquiry Review team on May 10th 2021.

2) A full survey report (this document) published on 16th September 2021 in print and on PLUS Perth, Dundee Healthy Minds Network & Angus Voice websites.

3) A meeting between the Survey Analysis team and NHS Tayside Board for the presentation and discussion of the full survey report, date to be determined.

4) A key findings summary of the full report, published on 16th September in print and on PLUS Perth, Dundee Healthy Minds Network & Angus Voice websites.

1. BACKGROUND

This 2021 survey was conducted to appraise the current state of NHS Mental Health Services in Tayside, from the perspective of service users. It was conducted by PLUS Perth, Dundee Healthy Minds Network and Angus Voice. The survey included twenty five of the questions posed by a similar survey conducted by PLUS Perth in 2017. The purpose of using these repeat questions was to allow us to assess changes in service user experience over the four year period. We timed the 2021 survey to coincide with, and to help inform, the Inquiry Review. The purpose of the Inquiry Review was to assess progress made by NHS Tayside since the publication of *Trust and Respect*, the final report of the Independent Inquiry into Mental Health Services in Tayside, which was published on 5th February 2020 (Strang 2020). The Inquiry Review team (David Strang and Denise Jackson) published their Progress Report (Strang, 2021) on July 14th 2021, acknowledging the contribution of our survey in section 1.4 of their report.

1.1 The 2017 PLUS Perth Survey

In July of 2017 NHS Tayside undertook a public consultation regarding the centralisation of Mental Health Services at Carseview in Dundee. As part of the consultation process, the public of Tayside were encouraged to contribute their views through a 15-question survey that was available online via the host site SurveyMonkey and in paper form. It was live for 3 months and was completed by 363 respondents. NHS Tayside promoted the centralisation of services at Carseview as a *"transformation"* of Mental Health Services in Tayside (NHS Tayside, 2017). However, many service user groups, carers and third sector organisations were concerned about the manner in which the NHS Tayside consultation was being conducted (Appendix 1) and were fearful that the proposed centralisation would weaken community services (Evening Telegraph, 2017). Therefore, in order to capture and to convey the views of the community regarding the proposed centralisation, PLUS Perth undertook their own survey. The PLUS Perth survey, which was also available online via SurveyMonkey and in paper form for a 3 month period, enabled members of the public to express their views on a range of matters affected by the proposed centralisation.

The NHS Tayside and PLUS Perth surveys were independent of each other and differed both in the questions used to garner public opinion and in the analysis of the data collected. NHS Tayside concluded, on the basis of their consultation, that the best way forward was to proceed with the centralisation (NHS Tayside, 2018). Conversely, the results of the PLUS Perth survey demonstrated that the vast majority (88%) of their 395 respondents were opposed to the centralisation (Appendix 2). The PLUS Perth survey report therefore recommended that the centralisation proposal be abandoned (PLUS Perth 2018).

1.2 The Independent Inquiry

"*Following widespread concerns raised in the Scottish Parliament in May 2018 about the provision of Mental Health Services in Tayside, NHS Tayside commissioned an Independent*

Inquiry to examine the accessibility, safety, quality and standards of care provided by all Mental Health Services in Tayside" (Strang, 2020; section 1.6). Both the Interim Report and the final report of the Independent Inquiry echo the concerns that prompted the 2017 PLUS Perth survey and were in concurrence with its findings. The Inquiry interim report (Strang, 2019) warns that "*the centralisation of the out-of-hours Crisis team to Carseview Centre has had a detrimental effect on those patients in Angus and Perth & Kinross who are experiencing mental health crisis"* (section 4.1.1) and recommends that ***"the proposed changes* [in the redesign transformation] *should not be implemented before there is a comprehensive review of the wider needs of the community, beyond inpatient requirements"*** (section 4.6.4). The Inquiry final report (Strang, 2020; section 3.70) states "*the Independent Inquiry team received evidence that there was widespread dissatisfaction about the consultative process in arriving at the decision to centralise adult inpatient beds in the wards at the Carseview Centre. Both staff and patients' representative groups felt that the consultation was not genuine and had been tokenistic. The process lacked the confidence of staff, patients, families, community groups and partner organisations. The final decision was perceived as having been made without proper consideration of all the relevant information, data, options, resources and impact. Many respondents said that the NHS Tayside had already made up their mind before the consultation process began"*. In section 4.8 the Inquiry final report continues "*recent evidence received by the Independent Inquiry from patients, families and carers raised repeated concerns about the centralisation of crisis services to Dundee from Angus and Perth & Kinross. The impact of the loss of these services in Angus and in Perth & Kinross is also felt by the police who immediately saw an increasing pressure on their services*".

The Inquiry final report *Trust and Respect* made 51 recommendations for improvements to Mental Health Services, 49 of which apply to Tayside and two apply to all of Scotland. NHS Tayside responded to the report and the recommendations it contained by creating their Listen Learn Change action plan (NHS Tayside, 2020) and producing their Living Life Well strategy (NHS Tayside, 2021a). In order to assess the current state of services, and to gauge the progress that has been made by NHS Tayside in implementing the 49 recommendations, the Inquiry Progress Review commenced in February 2021. The findings of this survey were incorporated in the Inquiry Review team's Progress Report which was published in July 2021 (Strang, 2021 section 1.4).

1.3 The genesis of the 2021 survey

In July 2020, several members of the Stakeholder Participation Group (SPG) that was formed during the Inquiry met virtually with a group of third sector stakeholders. The purpose of the meeting was to discuss means of evaluating the progress made by NHS Tayside in enacting the Inquiry recommendations. The consensus view at the time was that the best approach would be to facilitate service users throughout Tayside to express their views in a survey which addressed many different aspects of the service user experience. The template proposed was that of the 2017 PLUS Perth survey.

Dundee Healthy Minds Network, part of Dundee Volunteer and Voluntary Action (DVVA) and Angus Voice provided sponsorship and assisted PLUS Perth in conducting the survey.

These three organisations and several SPG members collaborated over the proceeding months to tailor the survey questions to meet the agreed objectives. The questions and survey design were finalised in early January 2021. **In an effort to alleviate any concerns amongst respondents that being seen to criticise NHS Tayside could have a detrimental effect on the care they received, the survey form provided assurance that only the Survey Analysis team and the Inquiry Review team would have access to the information they shared.** In light of the timeline proposed for the implementation of the Living Life Well strategy, the three sponsors agreed that a further survey would be required 18-24 months after the completion of the 2021 survey. Section 7 addresses the factors that will be taken into consideration when conducting future surveys.

2. OBJECTIVES

The objectives of this study were:

- To provide the Inquiry Review team with up to date information about people's experiences of using Mental Health Services across Tayside.
- To report the above findings to the public and NHS Tayside, whilst protecting confidentiality of service users and providers.
- To evaluate changes in service user experience since the 2017 PLUS Perth survey.
- To provide a baseline against which improvements to the service can be measured over the coming years, as the recommendations from *Trust and Respect* the final report of the Inquiry, are put into practice.

3. METHODS

3.1 Promoting the survey

PLUS Perth, Dundee Healthy Minds Network, Angus voice and SPG members promoted the survey on social media and through their own networks of contacts. PLUS Perth promoted the survey via press releases with The Courier, the Evening Telegraph and the Perthshire Advertiser. During the week that the survey was launched, Radio Tay featured it on their local news bulletin (TAY FM, January 2021). For the first month that the survey was live, there were either weekly articles about it, or mental health articles that referenced the survey in the local press. The second and third months saw a decline in articles and there was a corresponding decline in respondents completing the survey online. The sponsors held weekly virtual reviews to ensure all parties involved were appraised of the progress of survey responses. Gaps in press coverage were filled by social media activity. Social media promotion was less successful than the print media, as evidenced by the number of weekly responses. Links to survey promotion articles in the media are provided in section 8.1

3.2 Constructing the survey

The survey comprised 48 multiple-choice questions regarding service user experiences and nine questions capturing demographics. Fifteen of the multiple choice questions were open ended and allowed respondents to elaborate on their answers by entering comments in a "*please expand if you wish*" section. The survey sought feedback on the service as a whole and therefore did not ask respondents to specify which specialities within the service they accessed (e.g. Substance Misuse, Psychiatry of Old Age, General Adult Psychiatry etc).

The multiple choice questions that invited additional comments were Q1, Q2, Q10, Qs13-16, Q23, Q26, Qs28-31, Q42, and Q48. Appendix 3 contains all the survey questions and all multiple-choice response results. Respondents used the comment sections of their form to provide details about their experiences such as the dates of their inpatient stays or how many psychiatrists they had seen in their recent appointments. Many respondents also provided extensive additional information about their experiences, often covering matters that were not directly addressed by the multiple-choice questions. They submitted these broader ranging comments under the multiple-choice questions listed above and under Q44 "*Is there anything else you wish to tell us*? The comments left under each of these questions ranged from one word answers to several paragraphs. **In total, these comments amounted to more than 30,000 words (about 50 pages). The volume of this qualitative data was greater than anticipated and its content is both sobering and enlightening**. Our analysis of this qualitative comment content is presented in section 4.4. The results for the quantitative, multiple choice response data are presented in section 4.2.

3.3 Segregating the data according to recency

Neither the 2017 nor the 2021 survey questions asked respondents to restrict the experiences they based their answers on to a particular time period. Respondents who had been NHS Tayside mental health patients, (or carers/family members of NHS Tayside mental health patients) for many years, or even decades, provided feedback on both recent and historical

experiences. **In order to understand how service user experience has evolved over time, it was essential to segregate the data, as far as possible, into subsets according to their recency.** Therefore, ascertaining the month or year in which each experience described took place has been a major focus of the analysis. The segregation was achieved by scrutinising all the information on each respondents form for any evidence of when each of their experiences occurred.

In preparing the confidential documents for the Inquiry Review, identifying the content that could confidently be attributed to February 2020 onwards took first priority. We (the Survey Analysis team) used dates provided by respondents, and any reference to the COVID pandemic to establish whether each experience described by the respondent had occurred before or after *Trust and Respect* was published. Due to insufficient information, it wasn't always possible to ascertain when an experience had occurred. **We erred on the side of caution by excluding all experiences of undetermined date from the data that we categorised as "recent" (5th February 2020 onwards) in the documents we submitted to the Inquiry Review.** Alongside each recent quote, we displayed the information we had used to verify that the quotes described experiences which had occurred after *Trust and Respect* was published.

3.4 Identifying trends and themes in the data

3.4.1 Quantitative data

Many of the questions posed by the 2021 survey were repeats of 2017 survey questions. We assessed changes in Mental Health Service user experience over time by comparing responses to 25 of the multiple choice questions from the 2021 survey with those from the 2017 PLUS Perth survey. The questions had different numbers in the two surveys. For example, the question "*Did you have trust and confidence in the psychiatrist you saw*?" was Q11 in 2017 and Q9 in 2021. Throughout this report, whenever we refer to a question by its number, we use the question number from the 2021 survey. Results for some of the questions that were new to the 2021 survey are presented and discussed in this report, whilst others will simply serve as baseline data to be compared with data from future surveys. There was a modest degree of overlap in the data collected by the two surveys, as explained in section 4.3

3.4.2 Qualitative data

We noted high levels of repetition in the comments on topics that were not addressed by any of the survey questions. If ten or more respondents separately raised the same topic, we collated these comments according to the theme they addressed and sought to establish the recency of each respondents' experience. We did not assume that recent support from the service (Q6 – see Table 2) meant that the experience being described in the comments was necessarily a recent one. Instead, we relied on dates provided in the comments and references to the COVID pandemic to indicate that the experience was recent. Comments describing topics that we had not sought feedback on through the survey questions (for example waiting times) were collated into comment tables and submitted to the Inquiry Review team. **Throughout this report, these topics that were not addressed by our survey questions but featured repeatedly in the comments are referred to as emergent themes or emergent topics.** To protect respondent and staff confidentiality, the seven comment tables we submitted to the Inquiry Review have been replaced in this report by sections 4.4.1.1 to 4.4.1.7.

3.5 Relating the survey results to their wider context

Having identified themes and trends in our survey data, we then used published reports and statistics from widely recognised sources to explore how our findings fit into the wider context of Mental Health Service user experience in Tayside and in Scotland. The sources of information we used to contextualise our findings include Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS), the Scottish Public Health Observatory (ScotPHO), NHS Tayside and the Independent Inquiry.

3.6 Facilitating scrutiny of our work

Appendix 3 of this report contains all the raw data for the multiple choice answers to the 2021 survey. It does not contain any of the comments we received. We are fully committed to protecting the privacy of every individual who shared their experiences with us in the comment sections of the survey. We consider ourselves very privileged to have been entrusted with such sensitive and deeply emotional testimony and are extremely grateful to every individual who took the time to complete the survey.

Reporting on such sensitive data, much of which is highly confidential, is challenging in that we are prevented from substantiating the findings from the 30, 000 words of comments. **We chose the timing of this study so that we would be in a position to disclose all our data and explain all our data processing and presentation to a credible, trusted body, the Inquiry review team.** This benefits everyone in that it gives the public, NHS Tayside and other organisations working in the field of mental health, assurance that the information we present in this report is authentic. On May 10th 2021 we submitted a series of documents to the Inquiry Review team. With the exception of Table 3 and Figures 1 - 3 in this report, all the documents we submitted to the Inquiry Review are confidential, due to the inclusion of respondents' quotes. The Inquiry Review team published their Progress Report on July 14th 2021 and acknowledged the contribution of this survey in section 1.4 (Strang, 2021).

We also chose to share all our 2017 and 2021 raw data with the Inquiry Review team. We did so to enable scrutiny of the survey itself and of all the analytical work we have undertaken in our reporting. In future surveys there may be no option to have the results authenticated in this way, so it will be essential that we achieve the optimal balance of transparency and confidentiality. Therefore, in section 7 we discuss some of the factors that we will take into account when designing future surveys, in order to ensure that our results and findings can be shown to be reliable. We will also invite input, including question suggestions, from NHS Tayside and other stakeholders. This input, together with the lessons we have learned from the 2017 and 2021 surveys, will help us tailor the design, analysis and reporting of our future surveys for the benefit of the people of Tayside.

4. RESULTS AND DISCUSSION

The survey was designed to be completed by patients and the majority of our respondents were patients. Sixteen respondents (4%) stated in their forms that they were a relative, carer or guardian to a patient and were completing the form on the patients' behalf. **We did not ask respondents to state which speciality they had accessed, for example Learning Disability, Psychiatry of Old Age, General Adult Psychiatry, Substance Misuse, etc. The findings are therefore a reflection of the service as a whole.**

The survey featured questions about demographics, inpatient stays, patient interactions with their psychiatrists and community psychiatric nurses (CPNs), medication, NHS Tayside patient satisfaction questionnaires and about the NHS Tayside Mental Health Service as a whole. Not all of these questions applied to every respondent. For example, respondents who answered *"no"* to "*Have you seen a psychiatrist in the last three years?*" skipped Q8 to Q13, all of which addressed aspects of psychiatric care. In addition, some respondents chose not to answer certain questions, perhaps because they simply did not wish to reveal the information requested. For example, the questions "*How old are you?*" "*Which part of Tayside do you live in?*" and "*What is your gender?*" were each skipped by 30% of our 403 respondents. Thirty one percent of the respondents who told us that they'd had an inpatient stay did not provide dates for their stay(s). It is possible that some respondents avoided giving these personal details in an effort to remain as anonymous as possible.

These variations in applicability of questions and personal preferences of our respondents resulted in each question in the survey being answered by a different number of people. The numbers of respondents who answered and skipped each question appear in Appendix 3, directly below each question. Other than for questions about ethnicity and questions about NHS Tayside questionnaires, the number of people answering each of our questions ranged from 133 to 396. Two thirds of the questions were answered by more than 200 people. The figures given in this report for the percentage of respondents who fell into each answer category (e.g. "*yes", "no", "good", "poor"*) are the percentages of those who answered that particular question.

Due to the scope of the survey and the number of questions it contained, this results section covers a lot of ground. Rather than revisit each aspect of the study in a separate discussion section, we have combined results and discussion here for ease of reading. **We have used reports and statistics from the Scottish Public Health Observatory (ScotPHO), Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS) and the Independent Inquiry to give context to the results we present. The sections of this report that use these sources to contextualise our findings are in blue text.**

Our primary focus when analysing the multiple choice responses was to assess changes in service user experience by comparing the results from the 403 respondents who completed the 2021 survey with those from the 395 respondents who completed the 2017 PLUS Perth survey. Approximately half of the questions in this survey had been asked in 2017 survey. These 25 repeat questions are dealt with in section 4.2 below, which compares results across the four year period.

