Independent Oversight and Assurance Group on Tayside's Mental Health Services

Final Report

Scottish Government
Riaghaltas na h-Alba

Contents

Introduction

The Independent Oversight and Assurance Group was appointed by Scottish Ministers in October 2021 to provide independent assurance on the progress made by Tayside Executive Partners in implementing the recommendations of Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside. The Independent Oversight and Assurance Group (Oversight Group) has reported to Scottish Ministers on a quarterly basis. This is their Final Report.

The Oversight Group comprises:

Fiona Lees - Chair
Fiona is the former Chief Executive of East Ayrshire Council and former interim Chief Executive of Dumfries and Galloway Council.

Fraser McKinlay - Member
Fraser is Chief Executive of The Promise Scotland. He was formerly the Controller of Audit and Director of Best Value at Audit Scotland.

David Williams - Member
David is the former Chief Officer of Glasgow City Integrated Joint Board and previously an Advisor on Integration at the Scottish Government.

The Scottish Government has acted as Secretariat and the Oversight Group wish to thank Stephanie Cymber for her contribution and her support.

Key Messages

Over the last 12 months the Independent Oversight and Assurance Group has met with a wide range of staff, third sector and community groups, patients, and families. We are grateful to all of them for their time, commitment and insight.

Our job has been to provide assurance to the Minister for Mental Wellbeing and Social Care on the progress being made by Tayside Executive Partners and the Scottish Government against the 51 recommendations made by Dr David Strang in the Trust and Respect report. The establishment of the Oversight Group, in October 2021, followed Dr Strang's progress report which was published in June 2021.

Progress has undoubtedly been made by Tayside Executive Partners in some important areas and in very difficult circumstances. We recognise the significant changes in leadership across mental health and learning disability services in Tayside since Trust and Respect was published in February 2020. We have seen that the Integrated Leadership Group, in particular, is working well together and is committed to taking forward the change agenda positively.

In addition, we welcome the significant progress made in providing more clarity around roles and responsibilities for mental health and learning disability services in Tayside, a key feature of the original Trust and Respect report. The 3 Integration Schemes have been reviewed and revised, and it is now absolutely clear where responsibility lies for the strategic planning of mental health services. Importantly, we have been impressed by the early action from the Perth and Kinross Chief Officer in fulfilment of her strategic planning role for mental health, working alongside her counterparts in the other Integration Joint Boards and NHS Tayside.

Commendable progress has also been made in respect of the approach to Significant Adverse Event Reviews and crucial areas of patient safety, including de-escalation, Distress Brief Intervention and the introduction of a new Observation Protocol.

At the same time, there are some areas where progress has been less good. For example, some important areas relating to the workforce still have a long way to go, including strategic planning, staff appraisal and exit interviews.

There is also an urgent need to improve some aspects of governance and public performance reporting, as a means of developing a more open and transparent culture and building trust among the communities of Tayside.

The final submission we received from the Tayside Executive Partners signals a welcome shift in tone in some places, with evidence of more self-reflection and self-awareness. The main submission acknowledges the problems that have existed, and there are some important areas where the partners have reflected on progress and changed their RAG assessments from Green to Amber. This is particularly the case for recommendations 1-4, which are central to issues of culture and engagement and underpin much of the improvement required across the 51 recommendations. That said, there are other areas where we continue to be apart in our assessments of progress. In total, Tayside Executive Partners have reported 33 Green, and 16 Amber. We have rated 20 Green, 29 Amber and 2 Red. The Scottish Government

has reported a RAG rating of Amber for Recommendation 12 and Green for Recommendation 32. The Oversight Group has rated both of recommendations as Amber. Appendix 1 to this report details the final RAG rating assessment in full.

The Tayside Executive Partners were not able to provide evidence of plans to respond to the three specific recommendations we raised with them at out meeting in May and which subsequently appeared in our Second Quarterly Report, published in June 2022.

We believe that Tayside Executive Partners now have an opportunity to move beyond the 51 recommendations made in the Trust and Respect report, almost three years ago. While some good progress has been made, there remains a lot to do. The key task now is to ensure that there is a clear, prioritised plan for delivery of Living Life Well, supported by a robust financial and resourcing framework.

The increased clarity provided by the new integration schemes will help with this, with strategic planning responsibilities resting clearly with Perth and Kinross Integration Joint Board.

In this context, we have discussed many times the continuing role of Tayside Executive Partners in relation to mental health services in Tayside. We are in complete agreement with colleagues in Tayside that Tayside Executive Partners do not have a formal governance role. We believe there is a need for Tayside Executive Partners to continue to provide collaborative leadership across Tayside, to ensure that staff working across organisational boundaries have the support they need to make the improvements required.

This must include a clear articulation of how the culture across mental health and learning disability services in Tayside needs to shift, again supported by effective collective leadership by the Tayside Executive Partners. Openness, transparency and meaningful engagement with patients, families, partners and communities will be central to this.

Finally, we have heard many times from people across Tayside that they have been here before. People - staff, patients, families, and partners - are concerned about what's going to happen next. It is incumbent on the Tayside Executive Partners, working within and across their respective organisations, to work closely with the Scottish Government to ensure that momentum for change is sustained.

Key Priorities

The main sections of this report set out our detailed consideration of each of the 51 recommendations. We would expect Tayside Executive Partners to be assured that account is being taken of them all by the responsible and accountable Bodies in their forward planning.

Rather than creating another long list of recommendations, we highlight below six areas for increased strategic focus as Tayside Executive Partners and the Scottish Government move ahead with the process of change.

1) **Progress on 'single site'; Strathmartine; and delayed discharges** - In our second quarterly report, published in June, we highlighted three specific areas that required urgent attention. We have not yet seen plans to take these issues forward. It is now imperative that Tayside do so with pace and ambition and in a way that engages with patients, families, partners and communities. The three issues were:
   - Progressing the decision around about single site provision in Tayside for inpatient mental health care.
   - The physical environment in Strathmartine, which raised concerns for both patients and staff.
   - Addressing the issue of significant delayed discharges, meaning that patients were being kept in inpatient beds longer than they needed to be.

2) **Streamline and prioritise the change programme in support of Living Life Well** - As we describe later in the report, the change programme related to Tayside's mental health and learning disability strategy, Living Life Well, is overly complex. There is therefore a need for Tayside to simplify governance arrangements, prioritise areas for improvement and put in place a clear resource framework to support delivery. This will give staff, partners and communities clarity and confidence that the new strategy will be delivered.

3) **Making integration work** - Having clarified the roles and responsibilities for mental health through the revised integration schemes, the partners must now focus on collaborative working to make the new arrangements work in practice. This needs to include a clear understanding of how each partner will work together and, importantly, the role of the Tayside Executive Partners in providing the right leadership environment to ensure that innovation can flourish and that sustainable change can take place.

4) **Engaging the workforce** - We have met many highly skilled and committed staff across Tayside. They need the resources, support and leadership to ensure they can do their jobs effectively, while looking after their own wellbeing. They also need to be effectively engaged in the major decisions affecting service delivery.

5) **Engaging with patients, families, partners and communities** - There is an opportunity to build - and in some cases rebuild - relationships with people with lived experience of mental health services in Tayside. Their voices deserve to be heard and engagement needs to be meaningful. There is a rich and diverse third and community sector in Tayside. The statutory partners need to redouble their efforts to work with these organisations to shift the balance of care, away from inpatient services and into the community.

6) **Continued focus on patient safety** - We recognise the progress that is being made in many aspects of patient safety. Staff are committed to doing the best job they can often in difficult circumstances. Tayside Executive Partners need to ensure that their respective organisations' systems, processes and physical infrastructure support continued improvement in patient safety across Tayside where appropriate.

Background

1. Over the last 12 months, Members of the Oversight Group have valued the time we have spent with Tayside Executive Partners and the communities they serve. We have appreciated hearing from colleagues who work in mental health and learning disabilities and from people with lived experience of those services. We are grateful to them for trusting us with their stories and we are the better for their insight and challenge.

2. In 2018, following widespread concerns raised in the Scottish Parliament about the provision of mental health services in Tayside, NHS Tayside commissioned an Independent Inquiry and appointed Dr David Strang to lead the review. Dr Strang published his report in February 2020. NHS Tayside and partners welcomed the report and accepted its recommendations. There were 49 recommendations for Tayside and two for the Scottish Government.

3. The Tayside Executive Partners comprising the Chief Executives of NHS Tayside Angus, Dundee and Perth and 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. The statement of intent is set out below:

"The Independent Inquiry Report sets out a clear and urgent need for improvement in the mental health care, treatment and support for people across our communities in Tayside

The Tayside Executive Partners are committed to making all the necessary improvements so that people from all communities across Tayside receive the best possible mental health and wellbeing care and treatment and those with mental ill health are supported to recover without fear of discrimination or stigma.

Together with people living with mental ill health, their families and carers, and our staff, we will immediately work on addressing the issues raised in the Independent Inquiry Report to build good quality mental health services that meet people's needs and build a working environment that supports our staff.

As leaders of the response to the Independent Inquiry, we will:

- Immediately establish a Collaborative Strategic Leadership Group to oversee the urgent and essential actions required to improve mental health services and begin to restore public trust, respect and confidence in mental health services in Tayside.

- Strengthen our engagement and participation so that the voices of people with lived experience and their carers are amplified and remain strong as we co-design improvements to services to deliver a truly person-centred Tayside-wide Strategy for Transforming and Improving Mental Health and Wellbeing.

- Drive the development of the Tayside-wide Strategy which delivers support and services built on our commitment to fostering respectful relationships with people who use and work in our services.

- Commit to strengthening the Tayside Mental Health Alliance as a collaborative which brings together all partners and all aspects of mental health - from prevention and recovery, to community and hospital-based services.

- Reach out to, learn from and engage with other mental health systems, external experts and professional bodies to further develop leadership, culture, behaviours and attitudes which will strengthen the learning culture across mental health in Tayside.

- Work in partnership with staff and staff representatives to ensure that everyone has the opportunity to contribute, learn, influence and shape the future of mental health services in Tayside.

We believe that through these commitments and the recognition of people's lived experience, we will put people at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do."

4. Tayside Executive Partners developed the [Listen Learn Change Action Plan in August 2020](#) which brought together responses to all 49 recommendations for Tayside. Separately, the Scottish Government developed responses to the two recommendations which applied across all of Scotland.

5. In February 2021, the commitment from Tayside Executive Partners was enhanced further still by the Collective Leadership Promise they made as part of [Living Life Well](#), the new mental health and wellbeing strategy for Tayside. This included, amongst other things, a commitment to strengthening engagement and participation, creating the conditions for change and fostering respectful relationships.

6. When Trust and Respect was published, the Scottish Government asked the Independent Inquiry team to revisit Tayside's mental health services after 12 months, to review and report on progress made against the Trust and Respect recommendations.

7. Dr Strang commenced his follow-up review in February 2021 and the Progress Report was published in July 2021. One year on, Dr Strang found a great deal of positive changes and was impressed with the commitment of staff, partner organisations and others seeking to make a difference. However, he also reported that there remained a long way to go to deliver the required improvements and that some key relationships were still problematic and unresolved. Finally, and of particular concern, Dr Strang questioned the level of confidence which could be placed upon the accuracy of the reported progress against the Tayside's Listen Learn Change Action Plan.

8. Throughout this period, the Scottish Government has had cause to escalate NHS Tayside to Level 3 on the [Board Performance Escalation Framework](#), in respect of their delivery of mental health services. The description of Level 3 escalation is where there has been 'significant variation from plan, risk materialising, tailored support required'.

9. By way of background, NHS Tayside was one of the three original Boards escalated in terms of the Board Performance Escalation Framework in 2016. Having been at Stage 5 in April 2018 for Finance, Governance and Leadership, NHS Tayside was then de-escalated in this regard, to Stage 2 in March 2021. In June 2017, NHS Tayside was also escalated to Stage 4 on the Performance Framework in respect of Mental Health Services, and subsequently de-escalated in this respect to Stage 3 in June 2021, reflecting progress up to this point. NHS Tayside currently remains at Stage 3 with regard to the performance of Mental Health Services. Going forward, the Oversight Group expects NHS Tayside and the Scottish Government to work together on next steps, in the context of the feedback in this Final Report and the key points for actions contained within.

Independent Oversight and Assurance Group - Our Approach

10. Independent Oversight and Assurance Groups are by their very nature an exception: they are not a routine part of Scotland's governance landscape, nor should they be. From the outset we were clear that our role should be time limited and that we should not become part of the governance landscape in Tayside.

11. Our remit has been to provide assurance on the progress made by Tayside Executive Partners in implementing the recommendations from Trust and Respect and in doing so, to provide advice and support to the Tayside Executive Partners. It is not our role to undertake an inspection or audit, although our work has required us to make assessments on progress and arrive at judgements on prospects for future improvement.

12. We wanted to have a sound understanding of the operating environment within Tayside and the issues they face. We have valued spending time with colleagues who work in mental health and learning disability services, in both community and hospital settings, and we are grateful to them for their time, insight and candour.

13. Importantly, we have heard from people with lived experience of mental health services in Tayside. We have met regularly with the Stakeholder Participation Group which was brought together through the Independent Inquiry. We say much more about this group and the role it plays elsewhere in this report. For now, we would simply record our thanks to them: they have been our regular sounding board; their stories will stay with us; and our work has been the better for their support and challenge.

14. Since pandemic restrictions eased in the Spring of 2022, we have engaged widely with community and third sector organisations across Tayside. We have been so impressed by the organisations who serve local communities across the region. Many have come together through bereavement and grief, which they are still experiencing, and yet they devote their time to supporting others and creating

hope. The groups we have met with have demonstrated empathy, kindness, creativity and great resourcefulness. Importantly, the work they do provides the very cornerstone for support in the community, early intervention and prevention, and shifting the balance of care. Appendix 2 to this report references the groups with whom we have engaged.

15. We have talked to many others with lived experience and despite us having no powers to investigate, to take evidence or become involved in individual cases, a significant number of people, including former employees in mental health, have sought us out. We have met with everyone who asked to meet with us: our purpose has been to listen to their stories and their experience, which in turn, could point to wider lessons which would inform our work.

16. We have met with the Chair of the Health Board and the Chairs and Vice-Chairs of the Integration Joint Boards. We have observed meetings of the Health Board and its relevant Standing Committees and attended meetings of the Angus, Dundee and Perth and Kinross Integration Joint Boards. We are grateful to colleagues for facilitating this and for welcoming us to their meetings.

17. We have met with parliamentarians and made ourselves available to them, following publication of our Quarterly Reports. We wanted to ensure they were aware of our work, and we have also found it helpful to better understand what matters most to them and their constituents.

18. In short, we have talked to many people, but we have listened even more. What we have heard has continued to inform our approach and helped us reach the judgments we have made.

19. From the outset we identified three clear tasks:

- Undertake a reassessment of the 51 recommendations from Trust and Respect, given one of the key findings from the Progress Report was concern over the credibility of Tayside's own assessment.
- Address any additional recommendations arising from Dr Strang's Progress Report.
- Give attention to Living Life Well, the new Mental Health and Wellbeing Strategy For Tayside published in February 2021.

20. Our approach has been designed to be both supportive and challenging. Throughout our engagement in Tayside, we have sought to be a helpful presence.

21. We asked Tayside Executive Partners in November 2021 to provide realistic updates on all 49 recommendations for Tayside and we made the same request to the Scottish Government in respect of the 2 recommendations for all of Scotland.

22. Tayside Executive Partners and the Scottish Government had, since the development of the Listen Learn Change Action Plan, adopted a Red, Amber, Green (RAG) rating system to assess and report on progress. The use of this system, and the interpretation of the ratings, has changed over time, a point highlighted in Dr Strang's Progress Report. This has made direct comparisons over time difficult to make and

progress harder to track. We therefore issued our own RAG status definitions for use by Tayside Executive Partners, and these also apply in respect of this report:

Green – actions are complete and the intended outcomes have been achieved **OR** actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Amber – actions are marked as complete, but have not achieved the intended outcome – additional action required **OR** actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required

Red – actions are not now considered sufficient to achieve the intended outcomes **OR** actions are not underway and / or not on track and urgent remedial action is required to achieve the intended outcomes

23. In our first Quarterly Report we reported the outcome of Tayside Executive Partners' assessment of progress in January 2022 alongside our own independent assessment. It is fair to say we had some way to go to reach a shared view on progress. Tayside had 28 recommendations rated as Green and 21 as Amber. Our independent assessment had 9 recommendations rated as Green, 38 as Amber and 2 as Amber/Red. We rated both recommendations for the Scottish Government as Amber.

24. Having established a baseline and a solid foundation for the work ahead, we wanted to develop a deeper understanding of those areas where we were apart from Tayside in our respective assessments. We identified four priority areas and published the themed work plans we would undertake. The four priority work plans were:

   • Health and Social Care Integration
   • Patient Safety
   • Culture and Engagement
   • Workforce.

25. Tayside Executive Partners appointed a senior sponsor for each area of work, and we are grateful to the Executive Director of Nursing and the Chief Officers of Angus, Dundee and Perth and Kinross Integration Joint Boards respectively, for their leadership and for the way we have been able to work together.

26. In addition to these primary work plans, our work also considered progress against recommendations relating to children and young people, performance and governance.

27. For each work plan we set out what we needed to better understand and the evidence we wanted to see in support of improvement. We prepared question sets and spent time with teams in both hospital and community settings across Tayside. We also met with partners, including from the third sector and other stakeholders. Upon conclusion of each work plan, we issued a final question set on any remaining issues, setting out what we needed to see from Tayside in their final submission.

28. This, our Final Report, is based on what we have learned from our work with Tayside and from the final submission from Tayside Executive Partners to the Oversight Group.

29. We asked Tayside Executive Partners to provide current and realistic assessments of progress across the 49 recommendations for Tayside, as well as an assessment of the commitment and capacity for change and continuous improvement. We also asked the Tayside Executive Partners to provide a collective assessment of their own delivery as a leadership group against their Joint Statement of Intent and their Collective Leadership Promise, contained within Living Life Well.

30. In this report we set out what we have learned from our work with Tayside, our findings and our assessment against each of the 51 recommendations. We are also publishing Tayside's own assessment of progress and leadership, including the further action they propose. This is included in Appendix 3 to this report.

31. The remainder of this report sets out our findings and conclusions under each of the work plan headings.

Integration Work Plan

32. This work plan brings together six recommendations from Trust and Respect, including the functioning of integration, strategic planning, dual diagnosis provision and crisis support, and advocacy availability.

33. In our activity on this work plan, we are particularly grateful to the very many service users and staff of community based mental health and learning disability services across Tayside, who have met with us and shared their stories and their experiences of community services and how well or otherwise, the integration of health and social care is working.

34. We appreciate being involved in some of the discussions convened by the very collaborative and inclusive Integration Scheme Review Group in the work that they were commissioned by the Health Board and Councils to undertake, to review the existing Integration Schemes.

35. We are grateful also to have been afforded the opportunity to meet with the Chairs, Vice Chairs and Chief Officers of the respective Integration Joint Boards and for us to present to them our reflections of their work and functioning.

36. There has been a significant review of the three Integration Schemes undertaken by NHS Tayside and the three local authorities. This was consistently described to us as a 'light touch' review, although we found it to be an extensive piece of work, with considerable investment of senior resource across the partnership.

37. In our view, the revised schemes in Dundee, Angus and Perth and Kinross now provide clarity on roles and responsibilities for mental health and learning disability services in Tayside. This was a central concern from the original Trust and Respect report.

38. All Partners are now clear that Perth and Kinross Integration Joint Board has the lead coordinating role for strategic planning and commissioning of the delivery of inpatient mental health and learning disability services. Dundee and Angus Integration Joint Boards are also clear that Perth and Kinross Integration Joint Board having this lead coordinating role, does not absolve them of their statutory duty to plan and commission for this delegated function. They must continue to participate and collaborate with Perth and Kinross in this activity, along with the Health Board, to achieve this effectively. We note the establishment of a Short-Life Working Group with representation of the 3 Integration Joint Boards and NHS Tayside to prepare a governance, reporting and decision-making structure for services coordinated by a Lead Partner.

39. We have previously expressed our concern about the very short consultation periods on the revised schemes in the three areas. Our work in Tayside involved us attending the Health Board meeting in June 2022 at which the Integration Schemes were presented for approval, we were not in attendance at the respective Councils' meetings considering the same issue. We noted that the revised Integration Schemes received no scrutiny at NHS Tayside's Board meeting in June 2022 within our third quarterly report to the Minister for Mental Wellbeing and Social Care.

40. Perth and Kinross Integration Joint Board has a clear lead coordinating role on behalf of all three Integration Joint Boards in relation to Mental Health and Learning Disability provision. Material decisions that are made on any matter of health and social care commissioning by an Integration Joint Board, should only be made following extensive and effective community engagement (including with Health Board and local authorities) and an open and transparent strategic planning approach. We have indicated to Tayside Executive Partners that they and their respective organisations, therefore need to remain fully engaged in the planning and delivery of Mental Health and Learning Disability services.

41. In our second quarterly report, we highlighted 3 specific areas that required urgent attention in respect of progressing a decision around single site provision in Tayside for inpatient mental health care; the physical environment in Strathmartine and addressing the issue of significant delayed discharges. We have addressed the need to make progress in respect of these, in the key priorities section of this report.

42. While the new integration schemes provide much greater clarity around mental health and learning disability services, there remain one or two issues that still require careful consideration in order to provide transparency and avoid confusion or inaction by Integration Joint Boards. These include the Lead Partner arrangements for primary care, which appear to now have placed the operational delivery responsibility with the Angus Chief Officer, and certain children health services for which Integration Joint Boards have clear strategic planning and commissioning responsibilities.

43. Having approved the revised schemes the key issue is how they will operate in practice, and how the three Integration Joint Boards and the Health Board work together, to bring clearer leadership for mental health services that improves quality and public trust in the service. Simply rewording a document will of itself make no difference to planning and operational delivery. Intentional action will be required by Integration Joint Boards, Chief Officers, Health Board and Councils if there is to be

real and meaningful changes to the way business is done. We are advised that a development session will take place before end of February 2023 with Members of NHS Tayside Board and Chairs and Vice Chairs of Integration Joint Boards participating on this issue and this is to be welcomed.

44. We have made presentations to the Chairs, Vice Chairs and Chief Officers of all three Integration Joint Boards and to Tayside Executive Partners on how we believe the Integration Joint Boards have functioned since the beginning of 2019. We are encouraged by the developmental work that has already taken place in Angus and Perth and Kinross following our engagement, and we are confident that this will be continued across all three Integration Joint Boards.

45. Our work has identified that Integration Joint Boards in Tayside have tended to be too passive in taking on the role and responsibilities that the Public Bodies legislation envisaged. We have previously reported very good integrated health and social care provision in some areas, including some of national significance. Specifically, we have commended the Discharge Hub in Dundee; the work undertaken in Dundee to understand and make appropriate provision for autism in the universities; maximising the opportunities available through Action 15 funding in Angus; the streamlining of approaches to assessment of Autism Spectrum Disorder (ASD) in Arbroath; peer support provision; the provision of 24/7 crisis support by The Neuk in Perth is an exemplar service; the work of 'The Saints' at St Johnstone points to the reach and positive impact football continues to have within communities; and the quality of support and services provided by voluntary organisations across Tayside.

46. Most of the commissioning of services has thus far not been as a result of Integration Joint Board decision making, but instead has been led by Health and Social Care Partnerships and Chief Officers: indeed, most of the above provision has never been visible, in formal reporting terms, to any of the respective Integration Joint Boards. This lack of visibility of community resources and supports is a key issue for Integration Joint Boards in respect of them having oversight and being able to own their role and responsibilities, and Chief Officers, the Health Board and respective Councils, need to support them to do this.

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

Context of Oversight Group assessment: The development and publication of Living Life Well and adherence to progressing simultaneously the 31 work streams in 6 complex change projects within 7 different themes.

47. Tayside Executive Partners have indicated a RAG status of Amber in their final submission, a change from their previous assessment of Green in June 2021. The Oversight Group acknowledges and welcomes this reflection and amendment by Tayside Executive Partners on the extent of the progress made.

48. Dr Strang highlighted in his Progress Report that there was neither an implementation plan nor a resource framework in relation to Living Life Well, an issue that the

Oversight Group has consistently referenced during our involvement. It is noted that these two key elements remain outstanding.

49. The Oversight Group has clarified that none of the Integration Joint Boards, as strategic decision-making bodies with commissioning responsibilities, had been formally engaged in the development of Living Life Well and it is a matter of record that all of them essentially only 'noted' the publication of the Plan. The absence of a financial framework remains a barrier to ensuring that all partner organisations can genuinely sign up to Living Life Well.

50. Tayside Executive Partners have set out a significant level of proposed further actions that will be coordinated by the Chief Officer, Perth and Kinross Health and Social Care Partnership. It is to Perth and Kinross Integration Joint Board and the Health Board's credit that these proposals for further action were fully supported and endorsed at their respective meetings in August 2022.

51. The extent of the challenge to achieve material and sustainable progress on each of these proposals should not be underestimated.

52. We are of the view that the Tayside approach, which is endeavouring to deliver on all work streams set out within Living Life Well concurrently, is unrealistic. The approach risks contributing to paralysis in the system, with planning and development effort spread too thinly to achieve anything meaningful in the required timescales. The governance structures for mental health also continue to be overly complex and unclear in terms of who has responsibility for what, and further reflection is required to ensure that it aligns appropriately with the revised Integration Schemes.

53. The Chief Officers and the Integration Joint Boards will need tangible ongoing support from Tayside Executive Partners to take forward these proposals. There is a long way to go on this recommendation and for this reason, the Oversight Group RAG rate this recommendation as Amber.

Recommendation 5
Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity and understanding of the commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry Inpatient services in Perth and Kinross Integration Joint Board.

Context of Oversight Group assessment: The lack of clarity across Tayside about roles and responsibilities of the respective public bodies in respect of the planning, commissioning, delivery and oversight of health and social care services.

54. A significant amount of work has been undertaken by the Health Board and three Councils in reviewing the Integration Schemes. The revised Schemes provide greater clarity of roles and responsibilities in the planning and delivery of health and social care provision across Tayside, and particularly in Mental Health and Learning Disability provision.

55. We have set out in our earlier reports some of the issues that Tayside Executive Partners should continue to reflect on in relation to the revised Integration Schemes. For example, the nature of the consultation undertaken in all three and how this relates to Trust and Respect issues about engagement, together with the need for clarity about Lead Partner responsibilities in Primary Care and certain children's health services.

56. We have indicated to all parts of the integrated system, including to Tayside Executive Partners, that merely re-writing parts of the Integration Schemes of itself will be insufficient in removing the confusion that has previously beset Tayside Executive Partners.

57. The Integration Joint Boards now need to embark on an ongoing development programme to ensure that their Members understand and effectively discharge their role and responsibilities. This includes strategic planning, the commissioning of services from the Health Board and respective Councils through Directions and having oversight of the performance of commissioned services. Equally, the Health Board and each of the Councils are also going to need to reflect on and adapt how they respond and embrace three Integration Joint Boards properly taking on their roles and responsibilities in future.

58. We have been encouraged by the speed of response by two of the three Integration Joint Boards on this, with development sessions already having been undertaken on what the revised Schemes mean for them and how are they going to do business in future. We welcome the work that has been undertaken in establishing common Directions approaches to ensure accountability is able to be applied.

59. We have been particularly encouraged by the coordinating leadership of the Chief Officer of Perth and Kinross Health and Social Care Partnership in bringing together the other Chief Officers, the Executive Director of Nursing and the Medical Director. Together, they are demonstrating a preparedness to engage on mental health and learning disability in a way that hasn't happened previously in Tayside. This level of senior collaborative working exclusively on integrated health and social care activity is commendable and could be a model worthy of consideration across Scotland.

60. Oversight Group give this a RAG status of Green.

Recommendation 13
Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.

Context of Oversight Group assessment: The need for effective local delivery and joined-up and coordinated strategic planning in a multi-partnership Health Board area.

61. Each of three Integration Joint Boards now have in place a strategic approach to community mental health services, with Perth and Kinross the last of the Integration Joint Boards to approve its strategy in December 2021.

62. A high-level review of the business of all three Integration Joint Boards between January 2019-December 2021 has been undertaken by the Oversight Group and shared with Chairs, Vice Chairs and Chief Officers. This has highlighted that while all three have an agreed strategic approach to mental health and learning disability provision, there has been infrequent review of progress by the Integration Joint Boards throughout this period, and there have been virtually no decisions taken by any of the Integration Joint Boards to commission services in line with their approved strategy.

63. However, that is not to say nothing has happened. As we have reported elsewhere, we have seen instances of very good, innovative provision, some of which is of national importance. But none of it appears to have been commissioned by Direction through the local Integration Joint Boards.

64. Decision making has in the main been undertaken by the Health and Social Care Partnership and/or the Chief Officer. This approach can lead to disjointed and inconsistent provision across Tayside and even within Health and Social Care Partnership areas. Action taken as set out in recommendation 5 will address this going forward and will establish effective governance around decision making and oversight.

65. Mention has already been made of the 3 recommendations we made within our second quarterly report. Within the parameters of the revised Integration Schemes, the Integration Joint Boards will have to own the collaborative and inclusive planning and decision making on these challenging issues, if progress is to be made. This also applies to achieving a pan-Tayside shift in the balance of care and ensuring that effective and consistent community mental health services are in place. The early leadership from the Chief Officer from Perth and Kinross Health and Social Care Partnership to coordinate activity is a promising indication that there is a commitment and drive to change the way that mental health and learning disability services are planned and delivered through Integration Joint Boards. This should be encouraged and supported by the Health Board and respective Councils in support of the Integration Joint Boards.

66. Tayside Executive Partners appropriately acknowledge 'the scale of work that remains to be achieved in order to ensure good mental health and wellbeing outcomes for the people of Tayside'. The Oversight Group acknowledges this and assess this recommendation as Amber.

Recommendation 14
Consider developing a model of integrated substance use and mental health services.

Context of Oversight Group assessment: The needs of individuals with a dual diagnosis of Mental Health and substance use were shown through Dr Strang's review not to be met across Tayside.

67. The Mental Welfare Commission published their report 'Ending the Exclusion' in September 2022 and were 'concerned to find that national guidance and standards that emphasise the need for services to work closely together to meet all the needs of

a person, have not been realised' and concluded that 'current service provision is not good enough'.

68. As Tayside Executive Partners acknowledge, the focus across Tayside in the last three months has been on Medication Assisted Treatment Standards 1-5, in line with Scottish Government direction. Medication Assisted Treatment Standard 9, with a focus on people with a dual diagnosis, will be addressed at a later date.

69. Some activity has progressed in Tayside over recent times, but the output has been limited and the impact on people who need services has been negligible in terms scale and reach. This is not to devalue the initial important work that has been undertaken with Healthcare Improvement Scotland and in projects such as the Dundee Women's Service, but the numbers of individuals considered and supported are a tiny fraction of the overall population and there is a real issue of recency of action and the pace required is not where it needs to be.

70. The Mental Welfare Commission commended the work of the North Angus Hub as an exemplar in respect of a 'one door' approach to mental health provision regardless of the level of need. The Oversight Group has visited this service, met with the team and been impressed by their approach, commitment, and impact. It would be one of the services that we consider to be of national significance, not least because of the involvement of peers in the approach.

71. However, at the time we visited in June, the service had still to be rolled out across the rest of Angus. Despite the Team Leader making 9 or 10 presentations on the approach to colleagues across Tayside, there had been no commitment to roll out across the Board area.

72. It is our view that the work on this issue has been fragmented. In June we expressed our concern to Tayside Executive Partners, via their Executive Lead for our Integration work plan, that the activity underway on this recommendation was not coordinated in the way that it needs to be, nor that it had the required pace. In our discussions with colleagues, we have indicated our view that Medication Assisted Treatment Standard 9, if achieved, delivers on this recommendation and requested the Tayside plan to deliver Medication Assisted Treatment Standard 9 to be submitted to us. As indicated above, there is no plan as yet. It is worth remembering that Trust and Respect preceded the Medication Assisted Treatment Standards by some two years.

73. We have heard that there continues to be a 'siloed' approach between Community Mental Health Teams and substance use services in too many places. We heard of a 'three strikes and out' approach regarding appointments offered and not taken up in both Community Mental Health Teams and alcohol and drug services, resulting in a closed case outcome and a return to the GP who made the referral in the first place. A revolving door of provision. Tayside Executive Partners advise us that the system is that people are offered two appointments and then an opt-in letter as a general standard. Beyond that, Tayside Executive Partners advise that there would be safeguard and welfare checks, however, this is subject to there being a known level of risk.

74. Tayside Executive Partners have rated their RAG status as Amber on this recommendation, however, their further proposed actions are limited in number and substance. The Oversight Group is very concerned about the lack of strategic and coherent progress on this issue over the nearly three years since Trust and Respect and particularly given the presence of the Dundee Commission and its output over recent times.

75. Given the absence of a clear plan to deliver on this recommendation and subsequently Medication Assisted Treatment Standard 9, in our view a RAG rating of Red is appropriate.

Recommendation 16
Prioritise the re-instatement of a seven-day crisis resolution home treatment team service across Angus.

Context of Oversight Group assessment: The inequitable service provision for people across Tayside at the point of crisis in their mental health.

76. A seven-day service has been reinstated across Angus and fully operational since September 2021. The service has been evaluated and review recommendations have been made to ensure the embedded nature of this service going forward.

77. There are some issues of sustainability of the service given the dependence on existing staff levels to cover a seven-day period as the evaluation of the service highlighted. This is presently being addressed by Angus Health and Social Care Partnership.

78. Oversight Group assess a RAG rating of Green.

Recommendation 26
Make appropriate independent carer and advocacy services available to all patients and carers.

Context of Oversight Group assessment: The recognition that the most vulnerable individuals are often least able to represent themselves and need independent support to advocate on their behalf.

79. We met with representatives from all 6 of the advocacy organisations who were notified to us by Tayside Executive Partners as delivering advocacy services. It is fair to say that their perspective of availability and sufficiency of provision for carers and patients, varies considerably from that reported by Tayside Executive Partners in their final submission.

80. Almost all of the advocacy organisations we met with have had to restrict the availability of their services to circumstances where statutory powers have been exercised in respect of a patient's care. Even with this prioritisation, organisations are having difficulty meeting the demand for their service. One of the organisations we met with had not placed any restrictions on the availability of their service and they currently have a six-month waiting list. We are to understand that the organisation has put in place arrangements to maintain contact with people whilst they are on this list.

81. In their feedback, Tayside Executive Partners have indicated that they have encouraged some services to not limit their referrals but to maintain a watching brief on the understanding that if the situation worsens, they can be reprioritised. At the same time, Tayside Executive Partners have stated that in respect of the organisation that didn't limit its referrals, they believe that was the right thing to do.

82. From our discussions, we gained an appreciation of the difficulties organisations had encountered throughout Covid and the steps they were taking to remobilise their respective services. We heard about the difficulties organisations have faced through time limited funding for discreet elements of their services.

83. Given the scope of this recommendation, we were surprised to hear that no discussion had taken place with advocacy services collectively, on how the recommendation could be met and resources maximised.

84. From their final submission, there appears to be very little movement in the Tayside Executive Partners' position to that which was established and reported on in June 2021. Having met representatives of advocacy organisations we would encourage Tayside Executive Partners to ensure that those who commission services work more closely with third sector providers to offer guidance and support in terms of their service delivery. The Oversight Group continue to be of the view that this is Amber rated.

Patient Safety Work Plan

85. This work plan brings together 14 recommendations from Trust and Respect, including Significant Adverse Event Reviews, anticipatory care planning, de-escalation, inpatient psychological services and support for junior doctors. This plan also includes the national Recommendation 32 for the Scottish Government, on the need for guidelines on substance misuse on inpatient wards.

86. We are grateful to all the people with lived and living experience and all the front-line staff who have given us their time and reflected their shared aspiration of ensuring that people in Tayside receive the safest and most beneficial care at the time they need it.

87. We have focused on the reviews of significant adverse events and safer care in inpatient wards, particularly in relation to de-escalation, ward-locking and complex case management.

88. We have commissioned a sample review of the Significant Adverse Event Reviews that have been completed since October 2021, carried out by Subject Matter Experts.

89. We welcome the progress that has undoubtedly been made in these important areas. There remains a need to be vigilant and to monitor the impact of the work undertaken to date to ensure it is making a difference to patients and their families. There is also a need to demonstrate that learning from each review is systemic and sustained.

90. We have been struck by the genuine commitment, passion and compassion of staff that we have met during our visits. We are encouraged by the way that de-escalation

policy and practice has been embraced and we welcome the clarification of what constitutes complex need. The commitment to a continuous improvement approach is welcomed.

91. We have seen evidence that the inpatient wards are able to begin to demonstrate the positive impact of new ways of working that are person-centred and less medically orientated. There is always more to do, however, with the new leadership that is in place, momentum can be maintained if they are empowered to make changes

92. As we indicated in our [third quarterly report](#), we have seen and heard much that is good and positively developing across Tayside in relation to the Patient Safety Work Plan recommendations. We have also noted that this tends to be in pockets of services and places. There is, therefore, still significant work to be done to ensure consistency of application of new and revised policies, practice and innovative models of provision (some of which are of national importance) across Tayside. This necessarily links to the effective functioning of the Integration Joint Boards and the need for genuinely collaborative and partnership working across all stakeholders in Tayside, including the Health Board and Councils.

93. We have heard examples from family members and carers with lived and living experience where provision continues to be less than satisfactory. Whilst most of this is of a historical nature and was reflected to Dr Strang in his evidence gathering for Trust and Respect, the fact that the issues of concern continue for these family members and has not been addressed by the Tayside Partners is an issue for us.

94. Some of the stories we have heard from family members and carers are not historical and as described to us, point to an experience that is not at a level that is either in keeping with the improvements introduced by Tayside in response to Trust and Respect or consistent with safe and protective standards of provision. It is incumbent on NHS Tayside to effectively listen to and hear these concerns and address them appropriately to ensure that patient safety for all patients is the primary outcome.

Recommendation 11
Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.

Context of Oversight Group assessment: An in-depth exploration of the robustness of whole system learning from events; the involvement of families and carers; openness about failures, closing the loop and sharing learning; and the protocol for reviews for unexpected deaths where mental health and substance abuse issues were present.

95. It is clear that significant work has been undertaken by the Tayside Executive Partners, and particularly by NHS Tayside, to demonstrate progress and change on this recommendation.

96. The Oversight Group has held very comprehensive and scrutinous discussions on several occasions with the Executive Director of Nursing, the Associate Medical

Director Patient Safety, Clinical Governance and Risk, and colleagues, to fully understand the issues and the progress that is being made.

97. There are a small number of outstanding issues that Tayside Executive Partners did not address in their final submission, either individually or systemically. These include NHS Tayside bringing more transparency on the reporting of average timescale for completion of Significant Adverse Event Reviews, the number that exceed the expected completion timescales, and what happens in terms of near misses.

98. Nevertheless, NHS Tayside has come a long way during the course of our involvement. In June 2021, NHS Tayside was advised at its Board meeting that 'there is a comprehensive NHS Tayside adverse event policy with training available' and they RAG rated themselves as Green at that point. By November 2021, this had been revised to Amber. We were informed that a further updated process reinforcing clinical oversight to all mental health Significant Adverse Event Reviews, aligned to HIS requirements, was agreed at Executive Leadership Team in October 2021. In addition, in November 2021 the Clinical Governance team met with Health and Social Care Partnerships to agree processes to ensure implementation of new guidance consistently across Tayside.

99. The Oversight Group commissioned two independent Subject Matter Experts to review on our behalf those Significant Adverse Event Reviews that have been completed since the implementation of that new policy. Early in our engagement, we had been advised that the new policy had been rolled out from October 2021 and that there were 5 Significant Adverse Event Reviews completed since that time. It was these 5 Significant Adverse Event Reviews that the Subject Matter Experts reviewed.

100. The fully revised NHS Tayside Adverse Event Management Policy reflecting the Healthcare Improvement Scotland Framework was, however, only finally approved in March 2022. As such, the Subject Matter Experts noted that the 5 reviews that they considered had all been completed prior to the full introduction of the new policy. Their review highlighted a variability in the reviews presented in terms of style, tone, length and layout, but in the main, given the aspiration is one of a patient safety focus, this was present in all of the reviews along with a clear intention to identify good practice and to share areas to learn from.

101. They have advised that the Adverse Events Management Policy in Tayside is a thorough piece of work and sets out in detail a consistency of approach. The Subject Matter Experts considered all 5 reviews to be sufficient for the purposes of learning and improvement and would expect future reviews conducted under the revised policy to be more consistent going forward.

102. The Oversight Group consider that the work undertaken over the last 12 months to review and improve the approach to Significant Adverse Event Reviews means that Tayside is firmly heading in the right direction. NHS Tayside should be commended for the distance travelled on this issue. It is noteworthy that NHS Tayside has already asked to see the Subject Matter Experts report to address any points for learning.

103. The Subject Matter Experts recommend that NHS Tayside undertake its own review of the impact of the Adverse Event Management policy on mental health adverse

event reviews in approximately one year's time, providing the organisation with assurance that the new policy is achieving what it is supposed to achieve. The remit given to, and report from, the Subject Matter Experts are included in Appendix 5 to this report.

104. Oversight Group RAG rate this recommendation Green.

Recommendation 17
Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/challenging presentations.

Context of Oversight Group assessment: The need to ensure that the most vulnerable patients receive the level of person-centred care that meets their needs.

105. Tayside has developed a clear definition of what constitutes a complex case. This is worthy of commendation and recognition as work of national importance that would be of value to all other Health Board areas to be aware of and apply.

106. There has been significant work undertaken by the Health and Social Care Partnerships to apply the new definition of 'complex case' that has been developed in response to Recommendation 17 and there is now clarity across the three areas as to the numbers of patients that are on the caseload for each Community Mental Health Team and within that, how many patients have conditions that are deemed to be complex. We have previously reported that the work undertaken on complex care definitions has provided the Tayside Partnerships with a strategic opportunity to contribute to a shifting of the balance of care in mental health services as it has identified that just 40% of the Community Mental Health Team caseloads in Angus and Dundee and only 25% in Perth and Kinross, are considered to be complex. This, in our opinion, creates an opportunity to be more creative for those non-complex patients who remain on Community Mental Health Team caseloads in the support arrangements made for them which needs to be considered by the Tayside Partnerships.

107. We have previously reported that NHS Tayside and its Health and Social Care Partnerships, operate seven different variations of a care plan, each of which broadly incorporates many of the areas for patient consideration that the HIS Anticipatory Care Plan (ACP) document contains. This could create confusion for staff and clinicians, but more importantly lead to a disparity of service provision to patients across Tayside. We have indicated that for all new patients deemed to be 'complex' - or for existing patients who are at a later stage reassessed as complex and who therefore should have in place an ACP-type document - NHS Tayside need to consider adopting just one of the seven care plans they currently use and apply it consistently across Tayside.

108. Tayside Executive Partners have advised that only in Perth and Kinross will there be a move to implement the Healthcare Improvement Scotland Anticipatory Care Plan in all new cases. We presume that this would also apply to individuals who may have an existing non-Anticipatory Care Plan and whose needs change at some stage in the future and their case becomes complex.

109. Tayside Executive Partners in their final submission to us did not commit to a timeframe of completion of Anticipatory Care Plans for all patients deemed to be complex, simply stating that 'we have some way to go before we can be confident that every person who is assessed as complex will have an Anticipatory Care Plan'.

110. The Oversight Group recognises the innovative work around the definition of complex cases. However, given the absence of a clear time bound plan for rolling out the new approach, we continue to assess progress on this recommendation as Amber.

Recommendation 19
Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment treatment waiting times. This should also include maximum waiting times for referrals.

Context of Oversight Group assessment: The need to ensure that patients receive the treatment they require at the earliest possible time thereby maximising the potential for recovery and improved wellbeing.

111. The Oversight Group has been presented with the monthly Community Mental Health Team data bundles and been advised about how they are being used at a local level, at least in Dundee. We have been advised that there has been Quality Improvement support to Team Leaders about how to use data but there is a view, confirmed by Tayside Executive Partners in their final submission, that the data needs to be more detailed than it is.

112. Tayside Executive Partners acknowledge that further work is required to achieve a dataset at the individual level, and that there has been in place an informal agreement on a 12-week access target which is not reported through any formal mechanism.

113. In the course of our engagement with stakeholders, we have heard a view expressed in the community that there continues to be waiting times for access to Community Mental Health Teams' support, and this is particularly the case for reviews of existing care plans, where medication regimes are in place.

114. There are therefore issues of pace (given the time since Trust and Respect was published) and transparency in relation to this recommendation.

115. Tayside Executive Partners believe that the summary of four actions that they describe as having been undertaken are sufficient to achieve the intended outcome. We believe that is optimistic.

116. The Oversight Group therefore believes an Amber RAG rating continues to be appropriate, particularly given the lack of narrative provided by Tayside Executive Partners about how they intend to get to a point that actions are complete and the intended outcomes have been achieved <u>or</u> actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Recommendation 20
Consider the development of a comprehensive Distress Brief Interventions training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.

Context of Oversight Group assessment: A recognition that not everyone who presents with acute distress requires to be either hospitalised or seen in a reactive crisis response service more likely to lead to an escalation of input from health services.

117. Significant work has been undertaken by the Tayside Partnership to implement a Distress Brief Intervention approach consistently across Tayside. This is to be commended.

118. Following an open tendering process, which included a comprehensive service specification detailing service delivery requirement and training for existing staff across Tayside, a provider has been in place since the end of 2021.

119. The Oversight Group, in discussion with colleagues, has indicated that there is a need for Key Performance Indicators to be developed for this service.

120. We have also indicated that there is a need for clarity on sustainability of the provision and note that this is a further action to which Tayside Executive Partners have committed.

121. The Oversight Group consider that a RAG rating of Green is appropriate.

Recommendation 22
Develop clear pathways of referral to and from university mental health services and the crisis resolution home treatment team.

Context of Oversight Group assessment: A recognition of the fact that young people leaving the security of their home for the first time are particularly susceptible to anxiety and challenges to their mental health and wellbeing and require support in this.

122. NHS Tayside Health Board were informed in June 2021 that 'clearly defined pathways have been developed and implemented with both universities'. The pathway was tested and refined throughout 2021 which proved challenging due to Covid-19. We have been advised that during lockdown, students from overseas or whose homes were other than Dundee, who became known to the services were encouraged to engage with their local care provider. Tayside Executive Partners in their final submission advised that the pathway went live in May 2022.

123. We welcomed the opportunity to meet with colleagues from Abertay University's Counselling and Mental Health Service, and Dundee University's Mental Health Support Service. This project has been led by NHS Tayside in partnership with both universities and the Crisis Resolution Home Treatment Team.

124. We were impressed by the comprehensive processes put in place in support of this recommendation and specifically the priorities they had set for pathways for students. We appreciated learning more about the work of the respective university teams to better understand the needs of their students and to develop person centred support. In circumstances where there is an emergency, a robust pathway has been put in place which was tested prior to its launch.

