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Richard Leonard MSP  
Convener  
Public Audit Committee

Date 17 February 2026  
Your Ref  
Our Ref NC/JD/kc Leonard R 1702

Sent by email:  
[publicaudit.committee@parliament.scot](mailto:publicaudit.committee@parliament.scot)

Dear Mr Leonard

### **NHS Tayside Response to Public Audit Committee**

Thank you for your letter of 27 January 2026 on behalf of the Public Audit Committee following the evidence session by the Auditor General for Scotland on 10 December 2025.

Audit Scotland has been tracking progress of the Mental Health and Learning Disability (MHL) Whole System Change Programme over the last two years. Although the Auditor General brought to Parliament's attention NHS Tayside's progress in improving mental health services, he also outlined substantial issues and challenges remaining which were shared with NHS Tayside in a draft report in June 2025.

I can confirm that the Board accepted the key messages and conclusions of the Auditor General's report in full. The report has, in fact, acted as a powerful catalyst for change for MHL services in Tayside and brought increased pace to deliver the key programmes which will support improved mental health and learning disabilities services for the people of Tayside.

On receipt of the Audit Scotland findings in June 2025, NHS Tayside initiated a diagnostic assessment to identify the current position with all MHL services and the issues which were impacting on the pace and scale of progress.

A key finding of the diagnostic was that the Whole System Mental Health Change Programme (WSCP) did not cover all MHL services across Tayside. In reality, the WSCP covered two key areas: the Adult Mental Health Model of Care and the Learning Disabilities Inpatient Transition, both of which were limited to adult care. Although work on both of these programmes was progressing, it was found that there were gaps in how the other models of care relating to MHL are aligned and strategically driven to be able to deliver a unified system.



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Chair, Carole Wilkinson  
Chief Executive, Nicky Connor

## **NHS Tayside commitment to new direction of travel for MHL**

Therefore, in July 2025, NHS Tayside launched its Call to Action: One Vision, One Strategy, One Service to unify mental health and learning disability services under a single integrated structure.

This approach prioritises four key drivers to deliver the systematic change needed:

1. A clear strategic intent
2. Improved organisational structures and organisation design
3. Robust governance and valuing integration
4. Enhanced accountability to enable transformation at scale and pace

The Board had already agreed a formal Corporate Objective for 2025/26 in April 2025 focusing on integrating mental health and learning disability services to shape a different kind of future approach for MHL in Tayside.

They had recognised that there was a lack of clarity as to how the complex governance structures were able to support service improvement and had therefore set an objective to answer the question of whether there was a different, better way to organise MHL services. This was with the aim of delivering a wholly integrated system which would address the complexity of services, which continues to cause confusion and can seem fragmented to patients, service users and staff.

The findings of the Audit Scotland report served to refocus the Corporate Objective and, as a direct result, the Board directed a new strategic approach to deliver a true, whole-system unified mental health and learning disabilities service for Tayside.

This direction of travel has progressed to a plan of actions and deliverables since June 2025 in a MHL Medium-Term Delivery Plan. To ensure ongoing pace of delivery, shared problem-solving and a common purpose to deliver a medium-term plan at pace, an Enhanced Monitoring and Scrutiny Executive group, chaired by the Chief Executive, has been established to drive progress. The MHL Progress report June 2025 to February 2026 is provided to the Committee with full details of the work which has been undertaken and delivery to date.

## **Responses for the Committee**

The Committee has asked for specific responses to a number of questions. Please find the information requested below:

### **1. What progress has been made with developing and signing off the new, reduced scope WSCP (the models of care) and developing clear costed plans to implement it?**

The Whole System Change Programme was reprioritised to include the Adult Model of Care and the Inpatient Learning Disability Transition Programme. This response pertains to the Adult Model of Care programme (Question 2 response focuses on the Learning Disability Inpatient Transition to a single site).

The Model of Care for General Adult Psychiatry has been subject to extensive stakeholder engagement since October 2025 with focused input from those with lived and living experience, staff and partners. The response to the model has been very positive, with strong agreement on the direction of travel and a focus on shared learning and outcome measures.

The Model of Care has been presented to NHS Tayside Board (Dec 2025) and all three Integration Joint Boards (October 2025) and regular updates will be provided to all four Boards moving forward.

NHS Tayside is working in partnership with Stepped Care Solutions who are providing support in implementing the system transformation to deliver the new model of care with change management expertise and capacity-building. The work to start the implementation of the model is rooted in co-design principles and this includes training for people with lived experience to co-facilitate engagement sessions. A communications and engagement plan will also be co-designed.

The approach includes a phased roadmap to ensure readiness, stakeholder engagement, and sustainable delivery. Phase 1 (Building Readiness) will complete in April 2026.

The deliverables include:

- Core components linked to outcomes
- Readiness and needs assessment
- Governance and implementation structure
- Capacity-building workshops

The next phase will include a co-developed, detailed two-year implementation plan, communication and engagement strategy and evaluation and performance improvement plan.

**Expected Outcomes:** For the Adult Model of Care, a focus on the quality of care provided (accommodation, pathways, community placement) will introduce a level of efficiency to service delivery and reduce costs overall.

A clear priority for the services is to ensure they work within the financial envelope available for MHLD services and that the services in the first instance work towards financial balance. It is also a priority to enable the shift in the balance of care towards community-based services.

The Financial Framework will evolve however the 2024/25 mental health budget for NHS Tayside was £112.6 million covering Psychiatry of Old Age (POA), General Adult Psychiatry (GAP), Learning Disabilities (LD) and Substance Use. At this stage, the financial framework focuses on General Adult Psychiatry (£65.0 million) and Learning Disabilities (£11.9 million).

This work will continue to evolve as the models develop and the opportunity to drive a more efficient approach is realised from having a single MHLD service which will reduce duplication. Work has been ongoing with NHS Tayside and the IJBs to develop a Financial Framework for whole system programmes of work. The drive to reduce delayed discharges in the system and make the shift to community-based models of care brings more sustainable services, as well as ensuring people are in the right place getting the right care and support.

The process of developing costed plans commenced with the Board's 2025/26 Financial Plan, which was approved by the Board and Scottish Government in March/April 2025. This plan identified a financial earmark to cover the costs of implementation and/or bridging costs, based on high level projections at the time.

Costs have since become more detailed, having been refined throughout the course of the year as service plans develop and the level of certainty increases, however outcomes expected are:

- Operational improvements in 2025/26 have already reversed rising cost trends, reducing the projected inpatient overspend for Adult Model of Care (GAP) by £0.4 million. Once fully implemented, this model is projected to reduce costs by £3.3 million per annum, bringing the service within its recurring budget.

**2. What progress has been made with developing a clear plan with timescales and costs for the move to a single site at Murray Royal Hospital?**

As set out in the response to Question 1, the Whole System Change Programme was reprioritised to deliver two substantial transformation programmes for MHLA in Tayside. The LD transition to a single site at Murray Royal Hospital is one of the programmes being delivered to provide modern, patient-centred environments of care for our patients.

Many of the LD patients in our inpatient facilities in Strathmartine Hospital and Carseview Learning Disability Assessment Unit have experienced significantly long delays in hospital of many years and therefore the Board has focused on delivering the transition programme for inpatients to a better care environment, as well as tackling delayed discharges in 2025/26 (Progress with discharges for patients experiencing delays will be addressed in the response to Question 4).

The Chief Executive's Team agreed a phased approach for the commencement of the transition of LD inpatient services to the Murray Royal site.

**Phase 1:** The Learning Disability and Assessment Unit (LDAU) at Carseview will relocate to the vacant Rannoch Ward at Murray Royal Hospital. This is in line with the original 2018 decision for a single site for inpatients made by Perth & Kinross IJB. All works are now complete and first patients will move by the end of March 2026.

**Phase 2:** Flat 1 at Strathmartine will relocate to the vacant Faskally Ward at Rohallion at Murray Royal. The 10-bed ward provides a significantly enhanced environment for inpatients currently in Strathmartine. This is also in line with the original decision to move LD services to the low secure forensic ward at Rohallion. This work is progressing and transition plans are developed for all patients who will move to the new accommodation in April 2026.

**Phases 3:** The Chief Officers of Angus, Dundee and Perth & Kinross Health & Social Care Partnerships are developing plans for existing delayed discharges within the Behavioural Support Intervention Unit at Strathmartine to be supported by model of care in alternative community environment.

**Phase 4:** On approval of the Phase III plan, it is anticipated the community model will be implemented by December 2026. (Question 4 response details the progress to date of Phases 3 and 4).

**LD Transition progress on costings:**

- Workforce: The conclusion of the staff engagement process in the week beginning 16 February 2026, will allow workforce plans to be finalised and costed and any double

running costs to be identified. The impact on supplementary costs will be confirmed based on substantive staffing levels. Potential costs of travel/transporting staff can be confirmed following completion of the staff engagement process.

- Environmental Upgrades: Upgrades to Murray Royal Hospital accommodation are complete and significantly below planned costs, at £110,000.
- Property costs: There is a reduction in costs as the MRH costs will be absorbed within the unitary charge paid by the Board. The impact on lifecycle costs are to be assessed.
- Community models of care: The impact on the costs of community models of care will be further assessed through Phases 3 and 4 of the plan, which are due to be implemented by December 2026.

**Expected Outcomes:** For the LD Transition, a focus on the quality of care provided (accommodation, pathways, community placement) will introduce a level of efficiency to service delivery and reduce costs overall. Outcomes expected are:

- Learning Disability (LD) Transition: Operational improvements in LD services are projected to reduce overspends by £0.2 million in 2025/26. The financial framework for LD supports a £2.0 million shift from inpatient to community care which is expected to reduce the overspend by a further £0.7 million.
- Estate Rationalisation: By reducing the use of high-risk properties and transitioning the Inpatient LD service at Strathmartine to MRH, the Board expects to improve cost-effectiveness and reduce infrastructure-related financial risks.
- Value-Based Care: The introduction of a balanced scorecard by April 2026 will triangulate financial data with quality, performance and staff data to ensure decision-making supports a system in balance across the quadruple aim.

A detailed costed plan for the full programme of work encompassing both the Adult Model of Care and the LD Inpatient Transition Programme up to December 2026 will be presented to the Board's Performance and Resources Committee in April 2026.

### **3. The extent to which engagement with patients, families, carers, staff and their trade unions is influencing decision making on the progress of the WSCP and the move to Murray Royal Hospitals and how this is being transparently shared.**

Engagement with patients, families, carers, advocates, staff and trade unions has been a key feature of both the models of care which the WSCP was progressing. A co-production approach has been embedded across all of the change programme workstreams.

#### **Co-production with patients, families, carers, people with lived experience**

The views of people with lived experience, families and carers are incorporated throughout all aspects of our service design. We are committed to sustaining the enhanced approach to co-production across all mental health and wellbeing services and can demonstrate this throughout the change programme to date.

The Programme Board for the Models of Care for Adult Mental Health and Learning Disability has:

- Two staff side representatives
- Four living experience representatives (three from Stakeholder Participation Group set up by Dr Strang as part of his Independent Review and one from Angus Voice)

The Programme Board includes membership from senior staff across NHS Tayside and the three HSCPs, as well as the Stakeholder Participation Group. They meet regularly to oversee the design and development of the Model of Care for Adult Mental Health, as well as undertaking a period of wider consultation with all stakeholders. The MHL D Programme Board will oversee the conclusions of the consultation and engagement currently under way, followed by the development of a robust implementation plan. They will then oversee the implementation of the Model of Care for Adult Mental Health.

**Working in Partnership with the V&A in Dundee:** A partnership which brought expert design methodology to the workstreams bringing senior managers, frontline staff, staff side representatives, families, people with lived experience, commissioners and care providers together delivered co-produced prototypes to take forward the vision for MHL D in Tayside.

**The Model of Care Steering Group** for adult mental health was established and includes a wider membership with three staff side representatives, independent advocacy groups from each of the three local authority areas and two living experience representatives. This steering group was tasked with co-producing a new model of care for general adult mental health for 2025–2030 which will transform mental health care. Rooted in human rights, person-centred practice and national strategic priorities, this model aims to deliver safe, effective and equitable mental health support for all adults across Tayside.

**Wider Stakeholder Engagement:** Presentations on the Adult Model of Care have been shared across a wide range of groups/meetings with third-sector stakeholder membership, as well as patients/service users and family representation. Twenty-nine engagement events took place between October and December 2025 with 433 stakeholders taking part. Feedback was reviewed, summarised and shared with the Programme Board to shape its future plans.

**Learning Disability Inpatient Transition Engagement:** A key workstream of the programme is the patient and family and carers workstream which also has representation from independent advocacy groups to ensure the voices of inpatients are heard. Patients and their families and carers have been participating in engagement sessions, including workshops from February 2025 to date and have had input to the new clinical environment at MRH.

**Public information on website:** NHS Tayside website now has co-created content supported by lived experience stakeholder members of the MHL D Programme Board. This includes patient leaflets supported by stakeholders. Stakeholder views on providing helpful, easy to understand and meaningful information has been listened to carefully and supports an open-ended survey/dialogue with the public.

**Share and Care Together (SACT):** This is a prototype initiative supported by community development and engagement staff with living experienced service users leading developments. SACT aims to create change in MHL D services in Tayside through codesign and creating a feedback loop. The group went on a Listening Tour across Tayside in Autumn 2025 with more than 25 community engagement opportunities across Tayside. The programme supports a part-time coordinator and they presented their journey and findings to the Programme Board in December 2025 to further shape the future of MHL D services in Tayside.

### **Stakeholder engagement and participation with our staff**

Papers and presentations on the Model of Care have been shared at 31 staff stakeholder meetings across Tayside since September 2025.

Collaborative Conversations Sessions are providing staff working in mental health services with opportunities to share their experiences, offer feedback on service design ideas and highlight what matters most in their daily roles. To start engagement with staff on the Model of Care and gather feedback, 15 sessions have taken place since September 2025. Further sessions for 2026 are now being planned to roll out the collaborative conversations to a broader range of community-based staff and people working in the third sector.

As set out in response to Question 1, NHS Tayside has contracted the support and expertise of an external implementation provider, Stepped Care Solutions (SCS), to support pre-implementation activities that ensure readiness for change, as well as co-developing a detailed implementation plan for the new Adult Model of Care. Their role includes leading a readiness and needs assessment, developing and supporting further communications and engagement plans, and delivering targeted workshops to build understanding, capability, and confidence across staff, patients, families and partners.

Two large-scale Design Accelerator events were held over 2024/25, followed in 2025 with five Model of Care development workshops attended by the Model of Care Steering group. Additionally, a number of stakeholders, including people with living experience and third sector providers, visited other NHS partners to understand how the community model has been applied and trialled in other areas, including Birmingham and London.

In November 2025, there was a Learning Workshop with the Mental Welfare Commission, Scottish Government, Stakeholders and Care Providers, Including Stakeholder Participation Group members and IJB and Board Champions. There were presentations from a charity foundation, exemplar from Triest in Italy and learning from the site visits to explore the pathfinder areas in Birmingham and East London. These insights are forming and shaping the future direction of travel in Tayside.

In Learning Disabilities services, there has been ongoing engagement with staff and their staffside and trade union representatives to work through the moves to Murray Royal Hospital following the NHS Scotland Organisational Change policy. A staff FAQ is updated to ensure staff can stay fully informed of the next steps in the programme and there are regular staff drop-in engagement sessions. Formal one-to-ones are being completed as part of the programme to move with the Board committed to ensuring that arrangements are in place for staff to make a transition of working environment in the best way for them.

#### **4. What progress has been made in identifying and commissioning community provision for patients with learning disabilities who are experiencing long term delayed discharges?**

##### **Long-term Delayed Discharges Progress**

Over the course of the year, NHS Tayside has made significant progress in reducing long-term LD inpatient delays in both Strathmartine and Carseview. Many patients in both units have experienced extremely long periods in delay due to the complex nature of their care needs and the requirement for specialist accommodation with bespoke care packages to ensure they can be supported to live in a community setting looked after by multiple support partners.

Addressing these long delays is a specific priority for NHS Tayside and its three Health and Social Care Partnerships in 2025/26. The approval to implement a phased transition to a new model of care for learning disability patients has supported a shift in the balance of care from inpatient to community care. There was agreement to move forward with a financial framework which supports a shift of £2.0 million from inpatient to community care, enabling community placements and meeting the needs for people experiencing delays. This has been augmented by £700,000 funding from Scottish Government in 2025/26 to Perth and Kinross IJB specifically for long-term delayed patients.

The current position is:

- At 16 February 2026, there is a total of 20 LD inpatients in LDAU Carseview (9 patients) and Strathmartine Hospital (11).
- Of the 20 patients, 11 people are experiencing delay.
- There are planned dates for discharge in place for 10 of these delayed individuals to secure a successful discharge.
- 6 discharges are planned by the end of March 2026.
- By December 2026, a further 4 patients are scheduled to be discharged.
- All of these patients have complex needs and require specialist accommodation and support and care packages.

### **Discharge models**

The Perth & Kinross approach includes the establishment of a multi-disciplinary community team (SCOPE), the build of three core and cluster bespoke accommodation units with a design based on UK best practice, and bespoke commissioning arrangements for each person with experienced and skilled social care providers based on individualised care requirements. Successful discharge planning is dependent on identifying the care provider at an early stage and ensuring that all professional staff, care providers, family, and each patient is fully involved.

Dundee HSCP has adopted a similar approach and has adapted a property in the community and commissioned a trusted provider to secure a discharge for a patient experiencing a long-term delay. The extent to which the family, the individual and the care provider have been involved in co-producing the plans for discharge has been instrumental in realising a community option for an individual with complex needs.