Q43 "*How confident are you in NHS Tayside looking after your mental health if required?*" was new to the 2021 survey. **Of the 286 people who answered this question, 14% said "highly confident", 28% said "fairly confident" and 58% said "not confident".**

We believe that the remainder of this report provides valuable insight into some of the reasons for this poor result. We present the following information in good faith, with the hope that it will be given careful consideration by NHS Tayside, so that it may be utilised to help improve patient care and to monitor the implementation of their Living Life Well strategy.

4.1 Assessing representativeness

For meaningful interpretation of our results, it is important that we consider how accurately our sample of 403 respondents represents the Mental Health Service user population of Tayside. Our respondents were not a randomly selected group and we therefore do not assert that they constitute a representative cross section of service users.

4.1.1 Demographics

Assessing representativeness using the available demographic data is difficult for two main reasons. The first is that, as mentioned in section 4 above, approximately 30% of our respondents chose not to supply their demographic details. Therefore, the information we have is incomplete and our calculations are based on the 70% that did provide these answers. The second reason is that there does not appear to be an official estimate for the size of the Mental Health Service user population of Tayside.

Living Life Well, the current NHS Tayside Mental Health Service strategy, states that there are 417,470 people living in Tayside and that "*in 2018/19, there were 4,605 Tayside practice patients registered as having a mental health condition*" (NHS Tayside, 2021a; pp 26 & 29). Going by this figure, we would estimate that, with 403 respondents, our survey had captured 9% of the target population. This 9% estimate is approximate for two reasons. Firstly, not everyone with experience of using Tayside Mental Health Services necessarily has a diagnosis. Secondly, whilst this survey was explicitly intended for people who had been patients within NHS Tayside Mental Health Services, our sample appears to include some individuals who had sought help with their mental health from NHS Tayside but had not received care from Mental Health Services. As explained in section 4.1.2 below, 15% of the 403 forms we received did not contain a clear indication that the respondent had been an NHS Tayside Mental Health Service patient.

Seventy percent of respondents who revealed their gender were female (Appendix 3 Q49). Whilst this clearly isn't representative of the population of Tayside as a whole, it may be representative of the Mental Health Service user population. According to the Information Services Division (ISD) of the NHS "*for four out of the five groups of mental health drugs there are substantially more drugs dispensed to females than males*" (ISD 2019a, p11). The exception is attention deficit hyperactivity disorder (ADHD) medication. It is therefore reasonable to assume that significantly more females than males seek help from NHS Tayside Mental Health Services.

In terms of ethnicity, with 1% of respondents, the non-white population of Tayside is underrepresented in our survey (Appendix 3; Qs 52-57), as the true figure is 3.2% (NHS Tayside, 2021a; p28). The over 65 age group is also under-represented (Appendix 3 Q51). Five

percent of our respondents were over 65, whereas, to reflect the population accurately the figure should be 21%. Geographically, Perth & Kinross residents are over-represented in the survey and Angus residents are under-represented (Appendix 3 Q50). This subject is covered in depth in section 4.2.6 as it has a bearing on the interpretation of the results.

4.1.2 Service use by respondents

We examined all forms to ascertain whether the respondent (or the person on whose behalf they were completing the form) had been an NHS Tayside Mental Health Service patient. For most respondents, this information was contained in the answers to Q2, Q4, or Q14. In these questions, respondents could select all the response categories that applied to them. Table 1 below combines the responses to these questions and displays the number of respondents who stated that they received care from the specified service component.

Table 1. Number of survey respondents who stated that they had received support from specified components of NHS Tayside Mental Health Services.

Survey Question	Service component	Number of respondents who had received support from specified component
Q2	Psychologist	183
Q2	Occupational Therapist	74
Q2	Counsellor	146
Q2	Art Therapist	21
Q4	Psychiatrist	210
Q4	Community Psychiatric Nurse	163
Q14	Inpatient Stay	116

The category "*GP"* from Q2 has been omitted from Table 1 because GPs act as a gateway to the service, but they are not a part of the service itself. We have also omitted the "*other – (please state whom)*" category, in Q2 from Table 1, since to include it would be misleading for two reasons. The first is that in many cases the source of support specified by the respondent in the comment section of Q2 was a third sector organisation, not a component of NHS Tayside Mental Health Services. The second reason is that most respondents completed the survey electronically and so could not read further ahead in the form than the question they were answering. Therefore, a third of respondents who selected *"other"* in Q2 specified CPN or psychiatrist in the comment section, unaware that they were about to be asked if they had seen these professionals in a later question, Q4. Careful consideration will be given to the order and wording of future survey questions so as to improve data collection and analysis (see section 7).

Some of the comments entered under "*other*" in Q2 did enable us to confirm that the respondent had experience of using the service, for example if the respondent listed a component of the service that was not available as a multiple choice answer, such as the Intensive Home Treatment Team (IHTT). **A combination of the multiple-choice answers to Q2, Q4 &Q14, together with the comment responses to the open ended questions throughout the survey, enabled us to conclude that 343 respondents (85%) had experience of being an NHS Tayside Mental Health Service patient.**

There were sixty respondents (15%) whose forms did not provide answers that clearly indicated they had been a patient in the service. Some of these respondents skipped the majority of the

questions on their form, perhaps because they did not have enough knowledge of the service to answer them. Many of these 60 respondents had approached NHS Tayside for help with a mental health problem, but do not appear to have become Mental Health Service patients. Several respondents stated that they had tried multiple times, without success, to get a referral to the service. Twelve respondents appear to have understood being prescribed mental health medication by their GP to constitute accessing support from NHS Tayside Mental Health Services.

Table 2 shows that sixty two percent of our respondents had received support from NHS Tayside Mental Health Services in the twelve month period prior to completing their survey form. Question 6 was answered by 381 respondents.

Table 2. Responses to Q6 *"When was the last time you received support from NHS Tayside Mental Health Services?"*

Most recent support from service	Number of respondents	Percentage of respondents
In the last week	68	18%
1-4 weeks ago	38	10%
1-3 months ago	65	17%
4-6 months ago	27	7%
6-12 months ago	37	10%
More than 12 months ago	146	38%

4.1.3 The spectrum of service user satisfaction

Regarding representativeness, the most difficult, and most important variable to gauge, is how well the respondents to our survey represent the spectrum of service user satisfaction. We do not assert that our sample of respondents is a representative cross section of service users on the spectrum of service user satisfaction, as we do not have a reliable way to assess this. **What we can state is that this survey embodies what the 403 people who were aware of the surveys' existence, and felt willing and able to contribute to it, wished us to know about their experiences of accessing support from NHS Tayside Mental Health Services.** The sponsors of this survey, PLUS Perth, Angus Voice and Dundee Healthy Minds Network work daily with Mental Health Service users all over Tayside and have done so for many years. The senior staff in these organisations who have been involved in this survey can attest to the fact that the themes raised in this report are ones that they are very familiar with. The decline in service user satisfaction demonstrated by this study is a reality that they are all acutely aware of, as they see its impact on the people of Tayside every day. **Throughout section 4 of this report, (in blue text) we demonstrate that the issues raised by our respondents are clearly not isolated occurrences. They echo the findings, facts and figures regarding mental health care in Tayside that have been published by widely recognised authorities, including ScotPHO, HIS, MWCS, the Independent Inquiry and NHS Tayside.**

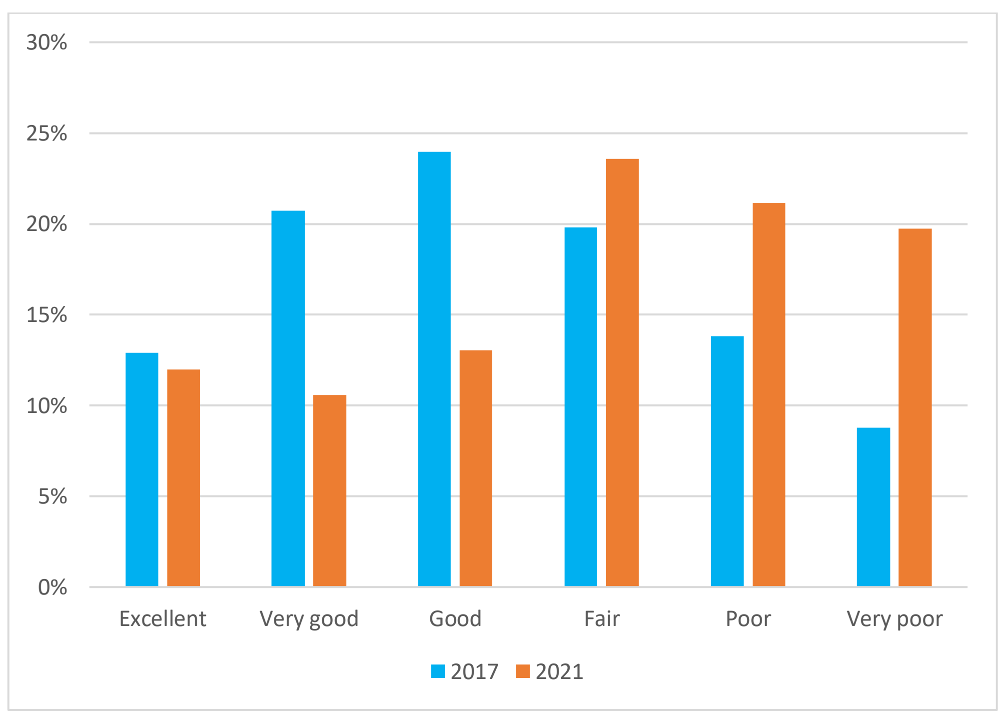
4.2 Comparison of multiple choice responses from 2017 and 2021

The results of the 25 identical/comparable questions posed by the 2017 and 2021 surveys are presented here, first for the service as a whole and then for four different components of the service: inpatient stays, psychiatrists, CPN's and medication. The results for three of these questions are presented as bar charts in Figures 1 – 3. The results for the remaining 22 questions, all of which had yes/no based answers, are presented together in Table 3.

4.2.1 Comparison of overall service results

Both surveys asked respondents to rate the care they had received from NHS Tayside Mental Health Services as a whole. **Figure 1 demonstrates a substantial deterioration in service user satisfaction amongst respondents between 2017 and 2021.** 214 people answered this question in 2017 and 284 answered in 2021.

Figure 1. Comparison of overall service rating for NHS Tayside Mental Health Services between 2017 and 2021



The percentage of respondents giving the service a favourable rating (i.e. *good, very good* or *excellent*) fell from 58% to 36% over the four-year period. The percentage of people rating the service as "*poor"* rose from 14% to 21% and those rating it as "*very poor"* rose from 9% to 20%. This deterioration in service user satisfaction is in keeping with the downward trend shown in Table 3 below and with the very low levels of confidence expressed in the system as detailed in section 4. above.

Figure 2 displays the results for "*Who has helped you the most with your mental health challenges*" and shows that CPNs, psychologists and psychiatrists ranked well below "*family*", "*friend*" and "*other*" by respondents in both 2017 and 2021. The "*please expand if you wish*" comments of the 2021 survey show that GPs and charities were prominent in the "*other*" category.

Figure 2. People who provided the greatest support to survey respondents in 2017 and 2021

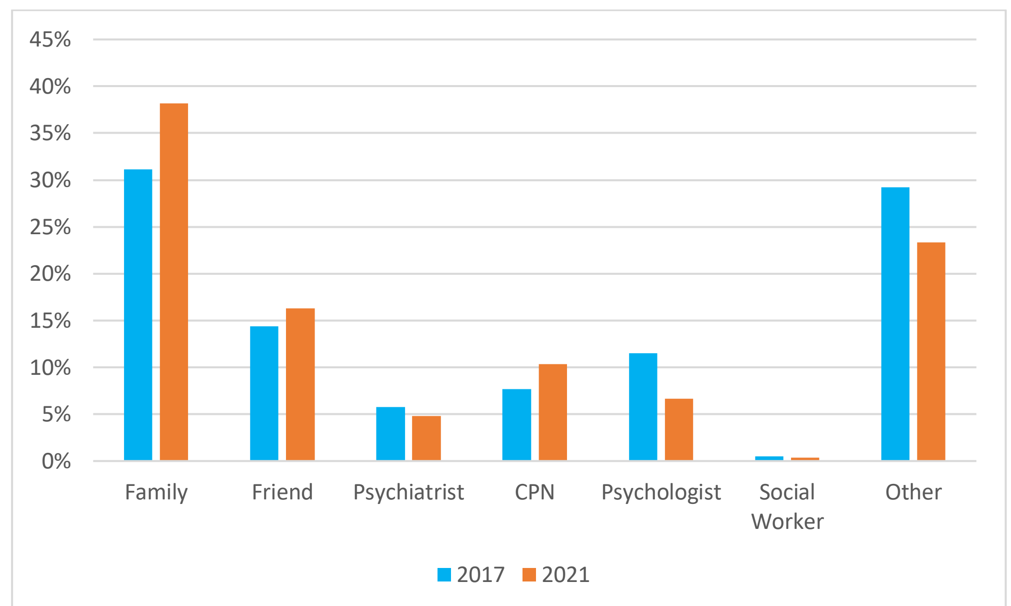


Table 3 compares the results for the 22 questions with yes/no based answers. The questions in the table are divided into the four different areas of the service that they address: psychiatrists, inpatient stays, CPNs and medication. The final question in the table applies to the service as a whole. The central column illustrates the change in the percentage of respondents who answered "*yes*" to each question. The width of the arrow in each row depicts the magnitude of the change between 2017 and 2021. **The striking dominance of downward arrows in this table portrays a substantial deterioration in respondent satisfaction with many different elements of the service over the four year period. The areas of mental health care showing the greatest deterioration are inpatient stays and patient relationships with their psychiatrists and CPNs.** These components of the service are dealt with separately in sections 4.2.2 to 4.2.4 below.

4.2.2. Comparison of inpatient stay results

Responses to key questions about inpatient care revealed the most pronounced changes in respondent experience when compared with the 2017 survey. **The percentage of patients answering "*no*" to Q17 "*Overall, would you say your stay in hospital aided your recovery?*" rose from 8% in 2017 to 51% in 2021. There was a similar change with Q16 "*When you were in hospital did you feel safe?*" with those answering "*no*" increasing from 14% to 50%.** There was a less steep, but still substantial rise, 33% to 52%, in those answering "*no*" to Q22 "*When you were in hospital, were you given the opportunity to talk about how you were feeling?*"

Many respondents provided the dates of their hospital stay(s). This allowed us to isolate the data for the people who had been inpatients since the publication of *Trust and Respect* from the rest of the 2021 respondents who answered these three questions (Q16, Q17 and Q22). The results for the 27 respondents with recent inpatient stays are presented separately in Table 3 and are highlighted in blue. **We isolated the data for these recent patients to look for indications that the inpatient experience had changed as a result of the Inquiry. For Q16 and Q17, the results were not improved by reducing the data set to just the recent**

inpatient stays. Responses to Q22 indicate that the recent patients had been given more opportunity to talk about their feelings whilst in hospital than the remainder of the 2021 respondents who'd had hospital stays. However, when compared with the 2017 responses for the same question, there was no indication of improvement over the four year period.

The availability psychological therapies during inpatient stays was an emergent theme from the comments and is addressed below in section 4.4.1.2

We searched the comments for feedback that gave an indication of the quality of care received in hospitals across Tayside. For comments that applied just to Murray Royal (Perth & Kinross) and just to Carseview (Dundee), the ratio of positive to negative was 1:6. Many respondents explained that the environment at Carseview was not conducive to recovery, describing it as "*cold*", "*like prison*" "*isolated*" and without access to safe outdoor space. We received three times as many comments about Carseview as we did about Murray Royal. Feedback about Stracathro (Angus) was limited since the mental health inpatient facility (Mulberry Unit) there closed in 2017. We received comments from three respondents concerning the quality of care received at Stracathro, all three gave positive feedback.

Other than for the three inpatient stay questions, it was not possible to segregate the data presented in Table 3 into pre and post *Trust and Respect* data. This is because the answers given were not based on experiences that took place within clearly specified dates. Section 4.3 below explains that there was a degree of data overlap between the 2017 and 2021 surveys.

4.2.3 Comparison of psychiatrist results

In both surveys, we asked our respondents if they had seen the same psychiatrist at each of their last three appointments. In 2017, 73% answered *"yes"* to this question, but by early 2021, this figure had fallen to 43%.

The change in this figure is unsurprising given that Strang (2020; Appendix H) reported that permanent post vacancies in general adult psychiatry (GAP) had risen from two in June 2018, to five in September 2018 and then to eight in June 2019. On April 1st, 2021, as this survey drew to a close, The Courier reported that 14 permanent GAP positions were unfilled and being covered by locums at an additional cost to the NHS of £11.3 million over the last four years (The Courier, April 2021).