125. This pathway is there to be used in exceptional circumstances with the emphasis placed on early intervention and prevention. Whilst the number of referrals may be low, there is a high level of confidence in the integrity and effectiveness of the process that has been put in place.

126. The project team has put in place arrangements for student feedback and review which include hearing from students on their experience, learning about the impact of the referral process and identifying any unintended consequences. Colleagues from both universities were positive about the links they have put in place with the Crisis Resolution Home Treatment Team and signalled their intention to develop similar close working with community mental health teams.

127. During the meeting, we also heard about the difficulties which can arise when students who are in Dundee, away from home, have been unable to register with local GPs due to closed lists. We welcomed the opportunity to talk to the Chair of the Area Clinical Forum about this when we met. The shared endeavour between the universities and NHS Tayside to ensure that students are able to get help when they need it, was very evident from our discussions.

128. Finally, we simply note we were surprised to see no reference by Tayside Executive Partners to some very significant work being undertaken locally by Dundee Health and Social Care Partnership and the universities to support students with Autism Spectrum Disorder.

129. This recommendation has been addressed and a Green RAG rating is appropriate.

Recommendation 23
Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.

Context of Oversight Group assessment: The importance of ensuring that any stay in inpatient wards requires to be as safe as it can be for all patients and is therapeutically improving wellbeing. It also needs to be a safe environment for medical and clinical staff to work in.

130. The key element of the response to this recommendation has been the comprehensive introduction and implementation of the Improving Observation Practice protocol across the inpatient wards.

131. The Oversight Group has heard from staff in the wards about the positive impacts for patients and on their own practice, of this new approach. We are encouraged by the way that de-escalation policy and practice has been embraced within the inpatient units. We have seen evidence that the inpatient wards are able to begin to

demonstrate the positive impact of new ways of working that are person-centred and less medically orientated.

132. We have been provided with sample datasets for restraint and violence at work for wards 1 and 2, Mulberry units in Carseview, Moredun in Perth Royal, Strathmartine and the Learning Disability Unit at Carseview.

133. This information is not in the public domain and is for local management information purposes only. Having considered this data in isolation, it is difficult to know whether the trends that are shown in the dataset represent good performance or not. NHS Tayside have advised us that they have had access to national benchmarking datasets included in which are datasets relating to restraint since October.

134. We acknowledge and welcome the comments that Tayside Executive Partners make in their final submission. The submission states, 'we know that we will need to constantly attend to ward based cultures through robust governance, leadership, local data, harm data, external visits and the experiences of staff and patients'.

135. In the course of our work, we have had a number of unsolicited approaches from individuals with lived and living experience of the inpatient system. Some of the stories we have heard from family members and carers are not historical and point to an experience that is not at a level that is either in keeping with the improvements introduced by Tayside in response to Trust and Respect, or consistent with safe and protective standards of provision. In this context, it is important that Tayside Executive Partners have made the statement that they have and respond appropriately in every instance.

136. By way of example, in response to a request from the Oversight Group for assurance in respect of the undertaking and recording of risk assessments, we have been provided with an updated Clinical Risk Assessment and Management Plan Protocol, due to be reviewed again in December 2022. This protocol provides guidance for completion of risk assessment documentation and associated timelines by trained staff. The robust endeavour by NHS Tayside on this issue has been a direct response to issues of concern raised with us in one such unsolicited approach.

137. Given the good work on the observation protocol, on balance, the Oversight Group's assessment is a RAG rating of Green. In doing so, we stress the critical importance of Tayside listening to the experience of patients and families and the need for vigilance and continuous improvement.

Recommendation 27
Provide adequate staffing levels to allow time for one-to-one engagement.

Context of Oversight Group assessment: Tayside Executive Partners' original intended outcome to this recommendation was mechanistic and process driven, rather than focussing on the benefit to patients of one-to-one therapeutic engagement.

138. We indicated in our final question set to Tayside Executive Partners that we have heard about usage of workforce planning tools to ensure that the staff establishments

in each ward are correct. We have seen evidence in one ward of the planned, expected and formal three times per week one-to-one engagement with patients and heard in the other wards that it is an issue that is constantly considered and planned for.

139. We have also heard that the level of staffing in wards is such that there are significantly greater levels of one-to-one engagement with patients than three times per week, informal and by whoever is working on the ward at any time including by activities coordinators and bank/agency staff. It is the nature of life on a ward.

140. The question is 'to what end?' There must necessarily be a relationship between the robust, sustained and fully embedded implementation of Improving Observation Practice (interaction and engagement) and one to one engagement, both of which ought to contribute to a positive impact on patients of their time in wards.

141. Appropriately, there is a significant emphasis in Tayside Executive Partners' assessment of progress on the need for continuity, whilst elsewhere in their response they acknowledge that 'we are aware of the constant change within Nursing Teams as staff leave to take up new opportunities'. In terms of further proposed action, they are progressing with the recruitment of 27 Newly Qualified Practitioners from September/October onwards and they acknowledge the continued use of nurse bank, overtime and agency staff to make up gaps in rotas.

142. In reflecting on the original intended outcomes of their endeavours on this recommendation, Tayside Executive Partners have indicated that their intended outcome is 'staffing levels will enable one to one engagement with patients to take place'.

143. Sufficient staffing levels are of course critically important, but the numbers themselves should be viewed as a means to an end, not an end in themselves. We are of the view that more attention could have been given in this recommendation to making the connection to quality and the impact on patient recovery and wellbeing that the available staff are having. Our RAG rating therefore remains at Amber.

Recommendation 28
Ensure appropriate psychological therapies and other therapies are available for inpatients.

Context of Oversight Group assessment: To provide the widest range of support available to patients in inpatient wards to achieve person-centred care and maximise recovery potential.

144. It is clear that NHS Tayside has experienced very real challenges in progressing this recommendation since Trust and Respect was published. This is in part due to a shortage of availability of clinical psychologists in Scotland, resulting in several unsuccessful attempts to recruit to this level of post in Tayside. This was followed by a revision of the plan to create a consultant psychology post, which is still awaiting job matching under Agenda for Change, after which all other new posts will be recruited.

145. In their final submission to us, Tayside Executive Partners separately state in their understanding of this recommendation that 'the added value of psychology to inpatient settings is well recognised', while later commenting that, 'it should be noted that the evidence base for inpatient psychological therapies is relatively weak at present'. It is commendable that despite the evidence being relatively weak, professional and clinical guidance endorses the use of psychological therapies within inpatient settings.

146. It is to the credit of Tayside Executive Partners that they have recognised that the position in regard to psychological therapies and response to this recommendation is not where they had reported to NHS Tayside's Board in June 2021 when they RAG rated as Green, primarily based on an exclusive focus on trauma-informed training and provision. Important though that is, it is clearly only a part of the range of psychological therapies that ought to be available to patients in wards.

147. The Oversight Group also notes the role of Dundee City Integration Joint Board as lead partner for psychological therapies as set out in the revised Integration Schemes. This is not a new responsibility for that Integration Joint Board, but it is noteworthy that it was as recently as February 2022, that the Integration Joint Board was presented with a Psychological Therapy Services Strategic Update paper in which the Board was asked to approve the proposal to develop a Psychological Therapies Strategic and Commissioning Plan for the first time in Tayside.

148. Our view is that this remains a somewhat confused landscape, although there is now a high-level plan in place. However, Tayside Executive Partners are indicating that it will take up to two years to realise, meaning that it will be almost five years since the publication of Trust and Respect. For that reason, we believe an Amber RAG continues to be appropriate.

Recommendation 29
Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.

Context of Oversight Group assessment: In earlier assessments from Tayside Executive Partners, NHS Tayside's initial focus on this recommendation was process driven and focussed on updating guidance, when it is clearly about issues of deprivation of liberty and maintaining patient safety.

149. We have visited all the inpatient wards during the course of our work and have observed the practice relating to ward locking. We have consistently heard from staff that the issue of ward locking is continuously risk assessed and is both individual and ward dynamic based. The latter is made complex in the GAP wards by the mix of patients in wards, for which the clinical rationale is that all the patients have been deemed to require inpatient care. Wards are notionally based on geography, serving particular areas (although in reality all wards had patients from each of the Council areas within them). All wards were mixed gender, high numbers, mixed basis for residence (compulsory and informal), mixed age from young adults. Clinicians spoke to us about the need, in exceptional circumstances, to admit teenagers at a weekend. They commented on the prompt and effective response from Child and Adolescent

Mental Health Services to move a young person on to the dedicated inpatient unit at Dudhope.

150. The good practice that we witnessed on ward locking also necessarily considered the limitations of the environment in Carseview. There is no doubt that the main door into many and sometimes all of the wards is locked for lengthy periods of time in an effort to effectively balance safety, security and freedom. In our opinion, ward staff are doing as much as they can on this issue within the limitations in which they operate.

151. We assess a RAG rating of Green on this recommendation. Again, we would stress the importance of Tayside Executive Partners' acknowledgement, contained within their final submission, that there will always be a requirement for ongoing audit of this issue and the practice in wards therein.

Recommendation 30
Ensure all inpatient facilities meet best practice guidelines for patient safety.

Context of Oversight Group assessment: The contribution that a safe and comfortable environment makes in aiding the recovery of patients in need of an inpatient admission.

152. Tayside Executive Partners in their final submission evidence that extensive refurbishment and environmental safety works have been carried out across much of the inpatient estate following significant investment. Included in this has been £1.6m of expenditure on Ligature Anchor Point Risk Reduction works in 2020/21 and 2021/22. The work by NHS Tayside on the environmental safety aspects within their wards is noted.

153. In their final submission, Tayside Executive Partners reference the quality of the care environment as having a key role in supporting an individual's recovery and recognise that this is presently variable across the main hospital sites. There has been a focus on improving safety within all wards which has been influenced by lessons learned from adverse events. There is a recognition that there needs to be an equal focus on the comfort and aesthetic of the environment to promote wellbeing and recovery and they have set out plans for further investment through Integration Joint Board allocations for this purpose.

154. As part of their response to the Independent Inquiry, NHS Tayside set out within the Listen Learn Change Action Plan, the work they were taking forward in pursuit of the Royal College of Psychiatry Accreditation and reported to the Health Board in June 2021, that as a result of a Peer Review Accreditation visit in January 2021 to the Intensive Psychiatric Care Unit, 72% of 152 psychiatric standards were considered as being met. In the same report, the Health Board was advised that all General Adult Psychiatry Admission Wards were either actively engaged in the programme or preparing to take part.

155. In January 2022, Tayside Executive Partners indicated that evidence could be provided of progress to date and plans to continue the response to this recommendation. The Oversight Group wished to understand what still required to be done in terms of achieving accreditation. This remained outstanding at the point of our

final question set and we asked to see this evidence. In particular, we asked what the remaining 28% gap represents and what action is being taken to close that gap.

156. Tayside Executive Partners have been unable to provide this detail, stating instead that only a further 12 of the outstanding 31 recommendations from January 2021 have been completed and that work on the remaining 21 is 'continuing'. As such, we have no sense of what they still have to do. In terms of further action proposed, in respect of the environment, the only 2 actions related to recommendation 30, are the upgrade of en-suite facilities at Mulberry and new bedroom furniture.

157. Finally, we note NHS Tayside's intention to revisit the benefits of accreditation through the Royal College of Psychiatry in the light of the development of national standards for secondary mental health services in Scotland.

158. The Oversight Group RAG rate this recommendation as Amber.

Recommendation 31
Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.

Context of Oversight Group assessment: There is a clear link between this recommendation and Recommendation 11.

159. As indicated in our consideration of Recommendation 11, it is clear that significant work has been undertaken by the Tayside Partnership and particularly by NHS Tayside to deliver tangible progress on this recommendation.

160. Tayside Executive Partners have set out in detail in their final submission the actions that have been taken alongside the review and development of the revised Adverse Events Management policy, to ensure comprehensive learning from reviews going forward. They have also set out the range of routes that they take to ensure as wide a dissemination of learning across the workforce as is possible.

161. These are commendable steps forward from where Tayside were in March, when we were provided with an example of a 'flash report' as being one of the means of disseminating learning at that point.

162. Many of the approaches being deployed by NHS Tayside to share learning, including Team Based Quality Reviews and the clinical governance structures put in place with the revised policy, are very recent. However, the Subject Matter Experts engaged specifically by the Oversight Group to review 5 Significant Adverse Event Reviews, have noted that there is evidence of both intent and plans to feedback to staff and the wider organisation, regarding findings and conclusions.

163. We have encountered several situations where the experience of Significant Adverse Events Reviews has not been a positive one for the families involved. They have been left with many unanswered questions and a burning desire to ensure that their experience is not repeated elsewhere. We have also heard that the process can still feel impersonalised, with poor levels of engagement and involvement in the Significant Adverse Event Review process and what has been perceived by families

as a tick-box exercise. In essence, what has been described to us is a process that leaves a feeling of being a learning point for the Health Board and begs a question as to why change isn't taking place that prevents significant adverse events from happening. We consider that families and relatives who are participating in a Significant Adverse Event Review need to have access to support. This goes beyond engagement in the process and NHS Tayside should consider how this could be offered. Significant adverse events will regrettably happen from time to time and why they occur needs to be understood, but the experiences outlined need to be properly heard by the Tayside Executive Partners to ensure that confidence in the new policy and its application, is as widespread as is possible.

164. The Oversight Group has RAG rated this recommendation as Green. However, this does not mean that the action is complete. This is one of those areas of activity that requires ongoing and continuous intentional endeavour to ensure that learning continues to be spread and taken on by the relevant staff across Tayside.

Recommendation 32
A national review of the guidelines for responding to substance misuse on inpatient wards is required.

Context of Oversight Group assessment: There are at present no national guidelines for responding to substance use on mental health inpatient wards. Medical and clinical staff therefore have no standardised approach to ensuring the wellbeing and safety of patients or staff where substance misuse is occurring.

165. Scottish Government officials advise in their final submission to the Oversight Group (Appendix 4) that a Short-Life Working Group has developed draft guidelines which are due to be signed off by the Minister for Mental Wellbeing and Social Care. In January 2023, there will be a 4-week test period of implementation in two inpatient sites in Scotland. National implementation will follow between February and April 2023. There will be an assessment on how the guidance is working in practice thereafter throughout 2023.

166. It is positive that there are draft guidelines now available, developed by a multi-agency Short-Life Working Group. We would, however, have expected to see the trade unions being involved in the group. Consultation will clearly be necessary in any forthcoming rollout.

167. The Oversight Group's concern, however, is the pace and direction on which this recommendation has been progressed. Contrary to Dr Strang's expectation set out in the recommendation there were no guidelines to review, so the task has been to develop guidelines and implement them.

168. We have questioned the need for the 4-week test period and suggested that the guidelines could and should be fully implemented as soon as possible particularly given the time-lapse since Trust and Respect. Any amendment and adjustment that may be required, could easily be undertaken within the review mechanism indicated in the further action proposed by Scottish Government.

169. The Oversight Group RAG rate this recommendation Amber.

Recommendation 37

Support junior doctors who are working on-call and dealing with young people's mental health issues.

Context of Oversight Group assessment: Inpatient provision is dependent on junior doctors and in respect of children and young people's mental health issues, there needs to be confidence in the arrangements in place that such key personnel are supported and equipped to undertake their duties.

170. In their final submission to the Oversight Group, Tayside Executive Partners have outlined the actions that have been taken in response to this recommendation. In demonstrating progress to date, they have cited the Deanery reports that have been provided to them since the publication of Trust and Respect.

171. The Oversight Group has considered the most recent report from November 2021 and subsequently had detailed discussions with the Operational Medical Director for Mental Health and Learning Disability, along with the recently appointed Medical Director for NHS Tayside.

172. The Scotland Deanery Quality Management Visit made to NHS Tayside in November 2021 reported that they were provided with the same overview of support that the Oversight Group has been provided with up to and including Tayside Executive Partners' final submission. This is essentially that there is a tiered level of on-call support up to consultant level available to all trainee doctors. We have been advised by Tayside Executive Partners that they have received verbal and intermediate written feedback from the Deanery for this year's Autumn visit, which is reported to demonstrate considerable improvements made in all of these areas. At the time of writing, this has not been made available to us, however, it is a welcome update.

173. All levels of trainee doctors reported to the Deanery that they knew who to contact and by and large, where they were able to access support and advice during on-call periods. There were issues of occasional Wi-Fi connectivity impacting at times on access reported by trainee doctors, particularly at Murray Royal and sometimes at Carseview.

174. A bleeper system has been put in place to mitigate the Wi-Fi connectivity issues in the short term, but it has been clear from our meetings that at Murray Royal, this remains a substantive issue. This is despite the Deanery indicating that this required immediate action in November 2021.

175. While it is possible that a young person may need to be treated at Murray Royal on an emergency basis over a weekend, the connectivity issue does not impact on junior doctors in Child and Adolescent Mental Health Services inpatient provision.

176. Tayside Executive Partners recognise in their final submission that the clock is reset with every new junior doctor rotation and accordingly, the importance of a continuing programme of induction, awareness raising of support arrangements including for on-call, learning and development is a continuous and ongoing cycle. The

recommendation has been addressed and the Oversight Group assess a RAG rating of Green.

Recommendation 46
Encourage, nurture and support junior doctors and other newly qualified practitioners who are vulnerable groups of staff on whom the service currently depends.

Context of Oversight Group assessment: There needs to be confidence in the arrangements in place that junior doctors and other vulnerable groups of staff are properly supported and equipped to undertake their duties. The report from the Scotland Deanery Quality Management Visit, dated November 2021, highlighted that there was much to do in respect of ensuring support for staff.

177. NHS Tayside has demonstrated to the Oversight Group that an extensive range of learning and development opportunities are available for all NHS Tayside employees covering specialist topics and also generic organisational and values-based programmes.

178. It is, however, less clear how much learning and development is being taken up by newly qualified practitioners. We have been advised that all Junior Medical Staff are required to attend the mandatory induction arrangements. However, the Oversight Group has not seen in one place, a comprehensive annual or rotational programme of induction and training that is mandatory and/or developmental. We might expect this to includes numbers of the various grades of newly qualified practitioners who are eligible for learning and development, with percentage levels of attendance and completion of the learning that is available. We would have expected such data and analysis to have been available, particularly in light of comments made to the Deanery about some trainees not being able to access induction training.

179. In their visit in November 2021, the Deanery noted that trainees value the Thursday teaching sessions referenced by the Tayside Executive Partners.

180. However, the Deanery also noted the following points for refection and improvement:

- Training provided for GP trainees required to be reviewed across the sites to ensure consistency and compliance with the GP curricular requirements.

- The trainee buddy system to provide cross cover did not support attendance at formal departmental and specialty teaching and required to be reviewed.

- Core trainees in Carseview Centre continued to undertake significant amounts of non-educational tasks resulting in little psychiatry training. This was an issue raised by the Deanery in their previous visits in 2019 and 2020.

- There was a need to review and respond to the issues raised by senior trainees regarding their rota, including concerns about wellbeing and safety.

- There was a need to roster educational sessions so that core trainees and GP trainees do not need to arrange cover to attend educational sessions.

181. The Oversight Group acknowledges the significant measures that NHS Tayside have put in place to ensure the encouragement, nurturing and support of junior doctors and other newly qualified practitioners. However, we have not seen robust data regarding take-up, nor structural responses to the points raised by the Deanery.

182. As such, the Oversight Group considers this recommendation to be RAG rated Amber.

Culture and Engagement Work Plan

183. It is no coincidence that Dr Strang made culture his first recommendation. In fact he went further: he saw the need to develop a new culture of working within Tayside built on collaboration, trust and respect, as being fundamental to the successful delivery of all subsequent recommendations.

184. Engagement doesn't happen in a vacuum. The quality of any engagement is influenced by the relationships between those who are engaging. That may appear to be self-evident, however in Tayside there needs to be a greater focus on building relationships and in some instances, how certain relationships may need to be rebuilt.

185. An organisation's culture expresses its goals through values and beliefs. It shapes attitudes and behaviours, and its cultural norms define what is encouraged, discouraged, accepted or rejected. It is a notoriously challenging concept to manage and subsequently to measure, but all of this is possible, if you have a plan.

186. Early in our work, we shared with Tayside Executive Partners our view that we did not consider the actions they proposed as being sufficient to meet the outcome they wished to achieve. We suggested they take the opportunity to reset this agenda. However, in their February 2022 assessment, Tayside Executive Partners advised that they had a plan which they had assessed, adding that culture change is only possible over a longer term.

187. We accept that culture change is a long-term endeavour, a point made by Dr Strang in his Progress Report. But it is also important to have mechanisms in place to know you are on the right road and that your actions are having the intended effect. As things stand, we have not seen evidence of a clear strategic plan to develop the culture of mental health services across Tayside, and further, there is no baseline against which Tayside Executive Partners can measure progress.

188. This work plan brings together 15 recommendations from Trust and Respect and there is some overlap with the work plan on Workforce. We have valued the discussions we have had with Tayside's Integrated Leadership Group on this and other recommendations relating to culture and engagement. We appreciated their openness and their preparedness to look beyond the work they had done to date, to address culture and to take forward the actions now required to support a culture built on collaboration, trust and respect.

Recommendation 1
Develop a new culture of working in Tayside built on collaboration, trust and respect.

Context of Oversight Group assessment: Trust and Respect called for a radical new approach to restoring and building trust. There has been no clear strategic plan to develop the culture of mental health services across Tayside, nor a baseline against which Tayside Executive Partners could measure progress.

189. Tayside Executive Partners, in their final submission, have pointed to a broad range of activity they have led in support of cultural change. This has included organisational and workforce development, new forums for collaboration, greater flexibility in practice and award winning services with teams achieving national recognition for their work. Tayside Executive Partners, however, also recognise these actions are not sufficient to achieve the intended outcome and acknowledge that further modelling of respectful and trusting behaviour is needed and that there is still much work to be done.

190. Tayside Executive Partners have set out a number of further actions they will take, including developing a values and behaviours framework, creating more opportunities for learning, capacity building and leadership development, and undertaking systematic surveys to understand experiences and views, and acting upon them. These are all positive developments and are to be welcomed.

191. The new actions proposed in response to this recommendation are focused on workforce and the individual organisations. There is one proposed action, designed to: "Support relationship-building experiences with stakeholders and people with lived experience to promote a culture of mutual respect and to support an inclusive approach to improvement and service change". Beyond that, the response to recommendation 1 is light on how culture change will build the trust and respect experienced by patients, families and communities.

192. Trusting and respectful relationships underpin how we serve the public. Dr Strang's comments on the need for culture change were not confined to responding to concerns expressed by employees, crucial though that is. He pointed to citizens feeling they were not listened to, or worse, that they were not respected or taken seriously, adding that they saw a gap between the stated values of the organisation and the behaviours they observed.

193. We have heard that too. That is why it is important that the values, qualities and behaviours Tayside partners promote for mental health services are relevant and relatable to the communities of Tayside, and recognisable from the experiences citizens have of mental health services.

194. Tayside Executive Partners have been reflective in respect of the progress they have made on this recommendation. We welcome their candour and recognise the increased scope of their actions in support of culture change. They do need to go further, however, to ensure the mental health service they seek to become, reflects the values and aspirations of the communities they serve.

195. The Oversight Group RAG rate this recommendation as Amber.

Recommendation 3
Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health.

Context of Oversight Group assessment: There is a plethora of activity in relation to this recommendation, through working groups and project boards. However, much of it is fragmented with no real sense of people working together on shared priorities. There is little strategic oversight of progress or of the need to maintain momentum on Trust and Respect and Living Life Well.

196. Recommendations 3 and 4 are similar in their purpose and focus. They concern the engagement of all stakeholders in the planning, scrutiny and improvement of mental health services. This is reinforced by Tayside Executive Partners having the same intended outcomes for both of these recommendations. It is also noteworthy that in their final submission, Tayside Executive Partners have now assessed their own progress as being Amber, rather than Green.

197. Tayside Executive Partners consider stakeholder engagement to be well embedded within the strategic and commissioning processes within the 3 Health and Social Care Partnership areas. We agree with this, but we also think there are areas where this can be strengthened. In this respect, the forthcoming assessment of current capacity and resources devoted to the engagement and involvement of people with lived experience of mental health services, is a very welcome action.

198. The development of Living Life Well involved engagement with significant numbers of communities and partner organisations: there was a high level of expectation from stakeholders that change was going to be possible. However, we have expressed concern over the 'industry' which appears to have grown around the implementation of this policy. As we have said, it involves numerous work streams and change projects. We have witnessed staff 'running to stand still' and heard from community members who feel that although they have a seat at the table, their voice is too often not heard.

199. For citizens to be meaningfully engaged, they must feel that their involvement and the contribution they make means something. Many have told us that's not how they feel.

200. We believe this is in part due to the sheer scale and breadth of activity that staff are being asked to take forward to advance Living Life Well. This is addressed elsewhere in the report. We therefore welcome the forthcoming actions set out in a joint report from the Perth and Kinross Chief Officer and the NHS Tayside Executive Director of Nursing, approved by Perth and Kinross Integration Joint Board and Health Board respectively, to review the governance structures and evaluate current work streams for Living Life Well with a view to their re-prioritisation. This is an encouraging and much needed step.

201. The way people work together is key to the delivery of this recommendation. The Stakeholder Participation Group, and other Third Sector Organisations, have told us about being invited to meetings, often with little notice or advance details of

the business to be considered. The Stakeholder Participation Group tell us they presently sit on 14 project boards and working groups which is clearly unsustainable. The proposed reprioritisation needs to involve all stakeholders and focus on what matters most to them.

202. Tayside's joint new Communications and Engagement Strategy is a very good communication plan. However, it is quite transactional in the way it sets out processes: it needs to focus more on the development of relational practice. We have seen many excellent examples of this including day services in Perth and Kinross, peer support in Angus and the engagement of people with a learning disability and people with a learning disability and autism, in Living Life My Way In Dundee. Different places and different people, but the common thread is the development of trusting and respectful relationships. We valued the discussions we were able to have with the Integration Leadership Group on this matter and welcome the attention this has now been given by Tayside Executive Partners, in their final submission.

203. Trust and Respect highlights the need for staff to be heard and to have the opportunity to contribute to service development and decision making. In all of the settings we have visited, both inpatient and community, we have met with staff who are deeply committed to the people they care for and to the delivery of safe and effective mental health services. Staff, however, have shared with us their feelings over what they see as "reviews upon reviews" over the years, with little sustained action or evident improvement. These views were expressed strongly in relation to the lack of progress on single site proposals for inpatient mental health services.

204. Tayside Executive Partners recognise the need to work with Staff Side colleagues to improve consistency in partnership working. Proposals for the Perth and Kinross Chief Officer and the Employee Director, together with fellow Chief Officers, to revise and refresh governance and decision-making routes in support of system-wide transformation, are to be welcome. Whilst Area Partnership Forums are well established, it will be important for colleagues, looking to improve consistency and partnership working, to create the right environment where there can be broad engagement and staff feel able to bring forward and develop ideas for change.

205. Towards the end of our engagement with Tayside Executive Partners, we benefitted from meeting with the new Chair of the Area Clinical Forum who is also a Non-Executive NHS Tayside Board Member. The Chair brings a wealth of experience to his new role and is clear about the contribution clinicians need to make to the planning, improvement and scrutiny of services across Tayside.

206. The final point to be made here, is on the importance of Tayside Executive Partners now building upon the revised Integration Schemes. There is an opportunity to reset the agenda and to revise working and reporting arrangements. This should include Integration Joint Boards and the Health Board, determining how they will hear the voices of people with lived experience and secure the skills and talents of all stakeholders in the planning and improvement of mental health services.

207. The Oversight Group has assessed this recommendation as Amber.

Recommendation 4
Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.

Context of Oversight Group assessment: Have local stakeholder groups been established and supported, and to what extent have they been able to undertake scrutiny and contribute to service improvement.

208. There is a wealth of organisations across Tayside who seek to promote mental health and wellbeing. These organisations provide a breadth of activities and supports within their local communities including information and advice, counselling, advocacy, community care and crisis support, social activities and opportunities for companionship. In the course of our engagement, we have sought to meet with as many of those organisations as possible. We have also met with the Stakeholder Participation Group on a bi-monthly basis and they have continued to be a valued and trusted point of reference and an important source of challenge and support.

209. The Stakeholder Participation Group came together as a result of Dr Strang's call for evidence during the Independent Inquiry. The Stakeholder Participation Group was supported by The ALLIANCE and members made a significant contribution to the Independent Inquiry.

210. At that time, over 50 people participated in those early meetings. The Stakeholder Participation Group has a wider network and around 20 people have remained members of the group. All have experience of mental health services: some people presently receive support from mental health services; others have been patients; some are parents and relatives who care for a family member who presently receives mental health services; others are parents and family members who have been bereaved through suicide; and finally there are people who tell us they have had poor outcomes which continue to impact upon them. What members of the Stakeholder Participation all have in common, is a desire to see better mental health services in Tayside.

211. Following the Independent Inquiry, the Stakeholder Participation Group has been an active participant in the formulation to Tayside's new mental health strategy, Living Life Well. Despite a high level of involvement in working groups and project boards, the Stakeholder Participation Group has told us they don't have a sense of belonging and don't feel that their voice is heard.

212. In 2021, four independent organisations that work to promote mental health and wellbeing, conducted a survey to find out how service users felt about the quality of care they had received from NHS Tayside Mental Health Services. The organisations were Plus Perth, Angus Voice, Dundee Healthy Minds Network and the Stakeholder Participation Group.

213. In response to the survey, 403 people who use mental health services expressed their views. The results were published in "Listen - Experiences of NHS Tayside Mental Health Services". The findings helped to inform Dr Strang's Progress Report. He commended the survey team on the quality of their analytical work and report writing, as do we.

214. 'Listen' is a hard but instructive read. Many of the service users who responded praised highly skilled and compassionate individuals and teams working within mental health services. But negative comments outweighed positive comments by more than 5 to 1. Emergent themes included poor response to suicide risk, excessive waiting times, absence of follow up and people being unsupported in times of heightened risk. Overall, the percentage of respondents describing Tayside's mental health services as excellent, very good or good, fell from 58% to 36% over a four-year period.

215. The 'Listen' report made a number of recommendations for NHS Tayside and whilst the Board acknowledged receipt of the Report and invited the survey team to present and discuss their findings at a Board Development Day, we are to understand that there has been no formal consideration of the Report by the Board or response to the recommendations. Tayside Executive Partners have advised the Oversight Group that the 'Listen' report was submitted to all 3 Integrated Joint Boards.

216. Tayside Executive Partners have advised that the concerns raised within the 'Listen' report were checked against commitments in all areas to ensure that any raised within 'Listen' were being progressed within existing plans. There was however, no formal response to that effect to the organisations who had sponsored 'Listen' or to the report's authors. Importantly, there was no public visibility of this in terms of oversight and governance. We consider this a missed opportunity by the Health Board and also the Integration Joint Boards to demonstrate that they are indeed listening, learning and changing, in the way they serve their communities.

217. Tayside Executive Partners have never met collectively with the Stakeholder Participation Group, something we have encouraged them to do. Tayside Executive Partners point to the importance of listening to feedback from present day patients and we agree with them. We have heard views expressed that the Stakeholder Participation Group's experiences are in the past. This is incorrect. For the majority of members, either they or their families have current experiences of mental health services. However, for all members of the group, even where there are historic cases, the impact of what happened to them or to their relatives, in the absence of change and improvement, continues to be their reality.

218. We welcome the commitment within the final submission from Tayside Executive Partners to bring together senior officers, members of the Stakeholder Participation Group, along with others who bring a valuable contribution of lived experience, to consider how engagement and co-production will work in the future, both locally and Tayside wide. Tayside Executive Partners also point to the need to work with their local networks and the Stakeholder Participation Group within an easily understood overall agenda. The intention by Tayside Executive Partners, as an immediate next step, to share their submission and coordinate a set of conversations with local stakeholders is an important one, which will undoubtedly assist in resetting and rebuilding relationships.

219. There are of course many other organisations in this space and colleagues in Tayside have set out within their final submission how they intend to build on present arrangements, with a particular focus on Integration Joint Boards and the effective implementation of their revised Integration Schemes. This provides an opportunity to

ensure that there is the widest possible engagement with stakeholders and that they, in turn, feel their contribution is valued and their time is well spent.

220. Given the distance still to be travelled on this recommendation, we assess progress as Amber.

Recommendation 21
Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.

Context of Oversight Group assessment: The need for citizens across Tayside to receive seamless person-centred care when their needs are changing rapidly and for that support to continue back in the community, when the moment of crisis has passed.

221. In Tayside, the Crisis Resolution Home Treatment Team delivers a 24-hour service 365 days of the year, to people experiencing an acute mental health crisis so severe that, without intervention from the service, the person would require hospitalisation. The service covers all of Tayside.

222. The operational protocol in place for the Crisis Resolution Home Treatment Team states that "the multidisciplinary team will provide an alternative to acute hospital admission by providing emergency assessment and intensive intervention within the community. The team will act as the single point of access to all inpatient mental health admissions. Where hospital admission does occur, the Crisis Resolution Home Treatment Team will assist in providing intensive home treatment to support early discharge back to community living".

223. Healthcare Improvement Scotland made a number of recommendations in respect of these services in their Review of Adult Community Mental Health Services 2020. In their update to Healthcare Improvement Scotland in March 2021, NHS Tayside reported "The Crisis and Urgent Care Pathway Redesign Group have recommended a preferred option for a radical redesign of the current home treatment, urgent and crisis care provision carried out by the Crisis Resolution Home Treatment Team. This option includes commissioning a third sector provider to operate community mental health hubs linked to clinical professionals". Progress on the community hubs has been extremely slow in all 3 Health and Social Care Partnerships, with not one yet operational.

224. The recommendation made by Dr Strang focuses on relationships, and Tayside Executive Partners acknowledge that inter-team collaboration is crucial in moments when a person's care needs are changing to the extent that input from other services is needed. There is evidence that revised protocols have been developed to support admission to hospital and discharge back home. Job shadowing arrangements to promote a better understanding of respective roles and responsibilities have also been put in place, as has a tool to measure collaboration levels between Community Mental Health Teams and the Crisis Resolution Home Treatment Team.

225. In their final submission, Tayside Executive Partners recognise that more work needs to be done on the relational component of this recommendation and point to a number of further actions they propose to take. We agree with this assessment and welcome the steps proposed.

226. From our work in Tayside, however, we believe the scope of the original recommendation is limited, in respect of the present-day challenge. Community and crisis services need to be developed as part of a whole system and not as separate entities. We believe more needs to be done to ensure that ward staff are aware of the roles and responsibilities of the various home treatment and 7-day services across Tayside. The revised Integration Schemes again offer the opportunity to ensure that the services in scope here - namely inpatient, crisis, home treatment and community - are fully integrated to best serve people across Tayside.

227. Finally, there is the need to know the impact all of this is having and the difference it is making for people at times of crisis in their lives. Dr Strang pointed to the need for Community Mental Health Teams to know their local areas well and for Health and Social Care Partnerships to seek to empower communities to develop local services to support early intervention and the prevention of more complex mental health issues. We have been inspired by many of the community led responses to mental health and wellbeing we have seen, and encouraged by the work of local teams to better understand need and complexity so that people get the right help when they need it. We refer to this in our assessment of Recommendation 17.

228. The Oversight Group has assessed progress against this recommendation as Amber.

Recommendation 24
Involve families and carers in end-to-end care planning when possible.

Context of Oversight Group assessment: The importance of involving families and carers in end to end care planning and the extent to which these arrangements meet the needs of patients and their carers.

229. NHS Tayside's Person-Centred Care Planning Standards were reviewed in July 2020 and updated in March 2022 to include a new standard that will evidence relative/carer involvement and the existence of an agreed communication plan. These standards apply to all settings.

230. This work is aligned to the Triangle of Care and the local planning group has representation from carers groups from each of the Health and Social Care Partnerships and the national lead from the Carers Trust.

231. Tayside Executive Partners have told us that they have robust quality control processes in place to monitor levels of compliance with the standards. This includes regular patient experience data which provides information on patient engagement in the care planning process which has routinely been reported to the Health Board since implementation in 2021. This endeavour is to be commended. It is noteworthy, however, that in the report to the Health Board meeting in August 2022, just over 40% of patients reported receiving their care plan and only 50% could say that they were

involved in their care plan development. These figures have been broadly static throughout.

232. Tayside Executive Partners point to monthly auditing activity, along with care planning audit data being a standing item on the Local Care and Professional Governance Meeting agenda.

233. Tayside Executive Partners have identified a number of further actions including revisiting the standards and arrangements for gathering feedback from carers and families and testing of new care planning modules within general adult psychiatry. We have RAG assessed this as Amber.

Recommendation 25
Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.

Context of Oversight Group assessment: The extent to which clear information has been produced for patients, families and carers on admission to inpatient settings, in ways that it is understood and remembered.

234. Tayside Executive Partners have told us that patient and carer leaflets have been developed and are provided on all wards. Leaflets have been tested in Carseview and Murray Royal wards and are being disseminated to other inpatient wards. We have been provided with the suite of leaflets in use within mental health inpatient settings and it is clear that patients have been consulted on the information they would find it helpful to know upon admission. We have not seen what patient information is available in respect of admissions to learning disability settings.

235. We have also had the opportunity to learn about the arrangements in place when a young person is admitted to CAMHS inpatient facility at Dudhope. This includes a welcome meeting for the young person and their family, along with an information pack and appropriate signposting to support organisations.

236. We have already made mention of the arrangements that have been put in place to hear from people cared for in inpatient wards. It will be important to know that information available to people at the point of admission, continues to be relevant and understood. We note that a working group has oversight of these arrangements including the need to implement any best practice suggestions. In our discussions with some families, they have told us of their concerns over the lack of information they have had when a family member is admitted to inpatient care, including how they can best support their recovery. In the existing patient leaflets, the significance of family and friends is highlighted and patients are reminded that family and friends can play an important part in their recovery but that their involvement in their care and treatment, is a matter for them. It may be helpful for the working group to reflect on the information that is given to families upon admission of a family member to inpatient care, to ensure they are aware of the choices patients have and how they can best support them. Tayside Executive Partners should ensure that inpatient services have in place suitable information in respect of admissions to learning disability settings. The Oversight Group has RAG rated this as Green.

Recommendation 50

Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.

Context of Oversight Group assessment: We recognise that this recommendation covers several aspects, but at its heart it is about Tayside being able to rebuild relationships between staff, families and the wider community when things go wrong.

237. The Tayside Executive Partners' submission quite reasonably points to the revised process for undertaking Significant Adverse Event Reviews as part of the evidence of this recommendation. We report our assessment on Significant Adverse Event Reviews under Recommendations 11 and 31.

238. We recognise the work that Tayside has undertaken to better understand, and rebalance, the way in which Tayside services are reported in the local media. Local scrutiny via the media is a critical and valuable part of accountability in delivering public services and Tayside has worked hard at shifting the perception locally.

239. There is an established mediation service in NHS Tayside to help resolve internal staff disputes and conflict resolution. The Tayside Executive Partners' submission does not give any indication of how well this service is used.

240. However, there is no evidence of Tayside having responded to the final element of the original recommendation, namely a mediation service that helps rebuild relationships with families and carers. The revised Significant Adverse Event Review process may go some way to mitigating this risk, assuming it is always implemented effectively. But, it still falls short of what was envisaged in the original Trust and Respect report.

241. Relationship breakdown, however, is not limited to issues surrounding Adverse Events difficult though they may be. Relationships fail when there is a poor communication, a lack of understanding and the failure to follow through on commitments made. This leads to a breakdown in trust and respect, something we have heard much about from people who have talked to us, including families and those who have a stake in mental health services.

242. Tayside Executive Partners should satisfy themselves that the responsible authorities consider the need for independent mediation to be utilised in circumstances where relationships with families and stakeholders need rebuilding.

243. For this reason, the Oversight Group's assessment remains Amber.

Recommendation 51
Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.

Context of Oversight Group assessment: The extent to which external review is embraced and staff are aware of all reviews thereafter, including findings and recommendations and are included in analysis and the development and implementation of any action required.

244. The action required in response to this recommendation is twofold. The first is relatively straightforward - a system needs to be put in place to ensure there is awareness of any external reviews being undertaken and the results require to be publicly reported including decision taking, on any improvement action required. The second requirement is about creating and promoting a culture that is open to learning and change, where staff are encouraged to be reflective and feel safe to talk openly or to think about doing things differently.

245. The final submission from Tayside Executive Partners is very thoughtful in respect of their assessment of the underlying issues which gave rise to this recommendation. Colleagues recognise that a theme running through the Inquiry Report and the Progress Report, was that external reviews were not seen as an opportunity for collaborative learning and service development. Tayside Executive Partners acknowledge external scrutiny as being a vital aspect of their ongoing quality assurance and improvement journey and further, that welcoming independent scrutiny and inspection, is a hallmark of a partnership that is striving for excellence, public accountability and service improvement.

246. In their summary of action taken, Tayside Executive Partners point to the arrangements put in place for receiving externals reviews and inspections and the reporting of findings and any recommendations. We recognise this from our work in Tayside, but it does need to be more visible and systematic. We also think that standard reports would bring a level of consistency and also reduce workload.

247. Turning now to the 'authorising environment' and the extent to which staff feel able to talk freely and openly question existing practice. Tayside are on a journey and they recognise that. We have witnessed high levels of staff engagement around elements of change and improvement with local ownership clearly evident and staff confirming that they consider their voice to be heard, and their contribution to service redesign is welcome. However, we have also observed a level of defensiveness on occasion and a tendency to point to good practice when hearing about any negative experiences of a service, when both can equally be true. Care and constancy in communications by leaders is vital to the development of a learning environment where staff feel that change is possible.

248. The Oversight Group has assessed this recommendation as Amber.

Workforce Work Plan

249. The Trust and Respect report recognises the central importance of effective workforce planning and engagement in ensuring high quality mental health and learning disability services in Tayside. This work plan brings together 10 recommendations from Trust and Respect and there is some overlap with Work Plan 3 on Culture and Engagement.

250. Members of the Oversight Group spent two days in Tayside in June 2022, focusing on issues around workforce. We have, of course, spoken to many members of staff throughout our work on other work plans, so these two days built on our experience overall, rather than starting from scratch.

251. Once again, we have been struck by the commitment, professionalism and resilience of colleagues across Tayside, in both inpatient and community mental health teams. We have also heard positive feedback about the way in which Police Scotland engages in the mental health delivery across Tayside. We are grateful to all concerned for their time and candour during our meetings.

252. We spoke to a range of colleagues in Carseview and Strathmartine, as well as colleagues from the Human Resources and Organisation Development teams and staff side representatives from NHS Tayside. We also met with colleagues from community mental health services across Angus, Dundee and Perth and Kinross. Finally, we spent half a day with the Tayside Integrated Leadership Group, doing a deeper dive into each of the recommendations.

253. We recognise that the context for workforce planning and engagement is highly challenging and many of the issues we highlight here will be found across the country, particularly in relation to recruitment and retention. We recognise the steps taken by NHS Tayside to manage these challenges, for example recruiting to newly graduated health practitioner posts.

254. The pandemic brought unprecedented pressures across the system and ongoing financial and recruitment constraints mean that developing a strategic approach to workforce planning is difficult. But, those same pressures and challenges mean that effective workforce planning and engagement is more important than ever.

255. These challenges are recognised in the NHS Tayside's own strategic risk reporting, as set out to the Staff Governance Committee in October 2022. In an assurance report on the 'workforce optimisation' strategic risk, the risk is rated as 'high'. This provides a detailed description of the significant challenges in relation to recruitment, retention and absence, concluding that the controls in place to mitigate the risk are 'incomplete' (defined as 'Controls are appropriately designed but these are not consistently applied').

256. Before considering each recommendation in turn, we would make the following observations in relation to progress against the workforce recommendations overall:

- It is clear that teams across Tayside continue to be under severe pressure due to unprecedented demand and staff shortages, primarily caused by vacancies and

absence. Teams are doing all they can to mitigate these pressures on a day-to-day basis, but it is taking its toll and we have detected at times a fragility in some staff and managers' emotional resilience as they discuss the carrying out of their duties.

- The workforce strategy presented to the Oversight Group is very high level and requires further development if it is really to shape decisions around the future of the mental health workforce in Tayside. It remains challenging for the partners to plan on a pan-Tayside basis, and much of the human resources and organisation development support continues to be NHS Tayside focused.

- There is a feeling, particularly in inpatient teams, of 'ground-hog day'. We found little expectation that things were going to be different this time around. Staff with longer service spoke of the many different reviews and oversight groups that have come and gone in Tayside over the years, and felt that fundamental, sustainable change remained elusive.

- There continues to be a need for more visible leadership in some parts of the system. Some colleagues, particularly in inpatient teams, feel very strongly that decisions around the future shape of inpatient services need to be progressed urgently. Staff continue to do their best to take action to improve care for their patients within their immediate sphere of influence, but there is a strong sense of powerlessness when it comes to more strategic decisions.

- It is therefore, important that the Tayside Executive Partners' approach to collective leadership creates the right environment for managers and staff to work together to redesign mental health services and deliver continuous improvement across the system. The Integrated Leadership Group needs to know they have the permission, and the capacity, to drive change on a pan-Tayside, cross organisational basis.

Recommendation 10
Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively.

Context of Oversight Group assessment: Ensuring that all staff receive a meaningful appraisal is an important contributor to staff and team performance and organisational culture more widely.

257. The Tayside Partnership has taken steps to ensure that line management arrangements are more clearly understood. However, appraisal completion rates are significantly lower than the target and it is clear that many staff are not benefitting from a regular, formal appraisal discussion.

258. We recognise that expectations around the completion of appraisals were relaxed during the pandemic. Appraisal completion rates are monitored by the Integrated Leadership Group and reported to Staff Governance Committee. As at March 2022 the completion rate for appraisals was below 25%. In October, the rates for appraisals competed and in progress was 43.9%, significantly short of the target of 95%.

259.It is clear that the Staff Governance Committee is concerned about completion rates and the scrutiny of the issue is welcome. In the end, though, it is the responsibility of leaders, managers and staff to ensure that appraisals are completed timeously. The Tayside Executive Partners' submission sets out a number of actions to increase completion rates and progress will continue to be monitored on a monthly basis.

260.Given the significant improvement still required in appraisal completion rates, the Oversight Group has rated this recommendation Amber.

Recommendation 18
Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.

Context of Oversight Group assessment: Long standing and continuing challenges in recruiting consultant psychiatrists requires a fundamental rethink of workforce planning and the development of new roles across community teams.

261.Planning the workforce for mental and learning disability services in Tayside clearly operates in the wider context of workforce planning for health and social care services across Tayside. NHS Tayside's Corporate Workforce Plan for 2022-25 was submitted to the Scottish Government in September and the Staff Governance Committee considered the Scottish Government's feedback at its October meeting. We would concur with much of the feedback from the Scottish Government team and more work is required to fully develop an effective plan that will begin to meet the workforce challenge in Tayside.

262.More specifically, the Tayside Executive Partners' submission quite reasonably highlights that challenges in recruiting consultant psychiatrists is a national problem. It is unlikely that consultant vacancies will be filled any time soon.

