- Cost new build, Carseview under utilised
- Cost empty wards, transport costs, not person centred
- Cost of new builds
- Staff skills and availability a concern
- Ability for HV and community association
  Under use of existing wards and new build?

Option 1B – NO (6 votes)

- Additional cost of rebuild & additional cost of rebuild & empty PFI building refurbishment
- Carseview empty, additional costs new build and refurb, travel costs for people in Dundee
- No
- Cost empty wards & new build
- Complex care not suitable location for Perth Service Users
- Stathmartine – not fit for purpose, cost to refurbish
- Staff skills and availability
- Not person centred
- Carseview empty PFI
- Cost of New builds
- Rehab potential in Angus limited due to location
- Due to refurbishment costs and use of buildings
- Not efficient and not for patients
- Not conducive for recovery to have GAP all together
- Poor use of sites for long term

Option 2A – NO (6 votes)

- Under use of space & cost of new build, Access of GAP patients
- New build cost, empty ward at MR, Carseview underutilised, IPCU – Low Secure
- Empty ward at MR, new build at Stracathro, LD only in Carseview, IPCU-Low Secure
- Due to poor use of buildings & split of GAP services & support
- Not good to have all together
- Not suitable staff skills & availability, empty wards, cost of new build, travel time for HV & community access
- Not person centred
- NO

Option 2B – NO (6 votes)

- Empty PFI and refurbishment costs, empty wards
- GAP stracathro need new build, Carseview empty, not max use of space, IPCU doesn't sit in Low Secure
- NO
- GAP at Stracathro, Carseview empty, Moredun empty, GAP pathway split, staff all needed in Angus

- Costs too high and split services & sites, Empty wards & needs new builds
- Empty wards, staffing
- Cost new builds, cost empty wards, cost refurb Strathmartine, IPCU distance for Angus, not person centred, distance for Perth Acute

Option 3A – YES (5 votes to 1)

- YES
- Single site for admission – centralisation specialist services, one area, better environment for LD
- Yes – Good use of site, combining some & use of staff, but some empty wards
- More potential with this option, GAP centralised better, However LD forensic have to move to MR ? how services are shared
- Strathmartine empty cost? Strathmartine empty positive, 2 x half used ward in MR staff availability ? skills? Rehab all in Perth – NO, Suitable for Dundee and Angus, staff skilled and specialisms available in Perth
- Centralisation of GAP will facilitate efficient use of medical cover and resources. LD all hosted on one site.
- NO feels institutional to service users GAP – not good to pack people together like this

Option 3B – NO (5 Votes to 1)

- YES Strathmartine empty agree, LD 2 locations benefit for person centred planning and staff skill availability
- Too many sites underutilised
- Too many empty beds, Strathmartine needs refurbished ? Would it make environment any better?
- NO
- Empty Wards, refurb cost
- Not practical, conducive to recovery for GAP
- NO Good for staffing across 2 sites but problems with empty wards & provision in Angus
- Strathmartine not cost effective, empty wards costly, skill staff & availability, discharge planning, HV & community visits/amenities

Option 3C - NO (6 votes)

- Too many wards underutilised, LD split
- LD separated MR & Angus, Ineffective use of space, empty areas at MR
- No
- No
- Problem being split across sites & no LD in Dundee but good to close Strathmartine
- No Splits LD

Option 3D – NO (6 votes)

- Cost of new build on 4 sites, too many wards underutilised

- NO
- Not good use of buildings & sites – across 4 areas
- New build poor use of building, costs
- No under utilisation of resources
- Strathmartine new build, not realistic – more costly, Not good use of current buildings
- Inefficient bed use, cost of new build

Option 4A – YES/NO (3 votes to 3)

- Okay of Moredun is considered for other roles/community care
- No New build costs less transfers for admission, 3 sites for RMO
- Benefits for specialisms in 2 sites for SUs but does not fit with current thinking, empty ward at MR – cost? Staffing models, Perth acute travel, rehab central not fit for purpose
- Yes worth exploring further but still on 3 sites
- NO
- No build costs but GAP on 2 sites away from Rehab wards and LD service split
- Under use of space

Option 4B – NO (4 votes to 2)

- Ninewells expansion?
- Strathmartine close benefits, LD perth travel but specialism, empty wards used by other specialisms
- Empty wards at Carseview, under utilised in other areas
- NO
- NO too many empty wards
- Empty wards

Option 5A – YES (4 votes to 2)

- Less sites, no new build costs, some inefficiency in wards
- YES some splitting but some ability to share staff
- YES
- YES with exploring further
- Empty ward Stracathro – cost, staff skills & available – Angus staff transfer, empty wards, need alternative options for empty wards
- Empty ward, underutilised ward in Angus
- Inefficient use of Angus – huge area missing out

Option 5B – NO (5 votes to 1)

- YES
- Empty wards, refurb costs
- NO, too costly & too many empty beds
- Cost – Angus missing out
- Cost for Strathmartine, Carseview empty wards

- Empty ward costs, Strathmartine upkeep costs, staff skills & experience availability

Option 6A – NO (6 votes)

- Cost of empty wards, Strathmartine costly, not fit for purpose, loss of beds/empty beds, IPCU Perth – location – not suitable – impact on police and other staff for transport, not person centred
- NO
- Carseview empty, cost of new build, maintenance, loss of 2x AIS
- Too costly
- NO
- NO too costly re buildings & spend on Strathmartine
- Closed Carseview but beside large Ninewells, new build costs, IPCU in low secure-not feasible, decrease in bed numbers

Option 6B – NO (5 votes to 1)

- YES if Ninewells needs expansion for other NHS use, Mulberry great environment for GAP
- NO needs new build & 66 empty beds Carseview and in MR
- NO
- Refurbishment costs, not good use of wards, inefficient across 4 sites
- No underuse of PFI
- New build in Stracathro, 66 empty beds in Carseview, IPCU in Forensic – not possible
- No GAP in Dundee, Cost of new build, IPCU wrong environment, NO
- Cost new build, Strathmartine close positive, empty beds waste

Option 7 – NO (6 votes)

- Closed Carseview, New build Stracathro not centralising
- Cost of new build, Carseview empty, staffing issues
- NO
- Not practical
- NO too costly with 120 empty beds & gaps in Dundee
- Dundee closed – waste, New Strathmartine – cost, new

Option 8 –YES (6 votes) Tables own option which was 3A plus crisis beds in each area

- Crisis beds good idea, GAP in one area
- 3A+ Assess suite 24/72hrs
- Option for consideration – assessment beds great idea
- Assessment suite great idea for inclusion
- Consider – not sure about GAP all together
- YES
- Yes – includes S/T admission facility

Option 9 – YES/NO (3 votes to 3) Tables own option which was step down plus crisis beds in each area

- YES explore further
- YES
- Great idea
- Best Option Rehab – safe haven use other spaces fund 3rd Sector
- NO rehab beds in Angus – better centralised, works in MR, too many sites not feasible
- No Less assessment beds on Carseview
- Less assessment beds

TABLE EIGHT

CREATING THE OPTIONS

OPTION 1A – NO **=9th Choice**

- Negatives - Poorer for patient/family accessibility
- Not viable for a standalone challenging behaviour unit
- Patient centeredness
- Equity
- No perceived benefit in medical cover
- Positives - Single site for LD in central location, strong sustainability and affordability

OPTION 1B – NO

- As above plus refurb not do-able within existing build

OPTION 2A – NO

- As 1A above

OPTION 2B – NO

- As 1B

OPTION 3A - YES =3rd Choice

- Positives – Believe better location for GAP. Services next to University
- Recruitment
- Potentially OK for rehab
- Potential increase recruitment into LD psychiatry
- Need a refurbishment of Carseview
- Negatives – Patient care outside locality , Fear of Carseview, lack of accessibility

OPTION 3B – NO

- As 1B plus lack of emergency response for complex care areas.
- Less bang for buck as previous option
- Unacceptable distances

OPTION 3C – NO

- Difficult to staff into these localities
- Difficult to staff for emergency response to LD
- May lead to higher level of restriction than patients need

OPTION 3D – NO 3rd Choice

- As 1A, plus what about utilisation of MRH? Staffing
- Positives – With refurb of Carseview

OPTION 4A - YES/NO equal 4th Choice

- Positives – Continuing good are at Mulberry, doable LD
- Negatives – Staffing, accessibility, efficiency

OPTION 4B – NO 9th Choice

- As 4A, Need GAP beds in Perth & Kinross or centralised in Dundee

OPTION 5A - YES 2nd Choice

- Addresses staffing risks for LTC and Rehab
- Maintained accessibility for Perth & Kinross and Dundee
- Negatives – Poor accessibility for Angus residents

OPTION 5B – NO 9th Choice
- No explanation given

OPTION 6A – NO 5th Choice

- Bed accessibility within an hour
- Distance to IPCU

OPTION 6B – NO 5th Choice
- No explanation given

OPTION 7 – NO 5th Choice

- 2 new builds needed

OPTION 8 – YES 1st Choice

- More focus on recovery, potentially more beneficial therapeutic environment
- Maintain locality preserve and centralise where staffing
- Higher intensity and skill mix

TABLE NINE

Notes

Status quo – maintain existing model
7 days functioning service (targeted)
2 site (combination)
Acute admission/step down beds
One site
Regional commissioning
Co-morbid defined beds e.g. alcohol, drug intoxification, physical/mental health co-morbidities
M.S / L.S Women's services

Option 1A - NO

- New build required

Option 1B – NO

- New build required
- LD maintained at Strathmartine

Option 2A – NO

- New build required
- IPCU disconnected

Option 2B – NO

- New build required
- IPCU disconnected

Option 3A – YES

- Staffing
- Within existing footprint
- Refurb of Carseview

Option 3 B – YES

- But use of footprint
- LD remains on Strathmartine

Option 3C – YES

- But Use of footprint
- Services on Moredun site

Option 3D – NO

- New build required
- Use of existing footprint

Option 4A – YES

- No build
- But Off Strathmartine
- Staffing challenges

Option 4B – YES

- No build
- But off Strathmartine
- Staffing challenges

Option 5A – YES

- No build
- Off Strathmartine
- Connection between

Option 5B – NO

- Empty beds on each site
- LD on Strathmartine

Option 6A – NO

- LD on Strathmartine
- Empty Carseview
- 2 new build

Option 6B – NO

- IPCU and GAP beds
- Disconnected
- New build required

Option 7 – NO

- New build required
- Strathmartine rebuild
- IPCU disconnect

TABLE 10

Notes – New models considered

NEW X model** See coloured in sheet– (** included as top 6 for Table 10)

16.06.20 - Table 10 Option X.pdf

NEW Y model New build mega unit for ALL mental health services on new site with excellent transport links

OPTION 7 New build Stracathro and Strathmartine

NEW Za - One site

- Assessment hub – Focus on preventing admission – Multi-disciplinary (liaison, Senior Nurse, AHP's)
- Spokes to 3 areas – protected home treatment service
- Seven days a week discharge service
- Crisis admissions – in partnership – bed model – off site 'Crisis House'

***NEW Zb** 2 Sites
As above but on 2 sites

OPTION Q One site

- Acute wards – Specialist function e.g. mood disorder, psychosis unit, distress unit
- Recruitment – Links to University, Advanced intervention service

***R** One site

- Same as option Q but with LD Co-location

Notes: Craigmill Skills Strathmartine OT dept – "backbone of the service" – would need to be relocated
Footnote: LD off Strathmartine assurance that 3 x locality community teams are enhanced (LD freeing up whole site – Therefore funding needs to remain in LD Services

LONG LIST OF OPTIONS

OPTION 1 – Yes (6 votes)

- Because it has to be in

OPTION 1A – NO (4 votes to 2)

OPTION 1B – NO (4 votes to 2)

OPTION 2A – NO (5 votes to 1)

OPTION 2B – NO (4 votes to 2)

OPTION 3A – NO (5 votes to 1)

OPTION 3B – NO (4 votes to 2)

OPTION 3C – NO (5 votes to 1)

OPTION 3D – NO (4 votes to 2)

*OPTION 4A - YES (5 votes to 1)

OPTION 4B – NO (4 votes to 2)

*OPTION 5A – YES (4 votes to 2)

*OPTION 5B – YES (5 votes to 1)

OPTION 6A – NO (4 votes to 2)

OPTION 6B – NO (5 votes to 1)

OPTION 7 – NO (4 votes to 2)

OPTION Q – NO (4 votes to 2)

*OPTION R – YES (4 votes to 2)

*OPTION X - YES (4 votes to 2)

OPTION Y – NO (6 votes)

OPTION Za – NO (4 votes to 2)

*OPTION Zb – YES (4 votes to 2)

TABLE ELEVEN

CREATING THE OPTIONS

OPTION 1
Status Quo – Stay the same

OPTION 1A
All GAP at MRH
LD at Carseview
Rehab at Stracathro, includes additional build at MRH

OPTION 3A
All GAP on one site Carseview
All sub-specialities in MRH

OPTION 4A
GAP at Carseview and Stracathro
LD at MRH and Carseview

OPTION5A
GAP at Carseview and MRH
LD at MRH and Carseview

OPTION 8
GAP on 3 sites
LD on 3 sites
Rehab on 3 sites

OPTION 9
Commissioning certain services out with acute
1 site option in Dundee with a step down model such as a halfway house in each locality
GAP – the services for crisis house will be integrated –health, social care etc
A potential to reduce GAP inpatient beds in Carseview which could potentially be used for LD.
"Single site option"
GAP beds at Carseview
Develop 3 crisis houses in each Local Authority area.
LD beds split between Carseview and MRH.
Potential for rehab beds in Carseview.
Moving towards a social and community integrated care model.
Additional spending would be in the community and not in the hospital

LONG LIST OF OPTIONS

STATUS QUO – NO

- Strathmartine not fit purpose
- Workforce challenges
- Non-sustainable long term

OPTION 1A – NO

- Financially not an option – requires money for a new build

OPTION 1B – NO

- As above

OPTION 2A - NO

- As above

OPTION 2B - NO

- Financial loss - 5m from Carseview

OPTION 3A - YES

- Pros and Cons
- All the beds for GAP will be in Dundee and therefore service e user and workforce issues

- LD centralised at MRH – Workforce issues re travel and service user issues re travel

OPTION 3B – NO

- As above same as status quo
- LD not fit for purpose in Strathmartine

OPTION 3C – YES

- Would be using a modern vacant site at Mulberry – could lead to workforce issues re travel. Also same as 3A disadvantage for Perth & Kinross users

OPTION 3D – NO

- No finances for new build

OPTION 4A - YES

- Perth & Kinross users and workforce disadvantaged by travel and access to service

OPTION 4B - YES

- As 4A above

OPTION 5A - YES

- Angus service users and workforce disadvantaged by travel and access to service

OPTION 5B – NO

- SMH

OPTION 6A - NO

- Financial loss and no finance for new build
-

OPTION 6B - NO

- Financial loss
- No finance for new build
- Loss of service at most needed area in Dundee
- Co-location and liaison with Acute services will be lost

OPTION 7 – NO

- Cost of refurbishment of Strathmartine

OPTION 8 – NO

- Non-sustainable as per Status Quo

OPTION 9 – YES

- Preferred option

- **Item 1.16**
- **Feedback from Option Appraisal Workshop 30th June 2016**
- **Table 1 Benefit Criteria**
- Importance of equity
- Ensure and maintain a motivated staff group
- Importance of staff to change
- Acknowledge current recruitment issues
- **Option Feedback**

Table 1 - Option scoring rationale
Option 1
Current position - Do nothing
LD wishes to stay as they are.
Issues around resource release to upgrade environment to meet changing profile !!!
Option 2
People disadvantaged from local areas
Better use of medical staffing; issues of day services
Concerns about safety/risk management re high risk service users.
May need bigger day services. Issues about community connectiveness.
Transport issues re hours and OOH's

Option 3B
Is there money for refurbishment of Stracathro?
Enablers still have day service
Option 4A
LD - risk management issues
Empty ward at Murray Royal.
No day services provision
Option 5A
Same issues as 4B - Different sites
Option 5B

All LD on Strathmartine
Option 8
Enablers - still have 3 medical rotas
Staffing - Medical - high risk? If will end up with 3 acute wards to support flow)
Is model sustainable?
Keep assessment beds as assessment beds ???
Need community supports

-
- **Table 3 – Benefit Criteria**
- Patient centred includes
- • Promotes autonomy
- • Treatment closer to home where possible
-
- **Table 4 - Benefit Criteria**
- Better descriptor 1st
- 2nd for carer re equity of access
- Pockets of different services,
- Must include housing / provision of services
- Feel 2 & 6 similar and also 1 & 2 and scored like that

- Understanding what this means
- Building doesn't promote equity of access – its service that provides
-

Table 4 - Option scoring rationale

? LD permutations
Day Services – need to modernise service
Local access to day services
Not large number of patients
Not person centred as all travel – delayed discharge
No equity re staffing – inadequate – criteria 1

Option 4A

? Ability to cross cover – medical
Isolation of ward / safety
Allows disposal of Strathmartine
Introduces another interface

-
- **Table 5 – Benefit Criteria**
- Remove 1st line and add "improved" –duplication
-
- **Table 7 Benefit Criteria**
- Criteria 1 & 2 similar - captures journey both input and output "Focus on prevention" - can lead to admission being reviewed regularly
- Effective pathway - holistic and joined up - takes account of service user's needs
- MH and wellbeing - accommodation and other support
- Health focused - links between primary care - across effective care pathway
- Not distinct enough
- Different understanding
- Travel
- Criteria - right place, right time - Equity carers a lot, equity with community services
- Access to buildings, support accommodation, story of good practice- equity of expertise
- Feel this is the driver for the process due to workforce challenges
-

Table 7 - Option scoring rationale

LD - Investment in community services to relocate day services locally
Lack of discussion around day service, could not come off Strathmartine until re-provided
Lots of unknowns as around funding: refurbs/amendments to other wards
Release of funds implications - community services, how much by when, need to have community infrastructure in place before amendments to beds
Empty ward at Mulberry. Significant disruption to staff:
GAP staff - Dundee. LD staff – Perth
GAP Services located @ Dundee - ward distances from P&K.
Carseview environment(external).
All "eggs in one basket" - business continuity - no decent option.
7 day week CMHT & IHTT. ?
Crisis house.
Complimentary non NHS services/support.
Support housing provision in each area
PROS - Economies of scale for staffing / resources, centralised OOH service
expertise from co-location

Co-location GAP/IPCU, not transferring patients acutely unwell.
Transport infrastructure - especially for patients: costs, risks to patient safety,
Impact on S.A.S
Impact on Police

Option 3B
Costs for LD and Strathmartine
2 empty wards

Option 5B
Strathmartine site - not fit for purpose
Acknowledge effect on a lot
Stigma attached to this

Option 8
Feasibility of model - treatment wards - less medicalised
Interface within admission / assessment wards of locality wards
Number of beds required in this model
Agree if centralisation of GAP beds - need step down beds,
Capacity and flow
From SW perspective - preferred model of care, discharge support and planning
Environment.
Most supportive of model, need robust community teams

- **Table 9 Benefit Criteria**
- Underpins everything
- Split with number 1
- Recruitment, retention and development

Table 9 - Option Scoring Rationale

Option - Do Nothing
Some difficulty teasing out issues of staffing and opportunities to modernise from the issues of site configuration
As 3B

Option 3A
Where are LD Day services located / delivered.
Should this be discussed as part of strategic shift to communities
(New model of care)
As 4A

Option 3B
Requires refurbishment of Strathmartine site

Option 4A
Some issues around splitting LD speciality across 2 sites (shared expertise/cross cover etc)

Option 5A
As 4A above

Option 5B
As 3B

Option 8
Some concerns about fit of nursing workforce tools
As 4A

Consultation Feedback from LD Senior Team Meeting
Dudhope Castle, Tuesday 6th December 2016

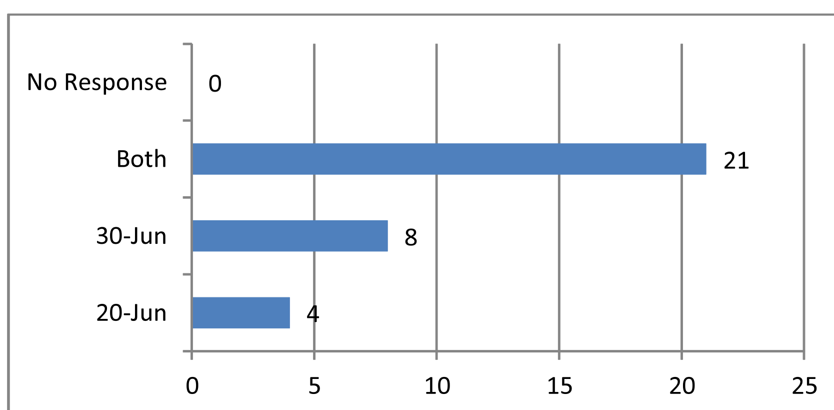
DRAFT

Mental Health Improvement Programme
Options Appraisal Workshops 20th and 30th June 2016

NHS Tayside and the Scottish Health Council asked participants at the Mental Health Improvement Programme Option Appraisal workshops for feedback in their involvement in the process to identify and appraise options for the adult mental health and learning disability service model. A total of 33 completed evaluation forms were returned.

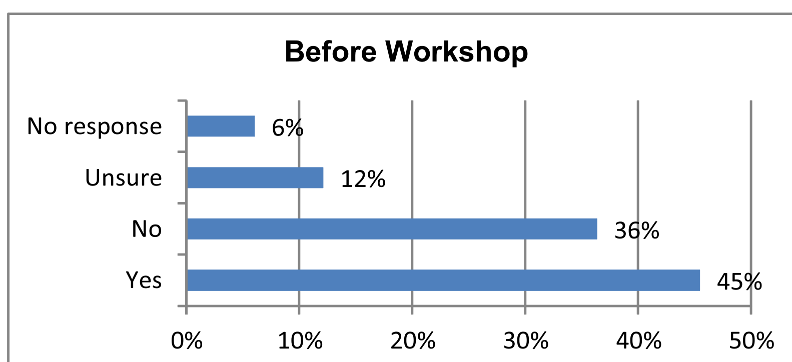
EVALUATION - Analysis

1. Option Development Workshop – Monday 20 June 2016 / 30 June 2016



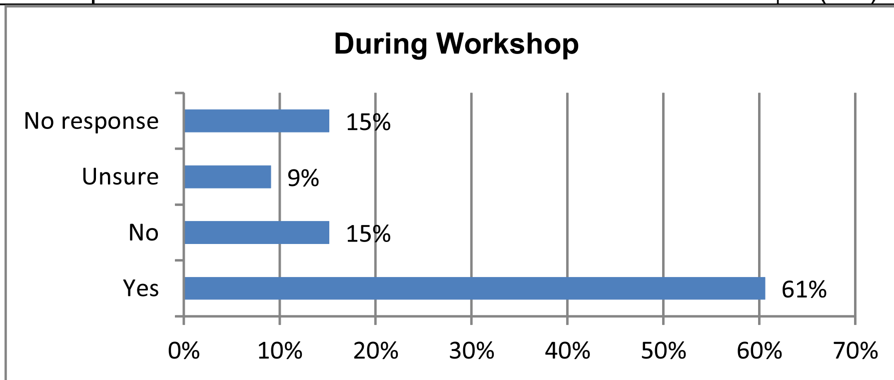
Answer Choices	Responses
Attended Option Appraisal Workshop – 20 June 2016 only	4
Attended Option Appraisal Workshop – 30 June 2016 only	8
Attended both Appraisal Workshops	21

2. Did you get enough information to help you prepare?



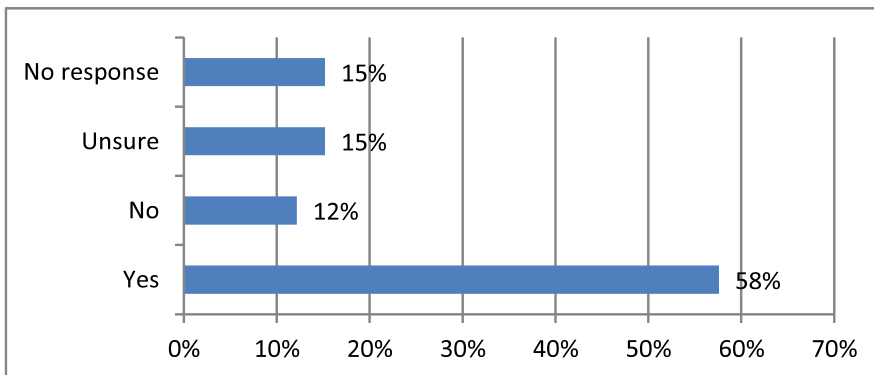
Answer Choices	Responses
Yes	15 (45%)
No	12 (36%)
Unsure	4 (12%)

No response	2 (6%)



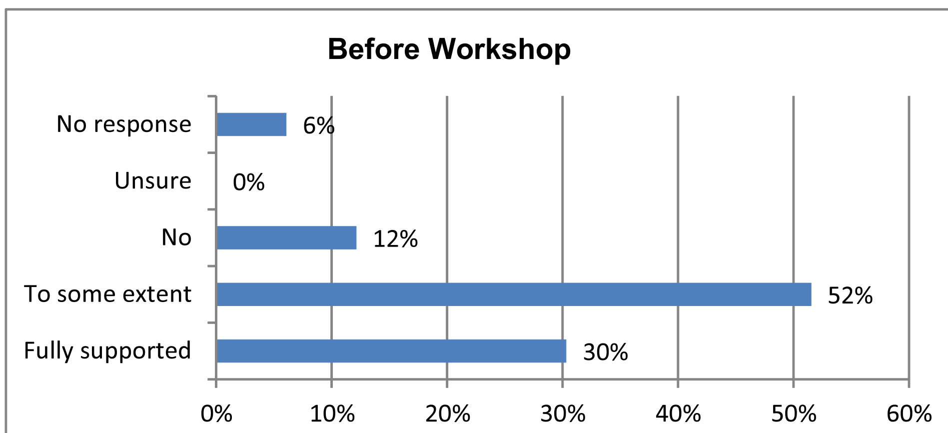
Answer Choices	Responses
Yes	15 (45%)
No	12 (36%)
Unsure	4 (12%)
No response	2 (6%)

3. Was the information easy to understand?

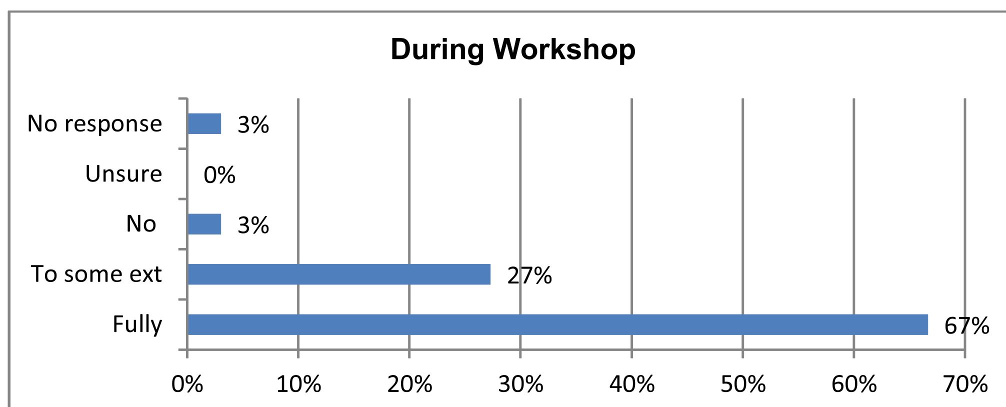


Answer Choices	Responses
Yes	19 (58%)
No	4 (12%)
Unsure	5 (15%)
No response	5 (15%)

4. Were you provided with the support you needed to participate effectively?



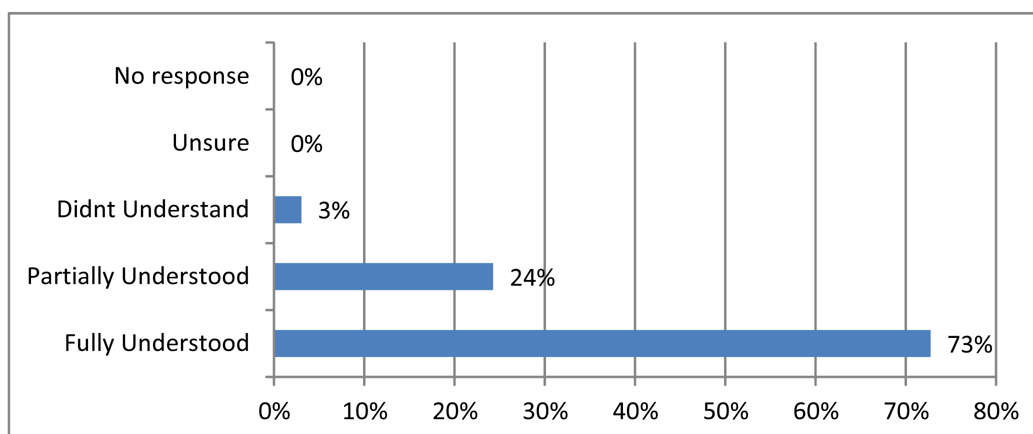
Answer Choices	Responses
Fully supported	10 (30%)
Supported to some extent	17 (52%)
No	4 (12%)
No response	2 (6%)



Answer Choices	Responses
Fully supported	22 (67%)
Supported to some extent	9 (27%)
No	1 ((3%)
No response	1 (3%)

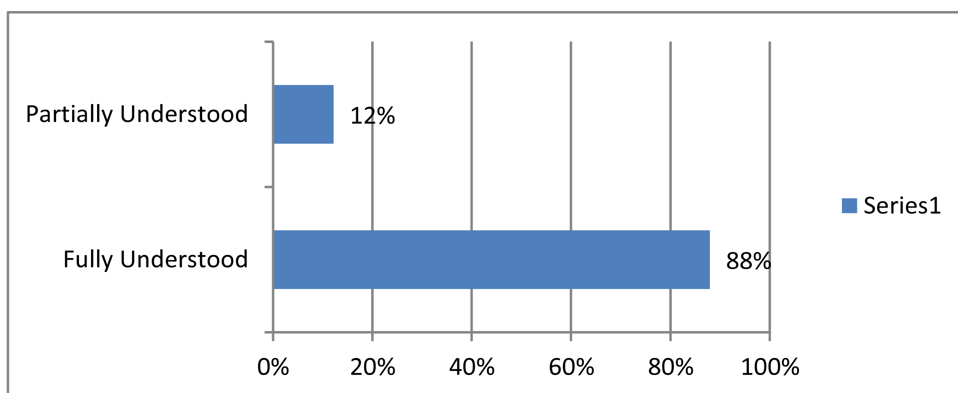
5. How well did you understand the following aspects of the focus group and/or workshop?

Background to Mental Health Improvement Programme



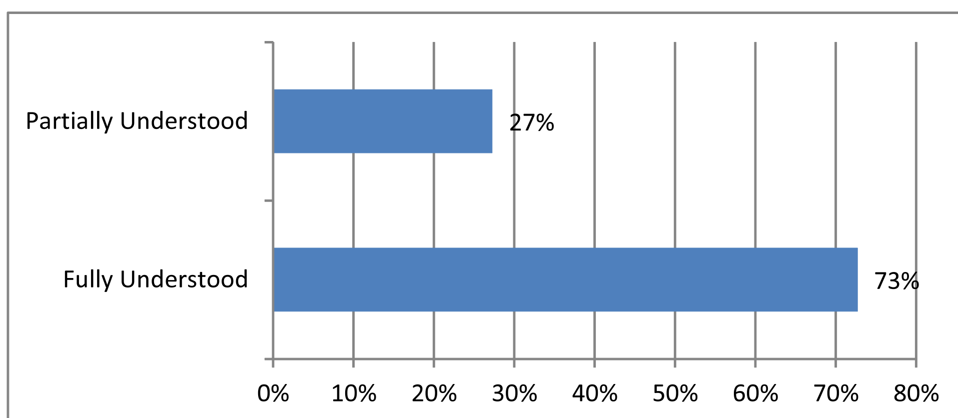
Answer Choices	Responses
Fully understood	24 (73%)
Partially understood	8 (24%)
Didn't understand	1 (3%)

The purpose of the workshops



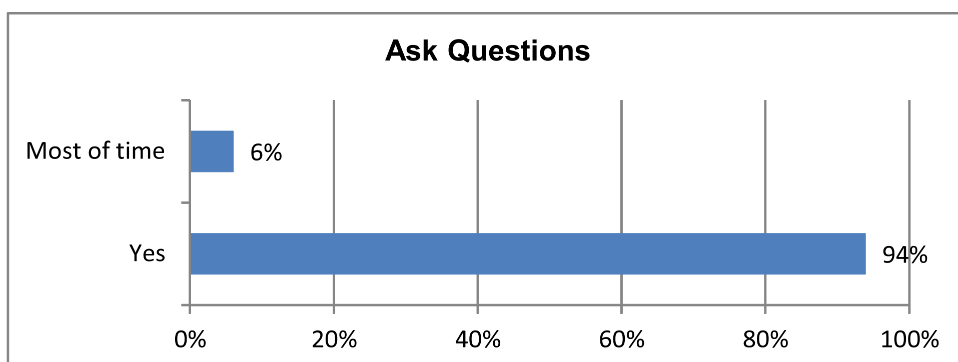
Answer Choices	Responses
Fully understood	29 (88%)
Partially understood	4 (12%)

The process used at the workshops



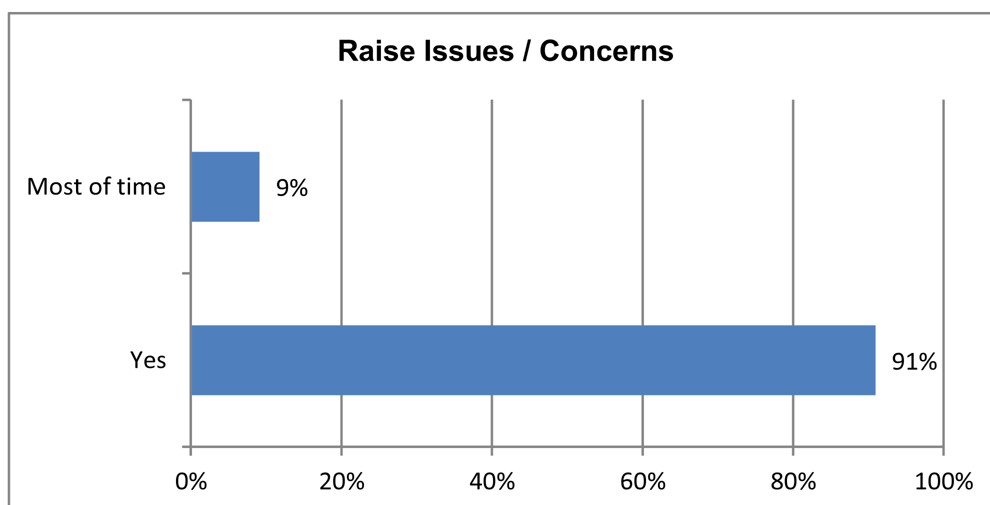
Answer Choices	Responses
Fully understood	24 (73%)
Partially understood	9 (27%)

6. During the workshops did you have the opportunity to ask questions and raise any issues or concerns.



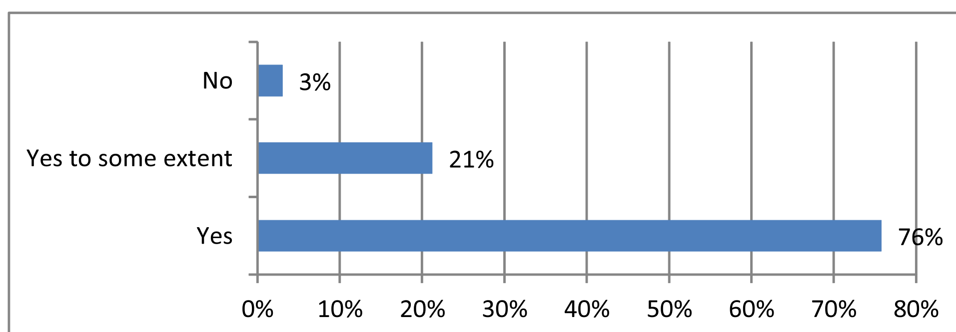
Answer Choices	Responses
Yes	31 (94%)

Most of the time	2 (6%)



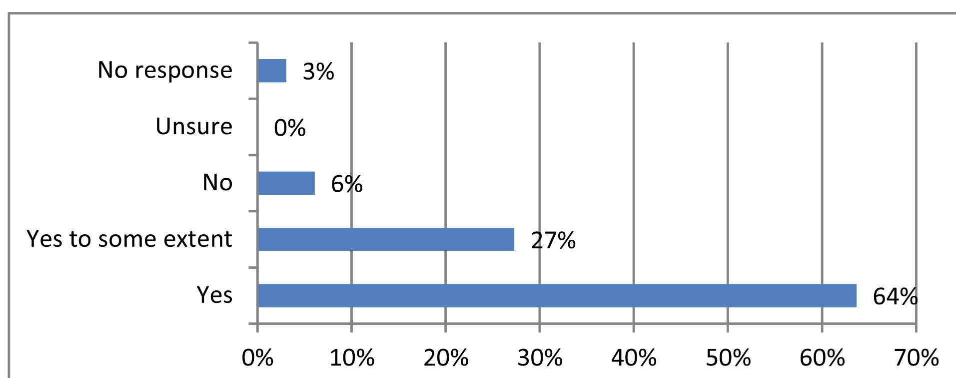
Answer Choices	Responses
Yes	30 (91%)
Most of the time	3 (9%)

7. Do you feel your views were listened to during the workshops?



Answer Choices	Responses
Yes	25 (76%)
Yes to some extent	7 (21%)
No	1 (3%)

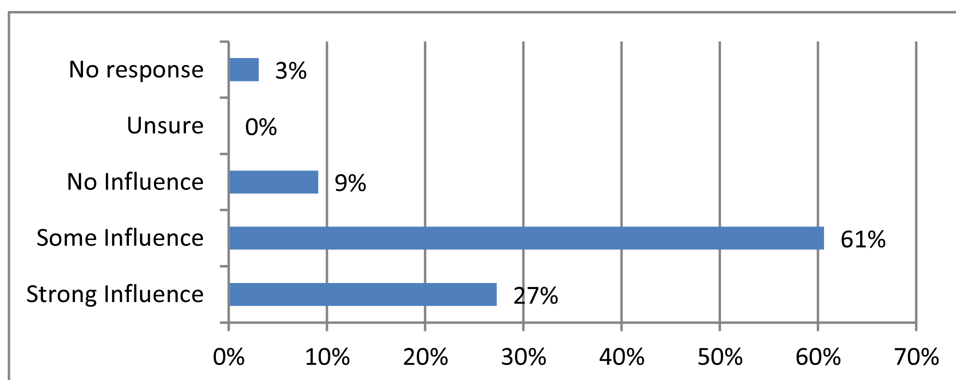
Do you feel your questions were answered?



Answer Choices	Responses
Yes	21 (64%)
Yes to some extent	9 (27%)
No	2 (6%)
No response	1 (3%)

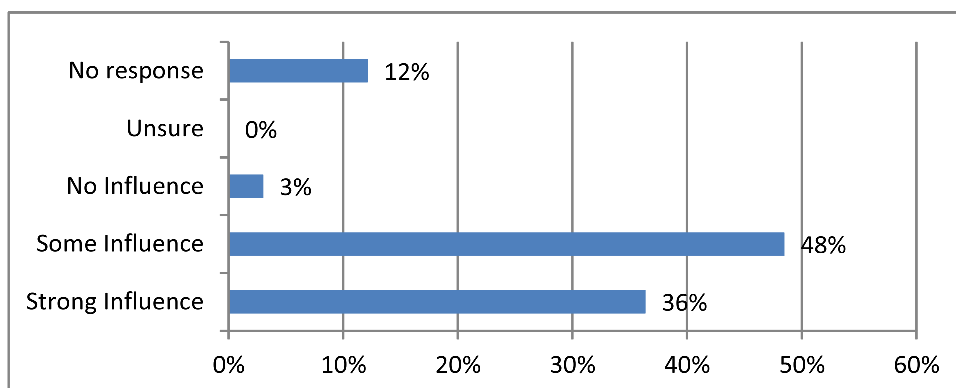
8. How much of an influence do you feel you had over the following:

Agreeing the draft benefit criteria



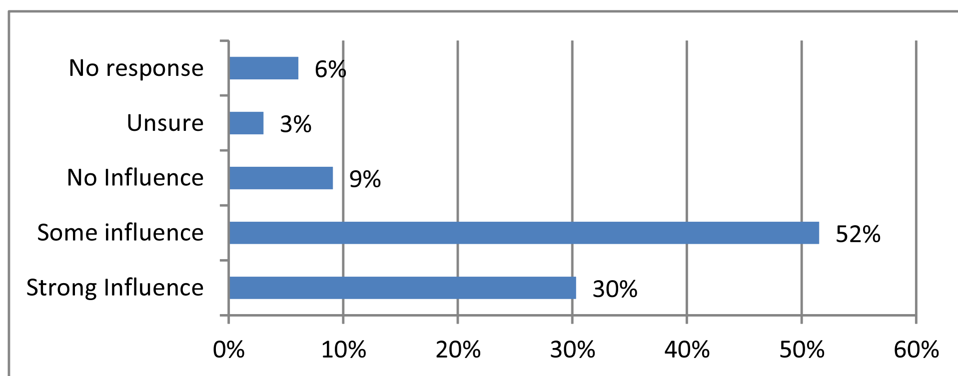
Answer Choices	Responses
Strong influence	9 (27%)
Some influence	20 61%)
No influence	3 (9%)
Unsure	0
No response	1 (3%)

Ranking and weighting the benefit criteria



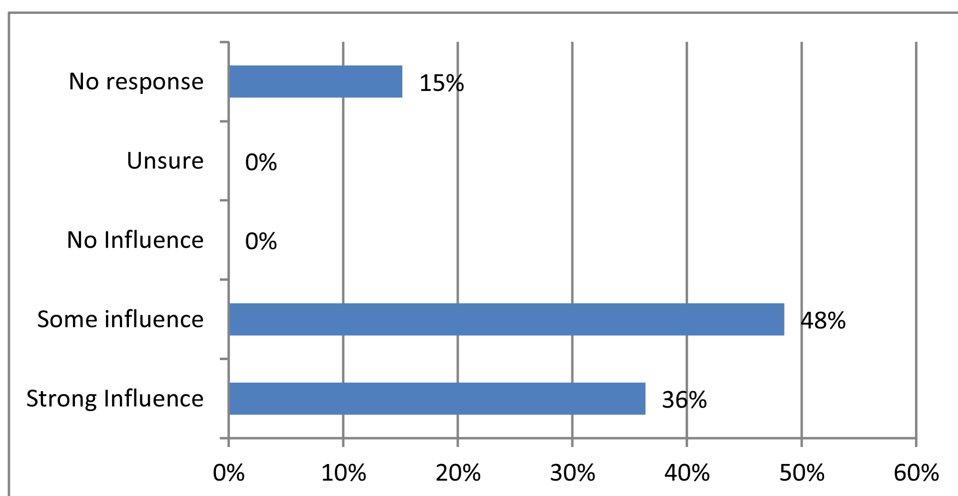
Answer Choices	Responses
Strong influence	12 (36%)
Some influence	16 (48%)
No influence	1 (3%)
Unsure	0
No response	4 (12%)

Agreeing the short list of options



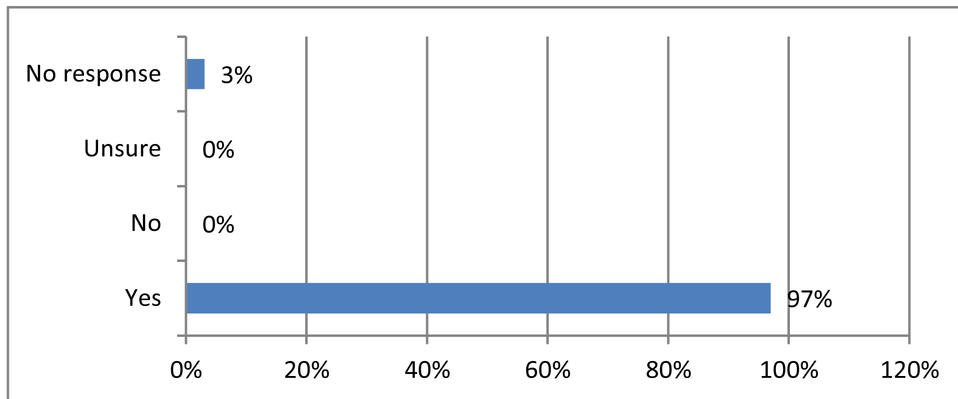
Answer Choices	Responses
Strong influence	10 (30%)
Some influence	17 (52%)
No influence	3 (9%)
Unsure	1 (3%)
No response	2 (6%)

Scoring the short list of options



Answer Choices	Responses
Strong influence	12 (36%)
Some influence	16 (48%)
No influence	0
Unsure	0
No response	5 (15%)

9. Were the next steps in the process explained to you.



Answer Choices	Responses
Yes	32 (97%)
No	0
Unsure	0
No response	1 (3%)

DRAFT

Mental Health Improvement Programme
Options Appraisal Workshops 20th and 30th June 2016

NHS Tayside and the Scottish Health Council asked participants at the Mental Health Improvement Programme Option Appraisal workshops for feedback in their involvement in the process to identify and appraise options for the adult mental health and learning disability service model. A total of 33 completed evaluation forms were returned.

EVALUATION

Analysis

10. Option Development Workshop – Monday 20 June 2016

Of the 33 completed questionnaires four people attended the Option Development Workshop on Monday 20 June 2016 only, eight people attended the Benefits Criteria and Options Scoring Workshop on Thursday 30 June 2016 only and twenty one people attended both.

