Listen Learn Change

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



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Appendix 48

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



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

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

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

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

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

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

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

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

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

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

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

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

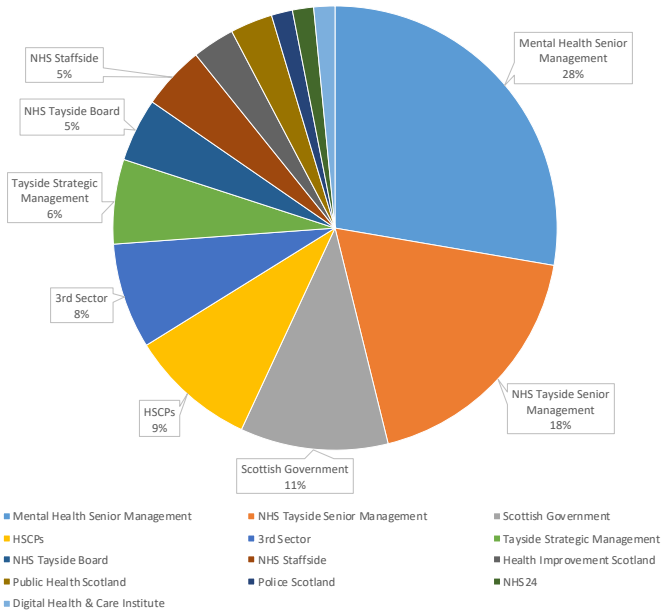


Employee Participation Group Themes

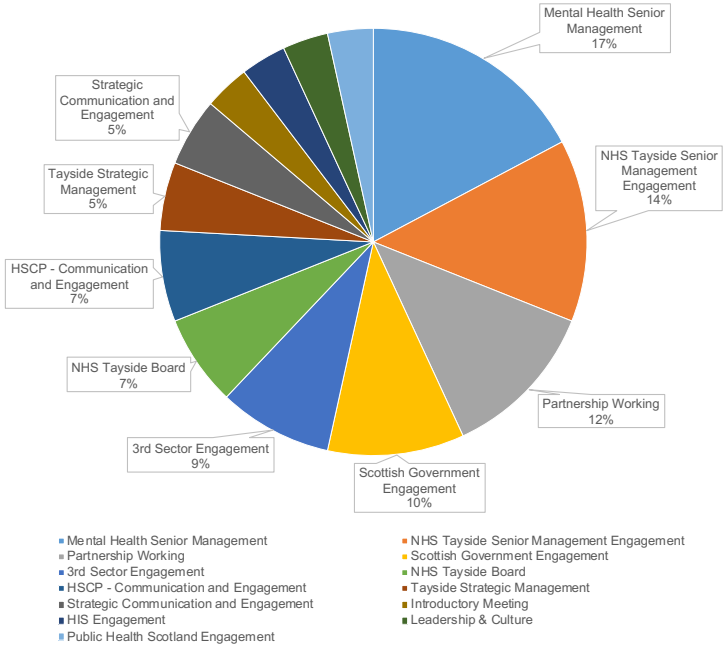


The feedback from the Employee Participation Group will be used as a driver for change and to ensure we improve care to create a service that staff feel confident working in and are empowered to deliver the best care at all times.

Communications and Engagement
Stakeholder Group



Communications and Engagement
Purpose of the meeting



Introduction

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

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

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

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

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

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

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

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

> *"Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion.*
>
> *The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition."*
>
> Dr Strang, Independent Inquiry, Feb 2020

Background

The journey so far

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

January 2020	March 2020	1 June 2020	31 July 2020
Trust & Respect	Tayside Mental Health & Wellbeing Strategy & Change Programme	Listen Learn Change Action Plan Initial Draft	Listen Learn Change Action Plan Final Version

Partnership working

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

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

Everyone has a voice, every voice is heard

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

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

Leadership

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

Chief Executive NHS Tayside

Chief Executive Angus Council

Chief Executive Perth & Kinross Council

Chief Executive Dundee City Council

Chief Superintendent, Police Scotland, Tayside Division

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

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

Who can I call?



There is no health without mental health

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

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

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

As a result of the pandemic, not all resources listed above have been put in place or made available. NHS Tayside has made a significant investment in Executive Leadership appointing an Interim Director of Mental Health with expertise in major service change and a specialist programme management team to direct, lead and manage the Change Programme and Strategy co-creation, alongside the communications and engagement expertise jointly funded by Scottish Government and NHS Tayside. Work has commenced to add to the multi-disciplinary improvement team required for this comprehensive portfolio of work, including discussions with Healthcare Improvement Scotland, NHS24 and National Services Scotland.

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

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

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

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

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

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

Our Planned and Collaborative Response to the Independent Inquiry

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

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

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

The national Mental Health Strategy (2017-2027) commits to working with employers to guide how they can act to protect and improve mental health, and support employees experiencing poor mental health. In order to meet this responsibility, we will involve large local employers in our change projects to ensure this work is embedded locally, starting with the NHS and council organisations.

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

Our person-centred approach focuses on:

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

Our Plans

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

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

Grant Archibald,
NHS Tayside Chief Executive

Do I have to speak to a doctor?



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

Source:
Scottish Mental Health Strategy, 2017

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

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

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

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

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

The Governance for the Change programme and strategy is set out at **Appendix 3**.

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

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

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

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

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

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

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

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

Our Actions

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

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

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

Reporting Status -RAG (Red, Amber, Green)

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

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



1. Strategic Service Redesign

Recommendation 1	Develop a plan for creating a new culture of working in Tayside built on collaboration, trust and respect.			Outcome – Staff are working in a Mentally Healthy environment and feel their Wellbeing is a priority for their employers. Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation (including development and learning opportunities)	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside Corporate Wellbeing Group	Communication plans Organisational Development Plan	July 20 Aug 20	**We plan to implement robust and detailed action point for Recommendation 1 to run concurrent with Recommendation 2.** 1. **Develop vision for mental health services** 2. **Develop staff charter for those working in mental health services, this gives clarity for staff about expectations what is expected from staff and what staff expect from their organisation.** 3. **Develop prospectus of the range of learning and development opportunities for staff across Mental Health** 4. **Supporting communication plans will include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation.** 5. **Development and learning opportunities for all mental health staff at all levels to be identified to ensure a consistent application of values and behaviours is practiced by all.**	
Team Involved *(more team members will be added as we develop these plans)* – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director. Kate Bell, Director of Mental Health, George Doherty, Director of Workforce, Scott Dunn, Head of Organisational Development					

Recommendation 2	Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.	Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with Recommendations for new model of care	RAG – GREEN Date –Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Kate Bell Interim Director of Mental Health, NHS Tayside Lesley Roberts, Programme Director MHWS	NHS Tayside	Develop programme of work for delivery of future models of care	May 20 Sept 20	1. **With the aims in mind, design, develop and implement the 2021-2030 Tayside Mental Health and Wellbeing Strategy and supporting Change Programme 2020-2023.** 2. **Develop projects and work streams and tasks to cover all recommendations from Trust and Respect and all national guidance to date.** 3. **Use collaborative tool – Teamwork to communicate and reduce duplication.** 4. **Review of mental health supports and services including reviewing the General Practitioners role in Whole System Review regarding new models of care and shifting the balance of care.** 5. **Co-create, design and develop Strategy (Recommendation 3) with accompanying detailed plans.** 6. **Recognised that engagement of Tayside community and also all staff is key to delivery** 7. **Design will take in COVID and Climate change considerations in the design for our services.** Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.