Many of our respondents described the difficulties that this lack of continuity in psychiatric care had caused them. They explained that new psychiatrists would often suggest medications or therapies that had been tried before without success. Patients expressed their frustrations at being told that altering their medication was considered a last resort due to service limitations for follow up and monitoring. Some respondents complained that they'd had a series of psychiatrists, all of whom had held contradictory opinions about their diagnosis and treatment. Some respondents stated that continually having to explain their condition and case history to a new person was exhausting and re-traumatising. Many related experiences of just reaching the point where they felt they could "*open up*" to their psychiatrist, only for him/her to be replaced. Many others lamented the fact that they never saw one person for long enough to build trust and confidence in them. Three of our respondents stated that they had been able to consistently see the same person for several consecutive appointments and all stated that this had made a "*huge difference*" to them.

Table 3. Identical and comparable survey questions from 2017 and 2021

Question wording 2017	**Yes**	**Yes, to some extent**	**no**	**Change in Yes answers**	**Yes**	**Yes, to some extent**	**no**	**Question wording 2021**
Q10 The LAST time you saw a psychiatrist did they listen in a way which you felt understood?	41%	35%	24%	Down 16%	25%	37%	38%	Q8 When you were treated by a psychiatrist, did they listen in a way which you felt understood?
Q11 Did you have trust and confidence in the psychiatrist you saw?	41%	35%	24%	Down 15%	26%	33%	42%	**Q9 Did you have trust and confidence in the psychiatrist you saw?**
Q12 Did you bring up suggestions about what might help in your treatment and recovery when you met with your psychiatrist?	69%		31%	Down 18%	51%		49%	Q10 Did you suggest what might help you to your psychiatrist?
Q13 Has your diagnosis been discussed with you in a way that you understood?	37%	42%	22%	Down 7%	30%	40%	31%	**Q12 The diagnosis you have been given, has it been discussed in a way that you understood?**
Q14 The last 3 times you had an appointment with a psychiatrist, was it with the same psychiatrist?	73%		27%	Down 30%	43%		57%	**Q13 The last 3 times you had an appointment with a psychiatrist, was it with the same psychiatrist?**
Q18 When you were in hospital did you feel safe from harm?	38%	48%	14%	Down 26%	12%	38%	50%	**Q16 When you were in hospital did you feel safe?**
				Down 23%	15%	41%	44%	Results from Q16, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020
Q17 Overall would you say your stay in hospital benefited you?	50%	42%	8%	Down 35%	15%	34%	51%	Q17 Overall would you say your stay in hospital aided your recovery?
				Down 35%	15%	31%	54%	Results from Q17, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020

Question wording 2017	Yes	Yes, to some extent	no	Change in Yes answers	Yes	Yes, to some extent	no	Question wording 2021
Q21 When you were in hospital, were you given the opportunity to talk about how you were feeling?	67%		33%	Down 19%	48%		52%	**Q22 When you were in hospital, were you given the opportunity to talk about how you were feeling?**
				Down 4%	63%		37%	Results from Q22, after removing responses relating to inpatient stays which occurred prior to the Independent Inquiry final report on 5th Feb 2020
Q23 The LAST time you saw a Community Psychiatric Nurse did they listen in a way which you felt understood?	78%	16%	6%	Down 44%	34%	30%	36%	**Q25 The LAST time you saw a community psychiatric nurse did they listen in a way which you felt understood?**
Q24 Do you bring up suggestions about what might help in your treatment and recovery when you meet with your CPN?	92% yes		8% no	Down 37%	55% yes		45% no	**Q26 Do you bring up suggestions about what might help in your treatment and recovery when you meet with your community psychiatric nurse?**
Q25 Have you been discharged by the Community Mental Health Teams in the last 5 years?	34%		66%	Up 3%	37%		63%	**Q27 Have you been discharged by the Community Mental Health Teams in the last 5 years?**
Q26 Did you agree with the decision to stop your support?	47%		53%	Down 6%	41%		59%	**Q28 Did you agree with the decision to stop your support?**
Q27 Were you given a reason as to why your support was being withdrawn?	63%		37%	Down 5%	58%		42%	**Q29 Were you given a reason as to why your support was being withdrawn?**
Q28 Were you involved in discussions leading to the decision to withdraw your support?	63%		37%	Down 23%	40%		60%	**Q30 Were you involved in discussions leading to the decision to withdraw your support?**
Q29 Did your CPN give you the names of other organisations who may help you?	30%		70%	Up 14%	44%		56%	**Q31 Did your community psychiatric nurse give you the names of other organisations who may help you?**

Question wording 2017	Yes	Yes, to some extent	no	Change in Yes answers	Yes	Yes, to some extent	no	Question wording 2021
Q30 Do you take medications for your mental health problems?	75%		25%	Up 4%	79%		21%	Q32 Do you take medications for your mental health issues?
Q31 The last time you had a new medication prescribed for you did you feel you had a choice in this matter?	39%	38%	23%	Down 3%	36%	38%	26%	Q35 The last time you had a new medication prescribed for your mental health issues, did you feel you had a choice in this matter?
Q32 Was the purpose of this medication explained to you before you started taking it?	51%	39%	10%	Down 14%	37%	46%	17%	**Q36 Was the purpose of this medication explained to you before you started taking it?**
Q33 Were you told about possible side effects of the medication before you started taking it?	29%	31%	40%	Down 1%	28%	27%	45%	**Q37 Were you told about possible side effects of the medication before e you started taking it?**
Q34 Were you told about the potential weight gain of specific medications before you started taking it?	32%		68%	Down 1%	31%		69%	Q38 Were you told about the potential weight gain of specific medications before you started taking it?
Q35 Were you given a leaflet or informed you could see a dietician to help prevent the weight gain?	15%		85%	Down 6%	9%		91%	Q39 Were you given a leaflet or informed you could see a dietician to help prevent the weight gain?
Q37 Would you say you have choice and control in decisions about your NHS mental health care and treatment?	17%	50%	33%	Up 3%	20%	36%	44%	Q41 Did you have choice and control in decisions about your NHS Tayside mental health care and treatment?

Percentages shown are rounded to nearest whole number. Percentages for each question may therefore add up to 99% or 101%.

The 2017 and 2021 surveys both featured three questions (Q8, Q9 & Q10) about the levels of trust, confidence, constructive communication and understanding within the patient-psychiatrist relationship. The percentages of respondents who answered "*yes*" to these three questions fell between 15% and 18% over the four year period.

Our results echo the findings of the recent Health Improvement Scotland *Review of Adult Community Mental Health Services, Tayside*. Referring to the dominance of locums in the service, the report stated, "*this is not sustainable and we are concerned about the negative longer-term impact and risks this has on staff wellbeing and patient care*" (HIS, 2020; p8). The report continues "*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*"** (HIS, 2020; p30).

4.2.4 Comparison of community psychiatric nurse results

Two survey questions addressed the quality of communication between patients and their CPNs. **The percentage of respondents answering "*yes*" to Q25 *"The LAST time you saw a community psychiatric nurse did they listen in a way which you felt understood?"* fell steeply from 78% to 34% between 2017 and 2021. There was a similar decline in the "*yes*" responses to Q26 *"Do you bring up suggestions about what might help in your treatment and recovery when you meet with your community psychiatric nurse?"* which fell from 92% to 55%.** The percentage of people who felt they were involved in the decision to stop their CPN support declined by 23%.

This breakdown of understanding between respondents and their CPNs is gravely concerning. It is beyond the scope of this broad survey to provide an in-depth analysis of the variables at play. However, we did receive some comments from respondents, including some who worked in NHS Tayside Mental Health Services, that appear to offer at least a partial explanation. Respondents stated that CPN caseloads were very high and that CPNs were under pressure to discharge patients due to "*throughput*". Concerns were strongly expressed about the safety of this situation both for CPNs and for their patients. Respondents stated that the situation was exacerbated by the fact that there were so few permanent psychiatrists in place to support the work of the CPNs.

Figures from ISD (2019b) reveal that NHS Tayside's spending on community mental health, as a proportion of its total mental health spend, is low relative to that of other Health Boards in Scotland. In 2017/18 Tayside spent 31% of its mental health budget on community mental health, whilst the average for all Health Boards in Scotland was 37%. **Tayside had 34.6 community mental health nurses per 100,000 population in 2017/18 which was well below the average of 49 per 100,000 population, across all Health Boards in Scotland. These figures help to explain the comments we received about excessive caseloads.** We were unable to find more recent figures.

In the interests of balance, it is worth highlighting that in Figure 2 above CPNs scored slightly (2.7%) better in 2021 than they did in 2017 on the question of who helped our respondents the most with their mental health challenges. CPNs scored better in both surveys than psychiatrists, psychologists and social workers on the same question.

4.2.5 Comparison of medication results

As shown in Table 3, answers for comparable questions about medication varied very little between 2017 and 2021. The greatest change was in the percentage of those answering "*yes*" to Q36 "*Was the purpose of this medication explained to you before you started taking it?"* which declined by 14%. We included questions about the length of time patients had been taking their mental health medications and the number of medications they took in the 2021 survey. These will add further comparable data for future surveys.

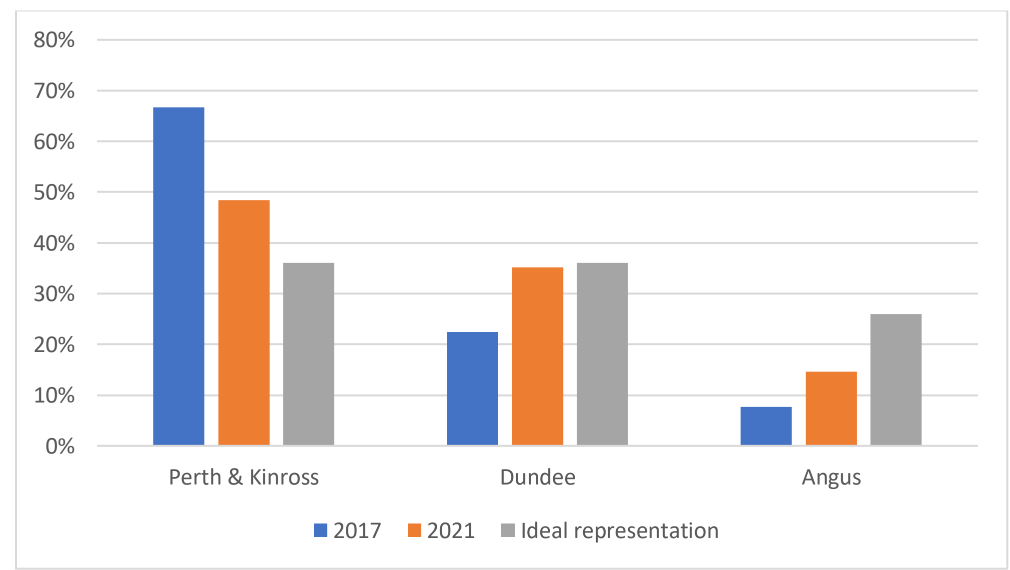
The comments revealed that a large number of respondents felt there was a problem of overprescribing within Tayside Mental Health Services. This topic is dealt with in section 4.4.1.6, alongside the other themes that emerged from the respondent comments.

4.2.6 Comparison of geographic distribution of respondents

Figure 3, the residential location bar chart, shows how our respondents were distributed across the three Local Authority areas in 2017 and 2021. The right hand (grey) bar for each location shows the percentage of the entire population of Tayside living in each Local Authority area (NHS Tayside, 2021). The grey bar shows what our results would look like if we had achieved perfect geographical representation.

It is clear that the 2021 survey achieved a better geographic spread than the 2017 PLUS Perth survey. Increased promotion in the media and involving Dundee Healthy Minds Network and Angus Voice in the survey are the primary reasons for this improved result. **Nevertheless, Angus remains under-represented and Perth & Kinross over-represented.** This result will be borne in mind when deciding upon methods for promoting future surveys.

Figure 3 Percentage of survey respondents living in each Local Authority area



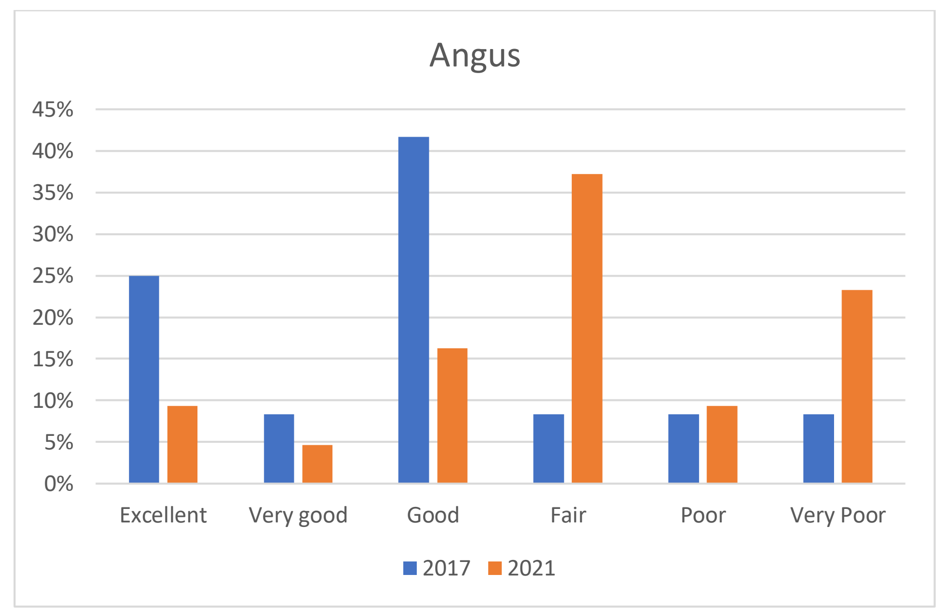
4.2.6.1 Regional variations in service user experience

Given the concerns outlined in section 1.1 about the negative impact that the centralisation of services to Dundee might have on the rest of Tayside, we looked for indications of service user experience varying according to place of residence. We segregated the overall service rating data from Q40 according to Local Authority and the results are displayed in Figures 4, 5 and 6. These results are based on the 272 people who responded to both the service rating question

and the area of residence question in 2021. Of these, 94 lived in Dundee, 136 lived in Perth & Kinross and 42 in Angus.

This segregation revealed that in 2017 respondents in Dundee were least satisfied with the service, with 31% of respondents rating it either "*poor*" or "*very poor*" compared to 21% of respondents in Perth & Kinross and 16% in Angus. By 2021 the proportion of respondents rating the service "*poor*" or "*very poor*" had risen to 44% for Dundee, 43% for Perth & Kinross and 29% for Angus.