Angus, Dundee and Perth and Kinross HSCPs and NHS Tayside are working collaboratively to develop a community model for people with complex learning disabilities with a focus on developing an intensive support service and a step-down provision for individuals who are significantly delayed in hospital.

This model is now in the advanced stages of development and will mean that the inpatient facilities provided in Strathmartine BSIU will no longer be required by any HSCP across Tayside (the BSIU primarily provides inpatient care for people with complex needs who have spent long periods of time in a hospital environment when they no longer require inpatient care and treatment).

### **Step-Up and Step-Down Provision**

This service will provide necessary support for individuals leaving hospital and ensuring the transition to the community is well planned, individually tailored and sustainable.



It will also provide step up support in the event of crisis within a care placement to avoid the necessity for inpatient care. This facility is for a finite period of time to allow the delivery of intensive, focused support and to minimise disruption.

The accommodation model is currently being explored, and the benefits and challenges are being considered of it being a registered residential facility or supported accommodation with individual tenancies. A suitable site for an accommodation model has been identified in Forfar. The Care Inspectorate will determine the requirements for care home registration. Housing services are carrying out a feasibility for individual tenancy or occupancy agreements.

Current planning is to provide for between four and six individuals with timeline below:

Activity	Timescale
Completion of service delivery model	<b>End of March 2026</b>
Sharing and consultation of service model	<b>April 2026</b>
Development of staffing model and costings	<b>May- June 2026</b>
Tender documents to be drafted and tenders issued	<b>June 2026</b>
Implementation of Model	<b>Dec 2026</b>

### **Alliance Commissioning**

A key factor in achieving positive long-term change is the availability of appropriate placements, to this end collaborative commissioning models are also being explored on a Tayside-wide basis. This will support a more cost effective and efficient model utilising appropriate and trusted providers, to the benefit of all.

### **The Tayside Additional Care Service (TACS)**

TACS will be a Tayside wide multi-disciplinary service supporting those with a learning disability and co-morbid conditions such as autism, whose needs are complex and where sustaining care in the community can be difficult.

The team will work closely with the learning disability social work and local community health teams who work across the HSCPs.

The service will be divided into two elements, broadly reactive and preventative, thus providing a flexible and agile response to emerging crisis as well as a supportive role offering training/learning and skill development within care teams, targeting resources where required. Relationships will be built locally to better understand emerging need. Due to the central location of Dundee locality within Tayside it would be recommended that the team base be located within Dundee with access to satellite bases in Perth and Kinross and Angus.

The Current timeframe for TACS is as follows:

Activity	Timescale
Completion of final draft of service model	<b>End of February 2026</b>
Sharing and consultation of service model	<b>March 2026</b>
Development of staffing model and costings	<b>April-May 2026</b>
Model agreed and approved	<b>June 2026</b>
Implementation of Model	<b>July-Dec 2026</b>

**5. How progress of the WSCP is being measured and transparently reported in public**

**Transparency and public reporting**

Alongside the direct public engagement detailed in the response to Question 3, the transparency of reporting publicly to build confidence and be accountable for performance is a key aspect of the transformation of MHL D services in Tayside.

This is being addressed through a range of actions, including:

- The 2025/26 NHS Tayside Board Corporate Objective for Mental Health and Learning Disability has reported quarterly through Clinical Governance Committee and Tayside NHS Board in public.
- There have been regular reports to the Board via Audit and Risk Committee and Clinical Governance Committee and also Board development sessions. Some of these have been in reserved business as they related to the Audit Findings which had not yet been laid before the Scottish Parliament. Some have been in open session through Chair's Assurance Reports and minutes from committees reporting to Board. On 18 December an update on the Medium-Term Plan was presented to the Board in public business. A further public update will be presented at the Board in February 2026.
- There have been regular meetings and updates with MP/MSPs all of which have Mental Health on the agenda. Two dedicated MHL D sessions for elected members in December 2025 and January 2026 offered a special single item briefing on Mental Health and Learning Disability Services and the NHS Tayside Response to the Audit Scotland Section 22 report. There have also been site visits by MSPs to Strathmartine and Murray Royal Hospital.
- The Adult Model of Care work includes an intense programme of stakeholder engagement which is currently ongoing. As set out previously, Stepped Care Solutions have been commissioned to support the development of an implementation plan for the model of care. A decision-making group and project team was established in January 2026 and work to date has focused on readiness for change and the development of core component portfolios to support engagement across localities. A communication and engagement group is being established to support wider communications. This work continues to report to the Tayside NHS Board in public session.
- Five core KPIs for MHL D have been agreed and are reporting to NHS Tayside Board, the Clinical Governance Committee and the Performance and Resources Committee in public business. These were also agreed for inclusion in the Board Integrated Performance Report from February 2026 onwards. The KPIs are: Inpatient Average Length of Stay Days; Inpatient Bed Occupancy Rate; Delayed Discharges; Community Mental Health Team Waiting List; and Readmissions to Hospital within 28 days of Discharge. Performance targets have been agreed and are being scrutinised.
- The Mental Health and Learning Disabilities Progress Report will be presented to Tayside NHS Board in February 2026 for discussion. It has been shared with key stakeholders and is available on the NHS Tayside website.

**6. The Committee asks for further detail on the recent changes that have been made to the governance and leadership arrangements for the WSCP. In particular, the Committee wishes to hear how these changes will provide clarity on the purpose, roles and responsibilities of the various groups involved in leading and overseeing the WSCP**

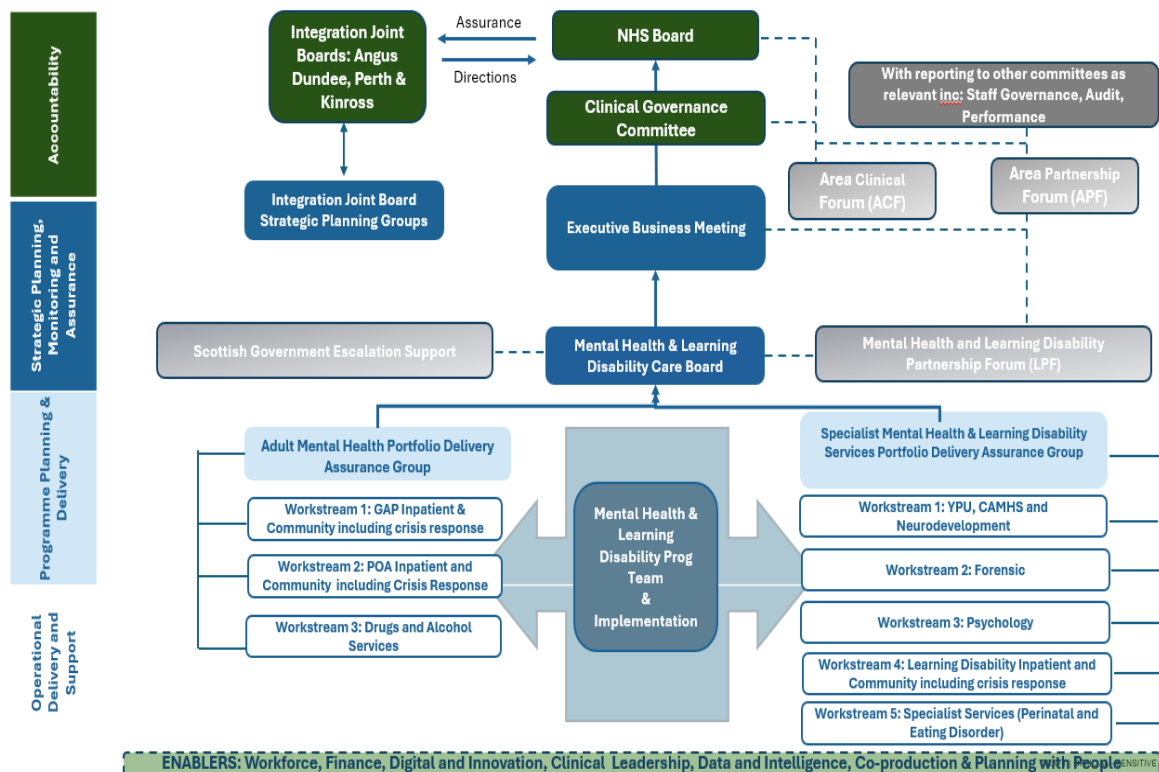
This is directly linked to Recommendation 2 in the Audit Scotland Report which stated that NHS Tayside should clarify the roles and responsibilities and leadership and governance arrangements in MHLN services. On receiving the recommendation in June 2025, NHS Tayside initiated an immediate response in the form of a review of groups that meet as part of our whole system MHLN services, how they connect and actions needed to strengthen and create the conditions for progress at an accelerated pace.

This included:

- The Whole System Change Programme Board was renamed Mental Health and Learning Disabilities Care Board and the terminology Whole System Change Programme is no longer used. The Terms of Reference were updated to reflect the new priorities for the Adult Mental Health Model of Care and the Learning Disability Transition Programme.
- The Enhanced Monitoring and Scrutiny Executive Oversight Group was established, chaired by the Chief Executive and overseeing all Mental Health and Learning Disability change and transformation, including the above referenced oversight group.

The NHS Tayside Executive Team have reviewed the governance structure and is taking a future-focused approach to enable a clear structure that will support a unified, single Mental Health and Learning Disability Services. This simplified approach will ensure groups that are driving forward the ongoing change and transformation programme have clear lines of leadership and governance under a single Executive lead. A Chief Officer for MHLN was recruited to in January 2026, and the new post-holder takes up the role on March 30, 2026.

The new structure is described below:



This structure recognises the roles and responsibilities held by the statutory bodies and also how this will be operationally driven and how we will continue to ensure that integration and whole system joint working and planning will continue to underpin all work. The intention is

that there is close alignment between how we drive transformation and change and the future Organisation Design.

This governance structure will be presented to Tayside NHS Board for approval in February 2026. It will also be presented to the three Tayside IJBs.

The key advantages of this new structure is that it delivers:

- Clear lines of accountability across whole system including IJB and Health Board
- Strong alignment between strategy and delivery governance, Board governance, executive leadership and frontline and speciality engagement
- Whole system, integrated leadership with Chief Officers remaining actively involved at both the Executive Meeting and the Mental Health and Learning Disability Care Board with their teams involved in the Portfolio Groups and Workstreams
- Stronger and more proportionate assurance driving empowering and ownership at all levels with clear lines of escalation
- Focus on delivery, not just governance meaning this structure will be able to drive the pace and scale of change required
- Improved clinical quality and safety oversight with strong clinical engagement at all levels and connection to the Area Clinical Forum.
- Stronger enablers built into the approach meaning that the expertise across a range of specialities will enable driving improvement and the voice of lived experience and co-production remains strong.
- Strengthened staff partnership and engagement achieved through a single Local Partnership Forum which is co-chaired and reports to the Area Partnership Forum. Both co-chairs are on the Mental Health and Learning Disability Care Board and the Employee Director is part of the Executive Team
- Transparency and auditability as there is a clear reporting schedule
- Flexibility and scalability over time enabling new workstreams to be brought on board or closed according to need.
- Creating the capacity for change through both this dispersed model and also having a clear programme/project team to enable implementation.

Moving to this new leadership and governance structure will mean change for current ways of working. To manage any associated risk with this transition it will not be implemented until the Chief Officer/Director for Mental Health has taken up post. Until this is in place, the Chief Executive will continue to chair the Enhanced Monitoring and Scrutiny Executive group ensuring strong whole system oversight. It is anticipated that the transition to the above design will be by June 2026.

In addition, there is clarity on the roles and responsibilities of individuals within the Chief Executive Team to ensure there is a sustained collaborative and whole system focus on Mental Health and Learning Disabilities Services which will be aligned to both a Corporate Objective for 2026/27 and also personal objectives for each Director. The team will work together collaboratively, combining their individual accountabilities with their responsibilities as systems leaders to enable the ongoing success of this transformational work.

In conclusion, NHS Tayside has accepted the recommendations from Audit Scotland in full, viewing the report as a catalyst for change and taking immediate actions to address the significant themes and issues raised in the report.

17 February 2026

The responses provided to the Public Audit Committee are evidence-based with further detail available to committee members on request.

The MHL D Progress Report June 2025 to February 2026 gives further detail on the programme to deliver a unified MHL D service and is provided to the Committee for reference.

NHS Tayside remains committed to the transformation of MHL D in Tayside with key deliverables and accelerated pace. We will continue to deliver the changes necessary with openness and transparency at the centre of our programmes of work and with the voices of patients, their families and carers, our staff and all our partners and stakeholders amplified.

If you require any further information or if you or any member of the Public Audit Committee would like to visit our MHL D services in Tayside, please do not hesitate to contact me.

Yours sincerely

**Nicky Connor**  
**Chief Executive**

# MENTAL HEALTH AND LEARNING DISABILITIES

## Progress Report

Actions taken since June 2025



17 February 2026

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# Purpose of this report

**Mental Health and Learning Disability (MHL) services in Tayside have undergone significant scrutiny and reform plans over recent years. This document provides an overview of the current programme of MHL improvement work initiated by the Independent Inquiry into Mental Health Services through subsequent improvement programmes, oversight arrangements and the latest Audit Scotland findings. It sets out the context, challenges and actions being taken to address long-standing concerns about governance, leadership, service delivery and pace and scale of transformation.**

The Independent Inquiry's Trust and Respect report (2020) and the Scottish Government's response in the form of the Independent Oversight and Assurance Group marked the beginning of a system-wide effort to improve care quality, rebuild public confidence and ensure services are safe, effective and person-centred.

**A timeline at Appendix 1 shows the journey of Tayside MHL since 2020.**

Despite progress, Audit Scotland's reports in 2023/24 and 2024/25 highlighted persistent issues, with complex governance arrangements, slow pace of change and gaps in performance monitoring. These findings culminated in a Section 22 report laid before Parliament in November 2025, reinforcing the urgency for accelerated reform. The Auditor General gave evidence to the Scottish Parliament Public Audit Committee on 10 December 2025. This resulted in a request for written information to the Public Audit Committee which was submitted on 17 February 2026.

In response to the Audit Scotland report which was shared with NHS Tayside in June 2025, NHS Tayside initiated a diagnostic assessment and launched the Call to Action: One Vision, One Strategy, One Service, aiming to unify mental health and learning disability services under a single integrated structure.

This approach prioritises four key drivers to deliver the systematic change needed.

1. Clear strategic intent
2. Improved organisational structures and organisation design
3. Robust governance
4. Enhanced accountability to enable transformation at scale and pace



This Progress Report outlines the progress made, the challenges that remain, and the work that has been done to develop a medium-term delivery plan designed to achieve sustainable improvement.

It reflects a commitment to transparency, collaboration and continuous learning, recognising the vital role of staff, partners and people with lived experience in shaping the future of mental health and learning disability services across Tayside.

Our approach seeks to develop a service in balance across the quadruple aim of Quality, Finance, Performance and People which demonstrates strong alignment to NHS Tayside Board's missions, vision, values and strategic aims.



## Our commitment to staff

It is recognised that staff have experienced external scrutiny and oversight for a number of years and, through all of the subsequent action plans and improvement programmes, they have maintained a focus and dedication to their patients and the service users who they care for every day.

The new direction for MHLD being developed will respond to the issues which have persisted throughout all of the external reviews by addressing the complex governance structures which staff tell us make it more difficult for them to work across services.

Staff continue to deliver compassionate, quality care and treatment to their patients and service users and we wish to recognise and thank staff for their ongoing efforts which do make a significant difference to the population of Tayside. We are committed to upholding our Partnership Promise and Staff Governance Standard by actively engaging, informing and involving our people and staff side colleagues throughout this programme of transformation.

## Our commitment to the people of Tayside

NHS Tayside extends sincere thanks to everyone who has played an active role in shaping Mental Health and Learning Disability services across Tayside, from the initial Strang Report through to the present day journey.

The commitment, insight and collaboration of staff, partners, people with lived experience and our communities have been crucial to the progress we have made and to the improvements that genuinely make a difference for people.

As we move toward a unified Mental Health and Learning Disabilities service for Tayside, we remain collectively committed to working together to deliver this transformation. This continues to be a key priority for NHS Tayside, with meaningful engagement and co-design at its core.

Together, we will build and deliver a strategy that strengthens community-based care and ensures timely, compassionate support for people across Tayside, now and into the future.



# Timeline of progress

January to December 2025

## Progress timeline: January 2025 to December 2025

<b>January to March 2025</b>	Board co-produce draft Corporate Objective for 2025/26 to fully integrate the mental health and learning disability services across Tayside under a single management structure which will simplify leadership and governance arrangements and maximise resources.
<b>April 2025</b>	Board agree Corporate Objective 2025/26 with quarterly reporting.
<b>May 2025</b>	Board co-produce NHS Tayside draft Strategic Risk for MHL D services.
<b>June 2025</b>	Outcome of Audit Scotland Wider Scope Audit identifies risks and issues with long-standing challenges in MHL D. Three recommendations are: refreshed priorities for improvement; clarity on roles and responsibilities, leadership and governance; and development and delivery of an agreed suite of KPIs.
<b>June 2025</b>	NHS Tayside Chief Executive initiates a diagnostic assessment building on Audit Scotland findings, resulting in a collective Call to Action and a Statement of Intent to deliver a new way forward through a unified MHL D service for Tayside.
<b>July 2025</b>	Tayside NHS Board endorse strategic direction of travel, vision and Statement of Intent.
<b>August 2025</b>	Enhanced monitoring panel in place to oversee delivery actions. Board agree strategic risk through Audit and Risk Committee. Chief Executive Team presents vision to SG, and actions evolve to initiate development of a Medium-Term Delivery Plan and refreshed MHL D Strategy.
<b>September to December 2025</b>	Medium-term Delivery Plan development, Ministerial correspondence, Section 22 laid in Parliament, NHS Tayside key staff and staff side communication on vision and prototype design for unified MHL D services. Single Executive Director post recruitment under way.

