



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 1ST FEBRUARY 2023  
**REPORT ON:** DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT  
**REPORT BY:** CLINICAL DIRECTOR  
**REPORT NO:** PAC4-2023

## 1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person-centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to November 2022.

## 2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout the majority of services.

- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of non-compliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

### **4.0 MAIN TEXT**

#### **4.1 Background**

The role of the Dundee HSCP Clinical, Care & Professional Governance Group (CCPG Group) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

4.2 The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships, and part of its remit is to support additional common assurance measures and this template.

4.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

## 5.0 ASSESSMENT

### a. Clinical and Care Risk Management

a.1 The table below shows the top 5 risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources – DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Negative media reporting increasing reputational, clinical and safeguarding risk	1	25	25

The top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

A senior service manager role has now been appointed to enhance the local leadership for this team and provide support to the two managers currently in post. They are due to commence in role in March 2023.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months.

Medical staffing has further reduced with the total compliment being one locum consultant now in post.

This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor. This also has an impact on the work to achieve the medication assisted treatment standards (MATS) which are currently reported monthly to the Scottish Government.

Consultants also participate in various service and organisation level meetings. Consultants also provide cover to Services like Drug Testing and Treatment Order (DTTO), New Beginnings, Children and Families Team and it is increasingly difficult to fulfil all of these obligations.

Mitigation: Locum medical staff are being sought to cover; there is ongoing advertising/recruitment of vacancies. An SBAR has been developed relating to current staffing risks.

**a.2 Staff Resource**

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

Teams are experiencing increased challenges with the current increase of staff absence in relation to both flu and COVID which further compounds the challenges faced day to day.

**b. Clinical & Care Governance Arrangements**

**b.1** The arrangements for CCPG in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

During this reporting period exception reports were presented to the CCPG Group from the following services:

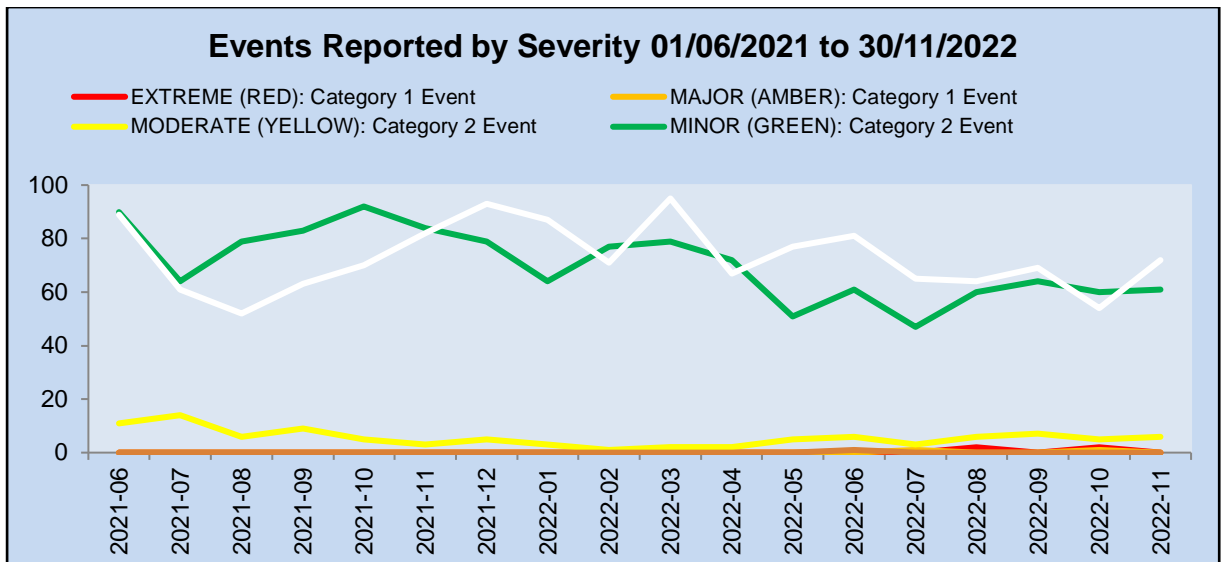
- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- Inpatient and Day Care
- Health Inequalities

**b.2** The Clinical, Care and Professional Governance Forum also met in December 2022, receiving a talk on the work of the Patient Safety Team and exploring where the team might be able to assist HSCP services. The group also supported the development of the HSCP DATIX dashboard to support comprehensive and contemporaneous review of adverse events. Exception reports were presented across a range of services including:

- Community Nursing
- Outpatient Physiotherapy and Occupational Therapy
- Psychiatry of Old Age Inpatients
- Psychiatry of Old Age Community
- Specialist Palliative Care
- Medicine for the Elderly
- Dundee Drug and Alcohol Recovery Service