Figure 4. Overall service ratings in 2017 and 2021 for Angus



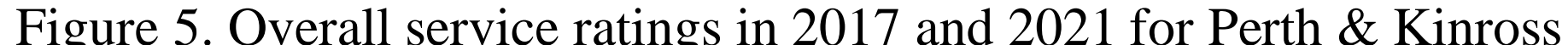


Figure 5. Overall service ratings in 2017 and 2021 for Perth & Kinross

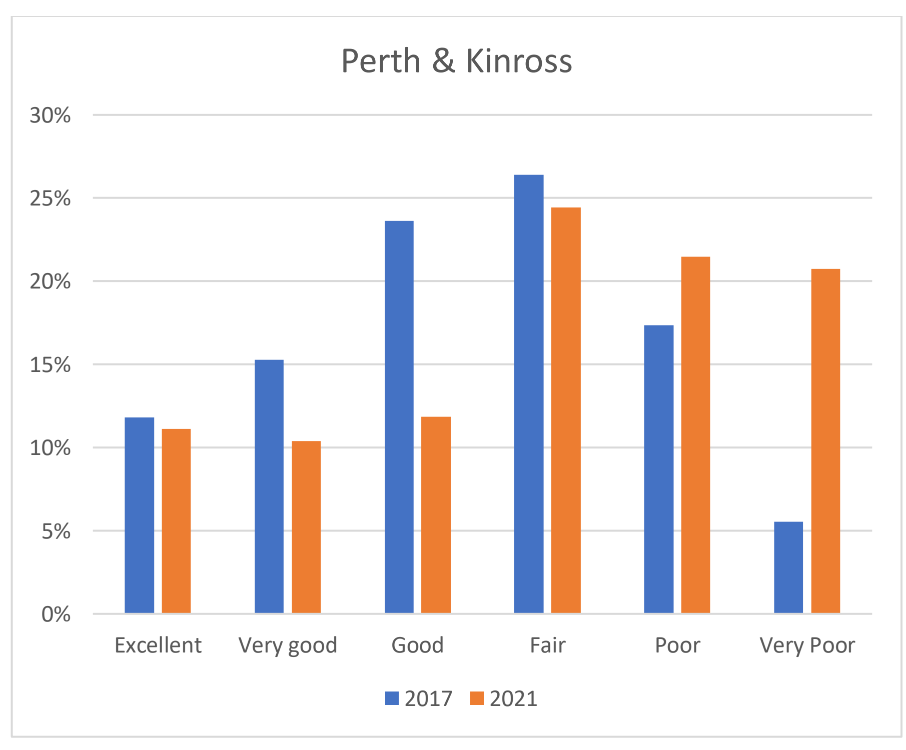


Figure 6. Overall service ratings in 2017 and 2021 for Dundee

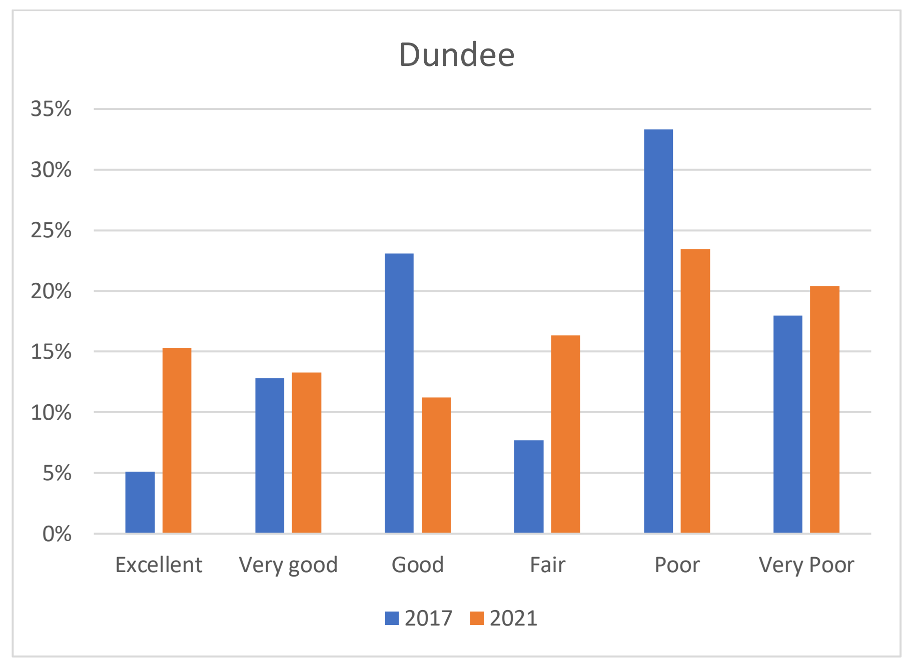


Table 4 shows the segregated 2021 results for the 278 people who responded to both Q43 "*How confident are you in NHS Tayside looking after your mental health if required*" and Q50 "*Which part of Tayside do you live in*? Of these, 104 lived in Dundee, 134 lived in Perth & Kinross and 40 in Angus. The confidence question was not in the 2017 survey.

Table 4. Level of confidence in NHS Tayside Mental Health Services expressed by respondents living in each Local Authority area in 2021

	Highly confident	Fairly confident	Not confident
Dundee	17%	29%	54%
Perth & Kinross	13%	28%	59%
Angus	10%	27.5%	62.5%

The results for the confidence question, whilst poor throughout Tayside, are better for Dundee than for Perth & Kinross and worst for Angus. As shown in Figure 3, residents of Angus are under-represented in this survey. Whilst we cannot, with confidence, extrapolate the results from a sample of 42 or 40 to the entire Mental Health Service user population of Angus, **the results offer no reassurance that the centralisation has not had a detrimental effect on the residents of Angus. A similar deterioration in service user confidence and satisfaction is evident amongst the residents of Perth & Kinross, who are better represented in this study with 136 and 134 people answering Q40 and Q43 respectively. Service user satisfaction amongst Dundee respondents did not deteriorate as much as in the rest of Tayside over the four year period.**

Regional variation in service user experience has been reported by several other sources. In June 2021, the Mental Welfare Commission for Scotland (MWCS) reported on an announced virtual visit to the Mulberry ward at Carseview on April 6th 2021. **Their report on this visit stated, "there is an inequity in service provision as a seven day community service is not available in Angus unlike in other parts of Tayside"**. The team conducting the visit "*were*

told that the lack of a fully functioning crisis resolution and home treatment team (CRHTT) in Angus has an impact on discharge planning, and leads to some patients remaining in the ward for longer than is necessary". The report continued "*if the CRHTT service in Angus was fully operational, these patients could be discharged promptly with the relevant support"* (MWCS, 2021, p5). **The authors emphasised the fact that despite this issue being raised repeatedly, by different authorities, over several years, the problem remained.** The matter was previously raised by HIS (HIS, 2018; p6) (HIS, 2020; p21). The Independent Inquiry final report stated, "*there has been detriment to patients discharged from Carseview Centre to the Angus community who did not receive adequate intensive home treatment or supported discharge*" (Strang 2020; section 4.44). **The MWCS report, published in mid-June 2021, states "*the Strang review also highlighted that the plan had been to expand community mental health services in Angus to a seven day service starting from January 2020, but that this has still not happened"*** (MWCS, 2021; p5).

4.3 Data overlap

In presenting these data comparisons for the 25 repeat questions in the two surveys, it is important to declare that a small minority of our 2021 respondents included descriptions of experiences that they stated had occurred prior to the 2017 survey. In addition, some respondents did not provide sufficient information for us to judge the recency of the experiences on which they were basing their answers. Through careful scrutiny of the information in each of the 403 survey forms, we estimate that between 5% and 10% of answers were based on experiences that pre-dated the 2017 survey. For a further 15 to 20% of our 2021 respondents, we were unable to obtain clarity about the time period that their answers reflected.

There is therefore a modest degree of overlap in the time periods that these two surveys encompass. For this reason, we acknowledge that the arrows depicting increases or decreases in "*yes*" answers in the range of 0-10% may not represent significant changes. However, even taking the above factors into consideration and discounting the questions with 0-10% arrows, **Table 3 still conveys essentially the same message. It illustrates an unmistakable and deeply concerning downward trend in most indicators of service user satisfaction over the four year period and it echoes the service rating results in Figure 1 and the figures for confidence levels in the service detailed in section 4 above.**

4.4 Comment responses

The remainder of this results and discussion section focuses on the comments that accompanied the multiple choice answers. **Before presenting these comment results, it is important to state that respondents who rated the service poorly were more inclined to enter additional comments on their form than those who rated the service favourably.** Whilst just over a third (36%) of respondents gave the service a "*good", "very good"* or *"excellent"* rating, negative comments outweighed positive comments by more than 5:1. The balance of praise and criticism in the comments is explored further in section 4.4.3.

It became clear, from the very early stages of data analysis, that the experiences our respondents described had many common themes. Many topics and difficulties were separately raised by large numbers of respondents. Some of the themes that repeatedly featured in the comments,

for example how respondents felt about not being able to regularly see the same psychiatrist, were matters that the multiple choice questions had directly addressed. **In addition, many topics that we had not sought feedback on through the survey questions were frequently and consistently raised by respondents. These themes are important in that they reveal what service users really wanted to share with us and the remainder of this section elucidates them.**

4.4.1. Emergent comment themes

Comments about matters that our survey questions had not addressed (for example waiting times) were collated according to the theme they addressed. Throughout this report, these topics that were not addressed by our survey questions but featured repeatedly in the comment sections, are referred to as **emergent themes** or **emergent topics**. **If the emergent topic was separately raised by ten or more respondents, we created a comment table for it.** The comment tables featured the quotes on the topic made by different respondents, together with any evidence that we had used to attribute each quote to the Inquiry Review period (February 2020 onwards). Each respondent had their own code number, allocated by SurveyMonkey, so we labelled respondents by these codes in the tables. We did this in order to make it easier for the Inquiry Review team to use the raw data to verify that the collated comments came from different respondents (rather than from just a few respondents repeating the same issue many times within their own form). Seven such comment tables were submitted to the Inquiry Review team on 10th May, each showing how many different respondents had raised the same topic.

The comment tables cannot be included here, since they contain hundreds of direct quotes from respondents. Therefore, a major challenge with this report, is to effectively convey the obstacles, the frustrations, the fear, the despair and the gratitude that our respondents expressed in relation to their care, and the lessons therein, whilst protecting the confidentiality of all respondents and staff concerned. To this end, **the seven comment tables created for the Inquiry Review have been replaced in this report by sections 4.4.1.1 to 4.4.1.7**. Although these sections cannot contain the enlightening details of what went right or what went wrong in the individual cases, they do reveal patterns that could help inform decisions about where improvements should be made to the service. The number of respondents that raised each of the emergent theme is given under each theme.

4.4.1.1 Emergent theme 1: Poor service response to expressed suicide risk

Many respondents in the survey described their attempts to seek urgent help from GPs and Mental Health Services whilst experiencing suicidal feelings and/or following failed suicide attempts. Other respondents provided details of their attempts to get help for suicidal relatives or friends. The majority of these comments describe patients and their families feeling "*desperate*" and "*begging*" for help. Most of these respondents stated that they felt "*dismissed*" or were "*turned away*", sometimes repeatedly, by the services they reached out to. Four disclosed that the patients concerned went on to attempt, and in some cases complete, suicide. Of the 16 respondents who explained their attempts to get help for a suicidal person (whether themselves or a loved one), only one person felt that they had experienced an appropriate response from the service. Nine out of these 16 incidences had occurred since the publication of *Trust and Respect*. (The completed suicides mentioned in the comments were inpatient suicides, of unknown date).

These comments are of great concern given that suicide rates for Tayside are high compared to the rest of Scotland. **Official figures reveal that Dundee has the highest suicide rate of any local authority in Scotland with 23 deaths per 100,000 population compared to the Scotland average of 13.9. The rate for Tayside is 16.5 per 100,000 population.** These rates were calculated by the Scottish Public Health Observatory (ScotPHO, 2020) using their 2015-2019 data.

Health Improvement Scotland's *Review of Adult Community Mental Health Services in Tayside* identified failings in the help given to people in crisis situations and in risk assessment procedures. HIS (2020; p20) reported **"***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".*** The review report stated, on page 18, "*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"*.

4.4.1.2. Emergent theme 2: Scarcity of psychological therapy during inpatient stays

The absence of talking therapies and meaningful activities during hospital stays was raised by many respondents. Most of the 30 respondents who described their inpatient stays complained about the absence of therapeutic support. Two patients (neither of whom indicated the recency of their stay) complained that they had been left alone without food for days (one for three days, the other for two days) without staff realising. Eleven of these 30 respondents had been inpatients since the publication of *Trust and Respect*. Eight respondents described being left alone in their rooms all day and only seeing a psychiatrist briefly, once a week to discuss medication adjustments. A few respondents left positive feedback about members of hospital staff, describing them as "*supportive*". However, in common with the greater numbers of respondents who felt staff were "*uncaring*", "*dismissive*", or "*apathetic*", they highlighted the problem that staffing levels did not allow for conversations with patients lasting more than a few minutes.

This emergent theme is reflected in recent reports on announced ward visits by the MWCS. The 6th April 2021 visit to the Mulberry Ward at the Carseview Centre (MWCS 2021; p4) highlighted the issue of availability of psychological therapies for inpatients. Whilst they did encounter many examples of good practice during the visit, the authors state that ***"the main deficit in the ward is the lack of availability of clinical psychology"***. The authors note "*from file reviews we could see that there were a number of patients who could clearly benefit from input with the clinical psychology service*". ***The report stated that there were "patients who are not able to access clinical psychologist support"*** and the authors were *"advised that a proposal for developing dedicated psychology input into the service was being prepared*". A MWCS report on a visit to the Moredun ward at Murry Royal Hospital noted *"**the ward should have dedicated clinical psychology input, with 0.5 of a psychology post attached to the ward. Unfortunately this post is currently vacant** but it is hoped that this can be filled in the near future*" (MWCS, 2020; p3).

In the Inquiry Progress Report Strang (2021; section 5.7) states that "*there has been good progress on improvements to inpatient services across NHS Tayside since the publication of the Trust and Respect report*" and that when it comes to resourcing "*there is still a focus on inpatients/ hospitals rather than on developing community mental health services*" (section 2.42) **However, the report does not make any mention of the availability of psychological therapies to inpatients.**

4.4.1.3 Emergent theme 3: Patients being promised follow up that did not materialise

Of the 23 respondents who complained about lack of follow up, half were describing post *Trust and Respect* experiences. The follow up complaints we saw most frequently in the comments were, in descending order of frequency:

1) promised medication reviews not occurring
2) patients being discharged from hospital without a care plan or any guidance/advice
3) patients that were promised phone calls or told they would receive appointment letters in the post not receiving them
4) patients being dropped from the service simply because the professional who had been treating them left the service
5) patients being placed on online courses as a mode of treatment, assured that their course responses would be monitored and that they would receive follow up, but not hearing from the service again

Both Strang (2021) and HIS (2020) reported on some of the likely reasons why this theme emerged from our survey. Strang (2021) noted that *"medical staffing shortages in CMHTs* [Community Mental Health Teams] *were not communicated to primary care and instead patients were simply told appointments were cancelled with no explanation or indication of when they may be rearranged".* In their review of Adult Community Mental Health Services in Tayside, HIS found that "*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*"** (HIS, 2020; p17). The review report also stated *"staff in the CMHTs and the CRHTT* [Crisis Resolution and Home Treatment Teams] *and HTT* [Home Treatment Team] *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"* (HIS, 2020; p24).

As highlighted in section 4.2.6.1 above, **Angus does not have a seven day community service, and this appears to be reflected in the comments we received about follow up.**

4.4.1.4. Emergent theme 4: Excessive waiting times to access services

It was clear from the comments that having to endure a long wait to access services was a common problem. 34 respondents expressed difficulties with their waiting times. People voiced that they felt "*abandoned*" and characterised their wait as "*unacceptable"* "*very hard so far*" and "a *long painful slow process*". Many did not specify the length of their wait. Of

those that did indicate duration, most had waited a year or longer, six of whom had waited two years or longer.

HIS (2020; p15) reported waiting times of similar length for some patients and noted that they varied according to geographical area. "*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".*

We looked at whether our respondents waiting times had varied according to where they lived. Of the 30 people who had complained about their wait (and told us where they lived), 18 were from Perth & Kinross, 9 from Dundee and 3 from Angus. Given that the ratio of respondents in this survey for was 7:5:1 (P&K:D:A), this may indicate that waiting times for Dundee are better than for Perth & Kinross and Angus. However, the sample size is much too small to conclude that this is the case and including a multiple choice question in future surveys will generate more useful data.

On page 16 the HIS (2020) report continues ***"The longest internal waiting times – up to a year in some instances – were for OT*** **[Occupational Therapy],** ***clinical psychology and psychiatry. There was no robust process to capture, monitor, analyse or discuss waiting times for the commencement of treatment or intervention".*** Strang (2021; section 5.25) notes in his Inquiry Progress Report that waiting times for CAHMS were "*much improved, aided by the use of the external online HEALIOS service*" and states that "*at the time of writing, 85% of referrals to CAMHS are seen within the 18-week target waiting time*". However, in section 5.30 Strang states "*the creation of a neurodevelopmental hub has not been achieved despite funding being made available. This is disappointing as there is a significant increase in young people being referred for assessment on the Paediatric Neurodevelopmental Pathway. These young people and their families are currently waiting an unacceptably long time (more than 6 months in some cases) to be seen*".

4.4.1.5. Emergent theme 5: Difficulty in accessing support prior to, or during, a mental health crisis

In the interests of clarity, this theme excludes all comments that described seeking help from the service for someone expressing suicidal intent, as these are dealt with separately, under their own theme (section 4.4.1.1) above. Thirty four respondents provided comments about their experience of trying to access support from the service at a time of heightened need. Over half of these respondents were describing experiences that are known to have occurred after *Trust and Respect*.

Seven of these 34 respondents' experiences were neutral or positive, and three of these seven were recent. One respondent who had moved to Tayside from elsewhere in the UK stated the care they received from Tayside was superior to their previous NHS care.

The majority, (27) of the respondents described very unsatisfactory experiences and almost all related stories of repeated, fruitless attempts to access support. Six of these respondents stated that help was only accessible once the condition they were seeking help for had culminated in a crisis. Some of these crises had required hospitalisation of the patient. One respondent related having been told, by the NHS Tayside professional that they consulted, to go away and wait for a crisis to emerge, as this was the only way help could be accessed.