# Timeline of progress

January 2026 Onwards

## Progress timeline: January and February 2026

### January 2026

Single Executive Director recruited with commencement date agreed for March 2026.

Update to Area Partnership Forum

NHS Tayside Board agreed there will be a Corporate Objective for Mental Health and Learning Disability for 2026/27 and all Executive Directors will carry an individual objective to support on-going whole system focus.

Letter received from the Public Audit Committee on 27 January requesting a written response to the following:

- What progress has been made with developing and signing off the new, reduced scope WSCP (the models of care) and developing clear costed plans to implement it?
- What progress has been made with developing a clear plan with timescales and costs for the move to a single site at Murray Royal Hospital?
- The extent to which engagement with patients, families, carers, staff and their trade unions is influencing decision making on the progress of the WSCP and the move to Murray Royal Hospital and how this is being transparently shared.
- What progress has been made in identifying and commissioning community provision for patients with learning disabilities experiencing long term delayed discharges?
- How progress of the WSCP is being measured and transparently reported in public
- Further detail on the recent changes that have been made to the governance and leadership arrangements for the WSCP. In particular, how these changes will provide clarity on the purpose, roles and responsibilities of the various groups involved in leading and overseeing the WSCP

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### February 2026

- Reports presented to Audit and Risk and Clinical Governance Committees and Board. Update to the Area Clinical Forum.
- Written response provided to the Public Audit Committee on 17 February 2026.
- Update on MHLDP progress widely shared with stakeholders
- NHS Tayside engaging with Mental Health Experience of Services (MHES) survey. This pilot forms part of the Scottish Government and COSLA's joint Mental Health and Wellbeing Strategy Delivery Plan (2023–2025).

# Audit Scotland Findings

June 2025

## 2023/24 and 2024/25 Audit Scotland findings

In 2023/24, Audit Scotland (AS) highlighted long-standing challenges in NHS Tayside's mental health services following the Independent Oversight and Assurance Group (IOAG) final report in January 2023. It concluded that the Whole System Change Programme was intended to deliver improvements but progress had been slow. AS therefore made key recommendations relating to simplifying governance, improving monitoring and reporting and accelerating service redesign. AS also stated that a further audit would take place in 2024/25.

In June 2025, following the Wider Scope Audit, the report for 2024/25 concluded there remained concerns around mental health service reform and governance evidenced by the following findings:

- Long-standing concerns about mental health services persist despite previous inquiries and oversight.
- The Whole System Change Programme (WSCP) launched to address these issues has made limited progress and was scaled back in late 2024 due to capacity and leadership challenges.
- Governance and leadership arrangements for WSCP remain complicated and unclear, with overlapping groups and poor documentation of decisions.
- Monitoring and reporting of progress is inadequate; KPIs are incomplete and lack clarity on targets and trends.

Following consideration by the Auditor General, he concluded that urgent action was needed to accelerate mental health service improvements, clarify governance, reduce complexities and develop a suite of KPIs.

This resulted in the Auditor General preparing a Section 22 notice relating to the progress of Tayside mental health and learning disability services due to the specific concerns identified by Audit Scotland.

This was laid before Parliament alongside NHS Tayside Accounts for 2024/25 on 20 November 2025. The Auditor General appeared before the Public Audit Committee at the Scottish Parliament on 10 December 2025. Public Audit Committee wrote to NHS Tayside on 27 January and a written response provided on 17 February 2026.

**The progress being made against these recommendations is in Appendix 3**

# Diagnostic Assessment

June 2025

## NHS Tayside Diagnostic Assessment

On receipt of the Audit Scotland Wider Scope findings report in June 2025 the Chief Executive initiated a diagnostic assessment, building on the Audit Scotland findings resulting in a call to action to enable “One Vision, One Strategy, One Service: Designing and delivering a Unified Mental Health & Learning Disability Services Future for NHS Tayside”. Themes and recommended actions were:

### 1. Independent Inquiry and Independent Oversight & Assurance Group Progress

Position in June 25: There is clear progress on the recommendations from the Strang Report and Independent Oversight and Assurance Group, as demonstrated throughout this report. Exceptional staff continue to deliver safe, effective, and compassionate care across mental health and learning disability services. However, recent audits, sustained level-three escalation and Mental Welfare Commission findings from Strathmartine (2024) show further work is needed. The findings will drive ongoing improvement and development.

#### Key Issues:

- There are many examples of best practice, innovation and progress across all mental health services
- Audit recommendations from 23/24 were not fully delivered
- The fundamental issues of complex leadership and governance arrangements remain which impact on pace and progress of transformation

#### Diagnostic Recommendations:

- Celebrate our amazing staff, the great work they do and the progress that has been made
- Reflect on what are the root cause issues that are impacting on achieving sustainable pace and scale of progress

### 2. Whole System Mental Health Change Programme

Position in June 25: The Whole System Mental Health Change Programme does not cover all MHLDD services across Tayside. In reality, the Whole System Change Programme covered two key areas: the Adult Mental Health Model of Care and the Learning Disability Transition Programme. The scope of both of these programmes is limited to adults.

Key Issues:

- The title of Whole System Change Programme is misleading, needs reframed
- Work on adult model of care and learning disability transitions progressing and have been reporting to committee and both the Health Board and IJBs
- There are gaps in how the other models of care relating to mental health are aligned and strategically driven to be able to deliver a unified system

Diagnostic Recommendations:

- Confirm scope of current programmes and identify gaps
- Accelerate Learning Disability Transition Plan
- Accelerate Adult Mental Health Model of Care
- Strengthen reporting to committees and Board to provide improved oversight of whole system programmes of work

### **3. Mental Health Strategy**

Position in June 25: NHS Tayside's Mental Health Strategy published in 2021 (Living Life Well) requires to be refreshed to ensure there is a single contemporary strategy covering all age groups and service areas for MHL. It is not clearly defined how current delivery aligns with the National Mental Health Strategy, the Service Renewal Framework and the Population Health Framework.

Key Issues:

- Lack of clarity on who holds responsibility for strategic direction, absence of a current consolidated framework for infants, children, young people, adults, older adults and specialist services with unclear lines for strategic reporting to the Chief Executive Team, Committees and Board

Diagnostic Recommendations:

- Map current delivery against national priorities
- Develop and publish a Tayside-wide Mental Health & Learning Disability Strategy with measurable outcomes to be approved by all three IJBs and the Health Board

### **4. Strategic & Operational Risk**

Position in June 25: NHS Tayside does not have a strategic risk for Mental Health and Learning Disability Services. Operational Risks are managed through five Executive Directors with no single operational risk register.

Key Issues:

- Risk oversight is fragmented across Integration Joint Boards (IJBs), Committees and NHS Tayside Board, with no unified strategic risk framework, unclear full oversight and disconnected frameworks where some reported risks are operational rather than strategic

Diagnostic Recommendations:

- Define and approve strategic risk for the Health Board
- Consolidate all strategic and operational risks, review and align to enable clear oversight of all areas of risk and appropriate governance reporting

## **5. Mental Health Quality & Performance Data**

Position in June 25: Performance reporting is inconsistent and fragmented.

Mental Health Services remain at Level 3 escalation. The recommendation from the Audit Scotland Report 23/24 regarding KPIs has not been fully implemented.

Key Issues:

- Limited visibility of performance against Public Health Scotland standards
- No single clear framework for monitoring performance across the quadruple aim of Finance, Workforce, Quality and Performance
- Complexity in assurance and escalation

Diagnostic Recommendations:

- Implement a robust KPI-based performance framework for all services with indicators for inclusion in the Health Board Integrated Performance Report
- Enhance scrutiny for areas that are escalated

## **6. Integration Schemes**

Position in June 25: Governance arrangements have been informed by integration schemes and Scottish Government Direction and span NHS Tayside's retained services and the three IJBs with their respective Health and Social Care Partnerships (HSCPs). Additional complexity arises from existing lead partner responsibilities. This means some services are delegated locally to individual HSCPs whilst others are intended to be led across Tayside as a whole. While these arrangements reflect the breadth and complexity of the current agreed service model, it is challenging to establish clear lines of accountability and oversight in practice.

Key Issues:

- Overlapping responsibilities between NHS Tayside and HSCPs
- Lack of clarity on lead partner roles
- Integration schemes approved in 2022 but not fully implemented
- Requirement to be clear on role of IJB versus role of HSCP

Diagnostic Recommendations:

- Be clearer on strategic governance versus operational delivery and oversight and the roles of Health Board and Integration Joint Boards
- Implement Integration Schemes to support future design
- Seek Support from Scottish Government to enable simplification of current governance and delivery of services



- IJBs will continue to strategically plan and commission care with a refreshed simplified delivery model which considers consolidating all MHL D services under one operational structure
- Ensure whole system connections continue with commitment to Integration.

## **7. Roles & Responsibilities**

Position in June 25: Five directors currently share responsibility for MHL D services, diluting accountability. CEO is the only role with potential full operational system oversight.

Key Issues:

- Roles and responsibilities are unclear, and complex leadership and management arrangements within MHL D services are hindering the collective ability to deliver transformation at the required pace and scale

Diagnostic Recommendations:

- Move to a single Executive Leader model for MHL D services to strengthen clarity and accountability for delivery across all portfolios
- Increase capacity to deliver with Associate Director and PMO function to support

## **8. Organisation Design**

Position in June 25: There is an unclear and overly complex organisation design for MHL D services.

Key Issues:

- A clear organisation design is required to ensure well-defined roles, streamlined communication, efficient resource use and alignment with strategic goals. This will lead to better accountability, faster decisions and improved overall performance.
- A need to recognise the specialism of MHL D affirming its status as a core directorate within NHS Tayside and champion parity for services.

Diagnostic Recommendations:

- Design one integrated MHL D service led by a single Executive Leader
- Align operational governance - clinical, financial, performance and staff - under one managerial delivery structure



# 2025/26: Statement of Intent

June/July 2025

## Our Call to Action. One Vision, One Strategy, One Service: Designing and Delivering a Unified Mental Health & Learning Disability Services Future for NHS Tayside

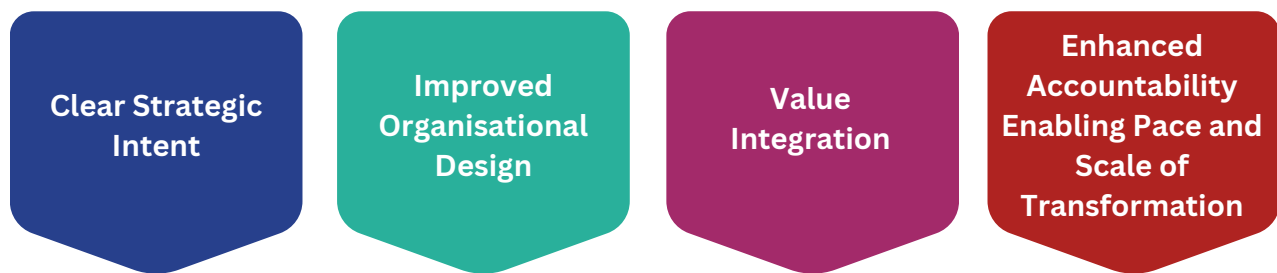
Following the diagnostic assessment, the Chief Executive Team (CET) convened in June 2025 with a shared purpose to acknowledge the complexity and challenges of current ways of working, and to affirm a collective commitment to transformative change to drive improvements for people who access care or work within Mental Health and Learning Disability Services in Tayside.

It was agreed there were four drivers for change:



The CET's response was to develop an integrated whole-system strategic plan, a focused approach to the de-escalation of mental health services, a redesign of organisational structures to enhance clarity, reduce complexity and strengthen leadership, and introduce outcomes and performance metrics which evidence continuous improvement and ultimately build greater confidence in the delivery of Mental Health Services in Tayside.

The CET agreed four priority areas to achieve the Statement of Intent to design and deliver unified MHLDS services for Tayside:



### **1. Clear Strategic Intent**

We will develop and deliver a clear strategic vision, direction and plan for all Mental Health and Learning Disability Services in NHS Tayside.

### **2. Improved Organisational Design**

We will unify all NHS Tayside Mental Health & Learning Disability Services – across all age groups and settings – into one integrated service led by a single Executive Leader with resourced programme support, ensuring best value and whole system clinical, financial, performance and staff governance.

### **3. Integration at the heart**

We will champion integration, recognising the statutory role of Integration Joint Boards in shaping the strategic priorities of their communities and we will champion partnership working across health and social care to enable joined up care for our communities. Working closely with Partners in the Local Authority and Third Sectors and ensuring peoples voice and lived experience continues to drive improvement at a locality level.

### **4. Enhanced Accountability Enabling Pace and Scale of Transformation**

We will introduce enhanced monitoring and oversight to establish clear lines of accountability overseeing key performance indicators driving pace and scale of improvement, aligned with national standards and local transition plans for Learning Disability and Mental Health change across the NHS Tayside.

# Medium-Term Delivery Plan

August 2025 - February 2026

**The Call to Action and Statement of Intent have been progressing to address the wider issues raised by the Wider Scope Audit covering all NHS Tayside MHL D services, including those that are retained and delegated**

The Board agreed a formal Corporate Objective for 2025/26 in April 2025 around integrating mental health and learning disability services to apply a concerted focus and shape a different kind of future approach for MHL D in Tayside. The Board had recognised that there was a lack of clarity as to how the complex governance structures were able to support service improvement. The Board set an objective to answer the question of whether there was a different, better way to organise MHL D services to demonstrate a wholly integrated system which would address the complexity of services, which is causing confusion and can seem fragmented to patients, service users and staff.

In July 2025, the Board discussed the new strategic approach proposed by CET at a Development Session, followed up with a progress report to NHS Tayside Board in August 2025. Mental Health and Learning Disability has remained a sustained focus for the Board with discussion at Development sessions and reports to Committees and Board on a regular basis. This work evolved and there is now a draft medium-term plan which is co-produced and has shared ownership through the CET. To ensure ongoing pace of delivery, shared problem-solving and a common purpose to deliver a medium-term plan at pace, an Enhanced Monitoring and Scrutiny Executive panel has been established to drive progress as set out below:

## Medium-Term Delivery Plan

Recognising the outputs and outcomes of the diagnostic and the new strategic direction, the Medium-Term Delivery Plan is now progressing under four key themes:

1. **Leadership, Strategic Direction & Design**
2. **Robust Governance**
3. **Transformed Models of Care**
4. **A focus on people and inspiring confidence**

## Theme 1. Leadership, Strategic Direction & Design

### Executive Leadership

**Appoint a single Executive Director for MHL D services.**

**Planned outcome:**

Reduce from five to one Executive Director who has operational responsibility for MHL D services which will reduce complexity, enhance flows of accountability and better enable standardisation of approach across similar speciality areas.

**Status:**

- In April 2025 the Board approved a corporate objective that ‘By March 2026, fully integrate MHL D services across Tayside and achieve a single cohesive structure which will promote effective and efficient use of all resources, improve outcomes for patients, reduce complexity and enable a clear platform to work at greater pace on the whole system change programme’.
- Progress on delivery of the corporate objective has reported to the Clinical Governance Committee and Board on a quarterly basis.
- A letter has been received from the Minister of Mental Health on 10 November 2025 in response to the request sent by the Chief Executive in September 2025 to lift the ministerial direction that would enable progress to a new structure.
- The inclusion of this new single Executive Director role as a direct report to the Chief Executive was approved by the Remuneration Committee in October 2025. The job description for the role has been co-produced with the Executive Team and submitted for National Evaluation. As the Evaluation Committee does not scheduled to meet the Chair and Chief Executive requested approval to progress to advert with an indicative ESM grade.
- This was agreed and the role was advertised on 18 December 2025. Interviews took place on the 20 January 2026 with a successful appointment. The Chief Officer/Executive Lead will commence post on 30 March 2026
- Recognising the significant work to be delivered at pace, the role will have dedicated programme support to enable delivery through the Mental Health and Learning Disability Programme Board. This increased Programme Support is in place.

**This aligns to Recommendation 1 of the Audit Scotland report.**

## Mental Health and Learning Disability Strategy

**Define the Mental Health and Learning Disability Strategic Direction for Tayside, aligned with national and regional frameworks, that clearly defines future service direction, supports improved outcomes, secures formal approval from all three Integration Joint Boards and NHS Tayside, with draft completed by June 2026, reporting to Boards in August 2026.**

### **Planned outcome:**

This will give a clear path to bring clarity and ownership of strategic direction, shaped by people's voices and wider policy direction to improve care quality, align resources with population needs, and ensure strategic consistency across Tayside.

### **Status:**

- All existing strategies have been mapped to ensure national and local alignment. This includes collating all public and staff engagement to date.
- CET agreed a future vision, building on work to date, and this was discussed at NHS Tayside Board Development Session on 27 November 2025. The Adult Model of Care engagement will invite input to the MHL D strategy with feedback expected April 2026.
- The aim is to have a completed refreshed draft MHL D strategy by August 2026.