263.It is therefore, more important than ever that partners in Tayside look to redesign services and the roles that different professionals play in delivery. A needs assessment for Advanced Nurse Practitioners has been carried out and some progress is being made in recruitment and training for these roles. This will go some way to easing the pressures.

264.But, there is a long way to go, and community mental health teams continue to be almost wholly reliant on locum consultants. It is also the case that Tayside has one of the highest proportions of inpatient mental health nurses in Scotland. It is therefore vital that effective workforce planning is in place for mental health services across Tayside.

265.With this in mind, we have reviewed the document, 'A Plan for Whole System Workforce, Recruitment and Retention 2022-25', which supports the Tayside mental health and wellbeing strategy. While this contains some good data and analysis about the existing workforce challenges, it is perhaps best described as 'a plan for a plan'. It remains unclear, therefore, exactly how the partners in Tayside are going to reshape the workforce to build a more sustainable and resilient model of community mental health provision.

266. Given the scale of the challenge ahead in terms of workforce planning, the Oversight Group has assessed this recommendation as Amber.

Recommendation 42
Ensure all staff working across mental health services are given opportunity to contribute to service development and decision-making about future service direction. Managers of services should facilitate this engagement.

Context of Oversight Group assessment: Staff engagement is key to ensuring that people delivering services feel connected and empowered to provide the best possible services for patients and families. It also ensures that service development and decision making is informed by those closest to services and patients.

267. The Tayside Executive Partners' submission outlines a range of activity undertaken to develop thinking and plans in relation to how staff are engaged in service development and decision making. Staff were engaged in various ways during the development of Living Life Well and a series of engagement events have been held over the last 12 months, including the NHS Tayside partnership conference in July 2022.

268. In addition to these 'set piece' engagement events, we have been interested to understand the extent to which staff feel engaged in service development and decision making on a more day-to-day basis. During our work we heard from many staff that they were involved in how their immediate work is delivered, often in response to difficult circumstances and staff shortages. But, they were much less clear how to influence service change and decisions at a more strategic level. There was a sense that, despite engagement events and communication plans being in place, they had little expectation that their voice would be heard in more significant changes.

269. That said, we also heard evidence that new leadership in inpatient services and Integration Joint Boards is improving this. Staff felt more involved and more engaged than they had done before. But, the big test will come with the decisions to be made about the future of inpatient services in Tayside, which presents an opportunity for genuine engagement and, in the words of the Tayside Executive Partners' submission, 'co-creation of development of the service'.

270. The Tayside Executive Partners' submission references the Mental Health Partnership Forum as a vehicle for partnership working and staff engagement. The minutes of the Area Partnership Forum meeting in July 2022 notes some concerns about partnership working in mental health and learning disability services and it is suggested that 'an overarching mental health and learning disability partnership forum is established and attended by suitably senior representatives.' A meeting of the relevant stakeholders took place on 31 August 2022.

271. Finally, the October 2022 meeting of the Staff Governance Committee considered a paper setting out Tayside's response to the Scottish Government National Framework for Staff Governance. The Scottish Government proforma asks for, 'an example of how partnership engagement through the area partnership forum has influenced policy and practice in your health board over the last year'.

272. Tayside's response was that, 'Due to Covid-19 recovery, work in this area has not been able to be progressed quickly. However, meetings will take place in 2022/23 with the Chief Executive, Employee Director and Director of Workforce with the Chief Officers of the Health and Social Care Partnerships to discuss progressing Partnership working...' This response suggests that, despite the work to develop approaches to communications and engagement over the last 12 months, examples of how partnership working has contributed to service development remain elusive.

273. For these reasons, and while recognising the commitment in the Tayside Executive Partners' submission to engaging staff more effectively in future, the Oversight Group's assessment of this recommendation remains Amber.

Recommendation 43
Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.

Context of Oversight Group assessment: Trust and Respect found that too many staff did not feel heard and found it difficult to raise concerns safely. This recommendation is about the extent to which staff feel able to raise concerns in an effective and safe way.

274. It is clear that new leadership in mental health and learning disability services has brought a renewed focus to staff engagement. As well as the more formal staff engagement sessions that ran over the summer of 2022, managers are now trying to be more visible and ensure there are more opportunities for face-to-face communication.

275. The Tayside Executive Partners' submission highlights the results of iMatter surveys as a key source of evidence for this recommendation. We recognise the value of iMatter as a tool for gathering feedback on how staff feel about working in Tayside. There are undoubtedly some encouraging messages about the extent to which staff feel heard and listened to.

276. The October 2022 meeting of the Staff Governance Committee received an update on iMatter for 2022. The response rate across NHS Tayside and the three Integration Joint Boards sits at 58%, and has been relatively consistent in recent years. It is also the case that the completion of action plans in response to the survey results has dropped off somewhat, with 42% of action plans completed within 8 weeks.

277. Inpatient mental health services had one of the lowest response rates across Tayside, at 46%. Inpatient services also had one of the lowest rates of action plan completion, with just 22% of plans being completed within 8 weeks. This is worthy of further exploration by the Integrated Leadership Group.

278. So, while there has clearly been real effort to respond to this recommendation, we are still not assured that the actions contained in the submission will be sufficient to achieve the desired outcomes for staff. So, the Oversight Group's assessment remains at Amber.

Recommendation 44

Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.

Context of Oversight Group assessment: Exit interviews mark an important juncture in the employee/employer relationship. They provide a forum to hear and learn from colleagues who are leaving or moving within the organisation. For the employee, it is an important opportunity to receive recognition for their service and the contribution they have made to the organisation. Importantly, information from exit interviews informs recruitment and retention and workforce planning.

279. Revised arrangements for exit interviews were introduced following review of NHS Tayside's Talent Management Strategy, 'Planning Potential', which was approved by its Staff Governance Committee in June 2021. The first report arising from exit interviews following the introduction of these arrangements, was considered by the Staff Governance Committee in April 2022. We welcome the fact that exit interview data will be presented to the staff Governance Committee every six months.

280. Between July-December 2021, 101 unique leavers submitted an exit questionnaire which represented 11.3% of total leavers during that period across Tayside. All of the respondents had completed an exit 'interview' by way of an online questionnaire. The report provided an assessment of those leaving, or moving within, NHS Tayside, including Health and Social Care Partnerships. The report helpfully outlines some of the main reasons cited for leaving. We note that the exit interview papers considered at Committee in April and October were presented, 'for awareness' and the committee was asked, 'to consider the report, making any suggestions for improvement'. However, no assurance was sought or received and there were no clear actions arising from the report.

281. The final submission from Tayside Executive Partners confirms that staff who are leaving/exiting/retiring from mental health services are given the opportunity to provide feedback on their experiences within work either via online questionnaire, or face to face, as preferred. It is stated that due to the low uptake of interviews, data collected has been insufficient to provide reports which do not identify individuals (although no indication is given as to face-to-face interviews vs online questionnaires). Managers have been asked to share themes to be discussed at operational meetings, although it is not clear what those themes are, or how regularly they are discussed. The data is also shared with Local Partnership Forums.

282. The figures from July 2021 to March 2022 show 9 exit interviews were completed in mental health and learning disability, from a total of 36 leavers. In terms of supporting evidence, Tayside Executive Partners point to staff being aware of the opportunity of having an exit interview, as 25% availed themselves of this.

283. The update to the October Staff Governance Committee contained similar key messages, with relatively low numbers of leavers completing an exit questionnaire. The numbers in mental health and learning disability services were too low to provide any meaningful analysis of trends.

284. Given the low levels of uptake, and the subsequent limitations on the analysis that can be undertaken, the Oversight Group assesses this recommendation as Amber.

Recommendation 45
Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.

Context of Oversight Group assessment: The Trust and Respect report recognised the importance of dedicated senior leadership to lead the changes required.

285. It is clear from our work that Tayside partnership has invested in senior leadership roles for mental health and learning disability services. Having unsuccessfully tried to recruit to an Associate Medical Director post in 2020, the more senior role of Operational Director Medical Director, Mental Health and Learning Disabilities was advertised and filled on a permanent basis in September 2021.

286. More broadly, we also recognise that there have been significant changes in the leadership across mental health and learning disabilities, in both inpatient teams and in Integration Joint Boards. We welcome these changes and it is clear that the Integration Leadership Group are committed to change and improvement.

287. The Oversight Group assesses this recommendation as Green.

Recommendation 47
Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.

Context of Oversight Group assessment: The extent to which staff working across Tayside benefit from robust communication systems which not only keep them informed and updated on what they need to know to do their job, but are also two-way and allow staff to engage and have their voice heard.

288. In their final submission, Tayside Executive Partners acknowledge that a history of poor communication about service development and planning around mental health services in Tayside contributed to a lack of trust amongst staff. They recognise that communication systems need to be inclusive and reach colleagues working across Tayside in both inpatient and community settings.

289. The new Communications and Engagement Strategy put in place by Tayside partners, is multi-channel in its approach and includes e-bulletins and corporate e-briefings and a wide range of fora for in-person briefings. Whilst we have made comment about the potential for this to be more relational in its delivery and impact, there is a clear framework for communication and engagement.

290. Staff we spoke to were positive about these developments and valued the opportunity in-person briefings afforded them to engage in reflective practice and service improvement. There was also positive feedback on the increased use of new technologies thereby allowing communication and engagement across a bigger

geographical area. It was acknowledged this had been accelerated in response to the pandemic.

291. However, staff also told us about some of this engagement being circular with decisions not being taken, when that was clearly needed. This was frequently cited in respect of proposals for a single site for General Adult Psychiatry inpatient services.

292. A number of improvements have been put in place in response to this recommendation, however, Tayside Executive Partners will want to satisfy themselves that feedback mechanisms including iMatter, Pulse Surveys and Trickle, to assess delivery against outcome and the need for further improvements are being fully utilised.

293. Tayside Executive Partners point to this recommendation being primarily about communication but communication is two-way. In addition to processes needing to be effective, the environment has to be conducive particularly when it comes to listening to alternative views or things that are difficult to hear. We address this further at Recommendation 51.

294. Nonetheless, we are assured that Tayside have developed a comprehensive approach to communicating with staff and so we assess progress against this recommendation as Green.

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.

Context of Oversight Group assessment: As well as unambiguous messaging around bullying and harassment, and clear processes for reporting, it is important that Tayside partners are able to understand the extent to which staff have confidence that any concerns will be taken seriously and addressed appropriately.

295. Tayside partners have a range of policies and procedures which make it clear that bullying and harassment will not be tolerated. We welcome the recognition in the Tayside Executive Partners' assessment that, even with clear policies in place, bullying and harassment can exist.

296. Mechanisms for reporting formal cases of bullying and harassment are well established, via the Integrated Leadership Group and Staff Governance Committee. We also recognise the point in the Tayside Executive Partners' submission that the experiences of staff in the workplace more broadly are monitored through mechanisms such as iMatter and pulse surveys.

297. Numbers of formal cases are very low, with less than five in mental health services in each of the last three years. The Tayside Executive Partners' submission recognises the possibility that this could be an indication that staff still do not feel confident to come forward and formally report any experiences of bullying and harassment.

298. The submission sets out a range of actions that have been taken to ensure that staff and managers are aware of their responsibilities in relation to bullying and harassment. This includes training for managers, NHS Tayside wide briefing sessions and an offer of 1:1 confidential conversations with the Organisation Development team (although there is no indication of take up of the latter in the submission).

299. The October 2022 meeting of the Staff Governance Committee considered NHS Tayside's annual response to the National Framework for Staff Governance. Amongst other things, the Framework requires a response on the number of bullying and harassment cases raised and resolved across NHS Tayside, with information broken down into 'early resolution' and 'formal' stages. The Tayside response states that they are unable to provide data on the early resolution stage, despite this being a requirement in the national policy for bullying and harassment.

300. We recognise and welcome the increased acknowledgement in the Tayside Executive Partners' submission that bullying and harassment can exist, even where clear policies are in place. We believe there is still some way to go to gain full assurance that staff feel confident that issues and concerns raised would be dealt with seriously. For this reason, the Oversight Group's assessment for this recommendation remains Amber.

Recommendation 49
Ensure there are systems analysis of staff absences due to work-related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.

Context of Oversight Group assessment: Working in mental health and learning disabilities services can be incredibly rewarding and can be difficult. It is crucial that stress related absence is understood and monitored, in order for the partnership to take a proactive and holistic approach to the wellbeing of staff.

301. The Tayside Executive Partners' submission sets out a wide range of activity designed to help the wellbeing of staff. It is clear that senior management is very aware of the pressures on staff and the risks that can pose to people's mental health and wellbeing. We accept the points made in the submission that dealing with stress related absence is best achieved as part of a wider approach to employee wellbeing, and is closely related to issues such as clarity of roles, effective appraisals and a positive working environment.

302. We also recognise the resources that managers and staff have at their disposal to help manage wellbeing, such as Wellbeing Champions, anticipatory preparedness and Care First, an employee assistance service. These are all welcome developments on support of staff wellbeing.

303. However, the original Trust and Respect recommendation is specifically about the analytical systems and processes used to identify and manage stress related absence. We understand that the limitations of the national NHS Scotland reporting systems mean it is not possible for mental health services in Tayside to specifically identify and report on absences due to work related stress. This is a significant gap in arrangements to monitor and manage stress related absence.

304. Therefore, while recognising the good work taking place in Tayside on wellbeing, this appears to require action from the Scottish Government. The Oversight Group's assessment remains Amber.

Governance Work Plan

Recommendation 6
Ensure that Board Members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.

Context of Oversight Group assessment: Clarity of roles and responsibilities at Board level is an important part of providing clear direction for the organisations involved in delivering mental health and learning disability services in Tayside.

305. We have been keen to explore the cultural and behavioural aspects of this recommendation, as well as the more technical issues. We have attended meetings of the three Integration Joint Boards, Health Board meetings and several Standing Committees of NHS Tayside. In addition, we have conducted a high-level analysis of Health Board business.

306. As outlined in our integration work plan, we are assured that the clarity of roles and responsibilities between the Integration Joint Boards and the Health Board is now in a better place, following the revision of the integration schemes. This provides an important foundation for Board Members as they carry out their important scrutiny and leadership role.

307. Since the Trust and Respect report was published, there has been significant changes in membership across the four Boards (NHS Tayside and the three Integration Joint Boards). NHS Tayside has recruited eight new Non-Executive Members in 2022, from a range of backgrounds, including some with experience of mental health services. This provides a good opportunity to bring in new skills and experience and the induction process appears to have been sound.

308. Such a high intake of new Board Members can also introduce some risk, and it will be important for the Board to ensure that Members continue to be supported in their development as they grapple with their important and wide ranging roles.

309. Similarly, Integration Joint Boards have also experienced a degree of change in membership, partly as a result of new appointments in the NHS and partly due to the local government elections in 2022. Again, induction and development will be important for the new Members, particularly to ensure that Integration Joint Board Members fully understand the new integration schemes. We have been encouraged by how the Integration Joint Boards have responded to our engagement with them so far and have taken on board our feedback.

310. Our meetings with Board members have suggested that they feel confident and empowered to carry out their roles. We have, however, at times observed a

reluctance to challenge senior officers, suggesting that there remains more work to be done here. We cover this more it the next recommendation.

311. We welcome the new appointments across the Boards and believe this provides a strong foundation for continued improvement. The Oversight Group's assessment is therefore Green.

Recommendation 7
Provide sufficient information to enable board members to monitor the implementation of board decisions.

Context of Oversight Group assessment: While the original recommendation was quite narrowly drawn, we have been interested to understand more broadly the information received by Boards to enable them to carry out their leadership and scrutiny role in general, and in mental health and disability services more specifically.

312. We acknowledge that Boards operate in a wider governance landscape. In the NHS, for example, there are a number of committees where we would reasonably expect a lot of the detailed work to be undertaken, before being considered at the Board. We acknowledge that Boards operate in a wider governance landscape. In the NHS, for example, there are a number of committees where we would reasonably expect a lot of the detailed work to be undertaken, before being considered at the Board. The NHS Board operates a system of internal controls which means that assurance is often already provided by the time it reaches the Board.

313. That said, it is clearly important that Boards do more than simply 'rubber stamp' work that has happened elsewhere. This is particularly important in the context of public scrutiny and accountability – the NHS Board and the Integration Joint Boards are public forums which should provide a degree of assurance to the people of Tayside that these crucial public services are well governed and well led.

314. It is also the case that a lot of what we have observed in Tayside will exist to varying degrees across the country. For example, the challenges of governance in Integration Joint Boards are well documented and are subject to review as part of the programme to establish a National Care Service.

315. Having undertaken a high-level analysis of Board papers for both NHS Tayside and the three Integration Joint Boards, we would make the following general observations about governance and the operation of the Boards:

- Members are, on the whole, well prepared and committed to carrying out their role diligently. It is important to recognise the valuable public service that Board Members are undertaking.

- In process terms, the papers of the public NHS Board meetings do not seem to be made publicly available until very shortly before – and in some cases after – the meeting has started. It is important for public scrutiny that members of the public are able to see the public papers in good time.

- The majority of papers across the Boards are for noting – the Integration Joint Boards give very few Directions and the NHS Board doesn't seem to make many decisions.

- Agendas are very full and the sheer volume of papers that Board Members need to digest make detailed scrutiny challenging in the time available. We were struck at times by the lack of discussion and challenge on some important agenda items, for example the revised integration schemes at the NHS Tayside Board.

- At times, we observed a reluctance of Non-Executive Board Members and Councillors (on Integration Joint Boards) to challenge or scrutinise senior officers. This is a tricky balance to get right - Board Members are clearly there to lead and support too. But, officers could perhaps do more to write papers and behave in ways that actively encourage scrutiny and challenge.

- More specifically in relation to our work, we believe that performance information related to mental and learning disability services could be more clearly presented to encourage greater scrutiny and discussion.

- Finally, we have been surprised that the Boards have not received, nor asked for, a comprehensive update on Listen, Learn, Change since June 2021. While there are narrative updates provided, it is hard to see how the Boards can have a clear picture of progress overall. We have also noted that our quarterly progress reports have not been considered routinely by the Boards. This has consequences for the public scrutiny of progress against the Trust and Respect recommendations.

316. As we said in response to the previous recommendation, we welcome the appointments of new members, and this provides a good opportunity for continued improvement to governance and scrutiny. But our work has demonstrated areas where more needs to be done and, for this reason, the Oversight Group's assessment remains Amber.

Recommendation 9
Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.

Context of Oversight Group assessment: This recommendation is clearly linked to our work on the integration work plan.

317. It is our view that the revised integration schemes bring more clarity to roles and responsibilities across Tayside for mental health and learning disability services. In addition, we welcome the improved partnership working demonstrated by the Integrated Leadership Group.

318. We have seen evidence that this clarity and improved partnership working extends to the identification and management of risks. In particular, the greater clarity around the lead role of Perth and Kinross Integration Joint Board in relation to mental health and learning disability services, means the management of strategic risks are now more clearly defined.

319. Given the relative newness of the revised schemes, we recognise that more needs to be done to embed strategic and operational risk management across the system in Tayside. Nonetheless, we believe that the work undertaken to date provides sufficient assurance for the Oversight Group to assess this recommendation as Green.

Performance Work Plan

Recommendation 8
Deliver timely, accurate and transparent public reporting of performance to rebuild public trust in the delivery of mental health and wellbeing services.

Context of Oversight Group assessment: The arrangements that are in place for public performance reporting, including the Tayside Executive Partners' assessment of the progress being made to "rebuild public trust" in the delivery of mental health and wellbeing services.

320. Tayside Executive Partners have reported a significant number of actions taken in response to this recommendation (13 in total), of which only two relate to public reporting of performance. There is reference to a range of committees, and regular officer and strategic planning meetings which are now in place, the latter of which includes some service user representation and at which there is a provision of progress updates on developments and activity.

321. There is also reference to the revision of the Integration Schemes and the activity of the Integration Joint Boards, including noting that the latter are public meetings and that papers are published 7-10 days in advance of meetings of Integration Joint Boards. There is performance reporting included in Integration Joint Board papers, albeit this is primarily the performance information that is already publicly available.

322. Conversely, Health Board meetings are held in public and the Performance and Resources Committee (like all Standing Committees) is public facing to the extent that agendas and minutes of the previous meeting are published on NHS Tayside's website in advance of a meeting, and on the morning of the meeting the papers for the meeting are published. Following each standing committee their minutes are presented to the public session of Tayside NHS Board along with a standing committee Chair's Assurance Report. It is our view that meetings simply being 'public facing' is not the same as using public performance reporting and good governance to engage the public with a view to establishing the level of public trust in services.

323. As evidence of progress, Tayside Executive Partners cite the 'extensive information and performance dashboards available to NHS Tayside staff' and the Oversight Group has seen the datasets that are produced for this purpose. That is a key issue. Other than the performance reports to the Health Board and Integration Joint Boards, and the annual infographic which contains 5 pieces of information, the position which appears to be taken by the Partners in Tayside is that these datasets cannot be shared publicly because they are for internal use only.

324. Dr Strang stated that improvement in this area is expected to 'rebuild public trust in the delivery of mental health and wellbeing services'. Tayside Executive Partners' response in their final submission contains very little reflection of this.

325. The nub of this recommendation is that public trust in services in Tayside can significantly be improved if there is accurate and transparent public reporting of performance. Tayside Executive Partners should consider collectively and for their own organisations, which of the available local management information datasets could and should be available to public scrutiny through committees and Integration Joint Boards as appropriate.

326. The Oversight Group considers that there is still some way to go in respect of public reporting of performance and therefore, RAG rate this recommendation Amber.

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.

Context of Oversight Group assessment: That action for all of Scotland has been informed by a national review of assurance and scrutiny, and that this has taken into account the need to increase the powers of Healthcare Improvement Scotland and the Mental Welfare Commission. For completeness, we have also included the work of the Care Inspectorate within the scope of this recommendation.

327. The Independent Inquiry, in terms of Recommendation 12, catalogued the occasions where NHS Tayside and Integration Joint Boards had failed to implement the recommendations of successive inspections and reviews.

328. The Independent Inquiry also noted that there appeared to be no consequences for Boards if they publicly accept any such recommendations but do not proceed to implement them. This led the Inquiry to question whether the national oversight and scrutiny bodies should have stronger powers to monitor the results of their recommendations. This, therefore, was the backdrop to Recommendation 12 which placed a requirement on the Scottish Government to lead on this national recommendation.

329. It is clear from the meetings we have had with officials from the Scottish Government that whilst discussion had taken place with national scrutiny and inspection bodies, little progress had been made and what activity there was, lacked focus and pace. We appreciated the conversations we were able to have with officials and welcomed their candour and willingness to revisit their approach.

330. We have met with each of the scrutiny and inspection bodies. Notwithstanding lead responsibility for Recommendation 12 rests with Scottish Government, these bodies have a responsibility to respond to changing circumstances and emergent risks. We wanted to better understand how, individually and collectively, they had responded to the findings of the Independent Inquiry and the Progress Report of July 2021.

331. Once again, we have been mindful of the requirements which have been placed upon national bodies particularly Healthcare Improvement Scotland and the Care Inspectorate, in response to the pandemic. However, we were concerned that Tayside did not appear to feature more prominently in their respective work programmes. At the same time, there was a high level of prior knowledge and awareness of the

difficulties being experienced in Tayside, but in terms of action to date, no real sense of what needs to happen next. We are aware of the work of the Sharing Intelligence Group and we have looked at annual review letters issued to Tayside. We did not consider these to be all that helpful, a view with have shared with the national bodies.

332. Colleagues have responded to our feedback and we welcome recent developments and their proposals for further action. The Scottish Government has advised in their final submission to the Oversight Group (Appendix 4) that a review of the scrutiny and assurance of mental health services has been commissioned and is due to report in February 2023. This should provide an independent and robust assessment on the extent to which current scrutiny and governance of mental health services is comprehensive and effective. The outcome of this work will inform support for improvement and any future changes to policy in relation to mental health scrutiny and assurance.

333. The Scottish Government has established the Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group with membership coming from Mental Welfare Commission, Healthcare Improvement Scotland and Care Inspectorate. This group will provide a platform to share emerging themes and issues arising from their ongoing scrutiny activity. The Scottish Government will act as Secretariat and the group will be chaired by the Chief Executive of the Mental Welfare Commission. Work in mental health and learning disability services needs this level of focus. Whilst we may have expected this type of action to have been taken before now, it is nonetheless a positive development.

334. Scottish Government officials have set out the work they have commissioned Healthcare Improvement Scotland to develop and roll-out in respect of intelligence-led and risk-based inspections of mental health settings, with a focus on infection prevention and control. This will bring much needed parity between mental health and physical health settings, something we were concerned to learn was not in already place.

335. Finally, the Scottish Government has set out its intention to ensure that activity being taken forward is closely aligned to that which will be advanced in response to both the Scottish Mental Health Law Review and the recently established Social Care: Independent Review of Inspection, Scrutiny and Regulation. Again, this is to be welcomed.

336. What as yet remains unanswered, however, is the question posed by the Independent Inquiry - what happens when any Board accepts findings and recommendations but then does not implement them? This is something we continue to be asked in Tayside: it needs to be addressed in the forthcoming work that is now set out by the Scottish Government.

337. Whilst there have been issues regarding progress and pace in terms of implementing this recommendation, accepted by officials and the national scrutiny bodies, it is clear these matters have now been addressed, particularly in terms of next steps proposed. The Oversight Group has assessed this recommendation as Amber.

Recommendation 15

Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.

Context of Oversight Group assessment: What the data-capture and analysis programmes is telling Tayside, in terms of community need and service requirements in the community mental health teams.

338. Tayside Executive Partners have provided the Oversight Group with a comprehensive dataset regarding need, demand, and response for community mental health services They have highlighted three examples where the data has been used to make changes to service provision to improve the care provided to patients, rejected referrals in Angus, a revised model of triage in Dundee, and work to validate and cleanse waiting lists in Perth and Kinross.

339. These are positive examples of how the use of data can improve service provision. It would be useful for the partnerships to consider how the good work in each of the three Health and Social Care Partnerships could and perhaps should also apply in the other two areas, to ensure a consistency of approach and experience for patients across Tayside.

340. Nevertheless, the recommendation has been actioned by Tayside Executive Partners and the Oversight Group RAG rate this Green.

Recommendation 40

Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development and monitoring of services. This should be aligned to national reporting requirements.

Context of Oversight Group assessment: The need to demonstrate that there is comprehensive data capture in place.

341. Tayside Executive Partners have provided the Oversight Group with a comprehensive dataset which is sent out as monthly reports by the Business Unit at NHS Tayside, to respective parts of the Mental Health system. We have covered elsewhere, the need for Tayside to increase its use of data in respect of benchmarking and to inform decision making. For the purposes of this recommendation, however, data is clearly available and as such the Oversight Group RAG rate this recommendation as Green.

Children and Young People's Services Work Plan

Recommendation 33

Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.

Context of Oversight Group assessment: Are children and young people in the community getting the right support, in the right place, at the right time? Are more serious mental health problems in children and young people being prevented, through effective early intervention and prevention? This recommendation calls for children and young people to be able to receive good emotional and wellbeing support.

342. [Connected Tayside: an emotional health and wellbeing strategy for children and young people (2020-2023)](#) sets out how partners intend to deliver on that for Tayside's children. The strategy recognises that the needs of children and young people will "not be met solely by the skill and expertise which tests within clinical settings and consulting rooms" but will need all of the resources and supports which sit within communities to be activated and fully engaged. So, this recommendation goes beyond Child and Adolescent Mental Health Services: it requires the service to work alongside partners and listen to the voices of children and young people, so that they better understand their lives and the support they need.

343. We were impressed by the approach Tayside has taken to the planning of services for children and young people and that they had aligned this to the Tayside Regional Improvement Collaborative.

344. Between Connected Tayside and Living Life Well, a wide range of actions are proposed involving universal services, Child and Adolescent Mental Health Services, Neurodevelopment Needs Pathway, Psychological Therapies, and Transitions.

345. The pandemic has undoubtedly had an impact on the extent to which partners have been able to advance these plans. There is a need to 'take-stock' to establish the current position. It will also be important for partners to take the opportunity to review the effectiveness of current action plans in terms of delivering on their intended outcomes, taking account of rising demand for both universal and more specialist targeted mental health support.

346. We have also been impressed by what we have seen and heard about the work of Child and Adolescent Mental Health Services: some of it we believe to be of national significance. We say more about this in our assessment of responses to later recommendations.

347. However, we also think there is a need for Child and Adolescent Mental Health Services to reconnect and re-establish relationships with some third sector organisations and community partners, to ensure that opportunities for early intervention and local support for children and young people, are fully maximised.

348. In summary, Tayside has put in place what should be effective arrangements for the planning and the delivery for children and young people services. It is commendable that Connected Tayside was launched during the pandemic, and we recognise that this had a consequential impact on the progress Tayside has been able to make. We have not seen data to indicate that children and young people are getting the help when they need it or that more serious mental ill health conditions are being prevented. It will be important for Tayside to be able to evidence and report, and to

take assurance that the actions they are taking, are delivering the outcomes they want to see.

349. While there is always more to do to ensure that children and young people get the support they need, when they need it, the Oversight Group has assessed this RAG status as Green.

Recommendation 34
Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.

Context of Oversight Group assessment: That children and young people get the support they need, when they need it, and that there is a reduction in the number of rejected referrals. As a consequence, the resources required for processing and audit should be reduced.

350. Tayside's Mental Health Strategy, Living Life Well, published in February 2021, reported that there had been a 22% increase in referrals to specialist services over the last 5 years, with an increase of 24% in the number of rejected referrals, during that same time.

351. The Independent Inquiry highlighted the problems caused by the number of rejected referrals and expressed concern over the resources that were being expended to manage and audit them, making the point that care needed to be taken to ensure that such resources could not be better used to assess a child instead.

352. The approach taken by Child and Adolescent Mental Health Services in response has been both thorough and proactive. This has included the development of new guidance for those referring to Child and Adolescent Mental Health Services and new communication processes for referrals that require redirection.

353. The development of the Young Person's Triage Service seeks to increase multi-disciplinary involvement around GP clusters at the point of assessment and prior to referral. The aim is to reduce the number of rejected referrals and maximise the opportunity for children and young people to be put in touch with the most suitable support, including third sector and community support. We are to understand that in circumstances where a referral is rejected, an individual letter is issued. It will be important for CAMHS to assure themselves that such communications are well received and understood and helping to ensure children and young people get the support they need.

354. A phased implementation plan for this new service is being taken forward. Recruitment is underway and once completed, the service will be operational in all GP clusters across Tayside.

355. These are early days, however, we are told results are encouraging with feedback from GPs indicating rejected referrals are less of an issue. We are to understand that CAMHS are gathering local data so that they are able to evidence children and young people are getting the right support at the right time. This is a significant development

in terms of Child and Adolescent Mental Health Services but also services for children and young people, as set out within Connected Tayside. We consider Tayside Executive Partners, in terms of their wider collective leadership role, will wish to be assured that robust arrangements are in place for the collection and analysis of data and reporting of performance. We have RAG rated this recommendation as Green.

Recommendation 35
Ensure the creation of the Neurodevelopmental Hub includes a clear pathway for treatment with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary nature of the Hub may give rise to confused reporting lines and line management structures/governance issues. A whole system approach must be clarified from the outset.

Context of Oversight Group assessment: We requested that Tayside Executive Partners' final submission provide a detailed timeline for completion of this pathway. Successful implementation of this service and pathway was expected by Tayside to see a reduction in the number of complaints received, pointing to robust arrangements in place for complaint handling and learning.

356. In June 2021, NHS Tayside Health Board were advised that 'neurodevelopment and mental health cross-over pathways have been implemented' and that this recommendation was RAG rated Green. This was subsequently downgraded by Tayside Executive Partners to Amber in November 2021, and they have reported to the Oversight Group in their final submission that the actions they have taken to date on this recommendation are not going to achieve the intended outcome.

357. It should be noted that in the Health Board's Covid Remobilisation Plan in September 2021 and in their second quarterly progress report to Scottish Government for their Annual Development Plan (as at September 2022), NHS Tayside RAG rate themselves as Red in relation to the development of a Neurodevelopmental Hub and/or pathway. Tayside Executive Partners have advised that there has been a different RAG rating system used in respect of Trust and Respect to that which they've used elsewhere. Regardless of the different RAG rating systems, the Oversight Group's view remains that plans require to be revisited and reset in a way that is open and transparent.

358. In the proposed further actions contained within their final submission, Tayside Executive Partners indicate that:

- A Neurodevelopmental Service Redesign and Waiting Time Management Improvement Initiative has been developed;
- Children and Adolescent Mental Health Services Workforce Plans are being developed to improve capacity and capability;
- Neurodevelopmental performance monitoring measures have been established
- A coordinator has been appointed to 'drive these improvements';
- Further discussions will take place regarding resourcing to fully implement the designed model.

359. We commend the Tayside Executive Partners for their candour in respect of their assessment. However, we find it difficult to understand what the 'urgent remedial

action' is, that is being taken. From all that we have seen, we think there is a need to reset their forward plans and Tayside Executive Partners should assure themselves that this is progressed by the appropriate authority. We have RAG rated this recommendation Red.

Recommendation 36
Clarify clinical governance accountability for Child and Adolescent Mental Health Services.

Context of Oversight Group assessment: That arrangements are in place to provide clear and effective clinical governance for CAMHS.

360. Child and Adolescent Mental Health Services are positioned managerially within the Women, Children and Families Division of NHS Tayside. The Independent Inquiry in 2020 highlighted that Child and Adolescent Mental Health Services being located in another directorate from Mental Health had raised issues in the past, along with concerns over staff within the service not having access to the provision of professional support.

361. Tayside Executive Partners report on a wide range of actions taken to address matters. Staff now have access to professional support from Mental Health - for leadership supervision and there are established links though governance frameworks (dual reporting). New management structures support these professional connections, with new Nurse Lead and Senior Nurse roles, who have linkages with professional supervision from Mental Health as do medical and psychological staff.

362. Meetings take place in a monthly basis with meetings summaries being published within the Child and Adolescent Mental Health Services newsletter for staff.

363. The Oversight Group assess this recommendation as having been met and therefore rates it as Green.

Recommendation 38
Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.

Context of Oversight Group assessment: That clear protocols have been put in place for patient confidentiality and are shared with young people and their families and carers who in turn know what to expect during the course of their child's treatment.

364. The Independent Inquiry reported that patient confidentiality and a perceived unwillingness of staff to involve parents and carers in a patient's care planning, had been a significant concern to families and had repeatedly appeared in evidence submitted to the Inquiry.

365. Tayside Executive Partners in their final submission, recognise that Child and Adolescent Mental Health Services confidentiality protocols had been previously

unclear and not always evident in staff practice, with patients and their families not always having clarity around expectations of confidentiality and information sharing.

366. A number of actions were taken by NHS Tayside, including a review of best practice, staff training and improvements to standard documentation. New confidentiality protocols have now been developed and are in use. Audit processes are in place to ensure compliance with results reported within established clinical governance arrangements.

367. However, it is less clear what the difference has been for parents and carers. The Independent Inquiry reported that parents and carers had not always found the way they were given feedback to be helpful and at times they felt they had no guidance on how they could best support their child at home. Child and Adolescent Mental Health Services have made positive changes in response to the Independent Inquiry in support of continuous improvement. They should now consider what arrangements they need to put in place for feedback and engagement with parents and carers.

368. Nonetheless, we are assured that Tayside Executive Partners have responded positively to this recommendation and therefore we rate it as Green.

Recommendation 39

Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.

Context of Oversight Group assessment: That options for a transition service have been considered and a settled position reached in respect of how best to support young people at the point of transition between Child and Adolescent Mental Health Services and Adult Services.

369. The Independent Inquiry heard from parents and families who reported difficulties in their children's transition between services once they had reached the age of 16 and 18. These difficulties ranged from administrative errors in records, of not understanding how adult services operated, to feelings of isolation and fear within adult inpatient services.

370. It was considered that NHS Tayside's decision to change the age of transition to 18 would make a difference to the experiences of young people, some of whom were transferred at 16, if they had left school.

371. The Independent Inquiry heard from families who thought the creation of a new service for people between 18-24 would recognise the distinct needs of this group and the impact change can have on them, at this period in their lives. The scope of this recommendation was, therefore, to consider the merits of creating a transition service but in the event of the status quo remaining, Tayside clearly had to improve planning, communications and support for transitions.

372. Tayside Executive Partners have recognised the difficulties experienced by some young people and their families at the point of transition. Following the Independent Inquiry, a review was conducted to determine whether or not young people would be best served by the introduction of a new service or by strengthening existing services. Young people were consulted as part of this review. The review concluded that "inter-service collaboration to strengthen the existing transition process would better ensure good transitions".

373. We understand that new Child and Adolescent Mental Health Services standard operating procedures are in place to support transitions, in full compliance with current Scottish Government planning guidance on transitions.

374. A new Transitions Pathway sets out a process and the options for transition, including no transition. This can then be revisited until a decision is made, at which point the young person's core worker secures the involvement of other services who need to be involved in the process. There is engagement with Adult Mental Health Services and a Transition Care Plan is completed.

375. A Children and Young People Mental Health Transitions 18-24 Group has been established and they have identified Link Workers to support the process and also implemented the Child and Adolescent Mental Health Services standard operating procedure - this is now being trialled for the next 6 months across all localities. However, it is noted that Adult Services has yet to establish their standard operating procedure and that no date is given for its completion.

376. Plans have been made for audit and feedback, so that the experiences of young people who are supported through transition are understood and any required improvements are made. The date for this improvement outcome data has been pushed back to June 2023 to accommodate Adult Services put in place their Transition Links.

377. In terms of the scope of this recommendation, Tayside Executive Partners have considered options and decided to strengthen existing services rather than introduce a new service. The steps taken by Child and Adolescent Mental Health Services to enhance existing services are noteworthy. However, it is of concern that Adult Services has yet to produce a new standard operating procedure and there is no timescale for doing so. As a result, important evaluative work has been delayed. Accordingly, whilst the recommendation to consider service arrangements for transitions has been met, the concerns that gave rise to this may remain and inter-service collaboration as planned, has yet to be fully realised.

378. The Oversight Group has therefore assessed this recommendation as Amber.

Recommendation 41
Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.

Context of Oversight Group assessment: How information on independent advocacy services is made available and the services accessed by young people who

are engaged with Child and Adolescent Mental Health Services and what impact demand is having upon the service provided.

379. Advocacy offers young people and their families the support they need to; know their rights; represent themselves in meetings; work out what they want to say about the matters that affect them, and the decisions being taken about them.

380. The Independent Inquiry noted that an independent advocacy service for parents and carers of young people engaged with Child and Adolescent Mental Health Services may help to ensure that families do not feel isolated during the period of their child's treatment.

381. Tayside Executive Partners acknowledged that there was a need to provide information on the support that already exists through independent advocacy for young people and their parents and carers, and sought to put in place better signposting.

382. The action taken by Child and Adolescent Mental Health Services has included a review and redesign of their website with links to both local and national independent advocacy supports. Staff awareness of the importance of independent advocacy and the rights of the child is covered through mandatory training, with participation levels reported through established governance arrangements.

383. The Child and Adolescent Mental Health Services website is attractive and easy to navigate. The redesign was done with the involvement of children and their parents and carers and Allied Health Professionals. The website received positive comment from Dr Strang in his Progress Report July 2021, who noted that it had been very well received. Online information is supplemented by the Child and Adolescent Mental Health Services Information Brochure and other standard communications.

384. Child and Adolescent Mental Health Services point to their website as being the main platform for the community to access information on their services. In support of this, CAMHS need to develop their web reporting so that they better understand and are able to respond to user demand and experience. Colleagues will also need to be mindful that for many people in Tayside, digital access may not be a reality and it will be important, therefore, to ensure that other forms of communication are available and promoted.

385. We have valued the opportunity to meet with those organisations who provide independent advocacy to children and young people and their families. There are different arrangements in different places, based on different funding at different times. The scope for consolidating funding and better coordinating activity needs to be explored. Those we have met told us about the concerns they have over the demand for their services: demand they are struggling to meet. They also spoke about the potential they see for earlier intervention and greater joint working across organisational boundaries. We think discussion needs to take place with children and young people's independent advocacy providers to see how these issues can be addressed.

386. The Oversight Group has assessed this recommendation as Amber.

Closing Remarks

387. We have been privileged to serve as the Independent Oversight and Assurance Group for Tayside's Mental Health Services. It has been an honour to accept the responsibilities which accompany our appointments.

388. We have listened hard to what people have told us. And we have asked lots of questions! We know we have brought support and challenge and at all times we have sought to be a helpful presence. We are thankful to the teams in Tayside for their openness and their patience: we have appreciated their welcome and the way they have worked with us. From all of our engagements with staff working across Tayside, we have been so impressed by their care and compassion and the commitment they demonstrate for change.

389. Tayside Executive Partners have undoubtedly made progress implementing the recommendations from Trust and Respect, some of it commendable and in key areas. There does, however, remain a significant gap between Tayside's assessment and our own. When we were appointed, we said that we believed the gap between where Tayside were and where they needed to be, was one that is capable of being closed. Having spent more than a year working with teams and communities across Tayside, we continue to hold that view.

390. In this report, alongside our assessment of progress, we also highlight what we think still needs to be done. We hope that our report is written in such a way that is helpful and reflects confidence on our part that the further improvements and actions that are required, should be capable of being achieved. Chief amongst those actions are the Key Priorities we highlight at the beginning of this report, not least the need to redesign inpatient services and for them to be located on a single site.

391. As we conclude our work, we are conscious that it will shortly be the third anniversary of the publication of Trust and Respect. People have attached importance to the establishment of the Oversight Group reporting, as it does, directly to Scottish Ministers. Looking ahead, people have told us that they are concerned about a potential loss of momentum and progress stalling. People have been here before. Therefore, the question that remains is what is going to be different this time to ensure that communities across Tayside receive safe and effective mental health services in which they can have trust and confidence.

392. We particularly welcome the improved clarity that is provided by the revised integration schemes in Dundee, Angus and Perth and Kinross. Importantly, the collaborative approach that has been put in place across the Integration Authorities through the Chief Officers, together with the Executive Director of Nursing and the Medical Director in the Health Board is, in our view, a model to be replicated elsewhere. More than this will be required, however, and this group will need to receive and benefit from the collective leadership of Tayside Executive Partners.

393. In all of our meetings with Tayside Executive Partners, they have reiterated that they have no formal governance role. We agree with that. They do, however, have a vital collaborative leadership role: they need to use that to best effect to empower staff to work with communities, across organisational boundaries and to support Members of

the Integration Joint Boards, Health Board and Councils, to take the decisions that will be necessary to effect change in Tayside.

394. Given the breadth of our report, it is perhaps easy to focus only on what is happening in Tayside. There were two recommendations within Trust and Respect that were for the Scottish Government and in our assessment, progress here could have been quicker. We believe that there is much within our report, beyond these two specific recommendations, where effective collaborative working between the Scottish Government and colleagues in Tayside is required to deliver the change that people need to see.

395. Our final word must go to the people in Tayside who have told us their stories. We have been humbled and heartened in equal measure. At times we have also been harrowed by the unimaginable pain some families have experienced. We have listened to patients, their families and those who have been bereaved through suicide. We have heard from third sector and community organisations who offer kindness, care and support. These are different people from different places but what unites them is a desire to help others and to create community hope. For all of that, they have our thanks and admiration.

Fiona Lees	**Fraser McKinlay**	**David Williams**
Chair	**Member**	**Member**

Independent Oversight and Assurance Group on Tayside's Mental Health Services

December 2022

Appendix 1: Final Rag Status

#	Recommendation Descriptor	TEP / SG	OG	#	Recommendation Descriptor	TEP / SG	OG
1	Develop a new culture	A	A	27	Inpatient Staffing levels	G	A
2	Whole System Review	A	A	28	Inpatient Psychological Therapies	A	A
3	Coproduce plans with stakeholders	A	A	29	Reduce ward locking	G	G
4	Service Users and Staff groups as scrutiny partners	A	A	30	Inpatient environment safety	A	A
5	Review Delegated Responsibility	G	G	31	Learning from LAERs	G	G
6	Board member responsibilities	G	G	32	Scot Govt Recommendation: Guidelines relating to substance misuse on inpatient wards	G	A
7	Board member decisions	G	A	33	Early intervention young people	G	G
8	Public reporting of performance	G	A	34	CAMHS rejected referrals	G	G
9	Strategic and operational risks	A	G	35	Neurodevelopmental pathway	A	R
10	Line mgt and appraisals	A	A	36	CAMHS clinical governance	G	G
11	SAER process and training	G	G	37	Junior Doc support on-call	G	G
12	Scot Govt Recommendation: Review of scrutiny & assurance	A	A	38	CAMHS confidentiality protocols	G	G
13	Strategy and plan for CMHTs	A	A	39	18-24 Transitions	G	A
14	Integrating SMS and MH	A	R	40	Waiting List analysis	G	G
15	CMHT data	G	G	41	CAMHS independent advocacy	G	A
16	7 day IHTT in Angus	G	G	42	Involve staff in service development	G	A
17	Complex Case Reviews	A	A	43	Staff face-to-face meetings	G	A
18	Plan CMHT workforce	A	A	44	Staff - exit interviews	G	A
19	Reduce waiting times	A	A	45	Recruit Assoc. Med. Director	G	G
20	Distress Brief Interventions	G	G	46	Support Junior Docs and NQPs	G	A
21	CRHTT & CMHT relations	A	A	47	Communications systems	G	G

22	University crisis pathways	G	G		48	Staff - bullying and harassment	G	A
23	Inpatient De-escalation	G	G		49	Staff - work-related stress	G	A
24	Involve families in care planning	A	A		50	Staff - mediation & media relations	G	A
25	Information on admission	G	G		51	Reaction to and comms around external reviews	G	A
26	Carer and advocacy services	G	A					

RAG Descriptors:

Green – actions are complete, and the intended outcomes have been achieved OR actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Amber – actions are marked as complete but have not achieved the intended outcome OR actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required.

Red – actions are not underway and / or not on track and urgent remedial action is required to achieve the intended outcomes.