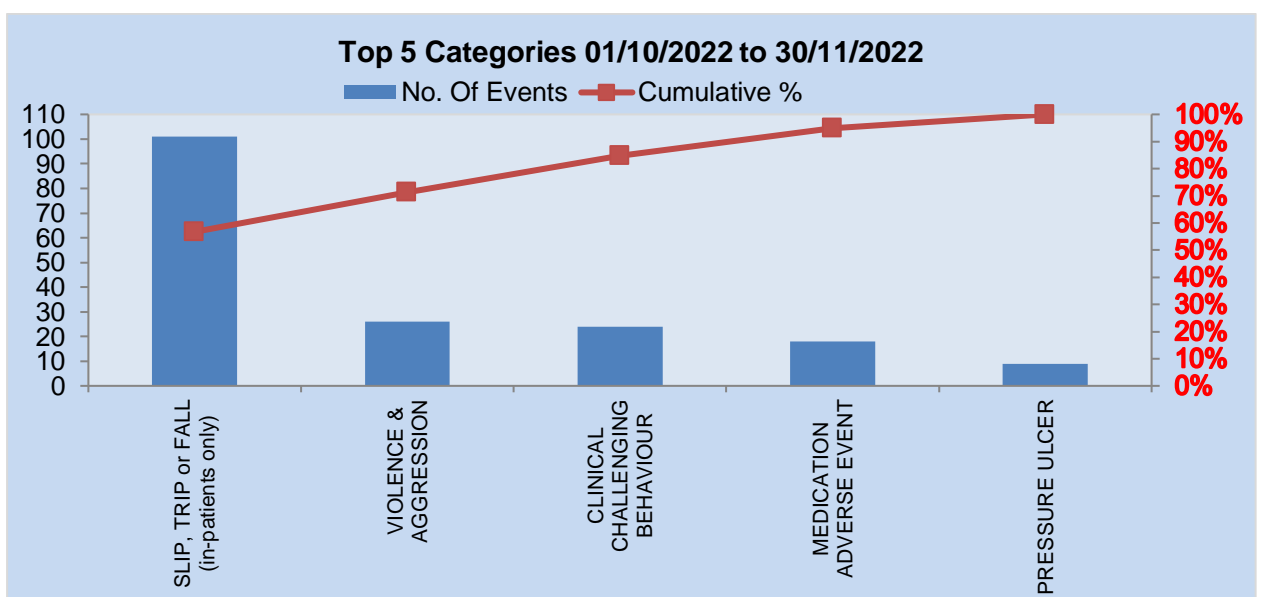
**c. Adverse Event Management**

**c.1** The following graph shows the impact of the reported adverse events by month over the past 18 months.



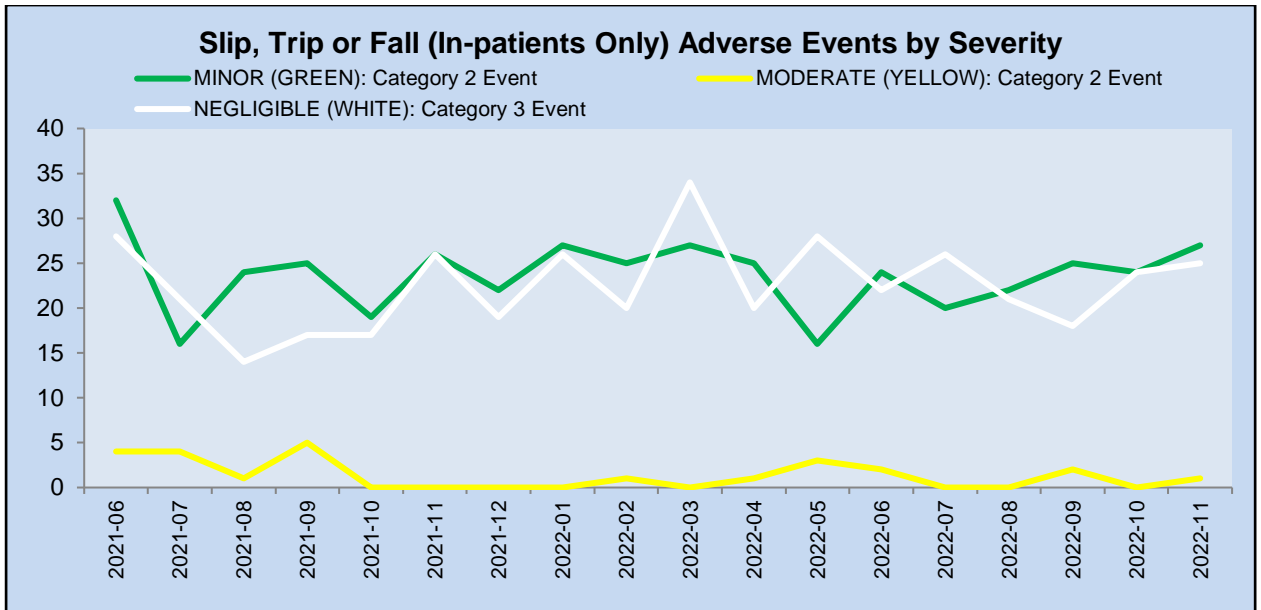
This shows an increase in negligible adverse events and marginal reductions in all other event severities.

c.2 The following graph shows the top 5 categories reported between 01/10/2022 and 30/11/2022. These categories account for 178 of the 244 events (73%) reported within the time period.

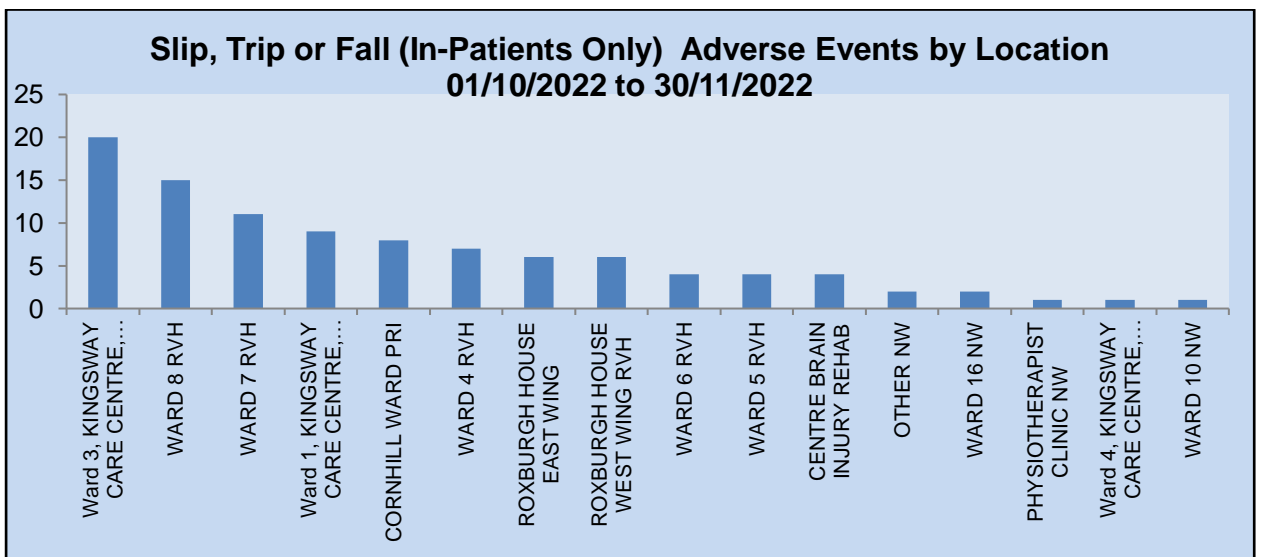


#### Slips, Trips and Falls

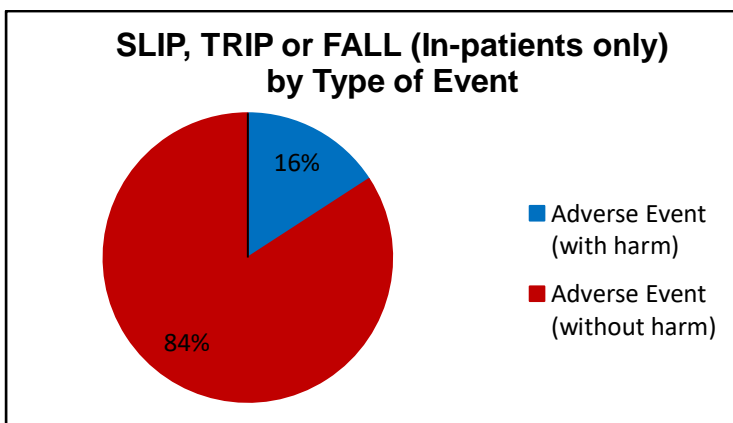
c.3 There were 101 events reported between 01/10/2022 and 30/11/2022. The following table shows slips, trips and falls by severity over the past 18 months.



c.4 The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 3, Kingsway Care Centre (18), Ward 8 RVH (18) and Ward 7 RVH (8).



c.5 The chart below shows the type of events reported. Of the events reported, 85 are adverse events (without harm), 16 are reported as adverse events (with harm).



These tables show a slight increase in slips, trips and falls over this reporting period. We can see that where the majority of falls occur, there are patients with dementia and/or delirium.

These figures also include patients who have slipped out of a chair or out of their bed.

16% of patients were harmed as a result of their fall. A review of this data shows low levels of harm for patients (bruising, skin flaps, soreness) with no cases needing escalation of care through the Emergency Department or secondary care wards or departments.

A review is undertaken after each fall with falls plans being updated as required. There are no themes or patterns identified following review that require further investigation. The teams continue to monitor at a local level to ensure falls plans are developed and are in place for all patients across in-patient settings.