**See Insight to Impact on page 30.**

## Overarching Governance Framework

**The Independent Oversight and Assurance Group (IOAG) stated that Living Life Well was overly complicated and this was supported by assessment from Audit Scotland. As a result, we will establish a clear and collaborative governance framework that defines roles and responsibilities across Integration Joint Boards, Health Boards, Local Authorities, and Third and Independent Sector partners, enabling integrated delivery of MHL D services at the point of care.**

### **Planned Outcome:**

This approach will enable more integrated person-centred care, improve service coordination and strengthen collaboration —leading to better outcomes.

### **Status:**

CET reviewed the NHS Lanarkshire approach to governance in October 2025 and have now developed a single page outlining the governance for Tayside.

- This was considered at Board Development Session on 27 November 2025.
- This has been discussed at Audit and Clinical Governance Committee. There has been engagement with HSCP Chief Officers and Local Authority Chief Executives. Being submitted for Board approval in February 2026.
- Terms of reference for Programme Boards and Workstreams are being reviewed for completion by April 2026 to ensure alignment with programme for 2026/27.

**See Insight to Impact on page 32.**

**This action is aligned to Recommendation 2 of the Audit Scotland report**

## Organisation Design

**NHS Tayside will review the organisation design of Mental Health and Learning Disability Services to establish a unified MHL service across all age groups and care settings, led by a single Executive Leader.**

### **Planned Outcome:**

This refreshed organisation design will reduce operational complexity creating the conditions to enable best value and improvements in performance, clinical engagement, outcomes and governance, and increase the pace and scale of transformation.

### **Status:**

- Workshops have taken place with IJB and NHS Tayside Chief Officers to co-produce a draft proto-type design.
- In November 2025 the Chief Officers agreed on an initial draft/proposed organisation design for MHL services. This initial draft was shared within services across both operational and clinical leaders and staff side colleagues as part of an engagement plan in December 2025.
- Staff feedback expected by February 2026 to review in March and progress to implementation when the Chief Officer MHL commences post.
- This will be key to enabling a reduction in complexity and enable Tayside-wide pathways of care.

**See Insight to Impact on page 34.**

## Theme 2. Models of Care

### Reducing Delayed Discharges

**Addressing significant delayed discharges was a priority identified by the IOAG. As a result we will enhance outcomes by reducing delayed discharges through integrated care pathways, multi-agency collaboration and community models with a human rights-based approach and a measurable improvement trajectory.**

### **Planned Outcome:**

This initiative will enable us to deliver the right care in the right place for the people of Tayside which will improve outcomes and experience, enhance system efficiency through reducing delayed discharges and building community capacity, and deliver stronger multi-agency collaboration through integrated care pathways and a values-based human rights approach.

### **Status:**

- Audit Scotland found that while mental health delays had decreased, LD remained high. This has therefore been a significant focus for 2025/26.
- There is a plan to enable patients currently experiencing delays to be discharged to community models of care.

- Enabling this to happen is aligned to transforming models of care by reducing hospital based care shifting to community based models.
- Scottish Government funding has been secured in 25/26 to support the transition of patients to more appropriate community accommodation.
- As at the most recent review there is a total of 20 people receiving care within our Learning Disability inpatient wards. Of the 20 patients, 11 people are experiencing delay. All of these patients have complex needs and require specialist accommodation and support and care packages. Chief Officers have confirmed there are planned dates for discharge in place for 10 of these individuals to secure a successful discharge. Six discharges are planned by the end of March 2026. By December 2026, a further 4 patients are scheduled to be discharged.

**This is an area of focus in the Audit Scotland findings.**

### **Children and Young People Neurodevelopmental Pathway**

**Improve accessibility and support pathways for children and young people with neurodevelopmental conditions by enhancing early identification, referral processes and integrated care across health, education and social services.**

#### **Planned Outcome:**

Children and young people will experience improved access to the most appropriate level of care for their individual needs, supported by a capable and well-equipped team around the child and improved service performance.

#### **Status:**

- NHS Tayside Child and Adolescent Mental Health Services are working with partners including Local Authority Education Departments and the Scottish Government to develop a new pathway for children experiencing neurodevelopmental difficulties - but who do not have mental health needs.
- The waiting list stratification, which is on track to complete in May 2026, has resulted in 70% of children being assessed and triaged as Green status, which means they need additional support and signposted to other available services, but not from CAMHS .
- A health needs assessment by public health colleagues is under way, as well as a mapping of all current support in Tayside. Full report due by March 2026. This report forms the basis for direction of travel for the Tayside multi-agency group.
- Tayside ND Framework being developed for multi-agency.
- Shared commitment to leadership and learning from other Health Boards .



## **Model of Care for Psychiatry of Older Adults (POA)**

**Develop and implement a clinically-led, evidence-based model of care for psychiatry of older people that integrates inpatient and community services.**

### **Planned Outcome:**

Establish and deliver a set of agreed clinical standards and pathways across all relevant settings, with measurable outcomes including reduced hospital admissions, improved patient satisfaction and enhanced continuity of care.

### **Status:**

- A POA model of care is being led by a Tayside working group.
- Work ongoing to explore the different needs of local populations and align the approach with the Adult Mental Health Model of Care programme.
- Timescales will be developed for the Medium-term Delivery Plan.

## **Psychological Therapies**

**Improve the performance of psychological therapies access across Tayside to improve individual outcomes and support de-escalation from Level 2 enhanced monitoring of the service by Scottish Government.**

### **Planned Outcome:**

This will lead to earlier intervention, access to support to meet clinically-assessed mental health needs, improved recovery and wellbeing and align with national performance expectations.

### **Status:**

- An enhanced report was presented to Tayside Performance and Resources Committee for scrutiny in October 2025 and February 2026 and the PT performance indicator reports to NHS Tayside Board at each meeting.
- Six specialities are consistently meet the 90% standard. Three are at 80-90%, with three more on trajectory to achieve 90% by June 2026.
- A root and branch review for further improvement actions is underway through the newly appointed Director of Psychological Therapies.



## Whole System Adult Model of Care

**The Model of Care for General Adult Mental Health Services across Tayside (2025–2030) sets out a bold and compassionate vision for transforming mental health care. Rooted in human rights, person-centred practice and national strategic priorities, this model aims to deliver safe, effective and equitable mental health support for all adults across Tayside.**

### **Planned Outcome:**

This will enable delivery across three levels of care:

- Community mental wellbeing: Open access, locally-based assessment and support for people with both mild to moderate and longer term care needs
- Specialist Mental Health Assessment and Treatment: Provision of holistic specialist mental health assessment and care for people experiencing significant episodes of mental ill-health requiring access to evidence-based care and interventions
- Complex care: Intensive, co-ordinated support for those with higher care needs

The Draft Model of Care was presented to and agreed at Integration Joint Boards and Health Board in October 2025.

Extensive stakeholder engagement is underway and feedback scheduled for April 2026. Following any further changes this will then progress for approval and implementation.

Implementation capacity has been strengthened through internal Project Management Support and also engagement with Stepped Care Solutions, who are a not-for-profit organisation who specialise in transformation of Mental Health Services.

### **Status:**

- This was reported to NHS Tayside Board in October 2025.
- Consultation has commenced and will run from October 2025 to January 2026, with a delivery plan developed thereafter.
- Implementation plan to be progressed by Stepped Care Solutions to provide change management and capacity-building approach.

**See Insight to Impact on page 36.**

**This is aligned to Recommendation 1 from the Audit Scotland Report.**

## Learning Disability Transition Model

**Deliver the phased transition of inpatient Learning Disability services to Murray Royal Hospital. This supports the IOAG and Audit Scotland recommendations to progress single site provision for inpatient LD services and addresses physical environment issues at Strathmartine raised by the Mental Welfare Commission.**

### **Planned Outcome:**

Delivery of an improved environment of care for patients and staff in inpatient Learning Disability services which will improve both experience and outcomes.

### **Status:**

The Chief Executive Team supported the recommendation to phase the relocations of LD inpatient services. The agreed approach was a four phase move:

**Phase I** – Carseview Learning Disability Assessment Unit service relocate to vacant Rannoch Ward at Murray Royal Hospital. 1:1 meetings with staff will conclude in February 2026. The first patient moves in March 2026.

**Phase II** – Flat 1 Strathmartine relocate to the vacant Faskally Ward in the Rohallion unit on the Murray Royal site. Date for moves to be agreed following 1:1s.

**Phase III** – Develop plans for existing delayed discharges within the Behavioural Support Intervention Unit to be supported by model of care in alternative community environment. As referenced in the section of detailing on delayed discharge with plans in place for discharge of 6 patients by March 2026 and a further 4 patients by December 2026.

**Phase IV** – On approval of the Phase III plan, it is anticipated the community model will be implemented by December 2026.

**This is aligned to Recommendation 1 from the Audit Scotland Report.**

## Theme 3. Governance

### Performance Framework

**Develop and implement a whole-system performance framework that is aligned with national outcomes and enabled by Key Performance Indicators, ensuring representation across all key service areas in Mental Health and Learning Disability Services. The framework will be co-designed with stakeholders and reviewed monthly to monitor effectiveness and drive continuous improvement.**

### Planned Outcome:

A whole-system performance framework for MHLDS services will deliver strategic alignment with national outcomes, drive continuous improvement and enable effective monitoring and oversight.

### Status:

- The Board discussed a draft suite of KPIs at the Board Development Session in October 2025. These were aligned to the Public Health Scotland data set.
- This has been refined based on feedback and has been presented to Clinical Governance Committee in December 2025 as a prioritised suite of five indicators agreed for inclusion in the Board Integrated Performance Report from February 2026 onwards.
- There will be a fuller suite of KPIs reviewed through enhanced monitoring and scrutiny group (EMSG), including performance and process indicators which will also cover engagement and participation. Complete by April 2026.
- In addition, a draft balanced score card has been developed to enable a quadruple aim view to guide decision making and flag early warning signals.
- This work aligns to the Tayside System in Balance work the Board is developing. It was introduced at the Board Development Session in October 2025 and was a focus of the Board Development Session in November 2025.
- This will be tested and refined between December 2025 and March 2026, for phased implementation by April 2026.
- The Medium Term Delivery Plan has clear priorities and outcomes to enable performance and progress scrutiny with regular reporting to committee.
- Future direction from IJBs shall clearly define performance indicators.

**This is aligned to Recommendation 3 in the Audit Scotland report.  
See also Insight to Impact on p39.**

## Financial Framework

**Establish whole-system oversight through a clear, integrated financial framework that upholds the statutory commissioning duties of Integration Joint Boards, ensures robust control and accountability in care delivery, demonstrates best value and enables transparent scrutiny and monitoring.**

### Planned Outcome:

A sustainable, value-based MHL D financial position that evidences grip and control of financial spend, demonstrably shifts resources to community pathways, reduces high-risk estate and avoidable costs, improves productivity and provides clear assurance to the Board/SG on progress.

#### Status:

- The Financial Framework will evolve. The process of developing costed plans began with the Board's 2025/26 Financial Plan, which was approved by the Board and Scottish Government in March/April 2025. This plan identified a financial earmark to cover the costs of implementation and/or bridging costs, based on high level projections at the time. Costs have since become more detailed, having been refined throughout the course of the year as service plans develop and the level of certainty increases.
- The 2024/25 mental health budget for NHS Tayside was £112.6 million covering Psychiatry of Old Age (POA), General Adult Psychiatry (GAP), Learning Disabilities (LD) and Substance Use.
- At this stage, the financial framework focuses on General Adult Psychiatry (£65.0 million) and Learning Disabilities (£11.9 million).
- Costs for mental health inpatient services have reduced as a result of operational improvements, reversing a trend of rising costs and reducing the overspend by a projected £0.4 million. The Adult Model of Care is under consultation and due to commence implementation by April 2026.
- LD services have advanced further in implementing a phased transition to a new model of care. Total funding is £11.9 million, with £6.7m for inpatient beds and £5.2m for community services.
- The cost of learning disability inpatient services has come down in 2025/26, reducing overspend by a projected £0.2 million as a result of operational improvements.
- The financial framework supports a shift of £2.0 million from inpatient to community care, reducing the overspend by £0.7 million and enabling community placements for delayed patients.
- Adult Model of Care (GAP): Operational improvements in 2025/26 have already reversed rising cost trends, reducing the projected inpatient overspend by £0.4 million. Once fully implemented, this model is projected to reduce costs by £3.3 million per annum, bringing the service within its recurring budget.

- The LD Transition is a four phase implementation, including:
- Workforce: The conclusion of the staff engagement process in February, 2026, will allow workforce plans to be finalised and costed and any double running costs to be identified; the impact on supplementary costs will be confirmed based on substantive staffing levels; potential costs of travel/transporting staff can be confirmed.
- Environmental Upgrades: Upgrades to Murray Royal Hospital accommodation are complete and significantly below planned cost (£110,000 cost)
- Property costs: demonstrate an overall reduction in costs; Murray Royal Hospital costs will be absorbed within the unitary charge paid by the Board; the impact on lifecycle costs to be assessed
- Community models of care: The impact on the costs of community models of care will be further assessed through Phases 3 and 4 of the plan, which are due to be implemented by December 2026. A detailed costed plan will go to the Board's Performance and Resources Committee in April 2026.
- Estate Rationalisation: By reducing the use of high-risk properties and transitioning the Inpatient LD service at Strathmartine to MRH, the Board expects to improve cost-effectiveness and reduce infrastructure-related financial risks.
- Value-Based Care: The introduction of a balanced scorecard by April 2026 will triangulate financial data with quality, performance and staff data to ensure decision-making supports a system in balance across the quadruple aim.

**This is aligned to Recommendation 1 of the Audit Scotland report.**

## Risk

Enhance governance of risk management within MHL D Services by implementing a robust oversight and monitoring framework focused on strategic and high operational risks, including patient safety, financial, workforce sustainability, performance and service delivery outcomes.

### Planned Outcome:

This will enhance risk management as we will drive safer, more sustainable and high-performing MHL D services with improved transparency, accountability, strategic decision-making and service outcomes.

### Status:

- The Board has approved a strategic risk for MHL D: ***“Due to the complexity of leadership, governance and organisation structures, there is a risk there is not timely whole-system MHL D reform, impacting on the delivery of optimal, person-centred pathways and demonstration of best value. This may lead to unmet needs in delivering services at home and in community, primary and secondary care settings with potential for national priorities misalignment”.***
- The Board Assurance Framework for the strategic risk as described was reported to the Clinical Governance Committee in December 2025 and February 2026.
- The operational risks have been mapped and the strategic risks reporting to IJBs are also being mapped. Each Executive Director is leading this review for their areas. These reviews will enable a refocus of risk reporting to ensure that only strategic risks are reporting to IJBs and that operational risks are being appropriately monitored and escalated within NHS Tayside.
- Wider work on risk to enable a single system for risk management is underway for completion in 2025/26 which will enable a single team supporting operational and strategic risk as we progress into 2026/27.
- The Board have discussed the approach to risk over several development sessions throughout 2025 and will continue over 2026/27.

## **Audit Recommendations**

**Ensure full implementation of all internal and external audit recommendations related to MHL D services.**

### **Planned Outcome:**

Achieve 100% completion of agreed audit actions within the agreed specified timelines and report progress through governance committees to provide assurance to the Board on progress.

### **Status:**

- Mapping and review is complete.
- Closure of final remaining internal audit recommendation on T17-21 CAMHS. Improvement Plan will be presented to Audit & Risk Committee in April 2026
- The work outlined in the medium-term plan addresses the External Audit recommendation.

## **De-escalation of Mental Health Services**

**Enable the de-escalation of MHL D services in Tayside from Level 3 on the NHS Scotland Support and Intervention Framework by implementing a targeted improvement plan, underpinned by evidence-based interventions and sustained engagement with the Scottish Government.**

### **Planned Outcome:**

NHS Tayside can demonstrate evidence of progress and sustained improvement in MHL D services which builds on the improvement work our staff are doing every day and will support building public confidence.

### **Status:**

- In-person session hosted with Scottish Government Mental Health Director in August 2025.
- Formal correspondence to Scottish Government Director for ministerial consideration on 9 September 2025.
- Response from Minister for Social Care and Mental Wellbeing on 10 November 2025, with follow-up meeting on 27 November 2025 to discuss progress on MHL D since June 2025.
- A formal update on progress with MHL D in response to the Section 22 report was provided to the First Minister ahead of 6 January 2026 as requested in his 21 November letter to the Chief Executive and Chair.
- Fortnightly engagement with Scottish Government continues with very open dialogue regarding progress being made and challenges faced/overcome.
- The Minister for Social Care and Mental Wellbeing and Scottish Government Officials visited NHS Tayside Mental Health Services in January 2026.
- The Scottish Government Chief Operating Officer visited NHS Tayside in February 2026 and discussed progress in relation to MHL D services.
- A further visit for the Scottish Government Mental Health Director is being scheduled.

## Clinical Governance

**Develop a unified clinical governance report that holistically captures quality, safety and patient experience across all MHL D services within the organisation.**

### Planned Outcome:

This will enable a clear, organisation-wide view of clinical governance and assurance across services, driving continuous improvement in quality, safety and experience with streamlined reporting to committee and Board.

### Status:

- There continues to be a strong focus on patient safety and quality.
- The unified governance report has been commissioned by the Clinical Governance Committee, with a progress report and timeline presented to committee in October 2025.
- The current clinical governance structures for mental health and learning disability services reflect the organisational structures and delivery of services across Tayside.
- An Assurance Report for Board Retained MHL D services was presented to the Clinical Governance Committee on 2 December 2025 which included GAP, POA, LD, Forensic and CAMHS inpatients and regional.

The inclusion of CAMHS meant that this was the first comprehensive single report for all Board retained MHL D services.