Appendix 2: Stakeholder Engagement

The Oversight Group has met with the following individuals, groups and organisations during the course of its work:

- Abertay University

- Advocating Together, Dundee

- All Strong, Perth

- Angus Community Planning Partnership

- Angus Independent Advocacy

- Angus North East Community Mental Health Team

- Angus North East Enhanced Community Support Hub

- Angus South Community Mental Health Team

- Angus Voice

- Brooksbank Centre, Dundee

- Care Inspectorate

- Carse of Gowrie Men's Shed, Dundee

- Carseview Centre - Intensive Psychiatric Care Unit, Mulberry Ward and Wards 1 and 2

- Child and Adolescent Mental Health Services at Dudhope, Dundee

- Community Mental Health Teams in Blairgowrie, Montrose, Arbroath and Dundee

- Dr Alastair Cook, Principal Medical Officer (Mental Health), Scottish Government

- Dr David Strang, Chair of the Independent Inquiry Review Team (Trust and Respect)

- Dr John Mitchell, former Principal Medical Officer (Mental Health), Scottish Government

- Dundee Community Mental Health Team

- Dundee Community Wellbeing Centre Steering Group

- Dundee Drugs Commission

- Dundee Independent Advocacy Service

- Dundee Learning Disability and Autism Strategic Commissioning Group

- Dundee Volunteer and Voluntary Action

- Feeling Strong, Dundee

- Gleneagles Day Opportunities, Perth

- Healthcare Improvement Scotland

- Independent Advocacy Perth and Kinross

- Joint focus groups with community mental health teams from Dundee and Angus

- Mandown, Montrose

- Mental Welfare Commission

- Murray Royal - Moredun and Amulree Wards

- NHS Tayside Human Resources and Organisation Development representatives

- NHS Tayside staff side representatives

- Partners in Advocacy, Dundee

- Penumbra, Angus

- Perth and Kinross Association of Voluntary Service (Mental Health and Wellbeing Hub), Walled Garden, Perth

- Perth and Kinross Community Mental Health Team, Blairgowrie

- Perth and Kinross Mental Health and Wellbeing Festival

- Public Health Scotland
- Reach Across, Arbroath

- Samaritans of Perth

- Scottish Association for Mental Health, Dundee

- Staff focus group at Carseview

- Staff focus group with Perth and Kinross community mental health team

- Staff focus group at Strathmartine

- Stakeholder Participation Group

- Stephen Lyon Organisation, Kinross

- Strathmartine Centre - Flat 1, Behavioural Support and Intervention Unit, and Craigmill Day Facility

- The ALLIANCE, Scotland

- The Corner, Dundee

- The Hot Chocolate Trust, Dundee

- The Neuk, Perth

- The Owls, Perth

- The Saints at St Johnstone

- University of Dundee

- Who Cares? Scotland

In addition, the Oversight Group met with a number of individuals and families, who requested to speak to them, about their experiences of mental health services in Tayside.

Appendix 3: Tayside Executive Partners' Final Submission To The Oversight Group

Independent Oversight and Assurance Group for Tayside's Mental Health Services

Purpose of this document

This paper forms the Tayside Partners written submission to Independent Oversight and Assurance Group on Listen Learn Change progress at 07Oct22.

Setting the Context

The story of Mental Health service change in Tayside is one of evolving transition over the long term. This particular chapter of change begins with and moves through:
- the commissioning of the Independent Inquiry in 2019;
- the publication of Trust and Respect in 2020;
- the drafting and publication of Listen Learn Change (LLC) which is the action plan response to Trust and Respect) in 2020;
- the publication of Living Life Well (LLW) in 2021;
- the conversations with the Independent Oversight and Assurance Group (IOAG) through 2021/22;
- the implementation and progression of actions within LLC and LLW up to 30Sep22. And finally;
- the intentions and provisions for the continuing commitments and efforts to improve our Mental Health services in Tayside beyond 30Sep22

The following briefing represents collaboration across the Tayside Partners (Angus Council, Dundee Council, NHS Tayside, Perth and Kinross Council and Police Scotland) and their broader networks to tell the story of two years worth of change across 49 recommendations, during a time within which an unprecedented global pandemic occurred. The briefing aims to set out the story of change in a way which is transparent, based on evidence, and which sets a shared recognisable staging post for future plans and continuous improvement.

Engagement is a key theme throughout Trust and Respect. Effective and impactful change follows the principles of the Staff Governance Standard and partnership working. In order to fully realise the Tayside Partnership's ambitions, it is vital that change appropriately involves its staff, its partnership colleagues, and its communities at all stages of planning and implementation. There is recognition that the approach to this has been variable. There are strong examples of successful engagement and partnerships, and yet there is significant work still to be done in this regard. There is an intention, therefore, as an immediate next step following submission, to share this document and co-ordinate a set of conversations with; local committees, boards, staff partnerships, staff, delivery partners, people with lived experience, and the broader communities that constitute Tayside.

The scope of Trust and Respect was wide, and so this briefing is also broad in scope. Whilst each of the 49 narratives responds to a specific recommendation, the

reader will see overlap, inter-dependency and cross-reference throughout. This reflects the whole-system of care and the inter-relationship of each of the partner organisations within it. Some recommendations naturally cluster together, so the reader is encouraged to consider not just each narrative, but also how these inter-relate to tell the story of our improvement journey

A "Red Amber Green" (RAG) system has been designed by the IOAG to help make visible progress towards and distance from the outcomes being pursued. The definitions used here are different than those used earlier in the change process. RAG ratings assessed in isolation may lead the reader to wonder how they are arrived at and why, in some cases, things appear to have deteriorated compared with previously publicly reported RAG ratings. Changes in RAG ratings are not just derived by what has changed in practice. They are also derived by the understanding of the recommendation, the way outcomes are described, and the interpretation of progress towards those outcomes. For these reasons, comparisons of current RAG ratings with past RAG ratings are problematic.

In his progress report "One Year On", Dr Strang assessed an over-reporting of progress, which led to a challenge about the credibility of self-assessment against his recommendations. The opportunity provided by IOAG, therefore, is welcomed to lay out for the reader, for each recommendation;

- the intended outcomes being sought;
- an understanding of why the recommendations arose and what they mean;
- what's been done so far;
- how RAG ratings reported herein have been arrived at; and
- Intentions for planned changes, set out in clear terms.

Reporting in this way will hopefully reduce the risk of disparity in the interpretation and assessment of progress to date, and will enable consistent reporting and tracking of progress moving forward.

Finally, change is rarely linear or complete where mental health and wellbeing support is concerned. That is particularly true around relational change, and around recommendations made in relation to culture and workforce. The overarching message that the Tayside Partners wish to convey, therefore, is one of continuing progress. Whilst there is a full commitment to celebrating with teams and communities the many improvements in care that have been achieved so far, local plans extend beyond Listen Learn Change and into Living Life Well. As progress and actions taken over the last two years are considered, the operating context has changed, services have changed, the workforce has changed and through collaborative leadership, thinking has moved on. Recognising that there are things that have been done well, there are things that could have been done better, particularly in how more could have been done to involve people fully in the journey. The local approach to managing change across these services has evolved in relational terms. The partner organisations included in the programme consider it a strength to be in a more reflective and collaborative place. There is an emboldened commitment to ensure that everything done going forward is underpinned by effective and inclusive engagement.

The learning and experience gained during the Pandemic around collaboration, compassion and understanding of each others' needs provided an opportunity to further build a collective focus on the needs of people and communities, of togetherness and a lowering of perceived organisational barriers to progress.
The infrastructure designed to oversee, direct, resource, coordinate and deliver the changes set out within this document is significantly different from when Dr Strang undertook his observations, and is built for the long term. Tayside Partners' collective intention is to continue co-creating a compelling programme of improvement alongside its communities and its workforce for the challenges faced now and those yet to come.

Tayside Partners

30Sep2022

Contents

RAG Status:

Green – actions are complete, and the intended outcomes have been achieved OR actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Amber – actions are marked as complete but have not achieved the intended outcome OR actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required.

Red – actions are not underway and / or not on track and urgent remedial action is required to achieve the intended outcomes

Recommendation 1:

Develop a new culture of working in Tayside built on collaboration, trust and respect.

Intended outcome(s):

- As a workforce, we feel supported, enabled and valued in our role and task.
- We collaborate in the interests of our communities, underpinned by an ethos of trust and respect.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

This recommendation arose from contributions staff made to the Independent Inquiry about how it felt to work in our mental health services across Tayside. Many staff felt they were not treated with respect, and did not feel valued. We know that this experience pervaded many parts of the system.

These views came at a time when there was considerable media attention and a public view, which focused on failures of our services and poor outcomes for our patients and communities. There was a notable negative impact on staff and the need for stronger leadership and support was clearly indicated.

We know that some parts of our workforce felt that the negative portrayal in public, of the services they worked in, was not effectively challenged where appropriate, nor balanced out in a proactive way to reflect positive aspects of the service.

Stronger collaborative leadership at all levels was required to strengthen a shared approach to:
1. Vision and mission
2. Staff involvement
3. Values and behaviours
4. Embed a learning culture

This Recommendation sets the context within which all other recommendations are made, and benefits specifically from being collectively considered alongside Recommendations 2, 3 and 4.

Summary of Actions:

Organisational and Leadership Development

An Organisational Development (OD) diagnostic report was developed in November 2020 along with an accompanying OD plan. The plan included:

- In order to create the conditions for healthy conversations to take place and support the changes set out in the ambitions in the Listen Learn Change Action Plan, OD worked with Human Resources (HR) colleagues to deliver Policy Engagement Sessions to understand current cultural dynamics across the system of care. The feedback from these sessions indicated that there was still work to be

done to progress the cultural shift required and has been a helpful benchmark of progress in some areas.

- Relationships and relational practice are core to ways of working across Health and Social Care. The Integrated Leadership Group (ILG) recognised the need to develop a deeper understanding and appreciation of individual and organisational perspectives. 1:1 confidential coaching conversations were offered to members of the ILG throughout 2021 to strengthen each individual's appreciation of their role, contribution and further build authentic and trusting relationships. The ILG have a key role in attending to and maintaining the cultural direction and tone within services and role model respectful and trusting relationships. Traits like kindness, optimism, creativity and forgiveness can't be created through formal policies and interventions. Sustainable cultural shift will rely as much on modelling and social movement as corporate ideals.

- To increase skills and capabilities and create the conditions for change, staff working in mental health services were prioritised for leadership and management development opportunities. The wider leadership programme and opportunities for staff include:

Development Offer	Staff attended
ILM Level 3 Certificate in Leadership & Management	26 to date
CMI Level 5	Selection process ongoing 5 nominations received to date
Supervisors Development Programme	10 to date
Leading for the Future	1
Tailored Leadership Programme	1
Supervisors Development Programme	10
7 Habits of Highly Effective People	11

Each OD intervention / offer will continue on an as needed basis.
Our efforts to improve culture have extended far beyond those noted above.

Broader Workforce Development

Our plans around workforce development have included recruitment to many new roles at all levels of the system. We have been successful in recruiting to existing gaps as well as testing out new roles, against a backdrop of a national shortage of psychiatrists, mental health and learning disability nurses and AHP's and psychologists.

Equally important is the work we have done to train, develop and upskill our workforce, as we know this leads to improvements across the staff, patient and carer experience and there has been a sustained focus on staff development. Examples include the Registered Nurse and Health Care Support Worker development days which bring together staff from across Tayside. The development days have been designed around the identified needs of the workforce and include presentations from third sector organisations, people with lived experience and cover topics such

as suicide prevention and trauma informed practice. At the August Health Care Support Worker (HCSW's) development day, 16 HCSW's attended from across all the Health and Social Care Partnerships and some Board retained services.

Recognising good practice is an important aspect of how valued and recognised people feel. We are proud to acknowledge and celebrate with our teams the individual and team awards that have been achieved across our organisations, many of which have been achieved in our Mental Health and Learning Disability Services. For example, in 2021, at the Mental Health Nurse Forum Scotland Awards;

- Angus HSCP won the Community Mental Health Nursing award in recognition of its Enhanced Community Support model, and was joint winner of the overall winners' award.
- Dundee HSCP was highly commended for Digital Innovations in Care.
- Moredun Ward won the Inpatient Care award.
- Perth and Kinross Community Learning Disability Nursing Service nominated for an NHS Tayside STAR Award in recognition of the ongoing work around Physical Health Screening for those with Learning Disabilities.
- In 2022, a range of Mental Health teams and individuals, representing community and inpatient teams have been selected as finalists for NHS Tayside STAR awards. The categories include;
    - Clinical Staff Award
    - Support Staff Award
    - Unsung Hero Award
    - Innovation and Improvement Award, and;
    - Inspiring Educator/ Trainer Award

These awards build on previous successes at the 2018 and 2019 Awards.
We also feel it is important to celebrate not just the bigger achievements but also the many small kind thoughts and acts our teams make. For example, CAMHS have begun to use "Learning from Excellence". Esk ward in Rohallion have begun an initiative called "Eskellent Esk". These approaches encourage teams to draw attention to the small things that go well.

We have changed our approach to workforce planning. Each partner organisation has published its 3-year workforce plans. The plans include information on developing career pathways, developing flexible working, equity for all staff and so on.

Planning and conversations take place at both operational and at a whole-system level. For example, the recent opening of an NHS24 site in Dundee risked an acceleration of staff attrition rates. Peer to peer discussions have taken place between executives of these organisations to look at how to explore blending opportunities for staff who wish to experience a different setting, in order to protect staffing levels at a whole system level.

New Forums for Collaboration

Tayside Executive Partners (TEP) convenes periodically and provides a forum for Chief Executives of NHS Tayside, Perth and Kinross Council, Dundee City Council, and Angus Council and the Divisional Commander of Police Scotland's D Division to connect, share intelligence, collaborate and advise on the strategic direction of travel for Mental Health and Learning Disability Services across the Tayside region. OD has supported the Integrated Leadership Group to establish purpose, roles and responsibilities through baseline surveys and 1:1 conversations with the membership.

A peer group has been initiated with participation from all five Tayside partner organisations, mirroring the TEP representation, to provide a safe and supportive environment in which to collaborate in their leadership roles. This group is informal, and is a forum to provide mutual support for operational managers. The peer group has supported the opportunity to strengthen and redefine our ways of working as leaders with a focus on how we collaborate through a sense of mutual connection and common purpose. Our ongoing focus is to build momentum, belonging and trust so that we continue with purposeful discussion, healthy agreement and disagreement and attend to our ways of working. The peer group has already navigated and arrived at whole system agreement on areas of common purpose such as the ANP Framework and ANP Leadership roles.

MH & LD Inpatient Operational Leadership Group meets weekly. A baseline survey to establish levels of psychological safety has been completed. A development session is being scheduled to develop a values framework and ways of working together to build on the already growing levels of trust amongst this group of professionals.

LLC weekly leadership team mirrors TEP membership at a service level. This group shares skills, experience and knowledge and works in collaboration to develop further plans for service improvement. This gives one consolidated leadership plan for all partner organisations and creates a shared approach to improvement. Work groups have formed around specific initiatives and actions for Listen Learn Change. The starting position around convening project work has been to ask for representation from all partner organisations and staff side. The intention has been to develop solutions as a shared endeavour focused on achieving shared standards of care (even if the delivery mechanism may differ from locality to locality in line with local need and resourcing).

Our collaborative strength is evidenced for us not just "within" our teams, but we have reached out to colleagues elsewhere in our organisations and beyond, to foster more open collaboration in the interests of our communities. Lots of examples of this form of collaboration can be evidenced which show a system of care with teams learning from each other, and with an outward looking approach to learn about what works elsewhere that we can consider for adoption locally. Examples include Police Scotland and Community Planning Partnerships.

Greater sharing of information

We have taken action to improve the provision of information needed for decision makers at all levels, including information on workforce, on clinical and patient activity, and on budget information. Information is also routinely shared across agencies. Rather than information residing in the hands of the few, we are actively promoting sharing of information to increase the sense of agency for our teams.

Strategic Leadership Development

A review of progress by Dr Strang highlighted the need for greater cross-agency collaboration and a stronger approach to collective leadership across the main organisations linked to Trust and Respect. To this end, a commitment was made by Chief Officers across the five organisations to give their personal time to participate in a leadership gathering sponsored by Scottish Government and hosted by Columba1400 and the Hunter Foundation, at Ardoch by Loch Lomond, on the weekend of 26-28 November 2021. The outcomes included a greater sense of the collective leadership responsibilities around Listen Learn Change and the values, behaviours and actions needed by all to realise that. Outcomes were summarised by participants as follows:

- A much clearer understanding of each other's pressures, a greater respect has been developed, greater clarity and sense of purpose achieved and an absolute and resolute focus and drive to improve and deliver
- Commitment and desire to grow as a partnership and make important sustainable changes across Tayside in order to deliver better outcomes for our communities
- Relationship building which is fundamental to our collaborative approach
- Shared values and commitment to supporting a whole system approach to change in Tayside.

Greater Flexible working

The pandemic placed a requirement on all agencies to find flexible ways to deliver consistent and high quality care within the context of significant clinical, personal and societal challenge and uncertainty. Like many other organisations, we worked hard to ensure that our staff were supported and empowered to be as flexible as possible during those times. In addition to a strong focus on wellbeing support for staff, flexibility around equipment, working patterns, base, flexibility in new policies introduced by Scottish Government and so on were part of our response to Covid and staff in many cases reported feeling well supported and enabled to work flexibly. Many of the solutions to support flexible working have remained beyond the pandemic, providing more choice for staff and supporting a positive culture. We know however that there is more to do to ensure that our staff feel supported to work flexibly.

Staff Support

Wellbeing of staff has been and remains a central focus of our efforts to create a healthy culture. In addition to promoting the work of our Wellbeing service and our wellbeing work at organisation level, we have introduced Trickle. Trickle is an App

that makes it easy for staff to give each other shout-outs, fist bumps and mentions when things go well, and to draw attention quickly to issues that can be easily dealt with.

Are the actions sufficient to achieve the intended outcome(s)?

No

Please briefly explain your response here:

Our assessment is that we have taken a broad range of actions in response to this recommendation to date, and we are pleased that in parts of our service, there are greater levels of trust and respect being reported and in evidence. It is our belief that the work we have done since the publication of Trust and Respect has given us a firm foundation to build on.

We also recognise that further modelling of trusting and respectful behaviour is needed throughout our whole system of care before we can be confident that we are continuously growing a thriving culture across the full breadth of our system of care. Some of our cultural indicators suggest improvements in how well we collaborate. A number of Tayside-wide service developments have been collaboratively agreed and implemented to date since the publication of Trust and Respect. These include; contingency planning for Psychiatry cover, ANP framework, Distress Brief Intervention, etc.

Collaborative work to foster and sustain a thriving culture must be a continuous focus at all levels.

Evidence and Milestones:

We feel caution is needed in "measuring culture" in a complex network of dynamic services. We recognise that perceptions shift around context, the ways people and services relate to each other, values and ways of working. The actions we have taken above therefore are multifaceted and continuous and so is our approach to looking for evidence of success. And so a relational approach underpins our sense-making on this recommendation. Nonetheless, we feel there are useful markers around the extent to which there is agreement about our:

1. Vision and mission
2. Staff involvement
3. Values and behaviours
4. Evidence of a learning culture.

Helpful markers of the above include;

- iMatter survey results
- Formal and informal feedback from staff across our localities
- The extent to which there is a collective understanding of the priority to LLC and transformation of Mental Health services
- Participation in leadership development

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- The progress made against all other recommendations within Listen Learn Change
- Whole system change being made in collaboration across the service in line with our plans.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The system we work within, and our readiness and ability to collaborate in the interests of the people who use our services, has evolved and strengthened since the publication of Trust and Respect.

That said, there is still much work to do to ensure that our collaborative efforts permeate throughout the full extent of our decision making, planning and service delivery. We believe there has been much done to strengthen a culture of collaboration, trust and respect for our workforce. And so an assessment of "red" would undermine the efforts taken to date. Likewise however, an assessment of "green" may inadvertently signal that our work is done in this domain, and that signal is equally problematic. Therefore, we arrive at an assessment of Amber to signal a work in progress for an aspect of Listen Learn Change that will be ever-present for us to attend to as part of our ongoing efforts to improve what we do and how we do it.

RAG Status: Amber

Any further action proposed:

- Collectively develop a values and behaviours framework and promote a culture of reflection and learning against this framework
- Further modelling of trusting and respectful behaviour, including how we positively challenge and manage and work with difference
- Systematic surveys to understand experience and views and act on them
- Continuing offers of targeted and generic leadership development opportunities
- Learn from culture work in other areas and from colleagues in organisations further afield
- Explore further opportunities to strengthen flexible working
- Creating opportunities for future leaders to learn about and participate in extended leadership collaboration
- Continuation of OD support including further diagnostic of where OD can add value aligned to iMatter outcomes, and continuing the rollout of Trickle
- Provide values based leadership experiences for leaders and managers working in Mental Health and LD
- Support relationship-building experiences with stakeholders and people with lived experience to promote a culture of mutual respect and to support an inclusive approach to improvement and service change.
- Extend our peer support model to elevate the voice of lived experience as core component of service design, development and delivery.

All of these actions to strengthen a collaborative culture based on trust and respect will be taken forward in full partnership.

Recommendation 2:

Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.

Intended outcome(s):

- People in Tayside receive the mental health and wellbeing support they need.
- People have access to the right kind of mental health and wellbeing support at the right time and place.
- A collaborative approach underpins whole system mental health and wellbeing activity in Tayside.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that there were a number of concerns arising from the Independent Inquiry. These included a lack of collaboration between Tayside partners in terms of a whole system approach, significant risk attached to people not having quick or easy access to the right kind of support, and a lack of engagement / co-production with key stakeholders.

Summary of Actions:

The Leadership Team has established effective working relationships which are evidenced within a range of regular forums:

- The Integrated Leadership Group established and progresses collaborative work via monthly meetings and associated work outside the forum
- A Listen Learn Change Leadership Team meet weekly to co-ordinate activity, plan ahead and review progress
- A Chief Officer Scrutiny Group for Listen Learn Change is in place to support the Leadership Team and provide oversight
- Tayside Executive Partners have come together to provide strategic leadership and support
- A Peer Group of leaders was established in late 2021 and meets fortnightly. This offers an opportunity for leaders to come together to test out thoughts / receive peer support in a less formal meeting
- Mental Health and Wellbeing Strategic Board and Operational Steering Group established to support and oversee work related to Living Life Well

New pathways / models of support have been developed. Some have been implemented and some are in the process of being implemented:

- Recommendations from Tayside Urgent Crisis and Urgent Care review are being progressed, including the introduction of Community Wellbeing Centres

- The new Community Perinatal Mental Health Team has been operational since November 2021 and the new Maternity and Neonatal Psychology Service has been operational since May 2022. These services will be complemented by a new Infant Mental Health Service to be operational this year in 2022.

- A new Early Intervention in Psychosis Service is being developed and the phased implementation of the service in Dundee started in August 2022. Service implementation is linked to recruitment and a number of key posts to the team require recruitment prior to full implementation of the evidenced based model. The service development is part of a national pilot with Healthcare Improvement Scotland working with Tayside and NHS Dumfries and Galloway. The Tayside pilot is planned to extend into Perth and Kinross and Angus in 2023.

- The unscheduled care pathway has been strengthened with the introduction of the mental health paramedic ambulance in Dundee which brings together a Mental Health Nurse and Paramedic response to mental health emergencies. A range of service developments across Primary Care such as the Mental Health Enhanced Community Support model in Angus are working to ensure that people receive the right support at the earliest opportunity.

Integration Schemes have been drafted, consulted upon with our communities, and reviewed. The schemes include strategic responsibilities for the commissioning of mental health and wellbeing services.

A Programme Team has been appointed to on a permanent basis, funded by all partner organisations. The Programme Team will ensure that change expertise is embedded into this programme on a substantive basis for the foreseeable future.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We consider that there is some way to go before the outcomes can be fully achieved. However, we do also consider that the actions we are taking, in addition to planned actions, will take us to where we need to be.

Evidence and Milestones:

Governance diagrams are available
Terms of Reference
Agendas, minutes and actions from meetings are documented
The schemes of integration (and associated consultations) are available
Revised Models of care are available
Key metrics that tell us how well we are meeting needs are monitored and shared regularly with Leads and Operational teams

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Overall, we consider our collaborative effort to have improved since the publication of Dr Strang's report.

A Tayside Leadership Group has established and maintained an effective and productive working relationship and respective forums established (with terms of reference) for progressing matters related to Listen Learn Change, Living Life Well and 'business as usual'.

Our thinking has moved on since the publication of Living Life Well in terms of what we view as our collective task. We recognised some time ago that greater clarity was needed about areas of improvement / co-production that require to be progressed locally within the approved priorities set out within each of the HSCPs Mental Health and Wellbeing Strategic and Commissioning Plans, and which require a Tayside-wide approach. We also deemed some of the prospective workstreams outlined within Living Life Well to be underpinning themes or areas of principle that required to be woven through all our effort rather than workstreams in their own right e.g., human rights approach, data and digital needs.

RAG Status: Amber

Any further action proposed:

The Chief Officer for Perth and Kinross HSCP since her appointment in May 2022, has commenced a programme of activity to advance the Lead Partner role for mental health services across Tayside. As reported to NHS Tayside Board and Perth and Kinross IJB, this includes:

- The establishment of a 'strategic leadership group' for Tayside Mental Health Services comprising the three Chief Officers for Angus, Dundee and Perth and Kinross IJBs; the Medical Director, Director of Finance and Executive Nurse Director for NHS Tayside. The group will provide collective leadership to ensure the right support, resource, data, information, and expertise to take forward the strategic planning coordination and financial framework to support the delivery of the strategy.
- We recognise that there has been an interruption to progressing plans for consolidating inpatient provision into sites where expertise can be pooled and excellent practice promoted. The clarity provided by the revised integration schemes and the renewed impetus as described above will allow us to work together collaboratively to re-examine and bring forward proposals as a matter of priority. These proposals will set out how we will meet our ambition for excellent inpatient mental health and learning disability services covering the short, medium and long term.
- Following a review of the requirements for programme management support, decision to establish a permanent team to support the delivery of the Living Life Well Strategy and transformation programme with recruitment underway.
- An assessment of the current capacity and resources devoted to the engagement and involvement of people with lived experience of mental health services is in progress with a view to increasing the level of support and expertise in this crucial area.

- A plan to review the governance structures for Listen Learn Change and Living Life Well, taking account of the revised Integration Schemes is underway. This will commence with a review of the terms of reference of the Mental Health and Wellbeing Programme Board. The Chief Officer as Lead Partner has held one to one discussion with workstream leads and will lead a re-evaluation and re-prioritisation of the current workstreams reporting to the Board. This will include the development of a financial framework to support the delivery of the strategic plans for mental health services.
- A workshop is planned for members of the Mental Health and Wellbeing Programme Board to consider the mechanism for transitioning the outstanding or ongoing actions from Listen Learn Change into the strategic programme of work to deliver on Living Life Well.
- The first of a series of risk workshops to ensure that the arrangements for the management of strategic risks for mental health services are in line with the responsibilities set out in the Integration Schemes was held on 18 August 2022 and will conclude in October 2022.
- The establishment of a Short-Life Working Group with representation of the 3 IJBs and NHS Tayside to prepare a governance, reporting and decision-making structure for services coordinated by a Lead Partner. This will enable the Perth and Kinross IJB to lead the strategy for the transformation of mental health services with confidence including the use of Directions.

It is also anticipated that we shall move to a more formally agreed position in relation to priority areas for collaborative work over the coming 1-3 years, taking cognisance of the work progressing within each of the HSCP areas related to their respective Mental Health and Wellbeing Plans.

Recommendation 3:

Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health.

Intended outcome(s):

- The voice of those with lived experience is central to service development.

- Our approach to planning services is inclusive and key groups of stakeholders understand the mechanisms by which they can drive, shape and influence service development.

- Key groups of stakeholders are equal partners at all phases of service development; needs assessment, translation of need into planning, implementation and review.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Several important messages were drawn from people's experiences and translated into this Recommendation.

We know that our citizens and communities across Tayside care about service design, delivery and future plans and want it to be involved in co-creating solutions and innovation.

We also recognise that in some cases, people's experience of mental health and learning disability services has fallen short of expectations and that lived experiences must be at the heart of understanding what needs to change and how our services can improve.

We understand that people's experience was characterised by feeling ignored, disrespected, marginalised and undervalued. Some people's experience appeared to be less positive in circumstances where a whole system approach across Tayside was not in evidence or where short notice contingency planning was required.

Whilst we can provide evidence of co-production with our stakeholders in specific change efforts, we recognise that has not been the experience all of the time for all of our stakeholders.

Summary of Actions:

Living Life Well strategy coproduced and published.

Specific examples of co-produced service developments include infant mental health, perinatal mental health, and the community wellbeing centre stakeholder engagement events.

Engagement with people we support and third sector partners has been central to our actions associated with Recommendations 24, 34 to 41.

Dundee HSCP used the Listen report to ensure that all concerns raised either had been or were being addressed either locally or on a Tayside-wide basis. Author of Listen also attended local Mental Health and Wellbeing Stakeholder Participation Group (SPG) to discuss local perspective / actions.

Perth and Kinross Integration Joint Board has approved the HSCPs co-produced Mental Health and Wellbeing Strategic and Commissioning Plan.

Angus HSCP prioritises the mental health and wellbeing needs of citizens through their HSCP Strategic Plan. In addition to this, an implementation plan in relation to Living Life Well is in place.

Dundee Integration Joint Board approved the HSCPs co-produced Mental Health and Wellbeing Strategic and Commissioning Plan in Autumn 2019. The Plan outlines both local and Tayside priorities for improvement.

A workstream focussing on community mental health teams within the context of a whole system is established and a range of stakeholders are already involved.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We anticipate that the actions already achieved along with those in process / planned will lead to the intended outcomes being realised.

Evidence and Milestones:

Agendas / minutes from local Strategic Planning and Commissioning Groups
Outputs from refreshed whole system workstreams
Feedback from a range of stakeholders eg communities' health and wellbeing networks, providers forums, Fairness Commission, locality partnership forums

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Across Tayside each HSCP has a range of voluntary sector partners. The volume of providers and services in place differs across each area. Where there is a large volume of providers in place, collaborative approaches to commissioning have been established for some years. This was developed within the spirit of integration legislation, which sought to shift the balance of power between commissioners and providers. Providers coming together to make decisions about who best to take on certain work could be fraught with complexity; the learning over the last 6 years however has been that there was already a basis of positive relationships between commissioners/ providers and that this made the shift to shared decision making possible.

We consider stakeholder engagement to be well embedded within each of the HSCP areas and in many cases at a specific service level. However, we recognise a need to engage with the SPG to consider how engagement and co-production will look both locally and Tayside-wide into the future. Our vision is that future arrangements make best use of people's time and effort and reduces any duplication / parallel process. To achieve this, we need to work with our local networks and the SPG within an easily understood overall agenda.

RAG Status: Amber

Any further action proposed:

- Work with our communities and local networks, to develop a process for engagement and co-production around Tayside-wide planning and ensure that the process is shared and followed. This will include an analysis of our current engagement network and take action to close gaps or identified imbalances. This work will enable a transition from a focus on Listen Learn Change actions into a broader dynamic and continuously evolving approach to service planning and delivery.
- Prepare and share a prioritised plan of engagement around specific areas of service planning.
- Explore how to increase capacity at all levels within the workforce and with stakeholder participants to take plans forward in a co-produced way.
- We shall seek to apply some of the learning from areas where collaborative commissioning processes are established in order to adopt a more consistent approach across Tayside and a move away from more traditional decision making relationships between commissioners and providers.
- Building on the Columba 1400 values-based leadership development, a further series of events will take place between November 2022 and March 2023. These will bring together senior leaders/managers with stakeholders with lived experience to encourage relationships and underpin a commitment to meaningful co-design and co-production in service development.
- The Chief Officer for Perth and Kinross IJB will review the current capacity for supporting and enabling stakeholder engagement with a view to ensuring that this is a core component of the delivery of Living life Well.

Recommendation 4:

Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patient's representatives and staff representation.

Intended outcome(s):

- The voice of those with lived experience is central to service development, review and evaluation.

- Our approach to reviewing and assuring service development is inclusive and key groups of stakeholders understand the mechanisms by which this will be achieved.

- Key groups of stakeholders are equal partners at all phases of planning – including review of how well or not plans are made and need is met.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that many people, including staff, shared their experience of feeling that they were not well informed, listened to or engaged with generally. We also know that the Independent Inquiry gathered evidence that at an organisational level communication / engagement / co-production needed to be improved through a more collaborative, whole system approach.

Summary of Actions:

Key stakeholder groups have been embedded within the strategic and commissioning processes within the 3 HSCP areas.

Key stakeholders include those directly involved in strategic planning and service development of mental health and wellbeing supports eg provider groups, health and wellbeing networks that operate as part of community planning partnerships, Dundee Fairness Commission, housing and communities / neighbourhood services, Police colleagues and Scottish Ambulance Service colleagues.

Central to strategic planning and service development is the voice and views of people with lived experience, this applies both to planning for people requiring support with mental health and wellbeing and to support for people with a range of learning disabilities.

Representatives of the Stakeholder Participation Group who were involved in the Independent Inquiry have been involved in the development of Living Life Well, the Mental Health and Wellbeing Strategic Board, the Operational Steering group for Living Life Well and specific Tayside-wide workstreams.

The establishment of service / function specific staff partnership forums in some service areas has led to improved involvement of the workforce. This important aspect of staff engagement still needs further work and prioritisation to ensure that

reliable staff partnership processes are present as the default approach to service change and planning.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We consider that we have continued to build and strengthen the 'pool' of stakeholders who work in partnership with us but that we still have work to do. We are confident that the combination of actions already taken and our planned actions will lead to further improvement and take us where we need to be.

Evidence and Milestones:

Agendas / minutes of strategic planning groups
Reports / feedback from stakeholders, for example within minutes, engagement processes, workstream sessions, Mental Health and Wellbeing Strategic Board, surveys, from providers forums
Minutes of team meetings
Feedback from leadership walkabouts within teams / services
Annual iMatter staff experience surveys

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We know that a range of stakeholder groups and processes have continued to evolve across Tayside within respective HSCP areas. We also recognise that some processes had already been established and consolidated prior to the Independent Inquiry.

We consider that we are becoming much clearer about the priority we must afford to encouraging and welcoming further stakeholders to be involved in the direction setting for mental health and wellbeing services into the future, both at a local and Tayside-wide level.

RAG Status: Amber

Any further action proposed:

As a priority, we shall engage with our broader stakeholder constituency to co-produce our vision and plan for effective and meaningful participation into the future. This will be aided / informed by any agreed reprioritising of collaborative effort under Living Life Well. We envisage that an output from this will be confirmation of an overall framework for engagement / involvement, both on a local and Tayside-wide basis.

We will provide and support relationship-building experiences with stakeholders and people with lived experience to promote a culture of mutual respect and to support an inclusive approach to improvement and service change.

We will elevate the voice of lived experience as a core component of staff induction, training and development.

We shall continue to consider ways of encouraging more people with lived experience in our communities to join us as we strive to improve outcomes for people in Tayside.

We need to work together with staff side colleagues to improve consistency in our partnership working together, using the resources we have available as creatively as we can.

The Perth & Kinross Chief Officer, in consultation with the Employee Director and fellow Chief Officers will revise and refresh the governance and decision-making routes associated with system wide-transformation. The Mental Health Partnership Forum Staff Partner Co-Chair will also be part of this work with the aim of improved partnership working.

Recommendation 5:

Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry Inpatients services in Perth & Kinross Integration Joint Board.

Intended outcome(s):

- Clarity of roles and responsibilities of all partners around lead partner role in relation to strategic planning and operational management.
- Revised Integration Schemes for all three HSCPs.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand this Recommendation has arisen from two sets of perspectives:
- First, a number of contributions highlighted that stakeholders did not know which agencies were accountable for specific aspects of service provision.
- Second, there were concerns expressed that delegated functions and the inter-relationships between NHS Tayside and the three Integration Joint Boards was not clearly understood.

This recommendation can be linked to reported uncertainties regarding:
- Who has responsibility for setting the strategic direction and operational management of inpatient services
- The governance for decision-making
- The use of legal mechanism; the use of directions to achieve whole-system change.

Summary of Actions:

- Lead reviewer identified to support review of all Integration Schemes across Tayside
- Integration Scheme Project Team established with representatives from all partners
- Each section of the Integration Scheme reviewed and revised as required
- Integration Schemes for all 3 areas presented and approved by NHS Tayside Board on 30 June 2022
- Angus Integration Scheme presented and approved by Angus Council on 21 June 2022
- Dundee Integration Scheme presented and approved by Dundee City Council on 27 June 2022
- Perth and Kinross Integration Scheme presented and approved by Perth and Kinross Council on 27 June 2022
- Approval of directions policy by Perth and Kinross IJB on 31 August 2022 and development session for IJB members on 14 September 2022. Agreement to give

greater prominence to the delegated responsibilities within the Integration Scheme and detail of required directions within a revised reporting template.

- Revision of the Directions Policy by Angus IJB on 24 August 2022 and development session for IJB members.
- A report providing an update on inpatient mental health services, progress in relation to the lead partner role and Living Life Well and Listen Learn Change was provided by the Lead Partner Chief Officer and Executive Lead for Inpatient Mental Health Services to NHS Tayside Board on 26 August 2022 and Perth and Kinross IJB on 31 August 2022 helping to set a framework for reporting on the whole system.
- A short life working group established on 2 September 2022 with NHS Tayside, HSCP and IJB legal advisers to prepare a directions policy and procedure in relation to the Lead Partner role ensuring collaboration and transparency.
- A planned workshop for IJB Chairs and Vice Chairs, members of NHS Tayside Board and senior officers on implementing the above before the end of the 2022 calendar year.

Are the actions sufficient to achieve the intended outcome(s)?

Yes, in time

Please briefly explain your response here:

Revised Integration Schemes written and approved. These schemes clearly articulate the roles and responsibilities of all partners including Perth and Kinross IJB as Lead Partner for the co-ordination of strategic planning for inpatient Mental Health, Learning Disability and Alcohol and Drug services and the responsibilities for the operational management of these services resting with NHS Tayside. Terms such as Lead Partner, Operational Management, Operational Risk, and Oversight are all defined clearly and conclusively.

Evidence and Milestones:

Angus, Dundee and Perth and Kinross Integration Schemes have been approved.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Our shared vision for integration between NHS Tayside and Angus, Dundee City and Perth & Kinross Councils is for confident and ambitious Integration Joint Boards which support people to achieve better outcomes and experience fewer inequalities, where voices are heard and people are supported to enjoy full and positive lives in the community. The revised Integration Schemes are already being used as a powerful tool to aid decision-making.

The Executive Lead for Inpatient Mental Health and Learning Disability Services has operational management responsibility for delegated functions that relate to adult mental health inpatient, learning disability inpatient and drug and alcohol inpatient services.

The Integration Joint Boards will have oversight of integrated acute, mental health inpatient, learning disability inpatient and drug and alcohol inpatient services to ensure compliance with the strategic plan of the Integration Joint Board.

In respect of clinical, care and professional governance for delegated health functions where the integrated services are managed by the Chief Officer for Acute Services and the Executive Lead for Mental Health, NHS Tayside Board will establish a Care Governance Committee. The Care Governance Committee will provide oversight, advice, guidance, and assurance to the Integration Joint Board in relation to those delegated functions.

The Chief Officer for Perth and Kinross IJB, as Lead Partner will co-ordinate the strategic planning of inpatient mental health services, learning disability services and drug and alcohol services and in doing so will seek approval from all Integration Joint Boards on proposed strategy for those services and provide reports on those services to other Integration Joint Boards at least in every planning period, ensuring consultation where significant service change is planned at any point.

RAG Status: Green

Any further action proposed:

We need mechanisms and guidance about how directions and decisions will be made in relation to mental health services – how the lead partner role will be fulfilled. We need to build understanding across IJB members and Tayside NHS Board members on this role.

Recommendation 6:

Ensure that Board members (NHS Tayside and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.

Intended outcome(s):

- Empowered, competent, confident Board members of the Tayside NHS Board and the Integration Joint Boards who scrutinise mental health plans and proposals at the appropriate level, demonstrate informed decision-making and connect decisions across the whole system to ensure the delivery of joined-up pathways for the population of Tayside.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Well organised and functioning NHS Board and IJBs which are able to evidence clear decision-making is fundamental to the leadership, direction and oversight of our mental health services across Tayside.

It is acknowledged that the Independent Inquiry heard concerns about Tayside NHS Board member turnover and a lack of clarity of the roles and responsibilities in particular from IJB members. It was evident from the Independent Inquiry report that there were also varying levels of confidence from the members of the four Boards in Tayside about how they made decisions in relation to Mental Health Services.

Summary of Actions:

Selection, Induction and Training:

Non-executive Board members of the Tayside NHS Board are appointed by Public Appointments Scotland and participate in a comprehensive on-boarding programme. IJBs are made up of NHS Tayside Non-executive board members and locally elected councillors.

Tayside NHS Board has specified to Public Appointments Scotland the intention to recruit non-executive members with specialist skills and experience of working in mental health services and with the third sector as it was recognised that these would strengthen the Board scrutiny and assurance across mental health services.

Members of the four Boards have had the opportunity to learn more about the progress of mental health services across Tayside at their meetings. IJBs have approved their strategic plans. Tayside NHS Board members are presented with an update report on inpatient services at each of their board meetings and board members have had a detailed session on the Listen Learn Change (LLC) Evidence Repository. This is a digital, dynamic online resource, which sets out both the progress against each LLC recommendation as a narrative and has accompanying evidence and documentation to support the reported position.

Induction sessions are offered to all IJB members (voting and non-voting) in each HSCP offering a participative and safe space to learn and explore their roles and responsibilities.

Clear responsibilities and members confident and empowered to challenge and make sound decisions:

The development and joint agreement of all three revised Integration Schemes has Ministerial approval and has been critical in setting out the responsibilities relating to adult inpatient mental health and learning disability services. There is a developing understanding of this across all four Boards (as set out in Annex 1, Part 3 in all three revised Integration Schemes) with further developments planned.

The revised Integration Schemes have presented an opportunity to clarify and reset the understanding of all Board members in regard to operational management and strategic planning coordination of adult inpatient mental health and learning disability services, as well as responsibilities for delivering community mental health services. The review and subsequent approval of the revised Integration Schemes by all members of the Boards ensures that members are clear about the importance of whole-system working to deliver pan-region services for the population.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Members of Boards have had the opportunity to attend dedicated development sessions on mental health and learning disability services, including the chance to see the online evidence repository for LLC. This has supported understanding of the extent of the LLC recommendations and how a whole-system response is required.

Some board members were also invited to a session with the Minister for Mental Health and Wellbeing and Social Care to discuss the whole-system response and roles and responsibilities in delivering mental health and learning disability services to the population of Tayside.

The revision of the three local Integration Schemes has also afforded in-depth discussion and clarity over roles and responsibilities and Tayside NHS Board and each of the three Local Authorities have approved the schemes with all organisations demonstrating a shared commitment at a strategic level to ensure the right services are commissioned for the people of Tayside.

Boards' membership has been strengthened with newly-appointed members recruited who have experience of planning and delivering mental health services and working with the Third Sector.

Evidence and Milestones:

- Composition and background of Boards' members
- Comprehensive induction process
- Protected development time for IJB members with a programme of activity
- Dedicated development time on LLC and supporting evidence
- Joint agreement of revised Integration Schemes
- Scottish Government Annual Review letter to NHS Tayside from Cabinet Secretary: De-escalation of NHS Tayside from Stage 4 to Stage 3 on the Performance Framework recognising progress has been made since publication of Trust and Respect review of progress report.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Members of the Boards have a clearer understanding of whole-system working for mental health and learning disability services and the co-dependencies of acute inpatient pathways and community pathways, and are confident to challenge.

Boards have good representation from those who have professional experience in planning and delivering many aspects of mental health services and stakeholder engagement.

RAG Status: Green

Any further action proposed:

Further development sessions on roles and responsibilities of whole-system delivery of mental health and learning disability services pan-Tayside to ensure new Board members on Tayside NHS Board and IJBs have a solid understanding of the revised Integration Schemes and what they mean for service delivery and decision-making.

In response to the approval of the revised Integration Schemes, Perth and Kinross and Angus IJBs have reviewed and updated their respective policies and procedures in relation to Directions (approved at Angus IJB 24 August 2022 and Perth and Kinross IJB 31 August 2022). As a further measure, a short life working group has been established by the Chief Officer of Perth and Kinross IJB to devise a shared policy, procedure and process in relation to services delegated to IJBs for which a lead partner arrangement applies. This will commence on 2 September 2022 and will have representation from all 3 IJBs / legal advisers and NHS Tayside Board Secretary. The plan is for this section of the policy to be prepared by mid-October and for approval at Perth and Kinross IJB on 26 October 2022 in order that it may have approved formal mechanisms for issuing Directions in relation to the strategic planning of mental health services, learning disability services and drug and alcohol services. Thereafter it is the intention of the Chair of Perth and Kinross IJB and NHS Tayside Board Secretary to arrange a joint event with IJB Chairs and Vice Chairs and NHS Tayside Board members to ensure a shared understanding and approach in recognition of the need for robust collaboration in the development of Directions and that NHS Tayside and the three Councils are involved fully in order to ensure that the Directions are supported and realised.

Perth and Kinross IJB members have been invited to two induction sessions on 22 July and 26 August 2022 and will have a further development session on 14 September 2022 specifically focused on Directions.

Once the revised Integration Schemes have been approved by the Scottish Government, a briefing session will be held for IJB members. This will include discussion on a Directions Policy which will in turn be presented to the IJB for approval at a later date.

Recommendation 7:

Provide sufficient information to enable board members to monitor the implementation of board decisions.

Intended outcome(s):

- Informed board members and evidenced decision-making pertaining to mental health services.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

In order for appropriate decision-making and associated assurance to be taken by members of the Boards (NHS and IJBs), it is vital that the right level of information flows to and from the Board in a timely and organised way.

It is recognised that during the Independent Inquiry, it was identified that there was a lack of clarity and connection between the information being presented, decision-making responsibilities and assurance processes around ongoing monitoring of the implementation of those decisions with regard to mental health services.

Summary of Actions:

The NHS Tayside Board Secretary and Local Authority colleagues ensure that there are robust governance frameworks in place for mental health services. The governance framework makes clear the responsibility for provision of information on service planning and delivery.

The review of the three Tayside Integration Schemes has also provided clarity around the governance and operational arrangements.

The nominated lead officer(s) for Mental Health provide regular reporting on identified and new standards to inform those within Tayside NHS Board Standing Committees (such as Staff Governance Committee, Performance and Resources Committee and Care Governance Committee) and the relevant associated committees in the IJB. Appropriate information is then presented from these governance routes to the Tayside NHS Board, the three IJB Boards and to the Mental Health Executive Partners Strategic Leadership Group.

Data is presented to the relevant standing committees relating to key metrics on mental health service performance to inform members of any areas where issues are emerging or trends which require further investigation and mitigating actions.

Members of the four Boards have had the opportunity to learn more about the progress of mental health services across Tayside at their meetings. IJBs have approved their strategic plans, Tayside NHS Board members are presented with an update report on inpatient services at each of their Board meetings and Board members have had a detailed session on the Listen Learn Change (LLC) Evidence Repository. This is a digital, dynamic online resource which sets out both the

progress against each LLC recommendation as a narrative, but also the accompanying evidence and documentation to support the reported position.

Decisions taken or actions commissioned by members of the Boards are recorded in the official minutes and action points summary and taken forward by the relevant lead officers to report on through the appropriate committee. For example, Tayside NHS Board members wished to see further evidence of inpatient feedback in their update and performance report to the Board. Therefore this was presented to the Board for discussion and assurance and is now presented at every Board for monitoring to demonstrate improving or deteriorating trends in order that any identified action can be implemented timeously.

Recognising that there are new Tayside NHS Board members, a series of briefings on key areas of performance has been scheduled for those members who sit on Integration Joint Boards.