Shared Aim:

- In tune with feedback we will co-create a sustainable recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security. We will work in partnership to improve the wider determinants of mental health and wellbeing and help to improve life circumstances particularly for those people experiencing inequalities, which expands this remit. This will be a real strength of our approach, and taking a more inclusive approach would share the ownership, optimise available expertise and also the responsibility for improving mental health across the wider system.
- Better access to early intervention services focused on achieving improved personal outcomes
- Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into crisis

Team Involved *(more team members will be added as we develop these plans)* – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders, Munro Stewart – climate change advisor will be involved. https://www.gov.scot/policies/climate-change

Recommendation 3	Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health			Outcome: Create a single Tayside Mental Health and Wellbeing Strategy. Sections will include specific areas in the plan, workforce, recruitment and retention, etc.	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health, NHS Tayside	NHS Tayside will lead and be accountable for the co-creation and production of the Strategy	NHS Tayside and key partners to approve and endorse draft strategy	Oct 20	1. **Establish the Executive Partners Strategic Leaders Group** (This group consists of the members of the Executive Leaders Team for Tayside and is the Governance Board for the recommendations from Trust and Respect, development of the Strategy and the supporting change programme 2020. This group leads on directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance. 2. **Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition Document and Governance paper and Draft Action, and change programme to achieve the Trust and Respect recommendations, to be submitted to SG at beginning of June 2020.(Completed)** 3. **Undertake review of current services "As is"** 4. **Develop Programme Definition Document (PDD) and Develop Programme Plan** 5. **Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders throughout the change programme** 6. **Develop our infrastructure for programme development (Completion of the strategy and establishment of the change programme)** 7. **Establish Strategy writing process and timeline** 8. **Develop an action plan to engage and invest with medical staff** 9. **Assemble a draft Tayside Mental Health and Wellbeing Strategy**	

Recommendation 13	Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.			Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Programme (2020 – 2025)	RAG – Green Date – July 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald Chief Executive, NHS Tayside	Tayside Tayside Executive Partners (Strategic Leadership Group) (SLG)	Establish Strategic Leadership Group	Jan 2020	1. **Contribute to Joint Statement of Intent** 2. **Establish the Executive Partners Group as the Oversight and Leadership Group** 3. **Agree membership, terms of reference and schedule of meetings for 2020/21** 4. **Establish a Senior Responsible Officer (SRO) for Mental Health Strategic Change** 5. **Approve the Listen Learn Change Action Plan** 6. **Ensure multi-agency co-operation and support for co-creation of Strategic Change in Mental Health services across Tayside.**	
Team Involved *(more team members will be added as we develop these plans)* – Grant Archibald CE, NHS Tayside, Karen Reid CE Perth and Kinross Council, Margo Williamson, CE Angus Council, David Martin, CE Dundee City Council - Strategic Leads Group					
STATUS UPDATE: 1. **Joint Statement of Intent (Completed January 20)** 2. **Establish the Executive Partners Group as the Governance and Leadership Group (Completed Mar 20)** 3. **Governance set up and agree membership, terms of reference and schedule of meetings for 2020/21 (Completed March 20)** 4. **SRO established (Completed March 20)** 5. **Approve Listen Learn Change Action Plan (Draft Completed June 20)** 6. **All scoping work has been supported by all statutory and non-statutory organisations (Completed July 20).**					

Recommendation 14	Consider developing a model of integrated substance use and mental health services.		Outcome: New model of integrated substance use and mental health services	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Diane McCulloch, Head of Service, Health and Community Care/Chief Social Work Officer Dundee Health & Social Care Partnership	Joint Local Authority and Public Health	Develop new model of care	Sept 20	1. **To appoint Senior Clinical Leads from the Organisation (who has an understanding of Substance Misuse); who can build a model of care that engages with General Practices around Substance Misuse, which will be key to future sustainable models of care. (include General Adult Psychiatry)** 2. **Set up a group to consider a new model of integrated substance use and mental health services** 3. **Consider evidence base for models of joint working to inform a decision.** 4. **Consider workforce requirements** 5. **Consider all models of integrating the pathway** 6. **If appropriate, develop model and service configuration and incorporate this integrated substance use model into the strategy** Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to Programme Board.
Team Involved (more team members will be added as we develop these plans) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden, Keith Russell, Associate Nurse Director				
STATUS REPORT: To date, this work has sat firmly within the HSCP, ADP and Community Planning processes and the Drug Commission report, **Kindness, Compassion and Hope** was published in August 2019 and has similar recommendations in relation to involving people with lived experience in strategic and operational structures. We will integrate actions at a Tayside and locality level where possible.				

Recommendation 18	Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.		Outcome - To develop new model for General Adult Psychiatry within strategy.	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Mike Winter Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	August 20	1. **Develop medical workforce plan for mental health;** 2. **Develop full workforce plan for mental health – all staff groups** 3. **Develop recruitment and retention plan for mental health** 4. **First Priority - Reconfiguration of General Adult Psychiatry (Reduce locum dependency by 50% to next summer)** 5. **Also ensure that this is in place for community CAMHS.**
Team Involved (more team members will be added as we develop these plans) - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell				
STATUS UPDATE: Workforce sub group set up				

Recommendation 19	Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.	Outcome - To reduce wait to treatment in Mental Health Services.	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Johnathan MacLennan and Leads of Community Mental Health Teams	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	1. **Undertake root cause analysis for blocks and review current model** 2. **Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services.** 3. **Medical staff engagement across primary and secondary care interface** **Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.**

Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams

STATUS UPDATE:

We hear comments like "I have more or less given up ringing CMHT - even when a patient is feeling suicidal - as it's always the same reply - 'send RMS referral urgently' - so rather than ring them I just dictate a letter & send it off within 24 hours - as long as the patient has someone to keep an eye on them overnight - and I check the patient's phone numbers & mention them in the letter." – We intent to change this experience for patients and staff. We accept that there is room for improvement. Listening we will Learn and Change

Recommendation 20	Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.	Outcome - Distress Brief Intervention training programme developed and implemented	RAG – Green Date – Dec 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHW Programme Board	Aug 20	1. **Set out the business case for DBI in Tayside** 2. **Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project** 3. **Develop training and process for implementation.** 4. **To ensure DBI is within the strategy and to share workload across HSCP to have system-wide engagement** Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project

Team Involved *(more team members will be added as we develop these plans)* – Bill Troup

Recommendation 21	Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.			Outcome - To develop and embed multi-disciplinary and team based approach to joint working.	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan Mental Health and Wellbeing Strategy	Sept 20 Oct 20	1. **Develop into the Organisational Development Plan** 2. **Ensure regular professional supervision is planned for all staff with a line manager/or professional lead** 3. **This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface Work Stream**. X 4. **Explore and identify approach to building collaborative teams and connecting this as a key part of the redesign of the Crisis Care and Community Interface Programme.** 5. **Priority area for Consultant recruitment.**	
Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Keith Russell, HSP Lead officers, Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood					

Recommendation 23	Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.			Outcome - New observation protocol	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS Tayside	Oct 20	1. **Observation Protocol Implementation** 2. **This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018).** *[The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.]* **Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached. *See Restrictive Intervention reduction plan* and *Draft Mental Health and Learning Disabilities Observation Protocol*** **<u>NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.</u>**	
Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)					
STATUS REPORT: - NHS Tayside's Observation Protocol is now in final draft. - Following education sessions with staff it will be tested in a clinical area during August. - Plan to present it to CQF in September					

Recommendation 27	Provide adequate staffing levels to allow time for one-to-one engagement with patients.			Outcome: Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Deliver safe staffing levels	Sept 2020	1. **Establish a workforce plan for all specialties** 2. **Short term Review of Caseloads** 3. **New model that balances out the need for generalist and specialist - shifting the balance of care.** 4. **Deliver through the workforce group set up who will be using safe staffing Scotland Legislation and the requirement to deliver safe staffing levels**	
Team Involved *(more team members will be added as we develop these plans)* – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts					