At present there are 7 separate routes of clinical governance reporting through:

1. Board retained Mental Health Services
2. Dundee Health and Social Care Partnership (HSCP)
3. Perth and Kinross HSCP
4. Angus HSCP
5. Acute Services
6. Regional Governance for the Young People's Unit and Rohallion Clinic
7. Medium Secure Service

The first single, combined MHL D clinical governance report will be presented to the Clinical Governance Committee in April 2026.

**This is aligned to Recommendation 1 from the Audit Scotland Report.**

## Equalities

**Ensure the transformation of MHL D services addresses inequalities by embedding equity, accessibility and inclusive outcomes at every stage of the EQIA process.**

### Planned Outcome:

This will lead to more equitable, inclusive and effective mental health services that better meet the diverse needs of all individuals and communities.



**Status:**

- NHS Tayside has initiated a Combined Equality Impact Assessment (CEIA) early in the development and finalisation of the Single Model of Care in Mental Health and Learning Disability as a key strategic step in the process.
- While the CEIA is essential for covering our formal equality duties and related indicators, it may be challenging to use it to fully monitor and assess the significant influence of the Wider Social Determinants of Health on health inequalities and related challenges.
- These include substance use and other social and economic determinants within Mental Health and Learning Disability services.

Consideration is therefore being given to adopting a Health Impact Assessment (HIA) approach, which would effectively encompass the CEIA requirements.

Key benefits of an HIA approach will include:

- **Broader Scope** - HIA specifically maps the potential indirect health consequences of a policy (like the new single model of care) across social, economic, and environmental factors, which may be missed by CEIA's formal duties focus
- **Preventative Focus** - HIA proactively identifies both positive and negative impacts on population health and health equity, allowing us to embed preventative measures directly into the model's design.

Although conducting an HIA typically requires more significant capacity and resource compared to a CEIA, the comprehensive analysis it provides offers significant advantages for addressing the complex challenges we face in mental health services and ensuring a truly scrutinised, impactful policy.

Phase 1 will conclude by March 2026 and will continue to evolve as a live assessment as the models of care develop and we progress implementation of the Population Health Framework.

## Theme 4. People and Inspiring Confidence

### Integration

A priority in the IOAG report was to make integration work. This continues to be a priority embedded in the Call to Action, Statement of Intent and the Medium-Term Delivery Plan. Therefore, we will champion integration, recognising the statutory role of IJBs in shaping the strategic priorities of their communities, and we will champion partnership working across health and social care to enable joined-up care for communities.

#### Planned Outcome:

The Medium-Term Delivery Plan will be aligned to the health and wellbeing outcomes and principles of integration to ensure we continue to support and enable integrated joined-up care at the point of care delivery.

#### Status:

- Chief Officers are actively shaping organisational design and leading models of care to enable joined-up and integrated services. This approach will make clear the roles the COs hold for strategic planning and commissioning by IJBs and also for local Authority services whilst simplifying delivery as a unified services for Tayside.
- There is no proposed change to Integration Schemes and they do not require to be reviewed until the scheduled dates.
- The Chief Executive has met individually and collectively with three Local Authority CE's who support the principles and direction of travel.
- There will be a strengthening of delivery through the single Executive Director who will lead delivery of all MHLDS services. This will require close working across all Chief Officers and this is embedded within the Executive Lead Job Description. A commitment has been given from all current Chief Officers to work in this way.
- The Executive post is temporary as once initial redesign and restructuring work is complete, a decision can be taken regarding whether MHLDS services should be fully delegated. This will be assessed in 2027/28.
- An example of collaborative working is the progress with Organisation Design including working with HR leaders from the three Local Authorities.
- The strategy will also be signed off by the Health Board and all three IJBs.

### Staff Wellbeing and Partnership Promise

**At the heart of all our change initiatives will be our commitment to strong staff governance, our enduring partnership promise, and a deep focus on staff wellbeing and workforce engagement.**

#### Planned Outcome:

This approach will enable a well engaged, resilient workforce that helps drive sustainable change in partnership with staff side to deliver high-quality care.

**Status:**

- The Employee Director is a member of the MHL D Enhanced Monitoring & Scrutiny Executive panel and there is a commitment to Staff Governance Standard and Partnership Promise.
- There are local partnership forums in place which discuss MHL D services and agreement that we will move to having one Local Partnership Forum in place to support the future Organisation Design and Governance Structure.
- There are partnership representatives on all of the working groups in relation to the Learning Disability transition and Adult Model of Care groups.
- There has been reporting to the Area Partnership Forum, Staff Governance Committee and Board on progress for the Mental Health Model of Care and Learning Disability transition programmes. All have staff side representation.
- The Employee Director has worked with senior colleagues to support staff governance through any Organisation Change Processes.
- A briefing session for trade unions and staff side on 16 December resulted in support for the direction of travel and to progress organisation design. A verbal update was provided to the Area Partnership Forum in January. A Presentation was provided to the Area Clinical Forum in February 2026 and will be provided to the Area Partnership Forum in March 2026.
- A new staff wellbeing strategy has been published with key actions to support staff wellbeing as a clear Corporate Objective for NHS Tayside.

**Stakeholder engagement and participation with our staff**

- Papers and presentations on the Model of Care have been shared at 31 staff stakeholder meetings across Tayside since September 2025.
- Collaborative Conversations Sessions are providing staff working in mental health services with opportunities to share their experiences, offer feedback on service design ideas and highlight what matters most in their daily roles. To start engagement with staff on the Model of Care and gather feedback, 15 sessions have taken place since September 2025. Further sessions for 2026 are now being planned to roll out the collaborative conversations to a broader range of community-based staff and people working in the third sector.
- NHS Tayside has contracted the support and expertise of an external implementation provider, Stepped Care Solutions (SCS), to support pre-implementation activities that ensure readiness for change, as well as co-developing a detailed implementation plan for the new adult model of care. Their role includes leading a readiness and needs assessment, developing and supporting further communications and engagement plans, and delivering targeted workshops to build understanding, capability, and confidence across staff, patients, families and partners.
- Two large-scale Design Accelerator events were held over 2024/25, followed in 2025 with five Model of Care development workshops attended by the Model of Care Steering group. Additionally, a number of stakeholders, including people with living experience and third sector providers, visited other NHS partners to understand how the community model has been applied and trialled in other areas, including Birmingham and London.

- In November 2025, there was a Learning Workshop with the Mental Welfare Commission, Scottish Government, Stakeholders and Care Providers – Including SPG members and IJB and Board champions. There were presentations from a charity foundation, exemplar from Triest in Italy and learning from site visits to explore pathfinder areas in Birmingham and East London. These insights are forming and shaping the future direction of travel in Tayside.
- In Learning Disabilities services, there has been ongoing engagement with staff and their staffside and trade union representatives to work through the moves to Murray Royal Hospital following the NHS Scotland Organisational Change policy. A staff FAQ is updated to ensure staff can stay fully informed of the next steps in the programme and there are regular staff drop-in engagement sessions. Formal one-to-ones are being completed as part of the programme to move with the Board committed to ensuring that arrangements are in place for staff to make a transition of working environment in the best way for them.

## **Communications and Engagement Plan**

**Develop and implement a clear, measurable communication and engagement plan that supports the MHL D programme of change in line with Planning with People, ensuring effective two-way communication and strong engagement with staff, patients, families and the wider population, as evidenced by increased stakeholder awareness, participation and feedback.**

### **Planned Outcome:**

This will achieve improved understanding, clarity, openness, trust and active participation among staff, patients, families and the wider population in the MHL D programme of change. This will lead to more effective implementation and better outcomes for those the programme serves.

### **Status:**

- Staff informed of the Section 22 report with an outline of a new phase for MHL D services in Tayside
- Staff collaborative conversations continuing examples within the Partnership Promise Section
- Patient, Carer and Family Engagement examples are listed within the co-production section of the report
- The Chief Executive met with the Chief Executives of Dundee, Angus and Perth & Kinross Councils have been engaged
- Reports being presented to the Area Clinical Forum and Area Partnership Forum
- We have a section on the Staff Intranet and Website with updates and key information available
- The Board is developing a communication and engagement strategy in line with the agreed 25/26 corporate objective which will present to Board in April 2026. This will include a further strengthening of the Website to support accessible communications
- Mental Health and Learning Disabilities services are regularly celebrated through our social media platforms

## Public Reporting

- The 2025/26 NHS Tayside Board Corporate Objective for Mental Health and Learning Disability has reported quarterly through Clinical Governance Committee and Tayside NHS Board in public.
- There have been regular reports to the Board via Audit and Risk Committee and Clinical Governance Committee and also Board development sessions. Some of these have been in reserved business as they related to the Audit Findings which had not yet been laid before the Scottish Parliament. Some have been in open session through Chair's Assurance Reports and minutes from committees reporting to Board. On 18 December an update on the Medium-Term Plan was presented to the Board in public business. A further public update will be presented at the Board in February 2026.
- There have been regular meetings and updates with MP/MSPs all of which have Mental Health on the agenda. Two dedicated MHLD sessions for elected members in December 2025 and January 2026 offered a special single item briefing on Mental Health and Learning Disability Services and the NHS Tayside Response to the Audit Scotland Section 22 report. There have also been site visits by individual MSPs to Strathmartine and Murray Royal Hospital.
- The Adult Model of Care work includes an intense programme of stakeholder engagement and this is currently on going. Stepped Care Solutions have been commissioned to support the development of an implementation plan for the model of care. A decision-making group and project team was established in January 2026 and work to date has focused on readiness for change and the development of core component portfolios to support engagement across localities. A communication and engagement group is being established to support wider communications. This work continues to report to the Tayside NHS Board in public session.
- Five core KPIs for MHLD have been agreed and are reporting to NHS Tayside Board and Performance and Resources Committee in public business. agreed for inclusion in the Board Integrated Performance Report from February 2026 onwards. These are: Inpatient Average Length of Stay Days; Inpatient Bed Occupancy Rate; Delayed Discharges; Community Mental Health Team Waiting List; Readmissions to Hospital within 28 days of Discharge. Work is ongoing to agree targets and this will be included in governance reporting in the April cycle.
- The Mental Health and Learning Disability Progress Report at Appendix 1 will be presented to Tayside NHS Board in February 2026. It has been shared with key stakeholders and is available on NHS Tayside website.

## Co-production of our services

**Prioritise meaningful co-production by actively involving individuals with lived experience in shaping mental health services, recognising their insights as essential to designing care that truly meets community needs.**

### **Planned Outcome:**

Mental health services are co-produced in partnership with individuals who have lived experience, ensuring they truly reflect the needs of those they serve through active listening, shared learning and meaningful collaboration.

### **Status:**

- This is an on-going expectation that threads through all work.
- The current excellent examples of co-production are Adult Model of Care, LD transition plan, neurodevelopment pathway reform and development of MHL D Strategy.
- There is demonstrable evidence of meetings with families and people's views shaping the models.
- The refreshed MHL D Strategy is being actively co-produced.

## **Co-production with patients, families, carers, people with lived experience**

- The views of people with lived experience, families and carers are incorporated throughout all aspects of our service design. We are committed to sustaining the enhanced approach to co-production across all mental health and wellbeing services and can demonstrate this throughout the change programme to date.
- The Programme Board for the Models of Care for Adult Mental Health and Learning Disability has: Two staff side representatives & Four living experience representatives (three from Stakeholder Participation Group set up by Strang and one from Angus Voice)
- The Programme Board includes membership from senior staff across NHS Tayside and the three HSCPs, as well as the Stakeholder Participation Group. They meet regularly to oversee the design and development of the Model of Care for Adult Mental Health, as well as undertaking a period of wider consultation with all stakeholders. The MHL D Programme Board will oversee the conclusions of the consultation and engagement currently under way, followed by the development of a robust implementation plan. They will then oversee the implementation of the Adult Model of Care.
- Working in Partnership with the V&A in Dundee: A partnership which brought expert design methodology to the workstreams bringing senior managers, frontline staff, staff side representatives, families, people with lived experience, commissioners and care providers together co-produced prototypes to take forward the vision for MHL D in Tayside.



- The Model of Care Steering Group for adult mental health was established and includes a wider membership with three staff side representatives, independent advocacy groups from each of the three local authority areas and two living experience representatives. This steering group was tasked with co-producing a new model of care for general adult mental health for 2025–2030 which will transform mental health care. Rooted in human rights, person-centred practice and national strategic priorities, this model aims to deliver safe, effective and equitable mental health support for all adults across Tayside.
- Wider Stakeholder Engagement: Presentations on the Model of Care have been shared across a wide range of groups/meetings with third-sector stakeholder membership, as well as patients/service users and family representation. Twenty-nine engagement events took place between October and December 2025 with 433 stakeholders taking part. Feedback was reviewed, summarised and shared with the Programme Board to shape its future plans.
- Learning Disability Inpatient Transition Engagement: A key workstream of the programme is the patient and family and carers workstream which also has representation from independent advocacy groups to ensure the voices of inpatients are heard. Patients and their families and carers have been participating in engagement sessions, including workshops from February 2025 to date.
- Public information on website: NHS Tayside website updated with the content supported by the inclusion of lived experience stakeholder members of the Programme Board. This includes patient leaflets. Stakeholder views on providing helpful, easy to understand and appealing information has been listened to carefully and supports an open-ended survey/dialogue with the public.
- Share and Care Together (SACT): A prototype initiative supported by community development and engagement staff with living experienced service users leading developments. SACT aims to create change in MHLDS services in Tayside through codesign and creating a feedback loop. The group went on a Listening Tour across Tayside in Autumn 2025 with more than 25 community engagement opportunities across Tayside. The programme supports a part-time coordinator and they presented their journey and findings to the Programme Board in December 2025 for consideration.

# Making our plans a reality

## 2025/26: Moving from insights to impact

**The following section sets out the priority areas we are actively progressing to deliver real, measurable improvements for the people of Tayside. These actions are not abstract plans – they are targeted interventions designed to make a tangible difference to patients, service users, families, and communities. Each initiative reflects lessons learned from previous inquiries, oversight reports and audits, and is aligned with our shared vision of creating a unified, person-centred mental health and learning disability service.**

Our focus is on translating insight into impact: simplifying governance, strengthening leadership, refreshing strategy and embedding robust performance frameworks.

By accelerating redesign and integration, we aim to improve access, reduce delays, enhance quality and restore confidence in our services.

These priorities are underpinned by clear deliverables, defined outcomes, and transparent monitoring to ensure accountability and pace.

This is our commitment – to move beyond analysis and into action, driving sustainable change that improves experiences and outcomes for every individual who relies on mental health and learning disability services across Tayside.



# 2025/26: from insights to impact

## 1

### Developing NHS Tayside's Mental Health & Learning Disability Strategy

**NHS Tayside recognised the need for a transformative approach to mental health and learning disability services. Building on the Living Life Well 2020 framework, the organisation aimed to create a unified, integrated system that addresses the wider determinants of mental health and ensures equitable access for all.**

#### Challenge

- Need for alignment with national strategies, while addressing local priorities.
- Fragmented services leading to operational hand-offs and inefficiencies.
- Rising demand for crisis and inpatient care.

#### Vision

Every person in Tayside can access the right mental health support, at the right time, in the right place – empowering individuals to live and recover well and participate meaningfully within their communities.

#### Mission

To build a mentally healthier, stronger, and more resilient Tayside by prioritising mental health and wellbeing across all communities, reducing deaths from suicide and crisis admissions and ensuring no one faces mental health struggles alone.

#### Strategic Approach

##### 1. Integration & Governance

- Unite behind a single, integrated mental health and learning disability service.
- Strengthen clarity, governance, and accountability across the system.
- Have a concise, accessible strategy that is easy to read and outlines a clear whole system approach.

##### 2. Core Principles:

- Human rights-based approach.
- Person-centred, trauma-informed care.
- Co-production with lived experience.
- Prevention and early intervention focus.

### **3. Organisation Design**

- Enhance early detection and prevention.
- Streamline patient pathways and reduce operational hand-offs.
- Shift care from hospital to community settings.
- Embed digital tools for accessibility and efficiency.

### **4. Strategic Alignment**

- Align with national frameworks (Mental Health & Wellbeing Strategy 2023–33, Scottish Mental Health Law Review).
- Integrate local priorities (Trust and Respect, Listen Learn Change).
- Service Renewal Framework and Population Health Framework.
- NHS Tayside strategic objective and IJB strategic plan.

### **Development Timeline**

- Oct–Nov 2025: Board development and strategic direction setting.
- Dec 2025: Align local community strategies and gather stakeholder feedback.
- Jan / Feb 2026: Establish writers group
- March - May 2026 conduct online consultation, analyse feedback.
- August 2026: Final strategy approval through NHS Tayside Board and all three Integration Joint Boards with high level delivery plan

### **Expected Outcomes**

- Improved access through single points of entry and self-referral.
- Reduced reliance on inpatient care via community-based models.
- Enhanced collaboration across health, housing, education and third-sector partners.
- Technology-enabled care improving efficiency and patient experience.

### **Key Learnings**

- Whole-system collaboration is essential for sustainable mental health improvement.
- Embedding lived experience in design ensures services meet real needs.
- Digital integration accelerates access and reduces barriers.

# 2025/26: from insights to impact

## 2

## MHLD Governance in NHS Tayside

In 2025, NHS Tayside redesigned governance for Mental Health & Learning Disability (MHLD) services to improve accountability, assurance, and alignment across NHS Board and three IJBs. This summary highlights context, objectives, approach, key components, timeline, outcomes, risks and next steps.