A report providing an update on inpatient mental health services, progress in relation to the lead partner role and Living Life Well and Listen Learn Change was provided by the Lead Partner Chief Officer and Executive Lead for Inpatient Mental Health Services to NHS Tayside Board on 26 August 2022 and Perth and Kinross IJB on 31 August 2022 helping to set a framework for reporting on the whole system.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Reports and information on service provision are brought to Board meetings and associated standing committees at regular intervals. The standing committees and the Board are able to track and interrogate the implementation of their decisions regarding mental health service change through these reports.
This includes, for example, detailed mental health data reports with key performance indicators and actions plans to mitigate risks being presented to NHS Tayside's Care Governance Committee (CGC). Detailed discussion and scrutiny of the data takes place at the CGC and the highlights in terms of improvements, deteriorations or any learning to be shared is included in the CGC's Chair's Assurance Report which is presented to the full Tayside NHS Board meeting for assurance for all Board members.

Evidence and Milestones:

Board papers in evidence, regular metrics in evidence, data presentations with commissioned further actions to lead officers to mitigate any concerns raised or trends emerging.

Development sessions and presentations on key information updates such as the LLC Evidence Repository.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The quality and frequency of information and key data reported to NHS Tayside Board and to the IJBs and those members who sit on other key standing committees has been improved.

The Tayside NHS Board CGC has designed a new report with key performance data to ensure monitoring of trends with the aim of identifying any issues and responding quickly.

Key strategic decisions in the short to medium term will further underline the progress made.

Tayside NHS Board Strategic Risk Register Development Session in May 2022 discussion and agreement regarding the ownership and reframing of the Mental Health Strategic Risk.

No matters of internal control highlighted by Internal Audit in the Internal Control Evaluation Report for 2021 / 22.

RAG Status: Green

Any further action proposed:

Further development sessions on whole system delivery of mental health and learning disability services pan-Tayside to ensure new Board members have a solid understanding of the services provided and teams involved and their roles and responsibilities in terms of decision-making and assurance.

Continued evaluation of the implementation of Board level decisions in connection to mental health service provision.

From 25 August 2022, NHS Tayside Board and from 31 August 2022, Perth and Kinross IJB (as lead partner) will receive regular reports on mental health services (standing agenda items) which will give a whole-system overview covering:

- A position in relation to inpatient mental health services (for which operational responsibility rests with NHS Tayside). This will assist the IJB to have oversight of acute, mental health inpatient services and ensure compliance with the strategic plan;
- An update on the co-ordination of strategic planning for mental health services across Tayside (which is delegated to the Perth and Kinross IJB as lead partner within the revised Integration Scheme approved in June 2022); and
- An outline of the current position in relation to Listen Learn Change, an action plan prepared in response to the recommendations outlined in Trust and Respect (the report of an Independent Inquiry into mental health services in Tayside).

As part of the development of the Directions Policy for Lead Partner Services, arrangements for the parallel reporting to the Angus and Dundee IJBs will be developed.

Recommendation 8:

Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.

Intended outcome(s):

- Accurate and transparent public reporting.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

It is understood that this recommendation was made as a result of stakeholders' reporting uncertainty about accountability for performance or about how well the services were performing in relation to standards and expectations.

Summary of Actions:

A number of actions have been undertaken to strengthen and clarify public reporting. These include:
- Tayside NHS Board now receives regular updates on progress against Listen Learn Change
- Tayside NHS Board also receives updates on key Mental Health Indicators within its Performance Report, which is discussed in more detail at Performance and Resources Committee (a public facing committee)
- The plans around mental health service delivery are published alongside all other key organisational delivery plans within the Remobilisation Plan (formerly titled Annual Operating Plan)
- Through 2022, schemes of integration were drafted and agreed, to make clear which organisations are responsible for which services
- The Chief Officers and executive members of NHS Tayside Board have commenced a series of meetings to ensure a collaborative leadership approach is taken to oversee service delivery
- Papers to Integration Joint Boards on the planning and delivery of commissioned services are published 7-10 days in advance of each meeting. IJB meetings are open to the public
- Within each Health and Social Care Partnership, there is a Strategic Planning Partnership which invites key stakeholders to participate in discussions about service planning on a quarterly basis
- In Perth and Kinross, there is a Mental Health and Wellbeing Strategy Group, open to key stakeholders including those with lived experience, which meets every six weeks
- Dundee hosts a Mental Health and Wellbeing Strategic Commissioning Group which shares information on local plans and enables reciprocal communication between strategic groups and local communities via local Health and Wellbeing Networks. The Strategic Commissioning Group meets every two months
- Angus hosts a Mental Health and Wellbeing Strategic Oversight Group and a Mental Health and Wellbeing Network, both of which meet every eight weeks. Service User representation feeds into both forums

- In April and May 2022 an infographic was developed and circulated to services, containing accessible information about key aspects of service performance. Information included performance against access standards, delayed discharges, readmission rates and volume of activity delivered within the community setting. Feedback on the infographic was positive and indicated a desire to see this sort of information on a six-monthly or annual basis
- A report providing an update on inpatient mental health services, progress in relation to the lead partner role and Living Life Well and Listen Learn Change was provided by the Lead Partner Chief Officer and Executive Lead for Inpatient Mental Health and Learning Disability Services to NHS Tayside Board on 26 August 2022 and Perth and Kinross IJB on 31 August 2022 helping to set a framework for reporting on the whole system

A separate pack showing examples of regular information products about our services, alongside narrative about how each is used, accompanies this briefing. The pack contains both public facing and internal information packs which are used to inform service planning and delivery.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

A marked strengthening of public reporting of Mental Health and Learning Disabilities service planning and performance has taken place since 2019.

Evidence and Milestones:

Formal agendas and minutes of key committee papers are available to the public
The Performance Framework is available
The agreed integration schemes and associated public consultations are available
The infographic and its evaluation are available
The extensive information and performance dashboards available to NHS Tayside staff have been shared.
NHS Tayside has been commended by Scottish Government as an exemplar in its information products, including the Command Centre suite (which has received national and international recognition) and the DCAQ packs for CMHTs (which have been assessed by Scottish Government as nationally leading in their analysis and presentation).

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

There is now a range of public-facing meetings and engagement opportunities around performance reporting for Mental Health and Learning Disabilities service provision, as set out in the actions section of the briefing for this Recommendation.

RAG Status: Green

Any further action proposed:

It will be important to continue to engage with the public around performance and planning, particularly given the need to continue the work around whole system reconfiguration and the full implementation of the ambitions set out in Living Life Well.

The infographic will be produced and circulated on an annual basis along with an invitation to discuss service performance.

A report on inpatient services, progress in relation to the lead partner role and Living Life Well will be provided by the Lead Partner Chief Officer and Executive Lead for Inpatient Mental Health and Learning Disability Services as a standing item on the agenda of both NHS Tayside Board and Perth and Kinross IJB. These reports will be provided to Angus and Dundee IJBs for information.

Recommendation 9:

Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.
Intended outcome(s):

- The responsibility for the management of risks within NHS Tayside and the Integration Joint Boards at both a strategic and operational level will be clarified across Organisational Partners.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We know that risk management across organisational partners at both strategic and operational levels was highlighted in Trust and Respect. A confused landscape of governance and risk management was described, and the report highlighted the issues this created for accountability, ownership and management of risk.

Summary of Actions:

We recognised the confused landscape described in the report and sought to clarify risk management arrangements across Mental Health and Learning Disability Services.

A series of risk workshops were progressed with representatives from NHS Tayside and the Health and Social Care Partnerships. The workshops were supported by the Chief Internal Auditor and set out:

- A Revised Strategic Risk for Mental Health and Learning Disabilities
- Eight System-Wide Service Risks that informed the overall Strategic Risk
- A system-wide risk management process underpinned by a standard operating procedure
- The Risk Owner and the Risk Managers.

The Strategic Risk was reviewed through the Integrated Leadership Group who managed the 8 System-Wide Service Risks. The risk review enabled each HSCP and NHST retained services to update their organisational risk rating for each system wide risk and then arrive at an agreed system-wide risk rating. The Strategic Risk was then updated on Datix.

In June / July 2022 a request was made from the Tayside Strategic Risk Management Group (SRMG) to archive the Strategic Risk based on the ongoing review of the Tayside Integration Schemes. Perth and Kinross IJB was asked to host a Strategic Risk Workshop to ensure that the strategic risks for mental health services continued to be managed. Workshop 1 took place on 18th August resulting in a series of actions to ensure that there is a collaborative approach to risk management.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Perth and Kinross HSCP are providing leadership and support to develop the revised strategic risk which will recognise the role all organisational partners play within strategic and operational risk management.

Evidence and Milestones:

Organisational partners worked collectively to develop and agree a revised strategic risk and the process followed will inform the next steps for the strategic risk development.

ILG Risk Reviews took place on the following dates:
- 23rd August 2021
- 21st December 2021
- 21st March 2022

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Whilst there is further work to do, we consider that significant progress has been made since 2020 to collectively identify, assess and review the key risks across our services.

RAG Status: Amber

Any further action proposed:

Perth and Kinross Integration Joint Board as Lead Partner will lead the development of a revised strategic risk acknowledging the roles, responsibilities and accountabilities of organisational partners across Tayside.

Recommendation 10:

Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively (Medical, Nursing, Management Leads).

Intended outcome(s):

- The line management structure is clear and understandable to all staff in scope.
- Appraisals are conducted annually for 95% of staff in scope and are reported to be effective

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the Independent Inquiry, some staff described a lack of clarity about their line management arrangements. Further, some staff also reported not having had a timely appraisal. We recognise that these factors can lead to a sense of not feeling valued or listened to. We recognise the importance of both to a well organised and supported workforce, and our aim is to ensure that everyone knows their line manager and everyone in work receives timely and effective appraisals. These two factors form part of a broader approach to workforce development and support.

All staff have an identified annual appraisal process. However, the nature of the appraisal and the systems on which that appraisal is captured varies by professional grouping. For example, non-medical health staff appraisals are captured on the TURAS system; Social Work within Annual Development Reviews. The primary focus of attention within the Independent Inquiry was the group who engage in annual appraisals captured within the TURAS system.

Summary of Actions:

Clarity of Line Management
Management structures were clarified and shared with the workforce. Staff were also encouraged to speak with their line manager should any uncertainty remain, particularly in the event of staff turnover.

Appraisals
Agenda for Change Appraisals were stepped down nationally by Scottish Government during the pandemic. However, during the pandemic, we provided awareness and refresher sessions for managers and staff on the appraisal process and its importance across our mental health and learning disability services.

We developed reports to monitor the uptake of appraisals. TURAS monitors NHS staff uptake other than for Medics. These reports go to Mental Health Integrated Leadership Group and through Local Partnership arrangements.

Appraisals for Medical Staff within mental health and learning disabilities services are monitored separately by the Operational Medical Director for Mental Health and Learning Disabilities.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We believe that the actions we are taking are the right ones, as part of a broader approach to workforce development and support. We also believe, through the review of indicators (iMatter, Trickle, Pulse surveys) that the experience of working within our services is improving.

However, given that the current rate of appraisals across all services varies, and currently is below 30% we recognise that an effective sustained response to this recommendation requires an ongoing commitment.

Evidence and Milestones:

Key evidence against this recommendation includes:
- A monthly report on uptake of appraisals (completed and in progress) in each service
- Gathering a report on effectiveness of appraisals
- Organisation charts and associated staff communications are available within the LLC Evidence Repository
- We anticipate that some services will achieve the 95% target early, where the appraisal process is less impacted by service delivery pressures. We are aiming for 50% uptake of appraisals for all staff in scope by 31 March 2023, rising to 95% by 31 December 2023

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Improvement Plans are either developing or are in place for all services in scope. Progress against this ambition is monitored on a monthly basis through the local monitoring arrangements. Assurance at executive level will be taken through Staff Governance Committee.

RAG Status: Amber

Any further action proposed:

As part of our recovery from the pandemic and the temporary pause in the appraisal process, services are in the process of further developing improvement plans (including trajectories). Performance against the plans and associated trajectories will be monitored through the above arrangements and via NHS Tayside Staff Governance Committee and Area Partnership Forum.

Actions included in the plans will include:
- Review of which services are achieving progress, and which are not, with detailed recovery plans
- Reports will go regularly to partnership forums

- For those not achieving progress, identify barriers to progress (e.g. knowledge, skills, adequate time, recording of progress, ratio of line manager to direct reports etc)
- Support to overcome barriers (e.g. training, agility around process, protecting time, sharing of burden, sharing of knowledge about what works, peer support etc)
- Review and revision, as required, of actions to achieve progress

With regard to clarity of line management structures, we will update and circulate annually to all staff our organisation structures and we will encourage conversations about any areas of uncertainty for staff. Particular reference will be made to situations where a manager is moving on.

Finally, we intend to assess the effectiveness of appraisals through line management conversations with staff and build into our leadership work discussion about what we know regarding the effectiveness of appraisals, as we implement the ambitions of Living Life Well.

Recommendation 11:

Ensure the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved if necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.

Intended outcome(s):

1. Adverse event management is performed consistently in line with the NHS Tayside Policy for Adverse Event Management. This will ensure that reviews are conducted in accordance with the HIS National Framework.

2. Staff performing adverse event reviews are skilled with the necessary tools to ensure there are robust and transparent reviews that seek to capture learning and improvement for patient care.

3. Learning from reviews is cascaded through the organisation via a clear clinical governance structure providing regular assurance that action has been taken to improve practice.

4. Patient and families are included as equal partners in reviews ensuring that they have confidence in the level of review undertaken. Their testimony is listened to with empathy, dignity and respect. Recommendations and actions taken for improvement are shared openly.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

In any complex system, adverse events are likely to have significant effects on the people involved. For a number of years NHS Tayside has had a policy for conducting reviews and regards these events as an opportunity to learn and improve care. The Independent inquiry highlighted a number of issues with adverse event management:

- There was a need for the policy to be updated in line with Healthcare Improvement Scotland (HIS) national framework (published Jan 2020) to improve consistency of how reviews are conducted. In particular, to ensure that those events requiring a Significant Adverse Event Review (SAER) are chaired by a trained independent reviewer.
- There were a significant number of events not being reviewed within the timescales outlined within the Policy. This led to a loss of trust between the service, staff, patient and families that events would be reviewed in a systematic and timely manner to capture learning.
- The depth of review, terminology and methodology seemed to differ across teams.
- There was not a consistent approach to family involvement in the process leading to a loss of faith in the transparency of reviews by service users. Families reported a need to have to fight for information and feeling let down by the lack of detail and personalisation of reports having waited long periods of time to receive these.

- Reports from some reviews were considered to lack clarity and not address questions raised by staff and families.

Whilst the recommendation has a focus on ensuring the Adverse Event Management policy is understood and adhered to, it was considered that other underlying issues needed to be addressed to restore confidence in the approach to learning from these events in a just and transparent system. Particularly:

- Improving organisational capacity to conduct Reviews in a timely manner
- Ensuring Reviewers are skilled in investigative enquiry to ask the right questions and design recommendations that foster a culture of continuous improvement in practice
- Transparent systems of quality assurance.

Incorporating learning is a major challenge for any organisation where there are a number of component parts. The recommendation highlights the need for clinical governance structures that ensure accountability for learning across Partner organisations whilst recognising the strength that comes with cooperation at senior leadership level to achieve spread of learning and 'checks and balances' to decision making around depth of review required.

Summary of Actions:

It is important to remember that not all Adverse Events – even where patient death is involved – require a SAER. This process is reserved for those events where there is evidence that action(s) or failure to act at a level that breaches duty of care may have contributed to the patient's death, where there is multi-agency, cross-speciality or cross-Board involvement where the review would benefit from having an independent chair, there is evidence that the review will require a level of analysis that will benefit from the expertise of a carefully chosen SAER team, at the time of death the patient was an inpatient or an open case to the Intensive Home Treatment Team (or within 7 days of discharge from these services) or there is evidence that systemic failings may be common to other mental health areas within Tayside and the review process may need to investigate processes beyond the immediate area where the incident took place.

Adverse events not meeting these criteria are still subject to review. The depth of Review is proportionate to the event and potential learning but is still thorough and often using the same methodology as SAERs; only without an independent Chair. For example, Mortality Reviews and Local Adverse Event Reviews. Many more adverse events will fall into this category than require SAERs. Each HSCP and NHS Tayside have in place formal structures and groups – fully integrated within Governance structures – to oversee these Reviews.

The following actions pertain mainly to the SAER process.

1. NHS Tayside Adverse Event Management Policy was updated to reflect HIS adverse events national framework in March 2022. Prior to the formal update to the policy, actions had been taken to help staff prepare for the new Significant Adverse Events Review (SAER) process and to standardise the approach to

reviews across the whole service. There is a now clear level of accountability within the senior leadership team and agreed processes regarding commissioning of SAERs. When Reviews are completed, there is signed ownership of Reports, a process of quality checking by the clinical governance team and Medical and Executive nurse level sign off. Quality checking and standardisation of the process for reviews has resulted in less variation across the services and will, hopefully, result in recommendations that services can action and more easily evidence change.

2. A Mental Health & Learning Disability SAER group was established in January 2022. This is a weekly meeting with representation from the 3 HSCP's, Inpatient and GAP, CAMHS and Forensic services which has improved standardisation on proportionate level of review for events. It also allows for discussion of recommendations and actions that cross services and provide a forum to ensure learning is shared with senior leaders. This group was key to designing and implementing the Suicide death protocol that clearly advises teams on when SAER is required.

3. Patient Safety Clinical Governance and Risk team (PSCGRM) employed Consequence UK to train in total 28 members of staff in nationally recognised methodology for conducting reviews. The most recent 28 form a bank of independent reviewers who have ongoing professional development sessions and quality assurance sessions for peer support for conducting reviews in the independent reviewer role. Independent reviewers have been trained to improve quality of the investigation, reports and recommendations. They are able to support family and carers to be actively involved if they wish in the review. This adds to the number of Reviewers across Partner organisations already trained by Consequence UK and local training initiatives to support and improve the skills of all those expected to lead on Reviews.

4. The Clinical Governance structure was mapped for across MH services and all key groups identified for where assurance is given and learning disseminated through. This exercise in March 2022 was endorsed by the three HSCP's and inpatient services. Assurance is also provided by teams reporting back on actions and learning to the Executive Nurse Director and Medical Director for SAER to fulfil all aspects of Statutory Duty of Candour.

5. The PSCGRM team has collaborated with the University of Dundee running a project to improve family engagement with reviews. This has lead to families being supported to meet with the independent reviewers, share information and questions for the review and then be party to the drafting of the report. A toolkit was co-designed by engaging with families involved in reviews and the independent reviewers with support from the university team.

6. Police Scotland and NHS Tayside have begun redesigning a Quality Improvement forum to enable shared learning from adverse events across the organisations. The aims of the forum are to promote shared learning and to reduce the likelihood of matters escalating to the level of LAER and SAER.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The actions have ensured that there is significant improvement in SAER with appropriate forums in place to manage the process, maintain quality through training and assurance on actions taken through governance structures.

There now needs to be similar levels of investment in supporting non-SAER Reviews, to ensure that the processes are seen as equivalent in thoroughness and achieve the same level of family engagement.

Evidence and Milestones:

- Consequence UK were commissioned and delivered training to two cohorts of staff to enable the independent SAER reviewer process to be established (July 2021, April 2022).
- AEM policy approved by Clinical Policy governance Group March 2022 ensuring the policy is transparent, just to staff, and will meet the needs of patients and families seeking answers.
- MH SAER Leadership Group established Jan 2022 to agree on levels of review, commissioning and sign off processes and provide professional support to senior clinical leaders deciding on levels of review for consistency across the service.
- PSCGRM Triumvirate weekly review all category 1 events, mortality learning events in MH, any upgraded or downgraded events and all triggers for Statutory Duty of Candour to provide assurance.
- Medical and Executive Nurse Director established closing the loop session for clinical teams to report back on actions taken from SAER and share learning (Oct 2021 – monthly held meeting)
- Project ECHO (Feb 2022) PSCGRM presented at national event to share learning on family engagement in reviews. Toolkit presented has now been shared across the Adverse Event Network to promote family engagement.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The Adverse Event Management team within the Patient Safety Clinical Governance department has been strengthened with a senior post and dedicated staff to continue to drive both advances in the quality of reviews, training for reviewers, and family carer engagement. This enables strategic leadership and accountability for supporting the service to perform well.

Quality of reviews and performance of the SAER process is now incorporated into the PSCGRM annual report this autumn for the Care Governance Committee for assurance.

Audit from Jan 2022 has shown significant improvement in the number of open significant adverse events – all category 1 events are now accounted for as ongoing SAER or are complete. There are less than 30 mortality learning events currently

running with the majority of reviews completed across the HSCP's and inpatient services.

RAG Status: Green

Any further action proposed:

Future work will focus on greater support for strengthening the quality of reviews in areas with increased need such as healthcare reviews following death in the prison population, many of which have a mental health component.

Working with families will be extended to creating specialist interest groups to play an active role in the design of the AEM process to be inclusive of their opinion on how reviews are conducted in future. We will engage with National initiatives seeking to support relative bereaved by suicide.

Mediation (linked to recommendation 50) – there are currently two trained mediators within the team that have valuable skills to support the rebuilding of relationships when adverse events have occurred, particularly for families and carers taking part in SAER. This opportunity for conflict resolution should be incorporated into the process of review.

Recommendation 13:

Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.

Intended outcome(s):

- Co-produced mental health and wellbeing strategic and commissioning plans are in place within HSCP and have been approved by Integration Joint Boards.
- Community service developments that require a Tayside approach are progressed through collaboration

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry report that concerns were raised about poor strategic leadership of mental health services in Tayside. The operational and strategic arrangements in place were deemed to be difficult to understand and had previously failed to adequately incorporate lived experience to the heart of planning. These factors, in addition to a lack of evidence of a whole system response being taken to key areas of risk, for example within the workforce, led to this recommendation being made.

Summary of Actions:

Tayside Executive Partners established as the Oversight and Leadership Group, producing a Statement of Intent.

An Internal Scrutiny and Assurance Group is in place to support the Mental Health Leadership team and provide oversight.

A Tayside-wide Mental Health Leadership Group has been formed and continues to strengthen its collaborative effort and activity.

Local strategies have been produced and approved across the 3 HSCPs.

New and emerging pathways / models of support have been agreed and are at varying stages of implementation, and all of which will have a positive effect on available mental health and wellbeing support in communities.

A collaborative workstream taking an improvement approach to community mental health teams across Tayside is currently underway. This is within the context of a whole system approach extending from inpatient care through to a range of community care and supports.

The Chief Finance Officer for Dundee HSCP (on behalf of their colleagues across Tayside) has supported early discussions / plans to develop a financial framework. They also are a member of the Integrated Leadership Group and this has ensured

more timely financial advice and guidance and has supported the Mental Health Leadership team to progress some key areas of improvement.

Integration Schemes across Tayside have been reviewed.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We consider that the actions already taken, in addition to those in course, will take us to where we need to be.

Evidence and Milestones:

Local plans that are in place:
- Perth and Kinross Integration Joint Board recently approved the HSCPs co-produced Mental Health and Wellbeing Strategic and Commissioning Plan
- Angus HSCP prioritises the mental health and wellbeing needs of citizens through their HSCP Strategic Plan. In addition to this, an implementation plan in relation to Living Life Well is in place
- Dundee Integration Joint Board approved the HSCPs co-produced Mental Health and Wellbeing Strategic and Commissioning Plan in autumn 2019. This outlines both local and pan Tayside priorities for improvement
- Strategic Planning Meeting agendas / minutes in each HSCP area
- Evidence of engagement across 3 HSCP areas, both generally and for specific purposes e.g. Community Wellbeing Centre developments
- Output from Tayside workstreams e.g.Crisis and Urgent Care, Learning Disability
- Output from discussions between Chief Finance Officers/Leadership team to support MH / LD developments

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We recognise the scale of work that remains to be achieved in order to ensure good mental health and wellbeing outcomes for the people of Tayside. Within this specific Recommendation however, we consider that good progress has been made to ensure communities have been involved in agreeing priorities and co-producing local plans. The absence of a financial framework to date has not inhibited our ability to move forward with new models supported by Chief Finance Officers.

RAG Status: Amber

Any further action proposed:

Revised Integration Schemes across Tayside have been approved.

Through the strategic leadership of the Chief Officer for Perth and Kinross HSCP we anticipate a refresh of our collaborative priorities, considering local plans and Living Life Well. This will in turn enable the completion of an implementation plan and

financial framework to support new pathways and models of support and balance of care intentions.

As part of the above, consideration will also be given as to how we ensure the needs of people with learning disabilities are prioritised and that strategic and operational matters continue to be approached both locally and collaboratively across the whole system.

The Chief Officer for Perth and Kinross HSCP since her appointment in May 2022, has commenced a programme of activity to advance the Lead Partner role for mental health services across Tayside. As reported to NHS Tayside Board and Perth and Kinross IJB, this includes:

- The establishment of a 'strategic leadership group' for Tayside Mental Health Services comprising the three Chief Officers for Angus, Dundee and Perth and Kinross IJBs; the Medical Director, Director of Finance and Executive Nurse Director for NHS Tayside. The group will provide collective leadership to ensure the right support, resource, data, information, and expertise to take forward the strategic planning coordination and financial framework to support the delivery of the strategy.
- Following a review of the requirements for programme management support, decision to establish a permanent team to support the delivery of the Living Life Well Strategy and transformation programme with recruitment underway.
- An assessment of the current capacity and resources devoted to the engagement and involvement of people with lived experience of mental health services is in progress with a view to increasing the level of support and expertise in the crucial area.
- A plan to review the governance structures for Listen Learn Change and Living Life Well, taking account of the revised Integration Schemes. This will commence with a review of the terms of reference of the Mental Health and Wellbeing Programme Board. The Chief Officer as Lead Partner has held one-to-one discussions with workstream leads and will lead a re-evaluation and re-prioritisation of the current workstreams reporting to the Board. This will include the development of a financial framework to support the delivery of the strategic plans for mental health services.
- A workshop is planned for members of the Mental Health and Wellbeing Programme Board to consider the mechanism for transitioning the outstanding or ongoing actions from Listen Learn Change into the strategic programme of work to deliver on Living Life Well.
- The first of a series of risk workshops to ensure that the arrangements for the management of strategic risks for mental health services are in line with the responsibilities set out in the Integration Schemes was held on 18 August 2022 and will conclude in October 2022.
- The establishment of a Short-Life Working Group with representation of the 3 IJBs and NHS Tayside to prepare a governance, reporting and decision-making structure for services coordinated by a Lead Partner. This will enable the Perth and Kinross IJB to lead the strategy for the transformation of mental health services with confidence including the use of Directions.

Recommendation 14:

Consider developing a model of integrated substance use and mental health services.

Intended outcome(s):

- People who use substances and have mental health problems have timely access to care which is well-coordinated.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

People with co-existing mental health and substance use problems (often referred to as dual-diagnosis patients) within Tayside receive assessment and treatment from separate services, with an expectation that care is co-ordinated on an individual basis. There has never been a specialist dual-diagnosis service. Surveys suggest that around 30% of people accessing specialist mental health or substance use services meet definitions for dual-diagnosis.

We understand from the experiences shared by people during the Independent Inquiry that there were concerns expressed about a lack of seamless support for people experiencing substance use and mental health challenges.

Summary of Actions:

National support to aid the development of an improved, more integrated approach for people experiencing substance use and mental health challenges is being provided through HIS Pathfinder Project. This work will develop prototypes for integrated working through system understanding, system redesign, co-design and co-production and learning system.

Within Angus and Perth and Kinross a high degree of integration is already in place. Perth and Kinross have integrated health and social care aspects of drug and alcohol recovery into a single operating unit, I-DART. In Angus there is an agreed Angus-wide integrated care pathway between mental health and substance services. A new Enhanced Community Hub has been tested and evaluated, and brings together primary care, mental health, substance services, psychology and 3rd sector, including peer support. The Hub has one referral pathway and an ethos of no wrong door, and no rejected referral. This model is being rolled out across Angus, and has won an award, been recognised nationally and is being adopted by other health boards.

The importance of developing integrated pathways as a priority was highlighted within The Dundee Drug Commission Report "Responding to Drug Use with Kindness, Compassion and Hope," which was followed up by a subsequent report in March 2022. Whilst the original action plan from this did not overtly address the specific needs of dual-diagnosis patients, there has been two subsequent developments that do:

1) A successful bid to the CORRA Foundation to develop tests of change for a co-produced model of care in Dundee City by August 2023
2) Engagement with HIS in the pathfinder work on the same topic

The tests of change in Dundee are specifically aimed at ways of working that allow "robust joint working systems and processes between substance use and mental health service provision in the community to enable person-centred support for people and their families."

The overall aim of the Tayside Pathfinder Project is to redesign care pathways to improve quality of care and health outcomes for people with mental health and alcohol / drug us support needs.

The aim was underpinned by the following objectives:

- System understanding – to understand the current state, and the user and service needs that can be met by service redesign and improvement
- System redesign – to work with NHS Tayside and three HSCPs/ADPs (Angus, Dundee and Perth and Kinross) to develop and test an integrated approach to delivering mental health and substance use services (building on lessons from the Covid response)
- Co-design and Co-production – to increase opportunities for people with lived experience, communities and partners from across mental health and substance use services
- Learning system – to identify, share and spread good practice, innovation and learning about 'what works' Scotland-wide to drive improvement and change in developing and delivering integrated mental health and substance use services (including informing policy development)

The programme of work, supported by HIS has included a wide range of engagement and exploration of available views:
Discovery phase – (January 2021 – September 2021)

Towards a Test of Change Workshops
- Exploring Integration Workshops – stakeholder events to look at what good looks like across short/medium and long term.
- Interconnected Systems Mapping Sessions – to discuss and describe what services make up the 'system'
- Data summary – provide overview of key data around prevalence and dynamics of substance use and mental health, along with service demand and risk profiles.
- Equality Impact assessment of inequalities
- Literature review

The work identified the following ambitions:
- No wrong door – not having to tell story more than once, not being passed between services
- Taking a person-centred approach
- Ongoing collaboration

and the following four areas for focus:
- Meeting Complex Needs
- Adapting and Responding

- A Collaborative System
- Workforce and Capacity

A number of the areas identified are embedded within current workstreams.

An initial Dundee test of change was developed by focusing on women with complex needs. A multi-disciplinary team was developed to assess and respond to women presenting to the Dundee Women's Rape and Sexual Abuse Centre. The team of third and statutory services review each women presenting for support. The team considers both substance use and mental health services and are accessing supports at an early stage taking both a person centred and trauma informed approach.

Development of a Tayside Leadership Programme – looking at supporting leaders to implement the changes. The next session is for the 21st September 2022.

Trauma Informed Practice Development – working with Dundee Council Protecting People Team to support with Trauma Informed Practice; with the intention of bringing together a range of services to co-design a training and development series that is based on self-reflection, directed inputs and peer learning.

Funded peer support worker network in Dundee and engagement with people with lived experience to influence and inform developments.

For Dundee, further stakeholder sessions have developed the into the following four change ideas which (June – July 2022):

1. How might we avoid people falling through the support net and that the first contact with providers is a positive experience:
   o Development of a peer support model role based in GP practices to support people to access
   o Creating an advocacy role or support/link worker to introduce into communities to develop a person-centred care/support package

2. How might we improve follow-up support from acute mental health, drug or alcohol rehabilitation inpatient settings?
   o Provide holistic exit (care) plans for discharge whilst in hospital, bridging gap from acute mental health care to social and community substance use and mental health support

3. How might we help statutory and third sector support services connect better around the person despite the person's mental health or addiction?
   o Connecting support services around the person by establishing day to day multi-agency working and information sharing around individual support needs
   o Establishing a multi-agency approach to providing intensive support that includes attention on transitions into and out of this level of support

4. How might we improve support in crisis?
   o Development of a 24- hour multi-agency response, to support people affected by substances, prior direct referral to mental health and substance use

services, or at times of crisis. This will be aligned with the development of the Community Wellbeing Hub.

These proposals are in the very early stages of development and will be tested over the remainder of this project term.

To some extent the Corra and Tayside wide programme of work has been hindered by both capacity across services, with all service areas affected by staff shortages and personnel changes. The Substance Use Medical Lead, for the Tayside programme has taken up a post in another area of Scotland and as a result of the current overall psychiatric workforce, it has been difficult to identify a replacement clinical lead.

It took time to recruit the Dundee programme co-ordinator, who moved after 9 months to take up a promoted permanent post. Recruitment to a new co-ordinator has not been successful.

The national priority to implement the Medication Assisted Standards, with a focus on standards 1– 5, has taken priority for development and implementation across substance use services. However, Standard 9 which relates to the access to mental health services for those who use substances has a much later lead in time, but sets out a criteria for this work which will be embedded into this programme.

The ask of this programme of work was to consider an integrated model of working between Mental Health and Substance Use services. While the workshops have identified that there is no appetite for a single fully integrated service model of mental health and substance use, those with complex needs require a more co-ordinated approach which is integrated in its delivery to the person. Testing models at key points of support: referral and response; points of transition and those with complex comorbidities will be further tested going forward.

Are the actions sufficient to achieve the intended outcome(s)?

Yes. However, there is a requirement to see a greater pace of change through the current programmes of work.

Please briefly explain your response here:

There are models within Tayside which deliver the approach required.

We consider that the combination of actions already taken and those planned will take us to where we need to be.

Despite the difficulties in progressing, there remains a willingness to continue with the programme of work, which will be strengthened through the introduction of MAT Standard 9.

By identifying key pathway points for support, the next stages of work will take a more focused approach on Tayside systems, with learning across the services of what is currently working.

Evidence and Milestones:

There are a range of reports produced by Health Improvement Scotland on the progress of the programme

Tests of change are underway

There is slippage in the original timelines as originally defined through the Dundee CORRA bid, particularly around implementation and the further development of hubs

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The workstream continues, with Dundee Corra funding in place over the next 6 – 9 months.

Angus Hub model in place and sustainable.

During the next phase we would be looking to bring forward more evidence of change at a Tayside level.

RAG Status: Amber – actions are marked as complete, but have not achieved the intended outcome OR actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required.

Any further action proposed:

Implementation plans for the further identified changes will be considered over the next two months.

Completion of programme co-ordinator recruitment.

Recommendation 15:

Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.

Intended outcome(s):

- Our Community Mental Health Teams have regular data to help them understand the level of need from the communities they serve, and the data is used to drive improvements in service planning and delivery

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Our understanding is that recommendation arose from the need to really understand what our communities need at this tier of our model of care. Without understanding need at this level, it would be difficult not only to ensure that need is met at this level, but it would also be risky to reconfigure care at other tiers of need without this information.

In 2019 at the time of the Independent Inquiry, team level analysis of demand and how well this demand was being met was not routinely provided to teams. There was also no systematic or standardised way of identifying number of people waiting for routine assessment, nor for how long.

Summary of Actions:

Work was done in 2020 to compare prevalence of Mental Illness at disease level across Tayside communities with national prevalence rates.

Our Health and Business Intelligence Team took an analytical model around Demand, Activity and Queue that had been developed for acute physical health departments and applied the model to Community Mental Health Teams.

The analysis this generates quantifies graphically at team level the volume of requests for CMHT input, the activity the team is achieving over time, the number and type of appointments offered, the volume of new and return appointments provided, and shows the shape, size and length of waits. The information is sent to Team Leaders across all seven Tayside CMHTs on a monthly basis.

Team Leaders were trained in how to interpret and use the analysis, with the training reported as favourably received.

Services are now using the data to plan and make changes to service provision to improve the care that is provided to our patients within the community setting. Some examples include;

- Work to reduce rate of rejected referrals in Angus
- A revised model of referral triage within Dundee

- Work to validate and cleanse waiting lists in Perth and Kinross

A separate pack showing examples of regular information products about our services, alongside narrative about how each is used, accompanies this briefing.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The process of supplying ongoing good quality analysis is built into Business-as-Usual reporting. There is evidence and there are examples of how Team Leaders are routinely using their data to plan and improve service delivery within the community setting and to ensure that ongoing need is understood and met as effectively as possible.

Evidence and Milestones:

The initial work to understand and benchmark prevalence is held in the LLC Evidence Repository.

Examples of the CMHT Demand, Activity and Queue packs are also stored within the Evidence repository and copied to key individuals at leadership level.

Examples of service reconfiguration are on file within the Evidence Repository.

This work has generated interest nationally, with Scottish Government reporting that Tayside's CMHT data is now amongst the best in Scotland.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The analysis and reporting of CMHT activity is fully embedded into Business-as-Usual processes.

The LLC Leadership team will continue to be curious about how the data are being used to improve care in the community setting. The data will be of particular interest as the whole system model is reviewed and adjusted.

The processes around this recommendation are now Business as Usual and represent a marked change in transparency of CMHT performance from 2019.

RAG Status: Green

Any further action proposed:

Ongoing monitoring and learning about changes that are made to service planning and delivery as a result of the data.

A review of Mental Health disease prevalence within Tayside communities once benchmarking data is available in the near future.

Recommendation 16:

Prioritise the re-instatement of a 7-day home treatment team service across Angus.

Intended outcome(s):

- Home treatment services across Angus are available 7 days per week.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The provision of home treatment services across Angus is available 7 days per week.

Summary of Actions:

The extended 7-day community mental health service was established in May 2021 in the North of Angus and following a successful pilot extended to include South Angus in September 2021. The service supports existing service users of the Community Mental Health Team (CMHT) who require an increased level of support for a limited period of time in addition to their existing care plan, or new service users who have been assessed and have a risk assessment and care plan in place which details the need for weekend support.

The aim of the service is to offer person centred support in the local area to prevent crisis, manage risk, prevent a further deterioration, prevention of admission, early supported discharge from hospital and support service users who are on pass home from hospital when weekend support is identified within their discharge plan.

During the week all staff in the team provide a home treatment service.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Service is now implemented across Angus and initial evaluation complete.

Evidence and Milestones:

Service implemented fully across Angus in September 2021.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The extended 7-day community mental health service was established in May 2021 in the North of Angus, and in South Angus in September 2021. There have been 254 contacts with services provided to 101 individuals in this time period. On average 3.4 people are referred each weekend, and the highest number of people referred in one weekend was 9 people. There has been a 94% attendance rate overall.

RAG Status: Green

Any further action proposed:

Review recommendations from evaluation but now consider as business as usual with ongoing monitoring of performance and impact.

Recommendation 17:

Review all complex cases on the community mental health teams' caseloads.

Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.

Intended outcome(s):

- All people on our Community Mental Health Team caseloads have care plans that reflect their needs and wishes
- People with complex needs have an anticipatory care plan in place that is helpful to them, reflects a format that they are comfortable with and is reviewed regularly

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the Independent Inquiry it was observed that care was not following a multi-disciplinary and multi-agency approach and that different professions / care giving services were often not able to provide consistent care due to a lack of documented anticipatory care planning to meet the needs of people needing complex support.

The Independent Inquiry indicated that people were sometimes admitted to hospital in crisis as a result of a lack of anticipatory care planning, and as a result of missed opportunities to set out proactive, preventative interventions to support community care.

Summary of Actions:

A project group was established bringing together senior leaders from across the Angus, Dundee and Perth & Kinross. This group had multi-professional representation and was chaired by the Associate Director of Nursing for Mental Health and Learning Disabilities in Tayside.

The group identified the lack of a nationally agreed definition of complexity to support the review of CMHT caseloads. Work progressed to develop a definition which provided specificity and sensitivity to accurately identify people considered to require complex care support. This definition included the option for staff, in discussion with colleagues to determine complexity on professional/clinical acumen. All caseloads across the community-based services have been reviewed against the definition agreed.

Individual CMHTs are now working towards all people requiring complex care to have anticipatory care documented and reviewed on an annual basis.

Sitting alongside the definition of complexity work, the group also worked with service users, carers, staff and 3rd Sector organisations (Angus Voice, Penumbra, Carers Trust) to understand which anticipatory care document was already in place for people receiving care. As a result of this work, it has been

identified that there are several different used including Wellness Recovery Action Plans (WRAPs), Advanced Statement with personal statements, Recovery Plans.

We have reflected on the benefits of using the Healthcare Improvement Scotland (HIS) ACP document which is consistently used across Tayside.

Carers and service users indicated that where they have alternative documentation to the HIS ACP, they prefer to keep this and not have a further document to complete and update.

Community Mental Health Service in Perth and Kinross will implement the HIS ACP for all new complex cases from June 2022.

The project group have developed standard operating processes and a flow chart to support staff to implement the processes.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The recommendation sets out the gaps identified in practice across the service to support the needs of people with complex needs. As a result of the work associated with Recommendation 17 the service can now articulate the proportion of the people requiring complex support. The services are now working to ensure that where documentation was already available this includes all components of an ACP and that this will be reviewed at least annually.

Evidence and Milestones:

Definition of complexity developed through collaboration

Report of the work undertaken by CMHTs to review caseloads

Report from stakeholders including service users and their carer on the applicability of HIS ACP

Evidence of care planning review processes in Angus, Dundee and Perth & Kinross

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We have made significant progress in agreeing the definition of complexity and the processes and documentation that we use to capture and review those needs. Much has been done to implement those processes, taking into account the views of people we support whose needs are complex.

However, we do recognise we have some way to go before we can be confident that every person on a Community Mental Health caseload who has complex needs has been reviewed in line with the new definition and processes.

It is recognised that the routine use of ACPs to help patients articulate their care needs and wishes will take time to fully embed into practice.

RAG Status: Amber

Any further action proposed:

We need to complete the review of people with complex care needs using the new criteria.

We need to ensure that there is a reliable process for identifying and reviewing complex needs for people who newly join our Community Mental Health caseloads.

We need to fully embed the use of ACPs where appropriate.

Learning from the work to be shared as part of the Community Mental Health redesign process and support the transition from a recommendation to a key element of community practice.

Recommendation 18:

Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.

Intended outcome(s):

- CMHT waiting times in keeping with National standards (and before this to current Emergency, Urgent and Routine definitions)
- Improved patient experience
- Improved carer experience
- Improved ability to review patients quickly at times of increased clinical need
- Radical shift in the workforce to reduce dependence on traditional medical roles by investing in other disciplines to provide a wider range of core functions.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Community Mental Health Teams (CMHT) were established in Tayside in 1997. These have always been multi-disciplinary in nature and there are currently three within Perth & Kinross, two within Angus and two within Dundee (as well as an Assertive Rehabilitation Team). There has not been a *systematic review* of CMHT functioning within the last decade despite the significant challenges that have occurred: for example, increasing (general) referral rates, significant emergent demand around ADHD and other neuro-developmental conditions, the emergence of legal highs and the increasing societal rates of alcohol and drug use.

Initial models of CMHT care had Consultant Psychiatrist time split between CMHT and aligned inpatient beds. This allowed continuity of care for service users and carers and fostered good working relationships between inpatient and CMH teams with Social Workers and Clinical Psychologists also 'following' people between care settings. This was changed to try and reduce the number of relational interfaces/MDT meetings for inpatient teams. However, it is also likely that an unintended consequence was that Consultant planning became fragmented with a primary focus on what was required to provide safe inpatient care. HIS recommendations that this model should be re-considered was reinforced by the Independent Inquiry, with an emphasis on the importance of continuity. However, in the period since then, Consultant staffing has been both an acute and chronic issue. CMHTs are currently staffed almost exclusively by Locum Consultant Psychiatrists. Energetic recruitment processes have not improved the situation.

This position is mirrored Nationally. In the Royal College of Psychiatry Workforce Survey in 2021, within Scotland, there were 830 full or part-time Consultants in post but with 161 Locums in post and a further 63 posts vacant with no cover at all. Of 49 retirements during 2021 only 19 returned to the workforce in any capacity.

The above requires three shifts:
1. Consideration of the functions required to be provided within CMHTs (as opposed to the people that have historically been employed or provided these roles)

2. A change of role to ensure that Consultant Psychiatrists are providing those functions that can only be undertaken by them
3. A re-modelling of the workforce to expand the numbers and roles of those disciplines who can provide functions previously provided by Consultants

Summary of Actions:

Workforce plans have been produced for each HSCP and for Inpatient Services.

Needs assessment analysis for Advanced Nurse Practitioners completed

ANPs are now in place within each CMHT with further ANPs in training.

Specialist Mental Health Pharmacy resource in place.

Additional nursing resources made available.

Locum Consultants no longer offer 'routine review' appointments to stable patients open to other Team members to increase time available to see patients with increased need.

Early engagement of Tayside Psychiatric Trainees to match person to preferred job.

Regular advertising of vacant posts.

Workstream for Community Mental Health Service provision is established.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The above can only achieve change over time. Continued investment in training ANPs is required.

This recommendation is impacted by increasing rates of referral to CMHTs (particularly for neuro-developmental disorders) and the longer-term management of significant numbers of people experiencing personality disorder. Condition-specific workstreams are in place for both and this should allow a natural refocus on more severe and enduring mental health conditions.

Evidence and Milestones:

Needs assessment (complete)

Increased headcount for ANP resource:
- Angus have 2 wte in post and a further 2 wte in training
- Dundee have 2 wte in post and a further 2 wte in training
- P&K have 2 wte in post and a further 1 in training (in Integrated Substance Use)

Increased headcount for pharmacy resource:

- 3 wte Specialist Clinical Pharmacist post established (one in each HSCP) with Dundee post filled, 0.4 wte filled in Angus and P&K expected to be in post by September 2022. The Angus additional sessions have been subject to a round of unsuccessful recruitment but will go back to advert in Autumn 2022
- 3 wte Senior Pharmacy Technicians (one for each HSCP) with all posts filled as of August 2022 (some for a period prior to that)

Community Mental Health Workstream now meeting

Outputs from the Community Mental Health Service workstream.

Neuro-developmental Workstream in progress.
Senior Clinical Psychologist post agreed to lead on implementation of services to people with personality disorder (with A4C matching panel) which will be supplemented with time from other disciplines (building on models used for Perinatal, Maternal, Neonatal Mental Health and Early Intervention in Psychosis) – expected to reach recruitment stage by October 2022.

Recruitment to permanent Consultant Psychiatry posts continues to challenge – last round of advertising in June 2022 yielded no applicants. Permanent Operational Medical Director for MH & LD in post. Re-employment of retired staff to new roles.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Actions are either complete or remain as ongoing actions.

Work-streams will continue through 2022 and into 2023.

RAG Status: Amber

Any further action proposed:

The outputs from the Community Mental Health Service work stream will inform the next set of actions we take around this recommendation and we will ensure staff side involvement in the plans at every stage going forward.

Recommendation 19:

Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.

Intended outcome(s):

- CMHTs will receive regular provision of data that captures rates of referral, waiting times and measures of throughput.
- CMHTs will use the data to inform operational work and more strategic workforce planning.
- People will not be subject to unnecessary assessments (or time delays) to access the assessment that matches their need at any given point in time.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

There is no HEAT target for access to treatment in CMHTs. Informal local agreement meant that for a considerable period CMHTs worked to the 12-week access target applicable to acute care, but this was not reported through any formal mechanism. Importantly, the data and associated analytics were not provided in the same way that they are for Psychological Therapies (PT) and CAMHS HEAT reporting.

The primary systems through which data is captured are Electronic Referral Management and Trakcare and the primary system for analysis Qlikview. Whilst permission to access Qlikview has always been available, few staff were aware of this or how to use the system.