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

Recommendation 35	Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.	Outcome - Clear care pathway for treatment within Neurodevelopmental Hub	RAG – Amber Date – Sept 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmental Hub, Clear pathway	Sept 20	1. **Identify the Clinical Leadership (Post advertised)** NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway 2. **Creation of the Neurodevelopmental Hub** NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB 3. **Clear pathway** NOTE - Neurodevelopment pathway being developed and test of changes occurring within this; 4. **Move this into paediatrics in recognition of prescribing needs and specialist clinics** Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics; 5. **External contractor (Healios) Trial agreed to commence in 3 weeks (Mid-June), to test neurodevelopment pathways for 3 streams of clinical need.** 6. **System improvements for internal Neurodevelopment pathway to be created from Healios trial.**

Team Involved *(more team members will be added as we develop these plans)* - Dr Pete Fowlie, Lorna Wiggin

STATUS REPORT:

Healios Neurodevelopmental pilot has commenced, involving 30 patients on the Neurodevelopmental waiting list. A Neurodevelopmental pathway has been mapped and includes functional points of the pathway, roles, accountabilities, timeframes to each stage, reoccurring journeys in the pathway, and barriers for effective pathway progression. This is informing the development of focused work around improving the journey of the child within CAMHS. Psychology and medical staff vacancies still exist resulting in high clinical workloads, and a Quality Improvement Leader Position filled April 2020, to support the progression of this work. There is still a need to obtain agreement from Paediatric Services regarding shared care for Neurodevelopmental patients. This is a priority to allow this work to be taken forward prior to commencing work on HUB alignment.

Recommendation 39	Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.			Outcome: Service for young people aged 18 – 24	RAG – Green Date - Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Oct 20	The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work. 1. **Consider the overlap and pathways for Children and Adult** 2. **To ensure strategy has a Children and Young People chapter** 3. **Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24.**	
Team Involved *(more team members will be added as we develop these plans)* - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Chris Pell, Arlene Wood (Transition), Senior Nursing/AHP Lead					
STATUS REPORT: A transition project to keep young people within CAMHS until they are 18 is underway. CAMHS has already rolled out transition of children and adolescents to Adult Mental Health services fully in Angus. (16-18 year olds) resulting in all adolescents remaining with CAMHS until 17 years and 4 months, when an individual transition plan into Adult Mental Health Services is triggered. This has been occurring for 10 months and has not been interrupted by COVID. A staged approach for transition for Dundee and Perth / Kinross is in its early stages, due to the impacts of COVID however this will occur as part of the remobilisation plans. The August Management Meeting will be used to plan for recommencement of the transition work. Due to Psychiatric Consultant vacancies within the CAMHS Service there would be a risk to fully implementing the age range changes at this time					

Recommendation 44	Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.			Outcome - Workforce plan detailing that all staff offered exit interview	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	July 20	1. **Development of Workforce Strategy** 2. **Development of Recruitment and Retention Strategy** **(Plan to include policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview)** 3. **Exit interviews themes to be reported back to ILG (and SLG as appropriate) for follow-up action**	
Team Involved *(more team members will be added as we develop these plans)* - George Doherty, HR Director					

Recommendation 45	Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.			Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell, Interim Director of Mental Health	NHS Tayside	Full time compliment of Associate Medical Director in post	Aug 20	1. **Development of Workforce Strategy** 2. **Development of Recruitment and Retention Strategy** 3. **Develop job description and advertise and appoint to this post.** 4. **Promote local interest and recruit retain current medical staff to take up this opportunity** 5. **Contribute to Mental Health Recruitment and Retention Plan (Drafting at present)**	
Team Involved *(more team members will be added as we develop these plans)* – George Doherty, Peter Stonebridge					

Recommendation 48	Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.			Outcome - Staff charter. Training Development Plan agreed with Value Based Cultural changes embedded.	RAG – Amber Date – October 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	Tayside Mental Health Integrated Leadership Group	Employee Participation Group engagement validation and sign off the Action Plan	July 20	1. **Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service.** 2. **Development of staff charter and a set of corresponding measures** 3. **Strengthen staff communications, staff meetings, development opportunities** 4. **Promote the full use of i-Matter as a team development process**	
Team Involved *(more team members will be added as we develop these plans)* – Arlene Wood, Scott Dunn, Alan Drummond, Jackie Bayne					
STATUS UPDATE: • The spiritual team updated that Values Based Reflective Practice (VBRP) supports this recommendation. • Dates are being set to train 10 charge nurses to deliver VBRP. • VBRP is a readymade package developed by NES that supports the embedding of values.					

2. Clarity of Governance and Leadership Responsibility

Recommendation 5	Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.			Outcome - Detail of assignation of delegated responsibility for Mental Health Functions. See interdependency Recommendation 13 above	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly. The Mental Health and Wellbeing Strategy Board will deliver on this. 1. **Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required)** 2. **Work up all relevant intelligence required – Strategic Needs Assessment** 3. **Workforce Development Plans based on requirements and Recruitment and Retention Plans** 4. **Review current Dundee, Angus, Perth & Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need** To involve HSCP clinical leads in supporting strategic needs assessment recognising future balance of service delivery is likely to be in community - needs assessment should not be focused on current model but rather on the future model	
Team Involved *(more team members will be added as we develop these plans)* - Bill Nicoll, Chief Officers with input from Scottish Government Integration Unit					

Recommendation 6	Ensure that NHS Tayside Board members clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.	Outcome – Empowered competent confident NHS Board members	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside Board Selection, induction and training processes	July 20 Aug 20	1. **Develop a document that outlines the roles and responsibilities of NHS Board to ensure Board members are clear about their responsibilities, confident and empowered to challenge and make sound decisions.** 2. **Review their selection, induction and training processes in preparation for their important role.**
Team Involved *(more team members will be added as we develop these plans)* - Margaret Dunning (Board Secretary) has a leading role.				

Recommendation 7	Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.	Outcome – Informed NHS Tayside Board members	RAG – Green Date – June 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	1. The Board Secretary will ensure there is a robust governance framework in place in which mental health will report and ensure those responsible provide reports to provide assurance. 2. The Director of Mental Health will report through the approved Governance route develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Executive Partners Strategic Leadership Group (SLG) 3. Develop update reports with high level reporting against agreed outcomes. 4. Link with Business unit and governance team to provide information and context.
Team Involved *(more team members will be added as we develop these plans)* – Kate Bell, Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell, Lesley Roberts				

Recommendation 9	Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.			Outcome - Operational Mental Health Strategic Risk Strategy and register covering all 4 main partners (NHS Tayside and	RAG – Green Date – June 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy Corporate and IJB Risk Registers	TBC	1. **Establish an Operational Strategic Risk Management Strategy - supported by clinical governance teams** 2. **Executive leads to discuss full breadth of Mental Health Services in Tayside and how they work together and how they manage risk, with an outcome of clear responsibility for decisions.** 3. **Regular review of Strategic Risk Management at Mental Health Executive Partners SLG**	
Team Involved (more team members will be added as we develop these plans) – Grant Archibald, Clinical Governance Leads, Arlene Wood and Keith Russell					
STATUS REPORT - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs. Clinical Governance are supporting risk management workshops and building in sustainability and resilience.					