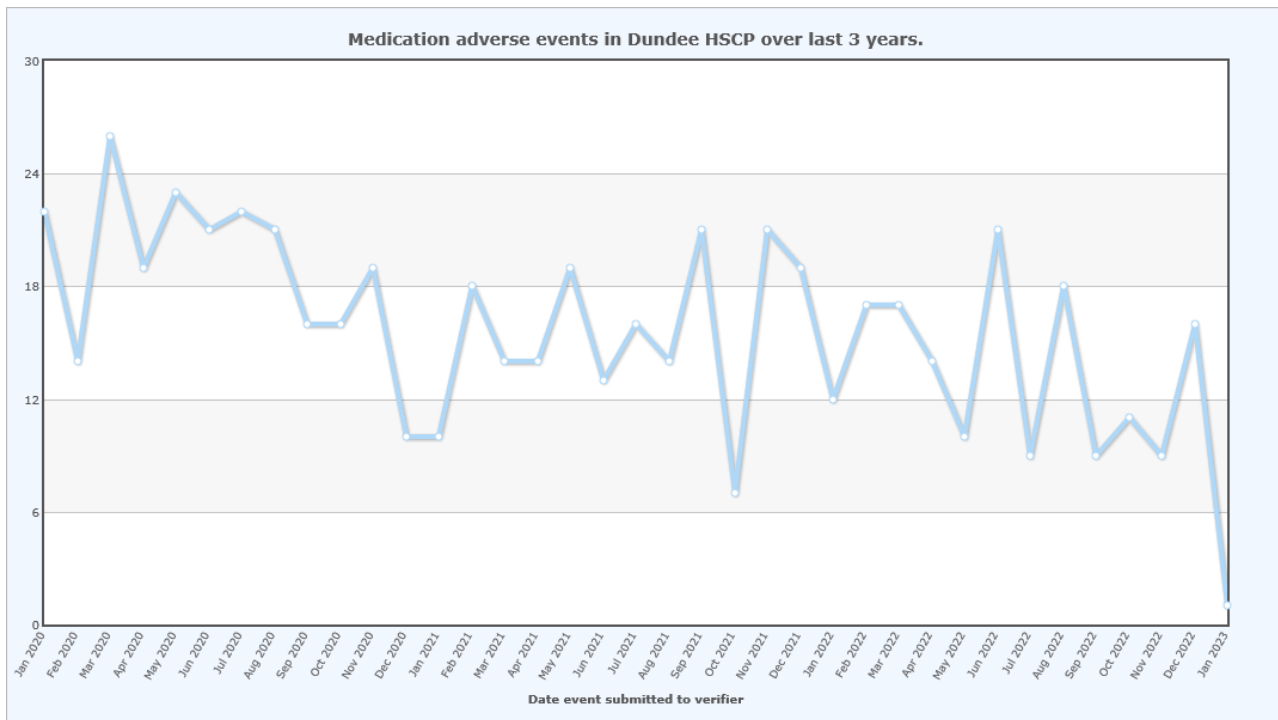
**c.6 Clinical Challenging Behaviour and Violence and Aggression**

Work is ongoing to support accurate reporting of these incident types. There have been good improvements across Psychiatry of Old Age and Medicine for the Elderly services, but it has proved challenging sustaining this.

Frequency and levels of harm remain low (12 in this reporting period) and reviews are conducted after each adverse event to ensure staff and patient wellbeing.

**c.7 Medication Adverse Events**

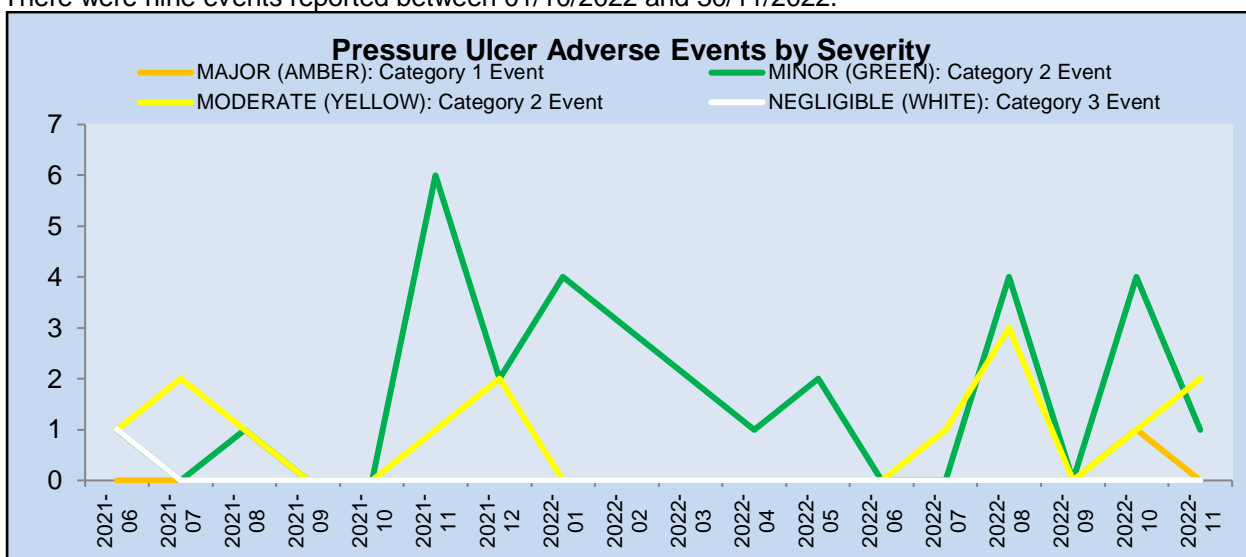
The following graph shows medication adverse events over the past 3 years (to 04/01/2023). While adverse events month on month are quite variable there is an overall reduction in medication adverse events over time.



There were 18 events reported between 01/10/2022 and 30/11/2022. Within this there were 14 separate subcategories reported across eight different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The District Nursing Service have seen a positive reduction in adverse events following consistent review of their events, with only two being reported during this reporting period (i.e. one per month; with the previous 12 months averaging over three per month).

c.8 Pressure Ulcers

There were nine events reported between 01/10/2022 and 30/11/2022.



The increase in pressure ulcers in October has been reviewed. A number of the pressure ulcers had developed in the community and were all referred into the HSCP from other parts of the system. Collaborative work was undertaken to enhance referral pathways and escalation of incidents was undertaken where required.

A number of the pressure ulcers were in Palliative Care, where patient comfort was prioritised over pressure ulcer care during end of life care.

**d. Significant Adverse Event Reviews**

There is one SAER currently in progress from the Inpatient Psychiatry of Old Age Service. This will be reported in future reports once the review and associated reports have been finalised.

**e. Complaints**

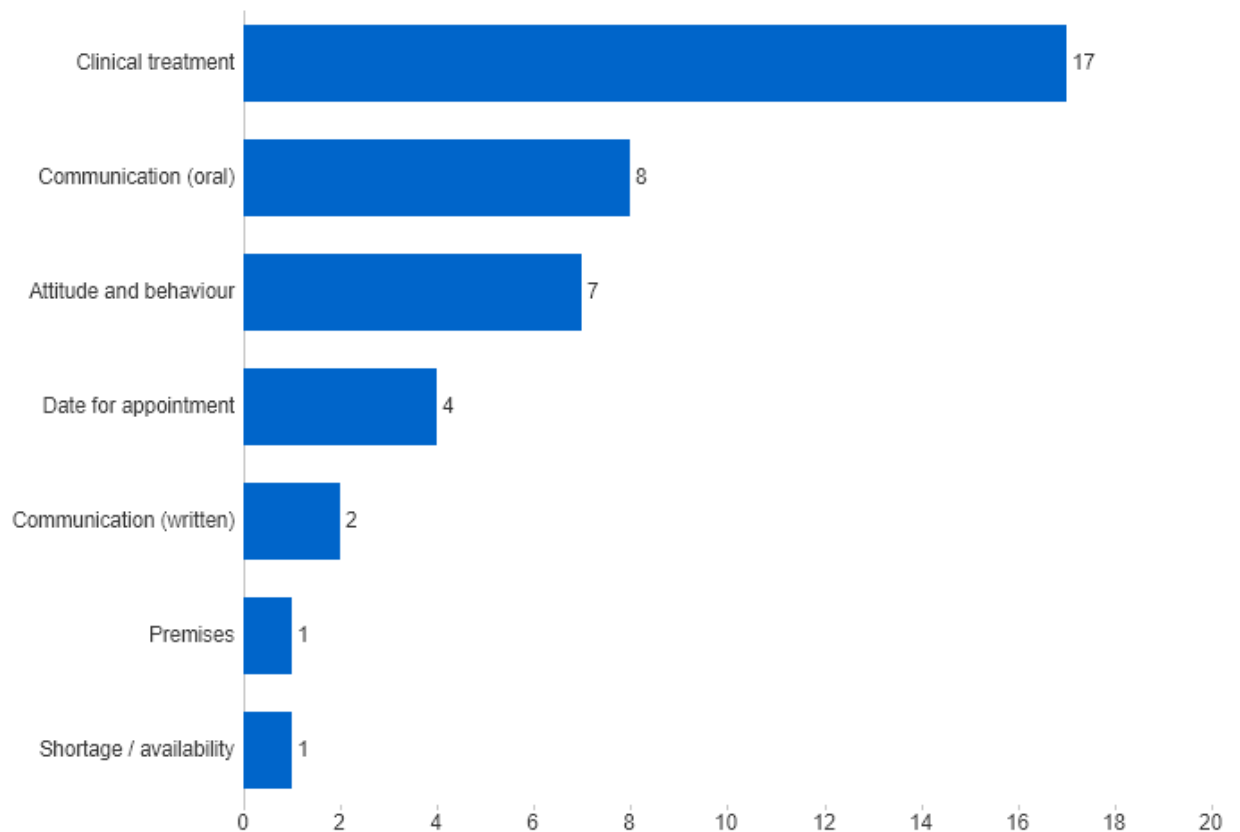
e.1 The table below shows the number of complaints by service area and how long they have been open.

