THE STATE HOSPITALS BOARD FOR SCOTLAND

MENTAL HEALTH PRACTICE STEERING GROUP

ANNUAL REPORT 2020

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Chairpersons' Foreword

As it was for all State Hospital patients and staff, 2020 was a very different year for the Mental Health Practice Steering Group (MHPSG). All members of the group were focused on supporting the organisation to maintain the safety and wellbeing of the patients and the workforce during the COVID-19 pandemic. Fortunately, well established systems of working meant the MHPSG was able to continue to carry out some if it's standard business (such as reviewing clinical guidelines and other ongoing audits) but larger project plans (including reviewing the CPA process) have not made as much progress as we would have liked. Inevitably, the MHPSG did not meet as regularly as previous years but the group members were in touch formally and informally regularly, often to offer support and thinking space as we have worked through the pandemic. This report reflects the challenges of 2020 but also contains cause for optimism for 2021 and how intend to progress key pieces of work for the State Hospital.

Dr Aileen Burnett and Dr Gordon Skilling

1 Governance Arrangements

1.1 Committee membership

The MHPSG is attended by a group of multi-disciplinary staff from across all disciplines working in the Hospital.

Membership in 2020 was:

Dr A Burnett, Consultant Forensic Clinical Psychologist (Co-Chair)
Dr G Skilling, Consultant Forensic Psychiatrist (Co-Chair)
Jamie Pitcairn, Research & Development Manager
Linda Reid, Senior Charge Nurse
Mhairi Ward, Senior Nurse in Nurse Practice Development
David Hamilton, Social Worker
Alex MacLean, Senior Charge Nurse
Pam Johnson, Occupational Therapist
Julie McGee, Clinical Effectiveness Coordinator
Patricia Cawthorne, Consultant Nurse in Psychological Therapies
Sandie Dickson, Person Centred Improvement Lead

Minute Secretary: Barbara Howat

Pam Johnson and Mhairi Ward have now left the group as both have moved on to a new posts out with TSH. We are grateful for their contribution to the work of the MHPSG and the wider hospital.

1.2 Role of the group

The main purpose of the MHPSG is to promote continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care. More specifically the remit includes:

- Promoting continuous improvement in the mental health of the patients, incorporating the highest standards of clinical care.
- Increasing the proportion of care that is evidence based or best practice and providing guidance on mental health interventions.
- Ensuring that clinical and non clinical staff have a voice in the redesign, development, planning and prioritisation of mental health services through the health planning process and the optimum allocation of resources to benefit patients.
- Monitoring and driving improvement in the effectiveness and efficiency of overall service delivery for mental health needs.
- Providing a forum for consultation, discussion and debate, drawing on expertise within and out-with the Hospital.
- Contributing to work streams emerging from stakeholder feedback.

2.3 Main objectives of the group

To establish and maintain systems to gather, assess and implement (where appropriate or required) evidence based and best practice guidance in mental health as published by NHS, Healthcare Improvement Scotland (HIS), NICE, Mental Welfare Commission (MWC) and other bodies, including:

- Standards (mandatory)
- Mental Health Strategy
- Clinical Outcome Measures
- Health Technology Assessments
- Safety Action Notices/Patient Safety Alerts
- SIGN Guidelines
- Best Practice Statements
- National audits
- NICE Technology Appraisals

- MWC Guidance and Investigations
- And NICE guidelines

- To prioritise and oversee a programme of clinical audit and clinical policy development, review and implement to enable the delivery of optimum care to patients.

- To deliver on specific pieces of mental health work commissioned by Clinical Governance Group.

Comparisons with Last Year's Future Areas of Work:

Future Area of Work	Update
Identify opportunities to support continuity of clinically relevant 2019 TSH3030 projects which are incomplete by end of November 2019.	MHPSG members who also attend the Quality Improvement Forum continue to offer support where barriers to completion offer an opportunity for the MHPSG to offer support.
Inform development of the implementation plan for the new Clinical Care Model.	Members of the group contributed to the development of the new Clinical Care Model, which was necessarily paused due to Covid 19.
Contribute to development of the new Carers' Policy.	The MHPSG have contributed to development of the 'Supporting Patient and Carer Communication Policy' which has been implemented.
Support Triangle of Care (ToC) assessment and contribute to work streams emerging from same.	Final cycle of ToC complete. Ongoing input from MHPSG throughout process. MHPSG members to be included in ratification process scheduled for Spring 2021.

2.4 Meeting frequency and dates met

Meetings are held monthly on the third Thursday of the month. In 2020, seven meetings took place. During the initial phase of the pandemic and introduction of the Interim Clinical Model, three meetings were not held. Subsequent meetings were held via MS Teams with two being cancelled due to not being quorate.

2.5 Activity

The activity of the group is largely based around key safe, effective, person-centred areas of service delivery in the context of reviewing and monitoring clinical practice within the Hospital; including Psychological Services input data; risk assessment completion; Relational Approaches to Care; Trauma Informed Care; Person centred improvement projects, Equality Outcomes; intelligence emerging from stakeholder feedback and trend reports.

2.5.1 Reviewing and monitoring of National Clinical Guidelines and Standards

Over the last 12-month period the MHPSG were involved in the review of 22 guidelines/ standards. 8 were deemed to be either not relevant or were covered by a similar guideline. Of the remaining 14 guidelines/standards, 13 of these had varying degrees of relevancy to mental health services within The State Hospital and were sent out for information purposes. Recommendation reviews were undertaken for the 1 remaining guideline/standard.