Several respondents explained that they had moved from another Health Board area in Scotland to Tayside and in doing so experienced a much lower level of care and support.

More than half of the respondents who left negative comments under this theme, stated that even when in crisis, they were still not afforded help. Thirteen respondents stated that they had resorted to paying privately for help because they could not get help through the NHS. Four of these respondents specified that they saw a private psychiatrist, two saw a private psychologist, four saw a private counsellor and three did not specify.

The report on the recent HIS *Review of Adult Community Mental Health Services, Tayside, January – March 2020* sheds some light on this theme, highlighting the fact that ***"the* [mental health] *needs of the population have changed with the expectation of the service fundamentally changing in response to this"***. It states "*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*" (HIS 2020; p13-14). However, it is important to state that the word *"mild"* does not reflect the level of distress conveyed by respondents in their comments under this theme. It is clear from our survey and from the HIS review that this "*expectation of the service fundamentally changing"* is not being met. The review report also states (as quoted above under the suicide theme) "*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"*** (HIS 2020; p20).

4.4.1.6. Emergent theme 6: NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions

Many of the people who left comments shared the view that NHS Tayside has a strong tendency to favour medication, often to the exclusion of all other forms of mental health treatment. **Twenty respondents complained that medication was the only form of help they were offered, despite making it clear that what they were seeking was either talking therapies alone, or a combination of medication and talking therapies**. Respondents described feeling "*fobbed off*" with medication that didn't help them. Several stated that the professionals treating them were under the mistaken impression that patients were "*all good*" because they were being medicated. Four respondents disclosed that they were "*put under a lot of pressure*" or "*forced*" to take the medication, two of whom described being pinned down and injected whilst an inpatient. There were a few comments about medications being used to modify patients' behaviour on wards in order to make it easier on the overstretched staff.

Whilst these comments about medication, choice and control come from relatively small numbers of respondents, they are clearly an elaboration on the multiple choice answers (displayed in Table 3) that were supplied by far greater numbers of respondents. Many respondents felt they had little or no say in decisions about the medications, or other forms of treatment, they received. **A quarter (64) of the 246 people who answered Q35 "*The last time you had a new medication prescribed for your mental health issues, did you feel you had a choice in this matter?"* said "*no*". Of the 282 respondents who answered Q41 "*Did you have choice and control in decisions about your NHS Tayside mental health care and***

***treatment?"* 124 (44%) said *"no"*.** (33% of 218 respondents had answered "*no*" to this question in 2017).

A National Statistics report published by ISD (2019a) provides context to these survey responses. It states that throughout Scotland *"the dispensed volume of antipsychotics, antidepressants, drugs for ADHD and drugs for dementia has been steadily increasing over the past ten years"* and it compares prescribing across the different Health Boards in Scotland. **For antipsychotics and ADHD medications, Tayside was well above average for Scotland in 2018/19. It prescribed more ADHD medication per 100,000 population than any other Health Board in Scotland (p28) and more antipsychotics per 100,000 population than all but one other Health Board. (p20).** Antidepressant and dementia medication prescriptions in Tayside were average compared to other Health Boards in Scotland (p24).

In their mental health strategy, *Living Life Well* NHS Tayside (2021a; p113) **confirms that the concerns raised by our respondents are reflective of reality. It states, *"there is a growing recognition over-prescribing needs addressed. With the correct investment and cooperation by public partners, we will create a supportive system in which medication use is part of a recovery landscape and people can fully participate in the decisions that affect their care"*.**

The results of this survey indicate that there is a very long way to go towards achieving this ambition. Our future surveys will collect data to monitor progress towards this culture change.

4.4.1.7 Emergent theme 7: Services not catering to the communication needs of autistic patients and deaf patients

Twelve respondents raised the topic of autistic patients care, all of whom complained of an absence of support. One respondent stated that the diagnosis of Autistic Spectrum Disorder (ASD) was a "*roadblock*" to avenues of treatment. **Most respondents complained that the mental health professionals they saw had "*no knowledge*", "*no experience*" or "*no understanding*" of ASD, or stated that the service did not know how to "*engage*" with autistic patients. They commented that they felt excluded by the inability of the service to communicate with patients in a manner that was cognisant of their condition.** They all described a failure of the service to cater to their distinct needs and some stated that this lack of support was giving rise to additional mental health problems. One patient had waited more than two years for an assessment. There were no comments about satisfactory, or better than satisfactory, care for autistic patients.

The 2020 HIS review of community services highlighted the high demand for specialist autism services but did not comment on the quality of the service delivered. ***The review report stated "there were lengthy waits for people to access diagnosis and treatment within subspecialist teams, in particular for ADHD and ASD".*** (HIS 2020 p25). The report on a recent virtual visit to the Mulberry ward in Carseview stated *"several patients who have recently been diagnosed with autistic spectrum disorder now have contact with a psychologist from the specialist autism service*" (MWCS 2021; p4). This may indicate that waiting times have recently reduced, at least for some inpatients.

The failure of the service to accommodate patients' additional communication needs was also raised, in smaller numbers, by deaf patients. The point was made that having a third

person in the room, in the role of interpreter, greatly affects the dynamic between professional and patient. **Respondents requested that the service take on deaf counsellors, recommending an organisation called Deaf4Deaf, which is used by the NHS in England and Wales, but not in Scotland.**

The failure of the service to engage with autistic and deaf patients is an indication that NHS Tayside still has a long way to go towards achieving the ambitions set out in their *Living Life We*ll mental health strategy which states, on page 45 "*All our staff will be supported to be highly skilled communicators, committed to partnership and collaborative working in service of person centred care, ensure genuine co-production with those who access mental health services and their carers*" and on page 11*"our redesigned mental health services will be: person centred – ensuring that individuals, their carers and families are at the centre and able to see the right person in the right place at the right time to meet their specific needs*". The comments submitted to the survey highlighted numerous other examples of the service failing to meet additional communication needs of patients, including those with profound and multiple learning disabilities (PMLD).

4.4.2 Regional variation in comments

For each emergent comment theme, we noted the Local Authority area that every respondent who left a negative comment lived in. We tallied the number of comments from each area of Tayside and combined these counts for all emergent themes, with the exception of the inpatient stay theme. **This exercise revealed that 71 of the critical comments came from Perth & Kinross residents, 29 from Dundee residents and 15 from Angus residents.** The spread of these comments across the three Local Authorities differs greatly from the geographic spread of all respondents who told us which Local Authority they lived in. For the survey as a whole, the ratio of respondents was 7:5:1 Perth & Kinross : Dundee : Angus. (We omitted the inpatient stay theme from this calculation as it seemed unlikely that a person's Local Authority would have any impact on whether they were offered psychological therapy whilst an inpatient. The ratio for the inpatient theme alone was 14:11:1, P&K:D:A).

Most of the positive comments we received under our emergent themes came from Dundee residents. The tally for positive comments over all seven themes was one for Perth & Kinross, six for Dundee and two for Angus. These positive comments came under theme 4, which concerned waiting times and themes 1 and 5 which concerned attempts to access help prior to and/or during a mental health crisis.

These ratios indicate that, on the topics most frequently raised in the comments, respondents who live in Dundee are less unhappy with the service than respondents in Perth & Kinross and Angus. This is in tune with the multiple choice results in Table 4 which show that confidence in the service, whilst low throughout Tayside, is a little higher in Dundee than Perth & Kinross and Angus.

4.4.3 The balance of critical, neutral and positive comments

The 41% of respondents who rated the NHS Tayside Mental Health Services as "*poor*" or "*very poor*" submitted a far greater volume of comments explaining the nature of their experiences than the 36% of respondents who rated the service favourably ("*good*", "*very good*" or "*excellent*"). As a result, the volume of negative comments submitted to this survey outweighed that of positive comments by a ratio of more than 5:1.

It is widely recognised that in surveys featuring open ended questions, respondents with negative experiences are *"more likely to provide comments than their more satisfied counterparts*" (Poncheri *et al*, 2008). This tendency to place more emphasis on negative experiences is known as negativity bias. As a result of the imbalance in positive and negative comments, this survey was considerably more effective in revealing themes in poor service user experience than it was in identifying commonalities in good service user experience.

Many respondents complained about a hurtful absence of respect and dignity in the way that staff had interacted with them, and several people indicated that they had disengaged from their treatment as a result. We cannot quote any of these comments for reasons of confidentiality. However, the answers (displayed in Table 3) to the multiple-choice questions about whether patients felt listened to by their psychiatrist (Q8) or their CPN (Q25), whether they felt safe in hospital (Q16) or whether their hospital stay aided their recovery (Q17) give some indication of the content of these comments, as do our seven emergent themes.

In *Trust and Respect,* Strang (2020; section 5.19) states that patients described a "*culture where the genuine concerns of patients were not taken seriously*".

Regardless of whether the respondent addressed one of our emergent themes, or some other matter, this was the common thread that permeated the majority of the comments we received. **The feeling that the patient, the carer or the relative was not taken seriously by the professionals that they looked to for help was at the core of most of the experiences related to us in the comments.**

Of those that did feel taken seriously and treated respectfully, many commented that the professional trying to meet their needs simply did not have the resources to do so. The majority of respondents clearly felt very disheartened and disillusioned by their experience of trying to get help from NHS Tayside Mental Health Services.

A minority of respondents clearly stated that they had received support from highly skilled and compassionate individuals and teams working within the service. There were many comments praising individual service providers (such as a named Doctor or CPN) and specified teams such as the IHTT. **Three respondents stated that they owed their lives to individuals working in the service. Many others commented that their quality of life had improved due to the support they had received from an individual or a team within the service.** For just these types of statements about experiences of specified individuals or teams, the ratio of positive to negative was approximately 3:2. (More than 60 comments were submitted regarding GP's involvement in mental health care, 50% of these were positive, 10% were neutral and the remaining 40% were negative).

The assurance we gave that only the Survey Analysis team and the Inquiry Review team would see respondents' forms did not allay fears amongst all potential respondents. We are aware, from direct feedback to PLUS Perth and Dundee Healthy Minds Network that several individuals either refrained from completing the forms at all, or from entering comments to accompany their multiple-choice answers. These individuals all expressed fears that to do so

would bring negative repercussions concerning their future care from NHS Tayside Mental Health Services.

In addition to the negativity bias described earlier in this section, we acknowledge that a second factor may have influenced the positive/negative balance of comments in the survey. The media articles publicising the 2021 survey all highlighted shortcomings in NHS Tayside Mental Health Services. The focus of these articles will likely have reassured people who'd had poor experiences of using the service that their input would be taken seriously. However, it may also have had the unintended effect of discouraging respondents with good experiences from elaborating on those experiences.

Our approaches to publicising future surveys will be improved upon, as outlined in section 7, to ensure that all service users feel encouraged to participate as fully as possible. **We recognise that identifying and understanding patterns in good service user experience is as important in helping to shape the service as identifying and understanding patterns in the experiences of dissatisfied service users.**

5. CONCLUSIONS

The results of this survey suggest that the benefits of any improvements to the service, that may have been made in response to the Independent Inquiry, are yet to be felt by most service users, their families and carers. It is extremely difficult to gauge the degree to which the COVID pandemic has impacted on progress that might otherwise have been made in this regard. In May (NHS Tayside, 2021b) and June (NHS Tayside, 2021c) NHS Tayside reported on the progress of the work involved in their Listen, Learn, Change Action Plan, stating "*service and leadership teams have taken time to carefully and realistically review the progress to date"*. These reports declared work on 34 (May) and 35 (June) of the 49 Tayside based Inquiry recommendations to be complete. **However, the Inquiry Review Progress Report has expressed considerable doubt regarding the accuracy of NHS Tayside's reporting of their own progress against the Action Plan, cautioning against the "*danger"* of "*over-optimistic reporting"*. Strang (2021; Section 2.28). Given that submissions for responses to this survey closed on 11th April, just one month before the May progress report, our findings strongly suggest that NHS Tayside has indeed over-estimated the degree to which the service has improved in the wake of the Inquiry.**

Our results revealed a marked deterioration in service user satisfaction amongst respondents over the past four years, with respondents who rated the service as either "*poor"* or "*very poor"* increasing from 23% to 41%. Continuity of psychiatric care has been further compromised, with over reliance on locums meaning that only 43% of respondents had seen the same psychiatrist for their previous three appointments, down from 73% in 2017. Respondents in 2021 displayed lower levels of trust, understanding and constructive communication in their relationships with their psychiatrists and CPNs than 2017 respondents. As a consequence, 2021 respondents felt even less empowered by the mental health care they received with those answering *"no"* to Q41"*Would you say you have choice and control in decisions about your NHS mental health care and treatment?"* rising from 33% to 44% over the four year period.

Our study identified seven emergent themes based on the problems respondents commonly encountered whilst seeking help from NHS Tayside Mental Health services. These were 1) poor service response to expressed suicide risk; 2) scarcity of psychological therapies for inpatients; 3) absence of promised follow up; 4) excessive waiting times; 5) difficulty in accessing support prior to, or during, a mental health crisis; 6) NHS Tayside strongly favouring medication as a primary, and often sole, means of treatment for mental health conditions; 7) failure of the service to cater to the communication needs of autistic patients and deaf patients. **Throughout section 4 of this report, we have demonstrated that these emergent themes echo many of the findings from recent service appraisals conducted by HIS, MWSC and the Independent Inquiry team. This demonstrates that the themes are not limited to this study but are a reflection of the wider reality of the current state of mental health care in Tayside.**

Comments relating to poor service user experience outnumbered comments describing good service user experience by a ratio of more than 5:1. **As a result, this study was much more effective in identifying patterns in poor service user experience than it was at identifying and understanding patterns in good service user experiences.** Negativity bias (see section

4.4.3) is likely to have played a key role in the balance of positive and negative comments, however, survey promotion may also have influenced this. Methods of survey promotion will be improved upon in future, as described in section 7. Identifying and understanding patterns in good service user experience has a crucial role to play in helping to improve services.

The results of our survey support the warnings in the Inquiry Review Progress Report (Strang, 2021; sections 5.14 & 5.15) that community services have not been strengthened sufficiently to allow the service to safely reduce inpatient beds. The fact that, prior to the COVID pandemic, and the considerable additional demand for mental health support that has accompanied it, HIS (2020) reported ***"the* [mental health] *needs of the population have changed with the expectation of the service fundamentally changing in response to this*"** is further reason for caution in this regard.

The majority of our respondents expressed very little confidence in the ability of NHS Tayside to take care of their mental health needs. Of the 286 people who answered Q43 "*How confident are you in NHS Tayside looking after your mental health if required?"* only 14% said "*highly confident*", 28% said "*fairly confident*" and 58% said "*not confident*". **There is recent evidence that NHS Tayside mental health staff hold their employer in similarly low regard when it comes to safeguarding their wellbeing.** In order to inform the Inquiry Review, NHS Tayside recently conducted a survey of their Mental Health Service staff. Strang (2021; section 4.14) reports that the results of the survey showed that "*there is still low confidence that staff feel their ideas are listened to and acted on or that their employer is concerned about their wellbeing".* Both this report (section 4.4.3) and the Inquiry Progress Report (Strang, 2021) emphasise the fact that there are many excellent, dedicated staff working in NHS Tayside Mental Health Services. However, if these staff do not feel appreciated or empowered to perform their roles effectively, neither staff nor patient confidence in NHS Tayside Mental Health Services is likely to significantly improve and the service will remain in crisis.

The Inquiry Review Progress Report expresses concerns (in section 2.23) about the reporting of progress on Recommendation 13 from *Trust and Respect.* **Recommendation 13 urges NHS Tayside *to "Ensure that there is urgent priority given to planning of community mental health services. All service development must be in conjunction with partner organisations and set in the context of the community they are serving"*** (Strang 2020, p57). One criticism that is consistently levelled at NHS Tayside, in their attempts to consult and involve stakeholders (including their own staff) in the process of service development, is that their approach is tokenistic and does not constitute a genuine opportunity to contribute (Strang, 2019; section 4.6.5; Strang, 2020; section 3.7; Strang, 2021; sections 2.11-2.13;).