No. of Open Cases - 10								
Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	>60 Days	Total
Mental Health (Dundee)		-	1	3	2	1	1	8
Nutrition and Dietetics (Dundee HSCP)		-	1	-	-	-	-	1
Older People Services (Dundee)		1	-	-	-	-	-	1
<b>Total</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>10</b>

The total number of open cases shows a significant improvement from the last report (22) and with four cases open longer than 20 days, compared with 12 in the last report. Work will continue to further improve this position.

e.2 The principal themes for this reporting period are listed in the table below.





### Learning from Complaints

e.3 There are a number of complaints that, following investigation, identify and confirm that high quality care is provided, that correct pathways and procedures are adhered to and correct legal processes are followed. The receipt of a complaint is an opportunity to review what we have done and how we have done it, and often the complaints are not about the technical aspects of delivering care but the manner in which the care was delivered, or communicated to our patients and clients.

Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the governance group and forum to ensure the sharing of learning across the Health and Social Care Partnership.

e.4 Some examples of complaints and associated actions and learning:

- A complaint was received in relation to the provision of equipment and the policy that supports decision-making. The policy is undergoing a review to ensure it reflects current legislation. This review is ongoing with health and social care staff, the Housing Department and the local authority legal team.
- A complaint was received in relation to the timely response provided from the Direct Payments Team. A review led to the implementation of different working practices with an enhanced focus on the monitoring of work and the prioritisation and timely nature of responses.
- A complaint was received in relation to posts made by a staff member on social media. While the staff member was aware of the social media policy they have been asked to reflect on their actions and review the policy.
- A number of complaints were received in relation to standards of care and on investigation these related to a failure in communication. Teams have worked hard, in complex and challenging circumstances, to develop systems for clear, concise communication and escalation processes to ensure ongoing communication throughout care provision.

- A complaint was received regarding poor communication following the death of a patient in an inpatient setting. (The circumstances relating to the death did not form part of the complaint.) A number of outcomes were implemented following review which included:
  - Verification of death training
  - Oral Health education
  - The development of an SBAR to support enhanced communication between medical and nursing staff.
  - Review and enhancement of induction for junior doctors.
  - Reflection on Conduct and Professionalism for staff involved.

## **f. Medication Assisted Treatment (MAT) Standards**

- f.1* A national benchmarking report was published in June 2022, reporting on the progress that Alcohol and Drug Partnerships (ADPs) were making to meet the MAT standards. A supplementary report was published on 2 August 2022 that provided more detailed information and recommendations for the local MAT Implementation Plan. The initial focus nationally has been on MAT standards 1-5, however, locally early work is also progressing in relation to MAT standards 6-10.

Monthly submissions are made to Scottish Government in relation to progress against the MAT standards. The Dundee Alcohol and Drug Partnership and Dundee EMT receive regular updates on progress as part of the governance and assurance framework. Reports are also submitted to Dundee IJB in relation to progress.

### *f.2* Summary of the Standards

Phase 1 (2022-2023):

Standard 1 – All people accessing services have the option to start MAT from the same day of presentation.

Standard 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4 – All people are offered evidence-based harm reduction at the point of MAT delivery.

Standard 5 – All people will receive support to remain in treatment for as long as requested.

Phase 2 (2023-2025):

Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks.

Standard 7 – All people have the option of MAT shared with Primary Care.

Standard 8 – All people have access to independent advocacy and support for housing, welfare and income needs.

Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

Standard 10 – All people receive trauma-informed care.

- f.3* Phase 1 status for each of the MAT standards is currently Amber which shows an improving picture, with MAT Standard 1 moving from Red to Amber in November 2022.

The report in Appendix 2 shows the detail for each of the MAT standards, including the actions/deliverables to implement each standard, the most recent updates submitted for November 2022 and identified risks.

It is very positive to see the improvements noted in this report as the pressures on the service remain significant with ongoing staff resource issues.

**g. Scottish Public Services Ombudsman Reports**

There have been no SPSO reports for Dundee HSCP since the last assurance report.

**h. External Reports & Inspections**

There have been no external reports or inspections for Dundee HSCP since the last assurance report.

**6.0 POLICY IMPLICATIONS**

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

**7.0 RISK ASSESSMENT**

<b>Risk 1 Description</b>	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Mitigating Actions</b> (including timescales and resources )	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Planned Risk Level</b>	Likelihood (1) x Impact (3) = Risk Scoring (3)
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

**8.0 CONSULTATIONS**

8.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

**9.0 BACKGROUND PAPERS**



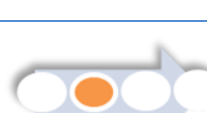
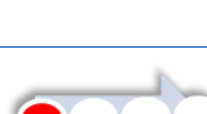
9.1 Appendix 1: Dundee HSCP Governance Structure  
Appendix 2: Dundee HSCP MAT Standard Report December 2022

Dr David Shaw  
Clinical Director

DATE: 9 January 2023

Diane McCulloch  
Chief Social Work Officer / Head of Health and Community Care

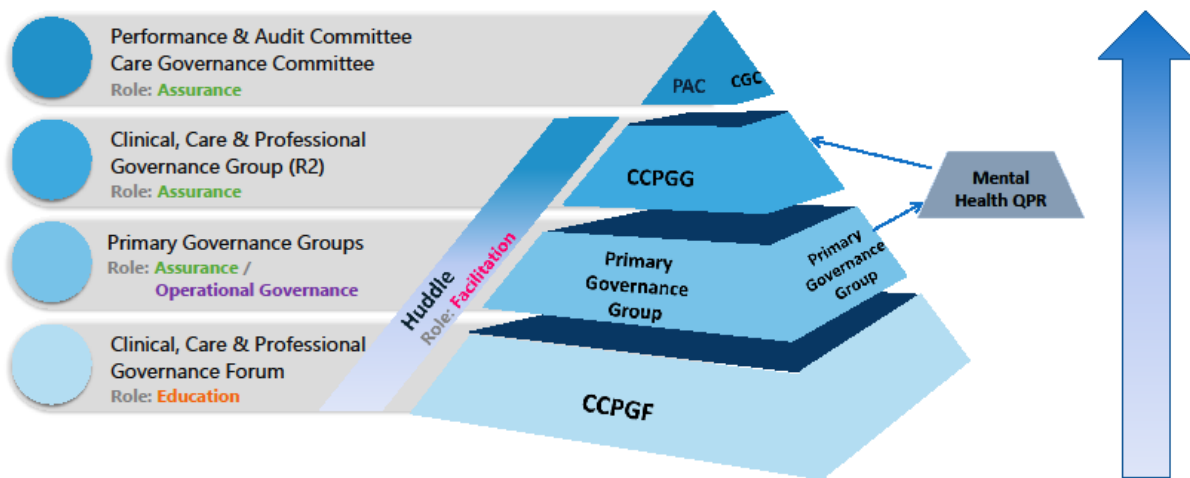
Matthew Kendall  
Allied Health Professions Lead

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

## Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

### DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Locality Managers (4), Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within [XXX] Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins [XXX] Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across [XXX] Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for [XXX] services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
  - Emergent issues of concern identified
  - Adverse Events:
    - Recurring themes, Major and Extreme Incidents
    - Incidents that trigger Statutory Duty Of Candour
  - All Red Adverse Events
  - Adverse Event Reviews, Significant Case Reviews
  - Complaints
  - Risks
  - Inspection Reports and Outcomes
  - Changes to standards, legislation and guidelines
  - Outcomes of care
  - Adherence to standards
  - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

### Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

#### Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.