Recommendation 15	Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.			Outcome - Report on metrics of the need and service requirement in the community mental health teams.	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	Business unit All agencies to work collaboratively	Develop data and data-capture process Develop analysis Collate into Strategic Needs Assessment of MH	July 20 Aug 20 Oct 20	1. **Undertake a review of the current mental health Quality and Performance Indictors. Participate in National work to develop Mental Health National Quality Indicators.** 2. **Establish mechanism to develop a single dashboard** 3. **Agree data** *NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore, we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.* 4. **Review data capture process** 5. **Review metrics and outcome measure across the scope of the programme** 6. **Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear** Our aim is to develop a whole system data set that can be used for clinical care and reporting. Clinical leads will be supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams	
Team Involved *(more team members will be added as we develop these plans)* – Bill Nicoll, Director of Strategic Planning, HSCP Strategic Commissioning Groups, Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, and clinical leaders to be agreed.					

Recommendation 36	Clarify clinical governance accountability for Child and Adolescent Mental Health Services.			Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside with Local Authorities for Children and Young People known to SW	Clinical Governance and Quality Performance Review	Oct 20	1. **Ensure clear clinical governance structure for CAMHS is within the strategy** 2. **Ensure clinical governance accountability for CAMHS includes pharmacy and others with knowledge of prescribing as this is a major clinical concern within this service. Partnership expertise would be valuable.** 3. **Work with Mental Health Director to align reporting of CAMHS**	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell					
STATUS UPDATE: CAMHS will report through the newly developed WCF Clinical Governance Forum in line with other community children's services. There is also a multi-disciplinary local Clinical Governance group who are responsible and report through the above governance group. Accountability to CAMHS oversight group continues regarding HIS Improvement work.					

Recommendation 51	Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.			Outcome - Culture of embracing external review to be embedded, and recommendations from external reviews and engaging staff in development of actions for improvement.	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	Ongoing	Commenced	1. **Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on 'what this report means to me'.** 2. **Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren't picked up.** 3. **Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process** 4. **Managers to ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.** 5. **Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework**	
Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Arlene Wood, Scott Dunn, Organisational Development and Quality Performance Review Process					

3. Engaging with People

Recommendation 4	Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.			Outcome - Establish a communications and engagement sub group of the Mental Health and Wellbeing Programme	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	• 1. Establishment of groups: Stakeholder Participation; Organisational Lead for Public and Patient Involvement; Communication and Engagement Group. 2. Co-create a Staff Engagement Charter 3. Co-Create Service User Engagement Charter. 4. Set up a Communications and Engagement Sub Group of the Tayside MHW Programme Board. 5. Establish a communications and Engagement network	
Team Involved *(more team members will be added as we develop these plans)* – Jane Duncan to establish group supported by the Programme Team and Lindsey Mowat, key managers and other stakeholders.					
STAUS UPDATE: Group being formed.					

Recommendation 24	Involve families and carers in end-to-end care planning when possible.			Outcome – Clear policy for family and carer engagement	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes Learn from Adverse Events	July 20 Sept 20	There is significant detail in this Implementation Plan and our focus will now be on engagement with families and carers. The existing Care Planning Collaborative is the group to progress this and there is significant expertise in this group Suggested plan 1. **The membership will be reviewed to ensure family/carer engagement and a work plan agreed to ensure feedback from families and carers.** 2. **Review of the Mental Health Person Centred Care Planning Standards** 3. **Review of Standing Operating Procedures for Anticipatory Care Planning** 4. **Review of Triangle of Care Implementation Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care Planning** 5. **The audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme.** 6. **Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency.** 7. **Develop and undertake training to learn from adverse events** 8. **Focus has been on in-patients – we plan to extend to integrated CMHT**	

PLEASE NOTE: A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.

In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.

The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.

See Tayside Mental Health Nursing - Standards for Person-Centred Care Planning

Team Involved *(more team members will be added as we develop these plans)* - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine

STATUS UPDATE:

- **NHS Tayside's Person centred Care Planning Standards have been updated and now includes a new standard which requires that a clear communication strategy with carer/relative is recorded.**
- **Audit results reported monthly to inpatient governance group. Collaborative now working on the development of documentation pathways and assessment audit.**
- **Meeting planned in August to develop triangle of care steering group which has representation from cares groups from each partnership and national lead from cares trust.**

Recommendation 25	Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.	Outcome - Clear comms plan for patients, families and carers on admission to the ward	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Johnathan MacLennan	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Aug 20	1. **Review all patient information leaflets (PiLs)** 2. **Engage service users and representatives to consider what could be done to improve the type and format of PiLs** 3. **Update leaflets, consider web based information, apps and other digital forms of information** *(This work also links to Recommendation 24)* This action relates to inpatient services only.

Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Arlene Wood, Advocacy Lead, Patient representatives

STATUS UPDATE :

- Work is underway to enhance carer support and involvement in patient care, underpinned by the Triangle of Care Toolkit and is a development for our inpatient service led by Johnathan in partnership with the Mental Health Development Co-ordinator, Carers Trust Scotland.
- The triangle of care toolkit was developed by carers who were supporting someone regularly requiring inpatient care and uses 6 standards to improve carer support and involvement.
- DIAS have an annual contract/SLA for the provision of advocacy services in Carseview. Routine meetings take place to act upon any recommendations or concerns. Contract recently renewed

Recommendation 26	Make appropriate independent carer and advocacy services available to all patients and carers.	Outcome - single referral point for advocacy	RAG – Amber Date – Sept 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Chief Officer, IJB's	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	1. **To ensure achievement of a single referral point for advocacy in the strategy** 2. **Our expected outcome is a standard or agreed service specification so that there is equity of advocacy for all Tayside residents irrespective of post code as opposed to a single point of referral.**

Team Involved *(more team members will be added as we develop these plans)* – Mental Health Leads, HSCP's, Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations, Representatives of the Stakeholder Participation Group

STATUS UPDATE All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.

STATUS UPDATE:

- Review of the inpatient admission information provided to patients during their ward stay with input from patients and carers has occurred.
- The patient information leaflet provided in GAP at MRH and Carseview, when this was reviewed, confirm patient involvement in its development and ensure it contains the elements outlined on page 65 of Trust and Respect.
- All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.

Recommendation 41	Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.			Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	1. **This links to recommendation 26.** 2. **Within the strategy we will ensure that there is a robust pathway for advocacy irrespective of post code (to include parent and carers of young people advocacy)** 3. **Advocacy Services - we plan to work with these partners to achieve this**	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell, Karen Anderson led on the SG citizen's jury work and we hope she would be interested in supporting.					
STATUS UPDATE: • CAMHS website being redesigned and developed to create uniformly of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools. 1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised. • Children's advocacy is already in place https://www.partnersinadvocacy.org.uk/what-we-do/dundee/ • We have already done some great work around shared decision making and prescribing and advocacy was a key theme as per citizen's jury.					

4. Learning Culture

Recommendation 11	Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.			Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations	RAG – Green Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance Training System Wide Learning's from Adverse Events	Sept 2020	1. **Review mental health system-wide Quality Performance Review framework;** 2. **Evaluation of system-wide Adverse Event Review** 3. **Agreed that actions should be addressed individually into** a. (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board level b. (Training) Use learning from adverse events to prevent future occurrence c. (System Wide Learning's from Adverse Events) 4. **Work already underway needs collated and reported to ensure consistent approach to policy compliance** 5. **Additionally, we plan to take cognisance of partnerships and GP services who are likely to be stakeholders and involved. Need to have prescribing knowledge within this group and the ability to link to wider healthcare system.** 6. **Need to ensure that this is also applied to community CAMHS.**	
Team Involved *(more team members will be added as we develop these plans)* - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry					
STATUS REPORT: • There is a System Wide Learning from Adverse Events session implemented - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed. Plans are underway to reinstate the adverse event learning sessions using remote methods to apply physical distancing principles. • Adverse events are also standing item agenda on Mental Health System Wide Quality Performance Review.					