Guidelines/Standards Body	No. of publications reviewed by PHSG	No. applicable to TSH	Recommendation Review required
MWC	11	9	0
SPSO	3	3	0
NICE	8	2	1

The 1 guideline/standard that required a recommendation review was:

Guidelines / Standards Body	Title	Current situation
NICE	Rehabilitation for adults with complex psychosis	Pending agreement at MHPSG January 2021 meeting: 98% compliance reached with one action outstanding in relation to adherence to autism guidance. Work is currently ongoing to achieve adherence to autism guidance as per Action Plan (Appendix 1). An additional gap analysis was required re NICE guideline for ECT. 85% compliance achieved with 1 accepted variance

An Action Plan detailing work ongoing from outstanding recommendations is attached to this report (Appendix 1). There are currently 23 outstanding recommendations in relation to 9 previously completed gap analysis.

2.5.2 Psychological Services Data Monitoring

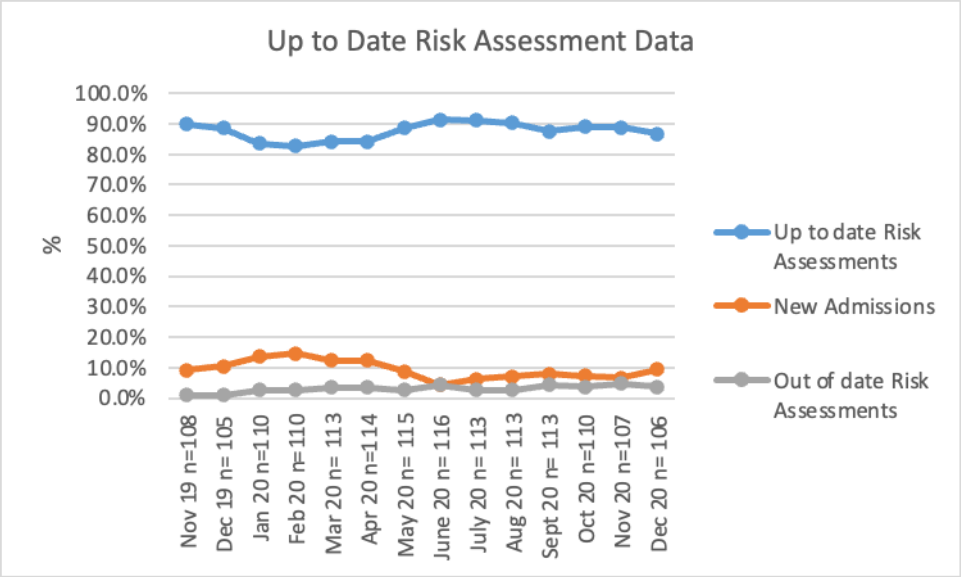
Each month the group reviews the following:

- Number of patients engaged in each type of psychological intervention
- Number of new referrals
- Number of patients engaged in psychological interventions by hub
- Number of group therapy sessions conducted and cancelled
- Number of ward talking group sessions conducted and cancelled
- Numbers of patients waiting for an intervention to start
- Numbers who have waited more than 18 weeks for an intervention to start.

Psychological Services was required to make substantial adjustments to service delivery during the pandemic. The hubs prioritised finishing psychological group work that had already commenced when lockdown started on an individual basis (or in small groups where there were patients in the same ward in the same group), whilst maintaining individual therapeutic work, and supporting patients not accessing either to access walks or other activity. Subsequently, some groups were delivered for patients who were referred to the same group and in the same ward (for example Making Healthy Changes for Mull 1 patients). Where there were not enough patients on the same ward for a group, decisions were made at the individual patient level about whether it was best to deliver that group intervention individually, to deliver a different intervention individually, or to wait until there was a way of getting such patients into a group. The department is currently exploring how to do virtual groups, with the hope of trying this out on low intensity interventions initially. Changes to the clinical model as a result of the pandemic have inevitably resulted in some patients waiting longer for some group interventions but patients should have continued to receive the most appropriate intervention available in the circumstances. There were no issues with the numbers of patients engaged in treatment, so whilst patients might not be doing the psychological work that was initially planned for them in 2020, they are engaging in psychological work.

2.5.3 Risk Assessment Completion

This information is collated by Health Records on a monthly basis and monitored by the MHPSG bi-annually.



The above graph shows that the completion of Risk Assessments is within control.

2.5.4 Relational Approaches to Care

Dr Aileen Burnett, Co-Chair of both MHPSG and RATC provides feedback about the work undertaken by RATC. The new workshop for existing staff on 'Essential Relational Aspects of Care' has been moved to online delivery, which will provide an advantage to increasing attendance at the training post pandemic. The booklet to complement the workshops is still underway but has been delayed as a result of group members taking on other tasks to support core clinical delivery during the interim model of care.

2.5.4 Trauma Informed Care

Mhairi Ward's departure from the organisation and the wider pull of the pandemic has altered the work of the TIC group, who have focussed on the current wellbeing of the workforce. Going forward, a replacement for Mhairi as co-lead of the group will need to be established and a to plan how to implement the Scottish Government's National Trauma Training Strategy.