## DUNDEE CITY MAT STANDARDS IMPLEMENTATION PLAN: OCTOBER 2022 MONTHLY REPORT

<b>Integration Authority</b>	DUNDEE CITY
<b>Period covered</b>	OCTOBER – November 2022 (submission 7 <sup>th</sup> December 2022)

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

<b>Name</b>	<b>Position/Job Title</b>	<b>Contact details</b>
DIANE MCCULLOCH	HEAD OF SERVICE HEALTH AND COMMUNITY CARE	Diane.mcculloch@dundeecity.gov.uk

<b>MAT Standard 1</b>	<b>All people accessing services have the option to start MAT from the same day of presentation.</b>	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.	
November 2022 RAG status			
Please note that in November 2022 Dundee has moved from Red to Amber for MAT standard 1			
<p><b>Feedback from Benchmarking Report:</b>  <i>“This standard is not implemented (red) because there is no evidence that services are in place to enable consistent access to same day prescribing for all people or for a defined group of people. The ADP has plans in place to overcome these challenges”.</i></p> <p><b>Progress with the specific actions suggested by MIST Improvement Plan</b></p> <ul style="list-style-type: none"> <li>• Complete a quality improvement charter – <b>this is currently being finalised.</b></li> <li>• Document pathways and procedures for the test of change – <b>documents have been developed and can be shared on request.</b></li> <li>• Establish systems for the collection of numerical and experiential data to evaluate the test of change (e.g. audit) – <b>in place and can be shared on request</b></li> <li>• Recruit or allocate additional prescribers in the substance use team to the test of change and include third sector partners including We Are with You, Hillcrest futures, Positive Steps and Aberlour - <b>prescribing staff have been allocated to cover the assessment process, and work is being progressed with partner agencies.</b></li> </ul>			
<b>Actions/deliverables to implement standard 1</b>	<b>Timescales to complete</b>	<b>Update November 2022</b>	<b>Risks</b>
Dundee has a prescribing SOP that offers ‘no barrier’ access to MAT. This includes prescribing clinical guidelines that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate	<b>Complete</b>	In place – will be updated with additional developments	
On Tuesday the 20th September 2022, the Dundee Drug and Alcohol Recovery Service (DDARS) relaunched the direct-access assessment clinics. This will be delivered through a multi-disciplinary direct-access drop-in clinic, which will initially operate two days per week. Individuals are able to have direct, same day access either through the drop-in clinics or, if they prefer, via appointments.	<b>Complete</b>	October 2022 is the second month of the DDARS direct access clinics. 53 people attended the clinics of which 28 identified drug use as cause for attendance. An OST plan was put in place for 16 patients with relevant data collected in an adapted version of the MIST spreadsheet. At the clinics 13 received prescriptions for MAT	Pharmacy related issues delaying the issuing of prescriptions. Ongoing discussions with MIST and Controlled drug

<p>The plans for this were discussed and finalised as part of the workshop with MIST (7<sup>th</sup> September). We will continue to monitor and adjust the direct access clinics. A PDSA is in place to review the process and update as required.</p> <p>We will also begin work with the third sector colleagues to discuss their support for this process and what help they need to be able to do so.</p> <p>Support that is already in place from third sector partner organisations: Positive Steps provides support for individuals to attend direct access clinics and Positive Living project supports individuals at high risk of overdose to engage with these services. Transport is available through Hillcrest to help individuals with mobility issue attend the direct access clinics.</p>	<p><b>In place</b></p> <p><b>In Place</b></p>	<p>with 4 known delays to collecting prescriptions due to pharmacy related issues.</p> <p>PDSA Will be continued to monitor TOC to identify improvements to the delivery of direct access.</p> <p>Initial contractual review has been discussed and meeting to progress this are being arranged. Third sector supportive of involvement.</p>	<p>Governance team in relation to this risk.</p>
<p>A management model to address waiting lists is being developed (to reduce current waits) – letters sent to all those who are currently on the waiting list, inviting them to attend the direct access clinics. This is being progressed on a staged approach.</p>	<p><b>In progress</b></p>	<p>Work is on-going and it is anticipated will take approximately 4 weeks</p>	
<p>Documentation to indicate people are offered a range of referral options are in place – A memo was sent to all partner agencies with the details of options. Referral options were included within the letter sent to all existing people currently on the waiting list. A Standard Operating Procedure (SOP) has been developed.</p>	<p><b>In place</b></p>		
<p>People are informed of / are offered independent advocacy as part of the assessment process. This is also included in the SOP. Patient information leaflets are available too.</p> <p>Third sector partners offer support and are linking people to the DDARS for prescribing.</p>	<p><b>In place and progressing</b></p>	<p>Advocacy support is now offered at assessment and leaflets are provided</p>	
<p>A process has been developed and agreed for Experiential Service User Survey and data collection and this started Monday 26<sup>th</sup> September.</p>	<p><b>In place</b></p>	<p>Our experiential data collection is progressing very well and that relates to a few of the MAT standards. The process is in place and more people are being recruited to interview. We have carried out</p>	

		a number of interviews and are reporting those regularly.	
<p>A system for the collection of numerical and experiential data to evaluate the test of change is in place – a method of collection for the data based on the spreadsheet that MIST has designed has been developed, including for use by and DDARS. We plan to start using this method in the near future.</p> <p>Patient feedback forms for DDARS are also in place.</p>	<p>Partly in place and progressing. Aim to complete by Dec 2022</p>	<p>Spreadsheet is in place and being updated. Activity has begun to develop dashboard for specific reporting.</p> <p>Ongoing</p>	<p>Challenges due to the absence of up to date software(excel) required for data input and reporting</p>
<p><b>Comments: planned actions / Are we on track</b></p>			
<p><b>Dundee has now moved from 'RED' to 'AMBER' with respect to the RAG assessment of MAT1 and we do anticipate full implementation of MAT 1 by April 2023.</b></p>			

<b>MAT Standard 2</b>	<b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		

**Key feedback from Benchmarking Report:**

*“This standard is partially implemented (amber) because although there is evidence that choice is available, there is partial documentation of procedures, and it is not clear that choice is consistent across the ADP. Plans are in place to scale up and it is expected that the ADP will progress to full implementation soon”.*

<b>Actions/deliverables to implement standard 2</b>	<b>Timescales to complete</b>	<b>Update November 2022</b>	<b>Risks</b>
Dundee has documented guidelines to ensure that methadone and long and short-acting buprenorphine formulations are equally available in local formularies and dispensing locations	<b>Complete</b>		
Dundee has Home Office license to allow injectable buprenorphine (stock schedule 2 and 3 CD’s), including injectable buprenorphine to be stored on NHS premises – with annual renewal	<b>Complete</b>		
Dundee has prescribing guidelines available for each substitute prescribing option, considering peoples’ treatment goals, enabling people to be aware of medication and dose options, and allow them to move from one medication to another. Routine review by key worker and health care support worker as per Governance document.	<b>Complete</b>		
Written and verbal information available to ensure people can make informed choices	<b>Complete</b>		

All community Pharmacy services have completed medical treatment training and confidently discuss OST prescribing options with individuals	<b>Complete</b>		
Community Pharmacy services willing to undertake a TOC to administer Buprenorphine in the community to aid burden on nursing resource	<b>Dec 2022</b>	Discussions are underway to identify suitable individuals	The capacity issues and speed of delivery of medicine to pharmacies is still a risk
Regular reviews process is in place - System in place for prescribing review as indicated. Routine review by key worker and health care support worker as per Governance document.	<b>Complete</b>		
Family members or nominated person(s) are included from the start in care planning for individuals who choose this form of support / and are able to provide feedback	<b>In place but require improvement by Dec 2022</b>	Family member or nominated person can already be included at the individuals request	
The Dundee Residential Rehab Pathway will be implemented as of November 2022	<b>Nov 2022</b>	The <b>Pathway to Recovery</b> service went live in October and all staff are now in place. 20 people currently on the Pathway and MDT meetings have been arranged.	
Process for auditing performance is in place - service dashboard in place to report to DHSCP Clinical, Care and Professional Governance Forum and Group. Service report is being updated to include MAT standards.	<b>Complete</b>	Further development to include MAT specific dashboard is being developed	
<b>Comments: Planned action / Are we on track</b>			
Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who choose it – please see figures for the increase in Dundee. To support increase DDARS is currently delivering specific buprenorphine clinics over 5 days  <b>The residential rehab provision is progressing well in Dundee, during November 20 individuals accessed the residential rehab pathway.</b>	<b>In place and progressing</b>	During November 158 individuals in Dundee were on a buprenorphine prescription.	