11. Did you get enough information to help you prepare?

Nearly half of respondents 15(45%) indicated they received enough information to help them prepare before the workshop, 12(36%) said they did not, 4(12%) were unsure and 2(6%) did not answer this question. During the workshop 20(61%) of respondents intimated that they had received enough information to help them prepare, 5(15%) did not, 3(9%) were unsure and 5(15%) did not complete this question.

If no or unsure, what additional information would you have found helpful?

- Monday 20th felt chaotic and complicated, in spite of understanding the overall process. More copies of evaluation sheets & objective sheets at the table would have helped.
- Would have preferred the information earlier.
- Community set up/infrastructure required to support options.
- Especially the second meeting there was plenty of information.
- A lot to take in and a list of details for ongoing reference for each participant would have been helpful.

- Information earlier.
- Having missed June 20th, a summary of that would have helped.
- Information about existing community modeling and more information about other models elsewhere.
- Wasn't included/invited to Workshop 1.
- Not clear what community provision there would be.
- More information about what situation and proposals are for community care.
- Would have liked options prior to meeting to consider these more fully. Need more information/stats etc – this may be provided for next session.
- Needed a fact sheet with key data on hospital activity, demand, spend and key community data on all community resources including 3rd Sector. Also needed user and carer feedback on range of services.
- This was discussed and sent by email for the next meeting.

12. Was the information easy to understand?

Just over half of respondents 19(58%) considered the information easy to understand. 4(12%) did not find it easy to understand, 5(15%) were unsure and 5(15%) did not respond to this question.

If no or unsure, what could have been done to make the information easier to understand?

- Very complex information to consider given time frame. A lot of which not in my area of expertise.
- Eventually – process is complicated. Somewhat confusing at Monday 20th Workshop.
- Difficult process to follow but good support from facilitator at table.
- Required more time.
- At times unclear and information on community services remains a mess
- Facilitators supported process really well.
- Explaining principles of options appraisal and understanding them is really hard.
- Not enough information for the session including from the presenters. Also needed information on parameters and next steps and on scale and type of consultations being undertaken over next three months.

13. Were you provided with the support you needed to participate effectively?

Before the workshop 10(30%) of respondents felt they were fully supported to participate effectively, 17(52%) felt they were supported to some extent, 4(12%) felt they did not get the support and 2(6%) did not answer.

During the workshop 22(67%) of respondents felt they were fully supported to participate effectively, 9 (27%) felt they were supported to some extent, 1(3%) felt they did not get support and 1(3%) did not feel they were provided with the support needed to participate effectively.

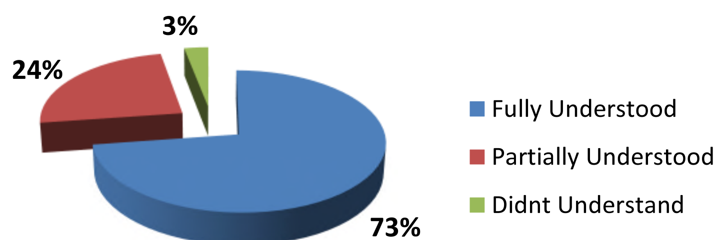
If no or unsure, what could have been done differently to support your

involvement

- Felt quite rushed at times although facilitators and group conversation helpful.
- Excellent organization of a very complex event.
- Having missed June 20th, a summary of that would have helped.
- Wasn't included/invited to Workshop 1.
- Information should been more comprehensive **and** simpler.
- Need more information prior to meeting re: options.
- Not really! Need more community data – social work, housing, 3rd Sector services, user/carer feedback etc.

14. How well did you understand the following aspects of the focus group and/or workshop?

Background to Mental Health Improvement Programme



The purpose of the workshops

The majority of attendees 29(88%) fully understood the purpose of the focus group/workshops and the other 4(12%) partially understood the purpose.

The process used at the workshops

24(73%) respondents fully understood the process used at the workshops and 9(27%) partially understood the process.

If there was anything you didn't understand, what could have been done to help improve your understanding?

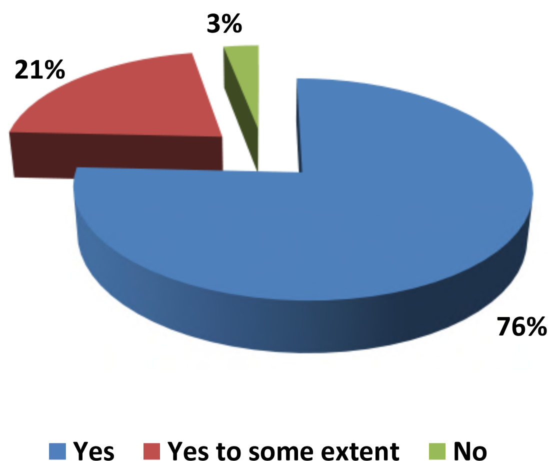
- Complicated.
- A lot to take in – better if I had attended both workshops.

15. During the workshops did you have the opportunity to ask questions and raise any issues or concerns.

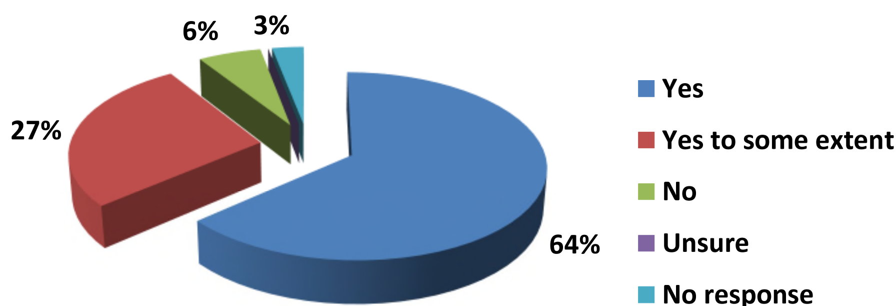
The response to this question was very positive with 31(94%) respondents

intimating that they had the opportunity to ask questions during the workshops and 30(91%) advised that they were given the opportunity to raise any issues or concerns.

16. Do you feel your views were listened to during the workshops?



Do you feel your questions were answered?



Please tell us why you feel this way

- Conversations often dominated by Health/Medical model perspective although around the table other delegates did listen particularly during 2nd workshop.
- Although, the times was tight for the pieces of work set to groups, this had the potential to leave a feeling that there was time to be innovative and free to discuss options if the set pieces of work were completed as requested.
- Great facilitation and having a wide rand of different speakers was helpful.
- Discussion was good, but perhaps 100+ contributors was too many.
- Some additional detailed information was needed.
- Not really re: data gaps.

17. How much of an influence do you feel you had over the following:

Agreeing the draft benefit criteria

Of the thirty three respondents, 9(27%) felt they had a strong influence in agreeing the draft benefit criteria, 20(61%) considered they had some influence, 3(9%) didn't think they had any influence and 1(3%) did not respond to this question.

Ranking and weighting the benefit criteria

Of the thirty three respondents, 12(36%) felt they had a strong influence in ranking and weighting the benefit criteria, 16(48%) considered they had some influence, 1(3%) didn't think they had any influence and 4(12%) did not respond to this question.

Agreeing the short list of options

Of the thirty three respondents, 10(30%) felt they had a strong influence in agreeing the shortlist of options, 17(52%) considered they had some influence, 3(9%) didn't think they had any influence, 1(3%) was unsure and 2(6%) did not respond to this question.

Scoring the short list of options

Of the thirty three respondents, 12(36%) felt they had a strong influence in scoring the shortlist of options, 16(48%) considered they had some influence and 5(15%) did not respond to this question.
Please tell us why you feel this way?

- I was in a good group of mixed attendees who all expressed their individual take on views but were willing to take other points of view into consideration.
- Agreeing the criteria and their "testing" this before using all the options. Once started found the scoring very difficult.
- Group was well chosen and we worked together.
- One vote out of 100 is significant but small.
- Was not at Day 1 when these were agreed.
- Within limited knowledge of the alternatives/options eg Community Services and support.

18. Were the next steps in the process explained to you.

Thirty two of the thirty three respondents intimated that the next steps in the process were explained to them and one did not complete this question.

Well organized and good explanations. Excellent venues on both days.

19. Please let us know if you have any other comments or suggestions about the workshops.

- Fab facilitator, really boosted the experience and helped challenge the

professionals.

- Well planned and great facilitation from Pennie Taylor.
- Thoroughly enjoyed meeting and working with other people outwith my normal area of work.
- Good 2 days work
- I am not happy that the most popular option was one which did not meet the 2 site criteria, had not been raised in the previous session and has been trialled in another area and found less than satisfactory.
- It would be good to run some consultation events using improvement tools to help people think out the box and put people/patients/users at the centre of future options rather than staff and services. These future developments are not just for NHS – the implications are far wider. Need 3rd Sector, Police, Ambulance, Social Work, Housing etc etc.
- Very good facilitation by Grace Gilling and very good mix at Table 7.

The options appraisals process is a well tried and test procedure, which is widely acknowledged as being critical to ensuring that important interventions are fully informed and based upon robust evidence. You will see from my scoring of question 5 that the background, purpose and process were all fully explained to my satisfaction. Unfortunately the current options appraisal, whilst laudable in its intentions and aims, sadly fell well short of the mark when it came to providing participants with sufficient (and in some cases accurate) information on which to then base any rational decisions, thus rendering any outcome invalid.

I found it astounding to have a room containing so many individuals who practice evidence based medicine being expected to made decisions based upon poor information.

One of the repeated themes which cropped up at both workshops was questions surrounding the area of enhanced community care provisions to enable more “patients” to be treated in the community rather than in hospital. We were told that NHS Tayside has on the highest numbers of inpatient nurses and AHP’s per head of population and one of the lowest numbers of community nurses.

On day one the following was read out from the minutes of the NHS Tayside Board meeting in March:

“During discussion the following points were highlighted:………….

- The decision made 10 years ago had included the proviso that community services would be extended but this had not happened in full as per the original Adult Mental Health Review recommendations”

It was agreed that further information would be made available to participants regarding information on extending community services for the second day. This was not forthcoming. The only additional document supplied related to a Penumbra crisis centre in Edinburgh.

The presentations made to the participants on both days did not provide a balanced view.

At the first workshop we heard from Clinicians that there is an acute shortage of Consultants, Junior Doctors and Nursing Staff. We also heard that the current physical estate is not fit for purpose and that consequently we were looking at options of one or two sites rather than three. We did not hear any information from anyone regarding how enhanced care in the community might alleviate any pressure on the need for inpatient care, and how different staffing models might help this come about.

Before the second workshop we received further reading which unfortunately did not include any substantial information regarding community services and also included some factually incorrect and misleading information:

“Across Tayside there are three multi disciplinary Crisis response and Home treatment teams (CRHT) serving Angus, Dundee and Perth and Kinross respectively”.

After questioning it was revealed that there are not currently three teams.

At the second workshop we were given presentations on the various options. To accompany the presentations some written “Fact” sheets were distributed. This included the “Do Nothing” option sheet which clearly states –

“Secure Beds

- Tayside wide Low Secure beds across 2 wards”.

After questioning it was revealed that patients are currently on three wards. Several of the models appeared to assume that one Low Secure ward could be made available without any impact on existing patients. No substantial further information was given.

The presentations on day two also included one new option which it would appear had been largely constructed by a consultant working at one of the three sites. His presentation was afforded more time than the other ones and his delivery was unfortunately too rushed for me to catch all the details he was trying to put across.

There was insufficient time given for rational consideration of the options. Likewise we were given conflicting information by those speaking. On day one we were told by the presenters that we were there to consider one or two sites for delivering the inpatient care and on the other a model including three sites was produced. Participants might had made different decisions on day one if they had thought that a three site model was a possibility.

The constant pressure for the process to move forward rather than rationally examine information or lack of it was evident on both days.

At the conclusion of the second day participants were asked to indicate on their

response sheets whether they came from a clinical, managerial, or service user/carer/representative background, so that the results could be analysed. For the process to be fully meaningful the results should also be processed according to other variables such as the geographical area the participant came from and their particular field of interest e.g. LD, GAP etc. This information was not gathered.

At the end of the two days I was reminded of the old computer system acronym GIGO.

The process is the process and cannot be criticized but when poor information is put into the process and insufficient time is given to logically evaluate information then the end result is questionable.

Consultation Feedback from LD Senior Team Meeting
Dudhope Castle, Tuesday 6th December 2016

IF ALL LD BEDS MOVED to CARSEVIEW (options 4A, 5A and 8) :

PROS:

- Good transport links close to the Ninewells bus hub
- Modern facilities in Carseview, fit for purpose
- Fits closely with population differences – Dundee far more LD people than P&K
- Closer for Dundee individuals to reach and be visited
- Central Tayside for access by Angus and P&K individuals and their visitors
- Would allow one central point of LD in-patient expertise – good for quality and good for economy of workforce planning
- Easier central point for staff to travel to.
- Very minimal `Excess Travel` costs for staff whose base is moved from Strathmartine
- Carseview much more central for those most disadvantaged financially, and due to their LD much easier for them to use public transport.
- Would allow people to transition back into their existing community support services very easily
- Good staff team relationships with those already at Carseview site
- All LD in-patient services on the one site – more economic, better use of staff skills, better quality of service and more effective risk control & response measures.
- Largest population of LD people in Dundee locality – so makes sense to have the beds there too.
- The time & distance to Ninewells in an emergency is as equal for all parts of Tayside as possible.
- Close proximity to Ninewells, should the person require urgent medical admission.
- Not just greater LD knowledge and experience concentrated in one clinical area, but a far stronger link to localities / communities / neighbourhoods.
- Greater proximity to carers and specialist staff teams makes it more likely that care staff would arrange to visit and assist where necessary.
- Greater interface between carers and in patient staff due to ease of access. This can provide more opportunities to share background information between long term carers and in-patient staff , and accelerate recovery and reduce an individuals sense of isolation.
- Potential impact of `community connectedness` – reduced length of in-patient stay, quicker discharge AND a greater influence to prevent a further admission.
- Destroys an existing very strong sense of a LD community in Dundee – where LD people and their families know the specialists and carers really well. Losing this would be clinically and emotionally damaging.
- The existing picture in Dundee works really well, it is efficient and transitions work well between services – having LDAU and BSI locally based is essential for this to continue.
- Quick admission process to a very local facility – providing a better quality of service.
- Close proximity to specialist community AHPs and CLDNs will create much more opportunities to share valuable information. Better for the service users and better for outcomes.
- Close and accessible to a wide group of carers who have a range of deprived backgrounds.
- People with very strong bonds to their care team may benefit from them accompanying them into the ward.
- May be financially crippling to revise the Carseview accommodation.
- May have restricted bed numbers and capacity.
- Financial cost of this project.

- Better opportunities to build community capacity – especially linking to BSI and LDAU
- Dundee has invested in a huge number of disability adapted vehicles which would easily support people with varied physical needs.
- Assists local people with a local solution
- More affordable for all. More equitable.
- Less change and disruption for people with LD

<u>CONS :</u>

- Impact on staff depending on where they live, increased travel time & costs
- Where would the network of support to rehab come from ... – uncertainty about Craigmill Skill centre and the critical role it plays, especially for forensic cases
- Carseview feels institutionalised.
- Carseview requires upgrading
- Carseview feels dated, very enclosed, lots of corridors.
- Conflicting timetables MH v LD poses timetabling issues at present
- Catering provision needs to be upgraded in order to supply `cooked fresh` food.

**** Clarity needed about the future provision which would replace the unique role that the Craigmill Skill Centre plays – would it be replaced ? if so where ? what format ?**

Consultation Feedback from LD Senior Team Meeting
Dudhope Castle, Tuesday 6th December 2016

IF ALL LD BEDS MOVED TO MURRAY ROYAL (option 3A) :

PROS:

- Lots of space – pleasant grounds, room for projects & OT work
- More positive environment.
- Happier / cheerier feel to it/ feels safe
- Garden areas to enjoy
- Layout of wards gives a good sense of security for service users, and better protects staff from a de-escalation perspective.
- Better environment for staff
- Better for the P&K LD population
- Focus of expertise in term of staffing
- There is already an LD footprint there
- There seems to be more capacity and space not being used
- Perceived to be a better environment e.g. parking
- More modern accommodation than existing acc accommodation at SMH
- Larger open space grounds for service users to access
- Massive pressure on small pan Tayside services to travel to Murray Royal
- Having all in-patient staff together, works well for the in-patient staff only

CONS :

- Inaccessible for service users, parents, carers, staff.
- Less likely to get regular visitors – slowing progress and social interaction.
- Staff teams increasingly MH background rather then LD trained
- Inequality - P&K LD population gain at the expense of all Dundee & Angus
- Current in-patient staff based in Dundee & Angus have a very long commute
- Excess of Travel bill will be huge for a 4 year period
- Massive extra distance for carers and families to travel to visit
- Unlike the current central location where when working towards discharge home, people can start attending their existing day supports easily, this would not be easily achieved from as far away as Murray Royal.
- Challenges the co-ordination of locally based services with acute services based far away
- Very difficult for LD people to cope with such a huge change
- Very isolating experience away from family, friends and carers could add to Mental Health issues – potentially very discriminatory
- Murray Royal is very institutional in feel – feels a retrograde step far removed from the Care in the Community ethos and Integration principles
- Murray Royal is not easily reached by public transport
- Who else would share the Murray Royal site – would this be a good mix for our service users, would this pose risks difficult to control in the Murray Royal environment ?
- The car parking there now is totally insufficient – people have to park on double yellow lines blocking exits already and the PFI limitations mean that the car parking will not be increased further.
- Would require massive staff development
- PFI limitations typically preventing some limits to OT cooking groups
- Less focus on recruiting LD specialist nurses poses a risk of going down purely a MH trained route.

- Distance – prevents daily contact with family, care team and LD community specialists – impacts upon recovery rate.
- Massive increase in travel time and costs for carers.
- Travel is very restricted for LD staff, some moratoriums in place.
- Staff all report that car parking is a total nightmare at M Royal.
- Transport services from outer areas in Angus provide time and money barriers.
- Staff access to desk /admin support etc very poor.
- Takes people away from what they know, when they are feeling acutely challenged and can`t cope.
- Extra time taken for staff and carers to visit takes a huge part away from the rest of their life commitments.
- In Patient staff will not be able to develop and sustain strong links to the Community.
- Carers , service and Staff very penalised for NHST building wards they didn't need.
- Greatest hardship presented to Mangers
- Would work against the principles of Health & Social Care Integration, especially the community.
- This would be planning to fill empty beds rather than person centred planning. Very retrograde and against the principles of integration.

**** Clarity needed about the future provision which would replace the unique role that the Craigmill Skill Centre plays – would it be replaced ? if so where ? what format ?**

Contributors :

Andrea Steadman - Senior Social Care Worker, Wellgate
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Consultation Feedback from LD Senior Team Meeting
Dudhope Castle, Tuesday 6th December 2016

Steven McBride - Senior Social Care Worker
Tracey Simpson - Senior Social Care Worker, Wellgate
Val Methven - Senior Social Care Worker, SLT

Consultation Feedback from LD Senior Team Meeting
Dudhope Castle, Tuesday 6th December 2016

DUNDEE LD SERVICE -GENERAL OBSERVATIONS after LD MODELLING EVENT

8th Dec.2016 :

- Where is the **Equality Impact Assessment** and what has it highlighted?
- There are **Human Rights** issues which don't seem to be a priority.
- Aspects of Option 3A feel very **Discriminatory**.
- **Principles of Integration and Strategic Commissioning** seem lost in Option 3A.
- Can see further negative impacts upon peoples **Health Inequalities** with option 3A.
- The Principles of the **Carers Strategy** don't seem to be supported, especially in Option 3A
- Option 3A doesn`t fit with the principles in the **Keys to Life** as the others do.
- Option 3A is against the **Consultations** we have carried out with **service users in Dundee** who aspire to have local services as close to them as possible, where they live.
- The impact of the geographical isolation of Option 3A poses real risks to ensure effective **clinical communication** and care management between GPs, community based LD services and in-patient services. The requirement for effective clinical communication has been repeatedly highlighted to NHS Tayside in **Fatal Accident Inquiries** related to Learning Disabled individuals. This cannot be ignored.
- Need a variety of communication options for the next stage of consultation to ensure that the LD service user and carer voice is heard loud and clear.
- None of the models give a detailed proposal in relation to the current vital service provided by the Craigmill Skill Centre – this needs to be discussed in detail
- Concern that the LD voice will be overtaken by the Adult Psychiatry Mental Health view.
-

PAPERS referring to the DESIGN of IN-PATIENT LD SERVICES :

We are of the view that these papers and the key statements therein, support the development of in-patient LD services which are closest to the individuals home & family ; closest to their system of community based LD supports and services and most likely to reduce the dependency upon in-patient admission. Consequently, if combined with enhanced Community LD service provision in all three localities, we would advocate that of the 4 options on the table, Options 4A, 5A and 8 can support this, whilst Option 3A clearly does not.

`People with Learning Disability and Mental Health, Behavioural or Forensic Problems : the role of in-patient services.` (Royal College of Psychiatrists Faculty Report FR/ID/03 July 2013)

- HEALTH COMPLEXITIES - People with a learning disability have high rates of mental health comorbidity. Epidemiological studies have suggested a prevalence rate of 31–41%.
- HEALTH COMPLEXITY & IN PATIENT UNITS - It is thus clear that of those people with a learning disability who come into contact with psychiatrists, whether they are in the community or in specialist hospitals, it is not learning disability alone that is the focus of treatment. Their clinical presentations are often a complex mix of learning disability, mental illnesses, other developmental disorders, personality disorders, substance misuse, and physical disorders including epilepsy. Some of these conditions present with challenging behaviours, whereas others do not. Appreciating this complexity is important in determining the role that in-patient units play in diagnosis and treatment.
- ESSENTIAL LINK BETWEEN IN PATIENT & COMMUNITY LD SERVICES - Good in-patient care can only be delivered by multidisciplinary teams working very closely with Social Services to ensure person-centred planning and plans for appropriate provision to move on from

hospital care. It is important that people have the right care and support packages to meet their individual needs with agreed outcomes for moving on through the pathways of care.
- POTENTIAL DELAYED DISCHARGES - an absence of appropriate step-down facilities including forensic rehabilitation beds, rehabilitation and continuing care beds and appropriate community placements can also result in patients remaining for longer periods than necessary in medium or low secure settings.

`Enabling people with mild intellectual disability and mental health problems to access healthcare services` (Royal College of Psychiatrists College Report CR175 November 2012)

- ESSENTIAL LINK BETWEEN IN PATIENT & COMMUNITY LD SERVICES - Where possible, service users should continue to be supported to attend ward-or community based activities while still an in-patient. However, if there are appropriate options for treatment and management in the community, including reduction of risk of self-harm or harm to others, then the need for admission to hospital should be reconsidered.
- COMMISSIONING - the commissioning role is paramount in ensuring that effective and high-quality care is offered to people with intellectual disability.
  It should be based on evidence, provide value for money, and reflect local needs and resources. In such a framework the interface of adult mental health and community intellectual disability services is pivotal.
- GOOD PRACTICE - at the core of good practice lies the joint working arrangements between general adult mental health services and community intellectual disability services. This collaboration can ensure that care pathways for people who may need support for mental ill health are clearly delineated and that high-quality care, including reasonable adjustments where necessary, is delivered promptly.
- RIGHTS of LEARNING DISABLED INDIVIDUALS - People with mild intellectual disability as well as those with neuro-developmental disorders and other behavioural and social difficulties present with significant mental ill health and complex needs. They are disadvantaged and frequently have limited ability to manage their mental health needs. However, they have a right to have their mental and physical needs met in the way most appropriate to them, including the use of general services where this is indicated, and to be fully supported by community intellectual disability services.

OTHER KEY STRATEGY DOCUMENTS / REPORTS / INQUIRIES :

The Keys to Life -Improving Quality of Life for People with Learning Disabilities (2013)

Carers Strategy for Scotland 2010-2015 Scottish Govt. And Carers (Scotland) Act 2016

Human Rights Act 1998

Health Needs Assessment Report: people with learning disabilities in Scotland. NHS Health Scotland (2004)

Best Practice Statement: promoting access to healthcare for people with learning disabilities.

Edinburgh: NHS Quality Improvement Scotland. NHS Quality Improvement Scotland (2006)

Tackling Indifference: healthcare services for people with learning disabilities national overview. NHS Quality Improvement Scotland (2009)

Promoting Health, Supporting Inclusion: the national review of the contribution of nurses

and midwives to the care and support of people with learning disabilities. Scottish Executive (2002)

General Health References / Strategic Drivers / Reports

NHS Scotland 2020 Local Delivery Plan Guidance

Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD) Norah Fry Research Centre 2013

Health Inequalities and People with Intellectual Disabilities . Emerson and Hatton. 2008

Healthcare for All – Independent Inquiry into access to Healthcare for People with Learning Disabilities . Sir Johnathon Michael

Equally Well. The report of the Ministerial Task Force on Health Inequalities. Scottish Government (2007)

Better Health, Better Care: action plan. What it means for you. Scottish Government (2008)

Achieving our Potential: a framework to tackle poverty and income inequality in Scotland. Scottish Government (2008)

The Healthcare Quality Strategy for NHS Scotland. Scottish Government (2010)

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Appendix Four

Detailed Option Appraisal Report and Appendices

NHS Tayside Board
August 2016

MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME

1. PURPOSE OF THE REPORT

The purpose of the report is to inform NHS Tayside Board of the Option Appraisal process undertaken to identify the preferred options for the redesign of Adult Mental Health Inpatient Services and Learning Disability Inpatient Services being considered through the Mental Health Service Redesign Transformation Programme (formerly the Steps to Better Healthcare Mental Health Improvement Programme). The strategic aims and operational intent of the Programme are described in the NHS Tayside Mental Health Clinical Services Strategy.

2. BACKGROUND

Following the presentation of a paper and proposal to the NHS Tayside Board in March 2016, the Board requested that further work was undertaken to inform and enable Board members to make an informed decision on proposals for the redesign of inpatient adult mental health services. Members specifically asked for assurance that there was wider engagement with stakeholders, in particular service users and carers, in the process to identify options for the reconfiguration of inpatient services. Although in March, proposed options for Learning Disability inpatient services were not presented to the Board as further engagement work was planned, Learning Disability Services are included in the scope of the Mental Health Service Redesign Transformation Programme (MHSRTP) and are included in the attached Options Appraisal report.

3. ASSESSMENT

The attached paper describes the process that has been undertaken to identify and present options for the reconfiguration of adult inpatient services to be provided from either a single site or two sites in Tayside and options for the future configuration of learning disability inpatient services. As the paper describes, the two options that scored highest from the two workshops that were held to facilitate the process, still have services for adult mental health being provided from three sites across Tayside, albeit the acute admissions wards are either on a single site or two sites; in addition the difference in scoring between the top four options was marginal; therefore the top four scored options have been presented in the paper to ensure the scope requested for a single site or two sites for adult inpatient services are presented. Board members are directed to the attached paper for the detailed description, content and outcome of the Option Appraisal and the associated appendices.

In the absence of National guidance for joint service planning across NHS Boards and Health and Social Care Integration Joint Boards, the updated Scottish Capital Investment Manual Guidance (2015) has been followed to establish the stages to be followed for service changes such as those being considered under this programme of work. In addition, guidance has been sought from Yvonne Summers of Scottish Government to ensure clarity of the expected process. The content and detail of the attached Option Appraisal report was noted by Ms Summers to be of an extremely high standard.

Ms Summers recommended that the next stages to be followed are:

- An Initial Agreement to be developed articulating the case for change and intent of the service change with each of the options further developed with the necessary clinical, workforce and financial information to identify which of the four options is the most feasible / deliverable option that will achieve the aims of the Service Redesign Transformation Programme. This stage should be reached through engagement and discussion with each of the Strategic Planning Groups in the Integration Joint Partnerships; the Area Clinical Forum; the Finance and Resource Committee; the Integration Joint Boards; the Area Partnership Forum; It will be necessary to also convene an extraordinary meeting of the Capital Scrutiny Group sometime in November as the meeting scheduled for September 2016 is too soon in the timeline for the necessary information to be gathered; and presentation to NHS Tayside Board December 2016
- Presentation of the Initial Agreement to the Capital Investment Group at Scottish Government in December 2016.
- Once agreement is reached on a single option through the process described above, there should be a period of three months consultation on that option to ensure all implications of the option have been identified and considered.
- The consultation can run in parallel with the development of the Outline Business Case. The Outline Business case will include detailed design of the environments and the feedback from the consultation process, in addition to the information collated earlier for the Initial Agreement. This will enable the NHS and Integration Joint Boards to make a final decision on the service redesign.
- The Outline Business Case will then be presented before the Scottish Government Capital Investment Group in late spring or early summer 2017.
- If approved, this will be followed by the development of a Full Business Case.

Decision making in respect of the programme proposals at the Outline Business Case stage is not clear cut as the proposed services changes affect accountabilities of both NHS Tayside and the Integration Joint Boards i.e. the adult and learning disability inpatient services are hosted by Perth and Kinross Integration Joint Board / Partnership and associated community services are operationally delegated to the responsibility and accountability of the respective Integration Joint Boards in each locality, whilst forensic mental health secure care services are not part of the delegated arrangements, and the buildings from which the services are provided remain the property of NHS Tayside. Clarity on the decision making process will be requested from NHS Tayside Board in partnership with each of the Integration Joint Boards.

Responsibility for the delivery of the Mental Health Service Redesign Transformation Programme will be passed to the leadership of the Chief Officer for Perth and Kinross. In agreement with the Chief Officer of Perth and Kinross Integration Joint Board it is therefore proposed that the reporting and governance for the programme should be held through the Perth & Kinross Transformation Programme Board, with duplicate reporting to the NHS Tayside Transformation Board in respect of assurance of the strategic intent of the redesign programme to shift the balance of care through reinvestment of resources into community models of care and potential capital receipt and site savings that will be released if Learning Disability services are relocated from the Strathmartine Hospital site.

4. RECOMMENDATIONS

NHS Tayside Board is asked to:

1. Confirm they are satisfied with the attached report and the process followed to identify the preferred options for future inpatient service provision and in particular wider engagement of stakeholders in the process has been satisfactory.

2. Note the report on the Option Appraisal attached and approve that the Programme should be progressed in the stages outlined as advised above.

3. Consider the proposal for reporting and governance for the Mental Health Service Redesign Transformation Programme through Perth & Kinross Transformation Programme and Integrated Joint Board with duplicate reporting and assurance to the NHS Tayside Transformation Board.

4. REPORT SIGN OFF

Ms Lynne Hamilton
Mental Health Programme Director and Finance Manager

Dr Karen Ozden
Director Mental Health Regional Services /
Associate Nurse Director

Dr Neil Prentice
Associate Medical Director
Mental Health & Learning Disability

9th August 2016

Appendices available on webpage

Mental Health Service Redesign Transformation Programme

Option Appraisal Report

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Appendix Four – List of Workshop Participants
Appendix Five – Workshop Programmes
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Appendix Fourteen – Sensitivity Analysis of scores
Appendix Fifteen – Feedback from discussion on 30th June and feedback forms collected from workshops

Introduction and Background

The Mental Health Services Clinical Services Strategic Framework, approved and endorsed by NHS Tayside Board in December 2015, reflects the strategic intent of both the NHS Tayside Clinical Services Strategy[1] and the National Clinical Services Strategy[2]. The Framework builds on a 12 year narrative and vision for adult mental health services across Tayside and further chimes with the Scottish Government's 2020 Vision[3] The Option Appraisal is a further step towards this strategic vision and in ensuring sustainable, high quality safe, effective care and treatment whilst making best use of resources and the skilled workforce.

Although the Optional Appraisal has largely focussed on inpatient service provision for adult mental health and learning disability, the effectiveness of clinical services is dependent on a number of factors, not least approaches and interventions aimed at effective prevention; support for recovery; timely return to living at home following hospital treatment, social inclusion and access to a range of supports in the wider community that maintain and promote health and well being. Furthermore, effective treatment and recovery from mental ill health and optimum functioning and quality of life for people with learning disability is not solely determined by clinical interventions. The supports and opportunities required for people to gain and sustain mental well being and be enabled to live fulfilling lives, lie within their local communities and with other services and organisations. In order that people can access and benefit from these assets and services care and treatment needs to be delivered as part of collaboration between agencies and individuals including primary care, social work services, housing services, voluntary organisations, the independent sector and local communities. The establishment of health and social care partnerships should make such partnership working and access to such services easier.

The current configuration of clinical inpatient services is not sustainable and is introducing risks to the provision of safe care as a consequence of significant workforce challenges. The model of adult inpatient care is resource intensive and inhibits the ability to further develop and progress towards this 'whole system' strategic vision. The current model for Learning Disability services does not best support person centred care, rehabilitation and enablement and the quality of the environments that services are provided from are not of a good standard or design for the needs of the patient population.

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[1] NHS Tayside (2015). NHS Tayside Clinical Services Strategy. Reshaping Clinical Services for the Future
[2] Scottish Government (2016) A National Clinical Strategy for Scotland
[3] Scottish Government (2011) The Scottish Government's 2020 Vision.

The Option Appraisal is an aspect of the programme of work that has progressed to date under the umbrella of the Steps to Better Healthcare Mental Health Improvement Programme (SBHMHIP). This will now be renamed the Mental Health Service Redesign Transformation Programme (MHSRTP). The programme has primarily considered improved clinical pathways and a review the inpatient estate/ accommodation from where services are delivered to identify opportunities to optimise patient pathways and make more efficient use of resources.

An initial option appraisal was undertaken in 2014/15 to review future inpatient provision and consider the sustainability of services; this informed a report presented to NHS Tayside Board on 10th March 2016. At this meeting, the Board approved in principle the proposal to have general adult psychiatry inpatient services delivered from two sites in Tayside instead of three sites, as they are currently. The NHS Board also requested that further work was undertaken to consider services being delivered from one single site in Tayside. The Board also requested that in addition to consideration of the number of sites and their location, the proposals would also need to outline any additional requirements to strengthen community models of care and treatment. These should be aimed at enabling people to receive appropriate care and treatment at home and in their local communities in line with national and local strategies and visions. This would be funded through reinvestment and realignment of existing resources.

The Programme team provided a further update to the NHS Tayside Board in April 2016 to share plans for a further option appraisal exercise, describing the approach to be taken to ensure full stakeholder engagement in the process.

Purpose of the Report

This report describes the methodology and results of the option appraisal process undertaken at Invercarse Hotel in Dundee from 10.00am to 4.00pm on 20th June 2016 and at The Steeple, in Dundee from 9.30am to 4.00pm on the 30th June 2016. The Options Appraisal Report will be followed by more detailed clinical, financial and workforce information being collated and presented in an Initial Agreement report which will include a risk assessment to enable a decision to be made on a single preferred option for both Mental Health and Learning Disability services.

Option Appraisal

The purpose of the option appraisal workshops was to evaluate and compare the benefits of inpatient bed models and their locations for NHS Tayside Adult Mental Health and Learning Disability services with a range of service configurations across Dundee, Angus and Perth and Kinross sites considered as part of the appraisal process.

To ensure wide representation from partner Integrated Joint Board areas and community organisations, health and social care Partnership Chief Officers were asked to provide nominations for attendance at the proposed workshops. The Scottish Health Care guidance for options appraisal was followed, which recommends a proportionate split of representation of one third clinical staff, one third service administration staff and one third of representation from service users, carers, and voluntary organisation/ third sector personnel.

The methods used for this process were similar to that used in previous option appraisals facilitated by NHS Tayside, and was guided by Scottish Capital Investment Manual and Scottish Health Council Guidance. This option appraisal forms part of a much larger decision-making process which includes assessment of financial, architectural, planning and risk management implications of the models and site / service options under consideration.

Each of the three geographical areas in Tayside through the new Integrated Joint Board partnership structures has outlined local strategic objectives for people with mental health problems. These objectives aim to promote mental well-being, prevent mental illness, secure a comprehensive and integrated range of services designed to promote independent living, as far as possible, with the fullest of integration into the community without unacceptable risks to patient, carers or society.

These aims were considered alongside the National Clinical Strategy, NHS Tayside Mental Health Clinical Services Strategic Framework and National Mental Health Strategies when agreeing the objectives of the programme and the benefit criteria which was used to score the site options for these services.

Option Appraisal Training

To assist stakeholders in being able to fully participate in the Option Appraisal exercise a half day training session was provided at Kings Cross Hospital in Dundee on the 16th June 2016. The training session was facilitated by NHS Tayside Associate Director of Improvement and included a presentation from the Scottish Health Council who opened the session by setting the context of their role, background to CEL 04 and providing an overview of the engagement process. Presentations used during the training session are attached as Appendix One.

The training session was attended by 35 stakeholders and attendees were asked to provide feedback on the training session to gauge their satisfaction with the training (details of attendees are provided in Appendix Two; feedback forms and responses are attached in Appendix Three).

Stakeholder Participation

Over 150 stakeholder nominations were received for the workshops and 110 representatives confirmed attendance. Of the 110 confirmed attendees 93 were to participate in the scoring exercise (the remainder of people were in attendance to support facilitation, give presentations, organisation of the events, facilitate table top discussions, and to provide supporting information as needed). Of the 93 participating attendees, there was an equal spread of 31 attendees (one third) in each category i.e. 31 service user, carer, voluntary organisations and third sector representatives / 31 clinical service representatives / 31 service administration, management, other partner agencies representatives.

However, only 85 of the confirmed 110 representatives attended on 20th June and 74 of the 93 confirmed representatives attended on 30th June (the full list of nominations and participants who were invited and those who actually attended are detailed in Appendix Four).

The 74 participants who undertook the scoring at the second workshop is detailed below:

SCORING PARTICIPANTS	**CONFIRMED ATTENDANCE**	**% SPLIT**	**ACTUAL ATTENDANCE**	**% SPLIT**
SERVICE USERS, CARERS & VOL ORGS	31	**33.33**	18	**24.32**
CLINICAL STAFF	36	**38.71**	36	**48.65**
ADMIN/SUPPORT/OTHER STAFF	26	**27.96**	20	**27.03**
TOTAL	93	**100**	74	**100**

Outline of workshop Session One held on 20th June 2016

The workshop was attended by 85 representatives from across all three geographic areas; Angus, Dundee and Perth and Kinross.

Both workshop events on the 20th and 30th June were externally facilitated by Pennie Taylor (Freelance Journalist and Broadcaster who specialises in Health and Care issues) and supported by Lynne Hamilton, Mental Health Programme Director & Finance Manager and Tracey Williams Associate Director of Improvement (the workshop Programmes for both dates are attached at Appendix Five).

Each of the ten tables of participants had a nominated lead facilitator, briefed to ensure the correct process was followed to achieve outcomes at each table and to help facilitate discussions and provide any supporting information required.

During the morning session presentations were given to participants to detail the background to the workshops, the reasons for review of the services, key drivers for change and the current issues being faced by NHS Tayside in provision of safe and effective services currently and challenges to future sustainability.

Dr Karen Ozden presented information regarding current and future nursing workforce challenges, Dr Neil Prentice provided an overview of Senior Medical staffing issues and Dr Stuart Doig described Junior Medical rota compliance issues and difficulties in sustaining training across the current number of sites. Supporting information was then presented by Neil Fraser who highlighted national benchmarking information describing where NHS Tayside Mental Health services sit when compared with other Board areas, and Lynne Hamilton set out the context of the programme in terms of the overall NHS Tayside financial position and the current estate / environments services are provided from.

Option Appraisal Objectives

Following the morning presentations, participants were provided with a list of eleven draft objectives to describe what future Mental Health and Learning Disability services must provide. Each table were asked to consider, review and agree objectives and feedback to room.

The four key objectives agreed from participant's feedback were:

1. Our care and support, wherever it takes place, will offer safe, person-centred, effective, equitable access to timely, evidence-based interventions and preventative approaches

2. We will focus on developing and investing in more community-based mental health and wellbeing services and more holistic approaches looking at a person's complete needs jointly with our local health and social care partnerships and other service delivery partners

3. We will look to develop and sustain a workforce for the future by ensuring Tayside is an attractive place to work, where staff can feel valued and supported and workforce models are modern and innovative

4. Our treatment and preventative approaches will be delivered safely in the right place, at the right time, by the right person with the right knowledge and skills

These objectives were then reviewed to ensure harmony with the key ambitions of the 2020 Vision which states:

> *"Our vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.*
>
> *There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate, with minimal risk of re-admission".* The 2020 Vision. Scottish Government 2010

These agreed objectives are also in line with the Healthcare Quality Strategy for Scotland which identifies the 6 Dimensions of Healthcare Quality as:

1. Person-centred
2. Safe
3. Effective
4. Efficient
5. Equitable
6. Timely

These objectives were used to support the production and agreement of the Benefit Criteria used to score the options at the workshop on the 30th June 2016.

Long List of Options

The remainder of the morning session focussed on the development of the long list of options. Participants were provided with a number of draft 'bed model' options describing current inpatient service configurations and examples of alternative two site and one site inpatient service configurations (attached as Appendix Six). Bed index and descriptor cards were also provided to help describe the current inpatient bed provision across Tayside and the service functions (attached as Appendix Seven). Participants were asked at their tables to review each potential option and provide comment/feedback. Each table were also provided with blank bed model

templates and coloured pencils to design additional service configuration models. Participants were asked to be as creative and as thoughtful as possible and consider all possible options they wished considered on the long list.

Tables initially struggled with this session as participants had a tendency to immediately review each option with a view to shortlisting (feedback from the tables is provided in Appendix Eight). Participants at three different tables described a similar additional option during the feedback session which was then added to the long list of options for consideration.

Table One below describes the long list of options as depicted in the bed maps in Appendix Six.

Table One - Long List of Options

Option 1	Do Nothing	• Current provision of General Adult Psychiatry (GAP) acute admission wards at Murray Royal Hospital, Susan Carnegie Centre Angus and Carseview Centre Dundee. • IPCU (Tayside wide) at Carseview Centre Dundee • Male and female complex care and rehabilitation (Tayside wide) at Murray Royal Hospital. • Learning Disability services (Tayside wide) provided from Strathmartine Hospital and Carseview Centre Dundee • One empty ward at Carseview.
Option 1A	Single Site Option	• All GAP acute admissions beds at Murray Royal Hospital site (building expansion required) • Female complex care (Tayside wide) and IPCU (Tayside wide) relocation to current Low secure ward in Rohallion, Murray Royal Hospital (MRH). • Relocation of rehabilitation and complex care male bed provision (Tayside wide) to Susan Carnegie Centre. • Learning Disability services relocated from Strathmartine Hospital to Carseview Centre: locked Forensic LD ward in vacated IPCU ward • Combined LD Assessment Unit/Behavioural Support and Intervention /Open Forensic ward in current LDAU on Carseview site. • Three empty wards at Carseview Centre.
Option 1B	Single Site Option	• Single site provision for GAP acute admissions all at Murray Royal site (building expansion required) • Female complex care (Tayside wide) and IPCU (Tayside wide) relocation to Low secure ward in Rohallion, MRH.

		• Relocation of rehabilitation and complex care male bed provision (Tayside wide) to Susan Carnegie Centre. • All five wards empty at Carseview. • All Learning Disability services provided from Strathmartine site (major refurbishment required).
Option 2A	Single Site Option	• Single site provision for GAP acute admissions all at Susan Carnegie Centre site (building expansion required). • Male and Female complex care and rehabilitation at Murray Royal and • IPCU relocated to Low secure ward in Rohallion, MRH. • Learning Disability services relocate from Strathmartine: locked Forensic LD ward in current IPCU ward; combined LDAU/BSI/Open Forensic ward in current LDAU ward on Carseview site. • Empty ward on MRH site. • Three empty wards at Carseview.
Option 2B	Single Site Option	• Single site provision for GAP acute admissions all at Susan Carnegie site (new build required). • Male and Female complex care and rehabilitation at MRH • IPCU relocation to Low secure ward in Rohallion, MRH. • All Learning Disability services provided from Strathmartine site (major refurbishment required). • Empty ward on MRH site. • All five wards empty at Carseview Centre.
Option 3A	Single Site Option	• Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH • All other LD services relocated from Carseview Centre and Strathmartine to a combined LDAU/BSI/Open Forensic ward in vacated ward on MRH site. • Empty ward on Susan Carnegie site.
Option 3B	Single site Option	• Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • Male and Female complex care and rehabilitation remain at Murray Royal • IPCU remains at Carseview Centre. • All LD services provided from Strathmartine site (major refurbishment required). • Empty ward on Susan Carnegie site. • Empty ward at Low Secure Rohallion, MRH. • Empty ward on MRH site.