2.5.6: Trend reports

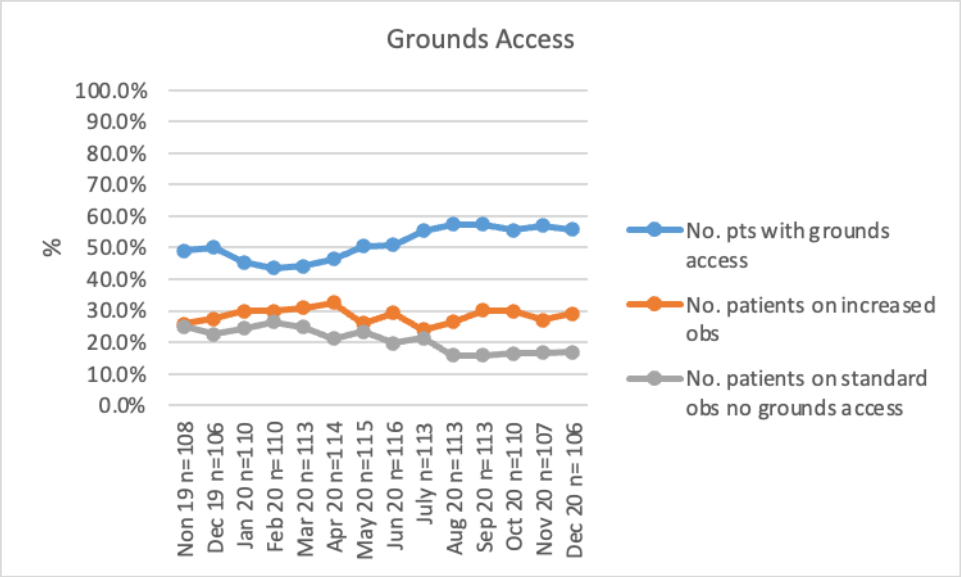
Trend reports are now monitored directly by the Clinical Governance Group.

2.5.7: Person Centred Improvement Projects, Equality Outcomes and Stakeholder Feedback

The MHPSG, through the Person Centred Improvement Lead (PCIL), receive feedback from stakeholders around direct experience of service delivery and opportunities to develop a more collaborative way of working with carers. The MHPSG are supporting work streams contributing to delivery of the Hospital's Equality Outcomes, specifically around enhancing involvement in the Care Programme Approach process.

2.5.8: Grounds Access

Grounds access is monitored by the group on a 6-monthly basis.



The graph above shows Grounds Access has improved since the onset of COVID-19 in March 20. The project to include the Grounds Access forms on RiO has been put on hold by Security. A new Grounds Access policy is due to be published in February 21 and at that time a full audit will be carried out to monitor the time from initiation of the process to the patient being granted access.

2.6 Governance arrangements

The group reports directly to the Clinical Governance Group every twelve months.

3 Key pieces of work undertaken during the year

3.1 Clinical Outcomes Monitoring Report

The MHPSG has continued the governance role for the Clinical Outcomes monitoring report and has reviewed and monitored the report for over 19/20 and 20/21. Throughout the ongoing pandemic there have been come problems in receiving all Outcomes data, but a full 12 month Outcomes report covering each quarter within 2020 is being developed for review by MHPSG. This will provide a view as to the impact of the pandemic on areas of Clinical Outcome, as well as being used to inform the ongoing development of the Clinical Outcomes monitoring process.

As noted in previous reports it has been difficult to actively engage Clinical teams in utilising the Clinical Outcomes monitoring process to inform practice. Subsequently, the MHPSG aims to develop a modified approach to Clinical Outcomes monitoring, with data being provided across multiple levels. The high level monitoring data will continue to be collated and monitored by MHPSG, but there will be increased focus on development of an outcomes data set tailored to the needs of front line staff within clinical teams. The MHPSG will consult with a wide range of staff groups to identify a range of data that Clinical teams see as useful, and that provides utility to the specific point at which the data will be used. Subsequently the ongoing development of the Outcomes Monitoring process will be directly linked to work reviewing both the CPA and CTM processes.

3.2 Motivation of new patients and ensuring positive engagement

The MHPSG has maintained “Motivation of New patients and ensuring Positive Engagement” as a standing agenda item and this is linked to a number of ongoing areas of work including the review of Grounds Access protocols. This data is reviewed on a 6 monthly basis as indicated within the plan of work. There has inevitably been a substantial impact on levels of patient activity generally in the context of the pandemic and the Interim Clinical Model.

3.3 Review of the CPA process

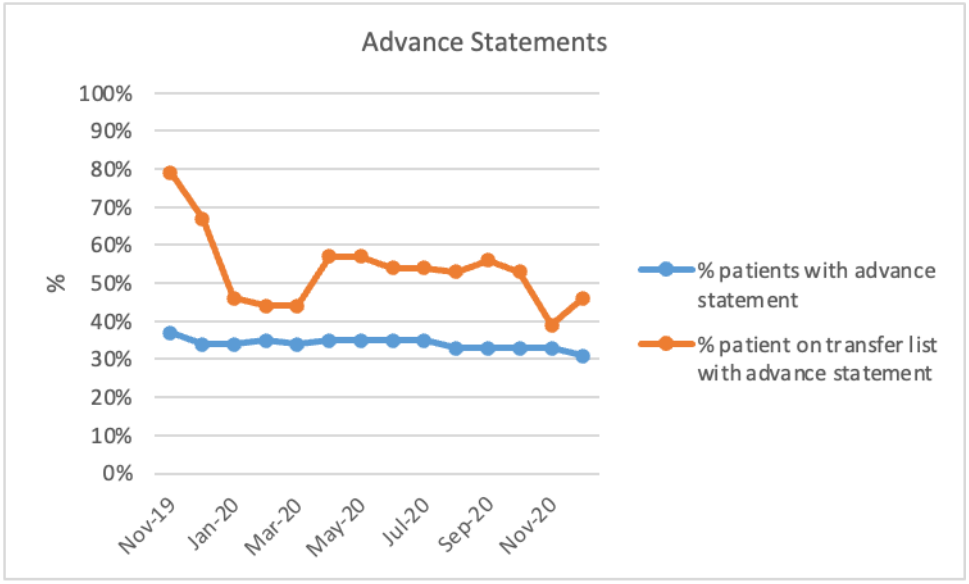
The MHPSG submitted a proposal to the Clinical Governance Group in June 2020 to review the CPA processes in TSH. The CGG supported the proposal. To date there has been limited

progress with this piece of work. A significant challenge has been devising the scope and specific aims of the review in the context of the pressures on the service during the pandemic. At the November meeting of the MHPSG, it was agreed we would process map the current CPA processes with a representative MDT to identify specific areas for improvement. We can then devise a strategy to progress specific improvement areas within the CPA process. It was felt we had sufficient internal feedback (including patient feedback) regarding the problems and challenges with the CPA process. This was helped by the broader consultation exercises that took place over the summer. There is likely to be further consultation required with external stakeholders.