During the period that this study covers, there have been numerous examples of NHS Tayside trying to skip forward to the <u>change</u> component of a process, without properly engaging in the <u>listening,</u> and therefore the <u>learning,</u> components. The centralisation consultation process outlined in section 1 above is a well-documented example of this. Members of the SPG have recent experience of being on the receiving end of this tokenistic type of 'consultation', and for illustrative purposes we will share one example here. On page 18 of their Living Life Well strategy, NHS Tayside state "*Members of this Stakeholder Participation Group (SPG) have been involved in the development of this strategy from the outset and throughout the process*". The term "*involved*" is open to interpretation

here. In June 2020, the Interim Director of Mental Health invited SPG members to attend a virtual "scoping and engagement session" as part of Tayside's "*Mental Health & Wellbeing Strategy and Change Programme"*. This two hour 'consultation' exercise constituted a very detailed 36 slide, 4,000 word PowerPoint presentation (Appendix 4), distributed on the day of the meeting. Slide 35 of this pre-prepared presentation declared "*well done*" here is "*what has been achieved today*". These 'achievements' of the meeting, which had been declared before the session began, included establishing *"clear priorities for our mental health system wide work"* and a "*shared understanding of all recommendations in the Independent Inquiry, the actions to be achieved in the change programme, and other national priorities from our Mental Health Action Tracker"* (Appendix 4). To anticipate reaching genuine understanding on such an extensive range of issues and planned actions, in a diverse group of people, within a two hour period is presumptuous and unrealistic. **Given that most of the two hours was to be taken up by the people being 'consulted' simply listening to a presentation, it is clear that NHS Tayside fell woefully short of facilitating genuine engagement and partnership working in this exercise.** The SPG scoping session was to be followed, some days later by a similar scoping session with GPs, the duration of which was to be just one hour. **The Inquiry Progress Report highlights this problematic way of working, stating that partner organisations "*felt that their opportunity to contribute to shaping the Action Plan was limited"* because "*there was insufficient time to consider the Action Plan in detail*".**

The Inquiry Progress Review (Strang, 2021; sections 1.9, 2.13, 5.5 & 5.6) found that in the process of enacting the recommendations of *Trust and Respect*, many more opportunities for listening to, learning from, and meaningfully collaborating with stakeholders have been lost. **We believe that NHS Tayside's continued failure to embrace such learning opportunities is the root cause of the very low level of service user satisfaction revealed by our survey. This report represents an important opportunity for NHS Tayside to gain a better understanding of the impact of their services on patients, their families and carers.** We sincerely hope that the time and expertise that have been heavily invested in it, by several hundred service users and by the survey team, will be valued and capitalised upon.

Strang (2021; section 4.5) states "*the three HSCPs* [Health and Social Care Partnerships] *do not have strategies for working together in the delivery of community mental health services and in conjunction with crisis and inpatient services. Each locality has remained focused on its own area*". Our survey results revealed some regional variation in service user experience across the three Local Authority areas. In the four years since the 2017 PLUS Perth survey, deterioration in service user satisfaction was greatest in Perth & Kinross. Respondent levels of confidence in the service in 2021, whilst low throughout Tayside, were highest in Dundee and lowest in Angus. **The results of this study, whilst not conclusive, suggest that in the wake of the centralisation, respondents in Dundee have been less unhappy with the service they received than respondents elsewhere in Tayside. Further surveys are needed to clarify patterns in regional variation.** Strang (2021; section 4.5) states that from the perspective of the service providers, the three Local Authority areas present similar challenges.

6. RECOMMENDATIONS FOR NHS TAYSIDE

The recommendations based on the insights gained from this study are presented in two sections. This section covers the recommendations which are directed at NHS Tayside. Section 7 presents our recommendations regarding future service user surveys.

Our recommendations to NHS Tayside centre around one word, the first word of their Action Plan: LISTEN. The recommendations are accompanied by relevant examples from this study, and from the Inquiry Review Progress Report, where stakeholders did not feel sufficiently heard, valued or involved. We implore NHS Tayside to **authentically listen**, without predetermined outcomes,

1. to their patients about how they wish to be supported and what kind of treatment they would like to access (examples - Question 41, emergent theme 6)
2. to the concerns and contributions of their staff (examples - section 4.2.4 paragraph 2 & Strang, 2021; sections 4.17, 4.18, & 4.20)
3. to HIS and the MWCS. As stated in *Trust and Respect*, Recommendation 12, these organisations need greater powers to enforce their recommendations, but NHS Tayside do not have to wait until these powers are granted (examples - 4.2.6.1 paragraph 5)
4. to other parts of their own organisation, so that follow up can be improved (examples emergent theme 3; Strang, 2021 section 2.40)
5. to the Inquiry Progress Report (Strang, 2021)
6. to patients who have additional communication needs, about how to effectively engage with them (examples - Emergent theme 7)
7. to patients, during their psychological therapy sessions (examples - sections 4.2.3 & 4.2.4)
8. to carers and family members of patients (examples – section 4.4.3 paragraph 1)
9. to this study, so that this doesn't become another missed opportunity (Strang, 2021, section 1.9). Whilst this report is lengthy and imperfect, it encapsulates 403 perspectives on the impact that NHS Tayside Mental Health Services has had, and continues to have, on the lives of its patients, their families and carers.
10. to stakeholders and partnership organisations, as per Strang, 2021, section 6, Action 5, (examples – section 1.2 & section 5 paragraphs 7-9).

We believe that until the **listening** greatly improves, the **learning** will not be meaningful and the **change** will be misguided and will continue to lead to a false sense of progress.

We recommend that NHS Tayside make a commitment to regularly receive and digest feedback from a range of stakeholders about their experiences of attempting to 'co-produce' services with NHS Tayside. Guidelines on best practice in public participation, including those produced by the National Institute for Health and Care Excellence (NICE, 2016) the National Institute for Health Research, (NIHR *et al*, 2019; NIHR, 2021) and the NHS' Health Research Authority (HRA, 2021) offer valuable guidance on improving stakeholder engagement. **As a starting point, we direct attention to HRA's Principle 3 - "*Involve those people enough*" which states "*it is important that there are shared expectations of what the role of involved people will be*"**. Much like the assertion that culture change had been achieved within 11 months (Strang, 2021 sections 2.17 & 2.18), the statement that "*we have prioritised communication and engagement so that we actively listen, engage,*

and continually develop how we work together" (NHS Tayside 2021a; p18) gives the impression of a greater level of progress than is being experienced by those involved.

We are aware that, in addition to our own survey, the Inquiry Review team were assisted by a Pulse survey that NHS Tayside conducted to canvas the views of their Mental Health Service staff (Strang, 2021; section 1.4 & 4.14). We wish to draw attention to the contrast between service users being able to submit their views to a coalition of independent organisations, with assurance of anonymity, and NHS Tayside Mental Health Services staff submitting their views to a survey conducted by their employer. **We strongly recommend that in future staff views are canvased in surveys conducted by an independent organisation rather than by their employer.**

We strongly agree with, and wholeheartedly second, David Strang's recommendation that "*the response to all* [Trust and Respect] *recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made*" (Strang, 2021; section 6). We believe that external scrutiny is absolutely crucial to NHS Tayside delivering a Mental Health Service that can meet the needs of the population it exists to serve.

There is potential for the survey team to play a meaningful role in future scrutiny of the service, by conducting regular service user surveys, as outlined in section 7.

7. CONSIDERATIONS FOR FUTURE SERVICE USER SURVEYS

7.1 Survey Promotion

In future, we will strive to ensure that the sample of respondents captured by our surveys is as representative of NHS Tayside Mental Health Service users as possible. We will increase publicity of the survey, particularly in Angus, to correct the issue of under representation in this Local Authority. We will endeavour to ensure that all service users feel that their input is fully welcomed, regardless of their experience. Media articles and any other promotional material associated with surveys will represent a range of service user opinions and experiences. Articles promoting the survey will not disclose any preliminary survey results.

7.2 Survey design

A number of factors led to complexities in reporting the results of this survey. The fact that survey questions did not relate to specified time periods, the large volume of comments submitted and the ambitious, broad scope of the survey all contributed to time-consuming analytical work and a lengthy report. **It is our intention to design future surveys in a manner that allows for greater transparency and more concise reporting. Future surveys will have fewer, more tailored multiple choice questions that are time specific.**

The greater the degree of transparency we achieve in our reporting of future surveys, the more useful the findings will be in helping to shape the service. The results of all the multiple choice questions can safely be made public, without the danger of exposing respondents' identities. Future analysis and reporting will focus more heavily on this shareable, quantitative data and less on the qualitative comment data.

Future studies will explore regional variations in service user experience and may omit other demographic questions, in an effort to encourage more respondents to disclose their area of residence.

Future surveys are likely to include a question which invites the respondent to indicate which specialty (or specialties) within the service they received support from (e.g. General Adult Psychiatry, Substance Misuse etc). Assuming sufficient numbers of respondents, this data will enable us to analyse and report on variations in user experience across the different specialties within NHS Tayside Mental Health Service .

The emergent themes from this survey will help us to compose questions for future surveys. In designing future surveys, we will consider how we can best gather data that will enable us to identify the common factors in favourable service user experiences.

To help inform and refine our future survey work, we will review relevant guidance on best practice regarding public involvement in health care and related research, including guidelines produced by the National Institute for Health and Care Excellence (NICE, 2016) the National Institute for Health Research, (NIHR *et al*, 2019; NIHR, 2021) and the Health Research Authority (HRA, 2021).

We shall seek input from NHS Tayside representatives as to what questions would yield the most valuable information, from their perspective. **The survey and reporting will remain**

completely independent of the NHS. However, for surveys to have a meaningful role in monitoring and shaping the service, it is important that the survey team understand the applicability of the work we will be conducting.

Future surveys will retain at least one comment section that allows for respondents to elaborate on their experiences. **Respondents to future surveys will be given the option to consent to their comments being quoted in our reports. Identifying details such as names and inpatient stay dates will be redacted from any such quotes.**

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8.1 Survey promotion article links ordered by date

Tay FM 18th January 2020 "Have NHS Tayside's mental health services improved?" https://planetradio.co.uk/tay/local/news/have-nhs-tayside-mental-health-services-improved/ accessed 11/6/21

The Courier, 19th January 2021 "Tayside charities launch mental health survey, 12 months on from damning report" https://www.thecourier.co.uk/fp/news/local/perth-kinross/1898071/tayside-charities-launch-mental-health-survey-12-months-on-from-damning-report/ accessed 11/6/21

Evening Telegraph 3rd Feb "Tragic death of Celine shows 'lessons have not been learned' says mental health charity" https://www.eveningtelegraph.co.uk/fp/mental-health-services-tayside/ accessed 11/6/21

Daily Record 2nd March "Perth mental health charity urges service users to complete indie survey" https://www.dailyrecord.co.uk/news/local-news/perth-mental-health-charity-urges-23589994 accessed 11/6/21

Tay FM 8th April Dozens of Tayside mental health patients don't have say in care, finds survey https://planetradio.co.uk/tay/local/news/mental-health-tayside-survey/ accessed 11/6/21

9. GLOSSARY

ASD	Autistic Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CMHT	Community Mental Health Team
CPN	Community Psychiatric Nurse
CRHTT	Crisis Resolution Home Treatment Team (this team covers Dundee)
DVVA	Dundee Volunteer and Voluntary Action
GAP	General Adult Psychiatry
GP	General Practitioner
HIS	Health Improvement Scotland
HTT	Home Treatment Team (this team covers Perth & Kinross)
IHTT	Intensive Home Treatment Team
ISD	Information Services Division (part of NHS Scotland)
LLC	Listen Learn Change
LLW	Living Life Well
MWCS	Mental Welfare Commission for Scotland
NHS	National Health Service
PMLD	Profound and Multiple Learning Disabilities
ScotPHO	Scottish Public Health Observatory
SPG	Stakeholder Participation Group (formed during the Independent Inquiry)

10. ACKNOWLEDGEMENTS

We would like to thank everyone who participated in this survey for taking the time to share their experiences of using NHS Tayside Mental Health Services. We are grateful to each individual for the information they revealed and for their candour. Throughout our analysis and reporting we have striven to ensure that we have represented the information submitted to us accurately and objectively so that this study can play a meaningful role in helping to improve the service.

We wish to express our appreciation to the members of the Stakeholder Participation Group who helped to formulate the questions for this survey and to promote the survey to members of the public, namely; Mandy McLaren, Maureen Summers, Elinor Dowson and Ron Lindsay, Additionally, our thanks to SPG member Kate Sainsbury, who provided helpful comments on the final draft of this paper.

We are deeply grateful to David Strang and Denise Jackson for all their work on the Independent Inquiry and on the Inquiry Progress Review.

The Survey Analysis Team:

Rachel Lawrence PLUS Perth volunteer & SPG member (Lead author & lead analyst)

Susan Scott PLUS Perth Development Manager & SPG member

Alan Cotter PLUS Perth Consultant and Advocate & SPG member

Lynsey McCallum Dundee Healthy Minds Network Co-Ordinator

Colin McMillan Chair of Angus Voice & SPG member

Please address enquires about this report to: survey@plusperth.co.uk

APPENDICIES

Appendix 1. Scottish Health Council letter to NHS Tayside concerning service redesign transformation programme

Scottish Health Council
3rd Floor, East Wing, Ashgrove House, Foresterhill, ARI,
Aberdeen, AB25 2ZA
Tel: 01224 559444

scottish health council

making sure your voice counts

Lynne Hamilton
Mental Health Programme Director and Finance Manager
NHS Tayside
East Day Home
Kings Cross Hospital
Clepington Road
Dundee
DD3 8EA

Date: 15 November 2017
Enquiries to: Emma Ashman
Direct Line: 01224 554719
Email: emma.ashman@scottishhealthcouncil.org

Dear Lynne

Mental Health Service Redesign Transformation Programme

I am writing to share the feedback received to our survey during the consultation for proposed changes to Mental Health and Learning Disability services. The proposal focuses on how and where General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient services will be delivered across Tayside.

Integration Authorities have a duty to ensure that communities are engaged in the planning of local services and that people's views and needs are taken into account when decisions are made as set out within the planning principles[1] within the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Health Council's remit in working with NHS Boards when they propose changes to services is described clearly in the Scottish Government's CEL 4 (2010) guidance for NHS boards[2]. As any final decision on proposals in this particular case will be made by Perth and Kinross Integration Joint Board (IJB), rather than NHS Tayside, the Scottish Health Council does not have a formal role, as the CEL4 (2010) guidance does not apply to Integration Joint Boards.

Whilst the Scottish Health Council does not have a formal role in this process, it agreed to gather feedback from people involved during the consultation period. The feedback and concerns raised are shared to assist the consideration of the proposal.

The findings below are based on the feedback received from the questionnaire, the meetings attended, correspondence received, as well as reviewing social media and media coverage for feedback on the process.

Questionnaire feedback

The evaluation was distributed to people who had taken part in the engagement activities (public sessions, focus groups etc) and was also shared by the Tayside local office with their contacts who have an interest in mental health and learning disability services.

1 Guidance on the Principles for Planning and Delivering Integrated Health and Social Care, Scottish Government, (2014) http://www.gov.scot/Publications/2015/12/4851

2 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

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Scottish Health Council
3rd Floor, East Wing, Ashgrove House, Foresterhill, ARI,
Aberdeen, AB25 2ZA
Tel: 01224 559444

Although the results below may be a small sample of people who have participated in the consultation process (54 responses), it generally reflects the other feedback we received. There was a relatively even spread of responses from across the three Integration Joint Board areas.

General feedback
The general feedback indicates responses to questions on the reasons for change and how decisions would be made. The numbers in brackets indicate the respondents to each question.

Questions	Yes	No	Unsure
Do you feel the reasons for the proposed change are clear? (44)	57%	25%	18%
Do you feel it is clear how a decision will be made on the proposals? (44)	36%	34 %	30%

People who indicated that they had participated in the consultation
Of the 54 responses, 30 respondents indicated that they had participated in the consultation with either attending a meeting or completing the consultation survey being the most popular options highlighted. The numbers in brackets indicate responses to each question from the 30 respondents.

Questions	Yes	No	Unsure
Opportunity to give your views (28)	57%	29%	14%
Opportunity to ask questions (27)	56%	29%	15%
Feel that your views were listened to (28)	43%	39%	18%
Feel that your questions were answered (24)	42%	42%	16%

Compared to the levels we would normally expect, the percentages indicating that, for example, 'views were listened to' appear low.

The main issues noted in the questionnaire feedback

- Lack of awareness specifically in relation to learning disability proposals
- People indicating they would like more information on issues relating to transport and access, and
- Perception that the reason for the proposed change is financial and that a decision has already been made.

I am aware of a variety of methods used to promote the consultation. This includes: direct mailings to mental health and learning disability groups, elected members and community groups, posters sent to GP practices, leisure centres, post offices, libraries, mobile libraries, shops, media and social media used to promote the consultation process.

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I felt there was a pro-active approach to offering meetings and seeking the involvement of the third sector in the development of the consultation materials, process and to support engagement. Some service users and third sector groups have chosen not to participate in the organised meetings and have held their own meetings and carried out engagement to gather views on the proposals (MSPs, mental health service user groups).