Option 3C	Single site Option	• Single site provision for GAP acute admissions all at Carseview Centre site (major refurbishment required). • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Carseview and Strathmartine to a combined LDAU/BSI/Open Forensic ward in vacated ward on Susan Carnegie site. • Empty ward on MRH site.
Option	Single site Option	• Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • Male and Female complex care and rehabilitation remain at Murray Royal • IPCU remains at Carseview Centre. • All LD services provided from Strathmartine site from a new build. • Empty ward on Susan Carnegie site. • Empty ward at Low Secure Rohallion, MRH. • Empty ward on MRH site.
Option 4A	Two Site Option	• GAP acute admissions at Carseview Centre site (major refurbishment required) and Susan Carnegie site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward in current LDAU on Carseview site. • Empty ward on Murray Royal site.
Option 4B	Two Site Option	• Two site provision for GAP acute admissions at Carseview Centre site (major refurbishment required) and Susan Carnegie site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward on MRH site. • Empty ward on Carseview site.
Option 5A	Two Site Option	• GAP acute admissions at Carseview site (major refurbishment required) and MRH site. • Male and Female complex care and rehabilitation remain at MRH

		• IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward on Carseview Centre site. • Empty ward on Susan Carnegie site.
Option 5B	Two Site Option	• GAP acute admissions at Carseview site (major refurbishment required) and MRH site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • All LD services provided from Strathmartine site (major refurbishment required) • Empty ward on Susan Carnegie site. • Empty ward at Low Secure, Rohallion, MRH site. • Empty ward on Carseview Centre site.
Option 6A	Two Site Option	• GAP acute admissions at Susan Carnegie and MRH (requires new building extension on each site). • Male and Female complex care and rehabilitation remain at MRH • Relocation of IPCU to Low Secure ward at Rohallion. • All LD services provided from Strathmartine site (major refurbishment required) • All five wards empty on Carseview Centre site.
Option 6B	Two Site Option	• GAP acute admissions at Susan Carnegie and MRH sites (requires two new building extensions at Susan Carnegie site). • Male and Female complex care and rehabilitation remain at MRH • Relocation of IPCU to Low Secure ward at Rohallion, MRH. Learning Disability services relocate from Strathmartine to provide locked Forensic LD ward in vacated IPCU ward and combined LDAU/BSI/Open Forensic ward in current LDAU on Carseview site. • Three wards empty on Carseview Centre site
Option 7	Two Site Option	• GAP acute admissions at Susan Carnegie and MRH sites (requires two new building extensions at Susan Carnegie site). • Male and Female complex care and rehabilitation remain at MRH • Relocation of IPCU to Low Secure ward at Rohallion, MRH All LD services provided from Strathmartine site (new build required). • All five wards empty on Carseview Centre site.
Option 8	Additional option from	• Single site acute admission at Carseview Centre site, • Three acute 'step down' wards provided one each from

	event – Single GAP acute admission, three site GAP step down and two site LD option	Carseview Centre, MRH and Susan Carnegie sites. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • Remaining LD services relocate to two wards on Carseview site to provide combined LDAU/BSI ward and an open Forensic ward.

Feedback discussed the requirement for further detailed analysis of the community and day services which would be required to support each model.

Short List of Options

The afternoon session on the 20th June 2016 asked the tables to review the long list of options using a set of parameters and information provided to determine the short list of options for consideration and scoring (the list of parameters is provided in Appendix Eight and the feedback from the short listing process is included as Appendix Nine). During the workshop consideration was given as to whether or not an additional day would be required to give people more time to complete the process. There were requests for additional historical data to be provided and information about community service infrastructures to support each of the options. Following discussion with participants it was agreed the process to short list options could be completed as planned and additional data would be circulated prior to scoring of the options at the workshop scheduled for 30th June 2016. The information was available as requested thereafter.

Table Two below shows the seven options which were short listed for scoring.

Table Two – Short List Options

Option 1	Do Nothing	• Current provision of General Adult Psychiatry (GAP) acute admission wards at Murray Royal Hospital, Susan Carnegie Centre Angus and Carseview Centre Dundee. • IPCU (Tayside wide) at Carseview Centre Dundee • Male and female complex care and rehabilitation (Tayside wide) at Murray Royal Hospital. • Learning Disability services (Tayside wide) provided from Strathmartine Hospital and Carseview Centre Dundee • One empty ward at Carseview.

Option 3A	Single Site Option	• Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH • All other LD services relocated from Carseview Centre and Strathmartine to a combined LDAU/BSI/Open Forensic ward in vacated ward on MRH site. • Empty ward on Susan Carnegie site.
Option 3B	Single site Option	• Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • Male and Female complex care and rehabilitation remain at Murray Royal • IPCU remains at Carseview Centre. • All LD services provided from Strathmartine site (major refurbishment required). • Empty ward on Susan Carnegie site. • Empty ward at Low Secure Rohallion, MRH. • Empty ward on MRH site.
Option 4A	Two Site Option	• GAP acute admissions at Carseview Centre site (major refurbishment required) and Susan Carnegie site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward in current LDAU on Carseview site. • Empty ward on Murray Royal site.
Option 5A	Two Site Option	• GAP acute admissions at Carseview site (major refurbishment required) and MRH site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward on Carseview Centre site.

		• Empty ward on Susan Carnegie site.
Option 5B	Two Site Option	• GAP acute admissions at Carseview site (major refurbishment required) and MRH site. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview Centre. • All LD services provided from Strathmartine site (major refurbishment required) • Empty ward on Susan Carnegie site. • Empty ward at Low Secure, Rohallion, MRH site. • Empty ward on Carseview Centre site.
Option 8	Additional option from event – Single GAP acute admission, three site GAP step down and two site LD option	• Single site acute admission at Carseview Centre site, • Three acute 'step down' wards provided one each from Carseview Centre, MRH and Susan Carnegie sites. • Male and Female complex care and rehabilitation remain at MRH • IPCU remains at Carseview. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • Remaining LD services relocate to two wards on Carseview site to provide combined LDAU/BSI ward and an open Forensic ward.

Outline of the workshop session on 30th June 2016

Information requested from the workshop on the 20th June was circulated to participants in advance of the second workshop and supporting data requested was also made available in the room on the day (the supporting information that was provided is noted in Appendix Ten)

The workshop was attended by 85 representatives from across all three geographic areas; Angus, Dundee and Perth and Kinross.

The second workshop event on 30th June was opened by external facilitator Pennie Taylor with a recap of the issues facing current services, information shared at the event on 20th June 2016 with an overview of the option appraisal process from Lynne Hamilton and Tracey Williams.

During the morning session short presentations were given to participants to provide further detail of the seven shortlisted options by lead clinicians and discussion was supported to ensure a shared understanding of each option being considered.

Each table was provided with the bed models, bed index and cards, geographical information on maps of Tayside highlighting the populations in main towns and locations, a detailed breakdown of public transport times and mileage distances between all sites and towns across Tayside (attached as Appendix Eleven), the parameters provided previously and the agreed objectives from the initial workshop.

Benefits Appraisal

A key component of any formal option appraisal is the assessment of the non financial benefits that are likely to accrue from the options under consideration. The Programme team elected to carry out the benefits appraisal in an open and transparent environment, inviting the full range of stakeholder to participate in this part of the process. A draft set of benefit criteria was shared with participants to develop and agree during the exercise. The benefits appraisal had three main stages:

1. Define and agree the benefits criteria
2. Weighting of the benefits criteria
3. Scoring of the short listed options against the benefits criteria

Defining the benefit criteria

The mid morning session of the workshop was dedicated to defining the options benefits criteria and then the assigning of weights to these criteria to allow progression to score the shortlisted options in the afternoon session.

Draft benefits criteria were provided and participants were asked to define the attributes which would have a significant impact on the quality and effectiveness of future services. Each table was asked to think about what they felt were the most important criterion and then feedback was discussed in the room. Following discussion and feedback the draft list was amended to an agreed set of benefit criteria as outlined in Table Three below which included one additional criterion added as Criteria 6.

Table Three – Agreed Benefits Criteria

1	Supports safe, effective and person-centred care
2	Improved care and treatment across hospital and community mental health services with a focus on prevention of admission and timely supported discharge
3	Ensures equity of access to services across Tayside
4	Supports effective and sustainable deployment of staff across Tayside

5	Makes best use of resources to ensure that services are provided from flexible, fit for purpose, patient focussed facilities.
6	Emphasis on maintaining effective recovery through close relationships with family, carers and supporting community groups and organisations that compliment NHS services.

Weighting of the Benefits Criteria

Each table reviewed the agreed benefits criteria and each participant was asked to complete an individual weighting sheet which provided their individual ranking and weighting applied to the criteria, to a total of 100 points.

Each table then collated the individual scores as a table total which were averaged and input during the lunch break to arrive at agreed criteria weightings as per Table Four below (individual scoring sheets and table totals are detailed in Appendix Thirteen). Further analysis of the scoring has looked at applying forms of sensitivity analysis around weightings which are reflected in Appendix Fourteen.

Table Four – Agreed Benefit Criteria Weightings

Criteria	Description	Weighting	Rank
1	Supports safe, effective and person-centred care	23	1
2	Improved care and treatment across hospital and community mental health services with focus on prevention of admission and timely supported discharge	21	2
3	Ensures equity of access to services across Tayside	15	4
4	Supports effective and sustainable deployment of staff across Tayside	13	5
5	Makes best use of resources to ensure that services are provided from flexible, fit for purpose, patient	13	5

	focussed facilities.		
6	Emphasis on maintaining effective recovery through close relationships with family, carers and supporting community groups and organisations that compliment NHS service.	16	3

Criteria One – Supports safe, effective and person centred care was considered the most important factor and allocated the highest ranking.

Scoring the Short Listed Options

Using the agreed benefits criteria and above weightings, participants were asked to score each of the options against these criterions. Participants were asked to re consider each service configuration option in line with objectives, parameters, supporting information, transport information, population demographics and the agreed criteria.

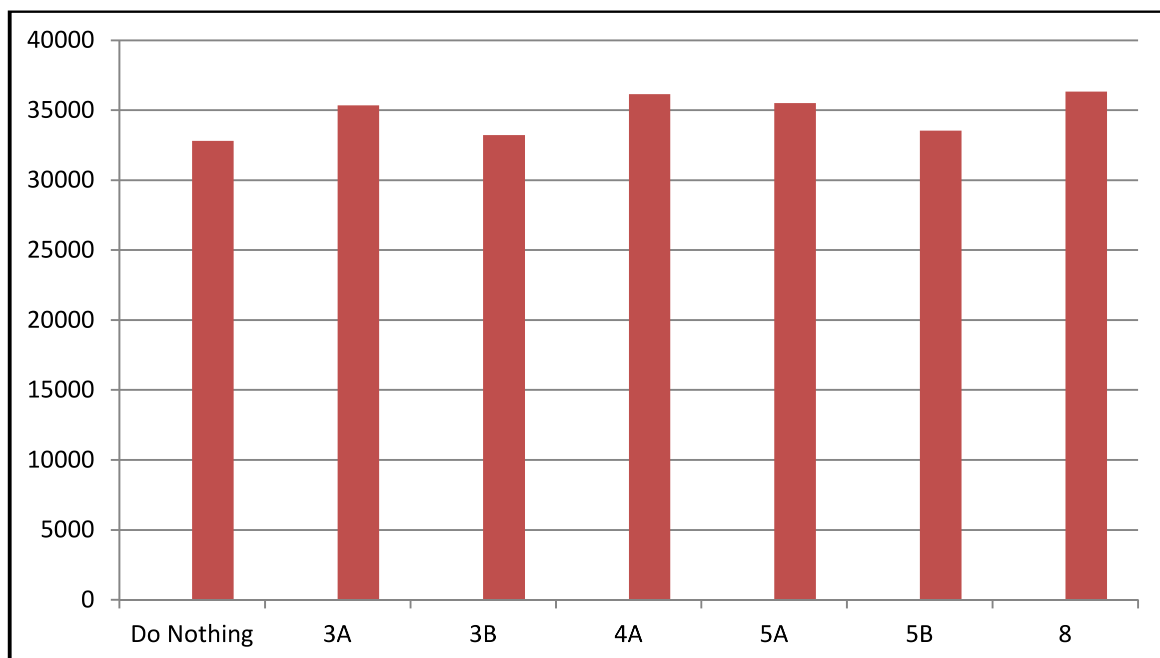
Each participant was asked to complete an individual scoring sheet and allocate each option a score from 0 to 10 against each of the benefits criterion. These scores were then totalled and multiplied against the allocated weightings. Calculations were done on the day and the total of these weighted scores then provided each option with a total score which was fed back at the workshop. Recognising that this initial calculation was completed under a time pressure and was based on the scores calculated by each table, the scoring was checked again for accuracy after the workshop. This did identify there had been some error on the day with the calculations that were fed back, however the top four options remain the same but there was a changed order for second and third place and now includes a fourth option. Differences in scores were marginal and the inclusion of the fourth option ensures both 2 site and 1 site options are considered in keeping with the original scope set by NHS Tayside Board.

Each table engaged in good discussion and all individuals participating managed to agree scores against each criterion (detailed individual scoring sheets are provided in appendix Thirteen) Individuals were also asked to mark on the sheet which stakeholder group they were representing to allow further analysis of responses. Sensitivity analysis of scoring is provided in Appendix Fourteen.

As the scoring results in Table Five below demonstrate four options scored extremely closely and therefore will be subject to further clinical appraisal, workforce review and financial appraisal of benefits.

Table Five – Scoring of Short List option results

Option	Score	Rank
1	32811	7
3A	35349	4
3B	33223	6
4A	36146	2
5A	35496	3
5B	33528	5
8	36337	1



Option 8 which was the new model proposed at the workshops scored highest. The chart above demonstrates the proximity of the scores. Having reviewed each of the individual scoring sheets, generally the majority of participants adopted a similar approach to how they allocated the scores. This gives an indication that the general understanding of what each option would deliver was understood by participants.

Please note; due to the scoring system used to capture this information, it was found to be very subjective dependant on how strongly each individual felt about the

specific question being posed to them. This threw up many outliers which in turn skewed several of the results up or down. There were a number of scoring sheets which were disproportionately scored. The full spread of tabular scores illustrates this and is provided for background information in Appendix Thirteen

Feedback from event on 30th June and table discussions recorded are attached as Appendix Fifteen.

The Top Four Scored Options

Option 8 Ranked No. 1	What does this Mean?
Susan Carnegie Centre • Acute adult 'Step down' / Treatment ward **Carseview Centre** • Acute adult admissions Tayside wide • Acute adult 'Step down' / Treatment ward • IPCU **Murray Royal Hospital** • Acute adult 'Step down' / Treatment ward • Male and Female complex care and rehabilitation Tayside wide **Learning Disability Services** • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • Remaining LD services relocate to two wards on Carseview site to provide combined LDAU/BSI ward and an open Forensic ward.	• Patients from Dundee, Angus and Perth & Kinross admitted to Dundee 24/7 then transferred back to 'step down / treatment wards in each locality • Strathmartine Hospital would close and could be disposed of. • People with LD would be admitted to Carseview Centre (major refurbishment would be required) • Alternative accommodation / workshop provision would need to be found for the Day services currently provided from Strathmartine • LD Low secure patients would be cared for in a much improved environment. • Medical rotas would be needed for all three sites as patients in step down wards would still be acutely unwell. • Doesn't address nursing workforce challenges
Option 4A Ranked No. 2	**What does this Mean?**
Susan Carnegie Centre • Acute adult admissions	• Moredun Ward at MRH would be relocated to Carseview site (major refurbishment would be required at Carseview) • People from Perth & Kinross would be

Carseview Centre • Acute adult admissions Dundee, Perth & Kinross • IPCU Tayside wide **Murray Royal Hospital** • Male and Female complex care and rehabilitation Tayside wide **Learning Disability Services** • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH. • All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward in current LDAU on Carseview site.	admitted to Dundee locality 24/7 • Moredun ward at MRH would be a vacant ward. • Strathmartine Hospital would close and could be disposed of. • People with LD would be admitted to Carseview Centre (major refurbishment would be required) • Alternative accommodation / workshop provision would need to be found for the Day services currently provided from Strathmartine • LD Low secure patients would be cared for in a much improved environment. • Medical rotas OOHs needed for SCC and Carseview sites. Medical cover required for MRH site.
<u>Option 5A Ranked No. 3</u> **Susan Carnegie Centre** • No adult mental health services provided on site **Carseview Centre** • Acute Adult admissions Dundee and Angus • IPCU Tayside wide **Murray Royal Hospital** • Acute Adult admissions • Male and Female complex care and rehabilitation Tayside wide **Learning Disability Services** • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH.	**<u>What does this Mean?</u>** • Mulberry Ward at Susan Carnegie Centre would be relocated to Carseview site (major refurbishment would be required at Carseview) • People from Angus would be admitted to Dundee locality 24/7 • Mulberry ward at Susan Carnegie Centre would be a vacant ward. • Strathmartine Hospital would close and could be disposed of. • People with LD would be admitted to Carseview Centre (major refurbishment would be required) • Alternative accommodation / workshop provision needed for the Day services currently provided from Strathmartine • LD Low secure patients would be cared for in a much improved environment. • Medical rotas OOHs needed for MRH and Carseview sites. • (Issues with MFE and POA Medical Rotas still need addressed and POA wards nursing workforce would need reviewed / enhanced

• All other LD services relocated from Strathmartine to a combined LDAU/BSI/Open Forensic ward on Carseview Centre site.	as no other psych service on site)
Option 3A Ranked No. 4 **Susan Carnegie Centre** • No adult mental health services provided on site **Carseview Centre** • All adult acute admissions Tayside wide • IPCU Tayside wide **Murray Royal Hospital** • Male and Female complex care and rehabilitation Tayside wide • All Learning Disability services Tayside wide **Learning Disability Services** • LD services relocated from Carseview Centre and Strathmartine to a combined LDAU/BSI/Open Forensic ward in vacated ward on MRH site. • Locked Forensic LD services relocate from Strathmartine to Low secure ward in Rohallion, MRH	**What does this Mean?** • Single site provision for GAP acute admissions all at Carseview site (major refurbishment required). • All patients from Dundee, Angus and Perth & Kinross would be admitted to Carseview site 24/7 • Pathway between IPCU and Acute admissions on single site • Medical rotas OOHs needed for Carseview site only. Medical cover required for MRH • Empty ward on Susan Carnegie site • Strathmartine Hospital would close and could be disposed of. • People with LD from across Tayside would be admitted to MRH • Alternative accommodation / workshop provision needed for the Day services currently provided from Strathmartine • LD patients would be cared for in a much improved environment. • (Issues with MFE and POA Medical Rotas still need addressed and POA wards nursing workforce would need reviewed / enhanced)

Conclusion

Overall the option appraisal generated a successful outcome for the programme. The format of the workshops worked well, generated good discussion and debate amongst the participants whilst maintaining a positive approach to each model option.

The results of the option appraisal exercise will now be used within the production of an Initial Agreement and subsequent Outline Business Case. In conjunction with further detailed work on the financial implications for each of the four options and clinical and risk assessments, this will identify the preferred future service configuration for future Adult Mental Health and Learning Disability services. A

critical factor for redesign of the inpatient services will be the models of community services required in each locality. The Strategic Planning Groups in each health and social care partnership will be asked to develop the community service models for clinical and non clinical services that will enable successful redesign of the tier 3 specialist mental health and learning disability inpatient services.

Next Steps

As noted above the Programme team will now engage and work in partnership with the locality strategic planning groups to further develop the detailed models for consideration by the relevant committees, Integrated Joint Boards and NHS Tayside Board before presentation to the Capital Investment Group at Scottish Government to agree the resource required for the preferred option.

The proposed timeline for production of an Initial Agreement document is described in Table Six below. It is highlighted that a period of formal consultation will be required if any of the preferred options are to be considered as this will involve relocation of services and potential closure of the Strathmartine Hospital site and may therefore fall within the realms of major service change.

Table Six – Proposed Timeline for Initial Agreement approval.

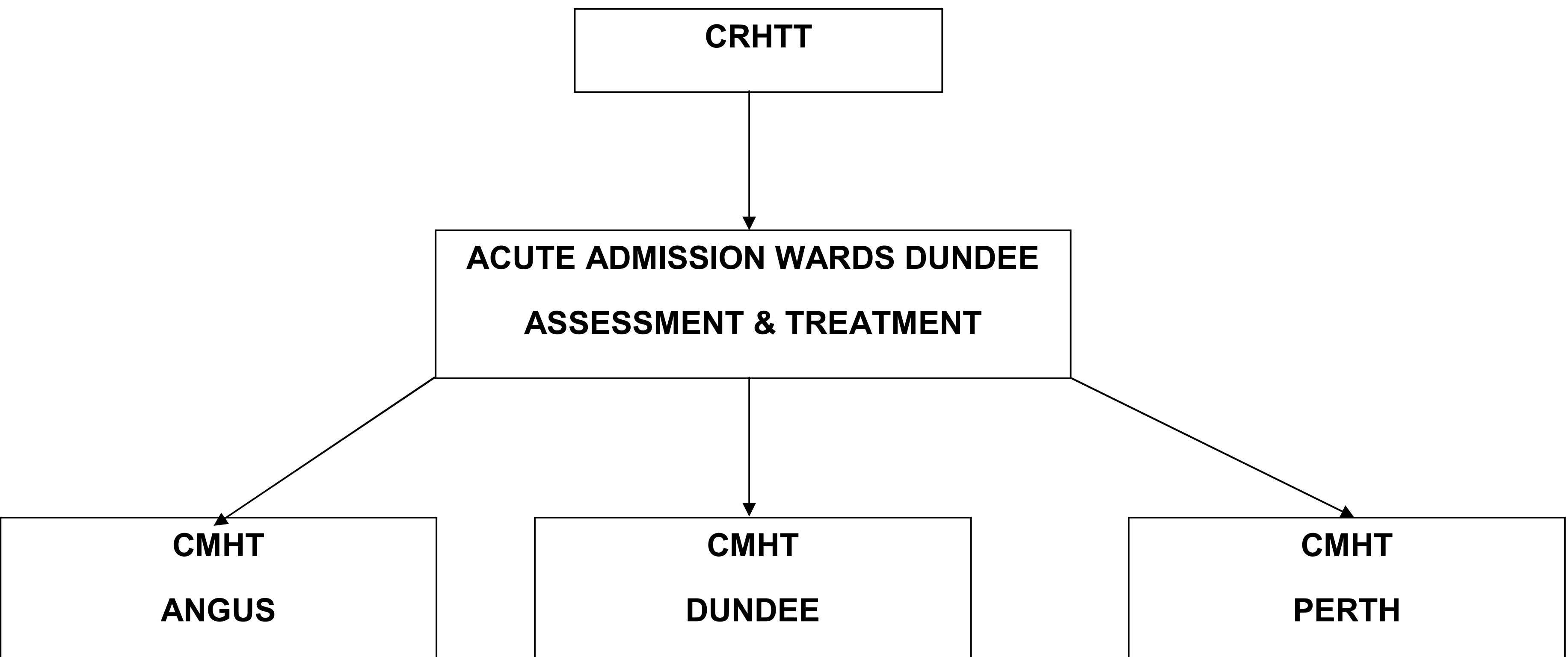
Committee	**Date**
Locality Strategic Planning Groups	Dates to be advised
Area Partnership Forum	24th August 2016
Area Clinical Forum	Date to be advised
Dundee Integrated Joint Board	25th October 2016
Angus Integrated Joint Board	26th October 2016
Perth Integrated Joint Board	4th November 2016
Finance & Resources Committee	17th November 2016
Capital Scrutiny Group	(extraordinary meeting to be convened)
NHS Tayside Board	1st December 2016
SG Capital Investment Group	13th December 16

The timeline for completion of the Outline Business case, following approval of the Initial Agreement, will be provided when 2017 committee dates are available but it is envisaged this could be completed within a three month period post Initial

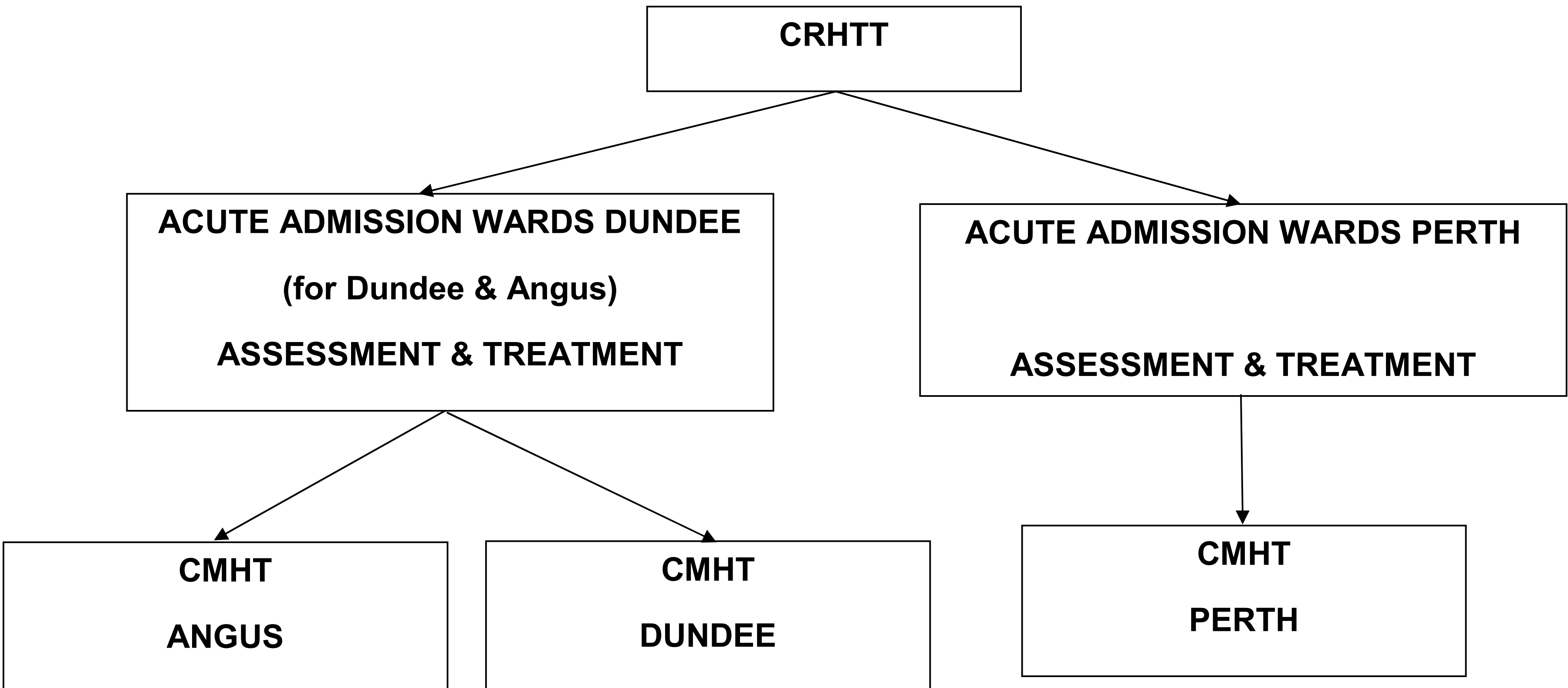
Agreement approval. Timelines for final approval will be dependent upon the dates of relevant committees; a conservative estimate is therefore late spring or early summer 2017.

Appendix Five

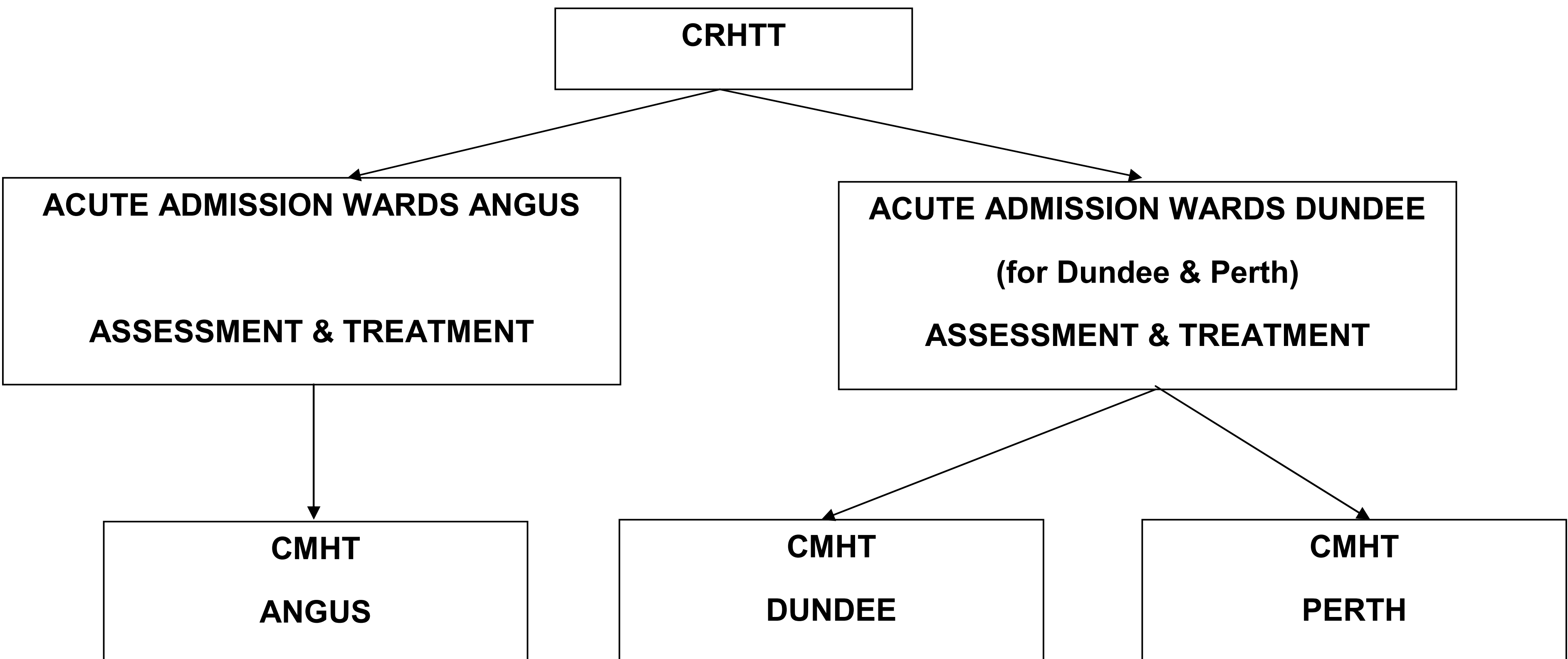
Option Flow Charts


OPTION 3A
CRHTT
ACUTE ADMISSION WARDS DUNDEE
ASSESSMENT & TREATMENT
CMHT
ANGUS
CMHT
DUNDEE
CMHT
PERTH

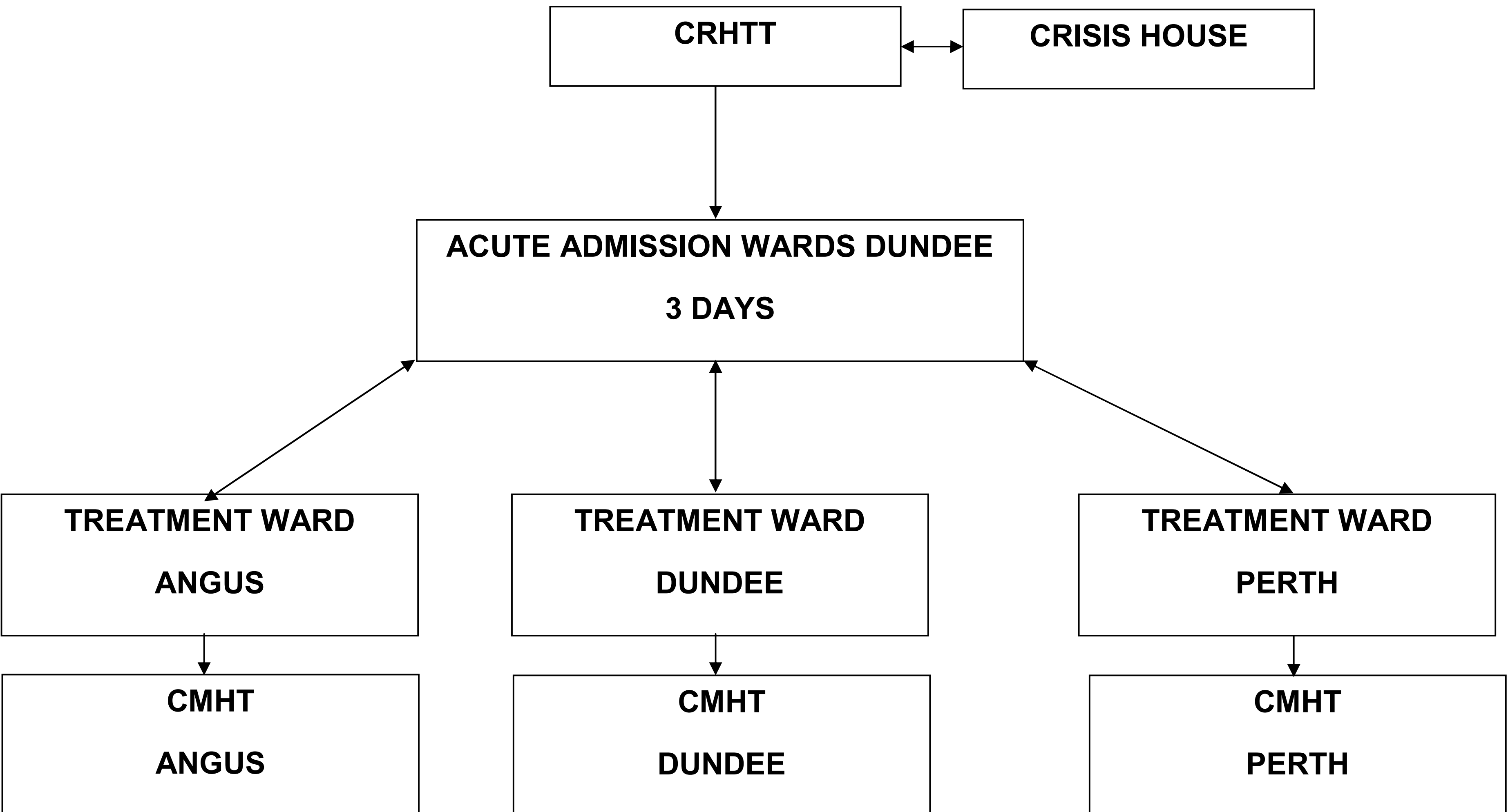
OPTION 4A



OPTION 5A



OPTION 8



Appendix Six

Modelling Event Facilitators Reports and Workshop Evaluations

GAP Option Modelling Facilitator Write Ups

Facilitator: Paul Arbuckle

What do we need in place to deliver this model?

BLUE GROUP

These notes refer to the **blue ink** in system diagram, this was the first group who drew the initial diagram in this corner.

Intensive Home Treatment (IHT) needs to be available 7days/ week in all localities.

Crisis assessment is needed 24/7

Revised CMHT operating hours needed – 7 day service provision in all localities and potentially extended hours needed, but this strengthened community service could also be achieved by more effective working with 3rd sector partners.

Inpatient length of stay needs to reduce in order to moderate the impact of greater distance between beds and home for some patients.

If community services are not increased in Angus, there is a potential increased Length of stay (LOS)

Changes to how advocacy services are provided currently would be required – they'd need to reflect the change in bed location to an extent – but not completely remove advocacy from Angus community patients.

Work is required around threshold for IPCU beds – may need to be reviewed due to reduction in low secure beds.

Work needed to better describe how each part of the system functions effectively and efficiently – with home as the starting point not inpatient beds

Work also needs to attend to the interfaces across the system – it needs to be connected.

RED GROUP

These notes refer to the **blue ink** in system diagram, PLUS the **red ink**. this was the second group in this corner.

Angus	P&K	Dundee
CRHTT: Based within CMHTs within localities IHT 9AM – 9PM Mon-Fri	CRHTT as per current set up (Sep 2016) 24/7/ 365 crisis assessment IHT 9AM – 9PM 7 days	CRHTT as per current set up (Sep 2016) 24/7/365 crisis assessment IHT 9AM – 9PM 7 days

CMHT hours 9AM – 5PM		
CRHTT presence at Stracathro or GP OOH Arbroath	Based at MRH	Based at Carseview
Likely to cost around £400k	-	-
15 WTE nurses 1 WTE Consultant	?15 WTE nurses 3 sessions of consultant input	?25 WTE nurses ?1 WTE consultant
All locality services would need access to psychology, AHP, community (non MH) services.		

The model also needs detail about how the inpatient model of care would function.

Lastly the transition of care from inpatient to community is harder under this model.

Specifically the use of pass beds could be problematic in this model.

RB proposal about the Junior Doctor Rota:

All Junior Doctors would be on one OOH rota, based in Dundee but covering all localities.
6 x FY2, 1:6 on call in daytime with "Team Consultant" and would be supernumerary.
20-30:
- Psych ST 1-3
- GP ST 1-2
Hybrid
1:10-15 on call
1:10-15 full shift
Team consultant – time cost when on night/ post nights.

YELLOW GROUP

These notes refer to the **blue ink** in system diagram, PLUS the **red ink** PLUS the **black ink**. This was the third group in this corner.

IHT would need to be based in each locality

A clearer and stronger offering around IHT is required in all areas to make this model work.

Extended hours of IHT – provided by CRHTT OR by 3rd sector OR a combination is needed.

CMHT extended hours would be needed.

This group was uncomfortable with "threshold" – preferred the idea of a pathway as a focus.

Fewer sites means less chance of movement between sites, thus potentially reducing the undesirable aspects of transition in care.

GREEN GROUP

These notes refer to the **blue ink** in system diagram, PLUS the **red ink** PLUS the **green ink**. This was the fourth group in this corner.

This group feels that this option necessitates a ward closure – not a ward transfer. All other notes from this group therefore applies to option 5a having no AMH inpatient beds in Angus, and the existing complement of Dundee beds maintained rather than added to. The enhanced community service provision that would be essential to a functioning version of option 5A can only be realised (in the group's view) by closing the beds and reinvesting in the community services in all localities.

This option would require a single site crisis assessment service in Dundee, which would have to be able to provide transport back to another locality if needed. The Crisis Assessment function would require a bed coordinator role that would gate keep all AMH inpatient beds across NHST.

It would have IHT bases in each of the 3 localities, performing IHT and early supported discharge. IHT would be given to same standards of care in all localities, 7 days, 9AM-9PM, 365 days/ year.

CMHT input would increase around some of the work currently going to CRHTTs in the form of crisis support before the NHST crisis assessment service is engaged.

There would be a Ninewells and a PRI liaison psychiatry offering. (in each locality)

Focus is on prevention of admission.

Each part of the current system would have to deal with a higher level of acuity than it currently does, in order to support fewer beds.

Medical cover for the whole Stracathro site (not just AMH and/ or POA) would need to be revised if no AMH ward at Stracathro.

ECT in Angus – funding, medical and nursing staffing for ECT would need to be identified as could not be simply continued at current service provision levels if mulberry goes

Impact of changes in this and all other models, from the carer perspective, must be considered

There may be a perceived disadvantage to Angus service users from a cultural perspective (particularly the rural vs urban aspect).

The following table summarises the comments made by each group against the specific questions posed of option 5A:

	Blue Group	Red Group	Yellow Group	Green Group
Is this configuration clinically safe?				
Nursing – cross cover	Yes	Better for AMH beds, worse for POA Angus beds	Yes	Better for AMH beds, worse for POA Angus beds
Nursing – responsiveness	-	As above	Yes	As above
Medical – cross cover	Better	Better for AMH beds, worse for POA Angus beds	Easier	Easier, but needs to be worked thru for Angus POA
Medical responsiveness	-	As above	Easier	As above
Junior Doctors – cross cover	Yes – and training better	Needs a single Tayside-wide rota and cross cover – see flipchart notes for red group. GP cover easier to arrange under this model than presently.	-	As above
Junior Doctors – responsiveness	-			As above
AHP/ Others – cross cover	Slightly better for some inpatient units		2 sites better than 3 but not sure this is possible.	Easier in Carseview than presently.
AHP/ Others – responsiveness	-		-	Easier in Carseview than presently.
Potential negative impact on patient pathway?	Yes, travel for Angus pts and families	Yes – potential increase in detention rates	This group does not agree re detention rates.	

Improved patient pathway?	-	Potential increase in specialist service provision	Minimal disruption for the LD move.	
Improved environment?	-		Needs investment in Carseview	Needs investment in Angus community services
Is this configuration able to work with OOH?				
Nursing – ability to cover out of hours/ crisis response/ home treatment	Investment needed	-	-	-
Nursing – ability to increase out of hours/ crisis response/ home treatment	Investment needed	-	-	-
Medical – ability to cover out of hours/ crisis response/ home treatment	-	-	Better with 2 sites rather than 3, but not as good as from 1 site	-
Medical – ability to increase out of hours/ crisis response/ home treatment	-	-	Better with 2 sites rather than 3, but not as good as from 1 site	-
Junior Doctors – ability to cover out of hours/ crisis response/ home treatment	Improved but Stracathro weakened.	Slight improvement in Junior Doctor cover	-	-
Junior Doctors – ability to increase out of hours/ crisis response/ home treatment	Yes	-	-	-

Can we staff this configuration safely and effectively?				
Nursing	Potentially easier for inpatients than currently, harder for Angus community services	Harder to recruit, hard to move current staff, and MORE staff would be needed in the community in Angus	Yes	ECT at Stracathro may be an issue
Medical		May lose a consultant from Angus if they leave Tayside because of this move.		ECT at Stracathro may be an issue
Junior Doctors				
AHP				
Psychology				Yes
MHO	Could be harder	Increased MHO workload, increased MHO travel time so less direct care time	Increased MHO workload, increased MHO travel time so less direct care time	Increased MHO workload, increased MHO travel time so less direct care time
Advocacy	Could be harder		Yes	Could be harder
Support Services/ Other				What would we do with the surplus support staff if Mulberry closes?
Is there an ability to shift balance of care?				
Requires additional community service provision?	Yes. Needs to be costed. Resource also needed to fund the change from current.	May increase LOS because of less effective pass beds, greater distance between community and inpt beds	Yes	Yes – only if the ward closes

Allows for shift of resource to community to increase provision?	Yes, but needs quantified – may need site closure	Yes	Yes	Yes – only if the ward closes
Ability to staff additional community service provision?	Not really	-	Yes	Yes – only if the ward closes
Is this configuration affordable?				
Requires bridging plan (short term double running costs)?	Yes	Yes	Yes	Yes
Releases resources through economies of scale	We think so...	Not necessarily	Yes	Depends on what happens with vacated ward
Is it more expensive than current and requires investment?	Potentially	Yes	Potentially	Yes
Allows a review of current management structures to allow resource release?	Unsure	No	No	Minimal
Releases operational site resource through potential disposal? Allows for potential site/ sites capital receipts from disposal?	Yes	No	Yes	Yes – only LD.
Requires additional investment in current environments? What? Where?	Yes – refurb of carseview, more premeses for Angus community services,	Yes	Need to look at transport to support inpatient admission Need to look at MHO, all CMHT premeses, IT,	Crisis assessment centre would need investment. Advocacy service would need investment. Rohallion would need investment.

Facilitator: Karen Gunn

What do we need in place to deliver this model?

GREEN GROUP

These notes refer to the **green ink** in system diagram, this was the first group who drew the initial diagram in this corner.

Please note that the Green group had home as th start point on the left hand side and hospital on the on the right hand side

Needs a good primary care system

Keep locality based team (? even expand)

Look at ways to prevent admission from home

Early supported discharge in all localities required

Single point of access for patients to contact

Better liaison service with the police

Need to be better at anticipatory care planning

Closer links with social work

Gate keepers needed for assessment

Bed co-ordinator 24/7 who would know where the beds available are

Crisis assessment would be on a single site and for this model it would be Carseview 24/7 for new patients- or locality teams see in hours

Assessment- challenge out of hours-workforce

Need a robust integrated assessment

The crisis assessment could be done by a doctor or an appropriately trained nurse

The assessment should take no more than 90 minutes for the patient; however it may take longer if a bed is required

Look at, home treatment, self management, ref CMHT, ref back to primary care or inpatient admission

If inpatient admission is required then the team would try to make sure that the patient is place as close to locality as possible, Perth patient would go to Carseview, if however there was not a bed available then it would be Stracathro

A safe mode of transport would be required to transfer patient to the site for admission- if a patient is being detained this would mean 3 to 4 people to escort, this would mean you need appropriately trained staff. May require to be taxied, get an ambulance or the police to transfer. Could possibly contact the transport hub for assistance in hours.

Patient will only be an inpatient for as long as required, length of stay can vary

Would require a strong transitional team to integrate back into their own community especially after long lengths of stay as an inpatient- good discharge planning,

Robust liaison service

Need to look at types of treatments available- at home treatments

Need to look at what the carers needs are as well

The underpinning things that are required for this model is: that there is good communication between the teams, that the protocols and documentation are the same across the service

BLUE GROUP

These notes refer to the **green ink** in system diagram, PLUS the **blue ink**. This was the second group in this corner.

Primary care is more than GP's, 3rd sector involvement

Hub instead of single point of access

Take out the assessment- challenge out of hours- workforce

Gate keepers- inpatient beds

How do we support outpatients to get to Perth

Self management should hopefully happened at start

Liaison Service- liaison nurse, in localities, resources community partners

Bolster community support in all 3 areas: intensive home treatment, early supported discharge, extended community mental health services= investing (longer hours)

3rd Sector- advocacy invest more heavily. Peer support workers

Health and Social Care- Partnership working, create better links to see what is out there

Consultants- with 6 junior doctors wouldn't be able to have out of hours- develop a nurse/medical liaison service

Where the patients actually are- economy of scale. Is it reasonable for perth and Kinross patients going to Angus instead of Dundee

Sphere of influence of Ninewells

If Moredun closed nursing staff cover for rehab will be difficult

Would this slow down discharge

RED GROUP

These notes refer to the **green ink** in system diagram, PLUS the **blue ink** PLUS the red**ink**. This was the third group in this corner.

More business as usual- just more Perth and Kinross patients

Will be Issues with transfers and repatriation

More robust Crisis team in Perth and Kinross

Angus- no home treatment team just now, would need more funding

Perth and Kinross- more investment needed in prevention

Still provide GAP- POA staff cover (Angus) at present at MRH, specialist rehab services, staff from Moredun help

There would be x2 isolated units, Carseview and Stracathro

Mental Health Officers- you would need x1 Perth and Kinross, x1 Carseview and x1 for Stracathro

Out of Hours- not completely functional

Staff travelling across sites- Perth, Dundee and Angus

HR Issues- potential loss of staff, this can cause disruption initially but can also have continual/potential benefits in the short, medium term

Waht is reasonable for staff to be travelling (need to think of staff's home base)

Is this the wrong time to do this with the PFI's still in affect?

Is it clinically safe now?- let's look at ways of working and staffing

Is it easier to recruit across just two sites?

Shouldn't we be addressing the recruitment and retention issues

Empowering staff to make changes

What workforce profile?