The CPA review is also relevant to other initiatives within TSH including the Renewal and Recovery strategy, changes to the Clinical Model and Realistic Medicine. So aligning it with other projects will be important to ensure a consistent approach and avoid duplication.
We have not made as much progress as we would have liked with this piece of work but it remains a priority over the coming year for the MHPSG if supported by the CGG.

3.4 Advance Statements

Advance Statements are monitored by the group on a 6 monthly basis



The graph above shows a slight decrease in the percentage of patients with an Advance Statement. In addition there has been a decrease in the percentage of patients on the transfer list with an Advance Statement. The numbers refer to patients on the transfer list who are moving on to other hospital settings. The Patient's Advocacy Service has reported that the pandemic has had an impact on them working with patients on their Advance Statements.

In February 2019, the MHPSG oversaw a QI project to review and improve Advance Statement processes in TSH. The project included mapping the processes involved in making and reviewing Advance Statements and identified areas for improvement. Minor issues with recording and reporting between TSH and the Mental Welfare Commission were identified and remedied and the Advance Statement status was added to the front page of RiO. A questionnaire was developed to explore patients' understanding of Advance Statements. This piece of work remains outstanding.

3.5 Supporting the delivery of Realistic Medicine

Members of the MHPSG have been integral to the development of the State Hospital Realistic Medicine action plan. The Realistic Medicine action plan was developed in response to a request from Scottish Government, and was submitted to Scottish Government at the end of December 2020. The Scottish Government request for a live action plan also incorporated the offer of funding for a part time Realistic Medicine programme manager. The action plan covers a wide range of ongoing work within the hospital, identifies leads for these areas of work, and

defines a timescale for completion. The MHPSG will provide governance for the Realistic Medicine agenda, and monitor progress being made against the wide range of actions highlighted within the plan. Given this role, once appointed the Realistic Medicine Programme manager will be asked to join the MHPSG membership, and Realistic Medicine will be incorporated into the MHPSG plan of work. For further detail please see the State Hospital Realistic Medicine Action Plan 2020-2021.

4. Listening to Patients, Carers and Volunteers

The PCIL is the conduit for including feedback from patients, carers and volunteers, ensuring development of clinical practice takes account of 'What Matters' to these stakeholders in terms of their role as partners in supporting the recovery journey.

The MHPSG are actively engaged in supporting the Board's commitment to ensuring that clinical services are designed to address potential health inequalities, particularly in respect of health literacy. The PCIL provides advice and support to ensure that emerging work streams take account of the due regard to adopt a tailored approach to the delivery of care and treatment, enabling all patients to be meaningfully involved in objective planning and review of progress as part of the Care Programme Approach (CPA). The MHPSG have contributed to development of the 'Supporting Patient and Carer Communication Policy' implemented in 2019.

5. Key actions for 2021

The MHPSG will focus on the following two key areas of work over the next twelve months:

- Review and propose changes to the Care Programme Approach process
- Develop and test ways to increase the utility of clinical outcome measures for frontline staff

In addition, we will continue to overview and support as required:

- The Realistic Medicine action plan
- The development and implementation of the new Clinical Care Model

6. Next review date

The next review date for Clinical Governance Group is February 2022.

Appendix 1: MHPSG Guidelines and Standards Action Plan – Outstanding actions from previously completed gap analysis