For PT and CAMHS, the data is made available to service leads from the Business Unit. This includes detail down to individual patient level. This allows for accuracy checking and encourages ownership of waiting times in a way that anchors there as being a person at the heart of every wait.

The period over which demand for CMHT assessment has increased, has coincided with significant reductions and gaps in Consultant staffing; the net effect being increases in numbers of people waiting and length of wait. The worsening trajectories associated with this were not fully appreciated because of the lack of routine data provision.

The data bundle and examples of how this has been used has been presented previously (in meeting with DHSCP).

It is important to note that the wait for CMHT assessment is not a chronological queue. Referrals are triaged and appointed based on perceived need and priority given to groups of people based on known (population level) risks; for example, on discharge from inpatient care. This means that those waiting for more 'routine' care are pushed to longer waits.

Cognisance must also be given to people accessing mental health systems through alternative routes. For example, presentations at Emergency Department (ED) and through university mental health systems.

Summary of Actions:

Monthly CMHT Data bundles are now supplied by the Business Unit. The data is used within operational planning and Clinical Governance groups.

Team Leaders being supported to understand and make use of data.
Pathway for Scottish Ambulance Service (SAS) to directly access mental health assessment without having to admit people to ED.

As detailed in Recommendation 22, improved pathways from University to CMHT and CRHTT.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

There are two parts to this work: ensuring that the analytic information is available and being used; and improvement/transformation work to ensure that demand and capacity are equally matched. The first part of this is significantly improved but achieving waiting times that are congruent with need and good risk management is contingent on a number of the other recommendations being advanced.

Evidence and Milestones:

1. Data bundles
2. QI presentation
3. Services changes (for example, changed new to return ratio appointments for Consultant appointments; structured support for people waiting; staffing increase)
4. SAS to mental health pathway

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We consider that good progress has been made. However, further work is required to ensure that all outcomes are fully met.

RAG Status: Amber

Any further action proposed:

Firstly, further work with the Business Unit to achieve data at the level of the individual as available to PT and CAMHS.

Secondly, the improvement work to decrease waiting times and numbers waiting.

Recommendation 20:

Consider the development of a comprehensive Distress Brief Intervention (DBI) training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.

Intended outcome(s):

- A wide range of staff and partners are trained in DBI Level 1
- A dedicated DBI service is in place within Tayside, offering support at Level 2
- Sufficient DBI resources are in place to meet demand

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

During the Inquiry the need to improve the response to people presenting in distress was strongly advocated by people who have experience of distress and by front line service providers.

It was considered that the development of DBI in Tayside would form an important element within an overall range of available scheduled and unscheduled mental health and wellbeing support in Tayside.

Summary of Actions:

An aspiration to develop a DBI service within Tayside was agreed during early 2019 as part of our Tayside review of urgent and crisis care. This coincided with the development of local strategic mental health plans across Tayside, where DBI again was agreed as a priority area for development.

Following an approach to Tayside by the Lead for the national development of DBI programme, an offer of 200K from Scottish Government was made and the national development Lead was instrumental in supporting our process.

A Service Specification for a Tayside Distress Brief Intervention Service was produced, drawing on similar specification already in place in pilot areas across Scotland.
A Memorandum of Understanding (Scottish Government Distress Brief Intervention) has been in place since 31 January 2022. This demonstrates respective partners' commitment to collaborate on the delivery of DBI.

A tendering process was undertaken, with representation from all 3 HSCPs and led by Dundee HSCP as Lead Partner. Penumbra were successful at tender and a contract has been in place since 1 October 2022.

The Service became operational on 1 April 2022, with an initial focus on the referral's pathway from the Police and an extension of level 1 training to Police colleagues. Level 1 and Level 2 training continues to be scheduled and delivered across Tayside.

Penumbra have produced a flyer about DBI which has been circulated in local areas. Penumbra are represented within DBI National Programme Board meetings.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The actions to date have led to a DBI service being established in Tayside and operational since April 2022. Robust support and monitoring arrangements are in place between Penumbra and a monitoring group established.

We recognise that the monitoring group will need to assess level of need for any increase to DBI resources into the future in order to build this into ongoing service and financial planning.

Evidence and Milestones:

Contract with Penumbra and associated service specification.

Monthly service update from Penumbra as a key element of discussion within the monitoring group (Penumbra, Lead Officer for the contract, Contracts Officer). The service monitoring report covers activity and demand, human resource matters and up to date performance around the expansion of level 1 / level 2 training across Tayside partners.

Dundee HSCP Finance Manager and Locality Manager lead Tayside-wide DBI financial planning processes. All 3 HSCPs identified monies from Action 15 funding to commit to the development of DBI in Tayside.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Between April 2022 and the end of July 2022 23 people have been referred for Level 2 Support. Each person's journey and outcomes are discussed as part of ongoing monitoring arrangements and individuals' stories will form an important part of driving continuous improvement within mental health and wellbeing services within Tayside.

A schedule of Level 1 and Level 2 training has been in place since December 2021.

RAG Status: Green

Any further action proposed:

Based on demand, ongoing consideration will be given to the further expansion of the Service. An example of this is the commitment in Dundee to use recently allocated Mental Health in Primary Care Services monies to further increase DBI training and delivery capacity between 2022 and 2026.

As Lead Partner, representatives of Dundee HSCP will provide the Mental Health Integrated Leadership Group with 6 monthly performance updates.

Recommendation 21:

Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.

Intended outcome(s):

- Embedded multi-disciplinary and team-based approach to joint working across CRHTT and CMHTs, to provide seamless care.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Inter-Team collaboration is crucial in moments when a person's care needs are changing to the extent that input from other services is needed. That can apply as care needs are escalating, as well as when someone is moving past a moment of crisis. Without good inter-team collaboration, patients could receive poorer care or experience poorer care than is needed. This recommendation arose from staff reported perceptions of how well these teams work in the interests of patients at points of care escalation and de-escalation.

Summary of Actions:

Members of staff from CMHT, Crisis and from inpatient settings were brought together to work collectively on arrangements for patients whose care needs are changing. This group revised processes for the management of people whose care needs are rapidly changing. This includes standardisation of processes and documentation surrounding admission and discharge to and from inpatient settings. This includes development of discharge processes including the Intensive Home Treatment Services in Perth and Kinross, Angus, and the Mental Health Discharge Hub in Dundee City.

Developed a shadowing system so that colleagues can build greater understanding of each other's service.

Created a tool to measure the levels of collaboration across services in those moments where Inter-Service collaboration was needed between CMHT and CRHTT, and developed a whole system virtual capacity and safety huddle, centred round a Mental Health Command Centre dashboard. The dashboard provides visibility of real-time patient movement and inpatient service capacity.

Are the actions sufficient to achieve the intended outcome(s)?

No

Please briefly explain your response here:

The work has been collaboratively designed by key members of staff across services and is underpinned by a solid theory of change; that clear agreed processes for

transitioning of care will result in better working relations across teams. In addition, a means of measuring the tenor and interaction between professionals at those times where inter-service care is required, provides information about the interaction.

However, further work needs to be done on the relational component of this recommendation to ensure that when individuals within services collaborate, the conversation is positive, professional, transparent and respectful. Where issues arise, the system's response needs to ensure swift de-escalation and resolution.

Evidence and Milestones:

Key documentation is available on the processes for transitioning care between CMHTs, CRHTT and Inpatients.

A system is in place to monitor uptake of shadowing.

The tool to assess the quality of interactions between CRHTT and CMHT has delivered positive analysis of the working relationship between services.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Capacity and flow processes are now more resilient and transparent than they were previously. Teams now understand what to do and who to call in situations that require inter-team working in the interests of patients.

The level of support for patients following a crisis has been strengthened.
There is however further work to do to improve the relational aspect of the interactions across the teams and to further strengthen escalation and de-escalation processes.

RAG Status: Amber

Any further action proposed:

A number of actions remain. We will;

- Continue to monitor the reliability and effectiveness of the revised processes for transferring care from one service to another.

- Facilitate a piece of work to bring services together to explore and develop shared relational practise, particularly around transitions.

- Promote and monitor the uptake and feedback from the shadowing model that has been put in place.

- Collaborate to ensure that good practice around discharge planning is fully embedded into how the teams work, so that as patient care is de-escalated, it is planned and clearly communicated to ensure seamless transition.

Recommendation 22:

Develop clear pathways of referral to and from university mental health services and Crisis Resolution Home Treatment Team.

Intended outcome(s):

- Understanding user experience of pathways
- Understanding service delivery of pathways
- Prioritising areas for improvement

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Tayside has a large student population, largely but not exclusively, centred around Dundee. Over 20,000 students are enrolled between the Universities of Dundee and Abertay with GP registration concentrated on a number of practices.

The Independent Inquiry highlighted the particular vulnerabilities of the student population with many living away from home for first time and with reduced family support. It also highlighted that many students will arrive with mental health conditions and expectation of being able to access support from University and HSCP when required.

Whilst the Universities have their own student counselling and mental health nursing supports, the Independent Inquiry highlighted that pathways for students requiring higher intensity treatments and/or emergency assessment was highly variable. The particular concern was that University mental health services – in order to respond quickly to a crisis - should have access to direct referral pathways into CRHTT.

Summary of Actions:

Understanding existing systems
What was current pathway of referral between 2 Dundee Universities and CRHTT?

Identifying student need
Engagement with respective student associations to develop survey questions, delivery method and evaluation process.

Develop person centred and trauma informed pathway
Referral pathway developed in collaboration with 2 Dundee Universities and CRHTT taking into account student feedback.
Identify measurement criteria for referral pathway.
Identify mechanism for collection of student feedback.
Developing survey to be issued to students 72 hours after assessment by CRHTT to gain insight into student experience of using the pathway.

Information Governance
Secure approval from information governance to share information between sites.

Testing of Pathway
Test referral pathway with 2 Dundee Universities and CRHTT using pseudo patient.
Practical steps info graphic developed email 9 May 2022.
Link with IT services to secure generic email address and share with universities.
Develop feedback questionnaire for staff at both ends to comment on effectiveness of referral pathway and process.
Adapt pathway following initial testing.
Agree formal date for going live with referral pathway - 23 May 2022.
Development of information leaflet for all 3 services involved.
Creative teams involved in developing different formats – electronic and paper.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We have achieved development of a pathway and tabletop testing has been completed with amendments made to pathway following feedback. From the date of the pathway going live there have been no referrals required from either university.

Evidence and Milestones:

Record of regular monthly meetings as project team to progress work

Testing & implementation phase of pathway
Email detailing confirmation of testing completed 4th May 2022 (UOD) 11th May 2022 (UOA).
Email detailing staff experience of testing pathway.
Amendment to pathway based on testing recommendations.

Identifying student need
Engagement with student respective student associations to develop survey questions and evaluation process.
Delivery of student survey exploring key themes of student experience and need.

Data Protection Approval
Secured DPA and information sharing agreement to share patient information between universities and NHS Tayside crisis resolution home treatment team.

Communication of service pathway
Collaborative development of information leaflet for students identified as in need of emergency referral.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Abertay University presented the pathway on behalf of partners at a recent national Student Referral Pathway meeting.

Achieved outcome as requested and referral pathway ready for students returning in September 2022.

Significantly strengthened relationships between both universities and CRHTT.

RAG Status: Green

Any further action proposed:

Engagement with Perth campus for the University of the Highlands and Islands to share learning and develop similar referral pathway for students.

Explore options to spread referral pathway across more educational establishments in Tayside.

Develop a working interface between the universities and the CMHT (referrals already accepted directly from Mental Health teams, without needing to direct this via General Practice).

Recommendation 23:

Develop a cultural shift within inpatient services to refocus on de-escalation. Ensuring all staff are trained for their roles and responsibilities.

Intended outcome(s):

- Staff within inpatients services will have the knowledge and skills to work with patient in a least restrictive, rights based and person-centred way.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that some patients shared experiences and concerns about overly restrictive practice, overuse of restraint, in appropriate use of restraint and ward cultures that did not feel therapeutic, or person centred. Some staff echoed these concerns and highlighted further concerns about training, development, supervision and ward cultures.

This feedback was particularly focussed on the Carseview Centre, and concerns raised about the standard of care, staff attitudes and overly restrictive practice within the centre.

Summary of Actions:

Improving Observation Practice is a national improvement project which focuses practice towards a culture of inquiry, personalised assessment and proactive, skilful mental health care and treatment interventions for all patients. NHS Tayside was involved in this national improvement work and has used the guidance and its "9 Strands" as a framework to support the development of this work

IOP Steering group supported the development and implementation of a new Observation Protocol across all Inpatient Mental Health and Learning Disabilities services.

Development and Implementation of Person-Centred Care Planning Standards in 2018 by care planning collaborative supported embedding the standards into practice. The standards are applicable to all mental health and learning disabilities nurses across Tayside and clinical areas are audited monthly. The standards have been reviewed annually and the principles of trauma informed practice has been embedded in them as was a standard to support patient and carer involvement and improve communication. (linked to Recommendation 24).

Delivery of a CPD programme which is co designed by staff focusing on the 9 strands of the guidance. The programmes aligned to local and national drivers and focuses on the learning needs and skills required for staff to carry out their role.

Development of a training pathway for staff who work in Inpatient MH & LD

Delivery of Trauma training commensurate to staff's roles and in line with the NHS Education Trauma Training Programme. Mental Health & Learning Disabilities

service are committed to ensuring that the principles of trauma informed practice are embedded in the work we do. We have included trauma training into our leadership programme as well as Prevention & Management of Violence and Aggression training. All staff within the service now receive level 1 training on induction.

Harm data is produced at a ward and service level to enable teams to have a detailed understanding of rates of harm and factors that contributes to harm. The teams use this data to help understand their system and measure improvement activity.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

There is not a single intervention that leads to a cultural shift within services – the development of IOP has been a key factor in delivering new ways of working, underpinned with training and education, harm data and patient feedback which helps triangulate our activity and its impact.

Evidence and Milestones:

Observation protocol implemented May 2020
Person Centred Care Planning Standards & monthly audit results
Training data and staff evaluations
Patient Stories
Patient feedback
Harm data

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Observation protocol has been in place since May 2021.

Programme of education for staff is in place and is aligned to local and national priorities and data is reported through local governance structures.

Person Centred Care Planning Standards are audited monthly and reported via governance structure.

Patient feedback is actively sought and is an area for further development.

IOP and Person-Centred Care Planning has been recognised nationally with the service winning awards at the Scottish Mental Health Nurse Forum in 2019 and 2021.

RAG Status: Green

Any further action proposed:

Whilst we have rated this recommendation as green, we know that we will need to constantly attend to ward based cultures through robust governance, leadership, local audit, harm data, external visits and the experiences of staff and patients. This will include linking in with local partnership forums.

Observation Protocol will be reviewed Annually and is audited monthly.

Programme of education will continue aligned with local and national priorities.

Recommendation 24:

Involve families and carers in end-to-end care planning when possible.

Intended outcome(s):

- To ensure families and carers are involved throughout the patient's care journey and are actively involved – where the patient wishes, in care planning activities.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the Independent Inquiry, patients and carers shared experiences of not feeling involved in care planning or decision-making.

Care planning should involve and include all relevant people and services involved in the person's care. Involving carers and families in care planning supports effective therapeutic relationships and good outcomes for patients in most circumstances where patients agree.

Securing feedback from people using our services and their families and carers is essential to let us know if we are providing the care and support people need from our mental health and learning disabilities services.

Summary of Actions:

NHS Tayside's Person-Centred Care Planning Standards were reviewed in July 2020. These have been updated to include a new standard that will evidence relative/carer involvement where applicable, and a clear communication plan will be recorded. The person centred care plan standards apply to all settings.

Audit results reported monthly to the inpatient clinical and care governance group. Findings are used to inform improvement activity.

Care Plan Collaborative now working on the development of documentation pathways. Now completed.

Following a planning meeting in August 2020, a Triangle of Care steering group is developing a term of reference and has representation from carers groups from each Health and Social Care Partnership and National Lead from Carers Trust, to progress further implementation.

Regular patient experience data provides information on patient engagement in the care planning process.

There is a prompt on EMIS to ensure patients are offered their care plans once completed.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

There are robust quality control processes in place to monitor the levels of compliance with the Person-Centred Care Planning Standards. This information is reviewed on a monthly basis. Engagement with 3rd Sector colleagues who provide advice and support to develop mechanisms for effective and transparent engagement and feedback on carer/family experience.

Standards have been recognised by the Mental Welfare Commission and Highly Commended at the Mental Health Nurse Forum Awards 2019.

This Recommendation is closely linked to Recommendations 23 and 25 where the involvement and experiences of carers and families are integral to on-going service development.

Evidence and Milestones:

Monthly auditing activity is business as usual.

Reviewing of Care Planning Audit data is standing item on monthly Care and Professional Governance Meeting Agenda.

Triangle of Care meeting group has Terms of Reference and Co-chairs.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Robust person-centred care planning well established and part of business-as-usual activity.

Monitoring of activity against standards is business as usual.

Good example of effective processes to be shared across the service from POA.

RAG Status: Amber

Any further action proposed:

Revisiting the existing Patient Centred Care Standards.

Person Centred Care Planning Collaborative is on-going.

Documentation Pathway for review as part of Inpatient Pathway development – Living Life Well Strategy.

Robust mechanisms to gather experience data from carers and families guided by the Triangle of Care/Strand 1 Group.

Existing work in Psychiatry of Old Age (POA) to encourage family and carer involvement in care planning to be tested in General Adult Psychiatry (GAP).

Extension of the Patient Experience work described in Recommendation 25 to incorporate Family and Carer Experience data providing qualitative feedback of how Families and Carers experience working with Tayside Mental Health Services to care for their relative.

Recommendation 25:

Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.

Intended outcome(s):

- Patients, families and carers have clear and accessible information setting out how the person being admitted will experience admission to the service

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the Independent Inquiry it was observed that information for families and carers about how the service is delivered and developed was difficult and challenging and needed an innovative approach.

Patients had shared with the Independent Inquiry team that they were uncertain about rules and procedures, this causes anxiety and concerns about doing things wrong.
Information is required which is clear and accessible for everyone using mental health services – this information should set outward routine, timetables, arrangements for meals as well as how to get help while in the ward.

Securing feedback from people using our services and their families and carers is essential to let us know if we are providing the care and support people need from our mental health and learning disabilities services.

Summary of Actions:

Draft information leaflets were created in collaboration with patients in the service.

Leaflets have been created in different formats i.e., easy read, large text and different language.

Leaflets were shared with Speech and Language practitioners to ensure a accessible read age format.

We have developed a mechanism to hear from people cared for in our inpatient wards which lets us know how people are experiencing our services and what areas we should work on to improve that experience. Quantitative and qualitative data is collected from patients on a monthly basis to help us understand this and to develop improvements to address gaps.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Patient and carer leaflets have been developed and are provided on all wards. There is ongoing feedback received relating to the efficacy of the leaflet gathered via the Ward Community meetings, this informs adaptations and amendments.

We have mechanisms which we have tested in Carseview and Murray Royal wards and are now spreading to other inpatient wards. The information provided by this data is informing service developments and improvement activity.

Evidence and Milestones:

Availability of accessible leaflets.

Feedback from patients on how clearly they understand the admission process

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Completed in March 2021 with patients reporting clear on admission process.

RAG Status: Green

Any further action proposed:

- Ongoing development guided by service development and patient, family and carer feedback. Closely linked to the Strand 1 Group established as part of the Improving Observation Practice, Families and Carers group established to introduce Triangle of Care.

- Ongoing development of the existing Patient Experience work in wards to support learning and improvement activity guided by patient, family and carer experiences.

Recommendation 26:

Make appropriate independent carer and advocacy services available to all patients and carers.

Intended outcome(s):

- Independent Advocacy support is available for people across Tayside
- Independent Advocacy support is available to support people where they are
- Support is available for carers in Tayside

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the evidence gathered as part of the Independent Inquiry that there were concerns as to the availability of independent advocacy support and support for carers, predominantly where people were in hospital. We also took from the report a need to promote cross agency working with advocacy organisations to best use available resources, while maintaining locally based advocacy support which is central to local planning.

Summary of Actions:

Five independent advocacy organisations are commissioned by the 3 HSCPs to provide support to people and carers across Tayside;
- Independent Advocacy Perth and Kinross
- Angus Independent Advocacy
- Advocating Together (Dundee)
- Dundee Independent Advocacy Support
- Partners in Advocacy (Dundee)

These organisations were in place before the Independent Inquiry, however since 2020 each organisation has seen an increase in demand for independent advocacy. Increased investment has been made to increase capacity since 2020.

Service specifications, contracts and monitoring arrangements were already in place pre-2020, however discussions about capacity, demand and available resources have become more prominent since the start of the pandemic.
Increased investment in advocacy organisations has enabled more proactive input for people who are in hospital.

Information about independent advocacy, and carer, organisations has been made more readily available within inpatient settings.

A focus is regularly given to ensuring that social work teams continue to enable/promote independent advocacy and carer support as an option for people facing a range of challenging situations.

Carers Strategies have been produced within the 3 HSCP areas, having been approved by respective Integration Joint Boards, and are being implemented.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We consider that there are appropriate contractual arrangements in place for advocacy and carer supports across Tayside, which allow for support to be provided wherever a person happens to be e.g., at home, in hospital. Since 2020 additional advocacy support has been made available within Mental Health and Learning Disabilities inpatient settings.

Evidence and Milestones:

Service specifications and contracts in place across the 3 HSCPs.

Annual reports by advocacy providers across Tayside.

Monitoring information across 3 HSCP areas, including people's stories and capacity and demand information.

Output from collaborative work across advocacy organisations

Carers Strategies across all 3 HSCPs.

Feedback through Care Opinion

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We consider that there has been further development in this area since 2020. Additional capacity within local advocacy contracts has been introduced to increase the availability of advocacy support wherever a person may be e.g., at home or in hospital. The provision of annual reports and robust monitoring arrangements are in place. Advocacy providers across Tayside work in a collaborative way in order to maximise the use of overall resources. An example of this has been where specific organisations have joined Tayside workstreams on behalf of all advocacy providers.

We recognise that the availability of advocacy support and support for carers will continue to be central to the health and wellbeing of people across Tayside, and our ability to use resources creatively will be crucial. This is a priority area across the whole system, and as such will be a focus for discussion at regular intervals through the Integrated Leadership Group.

RAG Status: Green

Any further action proposed:

We recognise that the availability of advocacy support and support for carers will continue to be central to the health and wellbeing of people across Tayside, and our ability to use resources creatively will be crucial. This is a priority area across the whole system, and as such will be a focus for discussion at regular intervals through the Integrated Leadership Group.

Recommendation 27:

Provide adequate staffing levels (inpatient gap) to allow time for one-to-one engagement with patients.

Intended outcome(s):

- Staffing levels will enable one to one engagement with patients to take place.
Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand the importance of one-to-one engagement in meaningful therapeutic relationships and how this contributes to a sense of safety and therapeutic purpose for patients. We know that some patients have described nurses as being distant, disinterested and that some staff have described not having enough time to meaningfully engage with patients on a one-to-one basis.

We are also aware of the constant change within Nursing Teams as staff leave to take up new opportunities and new staff join as part of our ongoing recruitment.

Summary of Actions:

The provision of adequate staffing is attended to in a number of ways:

Roster Management
Roster management is undertaken using an electronic health roster system. The roster can only be signed off once a Senior Nurse has approved the roster to include staffing numbers and skill mix.
Each ward has an identified shift requirement and skill mix.
Identified gaps are escalated to the Nurse bank and made available to staff through extra hours or overtime.
Escalation to Contracted Agency Nurse providers.
Twice daily hospital huddles to ensure safe staffing levels.

Workforce tools
The workforce tools in GAP were run in October 2021 and March 2022

Patient Feedback
Patient feedback is sought across the GAP Admission Wards.
Two of the areas for feedback is time with the patients named nurse – *I knew who my named nurse was, I had the opportunity to meet regularly with my named nurse.*
The feedback shows that whilst many patients responded positively these are areas that require a continual focus.

Role development
A new additional activity co-ordinator role has been introduced to each of the GAP wards in recognition of the value and importance of meaningful and purposeful activity. The activity coordinators provide a range of individual, and group based therapeutic activities alongside the occupational therapy programme.

The GAP admission wards have increased the number of Charge Nurses on each ward from 2 to 3 within existing establishments. This is to increase the presence of more senior clinical leadership and increase the supervision capacity within the nursing teams.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Safe Staffing is a key requirement for inpatient services influenced by the supply and availability of staffing. Staff often experience a sense of staff shortage based on availability rather than the overall team establishment and there are ongoing efforts to recruit staff to GAP Admission Wards.

The NHS Scotland Safer Staffing Legislation mandates the use of the national workforce tools to ensure a systematic assessment of workforce requirements is undertaken.

The range of measures in place ensures a focus on roster planning, daily assessment of workforce requirements and a planned approach to evaluation and analysis through use of the workforce tools.

Evidence and Milestones:

Workforce Tool analysis reports. Example provided from GAP wards;

Clinical Area	Budgeted Establishment	Professional Judgement Tool Outcome October 2021	Professional Judgement Tool Outcome March 2022	Nursing Staffing Levels per Shift
Ward 1	29.55 WTE	28.58 WTE Ward noted operating with additional bed in use	24.93 WTE	Day Shift 6 Night Shift 4 Budgeted Establishment allows for the above staffing numbers allowing for 1 patient to require direct 1:1 interventions
Ward 2	29.55 WTE	31.88 WTE Ward noted operating with	31.76 WTE	Day Shift 6 Night Shift 4 Budgeted Establishment

		additional bed in use		allows for the above staffing numbers allowing for 1 patient to require direct 1:1 interventions
Mulberry	29.35 WTE	32.12 WTE Ward noted high acuity on ward	Incomplete data	Early 5 Late 5 Night 4

Budgeted Establishment allows for the above staffing numbers allowing for 1 patient to require direct 1:1 interventions |
| **Moredun** | 39.33 WTE | 38.06 WTE Ward noted operating with additional bed in use | Incomplete data | Day Shift 8 Night Shift 5

Budgeted Establishment allows for the above staffing numbers allowing for 1 patient to require direct 1:1 interventions |
| **IPCU** | 29.55 WTE | 22.73 WTE Operating with Reduced Bed Numbers due to Ligature reduction works | 24.7 WTE (tool run Aug22) | Early 5 Late 5 Night 4

Budgeted Establishment allows for the above staffing numbers allowing for 1 patient to require direct 1:1 interventions |

Patient Feedback and Ward based Reports from the Mental Welfare Commission visits also forma crucial part of evidence around staffing levels.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Safe staffing levels is a key focus for GAP admission wards on both a planned and reactive basis. However staffing numbers alone are not the only factor that influences therapeutic relationships that enable 1:1 interventions to take place.

Continuity is a critical factor in ensuring safe and effective mental health care in that it supports the development of meaningful therapeutic relationships with people. In addition, continuity builds knowledge and understanding of people's needs, trust between patients and staff and the ability to support recovery beyond the immediate care requirements, Continuity also builds a sense of belonging and purpose for staff who then work in a stable psychologically safe team environment which in turn enables positive risk taking and decision making.

RAG Status: Green

Any further action proposed:

Lead and Senior Nurses working with colleagues in NHS Lothian regarding use of the safe care module in Health Roster. Safe Care provides a real time assessment of staffing against acuity of patient group.

Workforce Tool – minimum of annual analysis.

Ongoing feedback from patients.

Recruitment of 27 NQPs to GAP Admission Wards from September/October onwards.

Progression of the Band 4 Associate Practitioner role within GAP Services.

Partnership forums will receive regular reports on staffing challenges so that a workforce plan can be collated in partnership.

Recommendation 28:

Ensure appropriate psychological and other therapies are available for inpatients.

Intended outcome(s):

- Improved therapeutic milieu
- Safe & appropriate risk-informed decision making
- Assessment & formulation of complex cases at point of greatest need

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The availability of psychological expertise within inpatient settings has varied considerably, both over time and across settings. This has been influenced by a number of key factors including availability of staff, variation in funding across localities, the movement of inpatient wards around Tayside (which impacts on what one can easily deliver & from where) and the use of different models of care. The two main models utilised are:

a) Dedicated inpatient posts (still have in Rehabilitation at Murray Royal; previously had in Carseview and Mulberry when at Stracathro)
b) In-reach models where CMHT Clinical Psychologists have protected time for inpatient work

There are advantages to each with the first better supporting indirect patient work, including staff training, ward-based formulation work and support for staff providing low intensity psychological approaches. The second allows continuity of treatment and, within a whole system approach, allows one to target fluctuating demand for therapeutic work and 'smooth' staff absence as any change to a small staff group cause disproportionate effects.

The added value of psychology to inpatient settings is well recognised. The Accreditation for Inpatient Mental Health Services (AIMS) state that all service users should have access to evidence-based psychological therapy from an appropriately trained practitioner (Royal College of Psychiatrists, 2011; Perry *et al.*, 2015; Penfold et al., 2019). The National Institute for Health and Care Excellence (NICE) (2009, 2014a, 2014b) Guidelines recommend several structured psychological therapies during the acute phase of schizophrenia, borderline personality disorder and other serious mental health problems. However, the data indicate that standards set by NICE and other professional bodies are rarely met.

It should be noted that the evidence base for inpatient psychological therapies is relatively weak at present. Whilst service users consistently report a desire for psychological treatment during inpatient stays, four systematic reviews conducted examining the efficacy of psychological interventions delivered in this setting (Jacobsen et al., 2018; Paterson et al., 2018; Wood et al., 2020; Evlat *et al.* 2021) demonstrate that the research evidence is small and of moderate to poor quality. Effects were only found on a small number of outcomes including psychotic

symptoms (at the end of therapy but not at longer-term follow-up), readmission, depression and anxiety.

Notwithstanding the above, there is complete agreement that consistent provision of psychological expertise to inpatient settings is required.

What does good look like?
There is no area in Scotland with a pre-existing model to replicate. However, there is learning from our local Forensic Psychology Service which, despite the challenging nature of the environment, is fully staffed with no issues in retention or recruitment. Likely ingredients of success are:

- Strong leadership from Consultant
- Sense of identity with clinical team
- Sense of small 'speciality' working

With this is mind, the preferred model is to establish a critical mass with dedicated senior Leadership and rebuild the CMHT capacity to provide in-reach for individual patients.

Summary of Actions:

The initial workforce plan around this work detailed the need for:
 0.5 8b; 1.0 8a Clinical Psychologist in Learning Disability inpatient care
 1.0 8b; 2.0 8a; 1.0 Assistant Psychologist; admin time in General Adult inpatient care

There were two unsuccessful rounds of recruitment for the Clinical Psychology posts detailed above during 2021.

Following a change in Director of Psychology and taking the learning from Forensic Psychology into account, the proposed posts have been re-configured to include a 1.0 wte Consultant Psychologist post; 0.5 wte for this post and 0.5 wte for Early Intervention in Psychosis (EIP) post. The job description for both these posts are currently awaiting Agenda for Change matching panels (this being the only barrier to forward movement).

In the interim, CMHT psychologists are providing input on a case-by-case basis where this is crucial to inform care planning.   Inpatient Rehabilitation (Murray Royal) have 1.0 wte Clinical Psychologist in post.

Additionally, inpatient staff are able to attend training provided by wider psychological therapies staff (for example, A Formulation Based Approach to Suicide Risk Assessment).

Additionally, there has been significant investment of time in advancing the NES Transforming Psychological Trauma Workforce plans. The focus has been on inpatient staff where over 95% have engaged in Level 1 training / Level 2 training commensurate with their role and 36% have received Level 3 training following a hiatus through Covid.

60 staff are engaged in Decider Skills Training; a model which teaches people to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and health.

A decision was taken by the Integrated Leadership Group in early 2022 to constitute a Tayside-wide commissioning group for Psychological Therapies, led by Dundee HSCP as lead partner.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

There is a recognised national shortage of qualified Clinical Psychologists (around 170 wte across Scotland) and the challenge to achieving the above will always be securing the detailed workforce. As the shortage is apparent across all specialities, simply moving staff to cover these vacancies is not an option. By enhancing the Leadership component of the service (it is notable we have no vacant Consultant posts with all recent recruitment at this level successful) and tying this together with a small specialist area (which also have higher levels of success in recruitment), we hope to maximise the chance of filling this post. Once a Consultant is in post, it becomes easier to 'market' other vacancies. However, where there are staff expressing an interest in inpatient work during our cohort interviews (where we advertise across specialities and look to match people to vacancies balancing their interests with our areas of greatest risk) we will facilitate this regardless of the progress of the Consultant post.

Evidence and Milestones:

Needs assessment document for initial staffing proposal

Advertisement x 2

Submission of post to A4C panel

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Currently awaiting recommencement of Tayside A4C Job Matching Panels. The Consultant post(s) have been accepted in the priority list when this begins. All other aspects of recruitment are ready to move, and we will routinely re-advertise the 8a / 8b posts within Tayside cohort adverts.

Further 6 months to have Consultant in-post; 2 years for fully staffed model.

It is anticipated that the Tayside-wide commissioning group for Psychological Therapies will ensure timely strategic needs assessment across the whole system and reduce any unnecessary delay in delivery/ financial decision-making.

RAG Status: Amber

Any further action proposed:

Wider Leadership & cultural changes within Psychological Therapies will continue to allow flexible use of budgets to ensure we employ all appropriately trained staff wishing to work within Tayside. Also, to improve retention of current staff.

The development of specialist Personality Disorder Services (Consultant Psychology post at 8d agreed and funding secured) will contribute to the outcomes articulated above.

Recommendation 29:

Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.

Intended outcome(s):

- Tayside Inpatient mental health and learning disabilities wards provide care to patient is the least restrictive way possible while maintaining the safety of vulnerable people.
- Wards should only be locked in line with the Mental Welfare Commission Good Practice Guide "*Rights, Risks and Limits to Freedom*" March 2021 and should not be locked for long periods of time.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

It was observed during the Independent Inquiry that it was not uncommon for wards to be locked for long periods of time.

The Mental Welfare Commission Good Practice Guide "*Rights, Risks and Limits to Freedom*" March 2021 sets out that where wards need to be locked this should only be for short periods of time.

As a consequence, this recommendation raised questions regarding how well rights of safety and those of a person's ability to move around freely were being balanced in our wards.

There was a protocol available in Tayside which set out practices related to the locking of ward doors; at the time of the Independent Inquiry this was scheduled for review.

Summary of Actions:

Audit of practice undertaken across the inpatient wards to understand levels of ward locking as well as reasons for ward locking. At the time of the audit, ward locking related to practices to minimise the impact of Covid.

The pre-existing Door Locking Protocol was reviewed and updated against The Mental Welfare Commission Good Practice Guide "*Rights, Risks and Limits to Freedom*" March 2021.

Updated Protocol was submitted through the Inpatient Governance structure for comment and sign off by the multi-disciplinary team in March 2021. Following Governance sign off the Protocol was shared with all inpatient areas. The Door Locking Protocol sits as an adjunct to the Seclusion Protocol which is being developed to support Recommendation 23.

In line with the update provided for Recommendation 30 work is underway with Senior Charge Nurses and NHS Estates to agree the specification and locking

mechanisms for new ward entrance doors. This will include consideration of how patients can safely access and leave the ward.

Conversations with ward staff were held to explore the different ways decisions about ward locking could come about, and what that meant for how well the balance between safety, security and freedom was held.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Local NHS Tayside Door Locking protocol has been revised, with the revision informed by and replicating the Good Practice Guidance set out by the Mental Welfare Commission (Scotland).

This has been reviewed by the multi-disciplinary team and reviewed through the governance structure supporting Mental Health and Learning Disabilities services. Staff have been advised of the Protocol amendment and following established processes for Policy and Protocol development and revision these have been disseminated across the InPatient wards.

Evidence and Milestones:

Baseline data of door locking practices November 2020

Audit of Door looking practices August 2022

Revised NHS Tayside Mental Health and Learning Disabilities Door Locking Protocol

Minutes of Governance meeting where the revised Protocol was signed off

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Completed

RAG Status: Green

Any further action proposed:

On-going auditing of Door Locking practices across Inpatient Services in NHS Tayside Mental Health and Learning Disabilities Services.

Specification for new ward entrances including access and egress agreed. New entrance doors installed and operational.

Recommendation 30:

Ensure all inpatient facilities meet best practice guidelines for patient safety.

Intended outcome(s):

- Inpatient facilities provide safe and therapeutic environments for patients and staff

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The quality of the care environment has a key role in supporting an individual's recovery and we recognise that the quality of the environment is variable across the main hospital sites. We have had a focus on safety influenced by adverse events within the inpatient services and the lessons learned from these tragic events has informed and shaped our approach to improving safety within our wards. However, we need to ensure that there is an equal focus on the comfort and aesthetic of the environments to promote wellbeing and recovery.

In the absence of national best practice guidance/standards the Mental Health Safety and Quality Board has commissioned a working group to develop best practice guidance / standards for the Mental Health Estate. The group had its first meeting on the 26th July 2022 with NHS Tayside represented in the group.

Summary of Actions:

There has been a number of actions undertaken and these are set out below:

Investment in MH Estate Ligature Anchor Point Risk Reduction
2020/21 - £1,000,000
2021/22 - £600,000

Endowments
A bid for £30,000 from the NHS Tayside Endowment fund was successful and used to purchase new day room and quiet room furniture for the Wards at the Carseview Centre.

Royal College of Psychiatry Accreditation
In the absence of nationally agreed best practice guidance the GAP Service committed to working towards accreditation with the Royal College of Psychiatry Standards for Psychiatric Intensive Care and Working Age Adult Wards. Whilst this is a longer-term piece of work the standards do contain a section on environmental standards. Teams will be supported to complete a self-assessment against the environmental standards within the document to provide a benchmark the environment against the standards,

The Royal College of Psychiatry self-assessment and Peer-review culminated in a report following a visit on 14th January 2021 to IPCU. The report provided by the Royal college identified "Areas of good practice," and identified standards "met,"

"partially met" and "unmet" standards across the 152 standards. The unmet standards sat within the "Environment & Facilities," "Workforce" and "Governance" sections.

Standard rating	Percentage met January 2021
Met	72
Partially Met	24
Unmet	4

Of the 33 partially and unmet standards identified in the January 2021 review the IPCU team have completed 12 of the locally agreed actions and are continuing to work on the remaining 21. Status of the standards will be reassessed during the next Peer Review cycle.

Ligature Anchor Point Risk Reduction Programme
A key element of ensuring safer ward environments is the removal of ligature anchor points. A ligature anchor point risk reduction programme is well established and phase 1 of the works programme focussed on General Adult Psychiatry Wards and the Young Persons Unit. This phase of works is complete and the next phase to include Older Peoples Mental Health Admission Wards, Secure Care Admission Wards and Amulree is in development.

The next phase of works will also consider the replacement of the main GAP ward entry/exit doors. This work will link with Recommendation 29 and consider design solutions available to enable safe access and egress.

Progress updates have been provided to the Care Governance Committee as part of the Mental Health and Learning Disability Strategic Risk Assurance report.

Standard Room Specification
A standard room specification for Mental Health Estate refurbishment was developed and sets out the proposed architectural products that should be used during refurbishment. This includes a range of products from bathroom sanitary wear to bedroom doors and windows. Over time the knowledge developed by the service and the increase in products available is such that a number of different products have now been identified. The specification will be updated and will continue to set out the standard of products required for refurbishment within Mental Health Services. The mock up room is available to be viewed.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We recognise the importance of ensuring inpatient environments for all patients are safe, comfortable, therapeutic places that support recovery and provide purposeful, safe places for people to work. There is work still to do to ensure the balance is struck between safety and comfort and the service has developed significant

experience and knowledge from both past adverse events and the contemporary requirements of inpatient services.

The service has embarked on a process of accreditation through the Royal College of Psychiatry and whilst some Ward Teams – IPCU and Amulree are progressing there is a need for the Integrated Leadership Group to revisit the benefits of this work in light of the development of national standards for secondary mental health services in Scotland.

There is variation in the quality of the inpatient estate across the four main hospital sites – Strathmartine has a number of significant issues linked to the design and age of the accommodation which does not reflect the changing complex needs of people with a learning disability. Whilst there has been investment in the Strathmartine estate there is acknowledgement of the need to provide alternative accommodation of a greater standard than currently available within Strathmartine.

Evidence and Milestones:

A summary of key safety work includes:

- Replacement of all bedroom windows at Carseview and bedroom windows on Moredun
- The installation of new bedroom doors with door top alarm across Carseview, Moredun and the Young Persons Unit
- Replacement of ensuite bathroom doors with shower curtains / antiligature saloon style doors
- Replacement of ensuite bathroom sanitary ware
- Replacement of smoke detector heads
- Replacement of ventilation grills
- Replacement of soap and towel dispensers
- Upgrade of staff attack / nurse call at Carseview
- New furniture for day areas

Phase 2 of the ligature anchor point reduction programme is in development and updates on progress are provided to the NHS Tayside Care Governance and the Health and Safety Committee.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The work to improve the safety of inpatient services is being progressed through:
- Environmental improvements to include furniture
- Ligature Anchor Point Risk Reduction
- Participation in the development of national best practice guidance
- IPCU membership of the Royal College of Psychiatry Quality Network for IPCU's currently undergoing a review process
- Amulree Ward membership of the Royal College of Psychiatry Quality Network for GAP Wards.

This work will remain ongoing as we continue to improve the safety and quality of our inpatient wards.

RAG Status: Amber

Any further action proposed:

Planned investment:
Further investment in the Carseview Centre is planned through an allocation of £384,000 from the 2021-22 Mental Health Recovery and Renewal allocation to IJBs for mental health facilities improvement. This money will be used to upgrade the Mulberry ensuite bathrooms and deliver new bedroom furniture for all patient bedrooms.

Operational Leadership Team to review the current approach to engagement with the Royal College of Psychiatry Quality Network for GAP Wards.

The work to review and revise the Inpatient service across Tayside will include provision to ensure that the environmental considerations highlighted in Dr Strang's report are attended to within the redesign.

Recommendation 31:

Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.

Intended outcome(s):

- Events should be reported and verified as accurate in a timely fashion following any adverse event.

- Any immediate patient safety concerns should be identified and addressed with immediate learning implemented by frontline staff.

- Decisions on the level of review required made by the senior leadership team promptly.

- Robust mechanisms are in place to share learning from reviews across the service so that frontline staff understand and take ownership of improvements in their own clinical environments.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The Independent Inquiry raised concerns from staff and patients that there were delays in responding to adverse events, particularly in the inpatient ward environments.

We understand this situation needs addressed by reviewing key stages in the management of adverse events in this acute setting, where there may be patient safety issues and ongoing risks of harm to other inpatients if action is not taken swiftly.

Learning in a timely fashion is hugely important in building and maintaining trust and confidence of staff, patients, families and carers. Transparent processes that are quality assured and uphold NHS Tayside commitment to deliver safe, effective patient centred care is necessary for rebuilding trust across these groups and the wider community. Previous adverse publicity, particularly to tragic events in places that are regarded as 'places of safety', means that we have to evidence that all concerns have been addressed and demonstrate ongoing quality assurance processes are in place.

Summary of Actions:

1. Following an adverse event, staff with professional responsibility and knowledge of the event report onto the Datix Adverse Event Reporting system (a nationally recognised adverse event management reporting system used by the majority of healthcare organisations in the UK).

   The software aids staff to categorise the severity of the event and risk of recurrence. Datix will automatically send an alert through email for all events

graded as category one (the most serious) advert events to designated senior leaders across mental health and key members of the Executive Team and the Board Secretary. This ensures that all senior leaders are immediately aware of the event and can support staff with necessary action in the immediate aftermath of an event.

The Datix reported event is verified in terms of accuracy by senior members of staff who have expert knowledge of the clinical area where it was reported from. The Patient Safety, Clinical Governance and Risk (PSCGRM) team have responsibility for training all staff before they can be registered onto the system as verifiers, thus ensuring that training has occurred for this role and maintain the quality. Events require to be verified within 72 hours which is recognised across the organisation, time to verify is a performance measure reported on by all parts of the service through performance review meetings.

Staff who are reporters are provided with immediate feedback from verifiers which is considered essential in the verifier role for encouraging staff to report and ensuring timely feedback.

Mental Health Services are able to monitor numbers of events, severity of events, status of the events, trends in near misses, through the use of Dashboard systems that the PSCGRM team enable across the organisation for senior leaders to have immediate access to data.

2. Immediate safety concerns and action is taken after adverse events through the use of rapid reviews and situational reports provided to senior leaders included in the Datix alert system described above. Any immediate concerns or learning from the rapid review is disseminated to frontline staff through the use of Safety Huddles. These are used on a daily basis at the start of each shift to highlight immediate feedback and necessary changes to staff as a timely response. The Senior Triumvirate in the PSCGRM team are included in the alert response across the organisation and provide quality assurance by scrutinising all category one events on a weekly basis across the organisation, including checking for events that have been downgraded and where all incidents of Statutory Duty of Candour will be evoked. When themes are identified as being a risk of recurrence, automatic safety alerts can be generated through the Datix system. An example of this would be the use of ligature points in inpatient services. There are now mandatory fields designed within Datix to alert all relevant staff when an adverse event or near miss report is generated by staff reporting a ligature related incident. This ensures that risks are highlighted immediately, and action can be taken by staff in a timely fashion to learn from the event.

3. Beyond the immediate review period where there is a necessary focus on safety issues, the wider learning regarding deeper scrutiny of systems and processes needs to take place for adverse events.

The weekly Mental Health SAER leadership group meeting (as described in recommendation 11) provides scrutiny and standardisation to this process. For category one death adverse events there is an agreed protocol across the services regarding the commissioning of SAER or use of Mortality Learning Event

Reviews. The SAER process and quality assurance process is discussed in detail in recommendation 11.

The Mortality Learning event reviews use methodology that is recognised by the Royal College of Psychiatrists and follow the college standardised template to maintain quality. The timescale for reviews of this nature and sharing of reports with families is the same as the SAER process to ensure the correct level of scrutiny and openness regarding the findings.

For reviews of events that have less serious outcomes, Team Based Quality Reviews are being held across a number of service areas in Mental Health. These reviews use recognised methodology to review systems and process, including human factors, and attendance is encouraged for all members of the team across specialty areas. The use of Team Based Quality Reviews for adverse events encourages a flat hierarchy to ensure all staff can participate in a fair and transparent review.

4. These processes do not take place in isolation from the other components of the mental health system. Each HSCP has an equivalent process in place and where adverse events happen within inpatient care, consideration is given in every case as to which partner should lead on the review process. Where care has been delivered across different components of the system, there is full participation in the review process.

5. Where SAER may be required, the Mental Health SAER leadership meeting has helped to streamline decision making whilst also taking advantage of peer scrutiny. Whilst it remains appropriate and likely that some events initially reviewed by Mortality Review may be advanced for SAER, discussing level of review at an early stage will hopefully avoid reviews going through multiple stages and result in reviews being completed in good time.