Proposals
The main concerns regarding the proposal, that the Scottish Health Council were aware of, related to:

- loss of local services and impact on service users and families of accessing services centrally; challenges in public transport and access
- whether there would be sufficient service capacity at Carseview to meet people's needs
- concerns relating to the environment and quality of care delivered at Carseview
- interim closure of Mulberry Unit while consultation was going on and what will happen to the Susan Carnegie Unit, Stracathro, and
- some comments describing the proposed changes as "cost saving".

Consultation process
The main concerns from the consultation, that the Scottish Health Council were aware of, related to:

- accessibility of the consultation materials in alternative formats
- that people were required to read all the consultation materials before providing feedback -and this information was 'overly-complicated'
- the consultation materials offered no alternative to the preferred option and didn't allow respondents to offer counter proposals; concerns that a decision has already been made
- that people would not be listened to and it may be a 'tick box' exercise

Prior to the consultation I was aware of a level of mistrust about the engagement process from those campaigning against the proposed changes. The Integration Joint Boards and programme team may wish to consider how to rebuild trust with these groups going forward, to aid further public and community engagement.

Next steps
It is important that the views of people who took part in the consultation are accurately recorded and Perth and Kinross Integration Joint Board demonstrate how people's views are taken into account as part of the decision making.

The consultation report should be made available to the people who participated in the consultation and with groups with an interest in mental health and learning disability services.
I would suggest that the programme review team:

- follow up on their offer of further engagement with groups who may have experienced barriers to engagement; ethnic minorities, learning disability service users and people with sensory impairments
- follow up on their offer of further engagement with any neighbouring geographical communities, and
- provide reassurance in relation to the future use of the Susan Carnegie building.

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Implementation

If the proposals are approved, I would suggest:

- An implementation group is set up with patient, carers, staff and third sector representatives to address the issues raised about travel and access.
- Continuing to use the review newsletter (from the earlier stages of the review) to keep people informed of progress and timescales.
- Working with patients, carers, families and third sector organisations to address people's concerns about Carseview and identify what people value about the current service for both mental health and learning disability services.
- Using the feedback from the consultation to inform further engagement on community mental health services.

Please contact me if you wish me to clarify any of the above points.

Yours sincerely

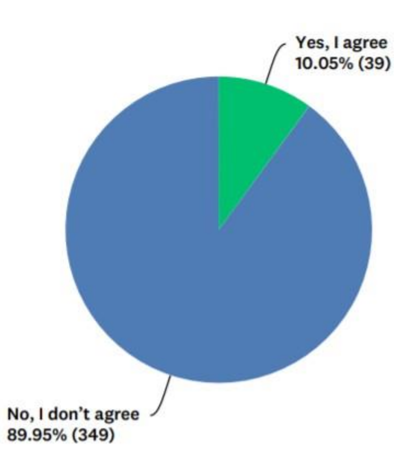
Emma Ashman, Service Change Advisor

Appendix 2. Results for Q3 in 2017 PLUS Perth Survey *'Do you agree with the proposal that all adult (16-65) acute mental health beds should be centralised at Carseview Centre, Dundee?'*

NHS Tayside Adult (16-65) Acute Mental Health Bed Centralisation SurveyMonkey

Q3 Do you agree with the proposal that all adult (16-65) acute mental health beds should be centralised at Carseview Centre, Dundee?

Answered: 388 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes, I agree	10.05%	39
No, I don't agree	89.95%	349
TOTAL		388

Appendix 3. Multiple choice results for PLUS Perth, Dundee Healthy Minds Network, Angus Voice 2021 Survey "*Experiences of NHS Tayside Mental Health Services, 18th January to 11th April 2021*"

https://drive.google.com/file/d/1FZAsBJs5pH_OYCtbGQ4ahbDslAxrxdpw/view?usp=sharing

Appendix 4. Making a difference to Mental Health services in Tayside - Scoping and Engagement Sessions June and July 2020 Author: Lesley Roberts (Programme Director, Mental Health and Wellbeing Strategy)

The full document can be viewed at

https://drive.google.com/file/d/1MZ8LFFbaCd9LZ1QS6fu-yyjjp6fu1KZ2/view?usp=sharing

The page quoted in this report is displayed below.

Well done!

What has been achieved today…

Clear **priorities** for our mental health system wide work.
This will support development of a plan for next 3 years

Shared Understanding of all recommendations in the **Independent Inquiry, the** actions to be achieved in the **change programme,** and other national priorities from our **Mental Health Action Tracker.**

Plan to combine outputs of all the scoping sessions and produce a **scoping report** to be shared with all participants

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Please address all enquiries about the survey to:
survey@plusperth.co.uk

PLUS Perth SC040271
Angus Voice SC047538
Dundee Healthy Minds Network
part of Dundee Volunteer and Voluntary Action SC000487

Listen

Experiences of NHS Tayside Mental Health Services

from the perspectives of those who use them

Key findings of a public survey conducted between 18th January to 11th April 2021 by

In collaboration with the Independent Inquiry Stakeholder Participation Group (SPG)

What was the survey about?

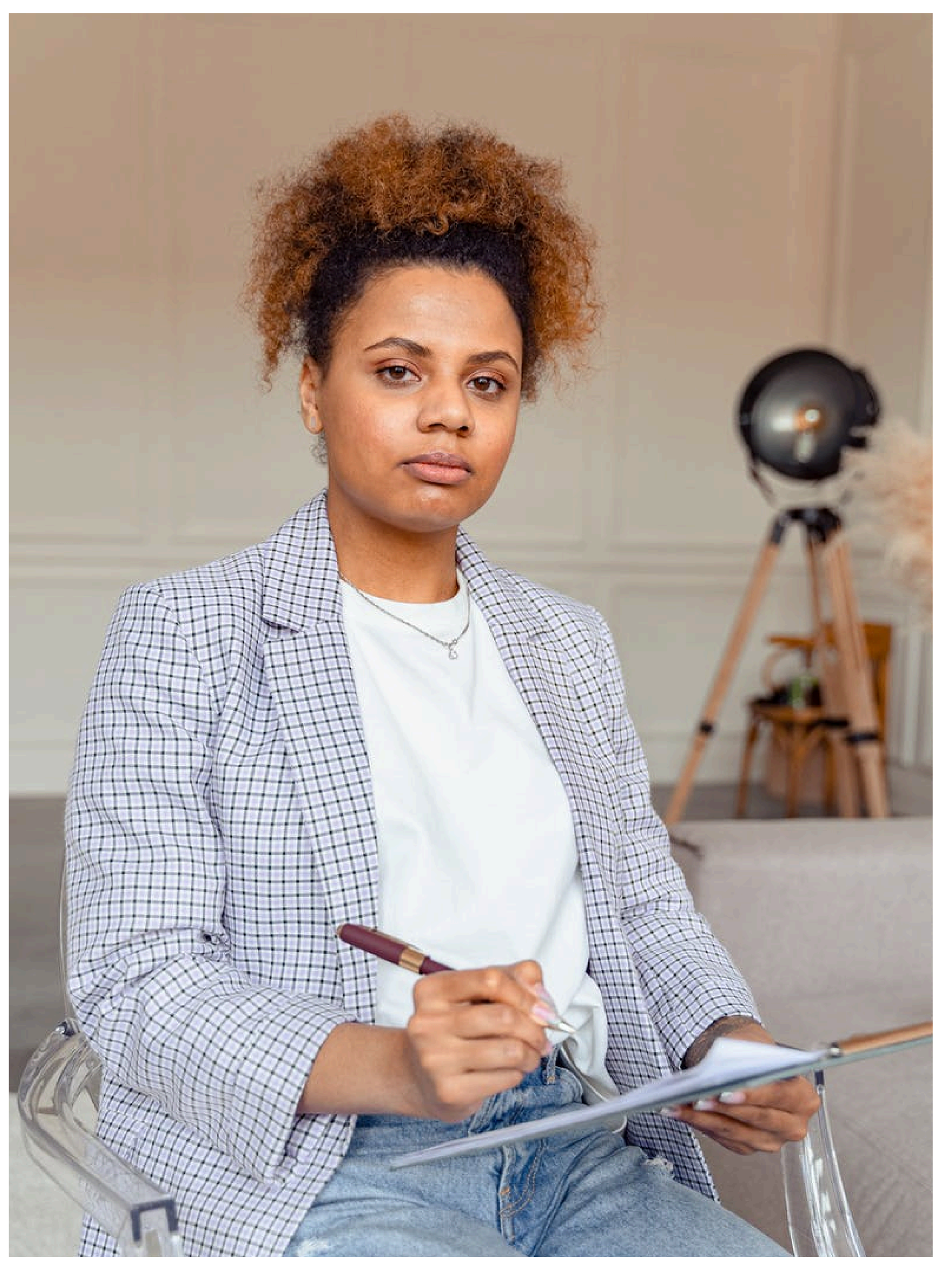
The aim of our 2021 survey was to find out how service users felt about the quality of care they had received from NHS Tayside Mental Health Services. Our findings helped to inform David Strang's July 2021 Independent Inquiry Progress Report.

Who took part?

The survey was advertised on social media, on Radio Tay, in The Courier, the Evening Telegraph and the Daily Record. 403 service users from across Tayside responded, 48% of whom came from Perth & Kinross, 35% from Dundee and 14% from Angus.

What did they have to do?

The survey contained 57 questions, most of which were multiple-choice. The questions covered a wide range of topics, including medications, inpatient stays and appointments with Psychiatrists and Community Psychiatric Nurses.



Fifteen of the questions had comment sections that allowed service users to describe their experiences, in their own words.

Altogether, service users wrote over 30,000 words (about 50 pages) of comments.

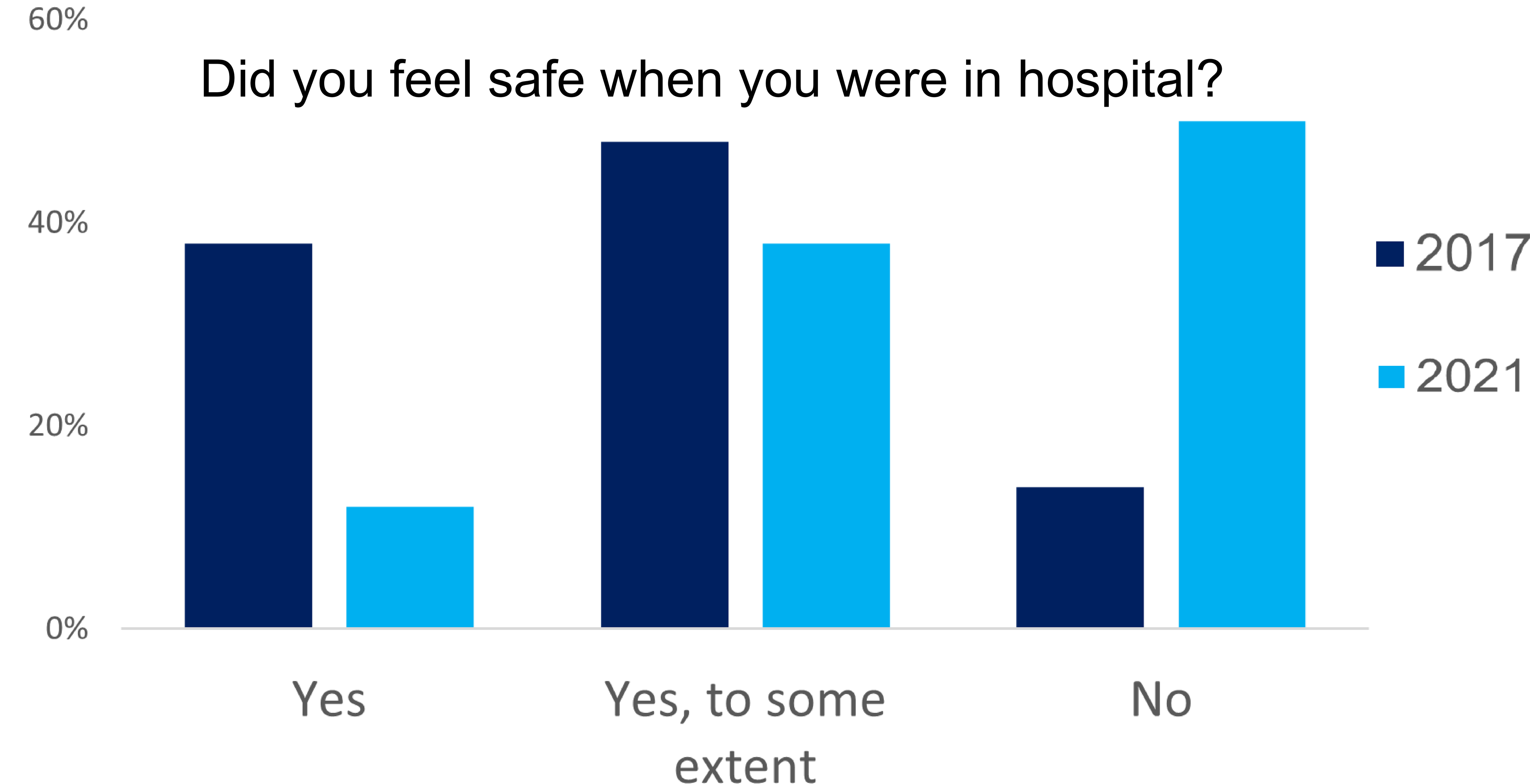
What did we do with their answers?

We compared the multiple-choice answers from this survey with the answers to the same questions from a previous survey. 395 service users had completed a similar survey conducted by PLUS Perth in 2017. The comparison revealed how service users feel the quality of their care has changed over the last four years.

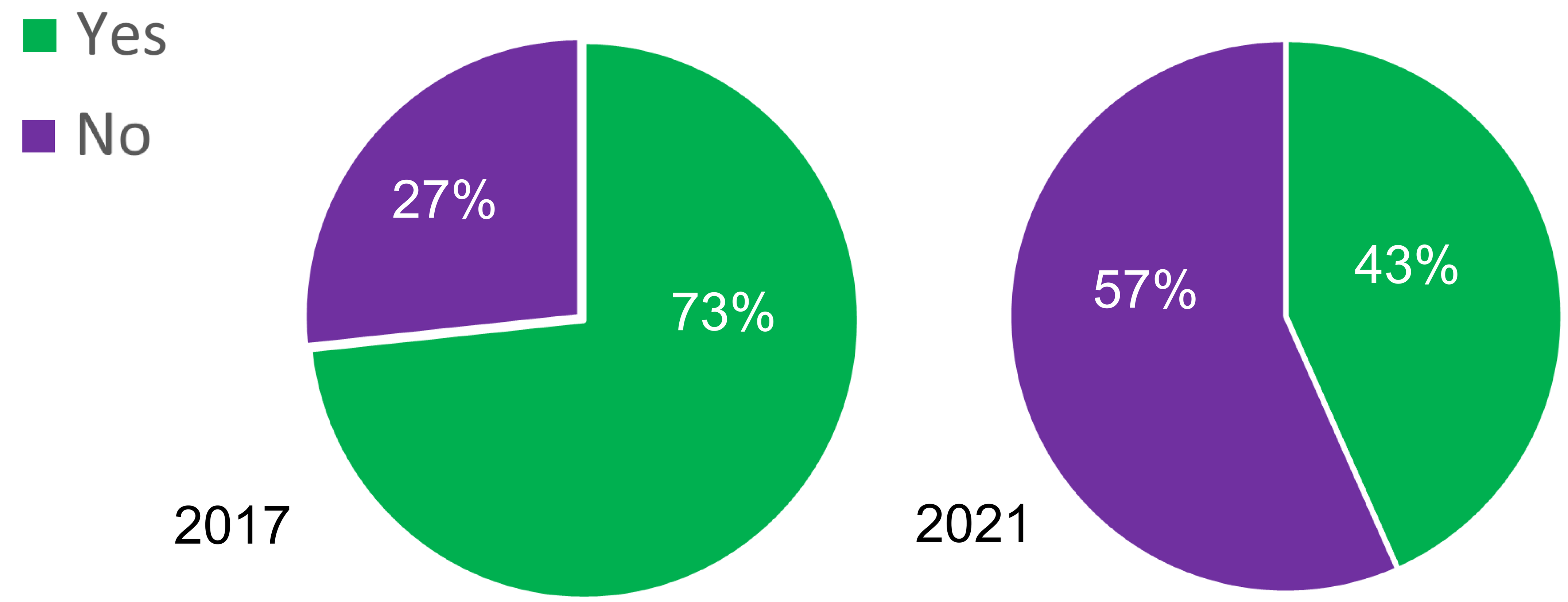
Service users' comments provided helpful background information, allowing us to understand the reasons behind their multiple-choice answers. The comments also made us aware of many common areas of concern that had not been addressed by our questions.