Guideline & Outstanding Recommendation	Evidence Level	Person Responsible	Update (inc date)	Projected Completion Date
NICE 181 – Rehabilitation for adults with complex psychosis			Reviewed by:	
For people diagnosed with a coexisting autism spectrum disorder, follow recommendations in the NICE guideline on autism spectrum disorder in adults.		Dr Skilling/Dr Burnett	Practice will comply with Scottish guidance - MWC and SIGN. Compliance work currently ongoing via MHPSG (see SIGN 145 and MWC documentation.). Once this is achieved, this recommendations will be achieved.	December 2021
SIGN 145 – Assessment, diagnosis and interventions for autism spectrum disorders			Reviewed by Dr De Villiers & sub group – July 2020	
Instruments may be used for information gathering, but they should not be used to make or rule out a referral for an assessment for ASD.	R	Dr Kennedy	TSH Psychology is currently commissioning training for ADOS assessments. As per NICE and this guideline, these tools are helpful as part of assessment but do not make diagnoses. Multi-professional assessments and established diagnostic criteria need to be considered for each individual patient. 09/20 - The ADOS training is now being delivered online. In the last couple of months two members of the psychology department have been trained in ADOS with hopefully further staff being able to access the training. 12/20 – Further 2 clinical psychologists within the ID service are doing the ADOS training in February 2021 and then we will have enough psychologists trained within the hospital for the time being	December 2021
A diagnostic assessment, alongside a profile of the individual's strengths and weaknesses, carried out by a multidisciplinary team which has the skills and experience to undertake the assessments, should be considered as the optimum approach for individuals suspected of having ASD.	R	Dr Kennedy/ S Dunlop	2 members of staff currently DISCO trained with the ability to do assessments across hubs pending resource issues. Training needs across professional groups need to be identified and addressed. A significant proportion of patients with autism will be within the MI service (63%) and the ID service does not currently have the resources to provide assessments beyond this. 7/10 - Psychology is currently commissioning training for ADOS assessments. As per NICE and this guideline, these tools are helpful as part of assessment but do not make diagnoses. Multi-professional assessments and established diagnostic criteria need to be considered for each individual patient. The ADOS training is now being delivered online. In the last couple of months two members of the Psychology department have been trained in ADOS with hopefully further staff being able to access the training. 12/20 – Further 2 clinical psychologists within the ID service are doing the ADOS training in February 2021 and then we will have enough psychologists trained within the hospital for the time being	Person Responsible to populate
Healthcare professionals involved in specialist assessment should take an ASD-specific developmental history and should directly observe and assess the individual's social and communication skills and behaviour.	R	C Totten/Dr Kennedy/ Dr De Villiers	Partial compliance. OT and SALT will provide specialist communication and interaction skills assessment. The Royal College of Psychiatrists have an interview schedule that incorporates both patient and carer responses and ensures relevant information is obtained in a structured way when autism is being considered. Psychology will be included in the ASD specific developmental history and observations. 09/20 – Partial Compliance. Talking mats training has been designed face to face however has been paused due to COVID, plan was in place to deliver 3 courses in 2020. We are currently engaging with S Dunlop on how we may deliver training through a virtual platform, One member of staff has been trained as a trainer Work ongoing around when training can be arranged for this given the difficulties implementing the training due to the impact of Covid.	December 2021
Consider the use of a structured instrument to assist information gathering in the assessment of an individual with possible ASD.	R	C Totten/Dr Kennedy/ Dr De Villiers	ADOS would be valuable part of a comprehensive assessment plus detailed developmental history - 09/20 - Partial Compliance. Talking mats training has been designed face to face however has been paused due to COVID, plan was in place to deliver 3 courses in 2020. We are currently engaging with S Dunlop on how we may deliver training through a virtual platform, one member of staff has been trained as a trainer Work ongoing around when training can be arranged for this given the difficulties implementing the training due to the impact of Covid. 09/20 - The ADOS training is now being delivered online. In the last couple of months two members of the psychology department have been trained in ADOS with hopefully further staff being able to access the training. 12/20 – Further 2 clinical psychologists within the ID service are doing the ADOS training in February 2021 and then we will have enough psychologists trained within the hospital for the time being	December 2021
All professions and service providers working in the ASD	R	S Dunlop	Training in assessment and management of ASD is required and is an identified gap. Training strategy required. NES?	Person

field should review their training arrangements to ensure that staff have up-to-date knowledge and adequate skill levels.			7/10/20 – A new online learning module has been developed. This is currently in beta version and awaiting user testing and content review. The module will provide core basic education for all clinical staff within the hospital in relation to: • Causes, diagnosis and prevalence of autism. • Areas in which individuals with autism characteristically have difficulties. • Behaviours that are sometimes exhibited by individuals with autism. • How to communicate effectively with individuals on the autistic spectrum. • How to provide person centred support to individuals who have autism. The target timescale for launch of the module on the LearnPro platform is Dec 2020. As part of the 'Clinical Model' work stream, Glasgow Caledonian University has been commissioned to undertake a Training Needs Analysis and deliver a training and development programme for the intellectual disability service. Training in assessment and management of ASD will be included within this programme. This project is currently suspended due to COVID-19. The anticipated timescale for restart of this work is Dec 2020 (however this is a provisional date and will depend on community and local infection rates at that time).	Responsible to populate
Professionals should offer individuals, parents and carers good-quality written information and an opportunity to ask questions when sharing information about the individual with ASD.	R	Dr Kennedy / M Hay	Offered within the ID service though not sure about MMI patients. PCIS can be approached for assistance with this. SALT. 09/20- Accessible CPA process.	Summer 2021
MWC – Autism and complex care needs			Reviewed by Dr De Villiers & sub group – July 2020	
HS Boards should ensure that they are able to provide a comprehensive assessment and diagnosis for any person who may have autistic spectrum disorder, which meets the standard set by SIGN 145.		J Kerr/Dr Skilling/Dr Burnett	Pending achievement of outstanding recommendations as per gap analysis for SIGN 145	December 2021
The work of the Scottish Patient Safety Programme to reduce the use of restraint in mental illness settings should be extended to NHS and community services supporting autistic people with complex needs.		L Clarke	TSH works with the SPSP to reduce the risk of restraint however this does not take into consideration the impact of restraint on individuals with autism. For consideration to link with PMVA training.	Person Responsible to populate
NHS and community services should ensure that they have policies concerning restraint and seclusion affecting autistic people with complex needs which include consistent recording, feedback, and improvement plans to reduce their use over time.		L Clarke/A Connor	An important area which requires further addressing during new clinical model process and within review of the Clinical Engagement and Seclusion policies to allow the needs of people with autism to be considered. 11/20 - I have been unable to meet with A Connor regarding our action and am waiting on some information from my colleague in Rampton hospital (they have the whole of the ID service for High Secure services in England. Update pending.	Person Responsible to populate
NICE 11 – Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges			Reviewed by Dr Douds and S MacAlister - August 2015	
Ensure that any restrictive intervention is accompanied by a restrictive intervention reduction programme, as part of the long term behaviour support plan, to reduce the use of and need for restrictive interventions	B	Dr De Villiers, ID Task Force	The ID Task Force are working towards introducing Positive Behavioural Support as the model of care within the new Clinical Model. This approach, once fully implemented, will address the need for individual plans to reduce restrictive interventions and to enable the clinical team to understand and address challenging behaviour. 06/2020 - The ID taskforce was suspended as TSH adapted to COVID. My understanding is that the new clinical model work is suspended until at least next year – the issues are due to be addressed as part of that process.	Summer 2021
NICE 101 – Learning Disabilities: Behaviour that challenges			Reviewed by Dr De Villiers and J McQueen – October 2019	
People with a learning disability and behaviour that challenges have an initial assessment to identify possible triggers, environmental factors and function of the behaviour.		Dr De Villiers, ID Task Force	The ID Task Force are working towards introducing Positive Behavioural Support as the model of care within the new Clinical Model. This approach, once fully implemented, will address the need for individual plans to reduce restrictive interventions and to enable the clinical team to understand and address challenging behaviour. 06/2020 - The ID taskforce was suspended as TSH adapted to COVID. My understanding is that the new clinical model work is suspended until at least next year – the issues are due to be addressed as part of that process.	Summer 2021