<b>MAT Standard 3</b>	<b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.	
April 2022 RAG status			
<b>Feedback from Benchmark Report:</b> <i>"This standard is partially implemented (amber) because although there is a system in place to follow up non-fatal overdose, there is no documented pathway, and no evidence has been provided that time to assessment is met or that people have same day access to opioid substitution therapy if they need it"</i>			
<b>Actions/deliverables to implement standard 3</b>	<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>
Dundee has a multi-agency (including all the key agencies) NFOD rapid response team, including assertive outreach workers to ensure those at high risk are identified and followed. This team ensures contact is attempted with the individual within 72 hours of a near fatal incident. The team will follow up individuals and link them into services according to their need, this can include access to housing, food banks, social support, benefit agencies, GP services and medical treatment.	<b>In place and complete</b>	During November the work of the multi-agency NFOD rapid response group continued. A new person has been identified to chair the daily meetings and support the group in the interim period.	
All the relevant service providers in Dundee are signed up to an information governance structures in place to ensure the timely sharing of information about people at high-risk, with partners who can take responsibility for follow-up.	<b>Complete</b>		
All service providers in Dundee have a documented process in place to enable staff to access appropriate and timely expertise for child protection or adult protection. In addition, three non-medical prescribing nurses are based within Children & Family Teams to facilitate joint working and fast support to parents at high risk.	<b>Complete</b>		
Through NHS Tayside Dundee is in the process of appointing dedicated staff (a band 7 and a band 8a) to support the work of the NFOD rapid response team	<b>Re-advertising of positions is in progress</b>	A new job advert is now out for the Band7 post. In the meantime, we have secured additional ours of a community	Shortage in qualified staff is still a risk

		pharmacy staff member to chair and support the daily NFOD meetings.	
<p>The Dundee SafeZone outreach service supports people to engage with treatment programmes, and does offer more than outreach crisis support on a Fri/Sat evening.</p> <p>In addition, staff within third sector partner organisations are trained and experienced at identifying people at high risk through group work and one to one support, and signpost appropriately to Harm Reduction / treatment services using established partner links in these services. Staff also knowledgeable of MAT to encourage / support those in treatment to sustain that treatment.</p>	<p><b>In place</b></p> <p><b>In place</b></p>		
<p><b>Community Justice Service (CJS):</b> The Tayside Council on alcohol (TCA) CJS mentoring service will support people to access and maintain engagement with treatment programmes, for those involved with the justice system. Similarly, the PAUSE Programme would do the same for women involved with CJS. Plans to expand both services will be explored.</p>	<p><b>In place</b></p>		
<b>Comments: Planned actions / Are we on track</b>			
<b>It is anticipated that by April 2023 this standard will be fully implemented.</b>			



<b>MAT Standard 4</b>	<b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.		
April 2022 RAG status		They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.		
<b>Feedback from Benchmark Report:</b> <i>The standard is partially implemented (amber) because the core interventions (naloxone, injection equipment provision, blood-borne virus testing) are not reported to be consistently available at the same time and place as all MAT appointments. A project plan for the full implementation of MAT standard 4 is in place.</i>				
<b>Actions/deliverables to implement standard 4</b>	<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>	
Agree that specialist substance services will provide full range of IEP equipment in bases. Outreach IEP pack contents to be agreed and sourced	<b>Complete</b>	Outreach bag delivery commenced in November with full delivery expected in December. DDARS now have stock of IEP equipment		
Approve Take Home Naloxone recording form and purchase web-based recording system for Tayside	<b>December 2022 Updated timescale: Roll out across all THN sites by March 2023</b>	Tayside configuration agreed. Developers making changes to NEO. To be rolled out across all THN services		
Agree NEO recording system will be used to capture and monitor IEP data requirements for MAT4	<b>Complete</b>	IEP data will be input from all MAT services. All services now set up as sites and accounts created. Services to agree data input process to suit their circumstances		

Develop Harm Reduction signposting and referral pathway	<b>September 2022 Updated timescale: February 2023</b>	Signposting to be incorporated into Tayside Harm Reduction SOP	
Identify specialist training options around wound care	<b>December 2022</b>	Agreement with DDARS that Harm Reduction nurses will develop basic wound care packs for main types of injecting wounds	
Ensure all staff are equipped to provide a core range of Harm Reduction interventions, IEP and BBV testing at every MAT appointment, including at MAT1 tests of change	<b>December 2022</b>	Basic harm reduction training delivered, IEP equipment ordered and BBV test training updated. Implementation phase underway - discussions are on-going in DDARS and options are considered for peer mentors to deliver	
<b>Comments: Planned actions / Are we on track</b>			
Produce business case for the Immunisation Service that will provide a sustainable vaccine service for people who use substances	<b>December 2022</b>	Exploration of vaccination catch-up campaign for people on OST in new year whilst planning commences for sustainable vaccine delivery	
Review and enhance harm reduction services for individuals in police custody and prisons	<b>March 2024</b>	HMP Perth is pilot site for implementation of MAT standards. Workshops began in Sept 2022	
Review and enhance harm reduction services for hospital inpatients	<b>March 2024</b>	Paper to be developed for NHS Tayside Board to support a harm reduction policy across all sites. All ED staff trained to	

		provide THN.	
Identify gender-sensitive training and injecting assessments	<b>March 2023</b>	Limited work at present – linking with gendered services work in Protecting People Team underway	
Ensure recording of harm reduction interventions and team managers conduct regular audits of performance	<b>March 2023</b>	Agreement to use existing data (IEP numbers, BBV tests and THN kits) as proxy. Local feedback will be provided quarterly. MIST team MAT 4 recording requirements to be completed	
Undertake an evaluation with people with lived experience to understand what kind and compassionate harm reduction services look like for service improvement purposes	<b>March 2023</b>	Survey agreed and process agreed to have employed peers with HCF undertake interviews. Promotional materials agreed. Recruitment to commence December 2022	

<b>MAT Standard 5</b>	<b>All people will receive support to remain in treatment for as long as requested.</b>	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.		
April 2022 RAG status		Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.		
<b>Feedback from Benchmark Report:</b> <i>“Documentation was not provided to demonstrate different models of care, how people choose care options and the procedures in place to retain people in treatment for as long as requested. This standard is partially implemented (amber) because while there is support for retention in treatment on a case by case basis there is no documented system in place that offers a range of models to support people in treatment”.</i>				
<b>Actions/deliverables to implement standard 5</b>	<b>Timescales to complete</b>	<b>November Progress</b>	<b>Risks</b>	
Flexible, person-centred pathways are in place offering different care packages that range from low to high intensity care and support options – this is in place within hospital, Prison and Court liberation settings; and in development with respect of the assertive outreach model/pathway	<b>In place and progressing</b>	Prison and court liberation pathways in place, supporting a more intensive approach of continued OST. Assertive Outreach ongoing re model and pathway		
There is detailed understanding of the caseload that can identify levels of risk and need - RAG Status for this open to DDARS has been completed.	<b>Complete</b>			
Pathways are being developed (part of the shared Care ToC) to ensure that people are supported to access appropriate primary care services including GPs, community pharmacy,	<b>In development by April 2023</b>	Discussions underway with DIAS about independent advocacy within Primary Care.		
A Shared Care model with GPs that includes proactive and supported	<b>In development</b>			