Recommendation 31	Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.			Outcome - Adverse Events training provided by Healthcare Improvement Scotland	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Dr Stuart Doig Consultant Forensic Psychiatrist	NHS Tayside Quality Improvement Team	Training package to ensure learning from reviews informs and develops practice. Implementation Plan	July 20 Aug 20	1. Set up a short Life Working Group 2. Design and Develop mechanisms to ensure learning across the system and promote a learning culture. 3. Adverse Events to feature on Mental Health Operational Leadership Team agenda as core report	
Team Involved *(more team members will be added as we develop these plans)* - Dr Stuart Doig, Keith Russell, Tracey Passway					

Recommendation 46	Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.			Outcome - Positive staff experience and promote those who train here to be recruited and retained in Tayside Mental Health	RAG – Green Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter Associate Medical Director	NHS Tayside	Current Issues RCA focus group	Oct 20	1. **Scope out current support mechanisms for nurses and doctors in training/newly-qualified;** 2. **Undertake planned, facilitated feedback sessions to build our approach to create our high-impact actions to improve support** 3. **Reporting - To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG** 4. **Use Workforce Group to develop a culture of shared learning and support and respect across all of NHS Tayside** 5. **Work with Directorate of Medical education to embed the Recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice**	
Team Involved *(more team members will be added as we develop these plans)* - Donna Robertson, Mike Winter, Keith Russell, Peter Fowlie					
STATUS UPDATE: All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year. A very detailed action plan is submitted quarterly as part of the JDC remit. Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners Finally, we recognise that improving culture, relationships and transparency goes beyond NHS employees and extends to families, carers, communities and the public heath workforce in its broadest sense. We want to improve relationships and reputation across the piece. We understand that Trust and respect are living things, they take a long time to build and believe in but can be snuffed out in an instant. We intend to deliver an excellent mental health service in future.					

5. Communication

Recommendation 8	Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.			Outcome - External reporting plan	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan Care Governance Committee (public forum)	July 20	**NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function, once we develop the Mental Health score card/dashboard for reporting to NHS Tayside Board** 1. **Requires a piece of work to review what is currently being provided** 2. **Determine future reporting (scorecard/ dashboard)** 3. **Implement a reporting process.** 4. **SLG will agree this.** 5. **Ensure that existing clinical governance and risk structures are consistent in mental health services**	
Team Involved *(more team members will be added as we develop these plans)* – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical Governance					

Recommendation 42	Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction. Managers of service should facilitate this engagement.			Outcome – Demonstration of Staff engagement co-creation and development the service strategy.	RAG – Green Date – June 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health	Mental Health services, NHS Tayside Organisational Development, HR	Tayside Mental Health and Wellbeing Strategy	June - Oct 20	1. **Information on all changes to be shared with staff to ensure engagement and feedback loop** 2. **To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard employee relations model at all levels of decision making.** 3. **Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work** Communication and Engagement Strategy to embed ongoing contribution of staff to the Programme Engagement Strategy and also the Staff Charter	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell					

Recommendation 43	Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.			Outcome - Build a Staff Charter detailing that Staff will be actively listened to and valued and engaged in co-producing the strategy	RAG – Green Date - Immediate and Ongoing
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	1. **Establish process for building a staff charter, detailing rights to face-to-face meetings where staff feel valued and listened to.** 2. **Implement** 3. **Spread - communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development.** 4. **Sustain**	
Team Involved *(*more team members will be added as we develop these plans) - Scott Dunn, Communication Lead, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees					
STATUS UPDATE: Programme Management Team to work with Creative Director for Communication and Engagement, Director of Communications to lead the engagement and development of this.					

Recommendation 47	Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.			**Outcome -** Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan	RAG – Green Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Implement dedicated web based technological approaches to communication with staff groups	April 20	1. **Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan and website will be developed as part of the Communications work which will include vision, values, scope, communication principles, branding external/internal for mental health services in Tayside.** 2. **Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience** 3. **Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are.** 4. **Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health**	
Team Involved *(more team members will be added as we develop these plans)* – Jane Duncan, Lindsey Mowat, Programme Management Team					
STATUS UPDATE: External communication resource commissioned to support the programme communication and engagement strategy and implementation.					

6. Operational Service Delivery

Recommendation 10	Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)	Outcome - clear line management organisational charts in all mental health structures	RAG – Amber Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Arlene Wood, Associate Director, Mental Health	NHS Tayside	Clear line management organisational charts for all clinical staff & social care staff employed by councils but working within an integrated model of care.	Aug 20	1. **Review organisational charts and all line management arrangements** 2. **Clear line management schematic for all clinical staff & social care staff employed by councils but working within an integrated model of care.** 3. **Link to workforce group for sustainability e.g. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this**

Team Involved *(more team members will be added as we develop these plans)* – Arlene Wood, Associate Director of Mental Health, Dr Stephen Cole AMD for Appraisal, Mike Winter, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell, Jackie Bayne, Human Resources, Alan Drummond Staffside Mental Health

Recommendation 16	Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.	Outcome - 7-day community mental health service providing crisis resolution and home treatment	RAG – Green Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Bill Troup Head of Service Angus Health and Social Care Partnership	Integration Joint Boards	7 day crisis resolution home treatment team service across Angus.	Aug 20	1. **Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project to be set up *(Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that have been approved and funded. Note: Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.)*** 2. **Review delivery of the home treatment requirement.** 3. **Consider reinstating the Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project - Explore the views of clinicians and other stakeholders: including how previous service viewed and used.** 4. **Propose 7-day service model (develop specification) and set out in the Strategy and Programme Delivery Plans**

Team Involved *(more team members will be added as we develop these plans)* – Bill Troup

STATUS REPORT:

- Funding and Nursing Staff received to commence this in North Angus.
- Barrier to implementation in 2019/20 was lack of local medical leadership and stable medical workforce.
- Both of these factors remain a risk but now have long term locums in place. B
- and 7 Nurse identified to progress this, once released from current post in September. Aim to have 7 day working in place in North Angus by January 2021.
- Once the model is tested in the North, it will be rolled out in South Angus, on receipt of agreed funding transfer from inpatient services..

Recommendation 17	Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.	Outcome - Establish process and frequency for updating care plans	RAG – Amber Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/ Health and Social Care Partnerships (particularly social work leadership)	1. Robust audit tool. 2. Process for review 3. Schedule for reviews 4. Report on lessons learned	July 20 Aug 20 Sept 20 Oct 20	1. **Establish mechanism to review Community Mental Health Team caseload** 2. **Ensure that there are robust audit tools in place to review complex cases** 3. **Process for review** 4. **Planned review discharging of patients on medication for severe and enduring mental health problems which ought, really, to be under psychiatric review.** 5. **Schedule for regular audit of this cohort** 6. **Report on lessons learned.**

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

STATUS UPDATE:

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

Recommendation 22	Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.	Outcome – Student referral pathway	RAG – Amber Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	1. **Collaborate with Universities** (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.) 2. **Establish what they currently provide and see what is required to achieve the recommendation.** 3. **To improve access to urgent reviews/on-the-day assessments, which are often done by Duty Worker and not after 3pm.**

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

STATUS UPDATE –

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

Recommendation 28	Ensure appropriate psychological and other therapies are available for inpatients.			Outcome - Appropriate psychological and other therapies are available for inpatients	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	1. **Strengthen and agree priorities for safe, effective, person-centred care. This would include IOP, locked doors, etc** 2. **IOP Steering group to develop an implementation plan for the protocol.** 3. **Position statement for inpatient psychology for the next three years.** 4. **Development of a programme that starts with a reflective practice session around the NES 'Opening Doors' animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach.** 5. **Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe.**	
Team Involved *(more team members will be added as we develop these plans)* - Professor Kevin Power, Psychology Services, Keith Russell, Associate Director of Nursing, Mental Health					
STATUS UPDATE: The Department of Spiritual Care will be part of the conversation around this. We have a WTE member of spiritual staff based over at Murray Royal, Carseview and Strathmartine providing 1:1 patient support as well as supporting the training and development of staff in reflective practice, this is working well.					