NICE 10 – Violence and aggression: short term management in mental health, health and community settings			Reviewed by Dr Alcock, M Wright, L Clarke & Dr Ahmed: July 2015	
Ensure that the service user involved has the opportunity to discuss the incident in a supportive environment with a member of staff or an advocate or carer. Offer the service user the opportunity to write their perspective of the event in the notes	B	M Richards, SPSP Group	At the Patient Safety Steering Group held in February 2019 it was agreed that this will be picked up through strand 5 of the From Observation to Intervention guidance document that was published in January 2019. The State Hospital will have a local policy in place by July 2019. 01/10/19, 04/02/2020 – Ongoing work within Patient Safety Group to further develop debriefs. For inclusion within SCN Development programme which will commence before the end of this financial year (2019/2020). It has been agreed that there will be no opportunity for patients to write in notes – Mark Richards to review with NAHPAC and respond following question from MHPSG regarding rational for this decision. August 2019 - NAHPAC discussed and agreed that there are no issues regarding recording of patient input via staff inputting into progress notes and/or documents written by the patients being scanned into RiO	July 2019 Complete
Ensure that any other service users who may have seen or heard the incident are given the opportunity to discuss it so that they can understand what has happened	B	M Richards, SPSP Group	This will be delivered through the revised Observation Policy in response to the From Observation to Intervention Guidance. Jackie McQueen will ensure this is described within the revised policy. 01/10/19 –Ongoing work within Patient Safety Group to further develop debriefs. For inclusion within SCN Development programme which will commence before the end of this financial year (2019/2020). 10/07/2020 – work paused due to COVID-19. Revised date for delivery is October 2020.	July 2019
Ensure that all staff involved in the incident have the opportunity to discuss their experience with staff who were not involved	B	M Richards, SPSP Group	It was agreed that we do have a debrief component within the hospital but this is not consistent at the moment. This will be discussed as part of the revised Observation Policy in response to the From Observation to Intervention Guidance. The revised SCN development programme will be delivered in Summer 2019, and will include a focus on the delivery of debrief. 04/02/2020 - Ongoing work within Patient Safety Group to further develop debriefs. For inclusion within SCN Development programme which will commence before the end of this financial year (2019/2020). 10/07/2020 – work paused due to COVID-19. Revised date for delivery is October 2020.	July 2019 Summer 2019
Discuss the incident with service users, witnesses and staff involved only after they have recovered their composure and aim to: - Acknowledge the emotional responses to the incident and assess whether there is a need for emotional support for any trauma experienced - Promote relaxation and feelings of safety - Support a return to normal patterns of activity - Ensure that everyone involved in the service user's care, including their carer's, has been informed of the event, if the service user agrees. - Ensure that the necessary documentation has been completed	B	SPSP Group	It was agreed that we do have a debrief component within the hospital but this is not consistent at the moment. This will be discussed as part of the revised Observation Policy in response to the From Observation to Intervention Guidance. Clinical Pause had also been implemented with a RiO form in place. – Mark Richards to confirm that this has not been completed as Clinical Pause has not been implements across all wards/hubs. August 2019 - Clinical Pause has now been introduced across the site. It was agreed that although many of our staff join the hospital with the skills required, there may be some additional support required from Sandra Dunlop. Jackie McQueen will include Sandra in this piece of work. The revised SCN development programme will be delivered in Summer 2019, and will include a focus on the delivery of debrief. Work being progressed by Head of Psychological Services to set out proposed approach to supporting staff mental health and wellbeing. Report to be taken to SMT. 09/12/19 – SCN Development has been delayed and will be offered in early 2020. This will have a focus on supporting and promoting wellbeing, including immediate post incident support. This will be central to consistency of approach in this area. 04/02/2020 - SCN Development programme will commence before the end of this financial year (2019/2020). 10/07/2020 – work paused due to COVID-19. Revised date for delivery is October 2020.	July 2019 Complete Summer 2019 July 2019
NICE 116 – Post-traumatic Stress Disorder			Reviewed by: John Marshall, Jon Patrick, Amelia Cooper, Mhairi Ward, Lewis McKeown - August 2019	
1.1.1 Be aware that people with post-traumatic stress disorder (PTSD), including complex PTSD, may present with a range of symptoms associated with functional impairment, including: - re-experiencing		A Cooper – TIC Group	Partially achieved via Pre-admission assessment, admission history, formulation. Additional training required to increase wider staff awareness via Trauma Informed Care group (currently being developed in line with the NES Scottish Psychological Adversity and Trauma Training Plan) - links with TSH corporate training plan. 12/05/20 - Trauma informed level 1 training has been developed and is now delivered as part of the nursing induction training. Level 2	2021