transfer of people stable on MAT is currently being tested	<b>by Dec 2023</b>		
Information sharing protocols are being developed to allow for shared record keeping between the multiagency team providing care including social care, housing, community pharmacy, GPs, Police Scotland, SAS, primary and secondary care and third sector providers	<b>In development by March 2023</b>		
A range of strategies are being implemented / developed to manage caseloads and appointment systems, including group or café style clinics, 'corporate' caseloads, a mix of drop-in and fixed appointments, after-hours provision, and pharmacy-based maintenance clinics – managed mainly via third sector partners in Dundee	<b>In place and progressing</b>		
Surveys to collate the views of family members / carers and staff are developed ready to go. Quarterly thematic report template developed to provide regular feedback to the Dundee MAT Implementation Group. Currently working with front line services to implement the surveys and start data collection.	<b>In place and progressing</b>		
Hillcrest Futures provide drop-in in nine locations across the city, including recovery support groups and SMART Recovery. OST medication is being delivered on behalf of DDARS to people who are unable to attend the pharmacy, to help them continue in treatment.	<b>In place</b>		
Community Justice: Positive Connections works with individuals who are incarcerated and on liberation within the community. Individuals are supported to engage with treatment and to attend appointments, drop in clinics. For those who are assessed as high risk of overdose, support is provided around the NFOD pathway, and intense support is offered at liberation.	<b>In place</b>		
<b>Advice from MIST – link this to MAT 7</b>			
For example: shared care between DDARS and general practice for patients who are stable on opioid substitution therapy will be prescribed by GPs and supported by Third Sector organisations and GP led multi-	<b>In progress / by March 2023</b>	Key steps in the transfer of patients from DDARS to general practice agreed and	

disciplinary team with a focus on wider health needs.		are being tested	
As part of the development of the Dundee Primary Care Drug Service Redesign work, the Third Sector (specifically Hillcrest and WRWY) are developing and implementing key working support.	<b>In progress / by March 2023</b>	A job description agreed and recruitment underway for first keyworker	
<b>Comments: Planned action / Are we on track</b>			
Improve capacity and the retention in services by continuing to support models of care to support individuals, such as drop-in clinics, input from community pharmacy, expansion of the community wellbeing hubs and more partnership working - initial DDARS drop in established and discussions held with DDARS pharmacy about additional roles.	<b>In progress</b>	Ongoing discussions about work with woman's hub, with the commitment to have nursing staff attend on a weekly basis initially	

<b>MAT Standard 6</b>	<b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b>	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.		
April 2022 RAG status				
<b>Actions/deliverables to implement standard 6</b>		<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>
DDARS Psychology Service has completed a baseline assessment of training needs and identified key evidence-based psycho social interventions (i.e. as per the MATRIX)		<b>Complete</b>		
Psychology service has a Tayside wide workforce training plan to support key workers, social and third sector staff in delivering low intensity psychological interventions. Included in this is plan for coaching and supervision of staff. Workforce plan is completed and has been shared with senior staff within DDARS and with NHS Tayside Clinical Educator, Practice, Development		<b>Complete</b>		
Psychology training that has been implemented is evaluated and fed back to senior staff within DDARS		<b>Complete</b>		
Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what interventions may be most helpful for the client at that stage in their recovery)		<b>Complete</b>		
Through consultation and supervision, the Psychology service provides low intensity evidence-based strategies and supportive tools to support the delivery of low intensity interventions. These include relapse prevention workbook and group materials, emotion regulation group materials, harm reduction and MI, safety and stabilisation resources and formulation based approach to risk assessment and safety planning		<b>Complete</b>		

<p>The Psychology service is providing wellbeing sessions in both group and 1:1 format to staff within DDARS. Staff have also been given information on NHS Tayside's Wellbeing Service and signposted to NHS Tayside support resources for example Promis.</p>	<p><b>Complete</b></p>		
<p>The Psychology service has delivered trauma informed workshops to all staff in DDARS including reception staff, to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service</p>	<p><b>Complete</b></p>		
<p>All Pharmacy staff employed by Tayside Substance Use Services have completed NES Trauma informed care modules.</p>	<p><b>Complete</b></p>		
<p>Motivational interviewing, cognitive behavioural approaches and solution focused therapies as well as mutual aid support groups are provided through third sector partners and is offered to all individuals and families / carers.</p>	<p><b>In place</b></p>		
<p><b>Comments: Planned actions / Are we on track</b></p>			
<p>TDARS Psychology to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs. A steering group to oversee the development and implementation of the above delivery plans. Steering groups will be led by addiction psychology and membership should include people with lived and living experience.</p> <p>Plans are being developed to ensure the Psychology service can work alongside others to support the collection of experiential data, specifically for MAT6. The current questionnaire will be adapted to support this.</p>	<p><b>By March 2024</b></p>		




<b>MAT Standard 7</b>	<b>All people have the option of MAT shared with Primary Care.</b>	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.		
September 2022 RAG status				
<b>Actions/deliverables to implement standard 7</b>		<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>
Two Service Level Agreements (SLA) options have been developed to provide a mechanism for patients to move to general practice. There are Third Sector key workers onboard to support patients. The implementation of the SLAs is being progressed through a series of test of change.		<b>Partially complete</b>	Practice visits organised to encourage practice uptake of both SLA opportunities. Feedback from practices has informed a new test of change.	
The Patient-Criteria has been agreed for both SLAs. The SLAs include developing a GP network and supporting GPs to do the prescribing. These are being built through a series of test and change models. The models build on the knowledge of both service providers and service users to cover all aspects of the patient's support needs.		<b>In progress</b>	DDARS have patient consenting to move to shared care from Dec.	
Quarterly contractual meetings are facilitating the transfer of patients from DDARS to the GP and third sector		<b>In place</b>	The contractual documentation complete enabling Third Sector Key Workers to join the project starting this month.	
Pathways are being built with guidance from those already involved in service provision and those with lived experience.		<b>In progress</b>		
There is a data workstream: Information Sharing Agreement has been written and is being reviewed by information governance colleagues. A data impact assessment has also been undertaken. All information about the patient will be recorded in the GP patient record and the Third Sector will have read / write access to the records. Data input into DAISy will also be undertaken by the Third Sector.		<b>Complete</b>	Data Impact Assessments have been approved by NHST IG and Information Sharing Agreements in place for practices taking part in Shared Care.	

<p>Recruitment of GPs and nurses is proving challenging and different approaches are being explored. Training needs and sources for non-clinical practice staff are being explored, including local provision and also from national organisations such as Scottish Drugs Forum.</p>	<p><b>In progress</b></p>	<p>GP Posts continue to be advertised offering a number of options. Discussions around adjusting the model to include Nurse Prescriber option. The recruitment of nurses into DDARS is a positive sign in assuring general practice of clinical support as part of shared care.</p>	
<p>The outcomes to be measured by the project have been drawn up, however this is an area of work that is not able to be developed until we are clear on the functionality of the systems for data recording, In the interim period, Third Sector organisations will use their usual outcome tool.</p>	<p><b>In progress</b></p>	<p>Part of the test of change will be to assess which best fits the needs of the project.</p>	
<p>We actively seek to link this project to other services and projects across Dundee, Tayside and nationally so that we learn and share the activities of the project.</p>	<p><b>On going</b></p>	<p>Links made with DIAS who will provide support to patients should they find it difficult to voice their views about decisions about their care.</p>	
<p><b>Comments: Planned Actions / Are we on track</b></p>			
<p></p>			