Recommendation 37	Support junior doctors who are working on-call and dealing with young people's mental health issues.			Outcome - Develop strong support process for junior doctors within workforce plan	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter NHS Tayside Associate Medical Director	NHS Tayside	Develop programme of work for future model as part of future rotation	Aug 20	**This is an Operational Issue that will be considered through TTMG** 1. **Consider the role of out of hours' social work, Mental Health Officers, Mental Health liaison roles** 2. **Ensure that there is a Consultant on call and available to support decision making.** ***(As this is part of our workforce strategy to retain and support trainees)***	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Peter Fowlie, George Doherty , Teaching and Training Medical Group (TTMG)					

Recommendation 38	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.			Outcome - To develop confidentiality protocols and share with parents and carers	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	1. **Exploration of the exact protocols referred to.** 2. **Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families.** 3. **Review process and make materials available to staff and families.**	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell					
STATUS REPORT: Staff undertake annual education around confidentiality (LearnPro) and CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.					

Recommendation 29	Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.			Outcome – The guidance on ward locking is updated, approved and shared with all staff.	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	1. **Embed MWC Right in Mind Pathway across all In Patient Services** 2. **Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking)** 3. **Review design and technology innovations to management of ward door locking.**	
Team Involved (more team members will be added as we develop these plans) – Leads: Arlene Wood, Associate Director of Mental Health, Keith Russell, Associate Director of Nursing, Mental Health					

Recommendation 30	Ensure all inpatient facilities meet best practice guidelines for patient safety.			Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	1. **Build on work achieved to date around health & safety, Royal College of Psychiatry accreditation.** 2. **Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver** 3. **Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible.** 4. **Roll out structured patient safety programme reflecting of National SPSP safety principles** i. **Least Restrictive Practice** ii. **Physical Health** iii. **Leadership and Culture** iv. **Communication** 5. **Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include:** i. **Standards for inpatient mental health service (1 ward started)** ii. **Standards for inpatient learning disability service** iii. **Standards for rehabilitation** iv. **Standards for crisis response** v. **Standards for Intensive Psychiatric Care Units (started)**	
Team Involved *(more team members will be added as we develop these plans)* - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams					
STATUS REPORT: Work continues on the standards for Inpatient Mental Health in Mulberry ward and IPCU. Interviews to appoint Quality Improvement Lead and Improvement Adviser to take place in August - they will lead on SPSP safety principles.					

Recommendation 34	Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.	Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Quality	Report of referral management and rejected referrals to be sent to programme board with recommendations	Oct 20	Rejected CAMHS referrals requires wide engagement with primary care and involvement across 3 council areas with creating alternatives to a CAMHS referral. Partnership expertise, including around prescribing patterns would be valuable. 1. **Review referral management to CAMHS** 2. **Audit rejected referrals.** 3. **Review communication process and content**

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

STATUS UPDATE

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

Recommendation 40	**Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements	RAG – Amber Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	**The new e-Mental Health subgroup will lead this, linked to strategic data groups in our partner organisations.** 1. **Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** 2. **Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services.** 3. **This should be aligned to national reporting requirements.**

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

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

Recommendation 49	Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.			Outcome - Cultural change embedded	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	NHS Tayside	Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils	Oct 20	1. **Promoting Attendance and Managing absence systems to be applied and embedded.** 2. **Creation of workforce plan to raise the profile to promote mental health recruitment and retention.** 3. **Develop 'Leadership, Accountability, Culture, Engagement and Communications' project.** 4. **Reduce work related stress- Ensure job roles and expectations and reporting lines are clear and detailed in the service specification supported by strategy, and local objective setting and job plans.** 5. **To implement more robust Promotion of Attendance and Managing absence systems.** 6. **Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside.** Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn't differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith, Arlene Wood, Employee Director **(Staff Mental Health & Wellbeing work will be co led by Director of Workforce & Employee Director)** Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations					

Recommendation 50	**Ensure there are mediation or conflict resolution services available within mental health services in Tayside.** These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.			**Outcome - Develop 'Leadership, Accountability, Culture, Engagement and Communications' project.**	**RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	NHS Tayside	Proposed \ Mental Health OD Plan to be quantified and approved by the Director of Mental Health	July 2020	1. **Develop staff charter in Partnership with Employee Director and Area Partnership Forum** 2. **Develop work plan associated with staff governance standards** 3. **Develop a report template developed for MH Partnership Forum** 4. **Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff** 5. **Work with medical staff to build a culture of respect and trust.** 6. **Ensure staff are confident that they can challenge harmful behaviours.**	
Team Involved *(more team members will be added as we develop these plans)* - George Docherty/Whistle blowing champion Non-exec, Jenny Alexander, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement This work has commenced. Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations					

7. National

National Recommendations 12, 32				
Recommendation 12	**Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.**		**Outcome -** Liaise with Scottish Government to support Tayside input to the national plans	**Date - 2021**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	2021	2021	1. **The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements** 2. **To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes** 3. **Agreement that any actions against this Recommendation should be addressed by the Scottish Government. *(Health and Safety Quality Review from the Scottish Government)***
Team Involved *(more team members will be added as we develop these plans)* – Donna Bell				

Recommendation 32	**A national review of the guidelines for responding to substance misuse on inpatient wards is required**		**Outcome -** Liaise with Scottish Government to support Tayside input to the national plans	**Date - Not set yet**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	Draft Framework to be established	Aug 20	1. **Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services** 2. **We will including NHS Tayside guidance on substance misuse on inpatient wards** 3. **National policies on adverse childhood experiences be used to guide mentally healthy young people. (ACEs are well known strong predictors for mental health difficulties and carefully guided interventions are hugely cost effective. https://www.gov.scot/publications/adverse-childhood-experiences/)**
Team Involved *(more team members will be added as we develop these plans)* – Mental Health Directorate, Scottish Government to progress				

For further information contact:
Kate Bell, Interim Director of Mental Health NHS Tayside – mentalhealth.tayside@nhs.net

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

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

Draft Mental Health and Learning Disabilities Observation Protocol

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

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

Advocacy services

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

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

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

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

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

https://www.whocaresscotland.org/what-we-do/advocacy/

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

https://www.clanchildlaw.org/

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

https://cypcs.org.uk/

PROGRAMME SUMMARY REPORT

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

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



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

Key milestones to date

Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	Delivery of final **Listen Learn Change Action Plan**
Jan 2020	**Mar 2020**	**Jun 2020**	**Feb –Jun 2020**	**Mar–Jul 2020**	**Jul 2020**

Tayside Executive Partners formed Strategic Leadership Group

Signed Statement of Intent

Commitment to work together to improve mental health services for all



Identified **strategic change manager**

Senior Responsible Officer for Mental Health Programme of work

Responsible for:

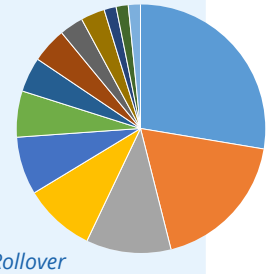
- **Trust & Respect Inquiry**
- **Co-creating the Tayside Mental Health & Wellbeing Strategy**
- **Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside**