### Context

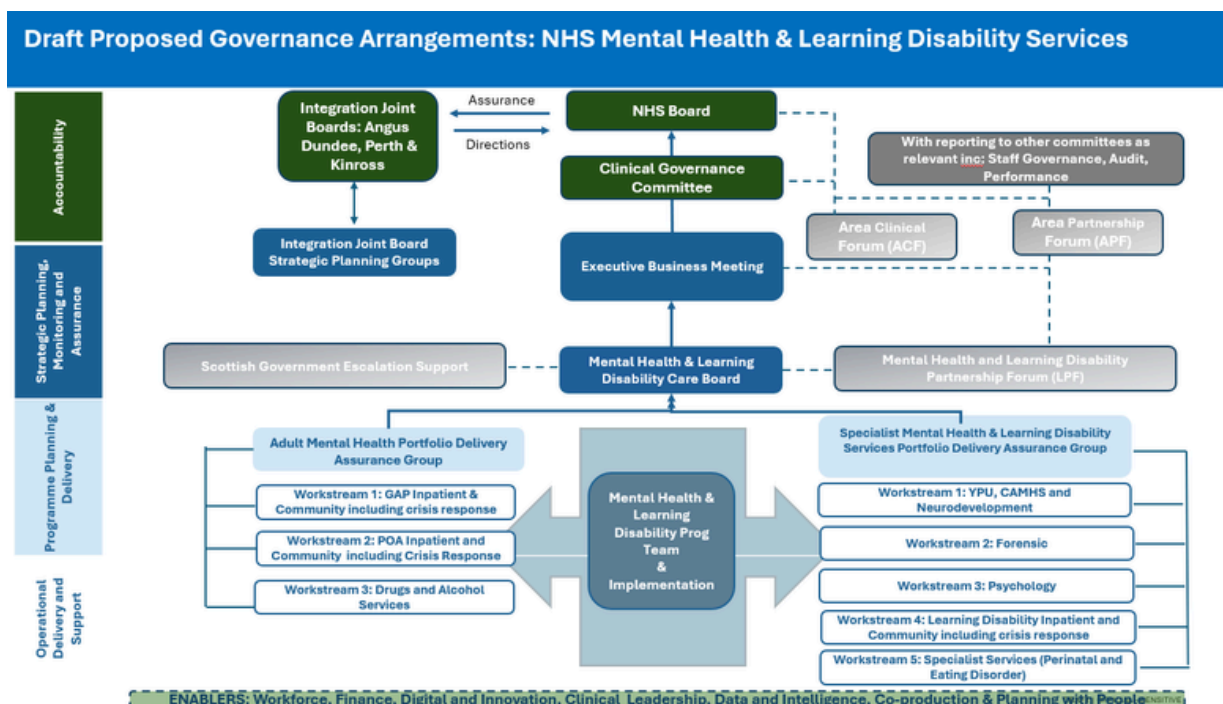
Fragmented governance led to duplication and unclear accountability across partners. A unified model is needed to deliver the Mental Health Strategy and improve safety and quality oversight.

### Objectives

- Clarify accountability from Board to Programme level
- Create a single planning and assurance path
- Establish and coordinate priority programmes and enabler workstreams
- Embed co-production and data-driven decision-making

### Approach & Key Components

- Three-tier model: Strategic Planning (Board & Committees), Programme Delivery (Strategy Executive Group, MHLD Programme Team) and Operational Support (Programme Boards, Enablers, IJB alignment)
- Enablers include Workforce, Finance, Digital, Data and Co-production



**Timeline (Nov 2025 – Jun 2026)**

- Engage on the Draft Governance Structure and present to NHS Tayside Board by February 2026.
- Development session with Integration Joint Boards planned for March 2026
- Implementation of this structure will be progressed following commencement of the Chief Officer/Director for Mental Health & Learning Disabilities by June 2026.
- Until this transition and handover takes place the Chief Executive will continue to lead the Enhanced Scrutiny and Monitoring Executive.

# 2025/26: from insights to impact

## 3

### Prototype Organisation Design for Mental Health & Learning Disabilities services

**The current complexity and geographic distribution of mental health and learning disability services in Tayside hinder the delivery of high-quality care. The redesign aims to create a cohesive structure that maximises resource efficiency and improves patient outcomes.**

#### Strategic Drivers

The proposed organisation design for NHS Tayside MHLD services has been informed by, and aligns with, the intention to deliver on:

- National strategies
- The priorities of the Population Health Framework (June 2025)
- The principles of reform set out in the Health & Social Care Renewal Framework (June 2025), including potential opportunities for regional/sub-national collaboration for specialist services
- NHS Tayside's Corporate Objective 2025/26 to fully integrate mental health and learning disability services across Tayside and achieve a single cohesive structure which will promote effective and efficient use of all resources; improve outcomes for patients; reduce complexity and enable a clear platform to work at greater pace of change).
- The principles of Integration remain core to this work and multi-agency working and close connections across all Chief Officers will be vital to ensure care is seamless as point of care delivery.

#### Draft Scope of Services

This is still being determined but seeks to explore:

- Adult Mental Health (Inpatient, Community, Psychiatry of Old Age)
- CAMHS & Young People's Unit
- Forensic Mental Health
- Learning Disability Services (Inpatient & Community)
- Drug & Alcohol Services (Still to be decided)
- Crisis Response & Early Intervention
- Psychology & Psychotherapy Services

Consideration is being given to Prisoner Mental Health Services in collaboration with staff.

## **Proposed Leadership Structure**

- Move to one Executive Director and create a unified MHLD service in Tayside

## **How does an Organisation Design Model Help Reduce Complexity?**

This design reduces complexity by clearly separating long-term strategy from operational and tactical work, ensuring distinct accountability and decision-making at each level. This alignment eliminates overlap, streamlines communication, and places people in roles suited to their capability.

## **Design Principles Informing the Organisation Design**

- Integrated care across health and social systems
- Person-centred and trauma-informed
- Prevention-focused with open access/self-referral
- Community-based delivery
- Alignment with national strategies and NHS Tayside objectives

## **Strategic Outcomes**

This design will help enable:

- Early Detection & Prevention: streamlined pathways, reduced operational hand-offs, evidence-based care closer to home.
- Integration Across System: vertical and horizontal integration with housing, education and third-sector partners.
- Improved Access: single points of access, self-referral, coordinated pathways.
- Hospital Redesign: shift from inpatient to community-based care for flexibility and cost-effectiveness.
- Digital Enablement: telehealth, online triage, shared digital platforms for integrated care.

## **Implementation Steps**

- Share prototype design drafted by Executive Leadership Team (including Employee Director) with senior teams and staff side colleagues and Local Authority HR colleagues - December 2025 to February 2026
- Develop wider Communication Strategy – Jan/Feb 2026
- Changes to design will be implemented in line with Organisational Change Policy and Staff Governance Standard – Feb/Mar 2026
- Implement changes in partnership with staff governance and multi-agency stakeholders – plan from April 2026 onwards.

# 2025/26: from insights to impact

## 4

### The Adult Model of Care

**NHS Tayside and the three Health & Social Care Partnerships (HSCPs) co-produced an adult Model of Care to deliver a rights-based, person-centred, and trauma-informed approach aligned with Scotland's Mental Health Strategy and Service Renewal Framework.**

#### Problem Statement

- Fragmented pathways between primary, secondary and crisis care.
- Limited community-based options, leading to unnecessary hospital admissions.
- Workforce shortages and inconsistent standards across localities.
- High prevalence of severe mental illness (SMI) and co-occurring conditions.
- Public trust deficit following previous service failures.

#### Objectives

- Deliver safe, effective, and equitable mental health care across Tayside.
- Embed human rights and trauma-informed principles in all services.
- Reduce reliance on inpatient care through community-based interventions.
- Improve access, early intervention, and crisis response.
- Align with national standards and financial sustainability within a £65m budget.

#### Intervention: The Tayside Model of Care

##### Core Components:

##### 1. Integrated Community Mental Health Services

Three-tier structure:

- Community Mental Wellbeing: Open access hubs for mild-to-moderate needs
- Specialist Assessment & Treatment: Holistic, multidisciplinary clinics
- Complex Care: Intensive support for SMI and high-risk cases

##### 2. Crisis & Acute Care

- 24/7 Crisis Response Teams
- Expansion of Intensive Home Treatment as an alternative to admission
- Exploration of EmPATH units for emergency psychiatric care

### 3. Condition-Specific Pathways

- Personality Disorder: Structured Clinical Management (SCM)
- Neurodevelopmental Disorders: Dedicated hubs and peer-led support
- Co-occurring Substance Use: Integrated “no wrong door” approach

### 4. Governance & Outcomes

- Adoption of PROMs/PREMs (Dialog+)
- Transparent reporting and annual independent review

### Implementation Strategy

- **Locality Leadership Forums:** Co-production with HSCPs, voluntary sector and lived experience representatives
- **Workforce Development:** New roles (peer support, navigators), training in trauma-informed care
- **Financial Framework:** Realignment toward community-based services; disinvestment from inpatient overcapacity
- **Technology Integration:** Digital self-referral and telehealth options

### Challenges

- Cultural shift from hospital-centric to community-based care
- Recruiting and retaining skilled workforce
- Managing demand for neurodevelopmental assessments
- Ensuring equity across rural and urban localities

### Outcomes & Impact (Projected)

- **Reduced inpatient admissions** through expanded home treatment
- **Improved access:** Self-referral and single points of contact
- **Enhanced patient experience:** Co-produced care plans and transparent communication
- **Financial sustainability:** £3.4M overspend addressed through resource realignment
- **Quality assurance:** Compliance with national mental health standards

### Lessons Learned

- Co-production with lived experience groups builds trust and relevance
- Embedding human rights and trauma-informed principles requires continuous training and leadership
- Integrated pathways reduce duplication and improve continuity of care



- Full Implementation of the Model of Care will reduce costs by £3.3 million per annum to within the recurring budget available.
- For 2025/26, costs for inpatient services have reduced as a result of operational improvements, reversing a trend of rising costs and reducing the overspend by a projected £0.4 million.

**Operational Improvements:** while developing the Model of Care, operational metrics have improved, demonstrating better resource use with:

- Occupancy % - Occupancy levels have improved in LD, GAP, POA and IPCU to 85-90% average.
- Delayed Discharges - Sustainable improvements since 2023 with a recent reduction in August and September 2025 marking a c.25 position for the whole of Tayside.
- Surge Beds - Additional unfunded beds are no longer in use.
- Agency use is being maintained at <5 shifts per week since 2024.

These improvements indicate progress toward efficiency and quality outcomes during the transition phase as the Adult Model of Care is designed and implemented. They demonstrate a system in balance approach across the Quadruple Aim.

# 2025/26: from insights to impact

## 5

### Development of Key Performance Indicators

**A key component of our transformation work is the development of a Performance Report built around a small set of Key Performance Indicators (KPIs) to provide clear, strategic insight and assurance on progress**

#### Key Performance Improvements

The development of KPIs which will be integrated into the Board Performance Framework was commissioned. The MHL D Performance Report is being developed in line with NHS Tayside's Performance Management and Assurance Framework (approved June 2025), ensuring consistency and transparency.

A Tayside-wide Task and Finish Group worked during to identify the most meaningful indicators of system performance. This included:

- Reviewing the Public Health Scotland Data set.
- Reviewing local reporting arrangements across the three Tayside Integration Joint Boards (IJBs).
- Aligning with existing Board-level Mental Health KPI reporting.
- Consulting national resources such as Discovery, the UK Mental Health Benchmarking group, and Scottish Government's Mental Health Directorate.
- Incorporating feedback from the Executive Management System for Excellence (EMSE) and a dedicated Board Development Session on performance assurance.

#### Core KPIs

The evolving performance report focuses on five KPIs:

- Average Length of Stay (Psychiatry of Old Age, General Adult Psychiatry, Learning Disabilities)
- Bed Occupancy Rate
- Delayed Discharges
- Community Mental Health Waiting Lists
- Readmissions within 28 days

Each KPI will include:

- Narrative assessment
- Graphical/tabular data
- Definitions
- Current performance vs. previous periods
- Planned improvement actions with accountable officers and timescales

The Medium-Term Plan has clear priorities and outcomes to enable performance and progress scrutiny with regular reporting to committee. There will be a fuller suite of KPIs reviewed through enhanced monitoring and scrutiny group (EMSE), including performance and process indicators which will also cover engagement and participation and have process measures for delivery of the medium-term plan. This will be complete by April 2026.

Work remains in progress in relation to experience indicators which will be developed through Patient Reported Outcomes Measures (PROM) and Patient Reported Experience Measures (PREM) which will initially be aligned to the Adult Model of Care Implementation, therefore timescales for introducing these will be part of the delivery plan.

In addition, a draft balanced score card has been developed to enable a quadruple aim view to guide decision making and flag early warning signals. This work aligns to the Tayside System in Balance work the Board is developing. It was introduced at the Board Development Session in October 2025 and was a focus of the Board Development Session in November 2025. This will be tested in MHLDS services working towards implementation from April 2026.

The Balanced Score Card Approach will:

- Establish a clear balanced score card which will align to strategy, measure performance and drive improvement
- Clarify roles and accountabilities and help flag issues earlier
- Align to our Organisation Design to support local empowerment and more consistent escalation
- Enable data monitoring across the system to guide decision making and monitor risk
- Connect priorities, reveal interdependencies and drive joined-up leadership behaviours
- Seek to bring clarity in complexity and drive whole-system balance

# Appendix 1: Timeline



Date



Activities

## Independent Inquiry into Mental Health Services in Tayside 2018-2020

May 2018	<u>Independent Inquiry commissioned into Mental Health Services in Tayside</u>
February 2019	Transfer of Mulberry Ward to Carseview Centre made permanent
February-August 2019	Stakeholder workshops to develop design for Learning Disability Assessment Unit, and consultation with stakeholders on site refurbishment
May 2019	<u>Interim report of Independent Inquiry published</u> with six key themes identified for further investigation
January 2020	<u>Scottish Government announced package of support for mental health services</u> ahead of publication of Independent Inquiry report
January 2020	Tayside Executive Partners (TEP) - NHS Tayside, Angus, Dundee and P&K Councils and Police Scotland - set out <u>statement of intent</u> ahead of publication of Independent Inquiry report
February 2020	<u>'Trust and Respect' final report of Independent Inquiry published</u> with 51 recommendations to be addressed across five cross-cutting themes



Date



Activities

## Listen Learn Change Action Plan & Living Life Well Strategy 2020-2021

March 2020	<b><u>Scottish Government directive to NHS Tayside to take over operational management of Inpatient Mental Health Services from P&amp;K IJB</u></b>
March 2020	Work to deliver preferred option of MHLD Redesign Programme paused as recommended in Trust and Respect report
April 2020	Work commenced to develop Tayside strategy and change programme for Mental Health and Wellbeing
July 2020	<u>Listen Learn Change Action Plan published</u> in response to recommendations in Trust and Respect report
January 2021	<u>Publication of Living Life Well Strategy</u> which was co-produced with partner organisations, third sector, staff, and people with lived experience
June 2021	<u>Listen Learn Change Progress Report presented to NHS Tayside Board</u>
July 2021	<u>Trust and Respect Progress Report published</u> with five actions identified as necessary to implement the recommendations in the Trust and Respect report
September 2021	<u>Mental Health service user survey report published</u> by mental health charities and Stakeholder Participation Group



## Date



## Activities

### Independent Oversight & Assurance Group/Tayside reponse 2021-2024

October 2021	<u>Independent Oversight and Assurance Group (IOAG) established by Scottish Government</u>
November 2021 - August 2022	IOAG quarterly reports: <u>Nov 21 - Jan 22</u> <u>Feb - Apr 22</u> <u>May - Aug 22</u>
January 2023	<u>IOAG final report published</u> with six recommendations
March 2023	<u>Mental Health and Learning Disability Improvement Plan</u> submitted to Scottish Government in response to the recommendations in the IOAG report
June 2023	Living Life Well Change Programme reviewed and re-established as <u>Tayside Mental Health and Learning Disabilities Whole System Change Programme</u>
March 2024	Whole System Change Programme incorporated into 10 Sustainable Health and Care Workstreams for Tayside Delivery Plan 2024-2027
June-August 2024	MWC visit to Strathmartine raises significant concerns. Med Dir and Nurse Dir recommend accommodation cannot provide therapeutic environment. CET decision to expedite 2018 IJB decision to move LD inpatient to one campus.
September 2024	The commencement of the LD transition, what this means for patients in inpatient settings and the programme of work under way to ensure people are being cared for in the right place by the right people, has paved the way for a new approach for MHLDD in Tayside. The new models of care are being progressed with more focused, prioritised programmes of work and the Medium Term Delivery Plan has placed pace and a single commitment at the heart of delivery.



## Date



## Activities

### Continued work 25/26 following on from Audit Scotland Findings

<b>External Audit Findings</b>	Wider Scope Audit Findings reported to audit Committee and Board June 2025
June/July 2025	Call to action and establishment of Enhanced Monitoring and scrutiny Executive
August 2025	Development and delivery of Medium Term Plan continuing to monitoring delivery of the adult model of care work and Learning Disability Transition Programme
Dec 2025	Auditor General laid section 22 report to the Parliamentary Audit Committee
December 2025	Adult Model of Care presented to Integration Joint Board and Health Board and Engagement Commenced till April 2026  Report to Public Board
Jan 2026	MHLD Progress report June to December 2025 provided to First Minister  Letter received requesting a written update to the Public Audit Committee.
Feb 2026	Progress report submitted to the Public Audit Committee including next steps

# Appendix 2: Case Studies

## Case Study 1: The ARE YOU OK? Campaign – A Local Approach to Mental Health and Wellbeing Support

The "ARE YOU OK?" campaign was launched in Angus in 2024 to promote access to the right care, in the right place, at the right time, by the right person.