- avoidance - hyperarousal (including hypervigilance, anger & irritability) - negative alterations in mood & thinking - emotional numbing - dissociation - emotional dysregulation - interpersonal difficulties or problems in relationships - negative self-perception (including feeling diminished, defeated or worthless).			(trauma informed) training has also been developed and a delivery plan of face-to-face training in the year 2020/2021 has been established. This training plan is currently on hold due to the current environmental changes resulting from the COVID-19 pandemic. An online trauma training module which meets the requirements outlined is available for staff to complete via TURAS. 06/2020 - The comments remain as per last month as the training is currently on hold. 08/2020 – Work ongoing to develop online training plan	
1.1.2 Be aware of traumatic events associated with the development of PTSD. These could be experiencing or witnessing single, repeated or multiple events & could include, for example: - serious accidents - physical & sexual assault - abuse, including childhood or domestic abuse - work-related exposure to trauma, including remote exposure - trauma related to serious health problems or childbirth experiences (for example, intensive care admission or neonatal death) - war & conflict - torture		A Cooper – TIC Group	Partially achieved via Pre-admission assessment, admission history, formulation. Additional training required to increase wider staff awareness via Trauma Informed Care group (currently being developed in line with the NES Scottish Psychological Adversity and Trauma Training Plan) - links with TSH corporate training plan. 12/05/20 - Trauma informed level 1 training has been developed and is now delivered as part of the nursing induction training. Level 2 (trauma informed) training has also been developed and a delivery plan of face-to-face training in the year 2020/2021 has been established. This training plan is currently on hold due to the current environmental changes resulting from the COVID-19 pandemic. An online trauma training module which meets the requirements outlined is available for staff to complete via TURAS. 06/2020 - The comments remain as per last month as the training is currently on hold. 08/2020 – Work ongoing to develop online training plan	2021
1.3.1 Promote access to services for people with PTSD by: - reassuring them that PTSD is a treatable condition - providing care that places a positive emphasis on the range of interventions offered & their likely benefits - ensuring that methods of access to services take into account the needs of specific - populations of people with PTSD, including migrants & asylum seekers, people who are homeless or not registered with a GP, looked-after children & young people, & preschool-aged children - minimising the need to move between different services or providers - providing multiple points of access to the service, including self-referral - establishing clear links to other care pathways, including for physical healthcare needs - offering flexible modes of delivery, such as text messages, email, telephone or video consultation, or care in non-clinical settings such as schools or offices - offering a choice of therapist that takes into account the person's trauma experience - for example they might prefer a specific gender of therapist - using proactive person-centred strategies to promote uptake & sustained engagement - assessing the need for further treatment or support for people who have not benefited fully from treatment or have relapsed.		A Cooper – TIC Group	Partial applicability. Links with training need to increase awareness 12/05/20 - Trauma informed level 1 training has been developed and is now delivered as part of the nursing induction training. Level 2 (trauma informed) training has also been developed and a delivery plan of face-to-face training in the year 2020/2021 has been established. This training plan is currently on hold due to the current environmental changes resulting from the COVID-19 pandemic. An online trauma training module which meets the requirements outlined is available for staff to complete via TURAS. 06/2020 - The comments remain as per last month as the training is currently on hold. 08/2020 – Work ongoing to develop online training plan	2021
1.4.4 Be aware of the risk of continued exposure to trauma-inducing environments. Avoid exposing people to triggers		A Cooper – TIC Group	Need for staff training to increase awareness. This will be included in Trauma training which is being developed. Consideration would be given when and where possible.	2021

that could worsen their symptoms or stop them from engaging with treatment, for example, assessing or treating people in noisy or restricted environments, placing them in a noisy inpatient ward, or restraining them.			12/05/20 - Trauma informed level 1 training has been developed and is now delivered as part of the nursing induction training. Level 2 (trauma informed) training has also been developed and a delivery plan of face-to-face training in the year 2020/2021 has been established. This training plan is currently on hold due to the current environmental changes resulting from the COVID-19 pandemic. An online trauma training module which meets the requirements outlined is available for staff to complete via TURAS. 06/2020 - The comments remain as per last month as the training is currently on hold. 08/2020 – Work ongoing to develop online training plan	
1.5.1 Pay particular attention to identifying people with PTSD in working or living environments where there may be cultural challenges to recognising the psychological consequences of trauma		A Cooper – TIC Group	More work needed by Trauma Informed Care group re staff training 12/05/20 - Trauma informed level 1 training has been developed and is now delivered as part of the nursing induction training. Level 2 (trauma informed) training has also been developed and a delivery plan of face-to-face training in the year 2020/2021 has been established. This training plan is currently on hold due to the current environmental changes resulting from the COVID-19 pandemic. An online trauma training module which meets the requirements outlined is available for staff to complete via TURAS. 06/2020 - The comments remain as per last month as the training is currently on hold. 08/2020 – Work ongoing to develop online training plan	2021
MWC – Person Centred Care Plans: Good Practice Guide			Reviewed by: MHPSG - November 2019	
Display a method of having the person sign/agree their care plan and indicators of ownership.		J Clark/L McCafferty	Patient feedback incorporated within CPA document. Further work required around other care plans. 09/20 - Care plan work has resumed. Have met with M Richards to discuss IOP which will be reviewed by SPSP initially. On track to have patient-led care plan on RIO by the end of the year. 11/20 - MR has caught sight of patient care plan (as part of IOP) and we will put the policy out for Consultation at start of next year.	April 2021
Royal College of Psychiatrists – Personality Disorder in Scotland: Raising awareness, raising expectations, raising hope			Reviewed by: MHPSG - December 2019	
The trauma-informed principles of choice, collaboration, trust, empowerment and safety overlap significantly with the core approach being described in this document in relation to people with a diagnosis of personality disorder.		A Polnay – RATC Group A Cooper – TIC Group	Jan 2020 - A new workshop, "Essential Relational Aspects of Care" is being delivered to existing staff. There is also a session on interpersonal dynamics and personality disorder that members of the RATC deliver as part of the nursing induction programme. The Policy "Reflective Practice Groups for the multi-disciplinary team" has now been approved and is also relevant to this area. Relational Approaches to Care. NES Training to increase wider staff awareness via TIC group. NES Trauma Informed Care organisational checklist. Partial compliance but unaware of full compliance as yet.	Partial achievement - June 2020