Need to make it attractive for staff to work in NHS Tayside

Out of Hours Stracathro/MRH- no junior docs would be available within the 20 minute it would be one hour instead. Would need to up skill nurses and this takes time

Lots more travel involved or disinvest in Perth

Job plans make this difficult- need clinicians to make improvements and lead clinical leadership

This is 'not patient centered'

There has been no discussion with patients, families or carers in Perth and Kinross

Dis-joint between board's decision and the public's wants for mental health

Issue with Integrated Joint Boards etc, agreeing on one model- if it is the wrong one who will be held responsible?

Need to think /look about future finances/ staff- look at efficencies

Yellow GROUP

These notes refer to the **green ink** in system diagram, PLUS the **blueink** PLUS the **red ink**. The **yellow group** is written in **black ink.** This was the fourth group in this corner.

Complex needs, forensic-isolated

Appropriate assessment for correct service

70% of Angus patients live closer to Dundee. 60% of activity. Coupar Angus closer to Dundee than Perth

Issues with transport- look at the distance people would have to travel

Increased inconvenience for people having to travel- lets no inconvenience patients

Staff will look for posts closer to home

'Person Centred?'

Perth and Kinross, mental health officers are struggling to fill out of hours rota at present. There is an increase in private guardianships, this model will add to the pressure

Look at enhanced community model for Perth and Kinross

Equitable for all

ADDITONAL POST IT NOTESFROM ALL GROUPS-

HR Issues for staff

Closed ward no real savings

Means removing 4 junior docs with this model

May help staff in other areas of MRH

All we are doing is moving the beds

Have CPN's based in the wards

Be clearer where this data has come from

Forensic patients being referred in ???

What is the figures that are approximately admitted

Stop being risk averse

Discharge planning- common infrastructure

No acute, MRH, Strcathro or Carseview

POA would find it difficult to triage with new model

Staffing with bank nurses in unsustainable

The following table summarises the comments made by each group against the specific questions posed of option 4A:

	Blue Group	Red Group	Yellow Group	Green Group
Is this configuration clinically safe?				
Nursing – cross cover	No- issues of skill mix of workforce. GAP don't cover POA in MRH	Not for MRH- rehab unsafe. GAP potentially better though not across the whole site (MRH)	Concerns for patients with complex needs, need to call the police. Concerns for POA at Mulberry- police would be the backup or transfer to IPCU	No change to Mulberry, however it would require a review of the workforce for safer staffing levels for POA
Nursing – responsiveness	As above	As above	As above	As above
Medical – cross cover	Can cross cover- but makes it difficult and make it more like OOH	No	If I could fill every post yes- but that is doubtful	No
Medical responsiveness		No	As above	No
Junior Doctors – cross cover	Can't run it with 6 junior docs, trainees would get taken away and only be left with GP trainees	No	Be easier as no night cover would be required for MRH	No
Junior Doctors – responsiveness		No	As above	No
AHP/ Others – cross cover		No	Would struggle with Ahp's if long term sick	No
AHP/ Others – responsiveness	Resources would e transferred to inpatient	No	As above	No
Potential negative impact on patient pathway?	Will have problems in community	No	Home visits would be difficult	No
Improved patient pathway?	No	No	Yes	No
Improved environment?	No	No	Refurbishment to Carseview	No
Is this configuration able to work with OOH?				
Nursing – ability to cover out of hours/ crisis response/ home treatment	Wouldn't have home treatment. Transfer PRI to Carseview OOH	No clear enough- new staff would be needed	With additional resourceand rural locations makes it more complex- double up to be equitable	No

Nursing – ability to increase out of hours/ crisis response/ home treatment	No	As above	As above	No
Medical – ability to cover out of hours/ crisis response/ home treatment	Risks about sustaining junior doctors at MRH- effort needed to be safe. Would be waiting an hour plus, need a clear plan in place- restraint time	Single On Call model- concern regarding all unseen consequences of all crisis coming to Dundee	Slightly improve position	-No
Medical – ability to increase out of hours/ crisis response/ home treatment	As above	Job's plans make it difficult to make it appealing for medics to come her	Quite demanding on medical time, less time for community	-No
Junior Doctors – ability to cover out of hours/ crisis response/ home treatment	Patient safety will be compromised	Single on call model required	-Be the same	-No
Junior Doctors – ability to increase out of hours/ crisis response/ home treatment	As above	As above	As above	No
Can we staff this configuration safely and effectively?				
Nursing	No	Would need more information- but feel that more community staff would be needed that current model	Challenges for staff travelling	No- challenges with staff from Perth travelling
Medical	No	If centralised rota to single site	No	No
Junior Doctors	This model is not fit for training and feel the junior docs would be pulled	Single on call roat for Dundee- core training already out in Perth – might be beneficial cover on MRH OOH	No	No- worries about junior medics being pulled
AHP	Band 5 inpatients physio/OT/dietician	Don't know	Retention and recruitment	Issues with bands 5 OT's as they get

	shared resources- retention issues		issues	promoted quickly. Need more involvement form community pharmacy
Psychology	Yes	Yes cause Moredun does not have any at present	Issues with recruitment	Need more for every stage of the journey- no consistency in patient journey, needs a better skill mix
MHO	Expecting them to travel with patients	Have to travel with patient	Would have to travel to area with patient	Challenging as they have to follow the patient
Advocacy	Depends on patients length of stay	Increase for advocacy on site then need to travel out	Would have to travel with patient- would need investment	Would not work, would require a review of funding
Support Services/ Other	Yes	No change	Family/carers would struggle to travel	If footprint changes this will change
Is there an ability to shift balance of care?				
Requires additional community service provision?	What is the resource to transfer	Doesn't shift, needs additional resources- problem in community provision 0.05/7 population go into inpatient beds	Needs additional resource. Less economy of care	No
Allows for shift of resource to community to increase provision?	No but site closure might	Need the figures for inpatient GAP. Costs of PFI's. Moving a ward isn't the answer	Less economy of care	No
Ability to staff additional community service provision?	No	-No	There is no money- would need resource transfer built in, size of community for more staff. Poor transport links makes it difficult	No
Is this configuration affordable?				
Requires bridging	Yes (no additional	Yes	Yes	Yes

plan (short term double running costs)?	source work)			
Releases resources through economies of scale	It should but how do we quantify	Small amount	Slight but lose in other areas	No
Is it more expensive than current and requires investment?	Don't know yet	Yes	Yes	Yes
Allows a review of current management structures to allow resource release?	Yes	Done it already- so no	No	Yes
Releases operational site resource through potential disposal? Allows for potential site/ sites capital receipts from disposal?	Yes for Strathmartin	Potentially	Strathmartin- further option for re-use of Moredun	No depends on Learning Disabilities
Requires additional investment in current environments? What? Where?	Yes for Carseview and low secure MRH	Yes for Carseview	Yes for Carseview	Yes- Carseview refurbishment- finance has been held for the last 6 years

Can we staff this configuration safely and effectively?

Breach travel policy to move staff / transport
Staff satisfied patients in acute never see patients getting any better
Environmental design for intensive would need to be different
Not cross house increase locality
Staff rotations not staff centred
Need transfer team in place
Really medicalise care
Skill mix + ratio in acute needs to be higher
Release 5 beds little impact on cost reduction
Therapeutic relationship – getting to know
GP use of Dundee Centred
Creates new transition acute and sub-acute and back the way
CTO – non compliant – suspension retention need to go back to hospital discharge form
What achieve – rapid diagnosis – rapid treatment
Staff burnout
Sausage machine – consideration of patient needs
Staff 9/9/7 acute ward!
Facade of local beds but make like status quo but increase transitions increase risk
More likely to witness something traumatic
Level of disturbance
People
Support ancillary staff to manage turnover
? Attractive training environment increase level burnout
Blockages need really intensive treatment in treatment + CMHT
Apprenticeship model
Increase travel for junior doctor – is this safe?
WTE assessment
Skill mix / skills and experience
Rotate nursing staff
Maintain competency
Recruit to crisis team
Is it attractive due to increased intensity, increased turnover
16% increase in junior doctor apply Scotland from England
SPR / Trainee
Loss medical staff if IP units close in Angus
Angus no trained physio
Art Therapy – variation AHP
MDT – access to / or on site
Retain 90% train – work beyond retirement not have recruitment problem
Workforce plan difficult
Lack of duty of care
Crisis house model attractive to carers

Increase Skill / Turnover, decrease Stress – why over 55 going

Is there ability Shift Balance of Care?

Evidence crisis teams is large urban centres

Crisis house in Dundee, would patients want to go to city

Centres difficult transport carers relatives

Home treatment and early supported discharges

5 beds out of Angus to pay for Crisis service increase medical cover protect CMHT capacity i.e crisis patients > CMHT could have home treatment element into community teams

No shift to community

Rural series reduced across effective crisis services

Staffs travel CMHT to see staff

Rural setting – efficiencies of scale – i.e carers leave or sickness by centralising vs. access locally

SW different structures SW and different line management

Is this configuration affordable?

Impact for patients in Rohallion and need environmental change

5 beds in Angus, 10 crisis

Need increased skill mix in acute assessment

No decrease staff Perth and Dundee

AIS where would this go?

Moredun need some staff re facility – need psychology to Moredun & IPCU

Reduce 17 beds in total

Need more staff assessment needs

Dundee MHO service as all patient capacity increase funding to local authorities

Perth out crisis service, will they contribute tayside

MHO re OOH cover

MHO OOH = voluntary angus not provided

Is this configuration clinically safe? What do we need in place / can we deliver?

Treatment ward reread admission documents. Etc
Single point access is positive ie central crisis team
Increase vulnerable due to rapid changeover
In hours needs to be focussed split early discharge and home treatment in crisis team
? trainees and consultant Angus / Perth
? 2x ward work
Increase incidents OOH Moredun in treatment ward when issues OOH
Crisis house ? responsibility not acute admission
Solution to how will this improve push / pull?
? will people need to stay >3 days – will be moved too quickly – retention – same clinical issues as step down
LOS < in high acuity area
Nature of disorder = acute ward filed / blocked
3 days ? assume what treatment is needed in acute admission
* not having acute admission to treatment ward *
? enough detail to assess how safe treatment ward will be
What is admission unit full?
Dundee < beds by 19
Increase transfer multiple times
What clinical advantage to this model from status quo
What if becomes acutely unwell in treatment wards
What if people not mobile – ie disabled etc into the area
Treatment plan changes in transition
Short term detention where review
Increase level of enhanced observation – ? can we staff this
10 beds not to therapeutic level
Staff burnout and patient burnout
Communication between sites
What if patient cannot travel to central crisis Dundee
Forensic or suicidal but easier to get to locality team
What is optimal length of stay?
Minimise effect of peer support
Constantly responding to crisis from Dundee treatment ward
Not guarantee admission / step down to local areas
More patients at night to maintain from 24/7
? role HCS in acute and build in escort nurses
Voluntary admission would want to go to central acute ward
Optimum treatment team?
Gender split beds ? 5/5 safeguard
? be so frightened I would want to leave ? detention increases
Patient suicides
Robust review process – discharge process be slicker
Need protocols and policy re admission
45 minimum not safe
Where ECT? Currently all 3 sites
Technology to connect / communicate
Retain and rotate skill sets
Regulatory bodies – define who / what done – needs definition
Dedicated advocacy worker on site
Everybody acutely unwell – how does this feel?
Impact ambulance and police in central model

How does cross carer work?
Not addressing purpose of admission
Take away drug induced psychosis (volatile) = TSMS / GAP resource
? rotation and managing staff
Therapeutic relationship balance
Disintegration of acute care
What happens if acute admission full? Where do they go?
Transition for rejection / stability exacerbation symptomology
Increased patient risk not using patient need to drive patient care forcing through model fixed timescales
Safety? How get from acute admission ward to treatment ward
Occupancy less than 100% local wards
What treatment model? ? injections to settle
Older person age versus needs led
Reduce early treatment plan
Patients don't get well after 3 days
Patients 3 days post acute admission - ? where carer
Rebuild of wards
First interaction governs how feel about yourself – 16/17
What focus of ward – hold people for 3-5 days
NQP increase nurse holding power
Admission ward becomes holding bay
Patients have concern about model
Who suitable for each ward?
Difficult to recruit to
Positive view crisis element and potential to improve
Does this add another element to patient journey
Load balancing not built in? Increase errors
? need more AHP because conscious of flow coming in plus community
ANP + work OOH beyond
? distribution Angus / Dundee / Perth patients
Add another step for no gain
If patient comes in on Friday will care be safe
Receiving centre
Patient suicides - top reason communication and levels of occupancy

Threshold

Discharges early and treatment early – concentrate expertise

Delayed discharge – minimised / limited

Step down not improve do where community support

Flow pulls not push

Consistent care planning

Consistent relationships i.e. known

Benefit of LT patient community through central acute

Borderline personality disorder – is this suitable?

Confusion detained why admit central

Ward round in treatment

Catchment

Treatment ward

Incident of patient being cared for post acute out of their own area, 25% improvement

Patient may still be admitted out area

In hours	1. Assessment	2. Home treatment
Anugs	Perth	Dundee
CMHT		
Acute assessment	Crisis team	Crisis team and urgent assessment

Urgent 72 hrs CMHT – CMHT – Crisis

Take acute assessment out of CMHT

GP emergency 4hrs > crisis

GP 72 hrs > CMHT

Urgent routine

Change –

Dundee – urgent

Angus – stop emergency

Facilitator: Alison Nicoll

What do we need in place to deliver this model?

YELLOW GROUP

These notes refer to the **black ink** in system diagram. This was the first group who drew the initial diagram in this corner.

Sources of referral to Carseview GAP wards: CMHT, CRHTT, IPCU, A&E, Police, Unplanned Self-Referral (patient turning up on site). Patient transport to Carseview is a key issue, particularly the time taken to get from Angus and P&K – Scottish Ambulance Service and Police would need to be involved in any planning.

Carseview GAP will assess and decide whether patient is admitted or not.

There needs to be a clear pathway for patients who are not admitted after assessment.

The following issues need to be considered if patients are to be admitted to a single site:

- Travel for carers (they may travel a long way to find the patient doesn't want to see them)
- Travel for MHOs and advocacy workers
- Access to local facilities as part of treatment – what will Angus and P&K patients do?
- Passes home for Angus and P&K patients
- ECT – where will it be delivered? Currently delivered in localities.

Average stay expected to be around 21-28 days (based on current figures).

Patients transferred out to: CMHT – discharge planning, Amulree/Rannoch Ward, IPCU, specialist accommodation – nursing care, primary care. Improved communication and links required.

GREEN GROUP

These notes are in addition to the **black ink** in system diagram. This was the second group in this corner.

Disagree that Carseview GAP should take the decision whether or not to admit. The CRHTT should act as 'gatekeeper' and should be the first point of contact for CMHT, A&E, Police, etc. Patients presenting at the ward should be directed to primary care for assessment/triage. It was noted GPs can detain patients and requests for admission will also come from this source.

Green group designed a detailed pathway when discussing option 4. They also want to integrate it into this model.

Additional issues to be considered when admitting to a single site:

- TSMS workers – inreach
- Third sector – different ways of working in localities – how would it work?

- Could telehealth solutions help with distance issues – CMHT workers, etc.
- ECT patients – issue of unwell patients with complex physical problems having to come to Dundee.

Patients can also be transferred to home treatment and also to acute services.

There will be major issues around discharge planning communications. Need to address issues to make discharge work.

BLUE GROUP

These notes are in addition to the **black ink** in system diagram, PLUS the **green ink**. This was the third group in this corner.

Admission should be the last resort and there will need to be a very different pathway for community and primary care if this model were to be adopted.

If the new patient pathway is good it may lead to an increased length of stay if patients are more acutely unwell.

Discharge planning involves much more than improved communication and links referenced by the yellow and green groups: travel, getting patient back to locality, ability of Carseview site to accommodate visiting workers, third sector links.

RED GROUP

These notes are in addition to the **black ink** in system diagram, PLUS the **green ink** PLUS the **blue ink**. This was the fourth group in this corner.

Will there be a centralised CRHTT making admission decisions or will there be locality teams?

Major problems for patients/carers coming to Dundee.

The model doesn't address patient-centredness. What are patients' views?

Involve CRHTT in discharge planning.

The following table summarises the comments made by each group against the specific questions posed of option 3a:

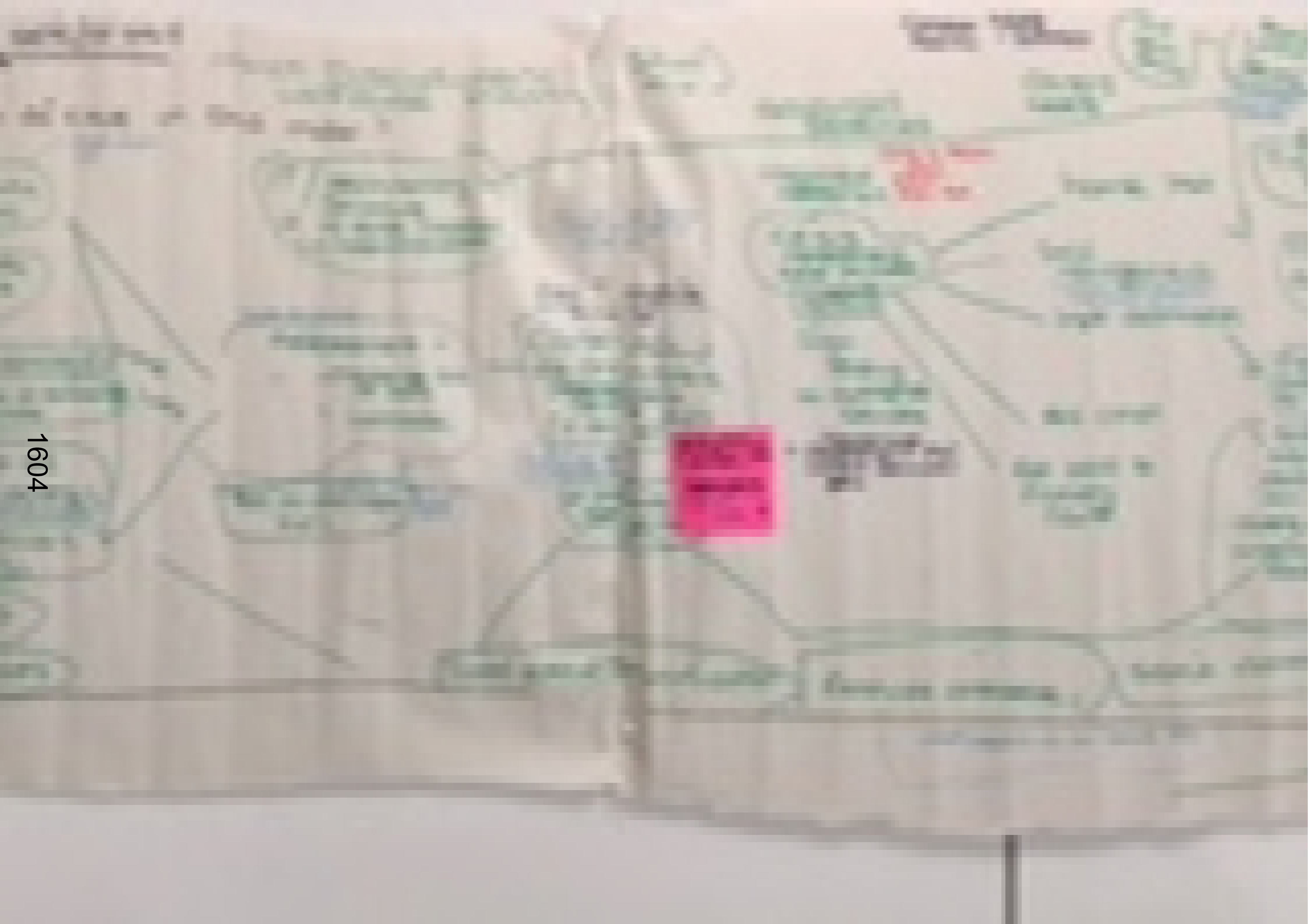
	Yellow Group	Green Group	Blue Group	Red Group
Is this configuration clinically safe?				
Nursing – cross cover	Risk to MRH and Stracathro.	Yes – but POA issues. Could money from a closed ward help with staffing increase in Stracathro?	Yes – but could leave POA vulnerable.	Yes for GAP, no for other sites.
Nursing – responsiveness	Yes.	Yes – but POA issues. Could money from a closed ward help with staffing increase in Stracathro?	Yes – but could leave POA vulnerable.	Yes for GAP, no for other sites.
Medical – cross cover	Appealing in terms of cross cover.	Yes but need to consider MRH and Stracathro.	Needs major review of job plans. Consistent with what other boards are doing.	Will improve cross cover.
Medical responsiveness	Yes.	Yes but need to consider MRH and Stracathro.	Needs major review of job plans. Consistent with what other boards are doing.	Less good for clinical acuity.
Junior Doctors – cross cover	Could change patterns of cover. Would improve training for junior docs.	Yes but need to consider MRH and Stracathro.	Needs major review of job plans. Consistent with what other boards are doing.	Will improve cross cover.
Junior Doctors – responsiveness	-	Yes but need to consider MRH and Stracathro.	Needs major review of job plans. Consistent with what other boards are doing.	Less good for clinical acuity.
AHP/ Others – cross cover	Improved skill mix.	Psychology – wouldn't be unsafe but not best patient journey. Better for AHPs.	-	Helpful for service delivery.
AHP/ Others – responsiveness	Improved skill mix.	Psychology – wouldn't be unsafe but not best patient journey. Better for AHPs.	-	-

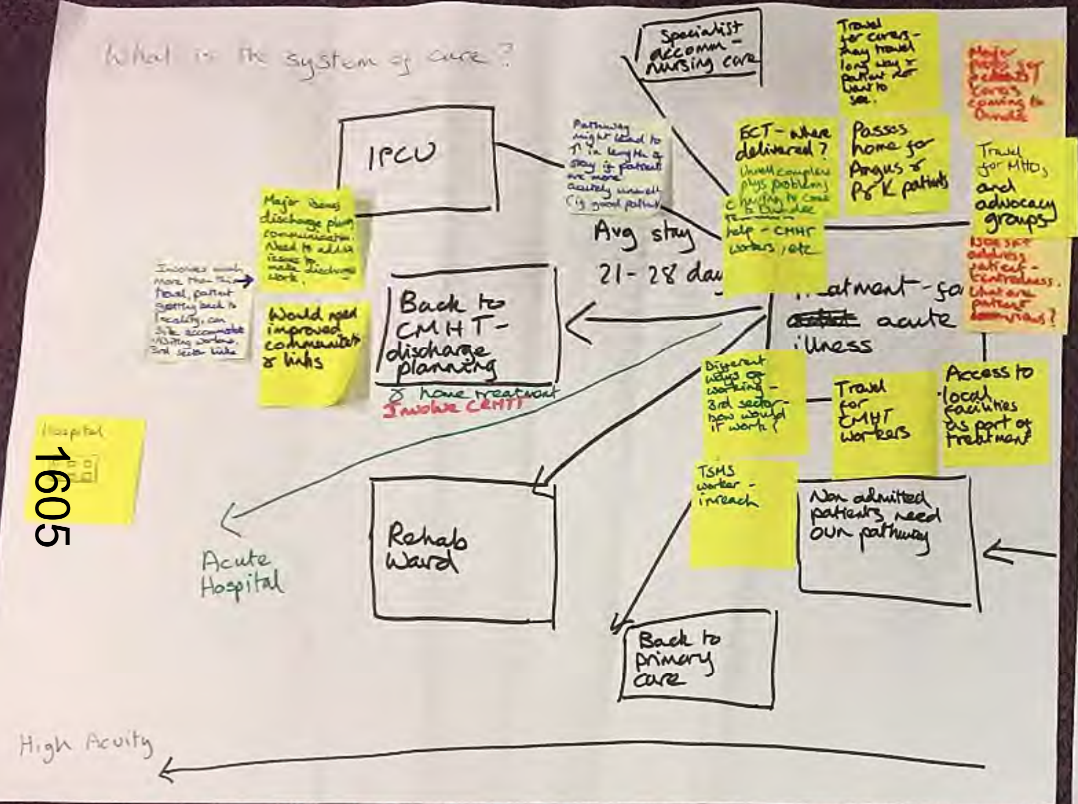
Potential negative impact on patient pathway?	Yes.	Yes.	Yes – some patients will be a long way from home. Issue of transporting patients to Dundee.	Yes – travel; possible increase in number of detentions because patients don't want to go to Dundee.
Improved patient pathway?	Yes – with community investment	Stay the same.	Patients will not 'yoyo' between sites. Increased ability to manage bed base. Transition is crucial.	Yes – more consistency of care, same models.
Improved environment?	No	Not really. But what do patients think? Different perspectives.	Carseview would need investment to develop/refurbish.	Depends on Carseview refurb.
Other?	-	-	-	Issue of recruitment and retention. People leaving if they have to move.
Is this configuration able to work with OOH?				
Nursing – ability to cover out of hours/ crisis response/ home treatment	Depends on the model. Needs investment.	Impact on some hospital sites.	Possibly – but needs investment. Could see and admit in one location. Fewer transport links. Issue – all acuity in one place.	Yes – if OOH was centralised and CHRTT nurses centralised.
Nursing – ability to increase out of hours/ crisis response/ home treatment	Would give an imperative to strengthen this – needs investment. Could keep patients out of hospital if reprovision sensibly.	Potentially – could allow to flex capacity to locality depending on numbers.	Not in current format. Needs investment.	Yes – if OOH was centralised and CHRTT nurses centralised
Medical – ability to cover out of hours/ crisis response/ home treatment	As above.	Yes – but would need duty doctor cover for other sites.	Yes – currently working on OOH medical cover.	Yes – for GAP. Who covers MRH doctors?
Medical – ability to increase out of hours/ crisis response/ home	As above.	Yes – but would need duty doctor cover for other sites	Issue of on call in Carseview and community work in locality. Need	Possible negative impact on other service.

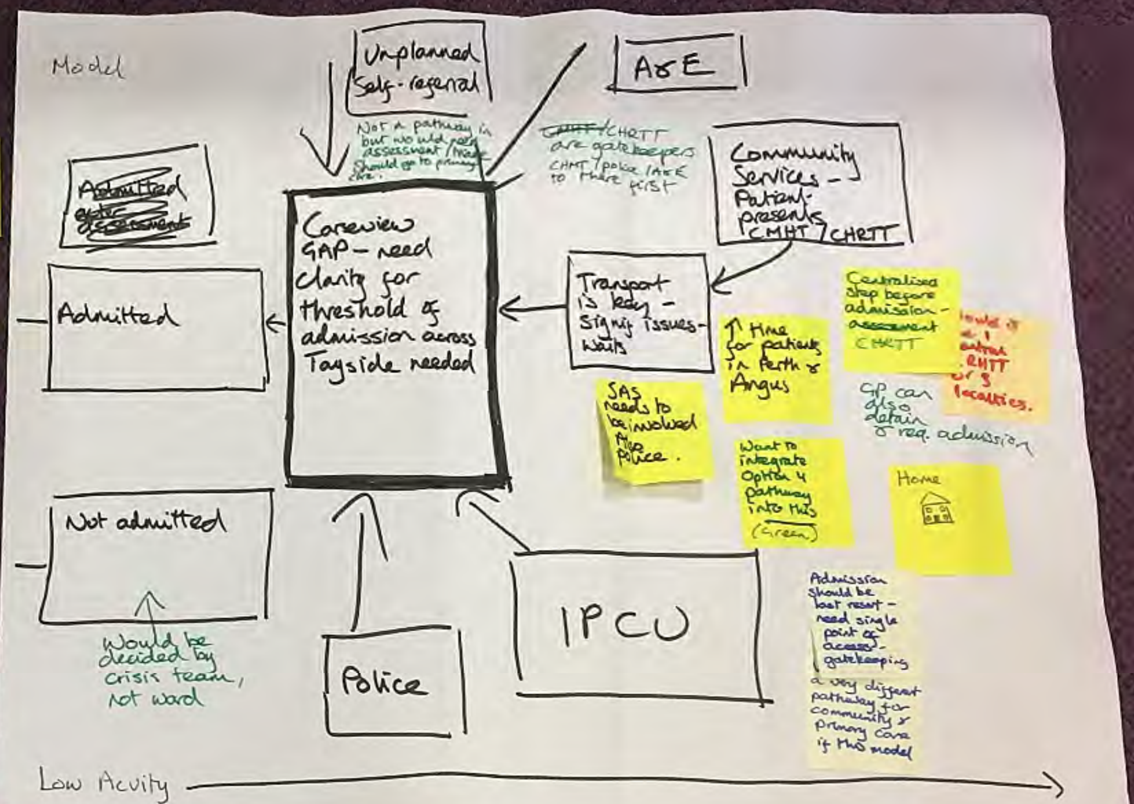
treatment			liaison cover in PRI. Can't review liaison until have decision on this.	
Junior Doctors – ability to cover out of hours/ crisis response/ home treatment	As above.	How do we manage junior doctors going on call in Dundee and day shift in another locality? But pan-Tayside rota could be much better. Needs good oversight.	Yes – currently working on OOH medical cover.	-
Junior Doctors – ability to increase out of hours/ crisis response/ home treatment	As above.	How do we manage junior doctors going on call in Dundee and day shift in another locality? But pan-Tayside rota could be much better. Needs good oversight.	Issue of on call in Carseview and community work in locality. Need liaison cover in PRI. Can't review liaison until have decision on this.	-
Can we staff this configuration safely and effectively?				
Nursing	Yes – but issues. People might stop coming to Perth and Angus.	Yes – but would depend on review of bed numbers.	Would allow a specialist model in mental health practice. Attractive.	No in short term. Yes in medium-term and long-term.
Medical	Yes	Yes – but has impact on OOH.	Yes – could help MRH cover.	Safer for GAP. Not for POA, etc.
Junior Doctors	Concentrating on call could free up trainees to do other things. Helps retention.	Yes – but has impact on OOH.	Good training if Tayside-wide rota. Would need proper liaison service for PRI.	Safer for GAP. Not for POA, etc.
AHP	Issues with students – training is in Aberdeen and Edinburgh. Don't want to do mental health or come to Dundee. Longer term – aging workforce.	Potentially a more concentrated resource – if bed numbers reviewed.	Allows complementary approach to treatment. More sharing between disciplines. Social aspects – able to consider this.	Would be easier to deliver service.

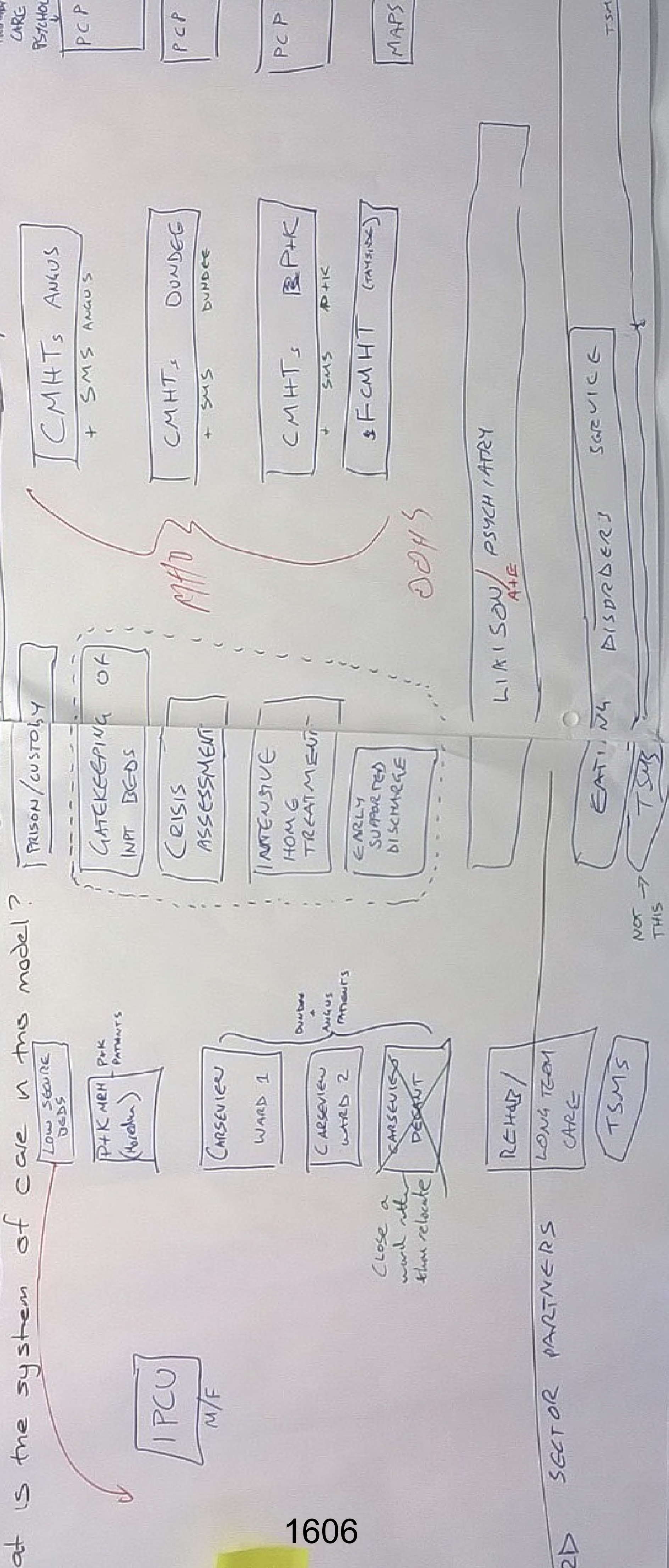
Psychology	Similar to AHPs.	Yes.	Yes.	Easier to deliver service, better for patients.
MHO	Not in Angus and Perth (recruitment and retention issues).	Very big impact.	Possible big impact. Needs joined up thinking.	Travel issues, time issues.
Advocacy	Would need increase in funding for all areas due to travel costs.	Very big impact.	Would need investment.	Difficult for them to cross boundaries. Variation.
Support Services/ Other	Support services – staff employed on PFI contract at Carseview. Carers – issues with visiting.	Increased level of work if ward reopened. PFI contract, etc. Staff turnover.	No issue.	Not an issue.
Is there an ability to shift balance of care?				
Requires additional community service provision?	Yes	Yes (lots). And multi-agency involvement. Community services will have to develop.	Yes.	Yes. Angus crisis service needed. Travel time.
Allows for shift of resource to community to increase provision?	? Yes. Depends on services.	Only if bed model decreases – gives significant savings.	No – same bed base. But if decrease bed numbers – eventually.	No – if beds stay same. Could suck resource from community.
Ability to staff additional community service provision?	Service dependent – could help planning.	Money dependent. Could decrease management structure. People could transfer to community.	Possibly – site closure savings need reinvested.	Perhaps – if invest in CRHTT – staff might prefer to work in community.
Other?	Voluntary sector – how can they be involved? Use of supported accommodation.	Impact on transition between adult and POA. Impact on police and Scottish Ambulance Service. Independent sector involvement.	-	Need more detailed data to analyse this.

Is this configuration affordable?				
Requires bridging plan (short term double running costs)?	Yes.	Yes – but don't have the staff to double staff.	Yes.	Yes. How do we manage risk around this project? Timescales?
Releases resources through economies of scale	Potentially.	Not much money released.	What can other agencies do? Do they need resource?	Perhaps – but what is scale of that? Could also be disbenefits.
Is it more expensive than current and requires investment?	No – but model to support it would need investment.	No – but need redistribution of resource. Could be cheaper (locum costs, etc.).	Could be a cost to patients or carers – travel, etc. Need proper infrastructure in place for early supported discharge. Initial costs – staff travel.	Yes – in community teams, Carseview.
Allows a review of current management structures to allow resource release?	Yes.	Yes.	Yes – due to single site.	No.
Releases operational site resource through potential disposal? Allows for potential site/ sites capital receipts from disposal?	Yes. But what do you do with money?	Yes – if we consider LD.	Yes – if Strathmartine goes.	Maybe.
Requires additional investment in current environments? What? Where?	Yes. Rohallion – adapt wards. Moredun – LD. Community – rooms overflowing already.	Yes. Carseview - refurb. Moredun – LD. Rohallion. Community.	Carseview – refurb. Moredun – LD. Rohalllion – LD forensic. Community staff – accommodated in hubs.	Carseview. Moredun.




What is the system of care?
IPCU
Specialist accomm - nursing care
Travel for carers - they travel long way & patient not want to see.
Passes home for Angus & P&K patients
Travel for MHOs and advocacy groups
ECT - where delivered?
help - CMHT workers, etc
Avg stay 21 - 28 days
Treatment - for acute illness
Back to CMHT - discharge planning
& home treatment
Involve CMHT
Would need improved communication & links
Access to local facilities as part of treatment
Travel for CMHT workers
TSMS worker - inreach
Non admitted patients need own pathway
Rehab Ward
Back to primary care
Acute Hospital
Hospital
High Acuity


Model
Unplanned Self-referral
A&E
CHTT are gatekeepers
CMHT / police take to there first
Community Services - Patient presents CMHT / CHTT
Careview GAP - need clarity for threshold of admission across Tayside needed
Transport is key - signif issues - waits
SAS needs to be involved & police.
Centralised step before admission - assessment CHTT
GP can also detain & req. admission
Want to integrate Option 4 pathway into this (Green)
Home
Admitted
Not admitted
Would be decided by crisis team, not ward
Police
IPCU
Admission should be last resort - need single point of access - gatekeeping
Low Acuity


5A
What is the system of care in this model?
HEALTH & SOCIAL CARE PARTNERSHIP / HOUSING
INDEPENDENT SECTOR, 3rd SECTOR
IPCU M/F
LOW SECURE BEDS
P+K MRH (Moredun)
P+K PATIENTS
CARSEVIEW WARD 1
CARSEVIEW WARD 2
CARSEVIEW DECANT
DUNDEE + ANGUS PATIENTS
Close a ward and then relocate
PRISON/CUSTODY
GATEKEEPING OF INPT BEDS
CRISIS ASSESSMENT
INTENSIVE HOME TREATMENT
EARLY SUPPORTED DISCHARGE
MHO
OOHS
CMHTs ANGUS
+ SMS ANGUS
CMHTs DUNDEE
+ SMS DUNDEE
CMHTs P+K
+ SMS P+K
FCMHT (TAYSIDE)
PRIMARY CARE PSYCHOLOGY
PCP
PCP
PCP
MAPS
LIAISON/ PSYCHIATRY
A+E
REHAB/ LONG TERM CARE
TSMS
EATING DISORDERS SERVICE
NOT THIS
SECTOR PARTNERS

LD Option Modelling Facilitator Write Ups

Blue and yellow corner notes to be added on receipt

Facilitator: Karen Gunn

What do we need in place to deliver this model?

GREEN GROUP

These notes refer to the **green ink** in system diagram, this was the first group who drew the initial diagram in this corner.

The Green Team started by looking at the routes that patients come into hospital and agreed that admission to any unit would be the very last choice

Needs good links with the primary care system

Locality based teams, one for each area (nurses, occupational therapists in P&K meet at weekly allocation meetings)

Early intervention

Home visits to try and prevent admissions to hospital, including working more closely with the 3rd sector

Police and criminal justice system

Social work

Families and other liaison teams

Crisis response

General Psychiatry

Crisis response team (Out of Hours)

BSI Teams- MDT put in support plans

Green group also stated that another reason why patients may be admitted as in patients is when their care packages have failed or have become exhausted and the patients needs cannot be met in the community at this time

Assessments in community

Assessment of mental illness

Crisis management

Behavioural management advice

Functional assessment

Support for GP's

Medication administration/ monitoring

Psychiatry outpatient

CLDN/OT.SLT Home visits

Support to care providers/parents

Education/ training care providers

Patient education

Psychology assessment

Group interventions- offence focused, anger, alcohol, problem solving

CLDN/AHP groups- dietician, healthy living, live active

Sign posting and linking in to community resources

Speech and language assessment

Once the above had been exhausted and the patient required admission into a unit the Green group looked at what the function of the hospital admission is

Assessment of mental illness

Crisis management

Behaviour management

Functional assessment (AHP's Monday to Friday only)

Rehabilitation forensics for LD patients

Also it was felt that maybe better use could be made of the Independent Sector and ASC

What is needed for the model to work

In Carseview the units have to be distinct and separate

Would need an increase in specialised staff

Would need off ward areas for inpatients for day services, option to go elsewhere

Forensics in MRH would need an increase in psychology especially if more 121 sessions are needed than group work

Need new ways of working

Day Service provision

Better public transport links

RED GROUP

These notes refer to the **green ink** in system diagram, red **ink**. This was the second group in this corner.

Don't want to lose anything in case of day services

Agreed with the green group around the provision of psychology and AHP provision would need to be increased

Also agrees that there would need to be a distinction of the units within Carseview as different patients have different needs, noise etc

Need peer support for inpatient and outpatient Carseview and Forensics

BSI and LDU are similar units

Can look at money available

Good for nursing staff

Need better transport links for forensics

Be patient centeredness of this model 6-8 MRH

Good proximity to Ninewells

Yellow GROUP

These notes refer to the **green ink** in system diagram, PLUS the **red ink** PLUS the **yellow group, the yellow group** is written in **black ink.** This was the third group in this corner.

THIS GROUP ASKED THAT THE NOTES FROM THE PREVIOUS STATION BE USED WHEN LOOKING AT ROHALION AS THEY FELT IT WOULD JUST BE DUPLICATION

What would be the impact on staff at Rohallion??potential for redeployment

These clients are the closest group to the forensic service

Is there anything legally that would need to be considered if this work was to progress ahead of overall programme?

Need to understand what impact this would have on LDAU

Need clarity on what the management structure would be

Cannot replicate current service provision for this client group on Rohallion site – 2 site to 2 site model, impact on most staff groups

Need to determine what the best staff model for this client group is

What would the impact on the remaining clients at Strathmartine –these are the 2 most volatile groups

There is an evidence base for provision of learning disability services currently delivered within an MDT framework – this service cannot be delivered generically

Difficulties in ensuring regular risk assessment reviews are carried out – very small pool of staff to pull from.

Will it affect ability of Bank staff cover? – Travel etc

May provide opportunity to develop enhanced roles –i.e. nurse prescribing

How will the workplace / functional activities be provided? These currently give clients connections to community /self purpose

Clinical and admin support needs to be identified prior to move as well as car parking, office space etc.

Greater degree of risk doing this early rather than financial benefit

This work still needs fully scoped

Complexity and depth of overall programme of work makes it difficult to separate this piece out. Could be an earlier move once site option for overall programme agreed and resources identified.

Strong feeling across group for not expediting

Has to be an evidence based model

Need therapeutic inpatient space

Centrally located in Tayside fits with the psychiatric guidelines model- CARSEVIEW

Agreed that it was good to have it on the Ninewells site for proximity to acute services

Forensics day care

Needs additional psychology and Ahps's

BLUE GROUP

These notes refer to the **green ink** in system diagram, PLUS the **red ink**. The **yellow group** is written in **black ink.** PLUS the blue ink, this was the fourth group in this corner

Carseview would need to be distinct separate units

Off ward area for day services, with an option to go elsewhere

BSI needs a space for a therapeutic room

Good proximity to Ninewells

Learning exchange- centre of excellence

ADDITIONAL NOTES- CAR PARK

Green Group

In/off ward day at tenders

Locality teams

Lots of phoning around looking for beds

LDAU always over bed capacity 11 beds when only meant to have 10

Delayed discharges

Consultants in LD work in hospitals and community

Carseview would need environment looked at- open spaces, ground passes

Mini Craigmill

Does Ninewells own the land behind Carseview

Transport issues for people travelling from Montrose down to Perth

RED GROUP

Separate Units- risks, vulnerability, patients own protection as well as others

Day services- issues with staff on multi sites

Behavioural, mental health issues and able patients

Can't replicate what we currently have- environmental (Craigmill)

Carseview would need a major refurb and extension

Public transport an issue at Strathmartine

Numbers of patients from Angus, Dundee and Perth and Kinross- what are the actual numbers (what we currently have)

Need to look at the workforce

Craigmill- make it more patient centred and flexible so that patients do not need to spend the whole day there. Involve the 3rd sector more, see what they can offer. Make outpatients more based in the patient's localities

Carseview already has some occupational services- need to expand these (kitchen)

Should we be providing outpatients on a hospital site?

Any opportunities to reduce beds, put money into community services to allow for more prevention

Who else can do some of the things our nurses currently do

YELLOW GROUP

Carseview would need refurb and extension added

This model seems feasible

Money needs clarification

Can we move medical records and make that area a workshop on Carseview

Similar model. Ensure we maintain links we already have

Minimise impact on LD client group

Day Care- help with discharge/admission/previous admission

Forensic patients may need to travel to centrally located groups- needs nurses for observation, transport (no minibus currently at MRH) can be quite staff intensive escorting patients. Patients needs and patients mix to be looked at.

Managerial structure- who???? Is this going to be different from what we already have

Have a specialised service that is research based

What is the proportion/equity of monies for LD patients- other wards in Rohallion will nedd modified and this will need money

Need to look at lessons learned from before

Improves the quality of accommodation for clients

Carseview more LD appropriate

Car parking will be an issue at Carseview

Is the Carseview site going to get crowded- affect LD needs

Reduced freedom of movement- important they have the opportunity to self regulate

Needs to suit an older LD community as well (needs bigger rooms to accommodate equipment (?x2 rooms in carseview already suitable)

Staff training needs

Delayed Discharges- complex patients- not the appropriate community resources

Birth to older age in system, medical issues that come with this

Develop community infrastructure first generic/forensic LD

BLUE GROUP

There are patients in lDU that should be in BSI- delayed discharges, not enough beds. Patients needs change from when they where first admitted (inevitable)this should be getting planned for, will always have them.