A key component of the initiative is a dedicated webpage that provides a single source of information on mental health, wellbeing, suicide prevention and crisis support, spanning services from community support to specialist acute support.

The campaign was promoted through social media and events throughout Angus, with a specific approach aimed at young males. Printed campaign materials were also created that include a QR code for easy access to the webpage.

The ARE YOU OK? webpage links to various resources under the category of "Types of help," including:

- Suicide prevention
- Mental health and wellbeing support, including provision at GP practices
- Digital resources such as apps, programmes, tools and courses
- Other local sources of support

For individuals experiencing thoughts of suicide or feelings of distress, the site lists key crisis contacts such as 999, NHS 24, Samaritans and Breathing Space.

### Targeted Support

The resources are organised to assist people based on their particular circumstances, offering help and support tailored to specific needs and population groups. This includes circumstances like suicidal feelings, alcohol and drugs, eating disorders, dementia, gender based violence, bereavement, neurodiversity, and money, benefits or debt.

Specific groups the resources target include carers, veterans, men, women, children/young people, and LGBTQ+ people.

Additionally, the page provides links to related external support, such as help with the cost of living.





## Case Study 2: Community Wellbeing Hubs – Local Provision for Mental Health Crisis Support

**Local Community Wellbeing Centres are now open in each of the local authority areas of Tayside, providing immediate, non-clinical support to individuals experiencing emotional distress or mental health crisis across the region.**

Hope Point in Dundee, The Neuk in Perth and The Beacon in Arbroath aim to bridge the gap between community support and specialist acute care, focusing on timely intervention and person-centred interventions. They prioritise direct and rapid access to support, acknowledging that when someone is in crisis, they cannot wait for an appointment or referral.

All three services offer short-term holistic support for those experiencing distress, overwhelm and suicidal thoughts. They aim to lower barriers to access by providing a number of points of entry, including face-to-face, phone, text, email and social media, with no referral needed.

### Partnership Approach

The centres have multi-agency input, including from NHS Tayside, the Health and Social Care Partnerships and third sector organisations in each locality.

Hope Point is managed by Penumbra, The Beacon is managed by Hillcrest Futures and The Neuk is a peer-led service supported by local organisations including Perth & Kinross Association of Voluntary Services (PKAVS).

### Outcomes

These services are designed to provide direct access to support using a “no referral required” model which means people can receive immediate support in times of crisis.

The multi-agency model helps to ensure that services are working together to provide care and support to people in a single location.



## Case Study 3: Intensive Psychiatric Care Unit (IPCU) – Royal College of Psychiatrists Accreditation

**The Intensive Psychiatric Care Unit (IPCU) at Carseview Centre achieved accreditation membership of the Royal College of Psychiatrists in 2024, recognising the team's success in meeting standards of excellence.**

NHS Tayside's IPCU is the only unit in Scotland that is accredited by the RCP and, across the UK, only around 13% of those that enter the scheme will achieve accreditation. The accreditation is in place for a three-year period.

The RCP's Quality Network for Psychiatric Intensive Care Units (QNPICU) supports units through a process of self and peer review in order to meet the required standards for accreditation. Having accreditation membership assures staff, service users, carers, commissioners and regulators of the quality of the service being provided.

The achievement was described as "a real multi-disciplinary team effort", requiring "a lot of hard work, commitment, planning and preparation".



## Case Study 4: CONNECT – A New Early Intervention Service for Psychosis

The CONNECT service was launched in Dundee in 2023 for people experiencing the early stages of psychosis.

CONNECT provides a range of early interventions for people aged between 16 and 35 who are experiencing their first episode of psychosis. By providing care and support at these critical early stages, CONNECT aims to reduce the likelihood of hospitalisation and help individuals maintain their independence and life goals.

### Multi-disciplinary Approach

The team of mental health nurses, clinical psychologists, psychiatrists, peer support workers and healthcare support workers offer specialist assessment, care and therapeutic input to help improve individuals' long-term recovery prospects.

They work with people to help them improve their mental health, develop self-management skills, access education, work and leisure, build positive relationships, and access robust assessment and treatment including psychological therapy, family interventions and psychiatric assessment.

### Benefits

Early intervention services can provide a number of benefits such as reduced hospital admissions, suicide rates, treatment waiting times and severity of symptoms, as well as improved physical and emotional wellbeing, and improvements in patients' social, vocational and personal lives.

The service is supported by Healthcare Improvement Scotland (HIS).



# Appendix 3: Audit Scotland Recommendations

## Collating our progress aligned to three Audit Scotland Recommendations

Audit Scotland concluded that:

**“The mental health and learning disabilities Whole System Change Programme has made some progress in addressing the issues identified by the IOAG, but substantial issues and challenges remain.”**

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The report included three recommendations:

1. Following the decision to reduce the Whole System Change Programme in scope, refreshed priorities for improvement are needed and a clear plan for implementation, including specific actions, timescales and costs. It should set out how this work will be resourced, and how progress will be monitored and reported publicly.
  2. NHS Tayside should clarify the roles and responsibilities for each group involved in leadership and governance arrangements for the WSCP and how they interact, and ensure that Terms of Reference, structure diagrams, and progress reports are updated to reflect these arrangements.
  3. Improvements are needed to the suite of KPIs, to ensure it is possible to clearly assess progress. This should be done by developing the remaining KPIs, clarifying targets and the timescales for achieving these, and reporting progress in a way that clearly shows long-term trends in performance.
- 

NHS Tayside accepted the Audit Findings in full and commenced immediate action to address the recommendations.

Noting that NHS Tayside has intentionally taken a broader approach and utilised the audit findings as a catalyst for change, this appendix seeks to draw through the evidence provided in this wider progress report and group this under the three recommendations to make it transparent and explicit how these actions are directly aligned to the audit findings.



## Audit Scotland Recommendation 1

**Recommendation 1: Audit Scotland Recommended that following the decision to reduce the Whole System Change Programme in scope, refreshed priorities for improvement are needed and a clear plan for implementation, including specific actions, timescales and costs. It should set out how this work will be resourced, and how progress will be monitored and reported publicly.**

In Response to this recommendation the Whole System Change Programme was reprioritised to include the Adult Model of Care and the Inpatient Learning Disability Transition Programme.

The current position is:

- Adult Model of Care: Draft model for inpatient and community services completed. Stakeholder engagement is underway and final approval scheduled for April 2026. Implementation capacity has been strengthened.
- Inpatient Learning Disability Transition: Building works complete; staff engagement ongoing. First patient moves expected to commence in March 2026. Families have visited the new unit and remain engaged.

NHS Tayside Board has recognised Mental Health and Learning Disability services as a priority and agreed a Corporate Objective as a priority in April 2025. This initiated the work to consider a unified Mental Health and Learning Disabilities approach across Tayside.

The broader conclusions reached by Audit Scotland relating to both pace and complexity were a further catalyst for change. It was recognised that the change required across Mental Health and Learning Disability Services was broader than the three recommendations listed within the Audit Scotland report. In response, the Chief Executive Team has prepared and driven forward a Medium-Term Plan which is being overseen by the Enhanced Monitoring and Scrutiny Executive (EMSE) Oversight Group.

Project Management Support has been appointed which is enabling pace and supporting robust project management approach to the work of EMSE and the Models of Care.

Considerable progress is being made on the Medium-Term Plan key deliverables summarised as follows:

**Chief Officer/Executive Director for MHL D:** Recruitment completed in January 2026, reducing leadership from five to one Executive Director. The Chief Officer/Executive Director for MHL D will commence post on 30 March 2026.

**Risk:** The Board has approved a strategic risk for Mental Health and Learning Disability reporting to the Clinical Governance Committee. The strategic risk profile also reported to the Audit and Risk Committee in February 2026. The operational risk registers are being reviewed and a single system of risk is being implemented.

**Prototype Organisation Design:** This new organisational structure for MHL D has been developed across all ages, specialities and settings. This will enable clearer responsibilities, reduced duplication, pan-Tayside pathways and faster decision-making. Engagement with staff and trade unions began in December 2025 with feedback due February 2026 and further meetings planned for March 2026 to ensure staff voice has informed the final design and that this has been progressed in partnership.

**Draft Single Governance Framework:** This is attached and intends to clarify roles and responsibilities and align with the Organisation Design. It is for approval by NHS Tayside Board in February 2026 and will be discussed with Integration Joint Boards at a development session planned for March 2026.

**Refreshed Strategic Direction:** This is in development and aligned to the Service Renewal Framework, Population Health Strategy, Mental Health Strategy and Board/IJB priorities. To be presented by August 2026. Importantly, improvement work is progressing in parallel with strategic development.

**Single Clinical Governance Report:** This work was commissioned by the Clinical Governance Committee in October 2025 and a unified whole-system report will be presented to the Clinical Governance Committee in April 2026.

**Reducing LD Delayed Discharge:** Scottish Government funds will support development of community alternatives. Community Models of care to enable shifting the balance of care will enabling further discharges to be supported. As at the most recent review there is a total of 20 people receiving care within our Learning Disability inpatient wards. Of the 20 patients, 11 people are experiencing delay. All of these patients have complex needs and require specialist accommodation and support and care packages. Chief Officers have confirmed there are planned dates for discharge in place for 10 of these individuals to secure a successful discharge. 6 discharges are planned by the end of March 2026. By December 2026, a further 4 patients are scheduled to be discharged.

**Neurodevelopmental Pathway Reform:** Risk-stratification shows 70% of Children and Young People on waiting lists do not require CAMHS specialist care. Multi-agency GIRFEC-aligned work is ensuring needs are met appropriately without unnecessary medicalisation and improved multi-agency collaboration and pathways.

**Psychological Therapies:** Six specialities consistently meet the 90% standard. Three are at 80-90%, with three more on trajectory to achieve 90% by June 2026. A root and branch review for further improvement actions is underway through the newly appointed Director of Psychological Therapies. This service remains in level 2 of the support and intervention framework with regular reports to the Performance Committee and inclusion of a performance indicator in the Board Performance Report. The most recent reporting to committee and Board was in February 2026.

**Psychiatry of Older Adults:** Improvement programme aligned to the principles of the adult model of care. This work is currently at an early stage but a workstream has commenced to develop this model.

**Performance Monitoring:** Following Board Development sessions and discussion at the Clinical Governance Committee, five core KPIs are agreed and have been incorporated into the Board's Integrated Performance Report from February 2026. The MHL D Balanced Scorecard is due by April 2026.

**Operational Improvements:** Nurse agency use reduced from 40+ WTE per week (2023) to consistently <5 WTE (since 2024). Delayed discharges reduced from 42 (Jan 2022) to 23 (Sept 2025). Bed occupancy consistently below 90%.

**Staff Governance:** There are currently six Local Partnership Fora where elements of Mental Health and Learning Disability services report. In agreement with the Employee Director there will be one Local Partnership Forum to support strong partnership working across Mental Health and Learning Disability which will report to the Area Partnership Forum.

**Public Reporting (building on the information in pages 29-34 of this report):** A key element of this recommendation includes public reporting, and this has been addressed through a range of actions:

- The Corporate Objective for Mental Health and Learning Disability has reported quarterly through open Clinical Governance Committee and Tayside NHS Board.
- There have been regular reports to the Board via Audit and Risk Committee and Clinical Governance Committee and also Board development sessions. Some of these have been in reserved business as they related to the Audit Findings which had not yet been laid in Parliament. Some have been in open session through Chair's Assurance Reports and minutes from committees reporting to Board. On 18 December an update on the Medium-Term Plan was presented to the Board in public business and again in February 2026.

- There have been regular meetings and updates with MP/MSPs all of which had Mental Health on the agenda: March 24, Nov 24, Feb 25, March 25, May 25, July 25, Sept 25, Nov 25, Dec 25 and Jan 26. The December 2025 and Jan 2026 sessions offered a special single item briefing on Mental Health and Learning Disabilities Services and the NHS Tayside response to the Section 22 report. There have also been site visits by individual MSPs.
- There continues to be a strong focus on co-production and engaging the voice of people with lived experience with staff, patients and families being actively involved in both the Adult Model of Care work and Learning Disability Transition Programme. In addition to any individual or workstream engagement, there has been patient and family engagement including workshops in Feb 25, March 25, Sept 25, Dec 25, Jan 2026. The Model of Care work includes an intense programme of stakeholder engagement and this is currently on going. due to complete April 2026.
- Engagement sessions with Staff Side, Trade Unions and Staff in December 2025
- Public Partners were involved in the recruitment process for the Chief Officer as part of an advisory panel on 19 January 2026 enabling peoples voice of lived experience to be an active and valued part of this process.
- A wider stakeholder panel was also involved in the recruitment process for the Chief Officer including Clinical Leads and Chief Officers, Finance and Human Resources Leads, wider system representatives from Dundee City Council, Perth & Kinross Council and Angus Council including Chief Social Work Officer, Directors of Education, supporting whole system engagement on 19 January.
- The Chief Executive continues to connect on a regular basis with the Chief Executives from Local Authorities and the HSCP Chief Officers continue to be Members of the Enhanced Monitoring and Scrutiny Executive.
- Visit from the Minister of Mental Health and Social Care and Scottish Government Officials from the Mental Health Directorate on 21 January.
- Presentation to the Area Clinical Forum on 12 February 2026. Further presentation planned for the next Area Partnership Forum in March 2026 following the verbal report provided in January 2026.
- Visit to NHS Tayside from the NHS Scotland Chief Operating Officer / Deputy Chief Executive 13 February 2026.
- The Chief Executive is sharing learning at a session with Chief Executives across Scotland on 24 February 2026.
- Engagement remains actively ongoing in relation to the Adult Model of Care anticipating this will be concluded by April 2026.
- Development session with Integration Joint Boards is planned for March 2026.
- The commission of Stepped Care Solutions also supports a person-centred approach with wide engagement in this work.
- Transparent staff engagement has been enhanced through the staff briefings led by individual Directors with their teams, as well as the progress updates and FAQs on the staff intranet page.
- The progress report and NHS Tayside Board papers are publicly accessible through the NHS Tayside website.



## Financial framework.

- The Financial Framework will evolve. The process of developing costed plans began with the Board's 2025/26 Financial Plan, which was approved by the Board and Scottish Government in March/April 2025. This plan identified a financial earmark to cover the costs of implementation and/or bridging costs, based on high level projections at the time. Costs have since become more detailed, having been refined throughout the course of the year as service plans develop and the level of certainty increases.
- The LD Transition is a four phase implementation. Progress to date reflects the following: Workforce - The conclusion of the staff engagement process week beginning 16 February, 2026, will allow workforce plans to be finalised and costed and any double running costs to be identified; the impact on supplementary costs will be confirmed based on substantive staffing levels; potential costs of travel/transporting staff can be confirmed/ Capital and equipment costs - Upgrades to Murray Royal Hospital accommodation are complete and significantly below planned cost; Property costs - An overall reduction in costs; MRH costs will be absorbed within the unitary charge paid by the Board; the impact on lifecycle costs to be assessed; Community models of care - The impact on the costs of community models of care will be further assessed through Phases 3 and 4 of the plan, which are due to be implemented by December 2026. A detailed costed plan will go to the Board's Performance and Resources Committee in April 2026.
- Adult Model of Care: The Adult Model of Care is at an earlier stage. Currently out to consultation, plans will follow the process of implementation over the next two years.
- For both The LD Transition and Adult Model of Care, a focus on the quality of care provided (accommodation, pathways, community placement) will introduce a level of efficiency to service delivery and reduce costs overall.
- Adult Model of Care (GAP): Operational improvements in 2025/26 have already reversed rising cost trends, reducing the projected inpatient overspend by £0.4 million. Once fully implemented, this model is projected to reduce costs by £3.3 million per annum, bringing the service within its recurring budget.
- Learning Disability (LD) Transition: Operational improvements in LD services are projected to reduce overspends by £0.2 million in 2025/26. The financial framework for LD supports a £2.0 million shift from inpatient to community care, which is expected to reduce the overspend by a further £0.7 million.
- Estate Rationalisation: By reducing the use of high-risk properties and transitioning the Inpatient LD service at Strathmartine to MRH, the Board expects to improve cost-effectiveness and reduce infrastructure-related financial risks.
- Value-Based Care: The introduction of a balanced scorecard by April 2026 will triangulate financial data with quality, performance and staff data to ensure decision-making supports a system in balance across the quadruple aim.