Held **over 120 stakeholder meetings** since appointment

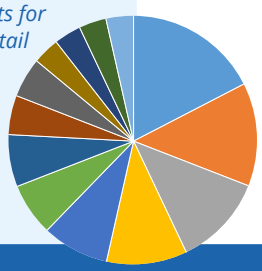
Led increased focus on co-creating strategy

Programme team recruited for specialist expertise and support

Over **200** stakeholders have been engaged with in **65** meetings *(video conference, teleconference and face to face)*



Rollover Pie charts for more detail



Over **200** inputs from Tayside Mental Health stakeholders

Held 8 virtual scoping sessions

175 stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more

Identified new areas of focus

600+ new stakeholder requests to contribute to the programme

Engagement process and numbers

10

high impact changes formulated

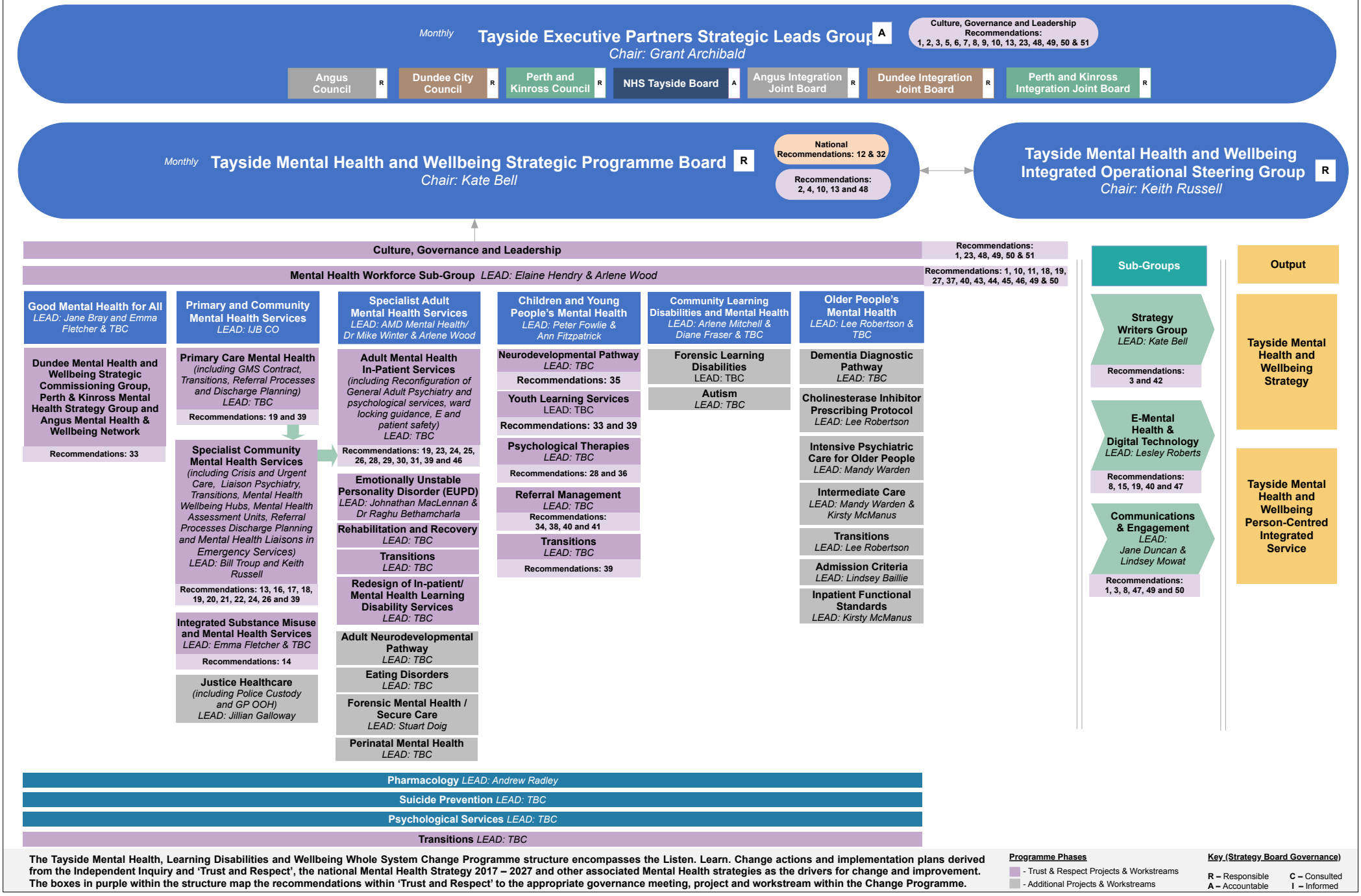


Next Steps

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

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

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



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

Programme Phases
- Trust & Respect Projects & Workstreams
- Additional Projects & Workstreams

Key (Strategy Board Governance)
R – Responsible
A – Accountable
C – Consulted
I – Informed