Why is there no stepdown available

Not enough community resources, houses, staff etc

We can’t staff the wards at present

Can’t see the space working at Carseview- BSI needs space, Forensics needs space, additional entrance required

Ability needs, needs to be looked at for patients/families and carers

LD patients tend to look after each other

Will LD Carseview be as nice as MRH

Need closer links with 3rd sector for activities

Therapy/therapeutic room needed- need clever storage and ways to reduce noise levels

Use flexible accommodation models to allow us to change the space in the future

Needs community buy in- more open type of spaces (patients, families)

Ninewells learning centre

The following table summarises the comments made by each group against the specific questions posed of option 4A:

	Green Group	Red Group	Yellow Group	Blue Group
Is this configuration clinically safe?				
Nursing – cross cover	Yes	Yes	Yes for Carseview	Yes
Nursing – responsiveness	Yes	Yes- more accessible than Strathmartine	Depends on operational it works on Rohallion- planned and appropriate skills	Yes
Medical – cross cover	Yes it's solvable at MRH site	Yes	Yes if planned and cordinated	No difference
Medical responsiveness	Yes	Yes	Yes if planned and cordinated	No difference
Junior Doctors – cross cover	Yes in some ways it makes it easier	There are issues currently	There are issues currently	Issues for 4a
Junior Doctors – responsiveness	Yes in some ways it makes it easier	There are issues currently	There are issues currently	Issues for 4a
AHP/ Others – cross cover	OT's need to look at their structure. Still need other input, physio dietetic would find it difficult	Needs further discussion regarding provision of services	Two site cover will cause issues	Co-location, much the same
AHP/ Others – responsiveness	As above	As above	As above	As above
Potential negative impact on patient pathway?	None given	Losing Craigmill	Depend on funding in the community	Patients/families expectations, Carseview is looked on negatively by some people

Improved patient pathway?	Opportunity to make it more joined up for patients	More positive than negative, Strathmartine not fit for propose	None given	Day service, co-location, closer working
Improved environment?	None given	Yes if Carseview reconfigured	Yes, Rohallion, Ot, day services. Funding transport to Carseview	Yes if investment done properly. Have people who work in the service help design it with stakeholders
Is this configuration able to work with OOH?				
Nursing – ability to cover out of hours/ crisis response/ home treatment	Yes	Yes/ no at prevention	No difference from communities	No change
Nursing – ability to increase out of hours/ crisis response/ home treatment	Yes	Yes	Shouldn't finish at 1700hrs on a Friday	Don't have the provision
Medical – ability to cover out of hours/ crisis response/ home treatment	Yes	Yes	? generic rota No change (internally done in rohallion)	No change may be a bit easier GAP 4a isue
Medical – ability to increase out of hours/ crisis response/ home treatment	Yes	Yes	As above	No difference
Junior Doctors – ability to cover out of hours/ crisis response/ home treatment	Yes	Yes	As above	4a issue
Junior Doctors – ability to increase out of hours/ crisis	Yes	Yes	As above	4a issue

response/ home treatment				
Can we staff this configuration safely and effectively?				
Nursing	Recuritment and expertise issues, need like for like- more have MH training than LD	Yes skill mix needs worked on, the preventative work/ rehab, retention and recruitment of staff	More likely to retain staff in Dundee- issue with moving staff (to Perth). Rohallion works different shift patterns	More opportunites on one site- recruitment and retention
Medical	Yes unfilled vacancies in forensic LD	Will be a challenge (not taking into account CHP)	Challenge covering two site, links between forensics	Short on middle staff
Junior Doctors	Yes	Be a challenge	Be a challenge	H@N may help resolve this
AHP	OT will need to look at role to make it appealing	Need to look at workforce. Better if all one site, Carseview logistically	Need to look at workforce. Better if all one site, Carseview logistically	Physio cover both wards, investment needed in staff needed for both sites to maintain standards- reworking.
Psychology	Will need an increase- medical helping out at secure	Better on one site divide MRH- directed treatment meeting weekly	Need increased staffing	Include more travel time
MHO	Already go in	Short across the piece	Just the same, travel and time	No big changes to forensics
Advocacy	Already goes in	Go in there anyway	No change apart from moving to Perth	No changes
Support Services/ Other	Yes	MRH/Carsveiw PFI	Increased demand for services Carseview	From Strathmartine through appropriate

		Strathmartine may have a reduction on sites		processes
Is there an ability to shift balance of care?				
Requires additional community service provision?	Yes	Yes (needs to be shift in resources to fund it)	Yes	Needs it regardless
Allows for shift of resource to community to increase provision?	Facilites	Yes it is desired ?? Saving from estate management No can't divert funds challenges	No still duplicating two sites Still need to be developed. Commitment of seeing it through	If properly resourced
Ability to staff additional community service provision?	Can do it	Not at the moment- aspirational Is the money there to improve Carseview, most central for patients	Community needs to be devloepd first, needs resource transfer Complexity of patients, coordinated communication	Same capacity could be free'd up by 3-1 Should be greater investment across different areas. Are we using the resources we have 100% efficiently. Should we be looking at the models
Is this configuration affordable?				
Requires bridging plan (short term double running costs)?	No	Money available	Needs money	Some double running cost- travel
Releases resources through economies of scale	Yes	Yes used differently	Strathmartine site	Yes to a certain degree
Is it more expensive than current and	Initially Yes but long term no	Short term investment	Yes current needs investment also	Longer term same. Economies of scale

requires investment?				via nursing
Allows a review of current management structures to allow resource release?	Yes	This has been completed already	Opportunities as one in Carseview	More at GAP services
Releases operational site resource through potential disposal? Allows for potential site/ sites capital receipts from disposal?	Yes- Strathmartine	Yes- Strathmartine	Yes- Strathmartine	Yes- Strathmartine and Mulberry for something else
Requires additional investment in current environments? What? Where?	Yes- MRH, Carseview grounds and inpatient crisis areas	Carseview and Rohallion (all three wards)	Yes both sites	Yes Carseview and Rohallion

MHIP Notes Red corner 8th December 2016

Facilitator: Karen Kendall

Explore the feasibility of expediting the work to move clients from Flat 1 at Strathmartine to Rohallion ward by taking this piece of work out of the overarching programme of work.

RED GROUP

Current environment is not ideal

Rohallion has excellent facilities and maybe the best the option for these clients

Would need to assess what the impact might be for the current client groups at Rohallion and what potential environmental changes might be required. Risk assessment for patient mix required.

If this group moves to Rohallion – is there a risk that capacity may not be available for urgent admissions? All of the client group from Flat 1 are planned admissions

Would need to understand what the pathway would be for these clients? - would they follow current forensic pathways?? Need to consider exit pathways.

Staff would prefer to move with the clients

Clients would be better managed as part of the wider forensic service – for AHP and psychology

Need to ensure social and work based activities /needs are met i.e. current day services are based around Dundee.

Infrastructure changes would need to be undertaken prior to move.

Need to understand what impact there would be on clients' families – what are the home localities for current clients??

Is there sufficient capacity for future proofing if there is an increase in this client group??

Out of area placements- would there be a plan to bring these clients back into Tayside in future? There are none at present

Communication an engagement essential – staff /staff side/service users/ families / community/ third sector

Need to ensure workforce plan is in place for all.

YELLOW GROUP

What would be the impact on staff at Rohallion??potential for redeployment

These clients are the closest group to the forensic service

Is there anything legally that would need to be considered if this work was to progress ahead of overall programme?

Need to understand what impact this would have on LDAU

Need clarity on what the management structure would be

Cannot replicate current service provision for this client group on Rohallion site – 2 site to 2 site model, impact on most staff groups

Need to determine what the best staff model for this client group is

What would the impact on the remaining clients at Strathmartine –these are the 2 most volatile groups

There is an evidence base for provision of learning disability services currently delivered within an MDT framework – this service cannot be delivered generically

Difficulties in ensuring regular risk assessment reviews are carried out – very small pool of staff to pull from.

Will it affect ability of Bank staff cover? – Travel etc

May provide opportunity to develop enhanced roles –i.e. nurse prescribing

How will the workplace / functional activities be provided? These currently give clients connections to community /self purpose

Clinical and admin support needs to be identified prior to move as well as car parking, office space etc.

Greater degree of risk doing this early rather than financial benefit

This work still needs fully scoped

Complexity and depth of overall programme of work makes it difficult to separate this piece out. Could be an earlier move once site option for overall programme agreed and resources identified.

Strong feeling across group for not expediting

BLUE GROUP

Could use vacated Flat 1 to accommodate LDU patients as an interim to allow refurbishment of Carseview – no benefit to LDU client group, environment in Flat 1 not good.

Good to go bus – reducing numbers on Strathmartine site might mean bus no longer viable – maybe best to wait until all clients move from Strathmartine

Re question of future proofing raised by Red group –Rohallion can take up to 10 clients

There is a purpose built gym, football pitches, music rooms at Rohallion

Living environment space is good, but concerns about losing outside work focussed activities

? Opportunities to develop gardening work for clients

This group need a high level of purposeful physical activity.

This move would create stretching of current community ties – lose links as too far away

This work will not release any savings

Is there an opportunity to use the beds planned for Flat 1 clients in Rohallion to income generate by taking clients from other health boards on a temporary basis??

<u>GREEN GROUP</u>

Activities at Rohallion include furniture restoration, kiln, arts work. These facilities are used by medium secure patients as well, these clients are subject to searches on return, would this happen for LD clients as well?

Mix of client groups would need careful consideration – low secure, medium secure, low secure LD – increased threshold of risk

These clients are used to going out / they need a working day structure

Who would /should manage these clients? Forensics /LD

Rohallion is currently fully staffed plus bringing a team from Strathmartine – how will this work?

Moving early destabilises the Strathmartine site - Flat 1 and 3 provide cross cover /rapid response to situations

Doing this doesn't prejudge any other option though

If this was to be advanced quicker then the 2 options for LDU client group need to be considered carefully in this as well and the potential for the safety risks at Strathmartine.

Beds at Rohallion are available now; environmental changes could be done within months, changes to therapeutic service delivery ???????????? – timescale unknown

The following table summarises the comments made by each group against the specific questions posed of option to expedite move from Flat 1 to Rohallion:

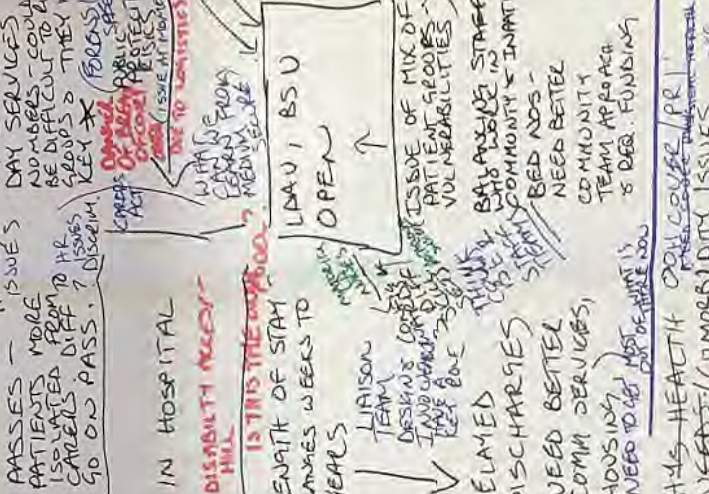
	Red Group	Yellow Group	Blue Group	Green Group
Is this configuration clinically safe?				
Nursing – cross cover	Learning disabilities training and experience essential. ? Require increase in LD nursing team to allow cross cover. Great opportunities for HCSW role. May open up opportunities for Mental Health dual training.	Different shift patterns may be a problem. . May encourage dual MH training.	Group unable to comment	OK in Rohallion? safety issues at Strathmartine
Nursing – responsiveness	Strathmartine site may be vulnerable	LD staff provision /skill mix may be an issue Skills and competencies not in place to respond if work progressed too quickly	Group unable to comment	Flat 1 staff not able to assist Flat 3 colleagues at short notice.
Medical – cross cover	No issue, full consultant team on Rohallion	Potential dual site working makes it difficult	Consultant taking care of these clients may be Perth based in future –if so no issue	Need to determine if cover from Forensic service or LD
Medical responsiveness	Only if consultant from LD transfers with client group, will be a delay if consultant remains based at Strathmartine	As above	Depends if consultant is Dundee or Perth based	As above
Junior Doctors – cross cover	If sufficient numbers shouldn't be a problem	No junior doctors	No issue, Input is currently minimal	Need to clarify if junior doctors are moving or not. If so they would be

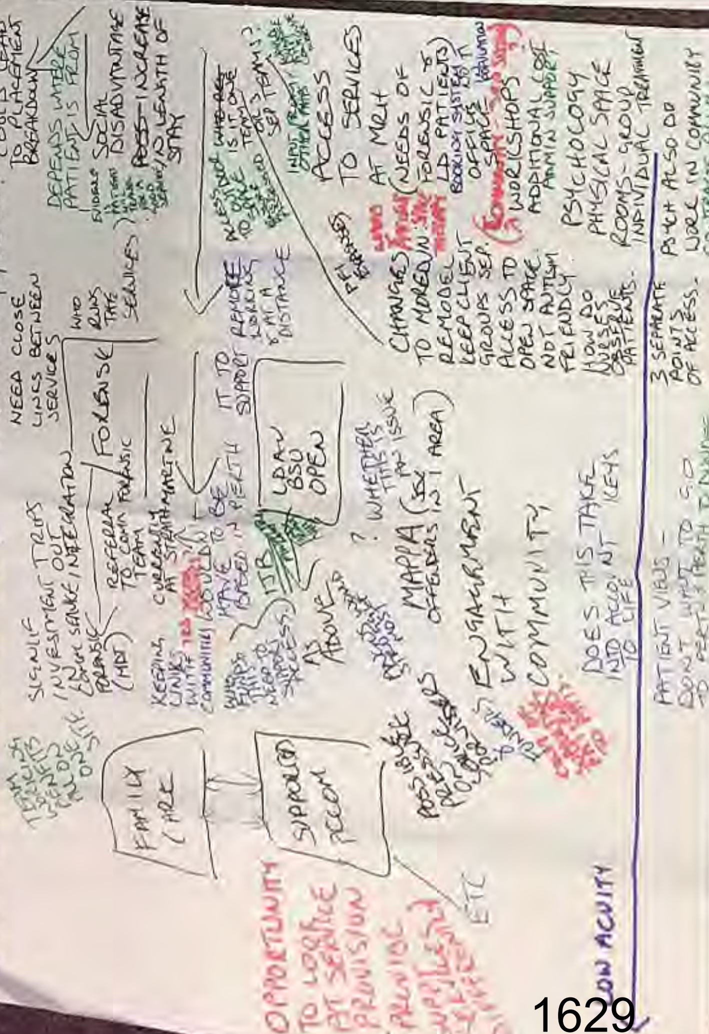
				part of normal cover arrangements
Junior Doctors – responsiveness	If sufficient numbers shouldn't be a problem	As above	As above	As above
AHP/ Others – cross cover	Needs further work up to understand what the issues might be	Need to match capacity to demand. Travel time may impact	Need to match capacity to demand. Travel time may impact	Don't foresee any change
AHP/ Others – responsiveness	As above	As above	As above	As above
Potential negative impact on patient pathway?	Need to think about any unintended consequences e.g. on the current Rohallion client group. Possibly if infrastructure not there to support Flat 1 clients – i.e. daily work structure	Yes pathway not there currently, work support structure not in place although living environment would be better. Distance from families. Therapeutic input may be adversely affected	For LDAU if interim move to Flat 1. Yes until local services are available i.e. services based around Dundee and Angus currently have moved to Perth Impact on other clients left at Strathmartine, destabilisation of site.	If clients are cared for under Forensics it may be difficult to refer back to community services – client now has a label. Should forensic LD community service sit under Forensic service for smoother pathways of care?
Improved patient pathway?	Current evidence would suggest yes	Yes if fully considered thought through plan in place with investment that is based on client need	Difficult to say	Difficult to say
Improved environment?	Yes living space definitely.	Living space	Forensics yes, LDAU no if moved to Flat 1	Nicer living environment
Is this configuration able to work with OOH?				
Nursing – ability to cover out of hours/ crisis response/ home treatment	All groups did not feel any sections of this question were relevant	NA	NA	NA
Nursing – ability to increase out of hours/ crisis response/ home	NA	NA	NA	NA

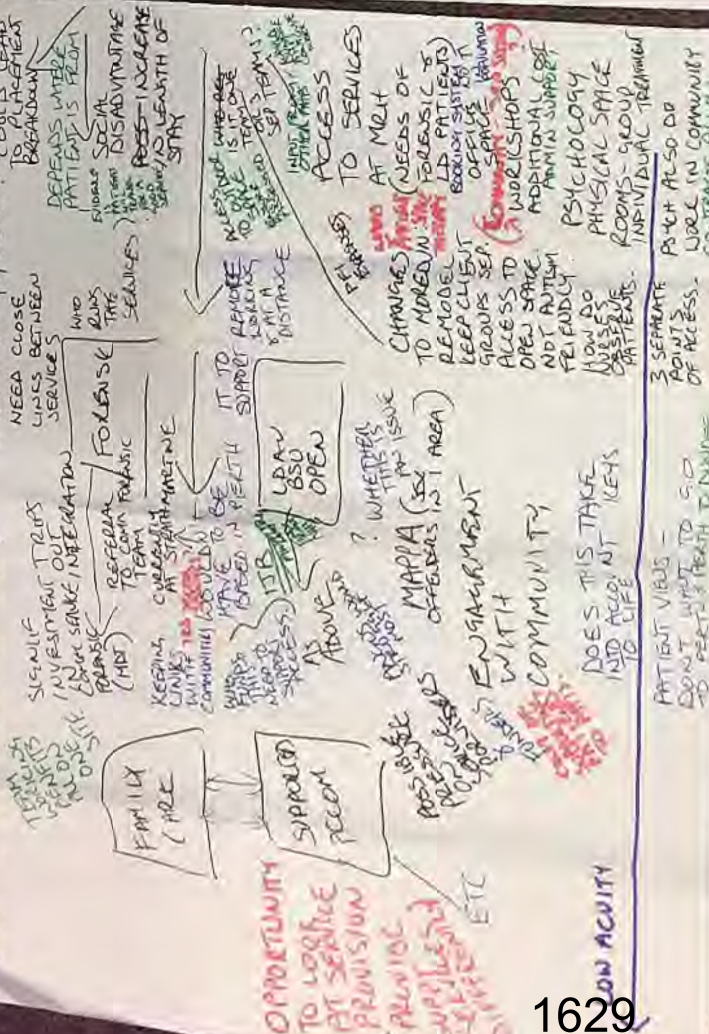
treatment				
Medical – ability to cover out of hours/ crisis response/ home treatment	NA	NA	NA	NA
Medical – ability to increase out of hours/ crisis response/ home treatment	NA	NA	NA	NA
Junior Doctors – ability to cover out of hours/ crisis response/ home treatment	NA	NA	NA	NA
Junior Doctors – ability to increase out of hours/ crisis response/ home treatment	NA	NA	NA	NA
Can we staff this configuration safely and effectively?				
Nursing	LD training and experience essential. Challenges of older workforce May make service more attractive	OK for Rohallion but??? for rest of teams	? open up recruitment opportunities	Skill mix key Community LD forensic team input these clients currently
Medical	Need resource to move with clients	Travel time for consultants, possibly covering 3 sites	Might help a little bit as consultant taking on these clients may be Perth based? Is it possible this group could be managed by Forensic psychiatry??	Who will manage these clients? If forensics would need to recruit
Junior Doctors	Junior medical cover fragile currently May attract more due to improved working environment	Depends on future structure of medical team. Recruitment is a general issue.	Should make no difference	No difference
AHP	LD training and experience essential. Current service would need to	Recruitment is an issue	Stretched –a lot of group based activity currently – how would this work??	Could Rohallion AHP group model be adapted? Difficult to staff from LD teams?

	be replicated/ enhanced.			Need to recruit.
Psychology	Could services be provided locally in Perth rather than Dundee Is there an option for nurse led psychology in future?	Replication of group therapies difficult to resource	Replication of group therapies difficult to resource	??? group unsure
MHO	Angus MHOs travel time	Travel time increased/ ?increased costs	? group unsure	Travel time
Advocacy	Service works across Tayside	Travel time increased/ ?increased cost	? most money for this client group	?group unsure
Support Services/ Other				
Is there an ability to shift balance of care?				
Requires additional community service provision?	Yes more local day services, need to explore what is currently available services in Rohallion are for medium secure clients	Yes daytime work structure needs a plan in place for this group. What is available currently in Perth?	Needs local service redevelopment for therapeutic care	? daytime occupation structure for clients
Allows for shift of resource to community to increase provision?	No	No	No	Not obviously
Ability to staff additional community service provision?	No	Depends on what happens with existing staff groups.	No	Not obviously
Is this configuration affordable?				
Requires bridging plan (short term double running costs)?	Yes	Needs investment to make Rohallion site fit for purpose	Yes staffing implications Bridging but not ongoing for infrastructure in local community	Group unsure
Releases resources through economies of scale	Group unsure	No	No	?less overtime
Is it more expensive than current and requires	Short term investment for infrastructure	Possibly short and long term	Bridging but not ongoing for infrastructure in	Need to set up another crisis area

investment?	alterations		local community	
Allows a review of current management structures to allow resource release?	Possibly	No	Unsure	Possibly
Releases operational site resource through potential disposal? Allows for potential site/ sites capital receipts from disposal?	Releases site for alternative use	No	No	Helps towards this but there will still be other clients based at Strathmartine
Requires additional investment in current environments? What? Where?	Yes Rohallion ward – structural changes	Yes- Rohallion to made fit for purpose	Yes to replicate rehab flat for other 2 wards at Rohallion	To make ward suitable for LD clients. Need areas for intensive nursing







Workshop Evaluations

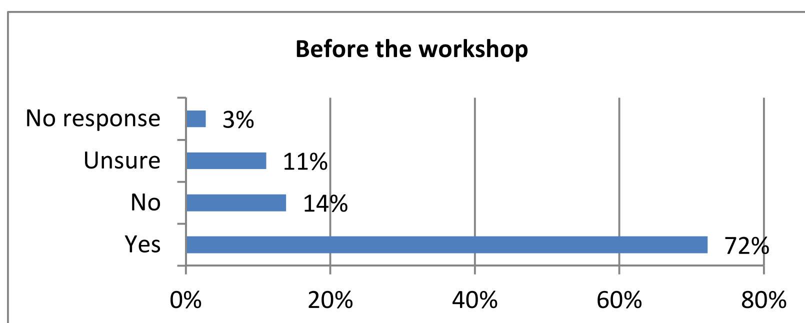
NHS Tayside

Mental Health Service Redesign Transformation Programme

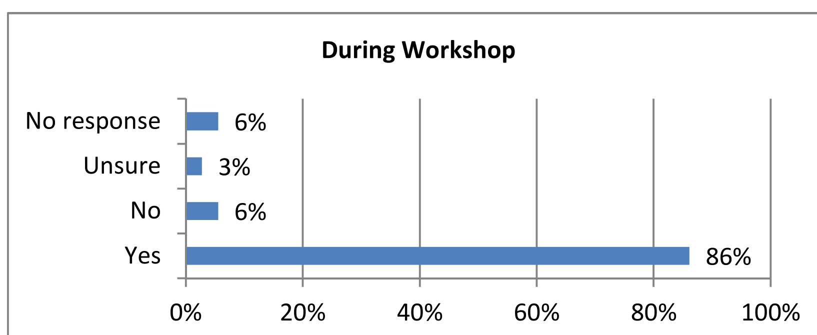
Option Modelling Workshop

29th September 2016

1. Thinking about the meeting - did you get enough information to help you prepare:



Answer Choices	Responses
Yes	26
No	5
Unsure	4
No response	1



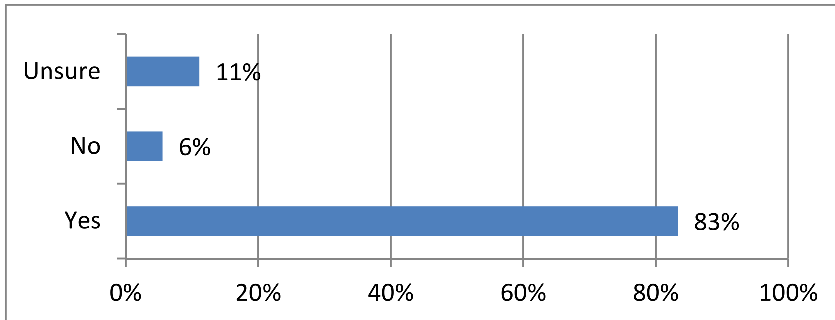
Answer Choices	Responses
Yes	31
No	2
Unsure	1
No response	2

If no or unsure, what additional information would you have found helpful?

- More detailed quantitative data eg workforce, costs etc
- Detailed information on each option
- Options not worked up to level that would encourage a direct focus on options. Only option 8A had volume or data required. Some data requires more scrutiny and explanation eg staffing.
- More information in advance on current configuration of services and list of abbreviations
- More explanation of models

- A lot of discussion centred on services and staffing out of ward areas
- Inpatient length of stays – how long – in each area. Distance to travel to hospital sites. Issues re recruitment and retention – CMHT and hospital in each area
- No time to read the information on the table

2. Was this information easy to understand?

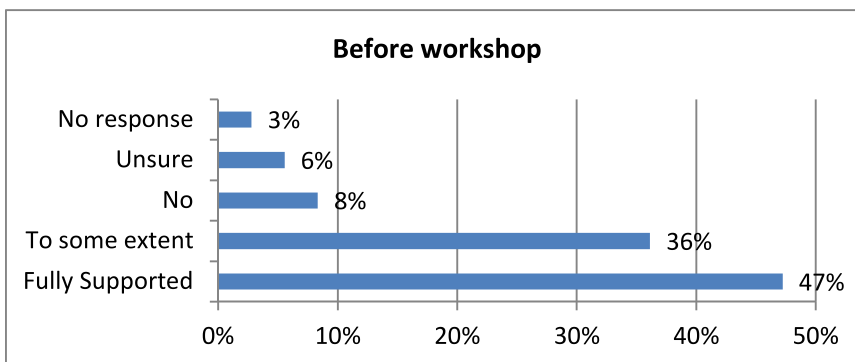


Answer Choices	Responses
Yes	30
No	2
Unsure	4

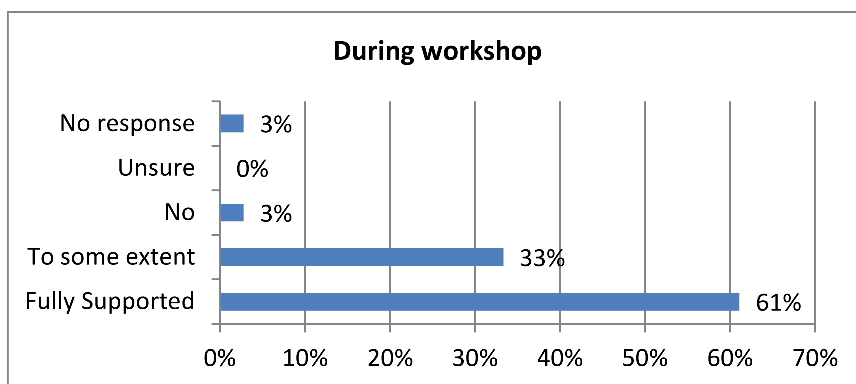
If no or unsure, what could have been done to make the information easier to understand?

- Although there was little useful information anyway
- Data more available – transparent – able to be scrutinised and interpreted
- Reliant on nursing and medical input – with their knowledge
- Clearly presented in large format was helpful

3. Were you provided with the support you needed to participate effectively?



Answer Choices	Responses
Fully supported	17
To some extent	13
No	3
Unsure	2
No response	1

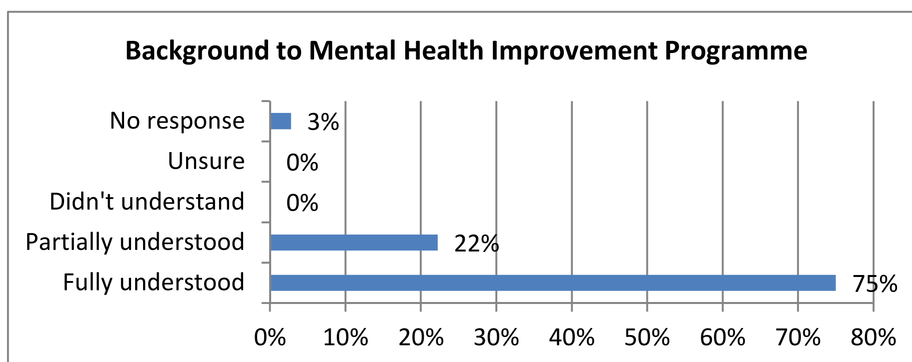


Answer Choices	Responses
Fully supported	22
To some extent	12
No	1
Unsure	0
No response	1

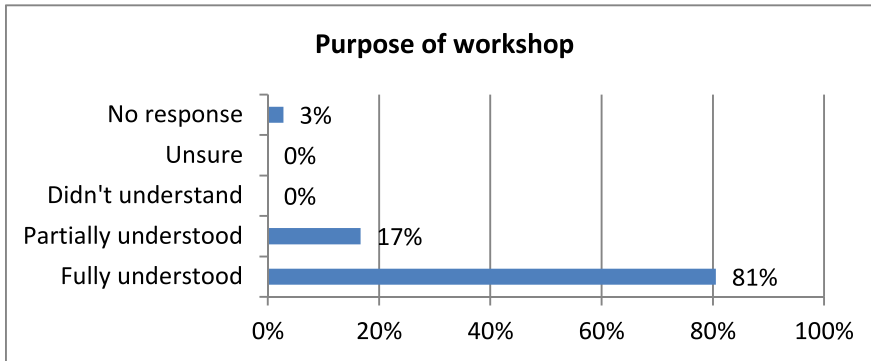
If no or unsure, what could have been done differently to support your involvement?

- The facilitators were helpful but in my view the options should have been presented in more detail with financial information
- Referring back to level of information; quality of information; provided pre and during meeting
- Excellent facilitation and all participants participated and displayed helpful and honest communications
- The clarifying of every model on the day let to a further degree of uncertainty on that model

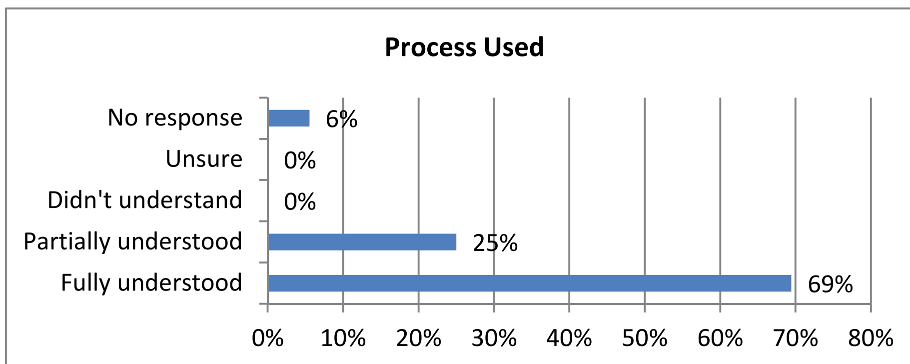
4. How well did you understand the following aspects of the focus group and/or workshop?



Answer Choices	Responses
Fully understood	27
Partially understood	8
Didn’t understand	0
Unsure	0
No response	1



Answer Choices	Responses
Fully understood	29
Partially understood	6
Didn't understand	0
Unsure	0
No response	1

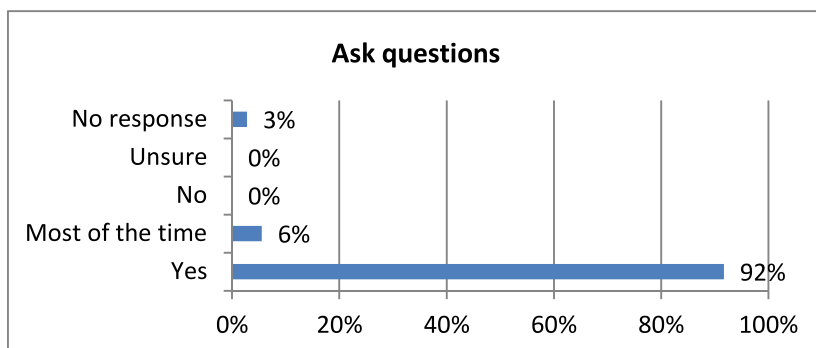


Answer Choices	Responses
Fully understood	25
Partially understood	9
Didn't understand	0
Unsure	0
No response	2

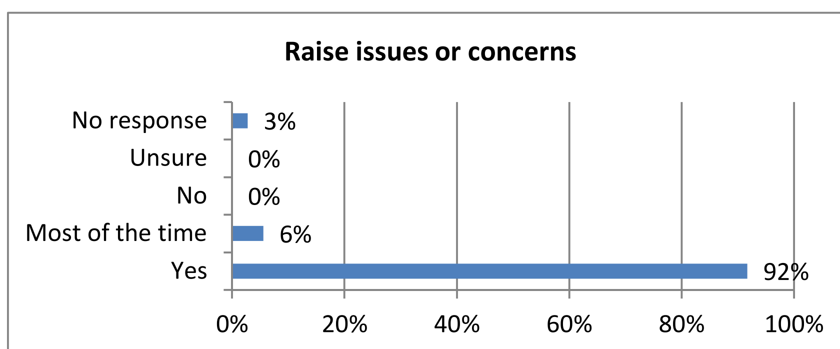
If there was anything you didn't understand, what could have been done to help improve your understanding?

- Main issue was design of the workshop
- Clarity – information, retaining focus, evidence base. Lots of discussion conjecture and anecdotal to weigh service change for moving units is indicated

5. During the workshops did you have the opportunity to:

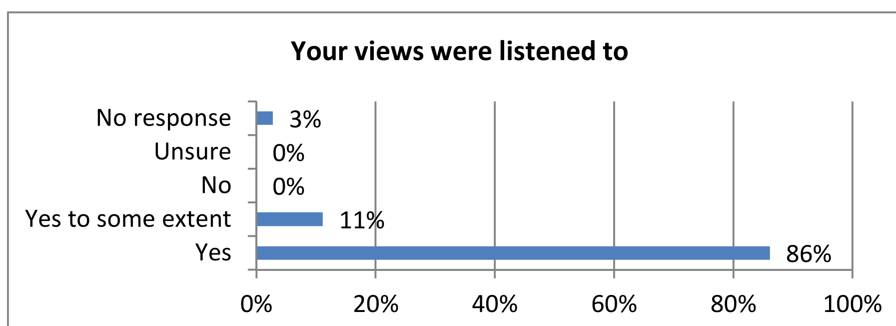


Answer Choices	Responses
Yes	33
Most of the time	2
No	0
Unsure	0
No response	1

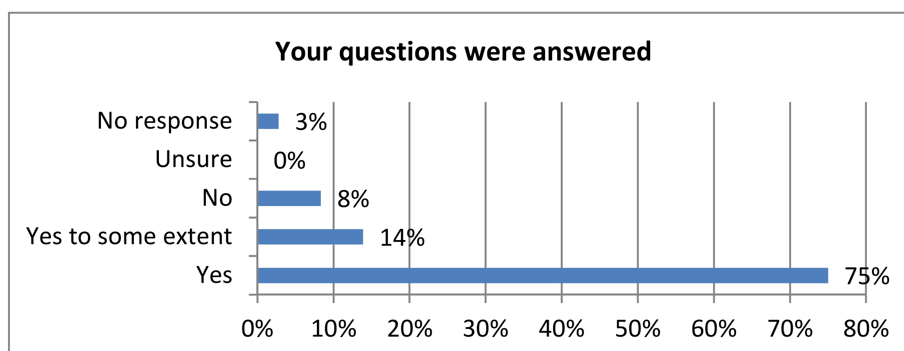


Answer Choices	Responses
Yes	33
Most of the time	2
No	0
Unsure	0
No response	1

6. Do you feel:



Answer Choices	Responses
Yes	31
Yes to some extent	4
No	0
Unsure	0
No response	1

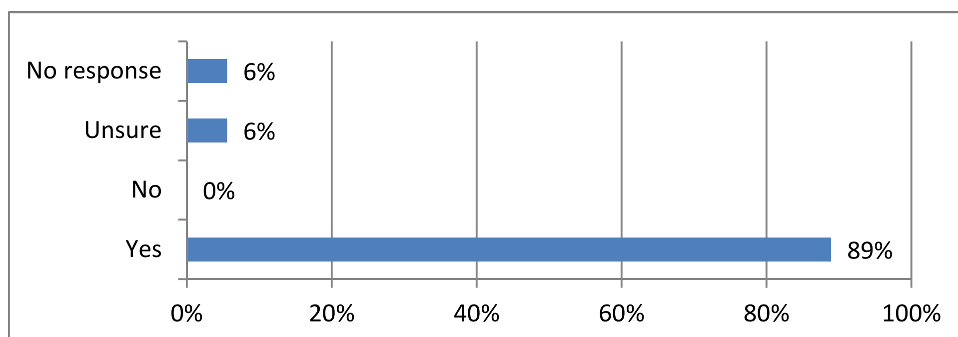


Answer Choices	Responses
Yes	27
Yes to some extent	5
No	3
Unsure	0
No response	1

Please tell us why you feel this way

- Facilitators were not in a position to ask questions
- Wider questions – evidence, data and information not available from facilitators
- Questions were answered as far as possible
- As time / groups went on slightly repeating same
- Time to have discussions and good size of group that supported participation and good mix of representation
- Answers were not the purpose of the workshop
- Unknown entity

7. Were the next steps in the process explained to you?



Answer Choices	Responses
Yes	32
No	0

Unsure	2
No response	2

8. Please let us know if you have any other comments or suggestions about the workshops

- Not a positive or uplifting experience
- An exhausting but informative and useful experience
- Well facilitated
- Area conversations
- Difficult to look at options as there is a question over community structures
- Good mix involved – staff. Good idea for each group to add to what undertaken by previous group – aids understanding across board and reduces duplication
- Thank you
- Potential for an option with reduced bed model was considered. If it is part of the work, this was not my understanding before attending; Staff are not aware of this option being considered and would need supported

Mental Health Service Redesign Transformation Programme

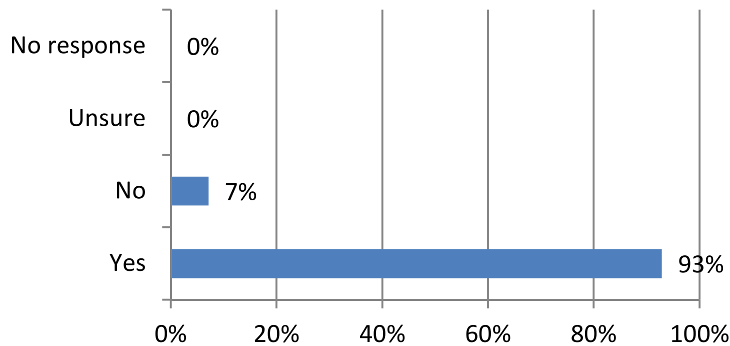
Learning Disability Service Option Modelling Workshop

Improvement Academy, Ninewells

08 December 2016

A total of 28 evaluation forms were completed

1. **Thinking about the meeting - did you get enough information to help you prepare during the workshop:**

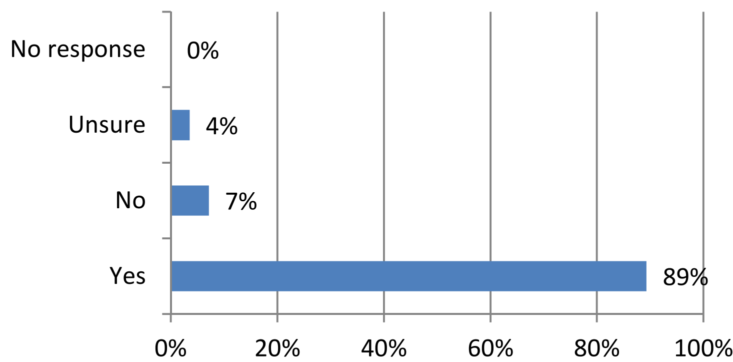


Answer Choices	Responses
Yes	26
No	2
Unsure	0
No response	0

If no or unsure, what additional information you would have found helpful?

- I would have found it helpful to have had the "parameters and top four options" information emailed before the meeting.
- No was unsure how the day would go.
- Clearer information on the actual situation at Rohallion would have been helpful. There are currently three wards operating in low secure – one admissions and two rehab. All of the options will have an impact on this.
- Not much time to look at and process information. Have not attended previous workshops.
- Many unknowns however make full discussion in decision making challenging ie staffing resources to be allocated to various options.
- But would have liked access to laminated 'Bed' information in first group.

2. Was this information easy to understand?

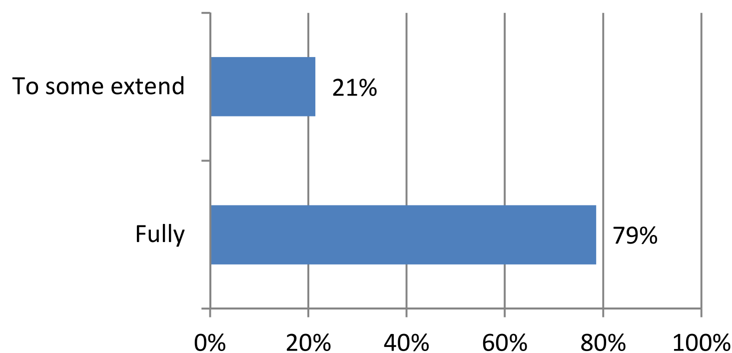


Answer Choices	Responses
Yes	25
No	2
Unsure	1
No response	0

If no or unsure, what could have been done to make the information easier to understand?

- Nature of information may have influenced this. More reference made to some of the information available on each table. It would have been helpful to only have had the coloured option charts relating to that table.
- Confused at times about which option has been discussed at each table given all options were displayed.
- As easy as it could be! Difficult topics – complex.
- Tables not 100% in sync with descriptions.

3. Were you provided with the support you needed to participate effectively?

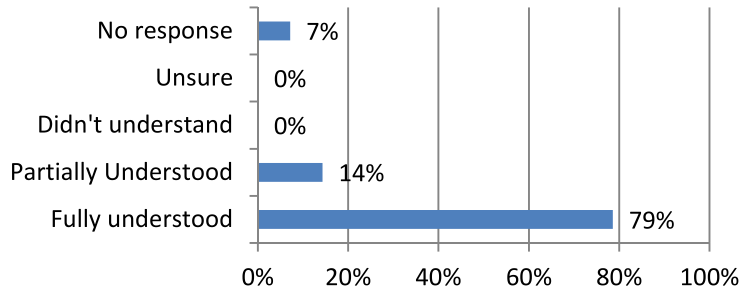


Answer Choices	Responses
Fully supported	22
To some extent	6
No	0
Unsure	0
No response	0

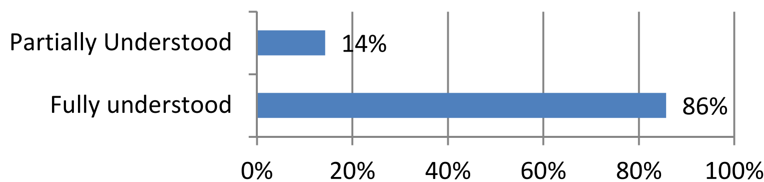
If no or unsure, what could have been done differently to support your involvement?

- Excellent Facilitation

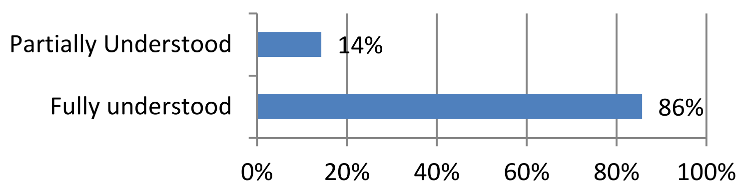
4. **How well did you understand the following aspects of the focus group and/or workshop?**



Answer Choices	Responses
Fully understood	22
Partially understood	4
Didn't understand	0
Unsure	0
No response	2



Answer Choices	Responses
Fully understood	24
Partially understood	4
Didn't understand	0
Unsure	0
No response	0

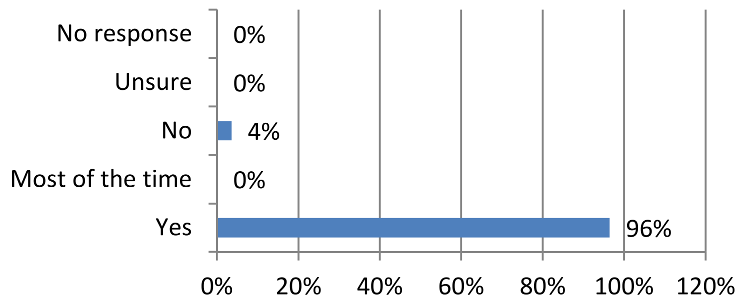


Answer Choices	Responses
Fully understood	24
Partially understood	4
Didn't understand	0
Unsure	0
No response	0

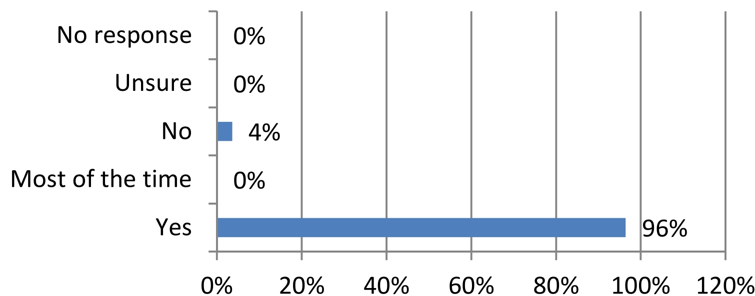
If there was anything you didn't understand, what could have been done to help improve your understanding?

- As I don't work in many of the contexts it was hard work following what people meant.
- Felt everything was explained very well throughout the workshops. Very supportive.