6. Learning. There are a number of mechanisms for spreading learning from adverse events. There include:

   - Team Based Quality Reviews, where engagement in the process is the learning methodology
   - Review outcomes being shared at team level
   - Remobilisation from Covid has allowed us to recommence our System Wide Learning From Adverse Events Sessions which allows a significant numbers of staff from a range of disciplines to come together in workshop-style meetings designed to facilitate change in practice
   - Learning from reviews is openly shared both within the clinical governance structures as described in recommendation 11
   - Learning summaries are shared with HIS and published on the Adverse Event Network to aid cross Board learning
   - Tayside Multi-Agency Suicide Review Group publish an annual report that highlights learning from across health and other public services such as police and social services
   - The PSCGRM annual report this Autumn will report to the Care Governance Committee on the quality assurance of level of reviews and evidence the

mechanisms in place for staff to take ownership of learning and implement change.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The actions have ensured that there is significant improvement in both immediate response to adverse events but also most importantly that there are appropriate forums in place to manage the process, maintain quality through training, and assurance on actions taken through governance structures.

Evidence and Milestones:

- AEM policy approved by Clinical Policy governance Group March 2022 ensuring the policy is transparent, just to staff, and will meet the needs of patients and families seeking answers.
- MH SAER leadership group established Jan 2022 to agree on levels of review, commissioning and sign off processes and provide professional support to senior clinical leaders deciding on levels of review for consistency across the service.
- PSCGRM Triumvirate weekly review all category 1 events, mortality learning events in MH, any upgraded or downgraded events and all triggers for Statutory Duty of Candour to provide assurance.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Monitoring of performance regarding staff reporting is re-assuring that adverse events are openly reported. NHS Tayside PSCGRM provide data to HIS which publishes levels of reporting across health boards. NHS Tayside is reporting for 2021-22 at a level expected for its size of population, this compares to the previous year when there was a lower rate of reporting than would be expected. The involvement of senior leaders following the revised AEM Policy has led to better engagement as evidenced by this data.

NHS Tayside is an active member of the HIS Adverse Event Network and openly publishes learning event summaries to ensure there is transparency and quality assurance.

RAG Status: Green

Any further action proposed:

Mental Health services are now leading the way in terms of the high-quality team-based reviews taking place and standardisation of their mortality learning events. The AMD for PSCGRM will be chairing a group for senior clinicians to spread this practice to other clinical services in the organisation to improve morbidity and mortality reviews. Sharing good practice in this forum will enable a culture of

continuous improvement for leaders running reviews. This group is currently being formed with the first meeting arranged for Oct 2022.

The PSCGRM team will facilitate an Adverse Event Learning Forum to run bi-annually for all teams across the organisation to share best practice and action taken from reviews. Mental Health services have excellent examples of how staff have been empowered to make change and this should be widely publicised to encourage further progress and help with positive communications around significant improvements that have taken place. The first organisation wide event is planned for February 2023.

Recommendation 33:

Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, coproduced with third sector agencies.

Intended outcome(s):

- Project within the MHW Change Programme will include mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include transition model

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that focus was needed for co-development with third sector agencies the development of CAMHS Outpatients strategies for prevention, social support and early interventions for young people experiencing mental health in the community.

CAMHS Outpatients now participates in many forums to facilitate this and is part of the Tayside Regional Improvement Collaborative, which drives projects and strategies, and ensures co-developed joint working to this end.

Summary of Actions:

Implementation Plan
1. Tayside Mental Health Strategy for Children and Young People called an Emotional Health and Wellbeing Strategy for Children and Young People developed in conjunction with a Tayside-wide multi-agency children's services stakeholder group.
2. Children and Young Persons specific Draft Wellbeing Strategy (called 'Connected Tayside') was put out for consultation across Tayside.
3. 'Connected Tayside' approved by Tayside Regional Improvement Collaborative (TRIC).
4. Linkages created between 'Connected Tayside'; An Emotional Health and Wellbeing Strategy for Children and Young People' and the relevant chapter in the Tayside Mental Health and Wellbeing Strategy.
The 'Connected Tayside' - An Emotional Health and Wellbeing Strategy for Children and Young People Strategy was reviewed by the Tayside Regional Improvement Collaborative (TRIC) Leadership Group for final approval on June 2021. The draft Implementation Plan was also presented to the group as part of the June meeting. The implementation of Connected Tayside is one of the main objectives within the statutory Tayside (multi-agency) Children Services Plan 2021 – 2023.

The 'Connected Tayside' (TRIC) Task and Finish Group, set up to develop the strategy, has concluded its work and the TRIC Health & Wellbeing Priority Group now has responsibility to demonstrate the added value and improvements from delivering on the aims within the new strategy. This work includes looking at the data and measurement outcomes required to evidence the progression of the strategy.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

There is a sustainable governance structure around Tayside Regional Improvement Collaborative (TRIC) which links into the CAMHS continuous improvement framework. This has been further enhanced very recently through a sharing of 'project resource' across CAMHS and the TRIC.

Completed within an established governance process to manage regional improvements (TRIC), involving universal services that has demonstrated sustainability.

Evidence and Milestones:

30th Nov 2021 - Launch Event for 'Connected Tayside': An Emotional Health and Wellbeing Strategy for Children and Young People 2021-23.

Connected Tayside: An Emotional Health & Wellbeing Strategy for Children and Young People 2021-23**.** This document can be found on the TRIC Website - Resources - TRIC - Tayside Regional Improvement Collaborative (taycollab.org.uk)

Connected Tayside outlines a charter designed by children and young people from across Tayside. This charter shares their vision of what support should look and feel like from any organisation they connect with.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

A monthly Clinical Governance Summary within CAMHS Newsletter – available within the LLC Evidence Repository.

Improvement meeting minutes, standard agenda item – available within the LLC Evidence Repository.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable. The Tayside Regional Improvement Collaborative coordinates and drives "Connected Tayside", and this includes measures around milestones and outcomes.

Recommendation 34:

Ensure that rejected referrals to Child and Adolescent Mental Health Services (CAMHS) are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.

Intended outcome(s):

- To ensure strong referral plan to CAMHS is within the strategy, including communication process.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that clear parameters for CAMHS Outpatient referrals were not in place and as a consequence not accepted referrals were occurring. As a consequence the GP CAMHS RefGuide was developed that included Mental Health and Neurodevelopmental guidance, which was communicated to GP partners via networks and CAMHS Website. Information for other professionals detailed on CAMHS website, including information on signposting for patients, families and carers. In addition, printed CAMHS information brochures have been designed and these are now routinely inserted in CAMHS letters / communications, along with website and signposting links within letters.

Summary of Actions:

Implementation Plan:
1. Guidance has been developed for people referring into the system.
2. Development of a process and communication for referrals that require redirection has been established and is now routinely used.
3. New CAMHS website has been developed which contains information regarding the referral and redirection of referrals process.

An improvement plan was developed and recorded on the CAMHS Outpatient Plan for Continuous Improvement system pertaining to the Young Person Triage Service (YPTS), with the aim 'to create a new CAMHS nursing work stream in 2022 to reduce the number of referrals that were not accepted by CAMHS, that focuses dedicated clinical staff to support GPs across all Tayside regions (GP Clusters – 13 in Tayside {4 Dundee, 4 Angus and 5 in Perth}) to refer or signpost children and young people to the most suitable staged approach intervention, including the third sector and self-help resources, by reviewing GP referrals and providing appropriate feedback on the content and information needed, by March 2023'.

An implementation plan is underway and only one third of staff are recruited to this work stream, resulting in 6 GP clusters utilising this service across Angus and Dundee. Once full recruitment is completed (1.2WTE) a Tayside-wide service will be operational, to include Perth / Kinross.

The YPTS is for GP practices and not for schools which would explain why Penumbra may not have oversight into these initiatives. The YPTS has a communication plan within the implementation plan, and this is targeted at all GP practices across Tayside.

Schools are not involved in this initiative.

Website live: www.taysidecamhs.scot.nhs.uk
· https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/index.htm

Monthly social media topics are determined based on clinical themes and scheduled promotional mental health and wellbeing items. This generates targeted Facebook topics that promote linkage to information / signposting in the CAMHS Outpatient website. On a quarterly basis, the content within the website is reviewed and updated based on consumer feedback and emerging clinical themes. Examples include:

- CAMHS Outpatient Website Improvement Page developed and launched in February 2022 and focused on improvements being worked on for the Neurodevelopmental Parent Portal.
- For our social media promotion, webpage analytics sought in April 2022 was used to identify possible series for social media based on those pages most visited. Most visited areas in the website included: Sleep, support in education (Enquire), Teenage Brain (SpeakEasy), behaviour that challenges, and anxiety. Proactive anxiety management and coping with exam pressures was released via Facebook in June 2022.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Feedback from GP's has indicated this is no longer an issue for the service.

Evidence and Milestones:

Key evidence against this recommendation includes:
- A monthly report on Website Traffic
- RefGuide and Website within the LLC Evidence Repository
- Standard letters to referrers
- Meeting minutes

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Closed out Improvement Plans (PCI 029) shows scope of work and evaluation. Monthly CAMHS MH & ND Performance Reports details rejected referrals.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable.

Recommendation 35:

Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the Hub may give rise to confused reporting lines or governance issues. A whole system approach must be clarified from the outset.

Intended outcome(s):

- Clear care pathway for treatment within Neurodevelopmental Hub,

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry there was no documented Neurodevelopmental Care Pathway in CAMHS and co-working and multidisciplinary working was unclear.

Summary of Actions:

A clear Neurodevelopmental Care pathway was produced in 2021 and awareness of how it works communicated to staff via induction/orientation/in-house education and shared with partners via networks and multidisciplinary/multi-agency collaboratives. Information on how the Neurodevelopmental care pathway operates from referral onwards is detailed within CAMHS Website.

The existing Neurodevelopmental care pathway was analysed by the Neurodevelopmental Improvement Group (Specialist Clinicians) and the current model was identified as not meeting demand. An improvement project was undertaken to develop and new Neurodevelopmental Care Pathway, based on newly released CAMHS Neurodevelopmental Service Specifications and National Autism Implementation Team Guidelines in October 2021. This new pathway also involved determining capacity required to service the new pathway, and this has been built into CAMHS Workforce Plans.

Implementation plan:
1. Recruitment of the Clinical Lead for the Service remains outstanding, and whilst attempts to recruit have occurred, a new focus by the Interim Medical Director to again pursuing advertising is again occurring.
2. The Neurodevelopmental Care Pathway was developed and signed off in March 2021.
3. Creation of the Neurodevelopmental joint working across agencies formed part of the Neurodevelopmental Care Pathway and permanent joint working occurs with CAMHS and Armisted.
4. Partnership working with commissioned specialist external providers commenced in 2020 to assist in the management of patients in Neurodevelopmental Care Pathway.
5. Development of a New Neurodevelopmental Care Pathway occurred in 2021 and service redesign presented to Scottish Government and Senior Management and

supported. Neurodevelopmental Improvement Group undertaking improvement work to deliver the new pathway.

Current improvement initiatives, relating to the New Neurodevelopmental Care Pathway, include pre-referral screening within schools. This will support a new Neurodevelopmental referral pathway into CAMHS ensuring self-directed help mechanisms are utilised prior to accessing services. Additional Mental Health Education Officers engaged mid 2022 to expand working with schools and task sharing initiatives, including the development of a Neurodevelopmental Parent Portal, 'Decider Skills' and 'My Resilience' training and promoting 'Essential CAMHS' education for school and other universal service providers. A new work stream called the Young Person Triage Service has been rolled out to GP practices. This is a service that is working with GP Practices to support appropriate Neurodevelopmental referral and signposting.

Significant improvements have already been implemented including:
- Development of a new ND pathway to support an efficient and sustainable model.
- Establishment of a multidisciplinary ND improvement group.
- Recruitment of programme manager to drive ND improvements.
- Improved referral management into CAMHS Outpatients to ensure patients are appropriate for the service.
- Education for GPs and partners to ensure preparatory work is undertaken to best utilise CAMHS outpatients' resources.
- Focus on signposting to self-directed or other services prior to referral to CAMHS where appropriate.
- Commissioning of external agencies to address backlogs.
- CAMHS Outpatient website in 2021 added sections on homepage called CAMHS Improvement Updates, to facilitate better communication around Neurodevelopmental initiatives.
- CAMHS Outpatient in July 2021 introduced social media communication channels, which demonstrates successful expanding engagement and reach.
- Routine engagement with stakeholders who use CAMHS Outpatients is utilised for improvement initiatives, current example includes Neurodevelopmental Parent Portal development.

Are the actions sufficient to achieve the intended outcome(s)?

No

Please briefly explain your response here:

The successful implementation of the New Neurodevelopmental Care Pathway is reliant upon substantial investment. Losses within the CAMHS Neurodevelopmental Specialist workforce capacity has created further pressure on existing capacity delivery.

Neurodevelopmental risks have been created to assist the service to manage these challenges. Investment from Scottish Government for Neurodevelopmental Covid Recovery only £410k. The current backlog of patients is over 1600 (external waits).

Existing capacity within the Neurodevelopmental work stream identified as being under resourced by 7 WTE which has been further impacted by maternity leave and resignations of senior clinicians in 2021 and 2022. There is no capacity to manage the existing waiting times and specialised commissioning services are being sort for short term work, to remedy this while in house recruitment targets expanding the workforce to support the new Neurodevelopmental pathway occur.

Evidence and Milestones:

Key evidence against this recommendation includes:
A new Neurodevelopmental (ND) Performance Report generated monthly by the Business Unit on demand and capacity within the ND pathway.

Monthly Management Updates and creation of ND Waiting Times risk. Clinical Governance and Executive Meetings show reporting around same.

Existing ND Pathway, New ND Pathway, Locality Staff Model and ND Waiting Times SBAR are available within the LLC Evidence Repository.

SBAR on ND Waiting Times includes Trajectories of reduction of waiting times with Commissioning Services.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

ND Pathway redesign and commissioning included on Plan for Continuous Improvement
Progress against this ambition is monitored on a monthly basis through the local monitoring arrangements. Assurance at executive level will be taken through Staff Governance Committee.

RAG Status: Amber

Any further action proposed:

A Neurodevelopmental Service Redesign and Waiting Time Management Improvement Initiative has been developed by CAMHS Outpatients, and is reflected on their Plan for Continuous Improvement. CAMHS Workforce Plans are being developed to improve capacity and capability in the workforce, and Neurodevelopmental performance monitoring measures have been established. A Neurodevelopmental Coordinator has been appointed to the service as well as a Programme Manager, to drive these improvements.

Further discussions will need to take place to identify the resourcing required to fully implement the designed model.

Recommendation 36:

Clarify clinical governance accountability for Child and Adolescent Mental Health Services.

Intended outcome(s):

- Ensure clear clinical governance structure for CAMHS is within the strategy.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that there was a lack of clarity and reporting structures for Clinical Governance. In addition the availability of medical staff for prescribing was challenged due to reduction in medical capacity and non-medical prescribing initiatives were needed. This was exacerbated by a perception of lack of pharmacy participation into assurance and therefore clinical governance.

Summary of Actions:

Implementation Plan:
1. Clear clinical governance structure for CAMHS is within the strategy.
2. Clinical governance accountability for CAMHS now includes pharmacy and others with knowledge of prescribing as this is a major clinical concern within this service and Partnership expertise.
3. Work was undertaken with Mental Health Director to align reporting of CAMHS and routine governance reporting is now in place.

A robust clinical governance system was introduced into CAMHS, and the committee was developed to evolve sustainable assurance frameworks. The committee now routinely meets every month to maintain oversight and assurance on CAMHS services, as per the Terms of Reference and is now led by the new Nurse Lead (new post). Part of the standard agenda items monitored monthly is clinical incidences and risks.

The monthly CAMHS Clinical Governance forum routinely monitors incidences within the service, which includes medication related issues. Assurance is provided around medication incidences via DATIX reporting and routine notes auditing. Pharmacy is invited to all Clinical Governance forums and provides prescribing auditing oversight for the service. These are sustainable reporting processes which feed into the Quality Performance Reporting forum (NHS Governance) ensuring themes are used for learning and improvements. Workforce development initiates in the last 18 months have included the introduction of non medical prescribers (pharmacy and nursing) to better support the prescribing demands within the service. Formal training, mentoring and supervision processes have been introduced including the piloting of nurse led clinics, to manage mental health anxiety and low mood prescribing.

Since 2020 a pharmacist has been employed to undertake non medical prescribing. 2021 three nurses successfully completed non medical prescribing training,

facilitating three localities non medical prescribing work streams to be established, resulting in increased capacity within prescribing care pathways. Workforce planning is scheduling additional non medical prescribing roles annually, to meet projected demand.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Sustainable clinical governance forums have been in place within CAMHS since October 2020. Meetings are scheduled on a monthly basis and meeting minutes evidence this. Clinical Governance Meeting Summaries are published for all staff in the monthly CAMHS newsletter. This is then reported through the Quality Performance Review committee (division governance forum).

Evidence and Milestones:

Key evidence against this recommendation includes:

- A monthly Clinical Governance Summary within CAMHS Newsletter – available within the LLC Evidence Repository.

- QPR presentation slides and meeting minutes – available within the LLC Evidence Repository.

This improvement was captured on the Plan for Continuous Improvement (PCI 028) and is closed. This is available within the LLC Evidence Repository.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Meeting schedule audited annually for adherence and TOR achievement evident.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable.

Recommendation 37:

Support junior doctors who are working on-call and dealing with young people's mental health issues.

Intended outcome(s):

- Junior doctors working on-call and dealing with young people's mental health issues feel and are supported in their decision making and treatment choices

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Providing out-of-hours care for Child and Adolescent Psychiatry presentations has the potential to feel risky for junior doctors. It is understandable that some may have reported to the Independent Inquiry their uncertainty, discomfort and ambiguity about the decision-making framework they are asked to work to, particularly at the beginning of a placement within Psychiatry. This feeling may have been exacerbated by the pressure on beds for young people out of hours in crisis, as decision making may have felt like a Hobson's Choice of least-worst option.

Summary of Actions:

Out of normal working hours, medical support to the CAMHS service is provided by a tiered psychiatry on-call rota, led by the duty consultant psychiatrist. The tiered rotas (junior medical, higher trainee, and consultant) have clear inbuilt supervisory and escalatory procedures. All junior doctors are expected to seek supervision from a more experienced psychiatrist for any issue related to CAMHS.

Specifically at induction, all junior doctors are instructed and expected to discuss all of their out of hours assessments of young people with a senior on-call psychiatrist at the time of assessment. Senior doctors take on the responsibility for management decisions.
In addition to the specialist psychiatry rotas, trainees are also able to discuss individual cases with the on-call consultant paediatrician. Admission beds within the paediatric service are available out of hours.

On commencing their posts, all junior doctors attend induction with a dedicated session on CAMHS presentations and advice on management and procedure. In addition specific CAMHS cases are presented and discussed during the weekly teaching programs attended by trainees within a supportive developmental and learning environment.

A survey of views from junior doctors was undertaken to understand perceptions around quality of learning, use of the Mental Health Act and appropriateness of levels of supervision provided in and out-of-hours.

Deanery reports on the learning environment were reviewed and discussed with Deanery staff as part of the regular training review meetings.

A short life working group was formed to look into the model of care for young people in crisis out of hours. The group shared insights, examined good practice guidance, sourced, encouraged and supported staff to attend training on the care of young people in crisis, and clarified the service model to make clearer the options for decision makers out of hours. This work helped to inform the creation of the Community Wellbeing Pathways.

The link between this part of our care system and that of the Community Wellbeing model is important. Better provision of preventative and supported self-management for wellbeing before crisis happens, has a vital role to play around the pressure junior doctors face when working out of hours. It is also the responsibility of all services operating out of hours to collaborate in the best interests of those in need, not just the junior doctor.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Our junior doctors have reported positively on the level of support available to them in dealing with young people with mental health issues out-of-hours.

Evidence and Milestones:

On- call rota
Escalation Framework
Peer Group meeting provision and Survey results in 2021
Deanery reports
Model of care out-of-hours developed in 2021
Training uptake and reported levels of confidence 2021
Community Wellbeing model plans

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The intended outcomes have been achieved and evidenced through a collaborative approach across multiple services involved in the provision of care for young people in crisis out-of-hours. The responses put in place have been multifaceted.

RAG Status: Green

Any further action proposed:

Each junior doctor rotation resets the clock, so to speak, in terms of levels of confidence within a junior doctor cohort in dealing with challenging cases at challenging times of the week. The CAMHS induction program will continue for all new entrants and needs to be completed before starting any out-of-hours duties. Our intention is to ensure that regular feedback from junior doctors is gathered, discussed and acted upon within the appropriate supervision forums and within the operational review of our crisis models of care.

There is a collaborative forum of North Of Scotland Health Boards reviewing CAMHS provision. One of the areas under early discussion concerns the development of a North of Scotland out of hours rota of CAMHS consultants providing specialist advice on a remote basis. Whilst this necessarily (due to being remote) cannot replace the current on-site senior medical staff provision out of hours, this may provide helpful supplementary support for the senior medical decision makers.

Training is discussed at our Higher Training Specialist Training Committee meetings. As a result of recent discussions, we also intend to deliver more training via post graduate teaching for junior doctors through the Autumn.

Whilst not a direct contributor to levels of perceived support on the part of junior doctors, the work to implement and embed our Community Wellbeing Hub models needs to be completed and embedded. Once that new element of our care model is up and running, we will again review how well it is impacting the issues raised in Dr Strang's report in relation to Recommendation 37.

Recommendation 38:

Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.

Intended outcome(s):

- To develop confidentiality protocols and share with parents and carers.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that CAMHS confidentiality protocols were unclear and not always evident in staff practice with patients and families not always having clarity around expectations of confidentiality and information sharing during the course of their child's treatment.

As a consequence the following outcomes around confidentiality protocols were undertaken:

1. Exploration of the exact protocols referred to. Staff undertake annual education around confidentiality (LearnPro)
2. Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families. Improved Website and brochure – complete
3. Review process and make materials available to staff and families. CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. CAMHS Brochure sent as routine, which details what to expect when coming to service and rights regarding confidentiality.

Outcome - To develop confidentiality protocols and share with parents and carers

Summary of Actions:

Implementation Plan

1. Confidentiality Protocol identified and is in place
2. Audit process have been developed to ensure the Protocol is being followed correctly with monthly monitoring undertaken as part of routine Clinical Governance Notes Audit
3. Confidentiality processes are communicated to parents and carers through the new CAMHS website and via the CAMHS Brochure highlighting confidentiality protocols and what to expect during the course of child's treatment, including what is shared with parents and carers

Website live: www.taysidecamhs.scot.nhs.uk
https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/index.htm

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Established staff education programmes are in place relating to statutory confidentiality and child safeguarding, which is tracked via LearnPro online systems, and compliance reported through clinical governance systems. Staff undertakes annual education around confidentiality (LearnPro) and this is being proactively managed through the CAMHS Training Committee. All new staff are offered orientation and induction on the CAMHS website, where information is available to professionals, patients and parents / carers.

Evidence and Milestones:

Key evidence against this recommendation includes;

- A monthly report on LearnPro training adherence (completed and in progress) in each service which is available within the LLC Evidence Repository. This is reported monthly in the Clinical Governance Committee and is in the LLC Evidence Repository.
- Tayside wide information sharing protocols and guidance to all staff on Child Protection and GIRFEC processes are available

- The CAMHS website updating improvement project included better information for patients, families and carers: including what to expect around communication and confidentiality protocols for patients and families which is available within the LLC Evidence Repository.

- The CAMHS Training Committee demonstrates sustainable processes around planned training for staff.

- New CAMHS website went live Dec 20 (www.nhstayside.scot.nhs.uk), confidentiality covered in new CAMHS Information Brochure (https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/PROD_339061/index.htm and within Factsheets) frequently asked questions section of website https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/PROD_341176/index.htm)

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

A monthly Clinical Governance Summary is routinely reported within the CAMHS Newsletter and is available within the LLC Evidence Repository.

QPR presentation slides and meeting minutes show surveillance of staff training and is available within the LLC Evidence Repository.

This improvement was captured on the Plan for Continuous Improvement (PCI 026) and is closed. This is available within the LLC Evidence Repository.

In November 2020 a new CAMHS Information Brochure was developed and was offered to all new patients and those scheduled for appointments, from December 2020. This is now routinely inserted into patient letters and is available electronically on the CAMHS Website.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable.

Recommendation 39:

Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult inpatient services.

Intended outcome(s):

- A good transition process which has the needs of young people at its heart.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that transition between services for people aged 18-24 occurs at a potentially turbulent time in many young people's lives. Moving from one service to another without clear planning, communication and management of expectations resulted in some transitions not being well managed. As a consequence, some families and carers voiced concerns to the Independent Inquiry that the transition process needed to be better. At the time, Scottish Government Transition Guidelines were not implemented uniformly across CAMHS Outpatient localities, only established in Angus and CAMHS Service.

Summary of Actions:

An early review across department, in consultation with young people, was conducted to determine whether this recommendation would be best served by the introduction of a new service, or by taking action to strengthen existing service transitions. The review concluded that inter-service collaboration to strengthen the existing transition process would better ensure good transitions.

Audit process for Transitions developed and being used for first time in August 2022. Auditing linked in with SOP (RAG) Group within CAMHS Outpatients clinical audit systems now operational.

A CAMHS workforce plan has been developed to build capacity and capability across all health professions within CAMHS. This includes the expansion of other health professionals to support consultant psychiatrists and specialist psychologists, as these work streams remain challenging to recruit to. Examples of expanded service provision within the CAMHS include: Neurodevelopmental Intellectual Disability pathway; Tier 4 services such as MacX (Multi Agency Complex Cases) and CRT (Crisis Response Team), Non Medical Prescribers and Allied Health Professionals.

Transitions are clinically assessed and negotiated with young people and a new transitions standard operating procedure have been implemented, to guide staff on the planning, engagement and management of this process, to ensure CAMHS consistently follows NHS Scottish Government Transition Care Planning Guidance. The Transitions Pathway identifies young people within CAMHS, who have a

requirement for ongoing treatment, before they are 17.5 years. The possibility of transition to Adult services is firstly discussed with the young person and family (if consent obtained), and information given about the process and possible options, including no transition. This can then be revisited as required during the period of input from CAMHS until a decision point is reached. A decision should be reached by the time the young person is 17 yrs 9 months. The young person's core worker identifies relevant parties to be included in the transition management process and undertakes engagement with Adult Mental Health Services and completes a referral and Transition Care Plan.

Additional key staff allocated to participate in Transitions from CAMHS Outpatients inclusive of Intellectual Disability Team Lead, MacX / Eating Disorder Team Lead and senior nurse as Medical staff leadership impacted by capacity issues within the medical work stream.

Children and Young People Mental Health Transitions 18-24 Group, established in 2021 involving CAMHS and Adult MHS. The group has collaborated to;
1. Identify specific "Transition Link Workers" in each service to ensure that this aspect of service delivery is continually being considered, reviewed and discussed across the teams.
2. Implement the CAMHS transition SOP
3. Embed a triangulation process of documentation audit, feedback from service users and knowledge from teams around how transitions are being experienced, documented and delivered in practice, and
4. Keep meeting as an inter-service group to further promote and develop the skills needed to ensure a good transition in every case, between the services.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

New Transitions SOP being trialled for 6 months across all localities. Adult service yet to establish their own SOP. Improvement outcome date moved to June 2023 to allow for Adult Service to establish Transition Links.

Evidence and Milestones:

A monthly Clinical Governance Summary within CAMHS Newsletter updates staff on Transition Improvement work – available within the LLC Evidence Repository.

QPR presentation slides and meeting minutes show surveillance of staff training – available within the LLC Evidence Repository.

This improvement was captured on the Plan for Continuous Improvement (PCI 004) and is closed and is available within the LLC Evidence Repository.

Transition Data reports – available within the LLC Evidence Repository.

Transition Audits Tool – to be added to the LLC Evidence Repository.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Transition Improvement items are reflected within the services Plan for Continuous Improvement (PCI 004), and governance structures around communication and consultation with wider staff occurs within monthly Management and Quality Improvement meetings.

Monthly Management and Quality Improvement Group forums are in place and schedule for work planned, ensuring key staff have protected time for Transition work.

CAMHS Newsletter detailed Living Life Well and Listen Learn Change work, including Transitions with summaries from key meetings communicated out to all staff.

A CAMHS Outpatients Transitions Group has been established with key contacts in each locality for Transitions, and Transitions is now a routine agenda item within each monthly Locality Team meeting.
A Transitions Standard Operating Procedure has been created and is to be trialled for six months within CAMHS, in conjunction with Adult Mental Health Services.

Data for CAMHS Transitions surveillance and reporting of Transitions measures is being progressed through the CAMHS Outpatient Transitions Group and establish standardised monitoring protocols to be generated routinely by Business Unit quarterly.

CAMHS Outpatients Transitions Group established key contacts in each locality for Transitions, and Transitions now a routine agenda item within each Locality Team meeting (monthly).

The triangulation of data from young people, from staff, and from documentation is in the process of being implemented.

RAG Status: Green

Any further action proposed:

Sustainable governance processes exist around the CAMHS Transition Group, who is monitoring Transitions. Within this process are quarterly transition monitoring processes and auditing of transitions, against the Scottish Government Transitions Guidelines. These are routinely reported through local Clinical Governance and Improvement forums for assurance.

Recommendation 40:

Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development and monitoring of services. This should be aligned to national reporting requirements.

Intended outcome(s):

- To develop metrics and outcomes around waiting times (including service user's expectations) ensuring these take account of national reporting requirements

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that routine and established monitoring and surveillance systems for data and performance were not established and did not drive service delivery or improvement.

Summary of Actions:

Implementation Plan
1. Comprehensive data capturing and analysis systems have been developed to appropriately manage waiting lists and service users' expectations.
2. Work was undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services.
3. Reporting was aligned to national reporting requirements.
4. Validation was undertaken by NHS Tayside Business Unit.

Comprehensive dashboard in place to support service planning waiting list management.

A separate pack showing examples of regular information products about our services, alongside narrative about how each is used, accompanies this briefing.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Sustainable process evidenced and monthly performance reporting exists and is used within Clinical Governance and other assurance forums.

Evidence and Milestones:

Monthly Performance Reports generated by Business Unit which are available within the LLC Evidence Repository.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

No changes.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable.

Recommendation 41:

Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.

Intended outcome(s):

- Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand from the Independent Inquiry that there was a lack of understanding of independent advocacy service that are available for parents and careers of you people who engage with CAMHS. Information needed to be provided to demonstrate the supportive independent advocacy for parents and carers of young people that already exists and which CAMHS signposts to routinely. Better evidence of this being used and signposted was needed.

Summary of Actions:

Implementation Plan
1. There are clear links to Independent Advocacy Services on CAMHS website.
2. Independent Advocacy Services links to the Service are included on the newly designed CAMHS website.
3. Staff is aware of the Independent Advocacy Services through mandatory training and audits capture that staff are signposting to these services.

Advocacy Service information included on website (completed).

Website live: www.taysidecamhs.scot.nhs.uk
https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/index.htm

A range of advocacy services for parents, carers and young people have been identified. Details for all agencies are linked in the CAMHS website. Staff are also aware of available support and signpost as appropriate.

Staff receive mandatory training on the rights of the child and advocacy services. This core training is monitored via within LearnPro and routine assurance for staff is provided to the Clinical Governance Committee and also reported into the Quality Performance Reporting forum. CAMHS as a service prominently display independent advocacy services within CAMHS and in outward facing communications. Examples of these include the CAMHS website, CAMHS Information Brochure and within routine Letters.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Sustainable clinical governance forums are in place within CAMHS with meetings scheduled on a monthly basis and meeting minutes evidence this. This forum monitors staff training and audits and provides assurance around staff mandatory training. This is then reported through the Quality Performance Review committee (division governance forum).

Evidence and Milestones:

Advocacy services are prominently displayed within CAMHS and in outward facing communications. Website, Letters, Information Brochure – available within the LLC Evidence Repository.

Customised CAMHS information brochure developed in November 2020 and loaded onto new CAMHS website Dec 20
https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_343505
Advocacy has discrete tab on Website Home Page (landing page)
https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/CAMHS/PROD_341030/index.htm#

New CAMHS information brochures delivered to CAMHS 10.02.21 and distribution managed by Administration Lead - all new referrals / rejected referrals get one, all appointments for existing clients.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Completed Improvement Plans (PCI 023) show scope of work and this item completed – available within the LLC Evidence Repository.

RAG Status: Green

Any further action proposed:

There is no further action planned as the process is now sustainable.

Recommendation 42:

Ensure staff working across mental health services are given opportunity to contribute to service development and decision-making about future service direction. Managers of service should facilitate this engagement.

Intended outcome(s):

- Staff are involved in co-creation and development of the service.
- Managers engage staff at all levels in the co-creation and development of the service, using various opportunities and methods to be far reaching.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that the Independent Inquiry found that staff were not given the opportunity to be involved or provide comment into future service direction which resulted in them feeling that decisions were made without engagement and contribution from the staff who the change would affect. We recognise the importance of engaging and consulting with our staff groups so that their voice can be heard and that they have valuable insights, information and understanding of how our services need to change to provide high quality safe and effective patient care.

Summary of Actions:

A Mental Health Staff Briefing was established.

Tayside formed a whole system Mental Health Partnership Forum related to Recommendation 3 to further embed partnership working with trade unions as the standard employee relations model at all levels of decision-making,

Tayside Mental Health and Wellbeing Strategy Events were circulated to staff via the Mental Health Staff Briefing and ongoing whole system change opportunities that are contained in the programme were communicated and staff were supported by their organisation and line managers to attend.

A Mental Health Communication and Engagement Strategy was put in place which encompasses staff engagement across General Adult Psychiatry inpatients and community teams. This has been recently revised.

Health and Social Care Partnerships have communication and engagement plans for local delivery.

Across Tayside leadership and engagement sessions were held with staff in the General Adult and Learning Disability services both inpatient and community services.

NHS Scotland Staff Governance Standard requires all staff to be involved in decisions that affect them and as such we need to ensure that staff side are involved

and we are working together in partnership to ensure that staff are engaged and can influence.

We provided a series of planned staff focus groups throughout the year to enable us to engage and keep staff informed about LLC and the MHWB Strategy.

In addition to more structured invitations around planning, improvement and redesign, leaders are now more visible and encourage conversations with staff within their place of work about potential future service development.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We believe that the Recommendation has focused us on providing opportunities for staff to engage and be consulted on the Living Life Well Strategy and the Listen Learn Change Recommendations as well as service improvement and redesign.

All managers across the Partnerships and Inpatients held focussed staff meetings. The purpose of these meetings was to encourage staff to express their views and to offer and encourage staff to take up the opportunity to be involved. This was done with staffside support.

The formation of a Mental Health Partnership Forum enables a whole system understanding of our application of the staff governance standards and ability to share whole system understanding and involvement. It also provides an opportunity for us to work in partnership and explore the best ways of consulting and engaging.

The opportunity for staff to be consulted, engaged and involved in service changes is a continuous opportunity and leaders of all levels across the organisation are encouraged through, informal team meetings, iMatter action plans and informal and formal methods. We recognise that we have further consultation to do in regard to the issues around service redesign but feel we have good learning and tested ways to enable this to happen and for staff to feel consulted, engaged and being offered the ability to participate.

We believe the actions we have taken and will need to take in the future are the right ones. We can see this through feedback from some indicators such as iMatter, Trickle and Pulse surveys that the experience of feeing engaged and consulted is improving.

Evidence and Milestones:

Key evidence against this recommendation includes:

A Mental Health Staff Briefing was established which was a regular communication sent out to all staff across Tayside, this focuses on providing staff updates on

progress with LLC but also provided information on how staff could be involved and share their views and experiences.

Staff were invited to join Tayside Mental Health and Wellbeing Strategy Events and ongoing whole system change opportunities and were encouraged to attend by their line managers and organisations.

Changes that may affect staff are shared with partnership and with staff to ensure that we consult and engage and to provide a feedback loop to staff.

We have continued to have a series of planned staff focus groups to enable us to engage and keep staff informed in regard to LLC and the MHWB Strategy.

We have a communication strategy which will support the ongoing engagement and communication with staff in relation to issues which affect them.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We have a revised communication strategy which will support the ongoing work Partnership working is improving and the current Mental Health Partnership Forum is being reviewed. They support the ongoing review of the Pulse survey, iMatter and opportunity to raise awareness of any concerns or issues around our adherence to the staff governance standards.
We recognise that ensuring staff who work across our mental health services have the opportunity to contribute to future service development and decision making about the future service direction. This is a continuous action for managers of services and although we believe we have met the objective, further work needs to be done to ensure we continue to keep this important process in place to affect change and improved outcomes for patients.
We are noting increased attendance from front line staff at workshop opportunities and strategy programme meetings and in response to iMatter questionnaires.
The pandemic and the increased use of Teams has supported the ability of staff to be involved to inform service redesign.

RAG Status: Green

Any further action proposed:

This action will be an ongoing process as communicating, engaging and listening to our staff is of paramount importance and reflects that we work with the Staff Governance Standards.

In order to ensure that staff engagement is strengthened, we will ensure that:
- Any gaps in engagement resource are filled by agreed and explicit arrangements.
- The arrangements within each partner organisation for engagement are linked together through a programme team whose remit will be to support, coordinate and connect change efforts at an area-wide level and to connect local engagement conversations to the strategic conversations.
- We regularly self-assess our adherence to the Staff Governance Standards and commitment to working in partnership.

- All of the above is held within a plan that all partner organisations recognise and contribute to.

Changes that may affect staff will be worked up in partnership which will ensure we engage and involve staff.

Recommendation 43:

Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.

Intended outcome(s):

Staff are actively listened to and engaged in discussions relating to concerns and other matters in the workplace.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the enquiry, staff had expressed concern about lack of opportunity to engage with their managers, raise concerns and make suggestions, in relation to their workplace and the service.

Summary of Actions:

A collective leadership decision was taken to practically increase visibility of managers and to reduce the distance between teams and their leaders in response to this recommendation.

Work has been done to foster a more continuous conversation across all levels of the service about service development and delivery to ensure that informal discussions flow naturally and feed into and out of the formal decision and discussion forums.

A review of the use of meetings was done in some areas to ensure that operational discussion and decision making around caseload management was separated off from discussions about team support, development and accountability.

Engagement sessions were delivered to staff for a fixed period between April and November 2021 (54 managers and 35 staff in non-managerial positions).

An evaluation of the sessions has been gathered with actions to be developed from the feedback.

iMatter action plans have been developed and continue to be included in the iMatter cycle.

The Trickle App has been piloted within Inpatients and is being evaluated with a view to further roll out across other parts the service, if it is felt that it enhanced communications.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

A lot of work has been done formally and informally, from a leader perspective and at team level, and using specific feedback tools as well as conversation to involve and engage with staff about service development. There are a number of good opportunities in our improvement plans to test out how well we are involving our teams in service development.

Evidence and Milestones:

Key evidence includes: -
- Evaluation report from staff engagement sessions. 20% of participants responded
- iMatter response rates/action plans
- Trickle evaluation to be undertaken August 2022
- Softer intelligence around staff concerns, how much people feel listened to and valued.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Data/feedback gathered with work being undertaken to develop action plans to address issues raised.

RAG Status: Green

Any further action proposed:

The management team are continually exploring methods to create opportunities for staff engagement which can be embedded into regular communication.

iMatter continues to be a vehicle to create discussion opportunities and develop action plans to which all staff can contribute to. The Trickle App is in the process of being evaluated within Inpatients with a view to further roll out in other parts of the service if it is felt that it enhanced communications.

As a result of the evaluation of the Workforce Development programme a number of actions have been identified which will be addressed in a Workforce action plan.

Actions include: -
- Ensuring that there has been a sufficient spread of attendees from across the service
- Further sessions to be determined if felt uptake was poor in any area
- Managers to discuss the themes raised within their teams to establish if there are any outstanding issues to be addressed
- The opportunity to discuss the themes at local partnership forums

As part of an action plan to address workforce issues, managers will be reminded of the need for engagement in every part of the employment journey from induction to exit and all opportunities in between, including appraisal, which will create opportunities for discussion at every stage.

Recommendation 44:

Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.

Intended outcome(s):

- Reasons for moving on are captured and help us to learn about and improve our service.
- All staff are offered the opportunity of a meaningful exit interview as they leave.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand that during the Independent Inquiry, staff who had recently resigned from their posts felt that there was no formal system of undertaking exit interviews. It was also noted that the existence of an exit questionnaire seemed inadequate in terms of capturing reasons for leaving and informing discussions about service planning and workforce retention.

Whilst exit interview uptake can be low, and whilst Mental Health and Learning Disability Services are not an outlier in the response rate and turnover / vacancy rates are a cause for concern across Scotland, it is important that meaningful feedback is considered and acted upon.

Summary of Actions:

A Vital Signs newsletter was issued to all staff in July 2021 advising them of a refreshed exit interview process.

All staff leaving / exiting / retiring from Mental Health Services are given the opportunity to provide feedback on their experiences within the workplace, either via an online questionnaire or face-to-face as preferred.

Due to low numbers of interviews and information shared in those interviews, managers were asked to share themes arising in conversation as members of staff moved on from their posts. Those themes are discussed in operational meetings.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Data collected has been insufficient to provide reports which do not identify individuals; however, managers have been able to report feedback which has been gathered in informal conversations. The importance of the opportunity around exit interviews has been reinforced at all levels.

Evidence and Milestones:

Prior to the refresh in 2021 all mental health and learning disability inpatient staff were captured within Perth and Kinross Health and Social Care Partnership data. Further work has been undertaken to extrapolate this data to create an inpatient report.

Community mental health service, Psychiatry of Old Age and CAMHS staff are contained within each Health and Social Care Partnership / Clinical Care Group Reports and at present further drill-down to these services cannot be achieved due to system limitations.

Data from July 2021 to March 2022 is as follows:
- 9 exit interviews have been completed in Mental Health and Learning Disabilities from 36 leavers.
- Numbers are sufficiently low at present that some feedback may be identifiable.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Staff have a choice to complete an exit discussion / complete a questionnaire. Evidence suggests that staff are aware of this opportunity as 25% of leavers took this opportunity.

RAG Status: Green

Any further action proposed:

As part of an action plan to address workforce issues, managers will be reminded of the need for engagement in every part of the employment journey from induction to exit and all opportunities in between, including appraisal, which will create opportunities for discussion at every stage to allow any opportunities to make improvements to retain staff.

Invitations to staff to undertake exit interviews/questionnaires will continue to encourage uptake.

Line managers will be asked to mandatorily signpost online confidential exit interview questionnaire alongside invitation for one to one discussion

Measurement through ongoing sample audits will help to monitor the reliability of the process and ensure that opportunities for exit interviews are extended to all leavers.

Recommendation 45:

Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.

Intended outcome(s):

- A senior Medical Manager with the requisite skills and experience to provide leadership and management for the psychiatry workforce is in post full time in a permanent capacity.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The Independent Inquiry heard from consultants and the wider workforce the challenges presented by a lack of Associate Medical Director input and availability. This raised questions of accountability of, and support for senior medics and wider clinical workforce. It also presented a significant gap in psychiatry input at strategic level around future service development and direction.

Summary of Actions:

The interim Associate Medical Director put in place a range of remedial actions to support the medical workforce through the early part of Listen Learn Change, while external recruitment ran. The first rounds of recruitment did not deliver an appointable candidate.
Upon review of the level of seniority and experience required, the job description was adapted and re-advertised as Operational Medical Director, Mental Health and Learning Disabilities.

Recruitment ran and the revised role was successfully appointed to on a permanent basis in September 2021.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

We now have a full time, permanent, Operational Medical Director for Mental Health and Learning Disabilities Services. The incumbent has significant experience of Mental Health and leadership, and is fully involved in service clinical governance, delivery and future development.

Evidence and Milestones:

Job description
Selection process documentation
Individual in post

Evidenced participation in the discussions and work to operationally implement the ambitions of Living Life Well.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We consider the outcome of this recommendation to have been demonstrably achieved.

RAG Status: Green

Any further action proposed:

The work to strengthen and stabilise the medical workforce in psychiatry within Tayside will continue under the leadership of Dr Le Fevre and the extended Leadership Team.

A plan to review the governance structures for Listen Learn Change and Living Life Well, taking account of the revised Integration Schemes is underway. This will commence with a review of the terms of reference of the Mental Health and Wellbeing Programme Board. The Chief Officer as Lead Partner has held one to one discussion with workstream leads and will lead a re-evaluation and re-prioritisation of the current workstreams reporting to the Board. This will include the development of a financial framework to support the delivery of the strategic plans for mental health services.

Recommendation 46:

Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.

Intended outcome(s):

Positive staff experience and promote those who train here to be recruited and retained in Tayside Mental Health.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

We understand the value and importance of our junior doctors and newly qualified practitioners and that some staff did not feel nurtured and supported in their roles at the time of the Independent Inquiry. This support is important for all staff at all times but particularly so for staff who are at the very early stage of their career. We recognise the importance of ensuring these early experiences are purposeful, professional and enable people to maximise their potential.

Summary of Actions:

We have completed an overhaul of the support available for NQPs since the time of Trust and Respect.

Newly Qualified Nurses:

- All newly qualified nurses to Mental Health & Learning Disabilities within Tayside now attend a bespoke induction which is co designed by the previous year's NQPs. The inductions are fully evaluated and the information is used to inform future inductions.
- All NQPs are supported in their first year by attending action learning on a monthly basis. These sessions are set for the year and NQPs are supported to contract with their SCNs to ensure attendance. Each NQP is given the opportunity to evaluate action learning which has consistently evaluated positively. One NQP described how action learning made them safer, surer and stronger in their practice as a nurse.
- Action Learning is an established support for all NQPs in Mental Health & Learning Disabilities and is a safe place for NQPs to share their experiences with peers, reflect, evaluate and develop personal action plans to help take forward any issues raised.
- Action Learning is facilitated by 2 experienced Mental Health and Learning Disability Nurses.
- All NQPs are provided with training plan specific to Mental Health & Learning Disabilities which includes mandatory, essential and desirable training.
- All registered nurses have access to a full CPD programme which is co designed by staff and includes local and national learning priorities.

Doctors in Training:

- Peer support groups for the junior and senior trainees have been established and these groups have an identified standing on the agenda in our mental health Teaching and Training Management Group and therefore access to both the Associate Director Medical Education and the Medical Director in Mental Health. The peer group reps report that they can now access senior support for any issues arising and a recent survey identified that trainees feel more comfortable raising concerns. Our key focus has been on engaging the trainees in their training scheme and with operational management to improve their experience.

- The current local teaching program blends in-person and online training opportunities. This reduces the need for travel, promotes attendance and allows us to record the meetings so they can be watched later. All of the clinical supervisors are aware that Thursday is a protected teaching time and only the duty / on-call doctors should be contacted during this protected time. The timetable for most trainees now should allow attendance at their specialty specific teaching, with appropriate cross cover arrangements. Formal and informal feedback suggests these opportunities are well utilised and that accessing teaching is not an ongoing concern.

- The organisational development team have continued with their monthly ongoing program to engage with trainees of all levels with a leadership / management focus

- Core Psychiatry induction is led by the Training Programme Director (psychiatry – East Region) and we have focussed on improving psychiatry specific induction as well as local orientation.