<b>MAT Standard 8</b>	<b>All people have access to independent advocacy and support for housing, welfare and income needs.</b>	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.		
April 2022 RAG status				
<b>Actions/deliverables to implement standard 8</b>		<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>
Additional capacity is now in place for the Dundee independent Advocacy Service to support MAT implementation. Partnership agreement is in place with DDARS.		<b>Complete</b>		
Plans are in place to deliver awareness raising sessions of the Independent Advocates (IA) role across various professional groups, including both Clinical & SW roles within DDAR's; other professional groups; Third Sector / Faith / Parish Nurses, foodbank, Pharmacists, GP's  The session will demonstrate the value of IA in a therapeutic relationship and will assist with embedding the practice of offering IA support at an earlier stage.		<b>In progress</b>	Awareness session on advocacy are being delivered to staff, will continue during first quarter of 2023.	
Advocacy awareness sessions to be part of induction for Social Work / Nursing and clinical staff. Organise discussions with the local universities in relation to embedding the role of IA into training across relevant professions.		<b>In place and progressing</b>		
Options are considered of having an Independent Advocate as duty worker to provide support at an early intervention stage. We are currently reviewing where a duty worker would bring most benefit – options include recovery groups/ carer groups / peer support groups / new Community Well Being Centre/Direct Access		<b>In progress</b>	DIAS Independent Advocates are included in MDT meetings	
Technology options, including YouTube videos are considered to support awareness raising & early intervention for individuals affected by substance use and their families. These could include Know your Rights / How to prepare for meetings/ how you can be involved in decisions making about your health and wellbeing, amongst other topics. Given IA support resources are finite, by using the		<b>In progress</b>		

technology we would envisage more people will be empowered to self-advocate, ensuring that people who need direct IA support to receive it at the right time, making IA support resources more sustainable.			
Welfare Rights colleagues have developed a cloud-based referral system which will allow quick access (with minimal information) to a professional Welfare Rights Service, who will directly contact the client within 24 hours of notification.	<b>Complete</b>		
There are Housing Options Social Workers in post who provide direct SW support in relation to housing and associated issues. Same day support would be available via Social Work Duty or Housing Options Social Work.	<b>Complete</b>		
DIAS to develop a training plan to upskill and increase knowledge and experience amongst staff. Will include job shadowing. Progress is also being made with developing collective advocacy group for Dundee	<b>In progress</b>	Awareness sessions about advocacy are delivered to staff	
Staff within a number of third sector partner organisations use the Outcome Star tool to support people holistically and provide direct advocacy where appropriate.  Advocacy support is provided for individuals accessing harm reduction services, including support with cost of living (especially energy costs) needs.	<b>In place</b>	Two advocacy workers are supporting partners with completing experiential questionnaires linked to MAT	
<b>Comments: Planned actions / Are we on track</b>			
Good progress is being made with some national recognition of the advocacy work in Dundee - DIAS have been asked to be one of the speakers on the SDF Webinar on 2.12.22 about MAT Standard 8 – they have been asked as an Independent Advocacy organisation evidencing best practice in this area			

<b>MAT Standard 9</b>	<b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b>	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.		
April 2022 RAG status				
<b>Actions/deliverables to implement standard 9</b>		<b>Timescales to complete</b>	<b>November Update</b>	<b>Risks</b>
<p>The Working Better Together (WBT) substance use / mental health test of change is progressing;</p> <p>Work is progressing jointly with the mental health / substance use Pathfinder led by the Health Improvement Service (HIS)</p>		<b>End March 2024</b>	 Dundee and Tayside MHSU proje	Lack of capacity to progress and implement the required change
<b>Actions for substance use services:</b>				
Procedures in place to ensure substance use services are up to date on knowledge of local mental health services and their referral criteria		<b>In place</b>		
Agreed care pathways in place to support any identified mental health care needs and clear governance structures to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use		<b>In progress</b>		
Mechanisms in place to enable staff in substance use services to report concerns and advocate for patients at risk of falling between the gaps of services		<b>In place</b>		
Assessment protocols in substance use services that include enquiry about mental health, and use of appropriate screening tools - mental health and wellbeing is included in DDARS' Holistic assessment document. The Sainsbury Risk Assessment tool is used both by DDARS and the Mental Health services.		<b>Complete</b>		
appropriate protocols to treat and support mental health in house (to level of competency of agency/individual) or support local onward seamless referral – three quarter of DDARS' of staff are mental health qualified staff and		<b>In progress</b>		

<p>provide in house mental health support. Medical staff have conducted a mental health review of DDARS and a training protocol is in place. However, due to vacancies issues, this element of the work is still as a risk.</p>			
<p>protocols in place for effective communication and information sharing with mental health services - Shared Electronic Clinical Record in place, and NHS sharing of information process is in place.</p>	<p><b>In place</b></p>		
<p>Clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use</p>	<p>This is being progressed through the Pathfinder and WBT projects.</p>		
<p><b>Actions for mental health services</b></p> <ul style="list-style-type: none"> <li>• staff in mental health services are up to date with local substance use treatment pathways and the referral criteria for NHS primary and secondary care services, social care and third sector agencies</li> <li>• mechanisms in place to enable staff in mental health services to report concerns and advocate on behalf of patients at risk of falling between services</li> <li>• agreed referral pathways across the local ROSC to support any identified substance use</li> <li>• at the point of referral, a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person</li> <li>• Training is in place through the Psychology service (see details above as part of MAT6)</li> <li>• protocols in place for effective communication and information sharing with substance use services</li> </ul>	<p>These items are partly in place and being progressed supported by the WBT and Pathfinder projects</p>		
<p>Comments: Planned Actions / Are we on track</p>			
<p></p>			

<b>MAT Standard 10</b>	<b>All people receive trauma informed care.</b>	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>		
April 2022 RAG status				
<b>Actions/deliverables to implement standard 10</b>		<b>Timescales to complete</b>	<b>November update</b>	<b>Risks</b>
<p>Through the Dundee Trauma Steering group, the NES Trauma Training Framework is being implemented across the partnerships. Activities include, Trauma Manager Briefings, new Trauma focused role in the Learning and Development Team, updating Dundee City Council policies with a trauma lens, and there is also a Workforce Lived Experience of Trauma Group to support improvement activities across all public protection partnerships.</p>		<b>In place</b>		
<p>The Psychology service has delivered trauma informed workshops which have included all staff in DDARS including reception staff to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate, non – triggering and safe they are for clients using the service.</p>		<b>Complete and on going</b>		
<p>Third sector organisations work in a trauma informed way and staff are trained in trauma informed practice.</p>		<b>In place</b>		

<p>Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what trauma interventions may be most helpful for the client at that stage in their recovery).</p>	<p><b>Complete and on going</b></p>		
<p>Plans are progressed to improve the physical location from which services are delivered through the closure of Constitution house and moving to service delivery from community settings.</p>	<p><b>In progress</b></p>		
<p>Following the research and report of the Dundee Staff Burnout report, plans are progressed to include the issues raised as part of a workforce development programme. This is being progressed jointly with SDF.</p> <p>In addition, DDARS staff are receiving wellbeing sessions/ supervision/ coaching from the Psychology service.</p>	<p><b>In progress</b> <b>In place</b></p>		
<p><b>Comments: Planned Actions / Are we on track</b></p>			
<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• Dundee Protecting People Trauma Steering Group is progressing a multi-agency approach to addressing trauma. The Psychology service to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service.</li> <li>• The Psychology service use validated psychometrics such as CORE 10, PCL-C, DDARS CGI/PGI with clients. More consideration as to how DDARS screen for trauma is required.</li> <li>• In addition to formulation-based approach to trauma.</li> </ul>	<p><b>By March 2024</b></p> <p>In Dundee we have also pulled together and expanded several of the national resources developed by NHS Education Scotland into local toolkits. Within these toolkits we have tried to make it clear what resources are available to implement level 1 and 2 training.</p> <p>We have designed a menu of ways that individuals or teams/services could get involved in the implementation of this approach to complement the training.</p> <p>In addition a project looking at Mental Health &amp; Substance use integration and improvement has been underway in Dundee for some time. Several services who are involved are looking at improvement methodology and upskilling around trauma informed approaches. We are doing a shorter test pilot of the trauma collaborative programme with the group.</p>		



## Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	
Q2 Performance:	
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			

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## Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

	Projection	Performance
Q1 Performance:		
Q2 Performance:		
Q3 Performance:		
Q4 Performance:		

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			

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