Ten High-Impact Changes

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

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

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

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

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

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

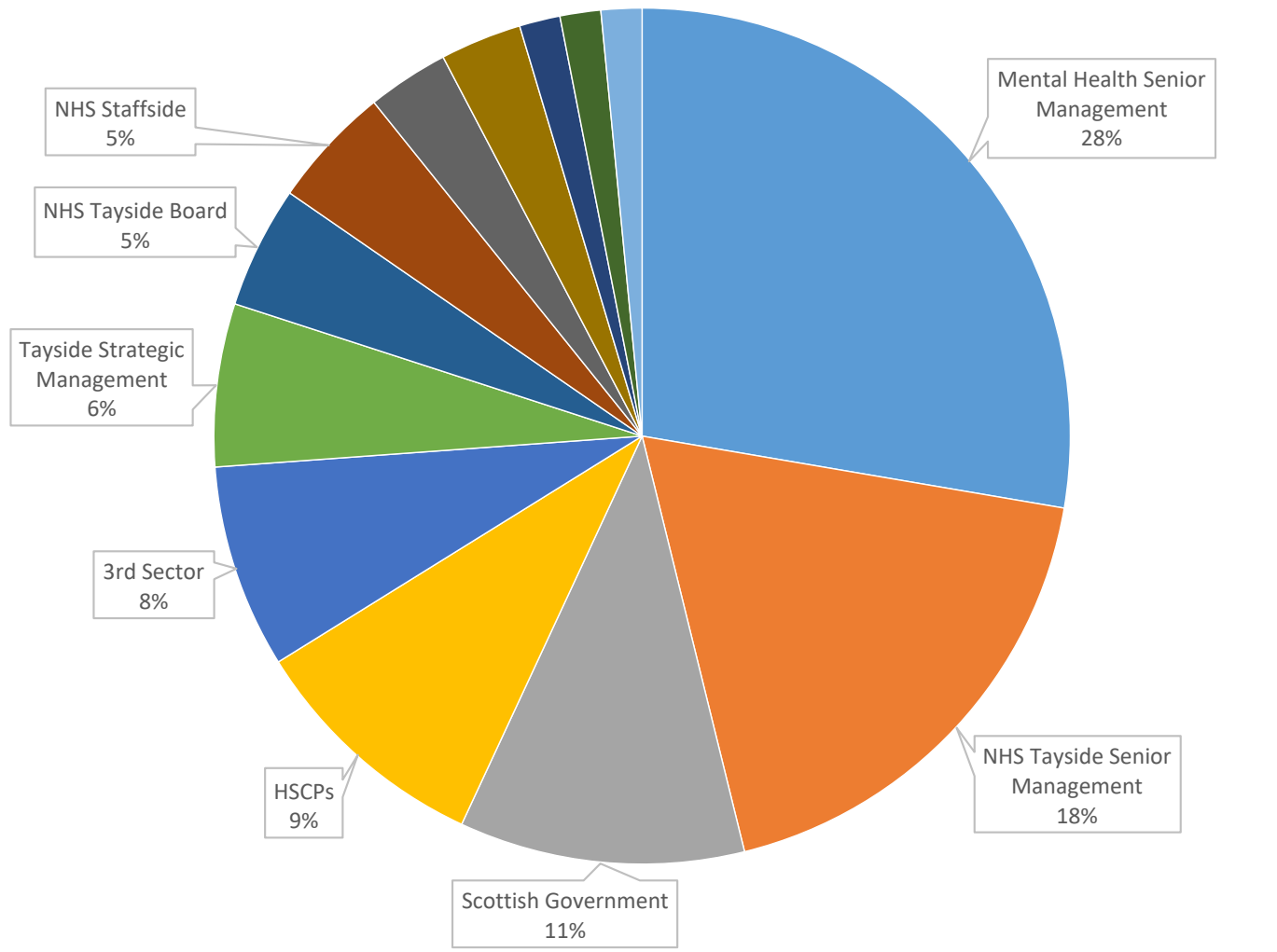


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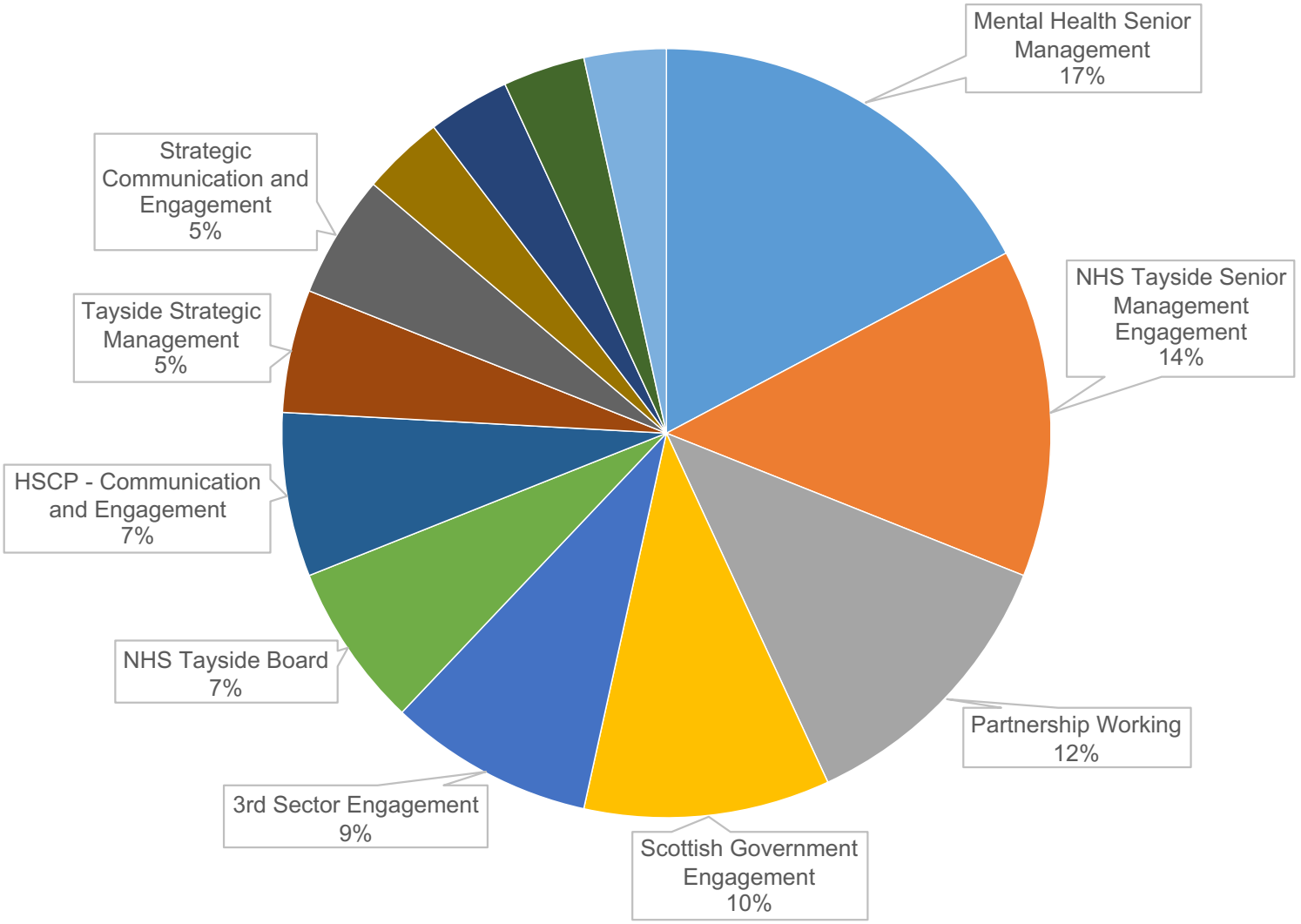

TRUST & RESPECT
Action Plan
Shared Aim
Holistic CARE
Medical MODEL
HOUSING
SUBSTANCE USE
BREAK DOWN BARRIERS
SOCIAL SECURITY
EDUCATION
HEALTH
STIGMA
EQUALITIES
STATEMENT of INTENT
Work Together
to improve mental health services for those who need them & those who deliver them
our SUPERPOWER
Shared ownership
Optimised experience
more inclusive
FOCUS & DEVELOP
CLASS
MENTAL HEALTH CARE AND SERVICES
CENTRE OF EXCELLENCE
TRUST
RESPECT
INTEGRITY
PEOPLE CENTRED CULTURE
GOVERNANCE & ACCOUNTABILITY
Tayside
10 HIGH IMPACT CHANGES
Mental Health LEADERSHIP
NCVS
COMMON
CHANGE Programme
TAYSIDE MENTAL HEALTH & WELLBEING NEEDS
Hospital Admissions
HEALTH & SOCIAL CARE SERVICES
LIFE EXPECTANCY
COMMUNITY
STRATEGY
Life Circumstances
Lifespan
HEALTH
ADULT MENTAL HEALTH & LEARNING DISABILITIES IN PATIENT REDESIGN
DATA AND INTELLIGENCE REVIEW
CASE for CHANGE
COMMUNITY
Prevention service
3rd Sector worker
Health Care worker
Community Worker
SUICIDE PREVENTION
See Me
End mental health discrimination
SERVICE S
STIGMA FREE TAYSIDE
MHW CAMPAIGN
EXPERT by EXPERIENCE
PUBLIC HEALTH PRIORITY #3
Tackle INEQUALITIES
Multi Generation
Action Plan
A Tayside where we have good mental wellbeing
RECRUIT & RETAIN
CAPABILITY TOOLKIT
GP
3rd Sector
Nurse
community worker
OUR TEAM
URGENT CARE
GET IT RIGHT 1ST time
JAN 2020
MAR
Engagement
JUN 1
Co-creation
JULY 31
LLC Submission
OCT
Draft Strategy
DEC
Publish
JAN 2021
Launch
MAR 2021
HICs Delivered
+3 Year Implementation
2024

Communications and Engagement
Stakeholder Group



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Communications and Engagement
Purpose of the meeting



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Listen Learn Change

NHS Tayside

ANGUS Health & Social Care Partnership

Dundee Health & Social Care Partnership

Perth and Kinross Health and Social Care Partnership