5. During the workshop did you have the opportunity to:

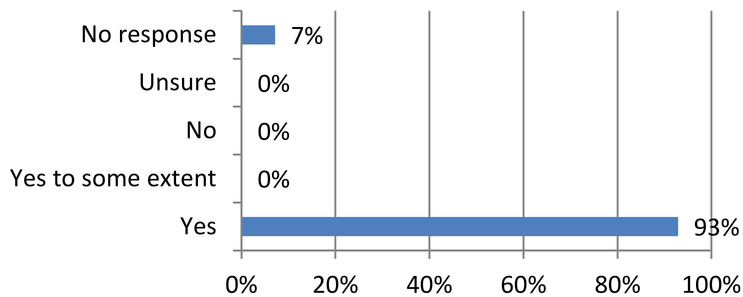


Answer Choices	Responses
Yes	27
Most of the time	0
No	1

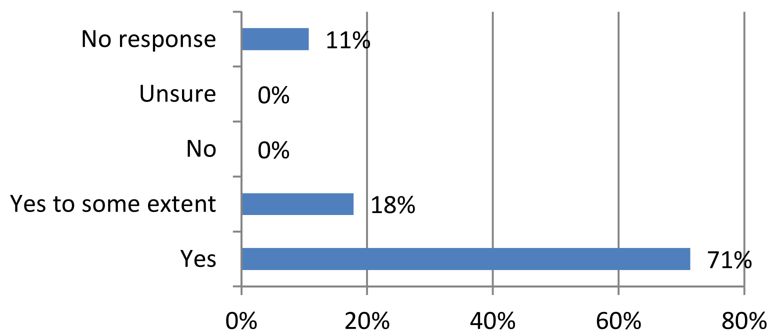


Answer Choices	Responses
Yes	27
Most of the time	0
No	1

6. **Do you feel:**



Answer Choices	Responses
Yes	26
Yes to some extent	0
No	0
Unsure	0
No response	2

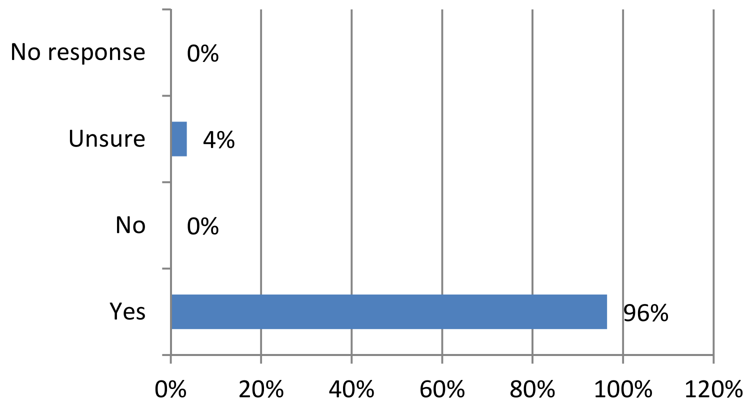


Answer Choices	Responses
Yes	20
Yes to some extent	5
No	0
Unsure	0
No response	3

Please tell us why you feel this way

- Same questions nobody can answer at the moment. More detail required.
- Some are future decisions but need to be highlighted.
- Very supportive.

7. Were the next steps in the process explained to you?

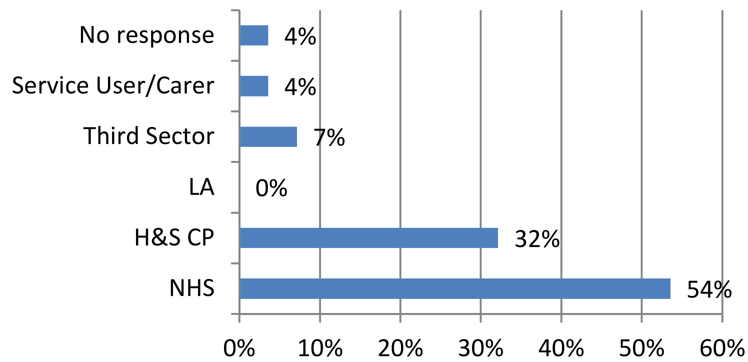


Answer Choices	Responses
Yes	27
No	0
Unsure	1
No response	0

8. Please let us know if you have any other comments or suggestions about the workshop.

- Regular feedback to staff and other interested parties.
- During the workshops it became clear that there is another possible option which would actually address the needs of the LD and GAP populations better – how do you put forward an improved option at this stage?
- No biscuits!!
- Still think the needs of people with LD whose main difficulties/challenging behaviours are due to Autism are not being considered enough. Experienced staff need to also support/mentor community providers. (Third Sector also representing views heard from people with LD and/or Autism)
- 8.30 start was impractical.
- Great facilitators.
- Well facilitated. Well done all!

9. Please indicate which area you represented.



Answer Choices	Responses
NHS	15
Health & Social Care Partnership	9
Local Authority	0
Third Sector	2
Service User / Carer	1
No response	1

Mental Health Service Redesign Transformation Programme

Option Review

Appendices Seven - Twelve

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Appendices to Options Review Report

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Appendix Seven

Detailed Costing Information

Summary - Option 3a	Current position			New position			
	WTE	Budget		WTE	Cost		
LD Combined 16 Beds	56.62	£	2,107,505	43.16	£	1,545,909	
LD Secure Forensic	25.87	£	931,675	24.30	£	905,782	
LD Open Forensic	25.67	£	926,846	24.30	£	905,782	
Amulree Complex Care & Rehab 16 Beds	31.76	£	1,120,604	31.76	£	1,120,604	
Rannoch Complex Care (Females)	21.5	£	730,334	22.58	£	837,675	SLIGHT UPLIFT RE SKI
Acute Admissions Ward 1 22 Beds Carseview	27.8	£	1,025,003	28.30	£	1,045,455	
Acute Admissions Ward 2 22 Beds Carseview	29.5	£	1,096,386	28.30	£	1,045,455	
Acute Admissions Ward 3 22 Beds Carseview		£	-	28.30	£	1,045,455	
Acute Admissions Ward 4 22 Beds + 4 AIS Beds		£	-	28.30	£	1,045,455	
Moredun	39.8	£	1,374,064		£	-	
Mulberry	38.39	£	1,358,256		£	-	
IPCU 10 Beds	28.2	£	1,033,519	28.30	£	1,045,455	
Liaison/Patient transport		£	-	10.29	£	297,866	
	325.11	£	11,704,192	297.86	£	10,840,891	

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD 16 bed combined Ward **BSI, LDAU, Open Forensic**

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	3	10	30	210	257.25	6.86	
	6		60	420	514.5	13.72	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	735	900.38	24.01	
Untrained Staff			0	525	643.13	17.15	
	0		0	1260	1543.5	41.16	
					Check	41.16	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	22.01	740,747
	3	17.15	414,087
	2	1.00	21,559
Basic costs incl 22.5% in wtes		43.16	1,310,092
Enhancements at 18%			235,817
Total Cost			1,545,909

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,147
Sundays	Band 3	52.14	3	156.42	74%	12.35	14,294
PB Hols	Band 3	8	3	24	74%	12.35	2,193
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	3	759	37%	12.35	34,679
							226,443
					Band 3		93,764
					Band 5		132,679
							226,443

17.28%

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10.75	32.25	225.75	276.5438	7.37	
Untrained Staff	3	10.75	32.25	225.75	276.5438	7.37	
	6		64.5	451.5	553.0875	14.75	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	855.75	1048.29	27.95	
Untrained Staff			0	603.75	739.59	19.72	
	0		0	1459.5	1787.888	47.68	
					Check	47.68	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	25.95	873,499
	3	19.72	476,200
	2	1.00	21,559
Basic costs incl 22.5% in wtes		49.68	1,504,957
Enhancements at 18%			270,892
Total Cost			1,775,850

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,683
Sundays	Band 5	52.14	3	156.42	60%	17.21	17,366
PB Hols	Band 5	8	3	24	60%	17.21	2,665
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,683
Sundays	Band 3	52.14	3	156.42	74%	12.35	15,366
PB Hols	Band 3	8	3	24	74%	12.35	2,358
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	42,133
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	3	759	37%	12.35	37,280
							256,204
					Band 3		105,228
					Band 5		150,977
							256,204

17.02%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770
PB Hols	Band 5	8	2	16	60%	17.21	1,652
Enhancem	**Early Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573
PB Hols	Band 3	8	1	8	74%	12.35	548
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	2	506	30%	17.21	26,129
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							121,164
					Band 3		37,163
					Band 5		84,001
							121,164 15.78%

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539
PB Hols	Band 5	8	3	24	60%	17.21	2,231
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539
PB Hols	Band 5	8	3	24	60%	17.21	2,231
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577
PB Hols	Band 5	8	2	16	60%	17.21	1,776
Enhancem	**Early Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576
PB Hols	Band 3	8	2	16	74%	12.35	1,316
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288
PB Hols	Band 3	8	1	8	74%	12.35	658
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122
PB Hols	Band 3	8	1	8	74%	12.35	786
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	2	506	30%	17.21	28,088
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	12,427
							137,475
					Band 3		42,166
					Band 5		95,309
							137,475 15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds ***ASSUMING AS IS***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	0	7.5	0	0	0	0.00
Untrained Staff	0	7.5	0	0	0	0.00
	0		0	0	0	0.00

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	0	7.5	0	0	0	0.00
Untrained Staff	0	7.5	0	0	0	0.00
	0		0	0	0	0.00

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	0	10	0	0	0	0.00
Untrained Staff	0	10	0	0	0	0.00
	0		0	0	0	0.00

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	0	0.00	0.00
Untrained Staff			0	0	0.00	0.00
	0		0	0	0	0.00
				Check		0.00

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	0.00	-
	2	0.00	-
Basic costs incl 22.5% in wtes		0.00	-
Enhancements at 18%			-
Total Cost			-

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	0	0	30%	17.21	0

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	0	0	37%	12.35	0

	0	
Band 3	0	
Band 5	0	
	0	#DIV/0!

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Rannoch Complex Care (females) 10 beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	2	7.5	15	105	128.625	3.43	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	4		30	210	257.25	6.86	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	402.5	493.06	13.15	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	630	771.75	20.58	
					Check	20.58	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	11.15	375,197
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		22.58	709,894
Enhancements at 18%			127,781
Total Cost			837,675

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	4,039	
Sundays	Band 5	52.14	2	104.28	60%	17.21	8,077	
PB Hols	Band 5	8	2	16	60%	17.21	1,239	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							114,486	
					Band 3		37,163	
					Band 5		77,323	
							114,486	16.13%

NHS TAYSIDE - Mental Health Review

Staffing restructuring

Acute Admissions Ward 1 22 Beds

includes liaison staff

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	525	643.13	17.15
Untrained Staff			0	280	343.00	9.15
	0		0	805	986.125	26.30
					Check	26.30

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
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Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	149,040	
Band 3	43,072	
Band 5	105,969	
	149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 2 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
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Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
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Basic	**Band**		**Cost**
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Basic	Band	WTE	Cost
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	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
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NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 2 22 Beds

Shift hrs per Nursing Directorate

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Purely ward staff

Shift hrs per Nursing Directorate

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NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 4 22 Beds + 4 AIS Beds

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Purely ward staff

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For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							149,040
					Band 3		43,072
					Band 5		105,969
							149,040 16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
IPCU 10 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	10	30	210	257.25	6.86
Untrained Staff	1	10	10	70	85.75	2.29
	4		40	280	343	9.15

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	525	643.13	17.15
Untrained Staff			0	280	343.00	9.15
	0		0	805	986.125	26.30
					Check	26.30

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	149,040	
Band 3	43,072	
Band 5	105,969	
	149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Liaison Patient Transport

Shift hrs per Nursing Directorate

Early Shift		staff	hours	Total	per week	plus 22.5%	/37.5
Drivers	Band 2	0	7.5	0	0	0	0.00
Nursing	Band 3	6	7.5	45	315	385.875	10.29
		6		45	315	385.875	10.29

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	10.29	248,452
	2	0.00	-
Basic costs incl 22.5% in wtes		10.29	248,452
Enhancements			49,414
Total Cost			297,866

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 2	52.14	0	0	44%	17.21	0
Sundays	Band 2	52.14	0	0	88%	17.21	0
PB Hols	Band 2	8	0	0	88%	17.21	0

Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	6	312.84	37%	17.21	14,943
Sundays	Band 3	52.14	6	312.84	74%	17.21	29,886
PB Hols	Band 3	8	6	48	74%	17.21	4,585

	49,414	
Band 3	49,414	
Band 2	0	
	49,414	19.89%

Summary - Option 4a	Current position			New position			
	WTE	Budget		WTE	Cost		
LD Combined 16 Beds	56.62	£	2,107,505	43.16	£	1,545,909	
LD Secure Forensic	25.87	£	931,675	24.30	£	905,782	
LD Open Forensic	25.67	£	926,846	24.30	£	905,782	
Amulree Complex Care & Rehab 16 Beds	31.76	£	1,120,604	31.76	£	1,120,604	ASSUME AS IS
Rannoch Complex Care (Females)	21.5	£	730,334	22.58	£	837,675	UP DUE TO SKILL MIX
Acute Admissions Ward 1 22 Beds	27.8	£	1,025,003	28.30	£	1,045,455	
Acute Admissions Ward 2 22 Beds	29.5	£	1,096,386	28.30	£	1,045,455	
Acute Admissions Ward 4 22 Beds + 4 AIS Beds		£	-	28.30	£	1,045,455	
Moredun	39.8	£	1,374,064		£	-	
Mulberry	38.39	£	1,358,256	38.39	£	1,358,256	Mulberry remaining a
IPCU 10 Beds	28.2	£	1,033,519	28.30	£	1,045,455	
Liaison/Patient transport		£	-	6.86	£	198,577	
	325.11	£	11,704,192	304.53	£	11,054,404	

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD 16 bed combined Ward BSI, LDAU, Open Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	3	10	30	210	257.25	6.86	
	6		60	420	514.5	13.72	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	735	900.38	24.01	
Untrained Staff			0	525	643.13	17.15	
	0		0	1260	1543.5	41.16	
					Check	41.16	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	22.01	740,747
	3	17.15	414,087
	2	1.00	21,559
Basic costs incl 22.5% in wtes		43.16	1,310,092
Enhancements at 18%			235,817
Total Cost			1,545,909

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,147
Sundays	Band 3	52.14	3	156.42	74%	12.35	14,294
PB Hols	Band 3	8	3	24	74%	12.35	2,193
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	3	759	37%	12.35	34,679
							226,443
					Band 3		93,764
					Band 5		132,679
							226,443	17.28%

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	10.75	32.25	225.75	276.5438	7.37	
Untrained Staff	3	10.75	32.25	225.75	276.5438	7.37	
	6		64.5	451.5	553.0875	14.75	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	855.75	1048.29	27.95	
Untrained Staff			0	603.75	739.59	19.72	
	0		0	1459.5	1787.888	47.68	
					Check	47.68	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	25.95	873,499
	3	19.72	476,200
	2	1.00	21,559
Basic costs incl 22.5% in wtes		49.68	1,504,957
Enhancements at 18%			270,892
Total Cost			1,775,850

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,683
Sundays	Band 5	52.14	3	156.42	60%	17.21	17,366
PB Hols	Band 5	8	3	24	60%	17.21	2,665
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,683
Sundays	Band 3	52.14	3	156.42	74%	12.35	15,366
PB Hols	Band 3	8	3	24	74%	12.35	2,358
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	3	759	30%	17.21	42,133
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	3	759	37%	12.35	37,280
							256,204
					Band 3		105,228
					Band 5		150,977
							256,204	17.02%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Shift hrs current

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds ***ASSUME AS IS***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	4	7.5	30	210	257.25	6.86	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	6		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	6		45	315	385.875	10.29	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	2	10	20	140	171.5	4.57	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	507.5	621.69	16.58	
Untrained Staff			0	402.5	493.06	13.15	
	0		0	910	1114.75	29.73	
					Check	29.73	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	14.58	490,634
	3	13.15	317,467
	2	1.00	21,559
Basic costs incl 22.5% in wtes		31.73	963,359
Enhancements at 18%			173,405
Total Cost			1,136,764

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	4	208.56	30%	17.21	8,077	
Sundays	Band 5	52.14	4	208.56	60%	17.21	16,154	
PB Hols	Band 5	8	4	32	60%	17.21	2,479	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360	
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720	
PB Hols	Band 3	8	3	24	74%	12.35	1,645	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,765	
Sundays	Band 3	52.14	2	104.28	74%	12.35	9,529	
PB Hols	Band 3	8	2	16	74%	12.35	1,462	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	2	506	37%	12.35	23,119	
							159,096	
					Band 3		68,418	
					Band 5		90,678	
							159,096	16.51%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	7.5	15	105	128.625	3.43	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	3		22.5	157.5	192.9375	5.15	

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	402.5	493.06	13.15
Untrained Staff			0	227.5	278.69	7.43
	0		0	630	771.75	20.58
					Check	20.58

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	11.15	375,197
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		22.58	709,894
Enhancements at 18%			127,781
Total Cost			837,675

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	4,039
Sundays	Band 5	52.14	2	104.28	60%	17.21	8,077
PB Hols	Band 5	8	2	16	60%	17.21	1,239

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770
PB Hols	Band 5	8	2	16	60%	17.21	1,652

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573
PB Hols	Band 3	8	1	8	74%	12.35	548

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	2	506	30%	17.21	26,129

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							114,486	
					Band 3		37,163	
					Band 5		77,323	
							114,486	16.13%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							149,040
					Band 3		43,072
					Band 5		105,969
							149,040

16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 2 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
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PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
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Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154	
PB Hols	Band 5	8	3	24	60%	17.21	2,479	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
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Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
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Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	3	759	30%	17.21	39,193	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							149,040	
					Band 3		43,072	
					Band 5		105,969	
							149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 4 22 Beds + 4 AIS Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
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PB Hols	Band 5	8	3	24	60%	17.21	1,859
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Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
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Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
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Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	149,040	
Band 3	43,072	
Band 5	105,969	
	149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
IPCU 10 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total		per week	plus 22.5%	/37.5	
Trained Staff	3	7.5		22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5		15	105	128.625	3.43	
	5			37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total		per week	plus 22.5%	/37.5	
Trained Staff	3	7.5		22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5		15	105	128.625	3.43	
	5			37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total		per week	plus 22.5%	/37.5	
Trained Staff	3	10		30	210	257.25	6.86	
Untrained Staff	1	10		10	70	85.75	2.29	
	4			40	280	343	9.15	
Additional Staff	staff	hours	Total		per week	plus 22.5%	/37.5	
Trained Staff	0	0		0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0		0	0	0	0.00	ie sat&sun 10 to 6
	0			0	0	0	0.00	
Totals	staff	hours	Total		per week	plus 22.5%	/37.5	
Trained Staff				0	525	643.13	17.15	
Untrained Staff				0	280	343.00	9.15	
	0			0	805	986.125	26.30	
						Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
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Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077	
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154	
PB Hols	Band 5	8	3	24	60%	17.21	2,479	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	3	759	30%	17.21	39,193	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							149,040	
					Band 3		43,072	
					Band 5		105,969	
							149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Mulberry Ward ***Assuming no change to establishment***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	10	0	0	0	0.00	
Untrained Staff	0	10	0	0	0	0.00	
	0		0	0	0	0.00	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	0	0.00	0.00	
Untrained Staff			0	0	0.00	0.00	
	0		0	0	0	0.00	
				Check		0.00	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	0.00	-
	2	0.00	-
Basic costs incl 22.5% in wtes		0.00	-
Enhancements at 18%			-
Total Cost			-

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	0	0	30%	17.21	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	0	0	37%	12.35	0
							0
				Band 3			0
				Band 5			0
							0 #DIV/0!

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Liaison Patient Transport

Shift hrs per Nursing Directorate

Early Shift		staff	hours	Total	per week	plus 22.5%	/37.5
Drivers	Band 2	0	7.5	0	0	0	0.00
Nursing	Band 3	4	7.5	30	210	257.25	6.86
		4		30	210	257.25	6.86

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	6.86	165,635
	2	0.00	-
Basic costs incl 22.5% in wtes		6.86	165,635
Enhancements			32,943
Total Cost			198,577

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 2	52.14	0	0	44%	17.21	0
Sundays	Band 2	52.14	0	0	88%	17.21	0
PB Hols	Band 2	8	0	0	88%	17.21	0

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	4	208.56	37%	17.21	9,962
Sundays	Band 3	52.14	4	208.56	74%	17.21	19,924
PB Hols	Band 3	8	4	32	74%	17.21	3,057

	32,943	
Band 3	32,943	
Band 2	0	
	32,943	19.89%

Summary - Option 5a	Current position			New position			
	WTE	Budget		WTE	Cost		
LD Combined 16 Beds	56.62	£	2,107,505	43.16	£	1,545,909	
LD Secure Forensic	25.87	£	931,675	24.30	£	905,782	
LD Open Forensic	25.67	£	926,846	24.30	£	905,782	
Amulree Complex Care & Rehab 16 Beds	31.76	£	1,120,604	31.76	£	1,120,604	LEAVE AS IS
Rannoch Complex Care (Females)	21.5	£	730,334	22.58	£	837,675	ASSUME SLIGHT UPLIFT FOR SKIL
Acute Admissions Ward 1 22 Beds	27.8	£	1,025,003	28.30	£	1,045,455	
Acute Admissions Ward 2 22 Beds	29.5	£	1,096,386	28.30	£	1,045,455	
Acute Admissions Ward 4 22 Beds + 4 AIS Beds		£	-	28.30	£	1,045,455	
Moredun	39.8	£	1,374,064	39.80	£	1,374,064	
Mulberry	38.39	£	1,358,256		£	-	
IPCU 10 Beds	28.2	£	1,033,519	28.30	£	1,045,455	
Liaison/Patient transport		£	-	6.86	£	198,577	
	325.11	£	11,704,192	305.94	£	11,070,212	

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD 16 bed combined Ward — **BSI, LDAU, Open Forensic**

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	3	10	30	210	257.25	6.86	
	6		60	420	514.5	13.72	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	735	900.38	24.01	
Untrained Staff			0	525	643.13	17.15	
	0		0	1260	1543.5	41.16	
					Check	41.16	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	22.01	740,747
	3	17.15	414,087
	2	1.00	21,559
Basic costs incl 22.5% in wtes		43.16	1,310,092
Enhancements at 18%			235,817
Total Cost			1,545,909

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,147
Sundays	Band 3	52.14	3	156.42	74%	12.35	14,294
PB Hols	Band 3	8	3	24	74%	12.35	2,193
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	3	759	37%	12.35	34,679
							226,443
					Band 3		93,764
					Band 5		132,679
							226,443 — 17.28%

Current shift patterns

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	10.75	32.25	225.75	276.5438	7.37	
Untrained Staff	3	10.75	32.25	225.75	276.5438	7.37	
	6		64.5	451.5	553.0875	14.75	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	855.75	1048.29	27.95	
Untrained Staff			0	603.75	739.59	19.72	
	0		0	1459.5	1787.888	47.68	
					Check	47.68	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	25.95	873,499
	3	19.72	476,200
	2	1.00	21,559
Basic costs incl 22.5% in wtes		49.68	1,504,957
Enhancements at 18%			270,892
Total Cost			1,775,850

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,683
Sundays	Band 5	52.14	3	156.42	60%	17.21	17,366
PB Hols	Band 5	8	3	24	60%	17.21	2,665
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,683
Sundays	Band 3	52.14	3	156.42	74%	12.35	15,366
PB Hols	Band 3	8	3	24	74%	12.35	2,358
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	3	759	30%	17.21	42,133
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	3	759	37%	12.35	37,280
							256,204
					Band 3		105,228
					Band 5		150,977
							256,204 — 17.02%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

	staff	hours	Total	per week	plus 22.5%	/37.5	
Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Current shift patterns

	staff	hours	Total	per week	plus 22.5%	/37.5	
Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			#######

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Current shift patterns

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	**staff**	**hours**	**Total**	**per week**	**plus 22.5%**	**/37.5**	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds ***ASUUME AS IS***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	10	0	0	0	0.00	
Untrained Staff	0	10	0	0	0	0.00	
	0		0	0	0	0.00	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	0	0.00	0.00	
Untrained Staff			0	0	0.00	0.00	
	0		0	0	0	0.00	
				Check		0.00	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	0.00	-
	2	0.00	-
Basic costs incl 22.5% in wtes		0.00	-
Enhancements at 18%			-
Total Cost			-

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	**Early Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	**Late Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	0	0	30%	17.21	0
Enhancem	**Night Shift**	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	0	0	37%	12.35	0

	0	
Band 3	0	
Band 5	0	
	0	#DIV/0!

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	7.5	15	105	128.625	3.43	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	3		22.5	157.5	192.9375	5.15	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	402.5	493.06	13.15	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	630	771.75	20.58	
					Check	20.58	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	11.15	375,197
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		22.58	709,894
Enhancements at 18%			127,781
Total Cost			837,675

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	4,039
Sundays	Band 5	52.14	2	104.28	60%	17.21	8,077
PB Hols	Band 5	8	2	16	60%	17.21	1,239
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770
PB Hols	Band 5	8	2	16	60%	17.21	1,652
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573
PB Hols	Band 3	8	1	8	74%	12.35	548
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	2	506	30%	17.21	26,129
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							114,486
					Band 3		37,163
					Band 5		77,323
							114,486 16.13%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds

Shift hrs per Nursing Directorate

	staff	hours	Total	per week	plus 22.5%	/37.5	
Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							149,040
					Band 3		43,072
					Band 5		105,969
							149,040 16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 2 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	10	30	210	257.25	6.86
Untrained Staff	1	10	10	70	85.75	2.29
	4		40	280	343	9.15

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	525	643.13	17.15
Untrained Staff			0	280	343.00	9.15
	0		0	805	986.125	26.30
					Check	26.30

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	149,040	
Band 3	43,072	
Band 5	105,969	
	149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 4 22 Beds + 4 AIS Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560
							149,040
					Band 3		43,072
					Band 5		105,969
							149,040 16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Moredun Ward ***Assuming no change to establishment***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	10	0	0	0	0.00	
Untrained Staff	0	10	0	0	0	0.00	
	0		0	0	0	0.00	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	0	0.00	0.00	
Untrained Staff			0	0	0.00	0.00	
	0		0	0	0	0.00	
				Check		0.00	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	0.00	-
	2	0.00	-
Basic costs incl 22.5% in wtes		0.00	-
Enhancements at 18%			-
Total Cost			-

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	0	0	30%	17.21	0
Enhanceme	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	0	0	37%	12.35	0
							0
					Band 3		0
					Band 5		0
							0 #DIV/0!

NHS TAYSIDE - Mental Health Review
Staffing restructuring
IPCU 10 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	2	7.5	15	105	128.625	3.43
	5		37.5	262.5	321.5625	8.58

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	10	30	210	257.25	6.86
Untrained Staff	1	10	10	70	85.75	2.29
	4		40	280	343	9.15

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	525	643.13	17.15
Untrained Staff			0	280	343.00	9.15
	0		0	805	986.125	26.30
					Check	26.30

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193

Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	149,040	
Band 3	43,072	
Band 5	105,969	
	149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Liaison Patient Transport

Shift hrs per Nursing Directorate

Early Shift		staff	hours	Total	per week	plus 22.5%	/37.5
Drivers	Band 2	0	7.5	0	0	0	0.00
Nursing	Band 3	4	7.5	30	210	257.25	6.86
		4		30	210	257.25	6.86

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	6.86	165,635
	2	0.00	-
Basic costs incl 22.5% in wtes		6.86	165,635
Enhancements			32,943
Total Cost			198,577

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 2	52.14	0	0	44%	17.21	0
Sundays	Band 2	52.14	0	0	88%	17.21	0
PB Hols	Band 2	8	0	0	88%	17.21	0

Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	4	208.56	37%	17.21	9,962
Sundays	Band 3	52.14	4	208.56	74%	17.21	19,924
PB Hols	Band 3	8	4	32	74%	17.21	3,057

	32,943	
Band 3	32,943	
Band 2	0	
	32,943	19.89%

Summary - Option 8a

	Current position			New position				
	WTE	Budget		WTE	Cost			
LD Combined 16 Beds	56.62	£	2,107,505	43.16	£	1,545,909		0
LD Secure Forensic	25.87	£	931,675	24.30	£	905,782		
LD Open Forensic	25.67	£	926,846	24.30	£	905,782		
Amulree Complex Care & Rehab 16 Beds	31.76	£	1,120,604	31.76	£	1,120,604	LEAVE AS IS	
Rannoch Complex Care (Females)	21.50	£	730,334	22.58	£	837,675	SLIGHT UPLIFT RE SKILL MIX	
Acute Admissions Ward 1 22 Beds Carseview	27.80	£	1,025,003	45.45	£	1,636,719		
Acute Admissions Ward 2 22 Beds Carseview	29.50	£	1,096,386		£	-		
Acute Admissions Ward 3 22 Beds Carseview		£	-		£	-		
Acute Admissions Ward 4 22 Beds + 4 AIS Beds		£	-		£	-		
Dundee		£	-	28.30	£	1,019,794	lower than current due to presumed lower level of acuity	
Moredun	39.80	£	1,374,064	34.01	£	1,227,574	lower than current due to presumed lower level of acuity	
Mulberry	38.39	£	1,358,256	34.01	£	1,227,574	lower than current due to presumed lower level of acuity	
IPCU 10 Beds	28.20	£	1,033,519	28.30	£	1,045,455		
Liaison/Patient transport		£	-	13.72	£	397,155		
	325.11	£	11,704,192	329.88	£	11,870,023		

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD 16 bed combined Ward

Shift hrs per Nursing Directorate

	staff	hours	Total	per week	plus 22.5%	/37.5	
Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	3	10	30	210	257.25	6.86	
	6		60	420	514.5	13.72	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	735	900.38	24.01	
Untrained Staff			0	525	643.13	17.15	
	0		0	1260	1543.5	41.16	
					Check	41.16	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	22.01	740,747
	3	17.15	414,087
	2	1.00	21,559
Basic costs incl 22.5% in wtes		43.16	1,310,092
Enhancements at 18%			235,817
Total Cost			1,545,909

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,147
Sundays	Band 3	52.14	3	156.42	74%	12.35	14,294
PB Hols	Band 3	8	3	24	74%	12.35	2,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	3	759	37%	12.35	34,679
							226,443
					Band 3		93,764
					Band 5		132,679
							226,443	17.28%

Current shift patterns

	staff	hours	Total	per week	plus 22.5%	/37.5	
Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	9	45	315	385.875	10.29	
Untrained Staff	3	9	27	189	231.525	6.17	
	8		72	504	617.4	16.46	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10.75	32.25	225.75	276.5438	7.37	
Untrained Staff	3	10.75	32.25	225.75	276.5438	7.37	
	6		64.5	451.5	553.0875	14.75	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	855.75	1048.29	27.95	
Untrained Staff			0	603.75	739.59	19.72	
	0		0	1459.5	1787.888	47.68	
					Check	47.68	

Basic	Band		Cost
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	25.95	873,499
	3	19.72	476,200
	2	1.00	21,559
Basic costs incl 22.5% in wtes		49.68	1,504,957
Enhancements at 18%			270,892
Total Cost			1,775,850

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	12,116
Sundays	Band 5	52.14	5	260.7	60%	17.21	24,232
PB Hols	Band 5	8	5	40	60%	17.21	3,718
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,683
Sundays	Band 5	52.14	3	156.42	60%	17.21	17,366
PB Hols	Band 5	8	3	24	60%	17.21	2,665
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	6,432
Sundays	Band 3	52.14	3	156.42	74%	12.35	12,864
PB Hols	Band 3	8	3	24	74%	12.35	1,974
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,683
Sundays	Band 3	52.14	3	156.42	74%	12.35	15,366
PB Hols	Band 3	8	3	24	74%	12.35	2,358
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	42,133
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	3	759	37%	12.35	37,280
							256,204
					Band 3		105,228
					Band 5		150,977
							256,204	17.02%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Current shift patterns

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
LD Secure Forensic

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72	
	4		30	210	257.25	6.86	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	1	10	10	70	85.75	2.29	
	3		30	210	257.25	6.86	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	227.5	278.69	7.43	
	0		0	682.5	836.0625	22.30	
					Check	22.30	

Current shift patterns

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	2	9	18	126	154.35	4.12	
	5		45	315	385.875	10.29	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	9	27	189	231.525	6.17	
Untrained Staff	1	9	9	63	77.175	2.06	
	4		36	252	308.7	8.23	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10.75	21.5	150.5	184.3625	4.92	
Untrained Staff	1	10.75	10.75	75.25	92.18125	2.46	
	3		32.25	225.75	276.5438	7.37	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	528.5	647.41	17.26	
Untrained Staff			0	264.25	323.71	8.63	
	0		0	792.75	971.1188	25.90	
					Check	25.90	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		24.30	767,612
Enhancements at 18%			138,170
Total Cost			905,782

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.26	513,721
	3	8.63	208,424
	2	1.00	21,559
Basic costs incl 22.5% in wtes		27.90	877,404
Enhancements at 18%			157,933
Total Cost			1,035,336

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787	
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573	
PB Hols	Band 3	8	1	8	74%	12.35	548	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							121,164	
					Band 3		37,163	
					Band 5		84,001	
							121,164	15.78%

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	7,269	
Sundays	Band 5	52.14	3	156.42	60%	17.21	14,539	
PB Hols	Band 5	8	3	24	60%	17.21	2,231	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,789	
Sundays	Band 5	52.14	2	104.28	60%	17.21	11,577	
PB Hols	Band 5	8	2	16	60%	17.21	1,776	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,288	
Sundays	Band 3	52.14	2	104.28	74%	12.35	8,576	
PB Hols	Band 3	8	2	16	74%	12.35	1,316	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,144	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,288	
PB Hols	Band 3	8	1	8	74%	12.35	658	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,561	
Sundays	Band 3	52.14	1	52.14	74%	12.35	5,122	
PB Hols	Band 3	8	1	8	74%	12.35	786	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	28,088	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	12,427	
							137,475	
					Band 3		42,166	
					Band 5		95,309	
							137,475	15.67%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds ***ASSUME AS IS***

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	7.5	0	0	0	0.00	
Untrained Staff	0	7.5	0	0	0	0.00	
	0		0	0	0	0.00	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	10	0	0	0	0.00	
Untrained Staff	0	10	0	0	0	0.00	
	0		0	0	0	0.00	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	0	0.00	0.00	
Untrained Staff			0	0	0.00	0.00	
	0		0	0	0	0.00	
					Check	0.00	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	0.00	-
	2	0.00	-
Basic costs incl 22.5% in wtes		0.00	-
Enhancements at 18%			-
Total Cost			-

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	0	0	30%	17.21	0
Sundays	Band 5	52.14	0	0	60%	17.21	0
PB Hols	Band 5	8	0	0	60%	17.21	0
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	0	0	37%	12.35	0
Sundays	Band 3	52.14	0	0	74%	12.35	0
PB Hols	Band 3	8	0	0	74%	12.35	0
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	0	0	30%	17.21	0
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	0	0	37%	12.35	0
							0
				Band 3			0
				Band 5			0
							0 #DIV/0!

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Amulree Complex Care & Rehab 16 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	1	7.5	7.5	52.5	64.3125	1.72
	4		30	210	257.25	6.86

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	2	7.5	15	105	128.625	3.43
Untrained Staff	2	7.5	15	105	128.625	3.43
	4		30	210	257.25	6.86

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	2	10	20	140	171.5	4.57
Untrained Staff	1	10	10	70	85.75	2.29
	3		30	210	257.25	6.86

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	402.5	493.06	13.15
Untrained Staff			0	227.5	278.69	7.43
	0		0	630	771.75	20.58
					Check	20.58

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	11.15	375,197
	3	7.43	179,438
	2	1.00	21,559
Basic costs incl 22.5% in wtes		22.58	709,894
Enhancements at 18%			127,781
Total Cost			837,675

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	2	104.28	30%	17.21	4,039
Sundays	Band 5	52.14	2	104.28	60%	17.21	8,077
PB Hols	Band 5	8	2	16	60%	17.21	1,239
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770
PB Hols	Band 5	8	2	16	60%	17.21	1,652
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	1	52.14	37%	12.35	1,787
Sundays	Band 3	52.14	1	52.14	74%	12.35	3,573
PB Hols	Band 3	8	1	8	74%	12.35	548
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765
PB Hols	Band 3	8	1	8	74%	12.35	731
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	2	506	30%	17.21	26,129
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	1	253	37%	12.35	11,560

	114,486	
Band 3	37,163	
Band 5	77,323	
	114,486	16.13%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds ****72 hour turn around****

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	5	7.5	37.5	262.5	321.5625	8.58	
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15	
	8		60	420	514.5	13.72	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	4	10	40	280	343	9.15	
Untrained Staff	3	10	30	210	257.25	6.86	
	7		70	490	600.25	16.01	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	805	986.13	26.30	
Untrained Staff			0	525	643.13	17.15	
	0		0	1330	1629.25	43.45	
					Check	43.45	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	24.30	817,704
	3	17.15	414,087
	2	1.00	21,559
Basic costs incl 22.5% in wtes		45.45	1,387,050
Enhancements at 18%			249,669
Total Cost			1,636,719

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	5	260.7	30%	17.21	10,097
Sundays	Band 5	52.14	5	260.7	60%	17.21	20,193
PB Hols	Band 5	8	5	40	60%	17.21	3,098
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	4	208.56	30%	17.21	10,770
Sundays	Band 5	52.14	4	208.56	60%	17.21	21,539
PB Hols	Band 5	8	4	32	60%	17.21	3,305
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	7,147
Sundays	Band 3	52.14	3	156.42	74%	12.35	14,294
PB Hols	Band 3	8	3	24	74%	12.35	2,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	4	1012	30%	17.21	52,258
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	3	759	37%	12.35	34,679

	248,411	
Band 3	93,764	
Band 5	154,647	
	248,411	17.91%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	2	10	20	140	171.5	4.57	
Untrained Staff	2	10	20	140	171.5	4.57	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	455	557.38	14.86	
Untrained Staff			0	350	428.75	11.43	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	12.86	432,915
	3	11.43	276,058
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	864,232
Enhancements at 18%			155,562
Total Cost			1,019,794

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	2	104.28	30%	17.21	5,385	
Sundays	Band 5	52.14	2	104.28	60%	17.21	10,770	
PB Hols	Band 5	8	2	16	60%	17.21	1,652	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,765	
Sundays	Band 3	52.14	2	104.28	74%	12.35	9,529	
PB Hols	Band 3	8	2	16	74%	12.35	1,462	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	2	506	30%	17.21	26,129	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	2	506	37%	12.35	23,119	
							146,510	
					Band 3		62,509	
					Band 5		84,001	
							146,510	16.95%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15
	6		45	315	385.875	10.29

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	4	7.5	30	210	257.25	6.86
Untrained Staff	2	7.5	15	105	128.625	3.43
	6		45	315	385.875	10.29

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	10	30	210	257.25	6.86
Untrained Staff	2	10	20	140	171.5	4.57
	5		50	350	428.75	11.43

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	577.5	707.44	18.87
Untrained Staff			0	402.5	493.06	13.15
	0		0	980	1200.5	32.01
					Check	32.01

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	16.87	567,592
	3	13.15	317,467
	2	1.00	21,559
Basic costs incl 22.5% in wtes		34.01	1,040,317
Enhancements at 18%			187,257
Total Cost			1,227,574

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	4	208.56	30%	17.21	8,077
Sundays	Band 5	52.14	4	208.56	60%	17.21	16,154
PB Hols	Band 5	8	4	32	60%	17.21	2,479
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,765
Sundays	Band 3	52.14	2	104.28	74%	12.35	9,529
PB Hols	Band 3	8	2	16	74%	12.35	1,462
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Out of hou	Band 3	253	2	506	37%	12.35	23,119

		181,064	
Band 3		68,418	
Band 5		112,646	
		181,064	17.40%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Acute Admissions Ward 1 22 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15
Untrained Staff	3	7.5	22.5	157.5	192.9375	5.15
	6		45	315	385.875	10.29

late Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	4	7.5	30	210	257.25	6.86
Untrained Staff	2	7.5	15	105	128.625	3.43
	6		45	315	385.875	10.29

Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff	3	10	30	210	257.25	6.86
Untrained Staff	2	10	20	140	171.5	4.57
	5		50	350	428.75	11.43

Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	

Totals	staff	hours	Total	per week	plus 22.5%	/37.5
Trained Staff			0	577.5	707.44	18.87
Untrained Staff			0	402.5	493.06	13.15
	0		0	980	1200.5	32.01
					Check	32.01

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	16.87	567,592
	3	13.15	317,467
	2	1.00	21,559
Basic costs incl 22.5% in wtes		34.01	1,040,317
Enhancements at 18%			187,257
Total Cost			1,227,574

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116
PB Hols	Band 5	8	3	24	60%	17.21	1,859
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	4	208.56	30%	17.21	8,077
Sundays	Band 5	52.14	4	208.56	60%	17.21	16,154
PB Hols	Band 5	8	4	32	60%	17.21	2,479
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154
PB Hols	Band 5	8	3	24	60%	17.21	2,479
Enhancem	**Early Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	3	156.42	37%	12.35	5,360
Sundays	Band 3	52.14	3	156.42	74%	12.35	10,720
PB Hols	Band 3	8	3	24	74%	12.35	1,645
Enhancem	**Late Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147
PB Hols	Band 3	8	2	16	74%	12.35	1,097
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Saturdays	Band 3	52.14	2	104.28	37%	12.35	4,765
Sundays	Band 3	52.14	2	104.28	74%	12.35	9,529
PB Hols	Band 3	8	2	16	74%	12.35	1,462
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 5	253	3	759	30%	17.21	39,193
Enhancem	**Night Shift**	**wks/days**	**staff**	**Annual**	**Enhancmt**	**hrly rate**	**total**
Out of hou	Band 3	253	2	506	37%	12.35	23,119

	181,064	
Band 3	68,418	
Band 5	112,646	
	181,064	17.40%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
IPCU 10 Beds

Shift hrs per Nursing Directorate

Early Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
late Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	7.5	22.5	157.5	192.9375	5.15	
Untrained Staff	2	7.5	15	105	128.625	3.43	
	5		37.5	262.5	321.5625	8.58	
Night Shift	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	3	10	30	210	257.25	6.86	
Untrained Staff	1	10	10	70	85.75	2.29	
	4		40	280	343	9.15	
Additional Staff	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff	0	0	0	0	0	0.00	ie mon-fri 10 to 6
Untrained Staff	0	0	0	0	0	0.00	ie sat&sun 10 to 6
	0		0	0	0	0.00	
Totals	staff	hours	Total	per week	plus 22.5%	/37.5	
Trained Staff			0	525	643.13	17.15	
Untrained Staff			0	280	343.00	9.15	
	0		0	805	986.125	26.30	
					Check	26.30	

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	1	50,426
	6	2	83,274
	5	15.15	509,873
	3	9.15	220,846
	2	1.00	21,559
Basic costs incl 22.5% in wtes		28.30	885,979
Enhancements at 18%			159,476
Total Cost			1,045,455

Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	6,058	
Sundays	Band 5	52.14	3	156.42	60%	17.21	12,116	
PB Hols	Band 5	8	3	24	60%	17.21	1,859	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 5	52.14	3	156.42	30%	17.21	8,077	
Sundays	Band 5	52.14	3	156.42	60%	17.21	16,154	
PB Hols	Band 5	8	3	24	60%	17.21	2,479	
Enhancem	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	2	104.28	37%	12.35	3,573	
Sundays	Band 3	52.14	2	104.28	74%	12.35	7,147	
PB Hols	Band 3	8	2	16	74%	12.35	1,097	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Saturdays	Band 3	52.14	1	52.14	37%	12.35	2,382	
Sundays	Band 3	52.14	1	52.14	74%	12.35	4,765	
PB Hols	Band 3	8	1	8	74%	12.35	731	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 5	253	3	759	30%	17.21	39,193	
Enhancem	Night Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total	
Out of hou	Band 3	253	1	253	37%	12.35	11,560	
							149,040	
					Band 3		43,072	
					Band 5		105,969	
							149,040	16.82%

NHS TAYSIDE - Mental Health Review
Staffing restructuring
Liaison Patient Transport

Shift hrs per Nursing Directorate

Early Shift		staff	hours	Total	per week	plus 22.5%	/37.5
Drivers	Band 2	0	7.5	0	0	0	0.00
Nursing	Band 3	8	7.5	60	420	514.5	13.72
		8		60	420	514.5	13.72

Basic	**Band**		**Cost**
Per WTE	7		50,426
	6		41,637
	5		33,655
	3		24,145
	2		21,559
Basic	Band	WTE	Cost
For Ward	7	0	-
	6	0	-
	5	0.00	-
	3	13.72	331,269
	2	0.00	-
Basic costs incl 22.5% in wtes		13.72	331,269
Enhancements			65,885
Total Cost			397,155

Enhanceme	Early Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 2	52.14	0	0	44%	17.21	0
Sundays	Band 2	52.14	0	0	88%	17.21	0
PB Hols	Band 2	8	0	0	88%	17.21	0

Enhanceme	Late Shift	wks/days	staff	Annual	Enhancmt	hrly rate	total
Saturdays	Band 3	52.14	8	417.12	37%	17.21	19,924
Sundays	Band 3	52.14	8	417.12	74%	17.21	39,848
PB Hols	Band 3	8	8	64	74%	17.21	6,114

	65,885	
Band 3	65,885	
Band 2	0	
	65,885	19.89%

gwp

1.00 Murray Royal Options

1.01 Option 3A Combined LD Ward (Moredun).

General Description of Works
Exiting Moredun Ward (30beds) to be split to accommodate 16 bed LDAU & BSI (comprising 10no LDAU beds & 6 BSI beds) and a 6 bed Open Forensic ward.