- The provision of an experienced clinical supervisor for all trainees ensures that this requirement is met and provides pastoral and educational support for trainees during their time with us.

- A post graduate medical teaching programme is well established via Teams and meets on a Thursday morning during the academic year.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The extensive work done to ensure that NQPs are well supported and oriented into their roles is reliably in place. We now routinely gather feedback from all NQPs and we use that feedback to continually strengthen the induction experience for forthcoming cohorts of NQPs.

Evidence and Milestones:

Evaluation from induction days

Action Learning Attendance & Evaluation

National Award for Action Learning Process

Deanery visit reports highlighting GAP training positively

Trainee handbooks

Buddy System process

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Induction and Action Learning in place for all NQP's to Mental Health & Learning Disabilities.

Feedback from both within and beyond our Organisations gives us confidence that the outcome we are seeking from this recommendation is being achieved and will continue to be achieved into the future.

RAG Status: Green

Any further action proposed:

NQP development is business as usual and embedded in QI / PD work plan.

Recommendation 47:

Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.

Intended outcome(s):

Well-informed staff who are aware of and involved in information-sharing and ongoing dialogue about their directorate or service, how it fits into mental health and learning disability services across Tayside, and who feel able to feedback to colleagues and the leadership team.

Information and communications are shared in the right way at the right level and at the right time, with new technologies explored and online communication used, as well as established methods both online and face-to-face.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The history of poor communication about service development and planning around Mental Health services in Tayside created a lack of trust amongst staff. At the time of the Independent Inquiry, the predominant approach to communication was a combination of meetings (of which many staff could not attend) and email briefings (which many staff did not have access to computers to read).

We recognise that staff working in mental health and learning disability services work across a number of sites covering a large geography, in both inpatient and community settings. Therefore it is recognised that coordinated and consistent communications tailored to the teams in their specific workplaces are required. This means that there must be a multi-channel approach using more formal and established methods including directorate e-bulletins, directorate and service staff emails, corporate e-briefings, leadership briefing sessions, in-person briefing sessions, on-ward and at base huddles, and manager briefs and dedicated staff sessions. These all must present opportunities for staff to feed back and also have follow-ups to learn what has happened with their feedback and build on their ideas for improvement and change.

There is a need to continue to build on the positive changes made across mental health and learning disability services, including those identified in the Independent Inquiry Review in 2021 in which Dr Strang stated he was impressed with the commitment and dedication of staff seeking to make a difference for patients and the wider community in Tayside.

We understand this recommendation to be primarily about communication. The engagement components are addressed in recommendations 3 and 4.

Summary of Actions:

A Communications and Engagement Strategy including the approach for staff communications has been developed

Dedicated staff engagement sessions have been taking place monthly, open to all staff across the whole system to give everyone the chance to learn more about the improvement and change plans in place and being developed and to also raise comments and concerns and ideas. These have been reviewed and each session is moving away from a general approach to topic-specific sessions.

Staff have participated in videos to talk about their roles and services and raise awareness and wider understanding about their parts of the service for colleagues and the wider public.

Ward managers and the leadership team brief staff regularly on emerging issues and changes and improvements to services. There is also a procedure to alert staff to high profile stories which may appear in the media to make sure they are aware and supported.

System-wide e-bulletins are issued, as well as local service level communications to respond to emerging issues and to ensure immediate communications are issued in the right way to relevant teams and staff groups.

To improve two-way communication further, the Trickle app which is an online communication tool for groups of staff has been introduced which provides real-time staff feedback of their experiences in the workplace to identify good practice, maintain local engagement and promote early discussion of concerns and emerging issues.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Through the review of indicators such as iMatter, Trickle and Pulse surveys, communication across the directorate is improving and staff are aware and have a better understanding of the work and improvements under way.

Staff are engaged through the monthly briefing sessions and their feedback is refining both the format and the content of the sessions going forwards.

Staff are engaged in raising awareness about their service to the public through participation in videos for the Tayside population, mental health campaigns and other public communications

Staff support mechanisms and special two-way communication opportunities are in place for occasions when issues appear in the media which have the potential to portray the service and teams in a negative way.

Evidence and Milestones:

Communications and Engagement Strategy 2022

Monthly staff briefing sessions – evolving from feedback received from staff and regular community staff briefings in localities

Ongoing alert communications and two-way communications channels to ensure staff are supported at times when the service is potentially impacted by negative media and public attention

Trickle app introduced

Mental health improvements and achievements highlighted in whole-organisation communications

Staff engagement in mental health campaigns and information sharing with the population of Tayside

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Communications and Engagement Strategy 2022 being implemented.

Assets and communication channels as listed above in Evidence and Milestones section all in place.

Leadership group and managers supporting line managers in briefing and information sessions.

RAG Status: Green

Any further action proposed:

The monthly briefing sessions are under ongoing review following staff feedback to ensure content is relevant and feedback loop is completed.

Trickle app being launched in more areas, with dedicated training and promotion.

Regular reporting will be undertaken through Partnership structures.

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.

Intended outcome(s):

- All staff are clear about the process for reporting any concerns around Bullying and Harassment and that they are aware of acceptable behaviours. An increased awareness of acceptable behaviours.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

There is a zero-tolerance approach to Bullying and Harassment across NHS Scotland, its Health and Social Care Partner Organisations and Police Scotland, but we know and acknowledge that it exists. We understand that staff need to be assured that if they raise any concerns they will be taken seriously and addressed appropriately. It is essential that managers (and staff) are aware of acceptable behaviours and that these are highlighted on a regular basis and routinely in any conversations in the workplace where these types of issues might arise. This recommendation highlights issues in culture and we wish to give staff confidence to raise matters, whether it be in informal discussions, team meetings or through staff side colleagues via the Local Partnership Forums.

Summary of Actions:

The Workforce Development programme provided information on policy and reporting arrangements but also allowed for staff to discuss these matters.

Reporting on Bullying and Harassment is in place through the Integrated Leadership Group and organisation-wide via the Staff Governance Committee. The figures within NHS Tayside have demonstrated that the formal case numbers remain low within Mental Health Services i.e., less than 5 per year in the last 3 years and 6 cases in one year. The evidence from this data for that period has shown that there is no indication of any correlation, key themes or poor culture in any one service. Mental Health Services are not an outlier within NHS Tayside for numbers of cases.

Number of formally reported cases is not the only source of information to help us understand perceptions and experiences around bullying and harassment. Leadership meetings consider information from iMatter surveys, from partnership forums, from team interactions, from one-to-one supervision, from corridor conversations and from levels of participation in team exercises.

There is also a link to the appraisal process and objective setting to ensure that expectations around service delivery are jointly agreed and clear. Provision of regular opportunities to discuss individual performance also help to ensure that expectations are appropriately managed.

It is also important for managers to be personable, accessible and approachable. So the actions against this recommendation link closely with Recommendation 1, and all of the other recommendations around workforce and culture, and in particular Recommendation 43.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The conditions for reporting have been created but staff need to feel confident to take the first step in raising concerns and a number of further actions have been identified to encourage this on a regular basis. It could be viewed that the low numbers suggest that there is little bullying in the workplace but also that staff are still reluctant to report any concerns. However, the risk of suppressing reporting is, to an extent, mitigated through the triangulation of intelligence across a range of other formal and informal sources. A continuous focus on acceptable behaviours and the encouragement to report concerns is something that is highlighted for managers.

Evidence and Milestones:

Training in the Bullying and Harassment Policy and Mediation has been made available to managers and supervisors across Mental Health Services, with attendance recorded as follows:

- 40 Mental Health Managers attended Once for Scotland Bullying and Harassment awareness sessions highlighting the difference between the previous policy and the new national policy;

- 128 Managers attended specific bullying and harassment sessions to discuss the policy, refresh awareness of acceptable behaviours and enhance confidence and skills;

- Sessions were delivered to line managers and supervisors to enhance knowledge and skills in the management of bullying and harassment. A recording of the session was made available;

- NHS Tayside commenced a roll-out of Bullying and Harassment sessions in June 2022 and to date 4 Mental Health and Learning Disability staff have attended;

- The OD Team have offered 1:1 confidential conversation with managers and supervisors to support this as the new Once for Scotland policy encourages early resolution and it was felt that this may provide the appropriate support for these staff to have these conversations.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

Within the most recent iMatter report, nearly 4 out of 5 respondents stated that they felt treated with dignity and respect and described the organisation as a good place to work.

RAG Status: Green

Any further action proposed:

In addition to the other workforce and culture actions described in other recommendations, we will;

Check on the spread of those being trained across the service and highlight any areas which have low numbers to encourage participation.

Deliver organisation-wide Bullying and Harassment awareness sessions, delivered in partnership with our trade unions, which refer to the Policy and the Sturrock Report and staff will be encouraged to attend. Numbers will be monitored to ensure a spread of uptake.

Sign-post staff to supporting information (e.g. YouTube video).
Provide regular reporting to ILG and local Partnership Forums for further discussion.

Offer managers the option of on-site sessions encourage attendance.

Develop an information checklist for managers to ensure that they are aware of their responsibilities and have appropriate signposting for information to support them.

Remind managers of the need for engagement in every part of the employment journey from induction to exit and all opportunities in between, including appraisal, which will create opportunities for discussion at every stage.

Rate of incidence of Bullying and Harassment will continue to be monitored through NHS Tayside structures.

Recommendation 49:

Ensure there are systems analysis of staff absences due to work-related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.

Intended outcome(s):

- Effective promotion of health and wellbeing in the workplace.
- People who work in our services feel that their wellbeing matters to their managers.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

Staff are our greatest asset, and their wellbeing is of the utmost importance. During the Independent Inquiry, some people contributed their feelings that their organisation did not care about them.

When things become untenable and staff members end up on work-related absence due to stress connected to their work, we require to understand the reasons for absence from work, what the triggers may be in the workplace and that managers are equipped to support staff, particularly in relation to work-related stress. It is also essential that managers engage with staff who are absent from work and create the conditions for staff to feel comfortable discussing their health issues and be engaged in any actions to provide a supportive workplace.

Summary of Actions:

Understanding the reasons for work-related absence is important, but most of the work to do with ensuring staff feel supported in work takes place long before an absence occurs.

Clarity of expectations

We see a strong link between wellbeing in work and the cycle of setting of expectations of staff through the appraisal, review and personal development cycle. So there is a link between this Recommendation and Recommendation 10.

Ways to feel looked after and cared about, especially when things go wrong, is also important.

Wellbeing Conversations

We now frequently ask our staff groups what would support their wellbeing. For example, recently CRHTT team specifically asked for a room outside of the clinical area to be able to have breaks. That request has been accommodated and has included items they requested to support them having down time.

Some of our teams have chosen to use of RED, AMBER, GREEN, BLUE descriptors at start of meetings to enable conversations about how people are feeling. People can choose to discuss their own rating or listen. This can be effective in enabling sharing of issues or concerns and to get support or problem solve with the team.

Our Chaplaincy Service has been invited regularly to team meetings to do a wellbeing session and this has been received positively.

Listening to staff and supporting their ideas for positive change is an integral part of our approach.

Wellbeing Champions are staff members embedded within teams who can support wellbeing and resilience by encouraging discussion on mental wellbeing and connecting colleagues to relevant support. The Champions have received training and receive ongoing support through the Wellbeing Centre and Healthy Working Lives (HWL). Currently there are two Champions in Carseview, 18 in Murray Royal Hospital (MRH) and one in the Centre for Child Health, Dudhope.

Visible, Approachable and Active Leadership

Visible leadership is key to ensuring staff feel supported in work and are supported with potentially stressful situations. Within inpatients we try to ensure each huddle is supported by a Senior Nurse and that we are visible as a team. We have prioritised and can evidence face-to-face meetings with staff where we have been made aware of concerns / stress-related issues. A recent example would be Moredun Ward and CRHTT; both areas where staff attrition rates were a concern and possibly an indication that staff were feeling stressed due to acuity / workforce / environmental issues. We have responded to the concerns by meeting with staff face-to-face and working with them to develop plans and solutions. We have worked in collaboration with Partnership colleagues, who have joined us in these face-to-face meetings with teams and provide ongoing support.

Within our Community teams, we have examples of the service leaders attending team meetings regularly for info sharing, listening to staff feedback and discussing 'hot topics'.

In addition to regular team meetings where any staff member can approach their manager, there have been several examples of Senior Manager walrounds accompanied by a Staff Side representative. Although the main purpose of these walrounds was to assess, check and reassess the physical distancing measures required during Covid, staff were openly encouraged to ask any questions, give feedback, or ask to meet separately with those on the walround.

The Healthy Working Lives program is highly active in NHS Tayside and encourages teams to be involved in promoting health and wellbeing in the workplace. They have an online resource with information and signposting to all the linked wellbeing activities. Teams are recognised through the HWL award scheme with MRH currently holding a Gold HWL award.
The Staff Wellbeing Service provides Staff Support Workshops and Values Based Reflective Practice (VBRP) training. VBRP uses tools to help the teams reflect

together in order to shape future practice and focus on the values that underpin our work.

Anticipatory Preparedness and Ongoing Support

Mental Health Nurses may at some point in their career experience the death of a patient to suicide. The death of a patient to suicide can have a profound effect on Mental Health Nurses and often leave Nurses with a sense of grief, guilt and loss of confidence. The Mental Health Nurse Forum has led discussions in relation to how as a professional group we need to recognise and attend to this issue and create a culture through which staff can discuss suicide and be supported and encouraged to discuss and reflect on their concerns and fears during the aftermath of a patient suicide. The Lead Nurse for Child and Adolescent Mental Health Outpatient Services and the Carseview Hospital Chaplain are leading a group to consider this important issue. Colleagues have linked with the University of Dundee to learn from the approaches underway in the undergraduate Mental Health Nurse Training and will develop a new approach to supporting staff affected by suicide.

Conscious that new graduate Mental Health Nurses joining the CMHTs had a less practical learning experience prior to qualification due to Covid related placement restrictions; in Dundee steps have been taken to provide additional support beyond the standard induction process. A post retirement senior Community Mental Health Nurse was appointed on a part time basis to provide on the job coaching sessions for our new graduates. This has been especially helpful in terms of their role in the Duty Worker on-call System where 1:1 coaching and support to increase confidence in decision making has been valuable. Group coaching sessions covering a range of topics to further support and mentor graduates has also been embedded within the practice of the CMHTs. Although developed as a consequence of Covid, this valuable support will continue to be part of our permanent staffing establishment.

Scottish Government money has been utilised in teams to support staff to choose what activity they wanted to do as a team, to support their wellbeing. Budget used for team afternoon with cross cover, to enable team building and stress relief/time out.

In Angus the adult mental health operational management team have been supported by NHS Tayside Improvement Advisors to review and develop the vision, values and culture of the service, around the themes of quality of care, communication and teamwork. These sessions are being cascaded to team members to ensure all staff can contribute to developing the shared values and culture within the service. The next step is to engage with service users and carers prior to finalising this work.

At Organisation Level

The Staff Wellbeing Service is available to all staff and can provide individual staff support sessions to explore any aspect of wellbeing at venues across Tayside and on MS Teams. They are available to establish bespoke programs of support for teams depending on need.

NHS Tayside has established Rest, Relax and Recharge rooms (Triple R Rooms) throughout all sites. These are quiet spaces that allow staff to get away from their daily routine and take time to relax. There are Triple R rooms in MRH, Carseview and Strathmartine Centre. Staff on the Ninewells site are also encouraged to make use of the Ninewells Community Garden Space as an outdoor, calm area to relax and recharge.

Care First is the Employee Assistance Provider available 24/7 to all staff. Care First can provide short term counselling support with a free phone number. The website has a wealth of information and resource to support all aspects of staff wellbeing and they have frequent on line webinars covering key wellbeing topics such as money concerns and mental health. They can also provide advice and support to managers.

A Workforce survey has been conducted to gather feedback and inform future adult mental health services workforce plan. This is separate to AHSCP plan.

We monitor supervision and appraisal information on a monthly basis.

Team training plan in place. New advanced roles have been developed and offer career progression.

From an organisational perspective managers are provided with a monthly absence report which indicates levels of absence and reasons for absence. (The Scottish Standard Payroll System does not allow for work-related stress to be reported separately from 'anxiety / stress / depression / other psychiatric illnesses'.)

To extrapolate this information, it is essential for managers to engage with staff when absent and on return to take supportive action where possible.

As part of the Workforce Engagement sessions, managers were provided with guidance and training on how to apply the policy but specifically to have the engagement to ensure that any incidents of work-related stress were addressed. This would be conducted in accordance with the Health and Safety Executive Management Standards for managing stress at work.
Work has also been done to promote and support early resolution of conflict, noting the potential for escalating disputes to be a probable source of stress for those involved.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Reports are available to track absence rate trajectories, managers have been equipped with the tools to manage absence (including work-related stress) and absence reports are discussed at various management meetings.

Evidence and Milestones:

Conversations, both informal and formal, with staff are a key mechanism for feedback on this Recommendation

Workforce Staff Development engagement was undertaken with 54 managers / supervisors and 35 staff (non-supervisory) participated in the sessions

Additional support has been made available to managers and supervisors in applying policy and supporting staff through difficult health situations

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We feel that we have systematically strengthened the approach we take to promote and support staff wellbeing. We have a range of evidence both in terms of staff absences due to stress, and in terms of conversations with our teams to suggest that we have attended well to this recommendation and have the mechanisms in place to ensure that wellbeing remains high on the workforce agenda.

RAG Status: Green

Any further action proposed:

Discussion to take place with management teams to establish if more in-depth reporting can be undertaken within the teams, whilst avoiding any staff identification.

Regular discussion to take place at Local Partnership Forums and to ensure that the principles within the Staff Governance Standard for employers and employees alike is promoted and enacted.

An information checklist will be developed by Workforce colleagues for managers to ensure that they are aware of their responsibilities and have appropriate signposting for information to support them.

As part of an action plan to address workforce issues and staff engagement, managers will be reminded of the need for engagement in every part of the employment journey from induction to exit and all opportunities in between, including appraisal, which will create opportunities for discussion at every stage.

Recommendation 50:

Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support the rebuilding of relationships following adverse events and other aspects of service delivery, including with families and carers and NHS Tayside's relationship with the local press.

Intended outcome(s):

- Serious Adverse Event Reviews (SAER) are independently chaired and take a thoughtful, inclusive and sensitive approach to the involvement of service users and carers.
- There are mechanisms that staff recognise to support them around sensitive public messaging.
- Our services are represented in a more balanced way in the published press.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The Independent Inquiry reported that Adverse Event Reviews were a particular source of dissatisfaction for patients, families and carers. Participation and engagement in the reviews, and also in follow-up meant there was a lack of confidence that any changes and learning would happen.

In the Independent Inquiry report, staff identified that the ripple effect of the publicly reported difficulties and criticisms of Tayside mental health services resulted in a challenging working environment and they felt that no-one spoke out for them in response to negative reporting in the media.

We consider this Recommendation therefore to be about how to create a sense of organisational support for staff and for patients and families. This would be particularly around incidents of serious harm, and the steps we can take to strengthen the positive aspects of the service delivered by teams across Tayside and publicly report these providing the population with a more representative view of our services in all forms of the media.

Summary of Actions:

Since the publication of Trust and Respect, the process for SAER's has changed markedly. To ensure an objective approach is taken the process now includes sourcing an independent chair.

Communication with families following a SAER has been updated around the process. Communication emphasises the importance of family involvement in the review, to increase transparency, inclusion and compassion in the process. This process is described in more detail around Recommendations 11 and 31. However it is mentioned here because we feel that process has a direct bearing on what then happens in terms of staff perceptions following a SAER and what is published.

A Mediation Service has been introduced (organisation wide) in conjunction with staff side partners to aid with internal staff disputes and with conflict resolution. The service has a bank of 10 accredited mediators. This service sits as part of our broader approach to workforce development and our work to foster a more supportive and open culture where people feel listened to, valued, supported and developed.

Corporate Communications department has taken several steps to understand the balance of positive and negative stories in the press about NHS Tayside. Following this analysis a more proactive approach has been taken to the use of social media to ensure that positive improvements, progress in services and staff achievements are made available to the public. Tracking of comments under those stories has shown a reduction in negative press and negative comments on social media about NHS Tayside overall.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

Health and care will always be the subject of press scrutiny and an area of interest to the public. The tendency across all media to report and focus on issues and when things go wrong is likely to persist. However, we believe that a more inclusive and thoughtful approach to sharing learning following incidents of harm, coupled with strengthened support for our staff as conflict arises will help staff to feel more supported, alongside our other commitments around workforce development. The more balanced and more representative view of the care we provide with the public across all forms of media we hope will feel less critical for our teams.

Evidence and Milestones:

Staff reported perceptions of sense of feeling supported

SAER process and documentation

Mediation Service evaluation

Media Workplan 2021/22 and 2022/2023

Analysis of all media platforms and social media interactions shows shift in positive / negative balance

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The outcomes for this recommendation have been met and evidenced.

RAG Status: Green

Any further action proposed:

We will continue our plans around culture and workforce development and will ensure that we factor into that work the role that the media plays in influencing staff perceptions of feeling valued.

The Media Workplan 2022/2023 is being implemented.

We will also monitor the uptake and impact of the Mediation Service as part of our operational leadership approach.

Recommendation 51:

Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.

Intended outcome(s):

- There is confidence across all stakeholders and communities that external reviews are embraced wholeheartedly and that stakeholders have the opportunity to both participate in service developments and evaluate progress.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

A theme running through both the Trust and Respect Final and One Year On reports is that external reviews are not seen as an opportunity for collaborative learning and service development.

External scrutiny is a vital aspect of our ongoing quality assurance and improvement journey. Organisations that deliver excellent services and the very best outcomes use every mechanism available to learn and to improve.

This Recommendation highlights the importance of welcoming independent scrutiny and inspection as a hallmark of a partnership that is striving for excellence, public accountability and as a helpful means to secure continuous improvement. It is also about ensuring that leaders take appropriate action to share the findings of external scrutiny and internal review in order that staff at all levels understand what needs to improve and can own the actions required to make those improvements.

Summary of Actions:

Extensive work has taken place to involve and collaborate with our stakeholders during LLC.

Beyond Trust and Respect, we currently welcome visits and reviews from a number of external organisations.

External Visits Reviews
The Mental Welfare Commission (MWC) routinely carry out announced and unannounced visits to Mental Health and Learning Disability hospital wards and teams across Tayside. The reports set out recommendations where indicated, and all reports are published on MWC website and are fully accessible to the public.

Services respond on all occasions to Recommendations through the development of local action plans which are monitored through operational management and governance routes for each partner organisation.

The MWC hosts an annual review with all partner organisations coming together to discuss themes, feedback and action taken.

Healthcare Improvement Scotland (HIS)
HIS have provided important support in key areas of the Mental Health Patient Safety Programme which is being remobilised following the pandemic. Examples include our work in Improving Observation Practice and recent membership of the new patient safety collaborative focussing on restraint reduction and seclusion.

We have worked with HIS over the last 18 months as one of two national pilot sites for Early Intervention in Psychosis. The work has focussed on the design and delivery of a hub model based in Dundee in the first instance.

Engagement with the HIS Personality Disorder Pathway work is at an early stage as we seek to build our engagement and involvement in this work

Listen Learn Change

The publication of the Trusts and Respect follow up report provided an opportunity for reflection and review given the lack of confidence people described in the assessment of actions undertaken. It is fundamentally important that people have trust and confidence in work underway and / or completed. This is best achieved through a range of people leading, participating and co-producing the work which should be done with as well as on behalf of the people of Tayside. There is still work to be done. Initial actions in expanding the members of the LLC Leadership Group have been helpful and have ensured a greater cross organisational partnership and sense of collective accountability. However, we are mindful of the need to expand this further into different groups and communities and are thoughtful about how this is meaningfully progressed.

A revised governance structure has been developed to ensure that the Tayside Executive Partners through the Chief Officers Group have the balance of information needed to provide them with assurance that their collective commitment to improve mental health services in Tayside is delivered.

The presentation of evidence to support the progress of change has not been an easy process. Listen Learn Change and Living Life Well are complex change programmes. At times the balance of detail and the volume of evidence gathered has provided a density of information which is understandable to people involved in the work but has proved difficult for others to navigate and understand.

This work will be ongoing as there is recognition that how we collectively evidence what we do, what we've done and what we intend to do needs to be accessible, understandable but also have depth to evidence the work and its impact.

Are the actions sufficient to achieve the intended outcome(s):

Yes

Please briefly explain your response here:

We recognise that rebuilding confidence takes time but there is an absolute commitment through the LLC Leadership Group, Chief Officers and the Tayside Executive Partners as set out in Living Life Well to be accountable for the work required and the key role stakeholders have in the development of services in Tayside.

Evidence and Milestones:

Service action plans associated with MWC visits
Deanery/GMC Action Plan
Shared Intelligence Report – HIS, MWC and Deanery
Independent Oversight and Assurance Group Themed Visits:
- Initial Meeting
- Patient Safety
- Integration
- Workforce
- Culture

Revised membership of the weekly Listen Learn Change Leadership Group

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

The Tayside Executive Partners assessment of the status of the 49 Tayside Recommendations will be complete.

The assessment will be underpinned by a range of evidence to include the documents, processes and feedback gathered that have underwritten the reported assessment of progress.

There have been high levels of engagement with the Mental Health Independent Assurance Oversight Group across the range of services and organisations that deliver mental health and wellbeing services across Tayside. This we believe reflects our commitment to improve mental health services, the quality and commitment of staff and the commitment, passion and energy of local communities to be central to this work.

RAG Status: Green

Any further action proposed:

Central to this work will be how we move forward with people across Tayside and shift our focus from delivering from recommendations to delivering a future focussed strategy underpinned by the needs of our local communities.

This will require support and infrastructure and an immediate action is to build the programme resource needed to take the work forward.

Finally, we wish to embed a learning culture which includes rigorous and systematic self-evaluation within and across services. This will be reported openly and include external / independent support and challenge into this. This will promote self-awareness, collective responsibility for performance across the whole system and

ensure that leaders and decision-makers are well-informed about the strengths and challenges. We will build on the good practice that exists within our public protection arrangements as a model for this.

Appendix 4: Scottish Government Final Submission to the Oversight Group on Trust and Respect National Recommendations 12 and 32

Recommendation:

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 (recommendation 12).

Intended outcome(s):

Improved understanding of how effective and comprehensive current scrutiny and governance arrangements of mental health services are.

Identification of areas where improvements are needed and how to do so most effectively.

Improved collective scrutiny of mental health services and cohesion between national scrutiny bodies.

Improved patient outcomes and staff safety.

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

The recommendation highlighted that there is limited external scrutiny and assurance of mental health services. This issue is born out of the lack of clarity around roles, remits and responsibilities of national scrutiny bodies, giving rise to a lack of leadership and oversight in mental health scrutiny and gaps in assurance.

The recommendation also highlights the limited powers of national scrutiny bodies to monitor and enforce the implementation of their recommendations. This may also be regarded as a symptom of a lack of legislative clarity in relation to scrutiny bodies, without clearly defined powers to follow up on their findings and recommendations.

Summary of Actions:

Mental Health Scrutiny and Assurance Review

We are in the process of commissioning a contractor to undertake a review of the scrutiny and assurance of mental health services. The aim of the review is to provide the Scottish Government with independent, robust information about how effective and comprehensive current scrutiny and governance of mental health services are. It will also highlight areas where improvements could be made to existing arrangements. We expect the contractors to commence their work in mid-October and to deliver a final report by the end of January 2023. Their findings and recommendations will be considered as part of the wider package of work and used to inform any future changes to policy in relation to mental health scrutiny and assurance. Where appropriate, we will also ensure the findings feed directly into the on-going work of the Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group.

Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group

We have been working with the Care Inspectorate, Healthcare Improvement Scotland and the Mental Welfare Commission to consider how to improve the collective scrutiny of these services. A Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group has been set up to provide scrutiny organisations the platform to share, discuss and act upon emerging themes and issues from their on-going scrutiny activity.

The Group will meet bimonthly and aims to ensure a cohesive approach across the organisations and reduce the burden on mental health and learning disability services. The Scottish Government will act as secretariat, working closely with members and the current Chair, Julie Paterson from MWC, to support delivery of the Group's aims.

Healthcare Improvement Scotland infection prevention and control inspections

We have funded Healthcare Improvement Scotland to develop and rollout intelligence-led and risk-based inspections of mental health settings, with a focus on infection prevention and control (IPC). HIS have spent the summer recruiting an inspection team and working with a short life working group to develop a bespoke inspection methodology. They have recently begun piloting their IPC inspections in clinical mental health settings. The Scottish Government will continue to support the delivery of these inspections, including follow-up with services regarding HIS' findings and recommendations. These inspections will contribute to improved coverage of mental health services from our external scrutiny partners.

Links to Scottish Mental Health Law Review and National Care Service

Alongside our response to recommendation 12, we regard these related pieces of work as forming part of a package of work around governance, assurance and

scrutiny. It has been of the upmost importance that we are joined up with them, to ensure a cohesive approach to shaping future policy in this area.

We have been meeting regularly with the Scottish Mental Health Law Review secretariat, in relation to our overlapping work around scrutiny and assurance. Their findings and recommendations regarding accountability noted the need for greater co-ordination, clarity and focus among the different scrutiny bodies and explicitly mention the newly formed Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group as a possible 'nucleus for this formalised network we are recommending'[1].

The Scottish Mental Health Law Review reported that there was not widespread support for radical structural change to the existing scrutiny landscape for mental health. However, this will need to be considered in the context of possible changes to policy and legislation with the new National Care Service. We have therefore been working closely with National Care Service colleagues who have recently announced an Independent Review of Inspection Scrutiny and Regulation. Their review is closely linked to our own mental health scrutiny review and to ensure coordination and collaboration, we have requested that they have representation on our Research Advisory Group which will inform how the review will be carried out.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The scrutiny review to be undertaken will strengthen our understanding of current scrutiny and governance of mental health services, identifying areas where improvements are needed and how to do so most effectively.

The newly formed Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group has been set up to improve joint working between scrutiny bodies. The Group will provide opportunity for early, and where appropriate, coordinated intervention and support. It will provide clarity and ensure accountability to members about their roles in following up on issues identified to support robust delivery of mental health and learning disability services.

It will also seek to join up planned programmes of scrutiny, as appropriate, to ensure a cohesive approach across the organisations and reduce the burden on mental health and learning disability services. We will continue to provide support to the Group to organise meetings and ensure their findings are fed back into government, for example to the Quality and Safety Board and the Sharing Intelligence Group where appropriate.

The new IPC inspections led by HIS is one step to improving the scrutiny of mental health services. This work aims to bring parity between mental health and physical health settings, which currently have a robust inspection programme in place. It will

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[1] Scottish Mental Health Law Review (p.503)

look to improve the conditions of mental health settings and to contribute to the safety and wellbeing of patients and service users.

The ongoing collaborative working with MHLR and NCS aims to ensure a joined-up approach across government and related independent work to governance, assurance and scrutiny. Our cohesive approach to this policy area will allow for all relevant findings to be considered as part of a package of work and used to inform future policy in this area.

Evidence and Milestones:

Scrutiny and Assurance Review – to commence October 2022 and completed by end January 2023.

Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group - set up in September 2022, next meeting scheduled for 7 November 2022.

Infection prevention and control (IPC) inspections – recruitment of inspection team and development of inspection methodology took place over Summer 2022. Piloting of inspections to commence October 2022.

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

We have experienced some unfortunate delays with the scrutiny and assurance review due to capacity issues in the social research market. For this reason, we have not been able to complete this work stream in line with our original timeframe. We are very pleased that we are now close to appointing a suitable contractor to undertake this work at speed over the autumn and winter months. The final report will be delivered by January 2023.

This timeline will allow the review to draw on the findings of the Scottish Mental Health Law Review and the work of the recently announced Independent Review of Inspection Scrutiny and Regulation. This work will be crucial in meeting the outcome of improved understanding of how effective and comprehensive current scrutiny and governance of mental health services is and identification of areas where improvements are needed and how to do so most effectively. This will allow for positive, evidence-based changes to be made to strengthen the collective scrutiny of mental health services and cohesion between scrutiny bodies.

We have proactively driven forward work with national external scrutiny bodies over the summer 2022, drawing on the work of the MHLR and discussing the changes necessary to improve the collective scrutiny of mental health services.

This has culminated in the creation of Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group, which will provide a valuable forum for creating a more cohesive approach to mental health scrutiny. We will provide support to the Group and its Chair to ensure that it fulfils its vital role in helping to meet the outcome of improved cohesion between national scrutiny bodies.

After experiencing significant winter pressures due to the Omicron COVID variant, HIS have recruited an inspection team, developed a methodology and begun piloting these inspections. These inspections will help to fill a current gap in the scrutiny of mental health services that was made clear by the COVID-19 pandemic and bring parity between mental and physical health settings in relation to IPC inspection. These inspections will contribute to the safety of mental health settings for the people who use services.

We consider this package of work as taking both a short- and longer-term approach to strengthening mental health scrutiny. The formation of the new Mental Health and Learning Disability National Scrutiny and Assurance Coordination Group and the rollout of the IPC inspections both seek to fill gaps and make meaningful improvements to current scrutiny arrangements in the short term. The mental health scrutiny review and links to wider work relating to the MHLR and NCS review will ensure that in the medium to long term, productive structural improvements are made to the system of scrutiny and assurance, that take into account the changing landscape of mental health service provision. We believe that the programme of work that we have developed strikes the right balance and satisfies the need for immediate pragmatic changes whilst also informing future structural improvements to external scrutiny.

RAG Status: Amber

Green – actions are complete and the intended outcomes have been achieved OR actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Amber – actions are marked as complete, but have not achieved the intended outcome OR actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required.

Red – actions are not underway and / or not on track and urgent remedial action is required to achieve the intended outcomes.

Any further action proposed:

As we have set out, we intend to bring together our mental health scrutiny review, the findings from the Mental Health Law Review and the Regulation Review being delivered by the National Care Service to inform what the future of scrutiny of mental health services looks like. Work on this will commence in early 2023 (once our review is completed) and we will set out a clear programme of work, with timeframes to ensure we deliver improved scrutiny of mental health services.

To note, we will not hesitate to take early action once the findings of our review have been published. However, the approach set out above will ensure these three connected pieces of work inform the future of mental health scrutiny in Scotland.

As discussed with the Oversight Group we will develop a 12-month programme of work with the Mental Health and Learning Disability National Scrutiny and Assurance

Coordination Group set up by the Scottish Government before the end of 2022. We are also working with Group to ensure there is public visibility of the group, of its work and impact. This will be reflected in the final version of the TOR.

Recommendation:

Develop national guidelines for responding to substance use on inpatient wards (Recommendation 32)

Intended outcome(s):

National approach to responding to substance use on inpatient wards.

Improved patient and staff safety

Improved health outcomes for substance users

Understanding of Recommendation (including any assessment of underlying issues which gave rise to the recommendation):

At present, there are no national guidelines for responding to substance use on mental health in-patient wards. This can lead to patients receiving different levels of support and care depending on which health board they visit or area they reside in. It can also leave staff feeling unsafe and unsure on the correct procedures to follow when responding to substance use.

Summary of Actions:

We established a short life working group (SLWG) to develop the guidelines comprising of mental health and nursing leads, alongside representatives from the Mental Welfare Commission and Police Scotland. We have also received input from people with lived and living experience, which includes service users and clinicians.

The SLWG has developed draft national guidelines which will be shared with Ministers for approval in Mid-October, before we move into a phased implementation in the coming months. This will involve the guidelines being tested in two Board areas for four weeks to ensure they are fit for purpose and to address any potential 'teething' problems.

We will use the learning from this testing phase to support Scotland wide implementation in early 2023.

Are the actions sufficient to achieve the intended outcome(s)?

Yes

Please briefly explain your response here:

The guidelines have been developed in line with a person-centred approach. They not only ensure the patient is receiving the correct care and advice but also that staff

feel confident and empowered to respond to instances of substance use on in-patient wards.

Evidence and Milestones:

The next section sets out planned activity to support the implementation of the guidance.

The document will be formatted to comply with Scottish Government guidelines and an easy read version will be developed for online use

Implementation Phase

Sign off – October 2022

Officials will shortly begin the sign off and implementation process. This will involve gaining sign off from Ministers, alongside ensuring the Chief Medical Officer and Deputy Chief Medical Officer are sighted on the guidance.

Once the Ministers have confirmed they are content with the guidance and proposed next steps, we will proceed with implementation.

Testing guidance – November 2022

The first phase of implementation will involve testing the guidance at 2 test sites, ideally one urban and one rural. The duration of this trial will be approximately 4 weeks.

Feedback will then be collated via a short survey from the trial and any feedback or recommendations implemented.

If the document requires changes, this will be shared with the Minister for Mental Health and Wellbeing and the Minister for Drug Policy for awareness and sign off.

Communications – November to December 2022

To support the official launch, officials will engage with drug colleagues, other relevant officials, Public Health Scotland and other external stakeholders in order to develop communication materials to support the messaging of the guidelines, such as posters for display on the wards.

Implementation – January to March 2023

A letter from Ministers to NHS boards will be drafted to accompany the guidelines, explaining the rationale behind the guidelines and that they will become national practice. Officials will also share the Guidance and accompanying materials with any relevant internal and external networks to increase to help support awareness raising activity.

The guidelines will also be published on scot.gov for public access.

Proposed Timeline

October	November	December		January to March	March
Share with Ministers	Testing in two areas	Updated guidance if required		National implementation	
	Communication of guidelines to stakeholders				
Share with Tayside Oversight Group		Draft letter	Letter to health boards	Published on Scot.gov	

Assessment of Progress / Achievement of Outcome(s) as at end-Sept 2022:

RAG Status: Green

Green – actions are complete and the intended outcomes have been achieved OR actions are on track and the intended outcomes are very likely to be achieved in the timescales required.

Amber – actions are marked as complete, but have not achieved the intended outcome OR actions are underway but are unlikely to achieve the outcomes in the timescales required – additional action required.

Red – actions are not underway and / or not on track and urgent remedial action is required to achieve the intended outcomes.

Any further action proposed:

On-going engagement with Boards through the Scottish Government's board engagement function, to understand how the guidance is working in practice throughout 2023.

On-going work with the national Drugs Mission to ensure learning generated from the guidance informs the development of future guidance regarding substance use within health settings.

Appendix 5: Saer Review - Subject Matter Expert Remit and Report

Review of completed SAERs in NHS Tayside for the Independent Oversight and Assurance Group on Tayside's Mental Health Services

What

To review SAERs completed by NHS Tayside under their new policy. There are 5 in total and it will be at the discretion of the Subject Matter Experts whether it is appropriate and necessary to review all 5 or whether a sample is sufficient.

Why

The Oversight Group requires the help of external Subject Matter Experts to assess the quality of completed SAERs by NHS Tayside, in terms of gleaning the most meaningful conclusions from the information gathered as part of the SAER process, and ensuring that both those conclusions, and then actions, follow logically from the findings. This includes assessing the effective application of the NHS Tayside policy for responding to significant adverse events; the effective engagement of families and carers; as well as the sufficient development and implementation of a learning culture.

How

The process will involve reviewing only the final reports from the completed SAERs, which the Oversight Group will request from colleagues in NHS Tayside. Patient information will be redacted to ensure there are no confidentiality concerns. The process will also involve consideration of the Adverse Event Policy written and used in NHS Tayside.

Who

The review will be conducted by:

Dr Adam Daly
Associate Medical Director (MH&LD, NHS Lanarkshire)
Consultant in Old Age Psychiatry

Mr Peter Lerpiniere
Associate Director of Nursing
NHS Borders

Timescales

This work requires completion by the end of September 2022 to allow the findings to be reflected in the Oversight Group's final report at the end of October.

August 2022

Review of completed SAERs in NHS Tayside for the Independent Oversight and Assurance Group on Tayside's Mental Health Services

Dr Adam Daly
Associate Medical Director (MH&LD, NHS Lanarkshire)
Consultant in Old Age Psychiatry

Peter Lerpiniere
Associate Director of Nursing (MH, LD & Older People)
NHS Borders

Background

Dr Daly and Mr Lerpiniere (referred to hereafter as the review panel) were identified as subject matter experts in both mental health and the process of conducting Significant Adverse Event Reviews (SAERs). The review panel were commissioned to conduct a review of completed SAERs by the Chair of the Independent Oversight and Assurance Group on Tayside's Mental Health Services. This piece of work thus forms only a part of a wider program of work and should be taken in context.

The remit of the review was set out as follows:

What

To review SAERs completed by NHS Tayside under their new policy. There are 5 in total and it will be at the discretion of the Subject Matter Experts whether it is appropriate and necessary to review all 5 or whether a sample is sufficient.

Why

The Oversight Group requires the help of external Subject Matter Experts to assess the quality of completed SAERs by NHS Tayside, in terms of gleaning the most meaningful conclusions from the information gathered as part of the SAER process, and ensuring that both those conclusions, and then actions, follow logically from the findings. This includes assessing the effective application of the NHS Tayside policy for responding to significant adverse events; the effective engagement of families and carers; as well as the sufficient development and implementation of a learning culture.

How

The process will involve reviewing only the final reports from the completed SAERs, which the Oversight Group will request from colleagues in NHS Tayside. Patient information will be redacted to ensure there are no confidentiality concerns. The process will also involve consideration of the Adverse Event Policy written and used in NHS Tayside.

Process

The following documents were obtained, scrutinised and cross referenced by the review panel:
- 5 completed NHS Tayside SAERs
- Action plans for the above SAERs
- Adverse Event Management (AEM) Policy (January 2022), NHS Tayside
- NHS Tayside Mental Health & Learning Disability (MHLD) Service Significant Adverse Event Review (SAER) Oversight Group Terms of Reference (July 2022)
- Protocol for use following Unexpected Death in Mental Health and Substance Misuse Services
- Mental Health Services –Clinical Governance Arrangements (PowerPoint, NHS Tayside)
- Learning from adverse events through reporting and review: A national framework for Scotland (December 2019), Healthcare Improvement Scotland

In addition, the review panel were able to interview:
- The Associate Medical Director Patient Safety, Clinical Governance and Risk Management in NHS Tayside
- An independent reviewer who has undergone the new training process and has conducted SAERs for NHS Tayside

Findings

The review panel noted that the SAERs in question had been completed prior to the introduction of the new Adverse Event Management (AEM) policy. This presented several challenges – although it is within the remit of the exercise the review panel acknowledge that it would be unreasonable to expect reviews to be measured against a process which had not yet been written. However, the HIS document "Learning from adverse events through reporting and review" is a key document for reviews throughout Scotland and predates the reviews in question. The AEM policy references this document among multiple other relevant documents – and is clearly referencing the standards in its approach. Thus the HIS document is a suitable and useful comparator to use and we have compared against this. We also used the content of our interviews to inform this section of the report.

- **Policy and Procedure**

The review team examined a suite of documents relating to adverse event management. NHS Tayside's Adverse Event Management Policy is a thorough piece of work and sets out in detail a consistency of approach which will even out some of the inconsistencies cited below. In addition the training of reviewers will aid in ensuring further consistency of approach and an improved quality of review and report. The reviewer we spoke to felt well trained for their role prior to starting, and well supported during the review process while recognising that an improvement journey is never complete.

- **Overall impressions of the reviews**

The review panel have been struck by the variability in the reviews presented. All 5 reviews are distinct in terms of their style, tone, length and layout. It is likely that this is due to the lack of an overall template and training, both of which have been remedied under the new policy and associated processes. Given the aspiration is toward an improved Patient Safety focus, and while one review may be considered more explanatory and less analytical of practice than the others, we consider this was maintained throughout. There is a clear intention to identify good-practice to share and areas to learn from.

Four of the five reviews were of a good level and largely what we would expect of an SAER. The fifth had many components we would expect but read more in line with a complaint response, heavily reliant on the families queries rather than taking direction from both the healthcare organisation and the family.

- **Review processes**

The review panel found that there was evidence of a team being created for each review, comprising of an external team lead (this is someone not associated with the team being reviewed, but employed by NHS Tayside for the purpose of the review), and a local service manager. In some instances due to the redaction used it was challenging to ascertain the exact nature of the staff involved in the review team. Subject matter experts were available on request, and for peer review of final reports. The review panel felt that the reviewer could be in an isolated position, but this was not mentioned in or inferred from any of the review documents.

In most of the SAERs a Terms of Reference and/or Scope is quoted to allow the reviewer to be precise about their remit. There is evidence that reviewers were able to deviate from this where needed and had the freedom to pursue other avenues of inquiry as they arose.

Reviewers had access to notes, electronic resources and staff as needed.

In all reviews there was clear engagement with both family and staff. Questions from family were incorporated into reviews, although in some instances engagement with the family was not successful and we acknowledge this not an uncommon issue for review teams.

There is evidence that views from those working in services have been incorporated. The way this is written is mostly in fashion which fits the Just Culture that is being aspired to. This supports the safety culture of an organisation.

In several reviews there is evidence of methodology using tools supported by HIS.

- **Review Findings**

We were specifically interested in seeing if findings followed logically from the review contents, and in most cases this was evident and the explanation was clear. There were no extraneous additional findings. In some reviews these were separated into good practice and areas for improvement. In most cases a conclusion was reached on the extent to which the findings contributed toward the outcome.

- **Recommendations**

The review panel felt that predominantly recommendations followed logically from findings. In the reviews examined the review panel noted that actions were not formulated by the SAER team. Instead a recommendation was created which was later reformulated into an action by service management staff. The review panel were able to review such action lists and implementation plans and confirm this. These actions were Specific, Measurable, Achievable, Realistic and Time Bound (SMART) as per best practice in this area.

- **Evidence of Learning Culture and dissemination**

In most reviews there appears evidence of both intent and plan to feedback to staff and often the wider organisation regarding the findings and conclusions. As with other aspects this was not consistent across every case.

- **Alignment with HIS Adverse Events framework**

The review panel were keen to see if the reviews aligned with the HIS Framework, including the overarching principles of

- Emphasis on learning and promoting good practice
- System approach
- Openness about failures
- Just culture
- Positive safety culture
- Personal, professional and organisational accountability
- Teamwork

The review panel felt that in most of the cases examined these features were evident either explicitly or implicitly. Under the new review structures this will be more explicit.

- **Areas for improvement**

The review panel did feel that the lack of consistency was the main area of weakness of the review process as it previously stood. Variability has a higher chance of leading to errors, and in this case some reviews did not mention significant issues, most notably duty of candour. The review panel notes and welcomes that variability will be significantly reduced under the new policy and process.

Due to redactions made as part of the release of the reviews to the review panel, it was not possible to comment on the completion time of the reviews.

Conclusions

Overall, the review panel felt that the reviews lacked consistency and thus quality was variable. Most reviews were of high quality, but others less so. The review panel considered all reviews to be sufficient for the purposes of learning and improvement, however we would expect future reviews to be carried out under the new AEM policy to be more consistent and of the same high quality as the best of the reviews examined in the exercise.

The review panel suggest that it would be good governance for NHS Tayside to undertake their own review on the impact of the AEM Policy on MH adverse event reviews in circa one year's time. This would provide the organisation with assurance that the new policy has achieved what has been promised.

6th October 2022

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