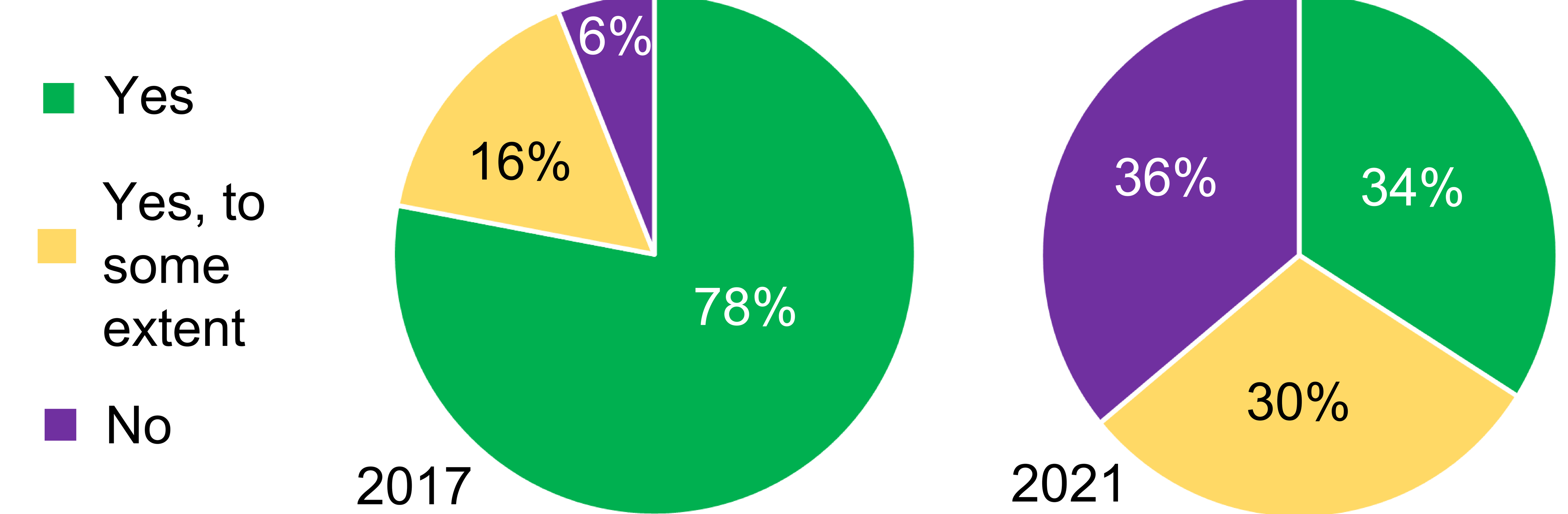
What changed over the four years?

Inpatients feel less safe in 2021 than they did in 2017.



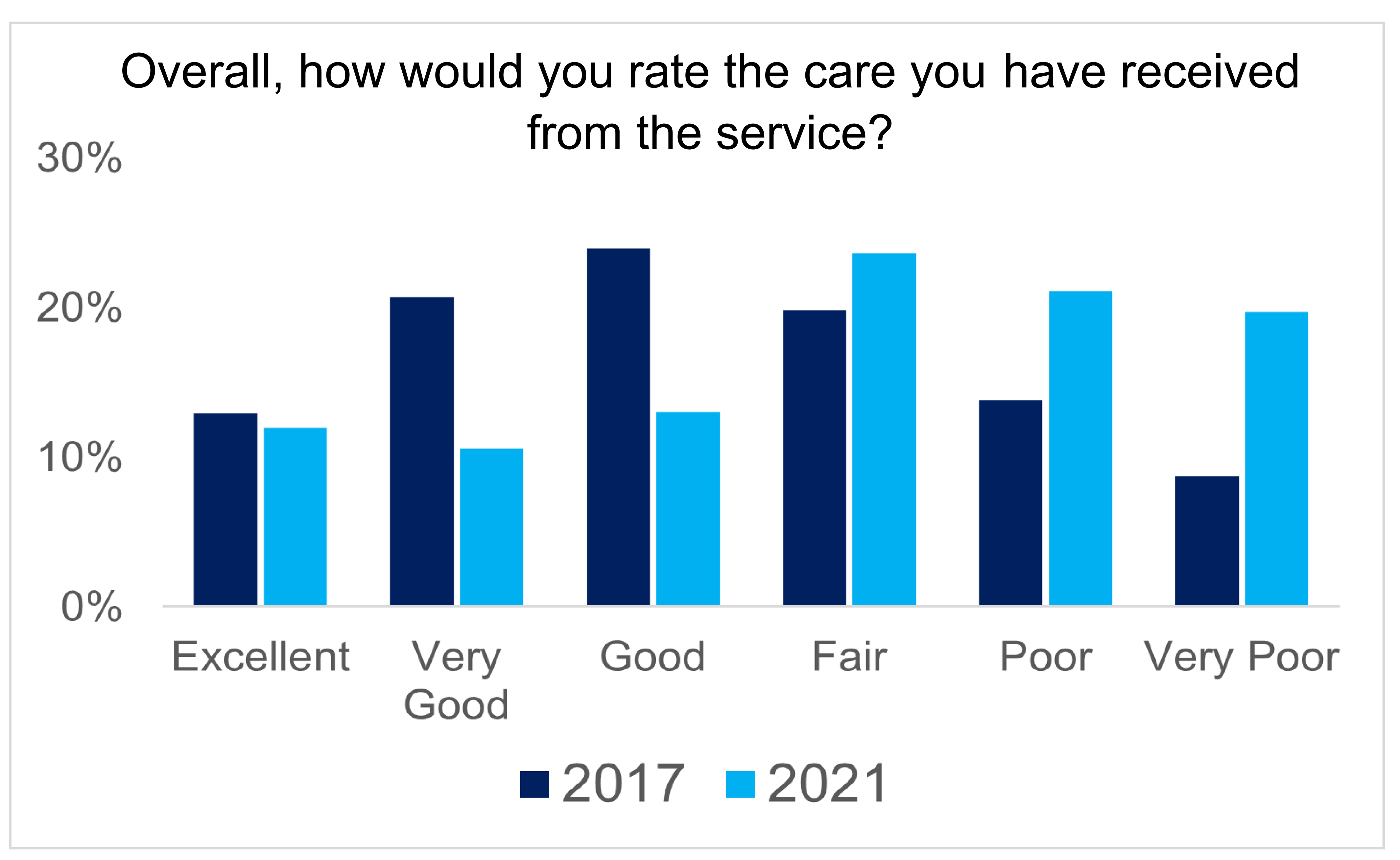
Fewer service users now have the chance to regularly see the same Psychiatrist. They told us this means they have to keep repeating their case histories to a new locum, which can be traumatic. It also means they do not get a chance to build trust and confidence in their treatment, making recovery more difficult.





Levels of trust and understanding between service users and their CPNs fell dramatically. As a result, fewer people said they brought up ideas about what might help with their treatment and recovery when they spoke to their CPN. This fell from 92% to 55%.

For the service as a whole, positive ratings fell and negative ratings increased. In 2021, 36% of service users thought the service was good, very good or excellent, down from 58% in 2017.



What did the comments tell us?

Many service users praised highly skilled and compassionate individuals and teams working within the service. However, negative comments outweighed positive comments by more than 5 to 1.

The comments revealed that many service users experienced similar problems. Some of these problems had not been covered by our questions. We called these problems emergent themes if more than ten people raised them. Our emergent themes were:

Poor response to suicide risk

When people tried to get help for someone who wanted to end their own life, the service did not take them seriously enough.

Psychological therapy absent in hospital

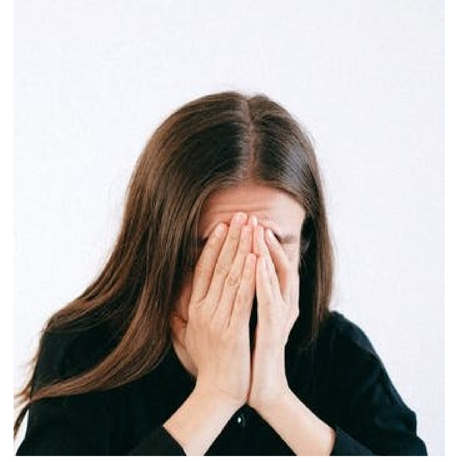
People who had been inpatients complained that they were left alone in their rooms all day and weren't able to access any psychological therapy whilst in hospital.

Absence of follow up

People were promised by the service that they would get an appointment, a letter, a care plan, or a test, but nothing happened.

Excessive waiting times

People had to wait many months (some even waited years) to see someone who could help them with their mental health needs.

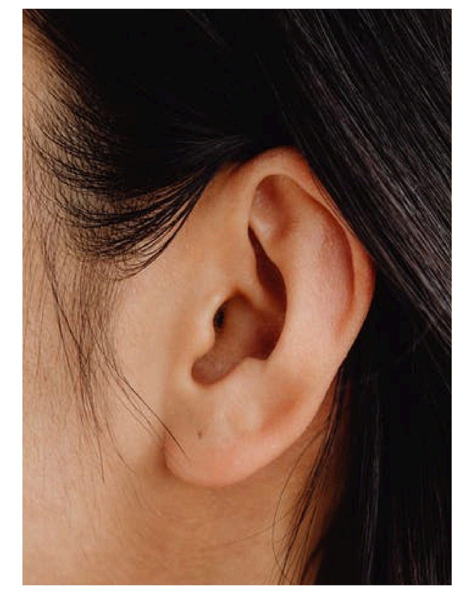


Unsupported in times of heightened need

When people were in a crisis, or could feel that their condition had become much more serious, they asked for help, but didn't get it.

Service over-reliance on medication

People were only offered medicine, even though they stressed that they really wanted to talk to someone who could help them work through their thoughts and feelings.



Additional communication needs not met

The service did not engage well with people who have additional communication needs, particularly those with autism, hearing loss, and learning disabilities.

Our full survey report demonstrates that these themes are not rare or limited to our survey. Recent reviews of the service conducted by Health Improvement Scotland (HIS), the Mental Welfare Commission for Scotland (MWCS) and the Independent Inquiry Review team have also identified the problems described in our emergent themes.

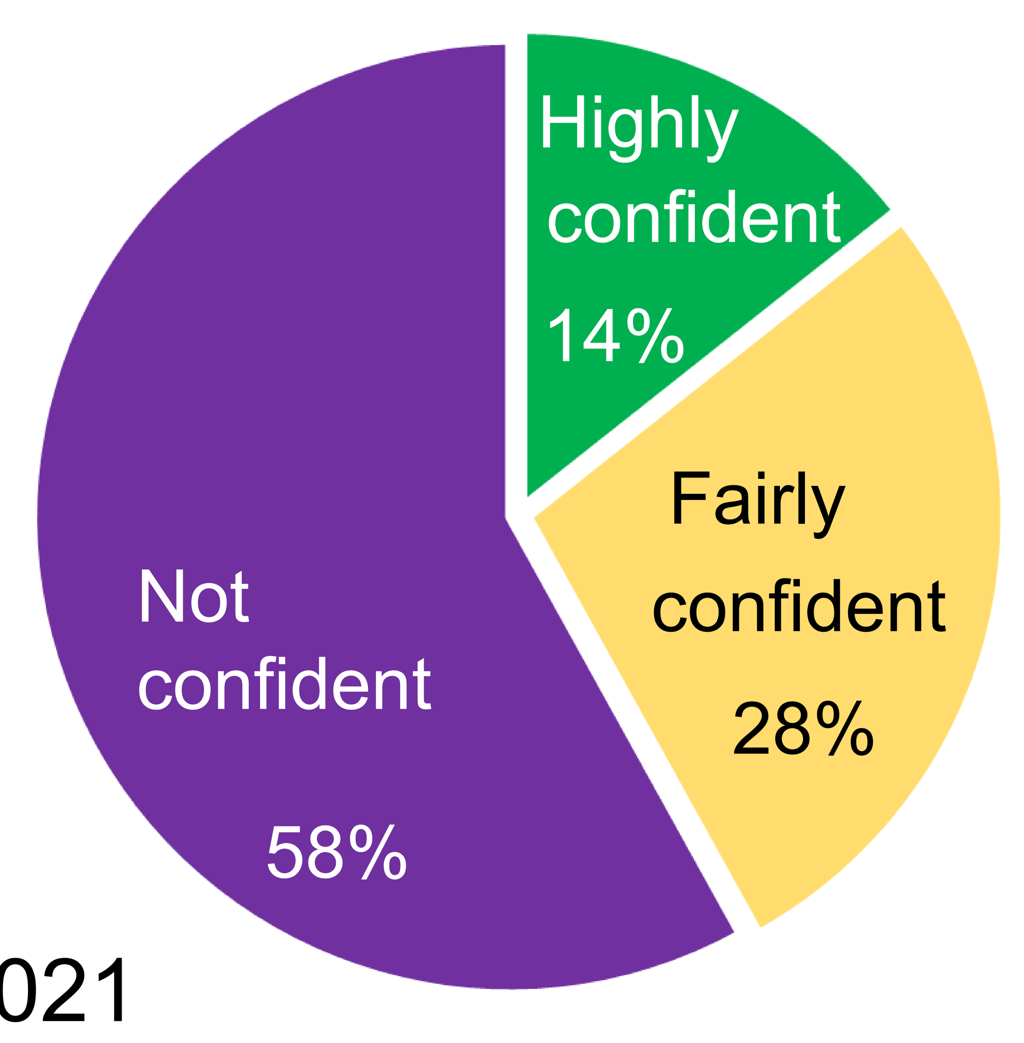
Our Conclusions

The service users who completed our 2021 survey were a lot less happy with their care than the service users who responded four years ago. The changes to the service that have been made in response to the Inquiry recommendations do not appear to be benefiting many service users.

Our results support the findings of the Inquiry Progress Report (July 2021) which states:

1) that NHS Tayside is rushing to make changes to the service without first having a clear understanding of the matters that need to be resolved or how to address them.

2) that NHS Tayside is overestimating its own progress in carrying out the recommendations of the Independent Inquiry.



As a result, most people who completed our 2021 survey had little confidence that NHS Tayside could take care of their mental health needs.

Our Recommendations

The recommendations from our survey are presented in our full report. They all centre on the word listen, the first commitment of NHS Tayside's Action Plan: Listen. Learn. Change. The Action Plan was produced in response to the Final Report of the Inquiry.

Each of our recommendations is presented with examples of missed opportunities for listening to, and learning from, service users, staff and others. The examples come from our survey and from the Inquiry Progress Report. Our recommendations to NHS Tayside include listening to:

Service users, their carers and relatives about the types of treatment that patients would like to access and about how to meet their communication needs.

Primary care and other parts of the service so that follow up can be improved.

Staff so that their concerns are addressed and their suggestions for how problems can be resolved are given due consideration.

Reports on assessments of the service by Health Improvement Scotland, the Mental Welfare Commission for Scotland and the Independent Inquiry.

We agree with David Strang's recent recommendation that the response to all the Inquiry recommendations should be assessed by an independent organisation.

What happens next?

The survey team will meet with NHS Tayside to present the findings of our survey and discuss how they can be used to help improve the service.

We will continue to conduct surveys so that we can give service users a voice and monitor changes in how effectively the service is supporting them. Our next survey will take place in 2023.

We will use the experience gained from this survey to improve how we design, promote and report on future surveys. We will increase survey promotion, especially in Angus, which is under represented in this survey.

We will invite NHS Tayside, Service User groups and other organisations to make suggestions about questions that we may include in our future surveys.

All our future survey work and reporting will remain completely independent of NHS Tayside.

Resources

If you would like to learn more about our survey, you can access the full report on the sponsors' websites.

PLUS Perth Website

www.plusperth.co.uk/resources/blog/survey-2021

Dundee Volunteer and Voluntary Action

www.dvva.scot/news/

Large print and audio versions of the Executive Summary from the full report are available from PLUS Perth.

The Independent Inquiry Final Report (2020) and the Independent Inquiry Progress Report (2021) written by David Strang are available at https://independentinquiry.org/category/reports/

We wish to thank everyone who completed the survey for your time, honesty and courage. We will continue to work hard to ensure that your feedback helps to shape the service. We appreciate you entrusting us with your deeply personal stories. We have kept your answers confidential. They have only been viewed by the Inquiry Review Team (2 members) and the Survey Analysis Team (5 members).