Option 3A
See Sketch layout P17-006_SK-MR-1, which shows the 16no LDAU & BSI beds utilising the top half bedrooms and support accommodation closest to the existing Dayrooms, Kitchen and Dining Areas. The 6no Open Forensic beds would be located in the bottom half of the ward, using 6no existing bedrooms and the remaining rooms used in existing configuration with en-suites isolated to provide support accommodation. Provision of a couple of new doorsets and walls erected to separate the two ward areas. An allowance has also been made for a new fence externally.

LDAU & BSI Ward

- No cost allowance.

Open Forensic Ward

- Allowance for possibly three doorsets and partition walls across corridors to separate two ward areas.
- An allowance has also been made for a new fence externally.

No Allowances have been allowed for:

- Replacement Windows
- Decoration.
- Door upgrades.
- New Floor finishes
- Removal of existing Grab rails
- Assumed that existing sanitaryware retained.
- Assumed existing fixtures & fittings retained.

January 2017 Outline Budget Cost £58,104

1.02 Crisis Suite – Rohallion

We have not provided costs for these works as it was advised at the meeting that the FM Manager would provide these costs.

2.00 Carseview Options

2.01 Option 3A

Existing LDAU Ward converted to GAP Ward - (See sketch drawing P17-006_SK-CV-1)
Exiting 22bed LDAU completely refurbished to accommodate 22no GAP beds. A budget cost for the complete ward refurbishment had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,549,566

Existing IPCU Ward - (See sketch drawing P17-006_SK-CV-2)
Exiting IPCU completely refurbished to accommodate 10no IPCU beds complete with ensuites. A budget cost for the complete ward refurbishment and extension had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,101,673

Existing Ward 1
Ward 1 was refurbished under Lifecycle works a couple of years ago, so no costs have been allowed for general fabric upgrade. The existing services infrastructure were not upgraded as part of these works. Allowance has been made for window replacement and door upgrades to the 22no existing bedrroms and ensuites only.

January 2017 Outline Budget Cost £247,250

Existing Ward 2
Exiting 22bed Ward completely refurbished including some ward infrastructure upgrades. A budget cost for the complete ward refurbishment had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,075,980

gwp

2.02 Option 4A & 5A

<u>Existing LDAU Ward converted to LDAU, BSI & Open Forensics</u>
Exiting 22bed LDAU to be reconfigured as sketch drawing P17-006_SK-CV-3 to accommodate 10no LDAU beds & 6 BSI bed and a 6 bed Open Forensic ward. The existing ward is to be completely refurbished.

A budget cost for the complete ward refurbishment and extension had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,984,516

<u>Existing IPCU Ward</u> - (See sketch drawing P17-006_SK-CV-2)
Exiting IPCU completely refurbished to accommodate 10no IPCU beds complete with ensuites. A budget cost for the complete ward refurbishment and extension had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,101,673

<u>Existing Ward 1</u>
Ward 1 was refurbished under Lifecycle works a couple of years ago, so no costs have been allowed for general fabric upgrade. The existing services infrastructure were not upgraded as part of these works. Allowance has been made for window replacement and door upgrades to the 22no existing bedrroms and ensuites only.

January 2017 Outline Budget Cost £247,250

<u>Existing Ward 2</u>
Exiting 22bed Ward completely refurbished including some ward infrastructure upgrades. A budget cost for the complete ward refurbishment had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,075,980

2.02 Option 8

Existing LDAU Ward converted to LDAU & BSI
Exiting 22bed LDAU to be reconfigured as sketch drawing P17-006_SK-CV-5 to accommodate 10no LDAU beds and 6 BSI beds. The existing ward is to be completely refurbished.

A budget cost for the complete ward refurbishment and extension had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,312,591

Existing IPCU Ward - (See sketch drawing P17-006_SK-CV-2)
Exiting IPCU completely refurbished to accommodate 10no IPCU beds complete with ensuites. A budget cost for the complete ward refurbishment and extension had been prepared previously in February 2012 by Gardiner & Theobald. We have taken this cost and allowed an inflation uplift and added window replacement and extra over for higher door specification.

January 2017 Outline Budget Cost £2,101,673

Existing Ward 2 converted to Open Forensics
Exiting 22bed Ward 2 to be reconfigured as sketch drawing P17-006_SK-CV-4 to accommodate 6no Open Forensics in one wing with the rest of ward 2 being used for offices or alternative accommodation. We have only costed the work required for Open Forensics and not allowed any costs for converting the spare accommodation to some other use.

January 2017 Outline Budget Cost £1,218,309

Existing Ward 1 & Decant Building
We have not provided costs for these works as it was advised at the meeting that the FM Manager would provide these costs.

Carseview
Ward 1

Ward 1 was refurbished under Lifecycle works a couple of years ago, so no costs have been allowed for general fabric upgrade. The existing services infrastructure were not upgraded as part of these works.

Item	Qty	Unit	Rate	Total
Current costs				
Windows	30	nr	3,000	90,000
Rate Uplift				
Bedroom doors	22	nr	3,000	66,000
Ensuite doors	22	nr	2,000	44,000
				200,000
Preliminaries			15.00%	30,000
Contingency			7.50%	17,250
Current Costs Total				**247,250**
TOTAL				**247,250**

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Carseview
Ward 2

Item	Qty	Unit	Rate	Total
Refurbishment Works - Ward, based on a complete out of existing services and reinstatment and general refurbishment up grade as per G&T Fesability Report - February 2012.	900	m2	1,300	1,170,000
Enabling works				-
External works				-
				1,170,000
Preliminaries			15.00%	175,500
Contingency			7.50%	100,913
				1,446,413
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	491,108
				1,937,520
Current costs				
Windows	30	nr	3,000	90,000
Rate Uplift				
Bedroom doors	22	nr	500	11,000
Ensuite doors	22	nr	500	11,000
				112,000
Preliminaries			15.00%	16,800
Contingency			7.50%	9,660
Current Costs Total				**138,460**
TOTAL				**2,075,980**

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LDAU & BSI		
No works required		
		-
FORENSIC		
Subdivision; Corridor doors		15,000
External fencing		32,000
		47,000
MUTUAL		
Separation of Services		
Not required		-
		-
WORKS TOTAL		**47,000**
Preliminaries	15%	7,050
Contingencies	7.5%	4,054
TOTAL		**58,104**

Carseview - Option 3A
G&T Work Zone D
Feb-12

Item	Qty	Unit	Rate	Total
Refurbishment Works - Ward 1	956	m2	1,300	1,242,800
Enabling works				99,600
External works				50,000
				1,392,400
Preliminaries			15.00%	208,860
Contingency			7.50%	120,095
				1,721,355
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	584,460
				2,305,814
Current costs				
Windows	29	nr	3,000	87,000
Rate uplift				
Bedroom doors	22	nr	500	11,000
Ensuite doors	22	nr	500	11,000
				109,000
Preliminaries			15.00%	16,350
Contingency			7.50%	9,401
Current Costs Total				**243,751**
TOTAL				**2,549,566**

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Carseview - Option 4A & 5A
G&T Work Zone D
Feb-12

Item	Qty	Unit	Rate	Total
Refurbishment Works - Ward 1	956	m2	1,300	1,242,800
Enabling works				99,600
External works				50,000
				1,392,400
Preliminaries			15.00%	208,860
Contingency			7.50%	120,095
				1,721,355
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	584,460
				2,305,814
Current costs				
Windows	29	nr	3,000	87,000
Rate Uplift				
Bedroom doors	22	nr	500	11,000
Ensuite doors	22	nr	500	11,000
				109,000
New Extension	200	m2	2,200	440,000
				549,000
Preliminaries			15.00%	82,350
Contingency			7.50%	47,351
Current Costs Total				**678,701**
TOTAL				**2,984,516**

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Carseview - IPCU
G&T Work Zone A
Feb-12

Item	Qty	Unit	Rate	Amount
New Build Extension	96	m2	2,000	192,000
Enabling works				99,600
External works				50,000
				341,600
Preliminaries			15.00%	51,240
Contingency			7.50%	29,463
				422,303
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	143,387
				565,690
Current costs				
Windows	0	nr	3,000	-
Bedroom doors	1	nr	1,000	1,000
Ensuite doors	1	nr	500	500
				1,500
Preliminaries			15.00%	225
Contingency			7.50%	129
Current Costs Total				**1,854**
Total				**567,544**

G&T Work Zone B
Feb-12

Item	Qty	Unit	Rate	Total
Refurbishment Works	550	m2	1,550	852,500
Enabling works				-
External works				-
				852,500
Preliminaries			15.00%	127,875
Contingency			7.50%	73,528
				1,053,903
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	357,837
				1,411,740
Current costs				
Windows	25	nr	3,000	75,000
Ext Doors - Double	3	nr	3,000	9,000
Ext Doors - Single	1	nr	1,500	1,500
Rate Uplift				
Bedroom doors: 1½ leaf	9	nr	1,000	9,000
Ensuite doors	9	nr	500	4,500
				99,000
Preliminaries			15.00%	14,850
Contingency			7.50%	8,539
Current Costs Total				**122,389**
Total				**1,534,129**

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Carseview - Option 8
LDAU Ward - LDAU & BSI

Refurbishment Works - Ward	900 m2	1,300	1,170,000
Enabling works			99,600
External works			50,000
			1,319,600
Preliminaries		15.00%	197,940
Contingency		7.50%	113,816
			1,631,356
Inflation to 1Q 2017			
BCIS All-in TPI		34.0%	553,902
			2,185,258
Current costs			
Windows	29 nr	3,000	87,000
Rate Uplift			
Bedroom doors	16 nr	500	8,000
Ensuite doors	16 nr	500	8,000
			103,000
Preliminaries		15.00%	15,450
Contingency		7.50%	8,884
Current Costs Total			**127,334**
TOTAL			**2,312,591**

Carseview - Option 8
Ward 2 (Open Forensics)

Refurbishment Works - Ward	425	m2	1,300	552,500
Enabling works				99,600
External works				50,000
				702,100
Preliminaries			15.00%	105,315
Contingency			7.50%	60,556
				867,971
Inflation to 1Q 2017				
BCIS All-in TPI			34.0%	294,706
				1,162,678
Current costs				
Windows	13	nr	3,000	39,000
Rate Uplift				
Bedroom doors	6	nr	500	3,000
Ensuite doors	6	nr	500	3,000
				45,000
Preliminaries			15.00%	6,750
Contingency			7.50%	3,881
Current Costs Total				**55,631**
TOTAL				**1,218,309**

Series:	BCIS All-in TPI			BCIS General Building Cost Index		BCIS Regional TPI: Scotland		
Series number:	101		quarterly	1111	monthly	275		quarterly
Base:	1985 mean = 100			1985 mean = 100		2010 mean = 100		
Last updated:	20-Jan-2017			23-Jan-2017		20-Jan-2017		
Notes:						Derived index based on BCIS Tender Price Studies		
Downloaded:	23-Jan-2017 15:38							
Date	Index	Status	Sample	Index	Status	Index	Status	Equiv. Sample
Jan-2011				300.4	Firm			
Feb-2011	219		45	302.0	Firm	100		70
Mar-2011				303.2	Firm			
Apr-2011				304.2	Firm			
May-2011	223		33	305.5	Firm	105		68
Jun-2011				306.3	Firm			
Jul-2011				307.5	Firm			
Aug-2011	220		33	307.9	Firm	104		67
Sep-2011				309.3	Firm			
Oct-2011				309.2	Firm			
Nov-2011	223		38	308.9	Firm	103		65
Dec-2011				308.5	Firm			
Jan-2012				308.5	Firm			
Feb-2012	215		42	309.5	Firm	101		61
Mar-2012				310.5	Firm			
Apr-2012				310.6	Firm			
May-2012	230		30	310.1	Firm	104		57
Jun-2012				309.7	Firm			
Jul-2012				309.8	Firm			
Aug-2012	223		33	309.7	Firm	102		55
Sep-2012				309.8	Firm			

Series:	BCIS All-in TPI		BCIS General Building Cost Index		BCIS Regional TPI: Scotland	
Series number:	101	quarterly	1111	monthly	275	quarterly
Oct-2012			309.8	Firm		
Nov-2012	224	36	310.9	Firm	104	53
Dec-2012			310.4	Firm		
Jan-2013			313.0	Firm		
Feb-2013	234	36	314.0	Firm	106	50
Mar-2013			314.2	Firm		
Apr-2013			314.5	Firm		
May-2013	236	31	314.5	Firm	111	46
Jun-2013			313.9	Firm		
Jul-2013			313.6	Firm		
Aug-2013	232	32	313.4	Firm	110	42
Sep-2013			313.3	Firm		
Oct-2013			313.5	Firm		
Nov-2013	239	37	313.7	Firm	114	39
Dec-2013			313.8	Firm		
Jan-2014			314.9	Firm		
Feb-2014	247	37	315.7	Firm	117	36
Mar-2014			316.3	Firm		
Apr-2014			316.0	Firm		
May-2014	259	39	316.2	Firm	118	34
Jun-2014			316.4	Firm		
Jul-2014			319.1	Revised		
Aug-2014	257	32	319.1	Firm	126	32
Sep-2014			319.2	Firm		
Oct-2014			319.2	Firm		
Nov-2014	259	31	319.1	Firm	124	30
Dec-2014			318.5	Firm		
Jan-2015			318.0	Firm		
Feb-2015	269	29	318.3	Firm	130	27

Series:	BCIS All-in TPI			BCIS General Building Cost Index			BCIS Regional TPI: Scotland	
Series number:	101		quarterly	1111		monthly	275	quarterly
Mar-2015				318.0	Firm			
Apr-2015				319.2	Firm			
May-2015	280	Forecast	19	319.3	Firm		132	25
Jun-2015				318.8	Firm			
Jul-2015				321.2	Firm			
Aug-2015	271		25	320.4	Firm		123	23
Sep-2015				320.1	Firm			
Oct-2015				320.1	Firm			
Nov-2015	271	Forecast	15	319.5	Firm		120	20
Dec-2015				318.6	Firm			
Jan-2016				318.6	Firm			
Feb-2016	276		21	319.5	Firm		125	18
Mar-2016				319.6	Firm			
Apr-2016				320.3	Firm			
May-2016	288		20	321.5	Firm		130	15
Jun-2016				322.7	Firm			
Jul-2016				322.9	Firm			
Aug-2016	285	Forecast	7	326.8	Firm		131	11
Sep-2016				327.3	Firm			
Oct-2016				328.4	Provisional			
Nov-2016	286	Forecast	5	329.4	Provisional		117	9
Dec-2016				329.3	Provisional			
Jan-2017				330.8	Forecast		Say	
Feb-2017	288	Forecast		331.8	Forecast		132	
Mar-2017				332.6	Forecast			
Apr-2017				334.0	Forecast			
May-2017	289	Forecast		335.0	Forecast			
Jun-2017				335.1	Forecast			
Jul-2017				338.6	Forecast			

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Appendix Eight

Financial Analysis and Scoring

Mental Health Service Redesign Transformation Programme
Financial Options Appraisal

Key Criteria	Weighting	Equal Weighting
	%	%
1. Option is affordable within existing revenue budgets	38	20
2. Option allows cost pressure reduction/recurring savings	42	20
3. Option requires Capital Investment/cash prepayment	5	20
4. Option requires Non recurring bridging resource	5	20
5. Option allows for potential site disposal/capital receipt	10	20

GAP	Score 0 to 10	Weighted Score	Equal Weighting	GAP	Score 0 to 10	Weighted Score	Equal Weighting
Option 1 - Do Nothing				**Option 3A**			
Current GAP services remain on Mulberry, Carseview and Murray Royal - No change				Single site for GAP Acute Admission impatient beds provided with IPCU inpatient beds with four wards provided on the Carseview site in Dundee and the Rehabilitation & Complex Care inpatient beds provided at Murray Royal in Perth			
Criteria One				Criteria One			
Option is not affordable within current budget limits - current cost pressures exist within Nursing (supplementary staffing costs across Tayside), no ecomomies of scale achievable from ability to cross cover, services remain across disperate sites. Continued reliance on Locum cover for both Senior and Junior Medical across Tayside. Current under utilisation of wards within Carseview site and Rohallion inpatient beds.	2	76	40	Option is affordable within current budget limits - current cost pressures within Acute admission inpatient beds would reduce through ecomomies of scale achievable from having four acute wards on one site, this would also allow for increased ability to cross cover services, staff training, recruitment an dretention of staff. Also potential to review inpatient management reqiurements for GAP if majority of inpatient beds provided from a single site. Carseview site would become fully utilised, Murray Royal site would become fully utilised and a further Option appraisal would be required to optimise use of vacated Mulberry ward	8	304	160
Criteria Two				Criteria Two			
Option does not allow for any cost pressure reduction/recurring savings. inpatient service significantly overspent on current level of resources. Current cost pressures within inpatient services will remain and are forecast to further increase as more of the current workforce retires over the next 5 years and current issues relating to recruitmane and retention of workforce. Continued reliance on Locum cover for both Senior and Junior Medical across Tayside	1	42	20	Option would allow for a cost pressure reduction/recurring savings through economies of scale achievable from four wards provided on a single site. Level of reinvestment required to support additional community/home treatment services to support people in own homes required recurrently. Additional Uintary Charge payment which covers the building running costs at Carseview and increased utilities costs associated with opening of cuurently empty ward two area.	7	294	140
Criteria Three				Criteria Three			
Option will require capital investment of £250k to allow permanent retention of the decant building at Carseview to meet planning consent conditions agreed at time of building.	5	25	100	Option will require capital investment of £250k to allow permanent retention of the decant building at Carseview to meet planning consent conditions agreed at time of building. Option will require use of cash prepayment allocation to refurbish Carseview site for GAP admission wards. Option will require revenue investment for any amendments to Murray Royal site Rohallion clinic and to the Moredun ward at Murray Royal to allow for Leranig Disability relocation. These revenue refurbishment costs will be pursued against DEL allocations from SG.	2	10	40
Criteria Four				Criteria Four			
Option will require non recurring bridging resource to make amendments to all mental health sites (NPD/PFI sites) to improve patient safety issues inline with Health & Safety Executive recommendations	8	40	160	Option will require non recurring bridging resource to make amendments to all mental health sites (NPD/PFI sites) to improve patient safety issues inline with Health & Safety Executive recommendations. Option will require non recurring bridging resource to assist relocation of Mulberry and Moredun staffing transfer- assumption % staff will be unable to relocate to Carseview on permanent basis. Potential temporary level of staffing required to support cross cover of neighbouring services such as Psychiatry of Old Age service until a further OA exercise is undertaken and an alternative service occupies vacated area. Excess Travel/travel time, removal expenses etc	3	15	60
Criteria Five				Criteria Five			
Option will not allow for any capital receipt as all buildings will remain in situ.	0	0	0	Option has will allow for capital receipt from closure of Strathmartine site and has potential to allow for a capital receipt dependant on further option appraisal exercise to determine occupation of vacated Mulberry ward at Susan Carnegie Centre in Angus.	8	80	160
		183	320			703	560
		4	4			1	1

GAP	Score 0 to 10	Weighted Score	Equal Weighting	GAP	Score 0 to 10	Weighted Score	Equal Weighting
Option 4A				**Option 5A**			
Two site solution for GAP Acute Admission inpatient beds with three wards provided with the IPCU in Carseview and a single ward in the Susan Carnegie Clinic (Mulberry ward), Rehabilitation & Complex Care inpatient beds remaining at Murray Royal in Perth				Two site solution for GAP Acute Admission inpatient beds with three wards provided with the IPCU in Carseview and a single ward in Murray Royal (Moredun ward), Rehabilitation & Complex Care inptient beds remaining at Murray Royal			
Criteria One				Criteria One			
Option is not affordable within current budget limits - current cost pressures within Acute admission inpatient wards could reduce slightly through ecomomies of scale achievable from three acute wards on Carseview site, however option will still require medical and junior doctor cover over three sites at premium locum costs which would offset any savings achieved	4	152	80	Option is affordable within current budget limits - current cost pressures within Acute admission inpatient beds would reduce through ecomomies of scale achievable from three acute wards on Carseview site, and relocation of isolated ward from Angus which currently requires additoinal cover. This option would still require medical and junior doctor cover over two sites at premium locum costs and continue to incur higher staffing level requirements at Moredun ward to manage environment/observation levels	6	228	120
Criteria Two				Criteria Two			
Option would allow for some cost pressure reduction/recurring savings through economies of scale achievable from three wards on Carseview site however this would continue to be offest by continued requrement for use of locums for both junior and senior medical cover for 3 sites plus the additional investment required in Perth community/home treatment to support the relocation of Moredun ward from Perth to Dundee	3	126	60	Option would allow for some cost pressure reduction/recurring savings through economies of scale achievable from three wards on Carseview site however this would continue to be offset by continued requrement for use of locums for both junior and senior medical cover for 2 sites plus additional investment required in Angus community/home treatment for relocation of Mulberry ward from Angus to Dundee	5	210	100
Criteria Three				Criteria Three			
Option will require capital investment of £250k to allow permanent retention of the decant building at Carseview to meet planning consent conditions agreed at time of building. Option will require use of cash prepayment to allow refurbishment and extension to provide GAP Acute admission wards and combined LD ward . Option will require revenue investment for any amendments to Rohallion clinic at Murray Royal to allow for Learning Disability relocation. These revenue refurbishment costs will be pursued against DEL allocations from SG.	3	15	60	Option will require capital investment of £250k to allow permanent retention of the decant building at Carseview to meet planning consent conditions agreed at time of building. Option will require use of cash prepayment to allow refurbishment and extension to provide GAP Acute admission wards and combined LD ward . Option will require revenue investment for any amendments to Rohallion clinic at Murray Royal to allow for Learning Disability relocation. These revenue refurbishment costs will be pursued against DEL allocations from SG.	3	15	60
Criteria Four				Criteria Four			
Option will require non recurring bridging resource to make amendments to NPD builds to improve patient safety issues . Option will require non recurring bridging resource to assist relocation of Moredun staffing transfer- assumption % staff will be unable to relocate to Carseview on permanent basis plus potential temporary level of support to existing Murray Royal services for cross cover until vacated area utilised by LD. Excess Travel/travel time, removal expenses etc	4	20	80	Option will require non recurring bridging resource to make amendments to NPD builds to improve patient safety issues . Option will require non recurring bridging resource to assist relocation of Mulberry ward staffing transfer- assumption % staff will be unable to relocate to Carseview on permanent basis plus potential temporary level of support to existing Psychiatry of Old Age services for cross cover until vacated area utilised by alternative service (subject to further OA). Excess Travel/travel time, removal expenses etc	4	20	80
Criteria Five				Criteria Five			
Option has will allow for capital receipt from closure of Strathmartine site and has potential to allow for a capital receipt dependant on further option appraisal exercise to determine occupation of vacated Moredun ward at Murray Royal Hospital in Perth.	6	60	120	Option has will allow for capital receipt from closure of Strathmartine site and has potential to allow for a capital receipt dependant on further option appraisal exercise to determine occupation of vacated Mulberry ward at Susan Carnegie Centre in Angus.	8	80	160
		373	400			553	520
		3	3			2	2

GAP	Score 0 to 10	Weighted Score	Equal Weighting
Option 8A			
Single site solution for GAP Acute Admissions inpatient beds with the IPCU on Carseview site with (3 site solution) for step down/treatment wards, one in each locality at Carseview, Susan Carnegie Centre and Murray Royal Hospital.			
Criteria One			
Option is not affordable within current budget limits - current cost pressures within Acute admission inpatient beds would remain, no ecomomies of scale would be achievable from having three treatment/step down wards over three sites however would not require as intensive staffing models fro step down which would be offset by an increased requirement for the single acute ward. Continued requirement for junior and senior medical cover for 3 sites at a premium locum cost.	2	76	40
Criteria Two			
Option does not allow for any cost pressure reduction/recurring savings as inpatient services would remain overspent on current resources, isolation of ward in Angus would remain with requirement for continued supplementary costs, which would increase for further retirements over next 5 years and projected inability to recruit/retain workforce. Continued reliance on Locum cover for both Senior and Junior Medical across Tayside at premium cost. Option will require additional investment to cover escort and transfer of patients between acute admission and step down/treatment wards	1	42	20
Criteria Three			
Option will require capital investment of £250k to allow permanent retention of the decant building at Carseview to meet planning consent conditions agreed at time of building. Option will require use of cash prepayment to allow refurbishment and extension to provide GAP Acute admission wards and combined LD ward and separate LD open forensic ward . Option will require revenue investment for any amendments to Rohallion clinic at Murray Royal to allow for Learning Disability relocation. These revenue refurbishment costs will be pursued against DEL allocations from SG.	4	20	80
Criteria Four			
Option will require non recurring bridging resource to make amendments to all mental health sites (NPD/PFI sites) to improve patient safety issues inline with Health & Safety Executive recommendations	8	40	160
Criteria Five			
Option will not allow for any capital receipt as all buildings will remain in situ.	0	0	0
		178	300
		5	5

Mental Health Service Redesign Transformation Programme
Financial Options Appraisal

Key Criteria	Weighting	Equal Weighting
	%	%
1. Option is affordable within existing revenue budgets	38	20
2. Option allows cost pressure reduction/recurring savings	42	20
3. Option requires Capital Investment	5	20
4. Option requires Non recurring bridging resource	5	20
5. Option allows site disposal/capital receipt	10	20

Learning Disabilities	**Score 0 to 10**	**Weighted Score**	**Equal Weighting**	**Learning Disabilities**	**Score 0 to 10**	**Weighted Score**	**Equal Weighting**
Option 1 - Do Nothing				**Option 3A**			
Do nothing - leave existing services at Carseview and Strathmartine sites				Relocate all Learning Disability services from Carseview and Strathmartine to Murray Royal - Combined LDAU & BSI with separate Open forensic area within refurbished Moredun Ward at Murray Royal and Locked Forensic in Rohallion Clinic at Murray Royal			
Criteria One				Criteria One			
Option is not affordable within current budget limits - current cost pressures exist within nursing budgets (significant supplementary staffing costs across both sites), no ecomomies of scale achievable from cross cover across two sites. Continued reliance on Locum cover for both Senior and Junior Medical across Tayside at premium cost	2	76	40	Option is affordable within current budget limits - current cost pressures within LD though isolation of single ward area at Carseview and compromised environments at Strathmartine would be removed. Economies of scale from all provision of all LD services together on single Murray Royal site, reduced cost of Low secure LD Forensic beds provided from improved environment (reduced obs etc) in new Rohallion Clinic building at Murray Royal, Reduced reliance on Locum cover for both Senior and Junior Medical across Tayside therefore associated cost pressure reduction	8	304	160
Criteria Two				**Criteria Two**			
Option does not allow for any cost pressure reduction/recurring savings - overspend on current resources and current cost pressures will remain and forecast to increase due to potential retirements over next 5 years up to 50% in some areas of LD coupled with inability to recruit /retain workforce. Continued reliance on Locum cover for both Senior and Junior Medical across Tayside	1	42	20	Option would allow for significant cost pressure reduction/recurring savings from co-location of all LD services on Murray Royal site. Reduced reliance on Locum cover for both Senior and Junior Medical across Tayside. Recurring revenue from reduction of Low secure Forensic ward could be used to offset additional investment required to provide additional support in Angus and Dundee. Recurring revenue available from operations directorate through site closure savings at Strathmartine. Vacated LDAU ward on Carseview would become available for utilisation as single site for GAP services. Rohallion Clinic would be fully utilised. Moredun ward could accomodate all LD services within significantly improved environment.	8	336	160
Criteria Three				**Criteria Three**			
Option will require capital investment to address significant backlog maintentance associated with Strathmartine site.	5	25	100	Option would not require capital investment but will require non recurring revenue invstement for minor refurbishment of Moredun ward to accommodate split of LD beds to provide separation between BSI/LDAU and Open forensic inpatient beds. Minor refurbishment also required for remaining low secure wards to create crisis suite by separating off two bedrooms from other areas. These revenue refurbishment costs will be pursued against DEL allocations from SG.	8	40	160
Criteria Four				**Criteria Four**			
Option will not require non recurring bridging resource as no planned changes	10	50	200	Option will require non recurring bridging resource to assist relocation to Murray Royal - assumption only % staff will be unable to relocate to Murray Royal. Excess Travel, removal expenses etc	5	25	100
Criteria Five				Criteria Five			
Option will not allow for any capital receipt as all buildings remain in situ.	0	0	0	Option would allow for potential capital receipt from potential closure of the Strathmartine site	8	80	160
		193	360			785	740
		5	5			1	1

Learning Disabilities	**Score 0 to 10**	**Weighted Score**	**Equal Weighting**	**Learning Disabilities**	**Score 0 to 10**	**Weighted Score**	**Equal Weighting**
Option 4A				**Option 5A**			
Refurbish current LDAU ward in Carseview to accommodate combined LDAU & BSI with Open Forensic separate area and relocate Locked LD Forensic inpatient beds from Strathmartine to Rohallion Clinic at Murray Royal				Refurbish current LDAU ward in Carseview to accommodate combined LDAU & BSI with Open Forensic separate area and relocate Locked LD Forensic inpatient beds from Strathmartine to Rohallion Clinic at Murray Royal			
Criteria One				Criteria One			
Option is affordable within current budget limits - current cost pressures within LD though isolation of single ward area at Carseview and compromised environments at Strathmartine would be reduced from having a combined ward on the Carseview site however option still has separation of services across 2 sites. Some reduction in cost of Low secure LD Forensic beds provided from improved environment (reduced obs etc) in new Rohallion Clinic at Murray Royal, some reduction in reliance on Locum cover for both Senior and Junior Medical across Tayside therefore associated cost pressure reduction .	6	228	120	Option is affordable within current budget limits - current cost pressures within LD though isolation of single ward area at Carseview and compromised environments at Strathmartine would be reduced from having a combined ward on the Carseview site however option still has separation of services across 2 sites. Some reduction in cost of Low secure LD Forensic beds provided from improved environment (reduced obs etc) in new Rohallion Clinic at Murray Royal, some reduction in reliance on Locum cover for both Senior and Junior Medical across Tayside therefore associated cost pressure reduction .	6	228	120
Criteria Two				**Criteria Two**			
Option would allow for cost pressure reduction/recurring savings from co-location of all LDAU and BSI and open forensic services into single LDAU ward on the Carseview site. Reduction in reliance on Locum cover for both Senior and Junior Medical across 2 sites for Tayside. Recurring revenue from reduction of Low secure Forensic ward. Recurring revenue available from operations directorate through site closure savings at Strathmartine. Rohallion Clinic would be fully utilised. Option still has separation of LD services across 2 sites.	6	252	120	Option would allow for cost pressure reduction/recurring savings from co-location of all LDAU and BSI and open forensic services into single LDAU ward on the Carseview site. Reduction in reliance on Locum cover for both Senior and Junior Medical across 2 sites for Tayside. Recurring revenue from reduction of Low secure Forensic ward. Recurring revenue available from operations directorate through site closure savings at Strathmartine. Rohallion Clinic would be fully utilised. Option still has separation of LD services across 2 sites.	6	252	120
Criteria Three				**Criteria Three**			
Option would not require capital investment but will require cash prepayment funding for significant refurbishment of Carseview LDAU ward to accommodate split of services to provide separation between BSI/LDAU and Open forensic patient group. Non recurring revenue invstement for minor refurbishment required for remaining low secure wards to create crisis suite by separating off two bedrooms from other areas. This revenue refurbishment costs will be pursued against DEL allocations from SG.	6	30	120	Option would not require capital investment but will require cash prepayment funding for significant refurbishment of Carseview LDAU ward to accommodate split of services to provide separation between BSI/LDAU and Open forensic patient group. Non recurring revenue invstement for minor refurbishment required for remaining low secure wards to create crisis suite by separating off two bedrooms from other areas. This revenue refurbishment costs will be pursued against DEL allocations from SG.	6	30	120
Criteria Four				**Criteria Four**			
Option will require increased non recurring bridging resource to assist relocation of forensic LD beds to Murray Royal - assumption % staff will be unable to relocate to Murray Royal. Excess travel, removal expenses etc	7	35	140	Option will require increased non recurring bridging resource to assist relocation of forensic LD beds to Murray Royal - assumption % staff will be unable to relocate to Murray Royal. Excess travel, removal expenses etc	7	35	140
Criteria Five				Criteria Five			
Option would allow for potential capital receipt from potential closure of the Strathmartine site	8	80	160	Option would allow for potential capital receipt from potential closure of the Strathmartine site	8	80	160
		625	660			625	660
		2	2			2	2

Learning Disabilities	Score 0 to 10	Weighted Score	Equal Weighting
Option 8A			
Refurbish current LDAU ward in Carseview to accommodate combined LDAU & BSI and refurbish Ward Two on Carseview for separate Open Forensic LD inpatient ward and relocate Locked LD Forensic inpatient beds from Strathmartine to Rohallion Clinic at Murray Royal			
Criteria One			
Option is affordable within current budget limits - current cost pressures within LD though isolation of single ward area at Carseview and compromised environments at Strathmartine would be reduced from having a combined ward on the Carseview site however option still has separation of services across 2 sites. Some reduction in cost of Low secure LD Forensic beds provided from improved environment (reduced obs etc) in new Rohallion Clinic at Murray Royal, some reduction in reliance on Locum cover for both Senior and Junior Medical across Tayside therefore associated cost pressure reduction .	6	228	120
Criteria Two			
Option would allow for cost pressure reduction/recurring savings from co-location of all LDAU and BSI into the LDAU and open forensic services into ward Two on the Carseview site. Reduction in reliance on Locum cover for both Senior and Junior Medical across 2 sites for Tayside. Recurring revenue from reduction of Low secure Forensic ward. Recurring revenue available from operations directorate through site closure savings at Strathmartine. Rohallion Clinic would be fully utilised. Option still has separation of LD services across 2 sites.	6	252	120
Criteria Three			
Option would not require capital investment but will require cash prepayment funding for significant refurbishment of Carseview LDAU ward to accommodate BSI/LDAU inpatient beds plus major refurbishmenr of Ward Two to accomodate 6 to 8 Open forensic LD inpatient beds. Non recurring revenue invstement for minor refurbishment required for remaining low secure wards to create crisis suite by separating off two bedrooms from other areas. This revenue refurbishment costs will be pursued against DEL allocations from SG.	4	20	80
Criteria Four			
Option will require increased non recurring bridging resource to assist relocation of forensic LD beds to Murray Royal - assumption % staff will be unable to relocate to Murray Royal. Excess travel, removal expenses etc	7	35	140
Criteria Five			
Option would allow for potential capital receipt from potential closure of the Strathmartine site	8	80	160
		615	620
		4	4

Appendix Nine

Initial Design Work / Site Plans / Drawings

MOREDUN WARD

OCCUPATIONAL THERAPY & PHYSIOTHERAPY

MEDICAL RECORDS DEPARTMENT

LEGEND:

REFURBISHMENT

COMPLETE WARD TO BE REFURBISHED
TO ACCOMMODATE GAP.
AREA CIRCA: 900sqm

Double Bedroom

Double Bedroom

Dining Room

Bedroom

MEDICAL ON CALL SUITE

CARSEVIEW HOSPITAL
LDAU WARD CONVERTED TO GAP
NHS TAYSIDE

OPTION 3A
GAP ACCOMMODATION CONFIGURATION

Date:	Scale:	Project Drawing No:
23.7.2017	1:200 @ A3	P17-006_SK_CV_1
	Drawn by: PK	

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LEGEND:

REFURBISHMENT

EXTENSION

CARSEVIEW HOSPITAL
IPCU WARD
NHS TAYSIDE

OPTION 3A, 4A & 8
POSSIBLE IPCU ACCOMMODATION CONFIGURATION

23.01.2017
1:200 @A3
P17-006_SK_CV_2

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LEGEND:

REFURBISHMENT

OCCUPATIONAL THERAPY & PHYSIOTHERAPY

MEDICAL RECORDS DEPARTMENT

MEDICAL ON CALL SUITE

COMPLETE WARD TO BE REFURBISHED TO ACCOMMODATE GAP, AREA CIRCA: 900sqm

CARSEVIEW HOSPITAL
LDAU WARD CONVERTED TO GAP
NHS TAYSIDE

OPTION 3A
GAP ACCOMMODATION CONFIGURATION

23.01.2017 | 1:200 @ A3 | P17-006_SK_GV_1 | PK

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LEGEND:

REFURBISHMENT (OPEN FORENSICS)

REFURBISHMENT (LDAU)

EXTENSION (BSI)

EXISTING WARD ACCESS

NEW WARD ENTRANCE

PARTIAL REMODELING AND COMPLETE REFURBISHMENT OF AREA TO ACCOMMODATE 10NO LDAU BEDS AND ASSOCIATED SUPPORT ACCOMMODATION. AREA CIRCA: 485sqm

ALLOWANCE FOR SUB-DIVISION OF COURTYARD

PARTIAL REMODELING AND COMPLETE REFURBISHMENT OF AREA TO ACCOMMODATE 5NO OPEN FORENSIC BEDS AND ASSOCIATED SUPPORT ACCOMMODATION. AREA CIRCA: 415sqm

NEW BUILD EXTENSION TO ACCOMMODATE 6NO BSI BEDS. SUPPORT ACCOMMODATION SHARED WITH LDAU AREAS CIRCA: 210sqm

TREATMENT

REMODELLED TO PROVIDE STAFF CHANGING & TOILETS

SCN OFFICE

REMODELED SPACE TO PROVIDE ASSISTED BATHROOM, LAUNDRY, DISPOSAL, LINEN & DSR

KITCHEN

DINING ROOM

DAYROOM

LDAU BEDROOM & ENSUITE 1

LDAU BEDROOM & ENSUITE 2

LDAU BEDROOM & ENSUITE 3

LDAU BEDROOM & ENSUITE 4

LDAU BEDROOM & ENSUITE 5

LDAU BEDROOM & ENSUITE 6

LDAU BEDROOM & ENSUITE 7

LDAU BEDROOM & ENSUITE 8

LDAU BEDROOM & ENSUITE 9

LDAU BEDROOM & ENSUITE 10

TREATMENT ROOM 1

LAUNDRY ROOM 2

DISPOSAL

DINING ROOM

KITCHEN

SCN OFFICE

ASSISTED BATHROOM

DAYROOM

BEDROOM & ENSUITE 1

BEDROOM & ENSUITE 2

BEDROOM & ENSUITE 3

BEDROOM & ENSUITE 4

BEDROOM & ENSUITE 5

MEDICAL ON CALL SUITE

BSI BED & ENSUITE 1

BSI BED & ENSUITE 2

BSI BED & ENSUITE 3

BSI BED & ENSUITE 4

BSI BED & ENSUITE 5

BSI BED & ENSUITE 6

CARSEVIEW HOSPITAL
LDAU WARD CONVERTED AND EXTENDED TO ACCOMMODATE LDAU, BSI & OPEN FORENSICS
NHS TAYSIDE

OPTION 4A & 5A
LDAU, BSI & OPEN FORENSICS ACCOMMODATION CONFIGURATION

Date	Scale	Drawing No.
23.01.2017	1:200 @ A3	P17-006_SK_CV_3
Issue: -	Drawn By: PK	

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LEGEND:

REFURBISHMENT
(OPEN FORENSICS)

ENTRANCE

TREATMENT ROOM

CONSULTING INTERVIEW ROOM

NEW WARD ENTRANCE

ASSISTED BATHROOM

DAYROOM

BEDROOM & ENSUITE 6

BEDROOM & ENSUITE 5

BEDROOM & ENSUITE 4

BEDROOM & ENSUITE 3

BEDROOM & ENSUITE 1

BEDROOM & ENSUITE 2

PARTIAL REMODELING AND COMPLETE REFURBISHMENT OF AREA TO ACCOMMODATE 6NO OPEN FORENSIC BEDS AND ASSOCIATED SUPPORT ACCOMMODATION.
AREA CIRCA: 425sqm

ALLOWANCE FOR SUB-DIVISION OF COURTYARD

REMAINDER OF WARD 2 TO BE UTILISED FOR SOMETHING ELSE, NHS TAYSIDE TO ADVISE.
AREA CIRCA: 485sqm

NO COSTS PROVIDED FOR THIS AREA.

CARSEVIEW HOSPITAL
WARD 2 CONVERTED TO ACCOMMODATE OPEN FORENSICS
NHS TAYSIDE

OPTION 8
OPEN FORENSICS ACCOMMODATION CONFIGURATION

23.01.2017

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OCCUPATIONAL THERAPY & PHYSIOTHERAPY

MEDICAL RECORDS DEPARTMENT

EXCESS SPACE, INCLUDED IN REFURBISHMENT COST ALLOWANCE.

COMPLETE WARD TO BE REFURBISHED TO ACCOMMODATE LDAU & BSI. AREA CIRCA: 900sqm

LDAU BEDROOM & ENSUITE 1

LDAU BEDROOM & ENSUITE 2

LDAU BEDROOM & ENSUITE 3

LDAU BEDROOM & ENSUITE 4

LDAU BEDROOM & ENSUITE 5

LDAU BEDROOM & ENSUITE 6

LDAU BEDROOM & ENSUITE 7

LDAU BEDROOM & ENSUITE 8

LDAU BEDROOM & ENSUITE 9

LDAU BEDROOM & ENSUITE 10

BSI BED & ENSUITE 1

BSI BED & ENSUITE 2

BSI BED & ENSUITE 3

BSI BED & ENSUITE 4

BSI BED & ENSUITE 5

BSI BED & ENSUITE 6

EXCESS SPACE, INCLUDED IN REFURBISHMENT COST ALLOWANCE.

CARSEVIEW HOSPITAL
LDAU WARD CONVERTED TO ACCOMMODATE LDAU & BSI
NHS TAYSIDE

OPTION 8
LDAU & BSI ACCOMMODATION CONFIGURATION

23.01.2017 | 1:200 @ A3 | P17-006_SK_CV_5

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Appendix Ten

Supporting Information

10.1

Extract from “A Profile of Mental Health in Tayside”

2. Population

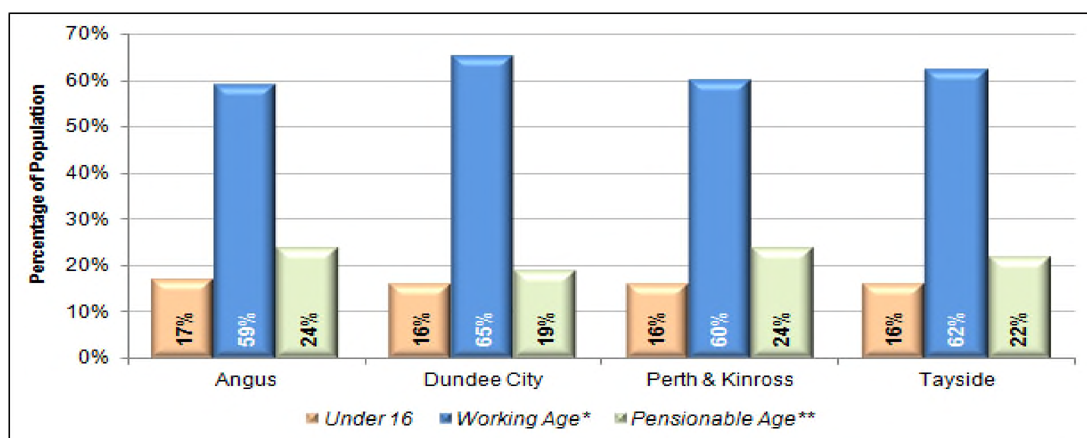
2.1 Demographics

The distribution and attributes of a population is an important factor in tackling health issues, allowing the identification of important target groups. Many conditions and health related behaviours are associated with demographic characteristics such as age and gender.

The estimated population of Tayside on 30th June 2015 was 415,040, an increase of 1,240 (0.3%) from 2014. Similar in proportions to previous years, 48.6% of the population were males and 51.4% females.

Tayside's population is distributed across three local administrative areas, in 2015 there were 116,900 residents [28.2% of the Tayside population] in Angus, 148,210 in Dundee [35.7%] and 149,930 in Perth and Kinross [36.1%]. Figure 1 displays the age structure of the Tayside population and its three administrative areas for 2015.

Figure 1. Age Structure of the Tayside Resident Population, as at 30th June 2015



Source: National Records of Scotland (NRS) Mid Year Populations Estimates (MYPE), June 30th 2015

Notes:
** Working age at 30 June 2015 was defined as men aged 16 to 64 and women aged 16 to approximately 62 years and 237 days*
*** Pensionable age at 30 June 2015 was 65 for men and approximately 62 years and 238 days for women*

The proportions in each age category across Tayside and its administrative areas are relatively similar. However, Dundee City has a higher proportion of the population who are of working age and a lower proportion of those who are pensionable in comparison to its Tayside counterparts.

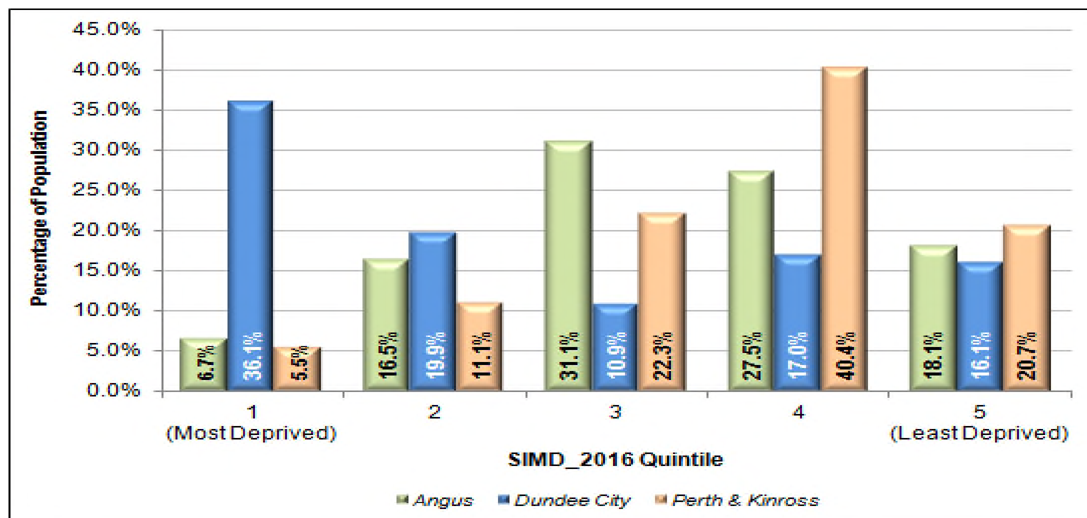
2.4 Deprivation

The "Scottish Index of Multiple Deprivation" (SIMD[1]) is an area-based measure of deprivation, identifying small area concentrations of multiple deprivation in a comparative manner. It combines the domains of income, employment, health, education, skills and training, housing, geographic access and crime based on a ranking system from most to least deprived. These ranks can be grouped into categories, most commonly 'Quintiles', with the focus on 20% most deprived (i.e. SIMD_Quintile 1).