## Audit Scotland Recommendation 2

**Recommendation 2: NHS Tayside should clarify the roles and responsibilities for each group involved in leadership and governance arrangements for the WSCP and how they interact, and ensure that Terms of Reference, structure diagrams, and progress reports are updated to reflect these arrangements.**

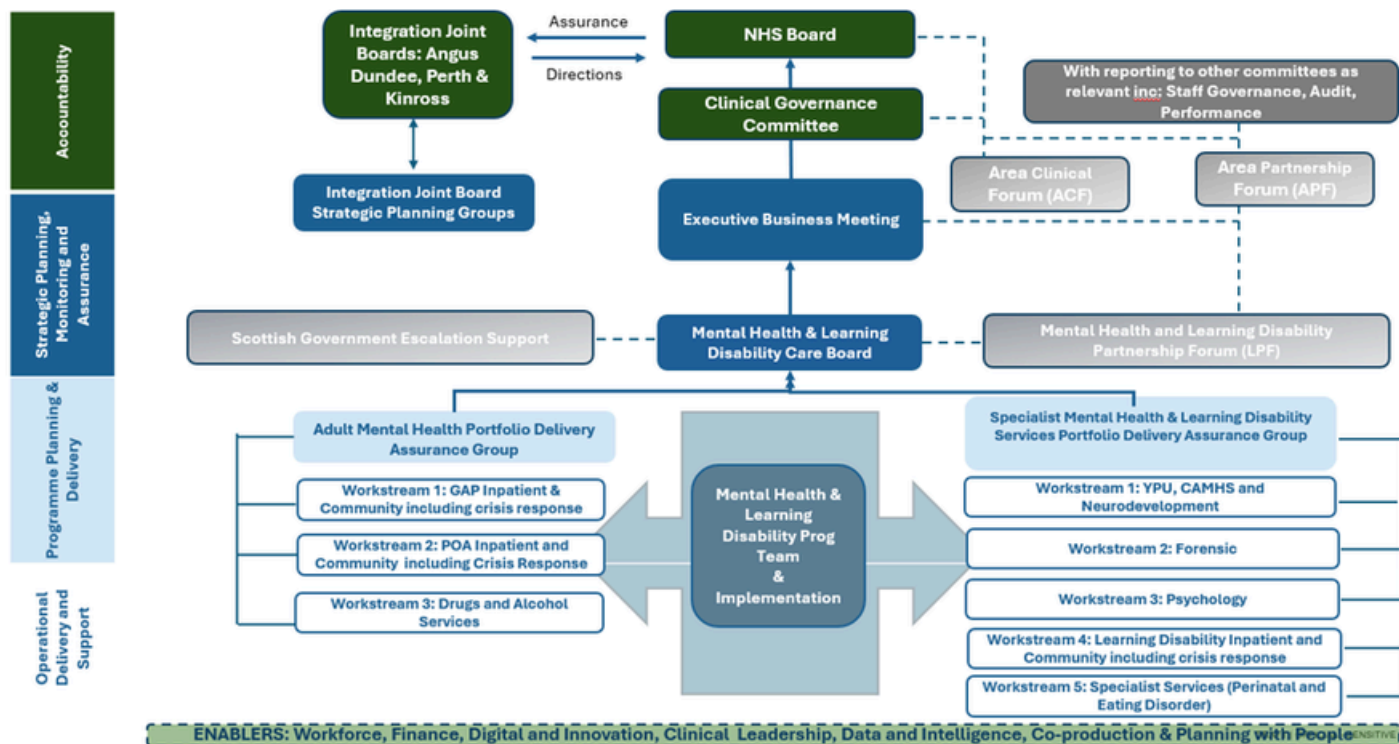
An immediate response to this recommendation was a review of groups that meet and how they connect and actions taken to strengthen and create the conditions for progress at an accelerated pace. This included:

The Whole System Change Programme Board was renamed to reflect the Model of Care Group and the terminology Whole System Change Programme is no longer used. The Terms of Reference were updated to reflect the new priorities for the Adult Mental Health Model of Care and the Learning Disability Transition Programme.

- The Enhanced Monitoring and Scrutiny Executive Oversight Group was established, chaired by the Chief Executive and overseeing all Mental Health and Learning Disability change and transformation, including the above referenced oversight group.
- A much wider approach has been taken than the original recommendation and this is what is now defined in response to Recommendation 2.

The Executive Team have reviewed the governance structure and is taking a future-focused approach to enable a clear structure that will support unified single Mental Health and Learning Disability Services. This simplified approach will ensure groups that are driving forward the ongoing change and transformation programme have clear lines of leadership and governance under a single Executive lead.

This structure recognises the roles and responsibilities held by the statutory bodies and also how this will be operationally driven and how we will continue to ensure that integration and whole system joint working and planning will continue to underpin all work. The intention is that there is close alignment between how we drive transformation and change and the future Organisation Design. This means this draft structure may be subject to local amendments at workstream level. There is also planned engagement to follow with Integration Joint Boards to ensure strong whole system alignment and this is planned for March 2026.



## System Roles and Responsibilities through Governance

**Integration Joint Board (IJB):** The IJB is the statutory body responsible for setting strategic direction, commissioning delegated services, allocating resources and receiving assurance for delivery of agreed outcomes. All three IJB's and the Health Board will sign off the strategy and the IJB will issue direction to NHS Tayside for the delivery of the strategic plan for Mental Health and Learning Disability Services and receive annual reports on the implementation of the strategy and assurance of delivery. Chaired by the Integration Joint Board Chair. Annual reports will be presented on the delivery of the strategy. Further reports will be presented in line with any directions issued.

**Strategic Planning Group (SPG):** Each IJB has a Strategic Planning Group which undertakes a crucial role in developing IJB Strategic Plans. The SPG will be engaged in the development of the Tayside Mental Health and Learning Disability Strategy to support alignment to local IJB strategic plans. There will continue to be alignment as any IJB strategic plans are updated or Strategies are refreshed.

**NHS Board:** In line with the Blueprint of Good Governance, NHS Tayside Board holds responsibility for: Setting the direction; Holding the Executive Leadership Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered; Managing risks to the quality, delivery and sustainability of services; Engaging with key stakeholders, as and when appropriate; and Influencing the Board's and the wider organisational culture. The Board will jointly approve the strategy and ensure delivery aligns with IJB directions to deliver the agreed strategic commission and associated performance outcomes within the agreed budget. The board will also oversee the governance of the delivery including clinical and staff governance and performance. Chaired by NHS Tayside Board Chair. The Board will receive quarterly reports as aligned to the Board Corporate Objective for 26/27 and the Board Strategic Risk for Mental Health and Learning Disability Services, in addition there will be reports aligned to the Board Workplan.

**Committees:** The Clinical Governance Committee is the main standing committee of the Board that ongoing progress will report through. It will provide assurance to the NHS Board on the safety, effectiveness, experience and clinical quality of care, including risk management and professional standards. This is the key committee that will receive the Quarterly progress updates on the delivery of the Mental Health Strategy aligned to the Corporate Objective, with reports being provided as required to other NHS Committees including staff governance, Audit and Performance. Chaired by non-executives of NHS Tayside Board.

**Partnership and Clinical Fora:** There will be a reduction from 6 to 1 Local Partnership Fora (LPF) which supports good staff governance and implements the Partnership Promise for mental health and learning disability services. This will support partnership working with the Mental Health and Learning Disability Directorate and MHLDD Care Board. The LPF will report to the Area Partnership Forum which provides updates to Staff Governance Committee and NHS Tayside Board. Engagement will continue with the Area Clinical Forum (ACF) which provides updates to the Clinical Governance Committee and NHS Tayside Board. APF is co-chaired by CEO and Employee Director. The ACF Chair is also a Non-Executive Member of the Board. The LPF will be co-chaired by the Director of Mental Health and a Designated Staff Side Representative. Through the ACF and APF there will be connection into both the Clinical Governance Committee and Staff Governance Committee and also directly to the Board in the Chairs assurance reports. Updates on Mental Health will routinely be provided in line with the Corporate Objectives and in accordance with the APF and ACF workplan.

**Scottish Government Escalation Support:** Whilst NHS Tayside remains in enhanced monitoring and escalation, regular reporting to Scottish Government will continue. This continues with Scottish Government Officials and Directors. The Chief Executive and Chair have also met with the Minister for Social Care and Mental Health in December 2025 and there was a follow up meeting with the Chief Executive in January 2026. The Chief Executive has also invited the Chief Operating Officer & Deputy Chief Executive, NHS Scotland and also the Director of Mental Health to Tayside in February 2026 to update on progress. A progress update was provided to the first Minister on 23rd December 2025.

**Executive Team Meeting:** The Executive Team provides system leadership and coordination, making operational and strategic decisions to ensure organisational performance, delivery of plans and effective management of risk and resources. This is chaired by the Chief Executive. It is proposed that overarching reports regarding Mental Health and Learning Disability will be reported every 8 weeks to the Chief Executive Team, with additional reports coming through in relation to the Corporate Objectives, strategic and operational risk, clinical governance, models of care and financial monitoring in accordance with the Executive Meeting workplan.

**Mental Health & Learning Disability Care Board:** This will replace the Enhanced Monitoring and Scrutiny Group currently chaired by the Chief executive. The Care Board provides senior leadership oversight of the MH&LD portfolio, translating strategic intent into coherent delivery priorities and ensuring alignment across organisations and programmes. Chaired by the Executive Lead for Mental Health and Learning Disability Services, and including all 3 HSCP Chief Officers, Co-chair of LPF, Operational Medical Director, Director of Psychology, Assoc Nurse Director, Head of Clinical Pharmacy, Director of AHPs, Deputy HR Director, Deputy Finance Director this is a critical group in ensuring that delivery continues to support whole system working, alignment to the Quadruple Aim and the enabling to the principles of Integration. This will meet on a monthly basis receiving reports and directing work to the Portfolio Assurance and Delivery Groups to drive and assure delivery of the medium-term plan and strategy enabling a whole system approach; Senior leadership oversight of the MH&LD portfolio, translating strategic intent into coherent delivery priorities and ensuring alignment across organisations and programmes.

**Portfolio Assurance and Delivery Groups:** The Assurance and Delivery Groups monitor progress against agreed plans. These groups will be chaired by the Stratum 5 leads with representation Workstream Leads, Staff Side Representative, Clinical Leads and Operational leads within the portfolios and opportunity for wider system representation to ensure that social care, social work and the third sector and patient representatives continue to remain well engaged and to continue to support strong whole system working in the delivery of service. This group will meet a minimum of monthly and will commission the priorities and scope for the workstreams and monitor progress against agreed plans, manage delivery risks and issues, and provide assurance to the executive lead that programmes are on track, or identify where corrective action is required.

**Workstreams:** Workstreams are time-bound delivery structures responsible for influencing design, implementing and reporting on specific service improvements, ensuring practical change is delivered in line with agreed priorities and enablers. They provide assurance or escalation to the aligned Portfolio Delivery Assurance group. The number and focus of workstreams and frequency of meetings under an Assurance and Delivery Group may change over time in line with the evolution of the Medium-Term Plan or if new priorities emerge. They will likely be chaired by the stratum 4 leads with Operational and Clinical teams within the specialism of the workstream, staff side leads and any other wider representation required including patient voice.

## **System Roles and Responsibilities of Individual Directors**

There is clarity on the roles and responsibilities of individuals within the Chief Executive Team to ensure there is a sustained collaborative and whole system focus on Mental Health and Learning Disability Services which will be aligned to both a corporate objective for 26/27 and also personal objectives for each Director. The team will work together collaboratively, combining their individual accountabilities with their responsibilities as systems leaders to enable the ongoing success of this transformational work:



- **Chief Executive:** Accountable Officer
- **Chief Officer/Director Mental health and Learning Disability:** Single responsible Executive Director for the operational delivery of unified Mental Health and Learning Disability services across NHS Tayside. Lead large-scale transformation across Mental Health and Learning Disability Health and implementation of the strategy. Provide wider systems leadership to uphold the principles of integration reflecting the expectation that services will continue to be integrated for service users with strong locality relationships to enable placed based care and joint working across Health, Social Work, Social Care and Third Sector Services
- **HSCP Chief Officers:** Accountable Chief Officer to the IJB for the strategic planning and commissioning of services, including MH Services. Single responsible Chief Officer/Director accountable to respective local authorities (LA) for the operational delivery of LA mental health and learning disability related services. Provide wider systems leadership to uphold the principles of integration reflecting the expectation that services will continue to be integrated for service users with strong locality relationships to enable placed based care and joint working across Health, Social Work, Social Care and Third Sector Services
- **Medical Director:** Professional Leadership for Medical and Psychological Therapies. Executive Leadership for Clinical Governance.
- **Exec Nurse Director:** Professional Leadership for Nursing and Allied Health Professionals. Executive Leadership for Clinical Governance.
- **Director of People and Culture:** Executive Leadership for workforce strategy, wellbeing, organisation design.
- **Director of Finance:** Executive Lead for financial framework, working closely with HSCP's
- **Director of Communications:** Executive Lead for Communications and engagement.
- **Board Secretary:** Executive Lead for Risk and Board Reporting arrangements.

### Advantages of this Design approach

- Clear lines of **accountability** including between IJB & Health Board
- Strong **alignment** between strategy and delivery governance, Board governance, Executive leadership and frontline and speciality engagement
- **Whole system**, integrated leadership
- Stronger and more proportionate assurance driving **empowerment and ownership** at all levels with clear lines of escalation
- Focus on **delivery**, not just **governance** meaning this structure will be able to drive the pace and scale of change required
- Improved **clinical quality and safety oversight** with strong clinical engagement at all levels and connection to the Area Clinical Forum.
- **Stronger enablers** built into the approach meaning that the expertise across a range of specialities will enable driving improvement and the **voice of lived experience and co-production** remains strong.
- Strengthened staff partnership and engagement achieved through a **single Local Partnership Forum** which is co-chaired and reports to the Area Partnership Forum.
- **Transparency and auditability** as there is a clear reporting schedule
- Flexibility and **scalability** over time enabling new workstreams according to need.
- Creating the **capacity for change** through both this dispersed model and also having a clear programme/project team to enable implementation.
- **Shared understanding** of individual roles and systems approach to enable delivery.

## Recommendation 3

**Recommendation 3: Improvements are needed to the suite of KPIs, to ensure it is possible to clearly assess progress. This should be done by developing the remaining KPIs, clarifying targets and the timescales for achieving these, and reporting progress in a way that clearly shows long-term trends in performance.**

Similar to Recommendations 1 and 2, the Executive Team have taken a much broader approach to developing Key Performance Indicators.

A priority in the Medium-Term Plan is to Develop and implement a whole-system performance framework that is aligned with national outcomes and enabled by Key Performance Indicators, ensuring representation across all key service areas in Mental Health and Learning Disability Services. The framework will be co-designed with stakeholders and reviewed monthly to monitor effectiveness and drive continuous improvement.

This will deliver a whole-system performance framework for MHLDS services with strategic alignment of national outcomes, continuous improvement and effective monitoring and oversight.

The Board discussed a draft suite of KPIs at the Board Development Session in October 2025. These were aligned to the Public Health Scotland data set.

This has been refined based on feedback and has been presented to Clinical Governance Committee in December 2025 as a prioritised suite of five indicators agreed for inclusion in the Board Integrated Performance Report from February 2026 onwards. These have been considered by both the Clinical Governance Committee and Performance and Resources Committee in February 2026.

The following core indicators are:

- Inpatient Average Length of Stay Days – POA, GAP, LD
- Inpatient Bed Occupancy Rate – POA, GAP, LD
- Delayed Discharges
- Community Mental Health Team Waiting List
- Readmissions to Hospital within 28 days of Discharge

Each core indicator also has an associated target to enable performance to be monitored.

The Medium-Term Plan has clear priorities and outcomes to enable performance and progress scrutiny with regular reporting to committee. There will be a fuller suite of KPIs reviewed through enhanced monitoring and scrutiny group (EMSE), including performance and process indicators which will also cover engagement and participation and have process measures for delivery of the medium-term plan. This will be complete by April 2026.

Work remains in progress in relation to experience indicators which will be developed through Patient Reported Outcomes Measures (PROM) and Patient Reported Experience Measures (PREM) which will initially be aligned to the Adult Model of Care Implementation, therefore timescales for introducing these will be part of the delivery plan.

In addition, a draft balanced score card has been developed to enable a quadruple aim view to guide decision making and flag early warning signals. This work aligns to the Tayside System in Balance work the Board is developing. It was introduced at the Board Development Session in October 2025 and was a focus of the Board Development Session in November 2025. This will be tested in MHLDS services working towards implementation from April 2026.

The Balanced Score Card Approach will:

- Establish a clear balanced score card which will align to strategy, measure performance and drive improvement
- Clarify roles and accountabilities and help flag issues earlier
- Align to our Organisation Design to support local empowerment and more consistent escalation
- Enable data monitoring across the system to guide decision making and monitor risk
- Connect priorities, reveal interdependencies and drive joined-up leadership behaviours
- Seek to bring clarity in complexity and drive whole-system balance

For Mental Health Services this means the following indicators will be routinely monitored by the Executive Director at the Mental Health and Learning Disability Care Board:

- People: Sickness absence, grievance and case management, recruitment and turnover, supplementary spend.
- Quality: The Clinical Governance indicators for MH as well as SAERs commissioned, Patient Experience (Complaints) and compliance with statutory requirements
- Finance: Variance from the plan, delivery of efficiency plans to enable a 3% in-year recurring performance
- Delivery: Inpatient Average Length of Stay Days – POA, GAP, LD; Inpatient Bed Occupancy Rate – POA, GAP, LD; Delayed Discharges; Community Mental Health Team Waiting List; Readmissions to Hospital within 28 days of Discharge. There will also be the addition of more portfolio specific indicators as relevant to individual portfolios.



In addition to the progress being made with the above performance indicators and balanced scorecard which will form part of a future dashboard to drive improvement. There has also been a focus on Clinical Governance Reporting. This will reduce complexity by reducing from 7 routes of clinical governance reporting for Mental Health and Learning Disability Services to have one combined Mental Health and Learning Disability Clinical Governance Report which will report to the Clinical Governance Committee by April 2025 and will include, General Adult Psychiatry, Psychiatry for Older Adults, Learning Disability, Forensic, Children and Young People, Inpatients and Regional.

The approach outlined in Recommendation 2 will enable this to be fully embedded in mental health and learning disability services a considers a wider approach to performance indicators.

Future directions from IJBs shall clearly define performance indicators which will be reported through due governance.