MHPSG - Guidelines and Standards Action Plan – Achieved actions from previously completed gap analysis

NICE – Psychosis with coexisting substance misuse: Assessment and management in adults and young people		Date reviewed at MHPSG: 21/11/2019	
Biological or physical tests for substance use (such as blood & urine tests or hair analysis) may be useful in the assessment, treatment & management of substance misuse for adults & young people with psychosis. However, this should be agreed with the person first a part of their care plan. Do not use biological or physical tests in routine screening for substance misuse in adults & young people with psychosis.		TSH security procedures supersede this recommended action therefore only partial compliance achieved. Note wording. Testing in integral to TSH setting. As all patients are classed as Specified Persons under the Act they are party to restrictions and screening procedures.	Accepted variance 21/11/2019
Scotland's Dementia Strategy		Reviewed by Gordon Skilling: April 2018	
We will support implementation of NHS Health Scotland's report recommendations on dementia and equalities	S Dickson	All aspects of NHS Health Scotland's report achieved with the exception of having clear diagnostic pathways. Staff are aware of what the process is however this cannot be evidenced. This will be addressed upon the appointment of the new Practice Nurse within the Health Centre.	Partially achieved, partial accepted variance December 2019
MWC – Person Centred Care Plans: Good Practice Guide		Reviewed by: MHPSG - November 2019	
Be accessible in a format that is meaningful to the person e.g. use pictures where these would help understanding, increase size of font for those with poor vision; have two versions of the care plan, one for the formal record & another that is tailored for the individual's own use.	S Dickson	The accessible CPA documents are now in use with the Intellectual Disability (ID) group and process regularly reviewed at the ID meetings. Pre-admission Specific Needs Form is highlighting patients who have barriers to communication including language & sensory impairment, followed up by the Person Centred Improvement Lead with Clinical Teams.	Achieved December 2019
SIGN 145 – Assessment, diagnosis and interventions for autism spectrum disorders		Reviewed by Dr De Villiers & sub group – July 2020	
Interventions to support communicative understanding and expression in individuals with ASD, such as the Picture Exchange Communication System and the use of environmental visual supports (eg in the form of pictures or objects), should be considered.	C Totten	SALT input is invaluable and will inform how other professionals/clinicians interact with the person. Implementation of talking mat training has been proposed 09/20 - Talking mats training has been designed face to face however has been paused due to COVID, plan was in place to deliver 3 courses in 2020. We are currently engaging with S Dunlop on how we may deliver training through a virtual platform, One member of staff has been trained as a trainer. Communication guidelines and 'all about me' passports are in place to support patients and staff. Visual supports are used for CPA meetings and social stories developed as required.	Achieved September 2020
The use of the Autism Spectrum Quotient-10 instrument may be considered to help identify adults with possible ASD capable of self-completing the instrument, who should be referred for assessment.	Dr De Villiers	Consideration should be given to the indicators of ASD (See SIGN Annex 2) when assessing newly admitted patients to inform whether we should consider an ASD assessment. The AQ10 should also be considered as part of patient assessment in those patients able to self complete. If the person scores above the screening cut off the more detailed assessment is indicated 09/2020 – RMO's can seek advice from specialist Consultant Psychiatrist if unclear on assessment for ASD	Completed – September 2020
Where clinically relevant, the need for the following should be reviewed for all individuals with ASD: - examination of physical status, with particular attention to neurological and dysmorphic features - chromosomal microarray - examination of audiological status - investigations to rule out recognised aetiologies of ASD (eg tuberous sclerosis).	Dr De Villiers	Psychiatrists need to consider these investigations as well as considering Foetal Alcohol Spectrum Disorder 09/2020 Advice available from specialist Consultant Psychiatrist to RMO's when assessing individuals for ASD	Completed - September 2020

Appendix 2: Mental Health Practice Steering Group –Plan of Work – Oct 2019 to Sept 2020

Reporting	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Named Person Audit					✓						✓	
Advance Statement			✓						✓			
*1 Re-admission to hospital within 6 months				✓								
Monitoring of Core Outcome Scores for Psychological Therapies – Clinical Outcome Measures Report		✓			✓			✓			✓	
Grounds Access					✓						✓	
*2 Fresh Air Monitoring												
*3 DRAMS		✓			✓			✓			✓	
*4 Patients on long term enhanced observations												
Risk Assessment completion					✓						✓	
PTS figures					✓						✓	
*5 Motivation of new patients and ensuring positive engagement					✓						✓	
Review Role and Remit & Membership											✓	
Realistic Medicine Action Plan Review			✓			✓			✓			✓