[1] *SIMD_2016 current version is based on 2011 Data Zone, direct comparisons with previous SIMDs is not possible.*

While in a standard population, 20% of the population would be expected to live within each quintile, across Tayside's local administrative areas there are large variations between the differing levels of deprivation. Figure 3 displays the population proportions residing in each deprivation quintile for all three of Tayside's administrative areas.

Figure 3. Percentage of Tayside Resident 2015 Mid-Year Population Estimate by SIMD_2016 Quintile



Source: SAPE 2015 [based on data zones 2011) via National Records of Scotland (NRS) and SIMD_2016 via Scottish Government

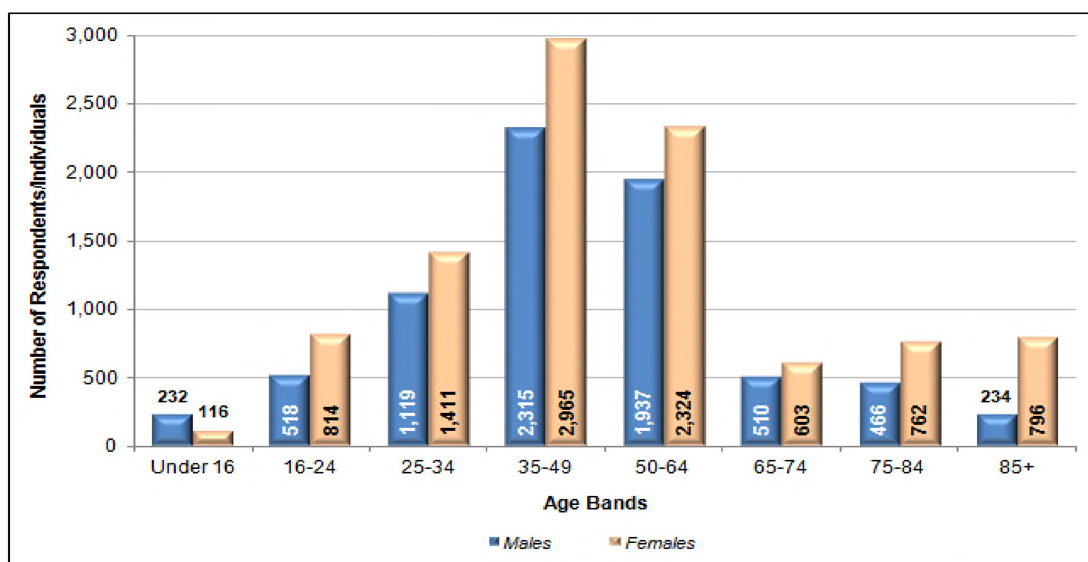
As shown in Figure 3, in 2015 Dundee City had the greatest proportion of their residents living within the most deprived areas (SIMD_Quintiles 1 & 2). In Quintile 1 (20% most deprived) 36.1% of the Dundee City population resided here, more than five times that of its Tayside counterparts within this quintile. In comparison Perth & Kinross recorded the highest proportion of their population residing in the least deprived areas (SIMD_Quintiles 4 and 5).

3. Self-Reported Mental Health Conditions *(2011 Census)*

The 2011 Census asked respondents whether they have a mental health condition that is expected to last. When comparing the rate of self reported mental health conditions across Scotland per 1,000 population the figures show that mental disorders are more prevalent among those living in deprived areas. With a rate of 52.8 per 1,000 population, Dundee City held the fourth highest rate of all Scottish local authorities and was also higher than the Scottish average of 44.0 per 1,000[2]. In comparison, the rates reported in Angus and Perth & Kinross were 37.0 and 34.6 per 1,000 population respectively.

Of the Tayside respondents, 17,122 [41.8 per 1,000 population] reported having a mental health condition. Figure 5 presents these respondents by age and gender, showing that 9.8% of these individuals were aged under 25 years, while 19.7% were aged 65+ years.

[2] *Highest local authority was Glasgow City, rate = 65.1 per 1,000 population.*



4. Quality & Outcomes Framework (QOF)

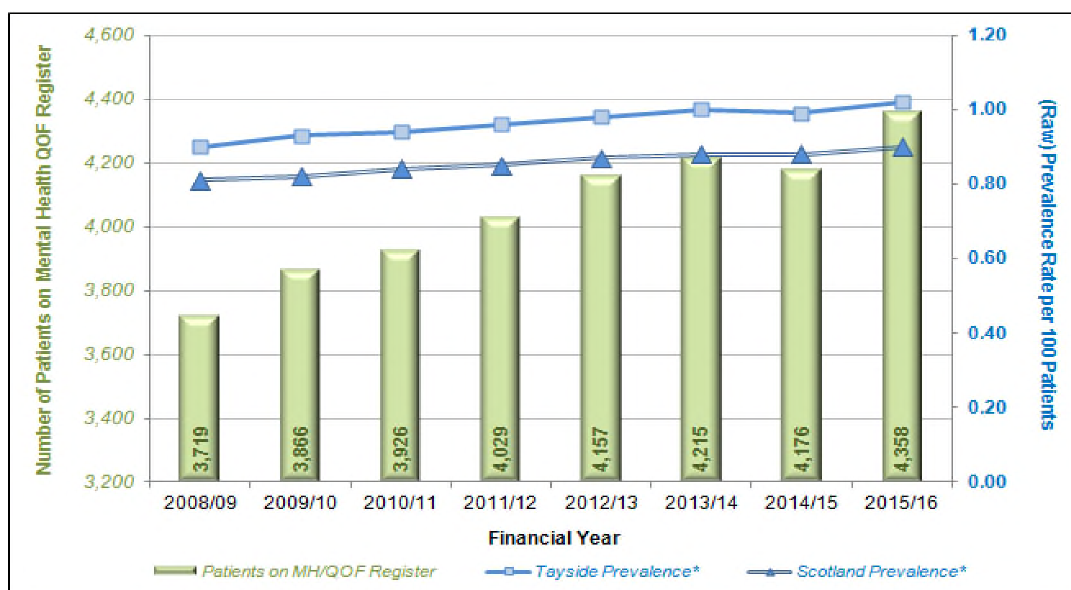
Prevalence is a measure of the burden of a specific disease or health condition in a population at a particular point in time (and is different to *incidence*, which is a measure of the number of *newly diagnosed* cases within a particular time period). Prevalence data within the Quality & Outcomes Framework[3] (QOF) is collected in the form of practice "registers" for a range of conditions including mental health. Prevalence data derived from QOF disease registers are of value; however they should be interpreted with caution.

A QOF prevalence rate is a "crude" rate, simply the total number of patients on the register, expressed as a proportion of the total number of patients registered with the practice. They are not adjusted to account for patient age distribution, gender profiles or other factors that that influence the prevalence of health conditions between general practices. In addition, while the registers may be restricted (e.g. to only include persons over a specified age) the QOF prevalence rate is based on the total number of persons registered with the practice (practice list size) at one point in time[4 5].

In 2015/16, 66 Tayside practices participated in QOF. Across these practices 4,358 patients were registered as having a mental health condition, demonstrating a raw prevalence rate of 1.02 per 100 patients. This is slightly higher than the Scottish prevalence rate [0.90] for this condition in this year. Figure 6 displays the increase in the raw mental health prevalence rates over recent years and shows how annually Tayside's mental health prevalence rate is higher than the Scottish rate.

Figure 6. Numbers and Estimated Raw Prevalence Rate of Mental Health Conditions for those Registered with Tayside GP Practices, 2008/09 – 2015/16

[3] *QOF measures a General Practice's achievement against a set of evidence-based indicators. Payments are made to each GP on basis of their achievements, representing one of the main sources of income for UK GPs, a fundamental part of the GMS contract since April 2004. QOF Participation is voluntary - practices with other contract types are not automatically expected to take part.*
[4] *QOF prevalence figures may differ from prevalence figures from other sources because of coding or definitional issues.*
[5] *Year-on-year changes in the size of QOF registers are influenced by various factors including demographic changes, improvements in case findings, changes in definition, data recording, diagnostic practice etc.*



Source: Quality & Outcomes Framework (QOF) Calculator Database, ISD Scotland

Notes:

1. Although the QOF is part of the new General Medical Services (GMS), practices with other contract types (17C or 2C) may also choose to use the QOF. These figures include data from practices of any contract type.
2. QOF registers may relate to a single condition, or a number of conditions and do not always count what they appear to on face value. There may also be restrictions on who is counted on the register, e.g. according to age. For more information on what individual QOF registers count refer to - www.isdscotland.org/qof
3. After October 2016 ISD will no longer publish QOF, it is being decommissioned, with all points being retired and funding transferred to practice core funding. QOF data will no longer be extracted for payment purposes. 2016-17 QOF data will continue to be extracted to support the peer led GP Cluster Continuous Quality Improvement process as part of the latest GMS contract agreement.
** Raw Prevalence Rate (per 100 patients) = number of patients on the specified QOF register, divided by list size, multiplied by 100.*

6. Psychiatric Hospital Activity

This section presents information on mental health (psychiatric) hospital activity derived from Scottish Morbidity Record 04 (SMR04)[6] an episode-based patient record relating to all inpatients and day cases admitted to and discharged from any NHS Scottish mental health specialty. Nearly all records are for inpatient treatment, but there are a few day cases and some care is provided in care homes rather than psychiatric hospitals or units.

It should be noted that an increasing amount of healthcare for mental illness takes place in the community, e.g. through specialist community mental health teams and general practice. Psychiatric hospital outpatient care is another key service.

Activity is measured in ‘*discharged episodes of care*’ and ‘*discharged individuals*’ by area of residence. A ‘discharge’ represents the end of an SMR04 episode of care and includes deaths, transfers to other specialties, consultants, significant facilities or hospitals and routine discharges home. Individuals (patients) discharged are those persons discharged from a mental health specialty at least once during the financial year. Conversion of these raw activity numbers into an age-standardised rate[7] (per 100,000 population) allows direct comparison between geographies.

6.1 Area of residence

The number of Tayside resident[8] discharge episodes of care from a psychiatric location has shown a gradual decline over time, decreasing from an age standardised rate per 100,000 population of 738.1 [2,866 discharge episodes of care] in 1997/98 to 526.2 [2,154 discharge episodes of care] in 2014/15.

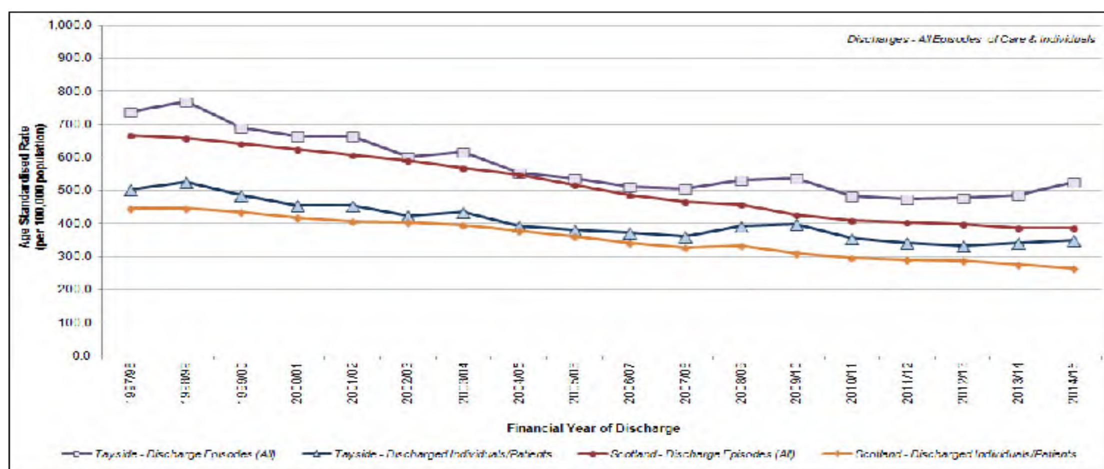
[6] *SMR04 data are dynamic and subject to change. Improvements in the completeness over time may result in differences to previously released information.*

[7] *Age-sex standardised rates are based on the European Standard Population 2013 (i.e. EASR).*

[8] *Data refers to Tayside residents treated in any mental health/psychiatric (SMR04) location, regardless of health board of treatment.*

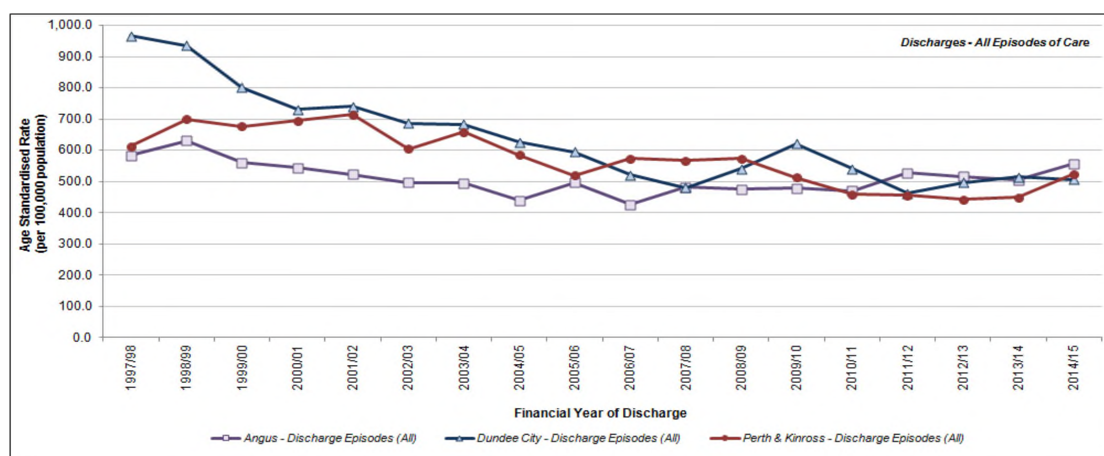
Figure 7 summarises the age standardised rates (per 100,000 population) for all discharge episodes of care and those individuals discharged since 1997/98. When comparing Tayside activity with that of Scotland, annually Tayside discharge rates are higher than the Scottish average for both measures of activity.

Figure 7. Age Standardised Discharge Rates (All Episodes of Care & Individuals) from Psychiatric Hospitals, Comparison of Tayside and Scottish Resident Activity, 1997/98 – 2014/15



Source: Mental Health Inpatient Care Report[9] 2014/15 (Section 2.1 SMR04), ISD Scotland

Figure 8.1. Age Standardised Discharge Rates (All Episodes of Care) from Psychiatric Hospitals by Tayside Administrative Area, 1997/98 – 2014/15



Source: Mental Health Inpatient Care Report 2014/15 (Section 2.1 SMR04), ISD Scotland

Despite annual fluctuations, both types of discharge rate have decreased across all three Tayside local areas. Dundee City residents have recorded the largest reduction in discharge rates by 47.7% compared with its other Tayside counterparts over the last 18 years. Decreasing from an age standardised discharge rate (all episodes of care) per 100,000 population of 967.1 in 1997/98 to 506.1 in 2014/15, the lowest rate of the Tayside local areas in this year. Similarly, the age standardised rate for individuals discharged decreased from a rate of 635.9 to 365.0 (-42.6%) over the same period for Dundee City residents[10].

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[9] *Mental Health Care Report: Analysis is based on all ages/gender, all episodes of care and excludes 'learning disability' specialty.*

[10] *Dundee City Discharges All Episodes of Care - 97/98 N=1,451; 14/15 N=719; Individuals/Patients - 97/98 N=944; 14/15 N=526*

For comparison, in 2014/15 Angus residents recorded a discharge age standardised rate (all episodes of care) of 558.0 per 100,000 population, while Perth & Kinross's rate was 524.0. In terms of the individual discharge rate, Angus recorded an age standardised rate of 369.5, with a rate of 325.7 per 100,000 population in Perth & Kinross, the lowest of the three local areas[11,12].

Figure 9 compares the number of Tayside residents who were present in a psychiatric hospital as 31st March 1998 and 2015, by local administrative area. Collectively Tayside has recorded a reduction of 60.3% from 764 to 303 patients in hospital at the end of the financial year. This equates to a reduction of the age standardised rate from 205.8 per 100,000 population to 75.6 in 2014/15.

Figure 9. Number of Tayside Patients in Psychiatric Hospitals, as at 31st March 1998 & 2015

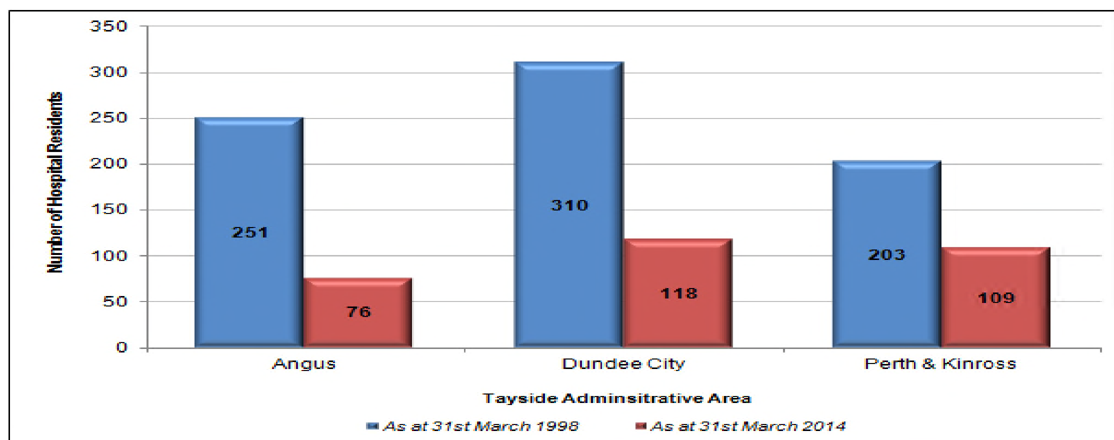
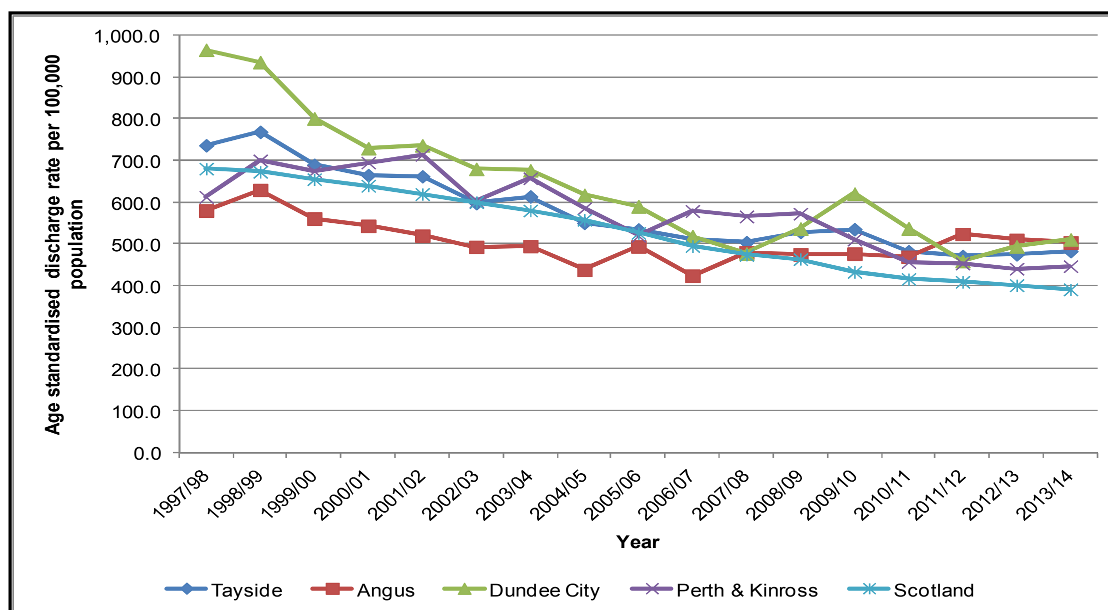


Figure 10 shows the standardised discharge rates from psychiatric hospitals between 1997/98 and 2013/14 and compares Tayside with Scotland. National analysis shows that residents of Tayside, Dumfries & Galloway and Greater Glasgow & Clyde had discharge rates significantly higher than the Scottish average in 2013/14.

Figure 10: Age/sex standardised discharge rates from psychiatric hospitals, Tayside and Scotland 1997/98 – 2013/14



[11] *2014/15 All Episodes of Care Angus N=643, Perth & Kinross N=792; Individuals/Patients Angus N=427; Perth & Kinross N=493*

[12] *Reductions since 1997/98: Individuals Discharged = Angus -13.5%; Perth & Kinross -22.7%; All Episodes = Angus -4.3%; Perth & Kinross -14.5%*

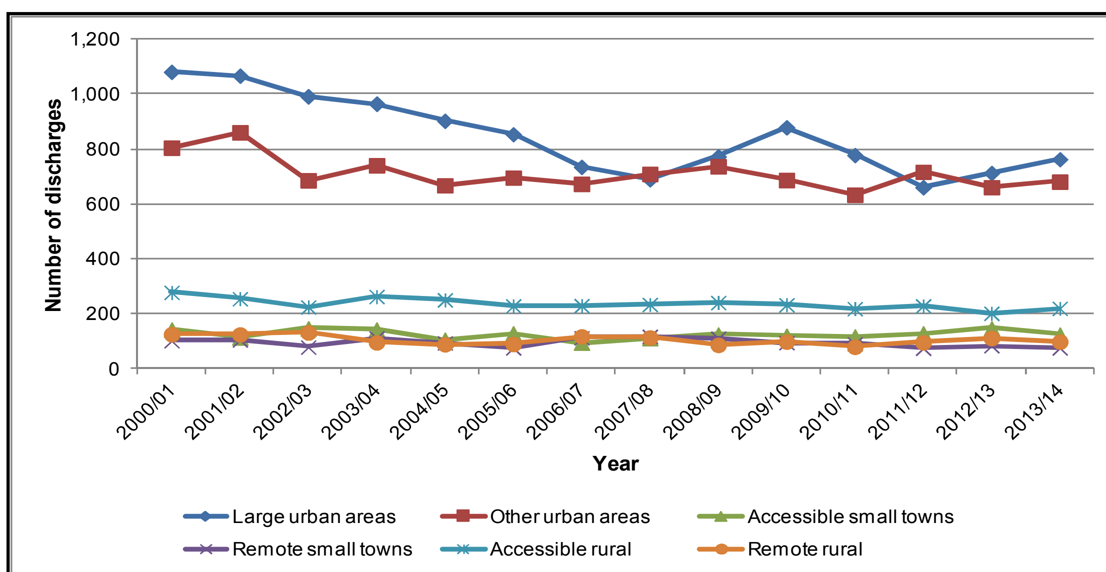
Source: SMR04, ISD Scotland

6.4 Urban rural status

The relationship between rurality and SMR04 activity was examined using the Scottish Government's 6-fold urban rural classification. See Appendix 1 for a breakdown of these classifications.

The rankings of the categories varied a little over time and there was less spread between categories than there was for deprivation quintile. The highest rates were in the 'large urban areas' and 'other urban areas' while the lowest were in the 'remote small towns' and 'remote rural' areas. This pattern may be influenced by prevalence of different mental health problems, patterns of socioeconomic deprivation, patterns of service provision, ease of access to services, stigma associated with mental health problems, and other factors.

Figure 15: Number of discharges from psychiatric hospitals by urban/rural status, Tayside 2000/01-2013/14



Source: SMR04 (via BOXi accessed by Health Intelligence Team Sept 2015)

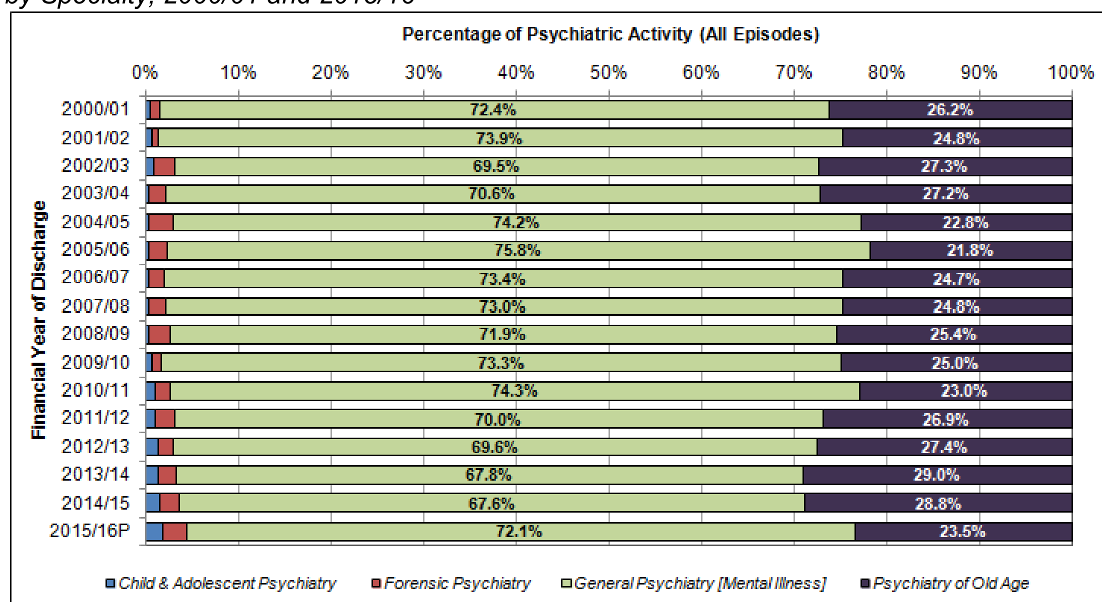
6.5 Specialty

For Tayside residents, on average per year between 2000/01 and 2015/16^{P}, 97.2% of all psychiatric discharge episodes of care were treated within NHS Tayside, with more than a third being cared for in Murray Royal Hospital.

Mental health activity can be categorised into several specialties. The majority of Tayside resident psychiatric activity over the last sixteen years has been treated under the specialty of "General Psychiatry [Mental Illness]", accounting for on average 71.8% of all discharge episodes per year over this period. "Psychiatry of Old Age" accounted for a further 25.5% of the activity on average per year, with the amalgamated "Child Psychiatry" and "Adolescent Psychiatry" 1.9% and the remaining 0.8% to "Forensic Psychiatry" over this period.

Figure 13 presents the proportion of discharge episodes of care for each specialty between 2000/01 and 2015/16^{P}. There has been very little change in the activity proportions over time across these specialities under which Tayside residents have been treated.

Figure 13. Tayside Residents: Percentage of Discharge Episodes of Care from Psychiatric Hospitals by Specialty, 2000/01 and 2015/16[P]



Source: Mental Health Inpatient & Day Case Activity (ISD Validated SMR04 via BOXi), Health Intelligence Team, NHS Tayside

Notes:
1. "Child Psychiatry" and "Adolescent Psychiatry" are amalgamated here for ease of analysis.
2. In a similar manner to national publications, the specialty of "Learning Disability"(G5) is excluded from this analysis.
3. Includes all episodes (Elective, Emergency & Transfer) for all ages/genders. 2015/16 figures are as provisional at time of release.

6.7 Location of treatment

In 2013/14, there were a total of 1,989 discharges (equating to 1,403 patients) from NHS Tayside psychiatric hospitals, a 25.3% decrease in discharges from 2000/01. As at 31st March 2014, there were 323 patients resident in a NHS Tayside psychiatric hospital compared to 598 patients in March 2001.

Figure 19 shows an analysis of the NHS Tayside hospital activity in 2013/14 for those patients aged under 65 years and excluding patients being treated for dementia (ICD10 codes F00-F09). The table is broken down by health board of residence of the patients. Just over two fifths (40.8%) of the activity was in Murray Royal Hospital with 95.6% of these discharges being Tayside residents.

Figure 19: Under 65 years discharges (excluding dementia patients) from NHS Tayside hospitals by health board of residence 2013/14

Health Board of Treatment		**Health Board of Residence**				**TOTAL**
		NHS Tayside	**NHS Grampian**	**NHS Fife**	**Other areas of residence**	
NHS Tayside hospitals	**TOTAL**	**1317**	**24**	**13**	**35**	**1389**
	Murray Royal Hospital	584	18	5	7	614
	Carseview Centre	452	*	6	*	481
	Stracathro Hospital	263	*	*	*	267
	Dudhope House (Young Persons Unit)	11	*	*	*	20
	Other hospitals	7	0	0	0	7

*Note that due to small numbers, some fields have been marked with a **
Note: Murray Royal Hospital and Stracathro Hospital include Psychiatry of Old Age patients; Carseview Centre includes patients with Learning Disabilities
Source: SMR04 (via BOXi accessed by Health Intelligence Team Sept 2015)

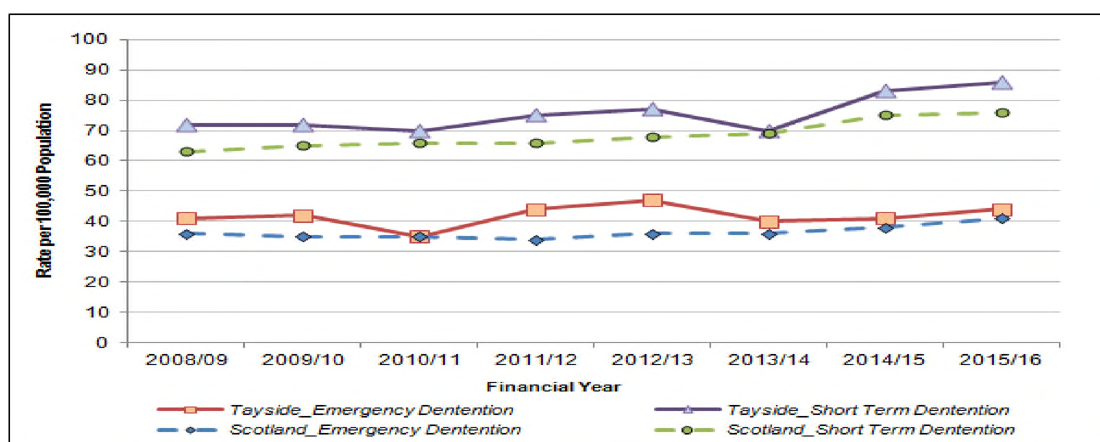
Figure 20 shows the average length of stay in NHS Tayside psychiatric hospitals between 2000/01 and 2013/14 for those aged under 65 years and excluding dementia patients. The chart shows, despite some fluctuations that the average had more than halved from 92 days to 37 days.

10.1 NHS Board Comparisons

A statistical monitoring report is published by the Mental Welfare Commission for Scotland annually to monitor the use of the Mental Health Act since it was implemented in 2005 and examine how treatment orders are being utilised by different NHS Board areas. The most recent report relates to 2015/16 activity.

Figure 27 summarises the Tayside rates (per 100,000 population) for both 'emergency detention' orders and 'short-term detention' orders, showing the latter has consistently recorded higher rates of the two order types over recent years across Tayside.

Figure 27. NHS Tayside Emergency and Short-Term Detention Rates (per 100,000 population), 2008/09 – 2015/16



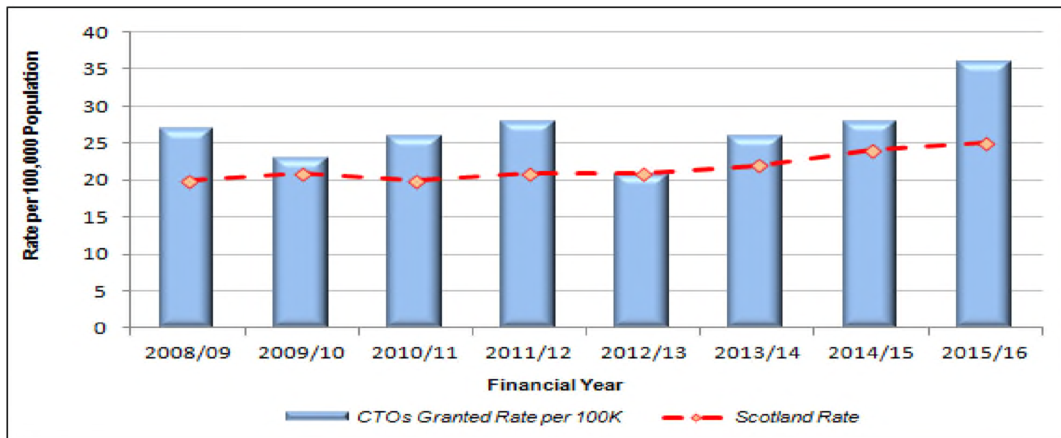
Source: Mental Health Act Statistical Monitoring Reports 2008/09 - 2014/15 (www.mwcscot.org.uk)

Consistently since 2008/09 the Tayside rates for both these types of orders has been higher than the Scottish rates. The rate of use of emergency detention orders across Tayside in 2015/16 was 44 per 100,000 population; slightly higher than the Scottish rate of 41 per 100,000 population. Both rates showing a slight increase from the previous year of 41 and 38 per 100,000 population respectively in 2014/15.

Of all Scottish health boards, Orkney [Rate=65]; Greater Glasgow & Clyde [Rate=63]; Dumfries & Galloway [Rate=56] and Fife [Rate=45] all held rates (per 100,000 population) higher than the Tayside rate in 2015/16 for emergency detention orders.

Figure 28 summarises the Tayside rate (per 100,000 population) for compulsory treatment orders. The figure shows a steady increase in rate for this type of order over the last four years across Tayside.

Figure 28. NHS Tayside Compulsory Treatment Order Rates (per 100,000 population), 2008/09 – 2015/16



Source: Mental Health Act Statistical Monitoring Reports 2008/09 - 2014/15 (www.mwcscot.org.uk)

With the exception of 2012/13, in all other years since 2008/09 Tayside has recorded a rate of compulsory treatment orders higher than that of Scotland. In 2015/16 the rate of these orders in Tayside was 36 per 100,000 population, higher than the Scottish rate of 25 per 100,000 population.

Tayside holds the highest rate for compulsory treatment orders across all Scottish health boards in 2015/16, although very similar to the rate of 35 per 100,000 population for Greater Glasgow & Clyde. This is most likely a reflection of the significant numbers of deprived inner city areas within these health boards where the number of people with major mental illness is likely to be highest.

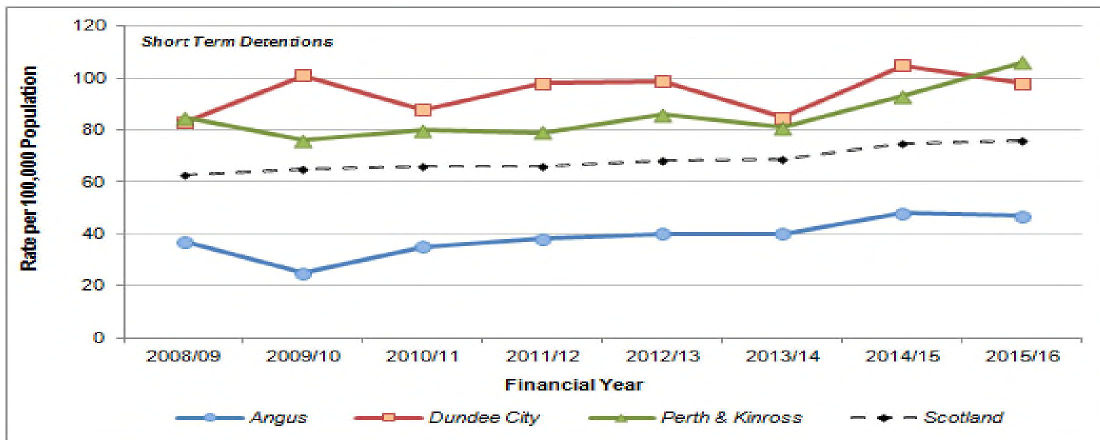
The statistical monitoring report also publishes short-term detention and compulsory treatment orders by local authority area. People with severe and enduring mental illness tend to move towards inner city areas and so this is likely to be a factor where the data shows such local authorities as having higher rates; however some of the data may be skewed by “out-of area” placements.

Figures 29 and 30 display the rate of short-term detention and compulsory treatment orders across Tayside’s three administrative areas since 2008/09. As shown in each of these figures, the rates for both types of orders in Dundee City and Perth & Kinross have been consistently higher than the Scottish average over this period of time.

Despite some annual fluctuations, all three Tayside administrative areas have shown a general increase in short term detention rates (Figure 29). In 2015/16, both Angus [rate=47] and Perth & Kinross [rate=106] recorded their highest rates (per 100,000 population) of this order type since 2008/09. Over this period of time, of the three local Tayside areas, it is Angus that has shown the largest increase in short term detention rates.

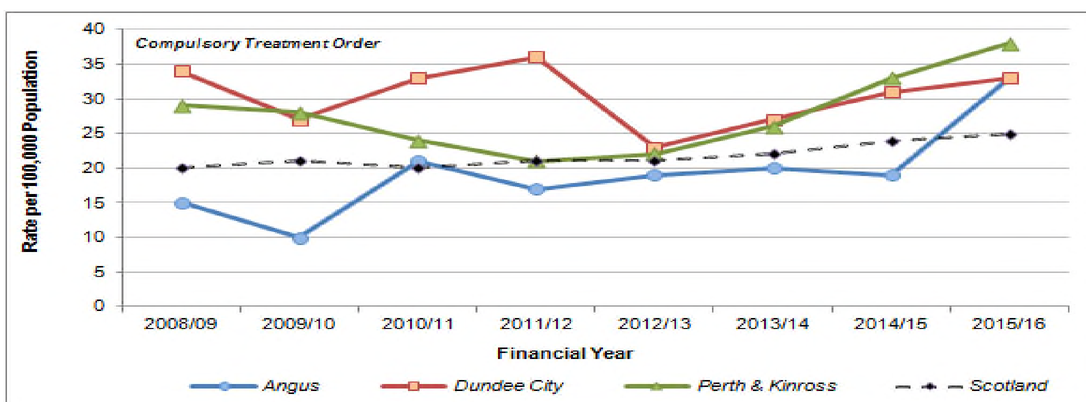
Figure 30 show that there are greater annual fluctuations across all three Tayside administrative areas in terms of compulsory treatment order rates. In 2015/16 both Angus [rate=33] and Perth & Kinross [rate=38] recorded their highest rates (per 100,000 population) of this order type since 2008/09. Once again, it is Angus that has recorded the greatest increase in compulsory treatment rates over this period.

Figure 29. NHS Tayside Short-Term Detention Rates (per 100,000 population), 2008/09 - 2015/16



Source: Mental Health Act Statistical Monitoring Reports 2008/09 - 2014/15 (www.mwcscot.org.uk)

Figure 30. NHS Tayside Compulsory Treatment Order Rates (per 100,000 population), 2008/09 – 2015/16



Source: Mental Health Act Statistical Monitoring Reports 2008/09 - 2014/15 (www.mwcscot.org.uk)

In 2015/16 Perth & Kinross's held the highest rates amongst its Tayside counterparts. When comparing with other Scottish local authorities, only Glasgow City [rate=123] and Inverclyde [rate=118] had rates higher for short term detentions. In comparison, only Glasgow City [rate=39 per 100,000 population] was higher for compulsory treatment orders in this year.

10.2

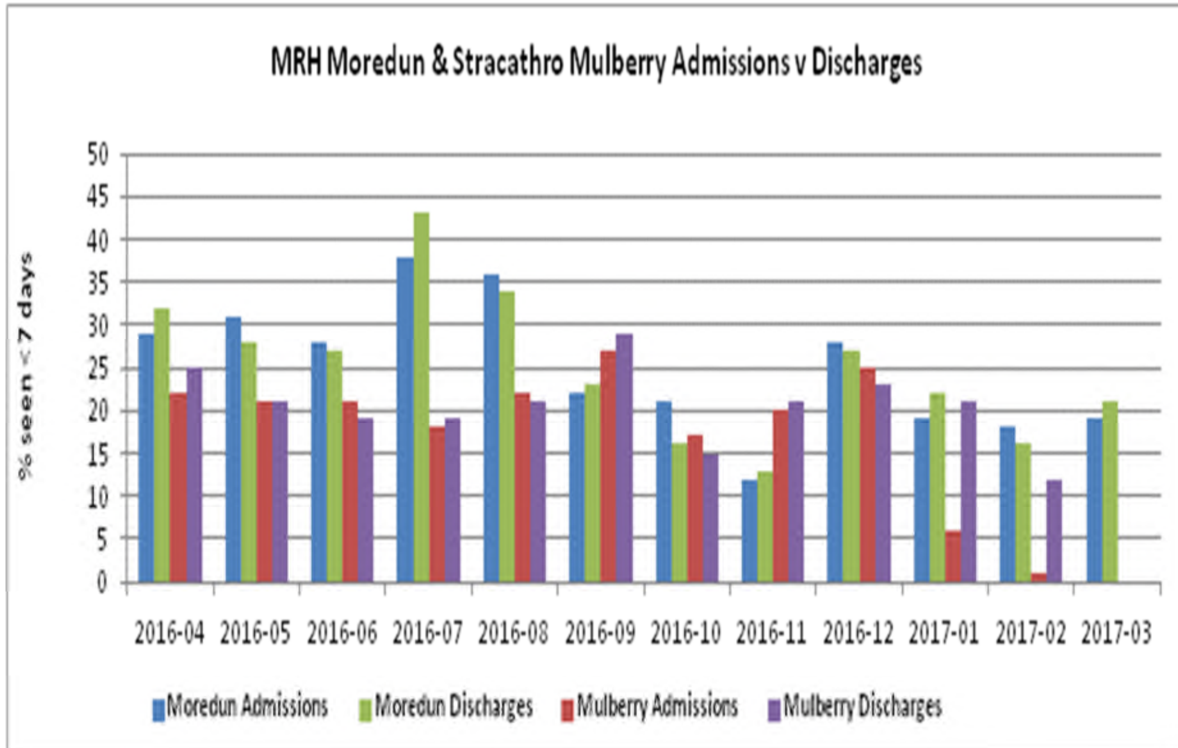
Admissions, Discharges and Occupancy by Local Council Area/Ward

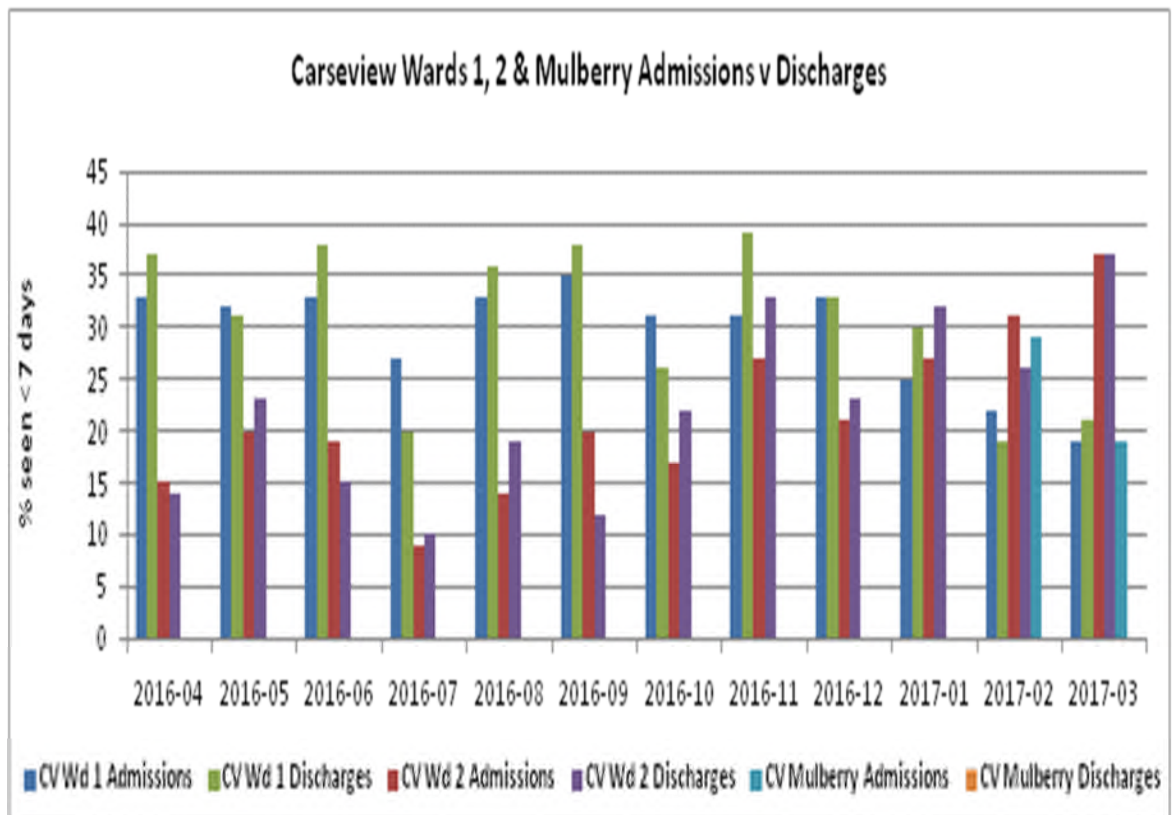
Admissions By Local Council Area

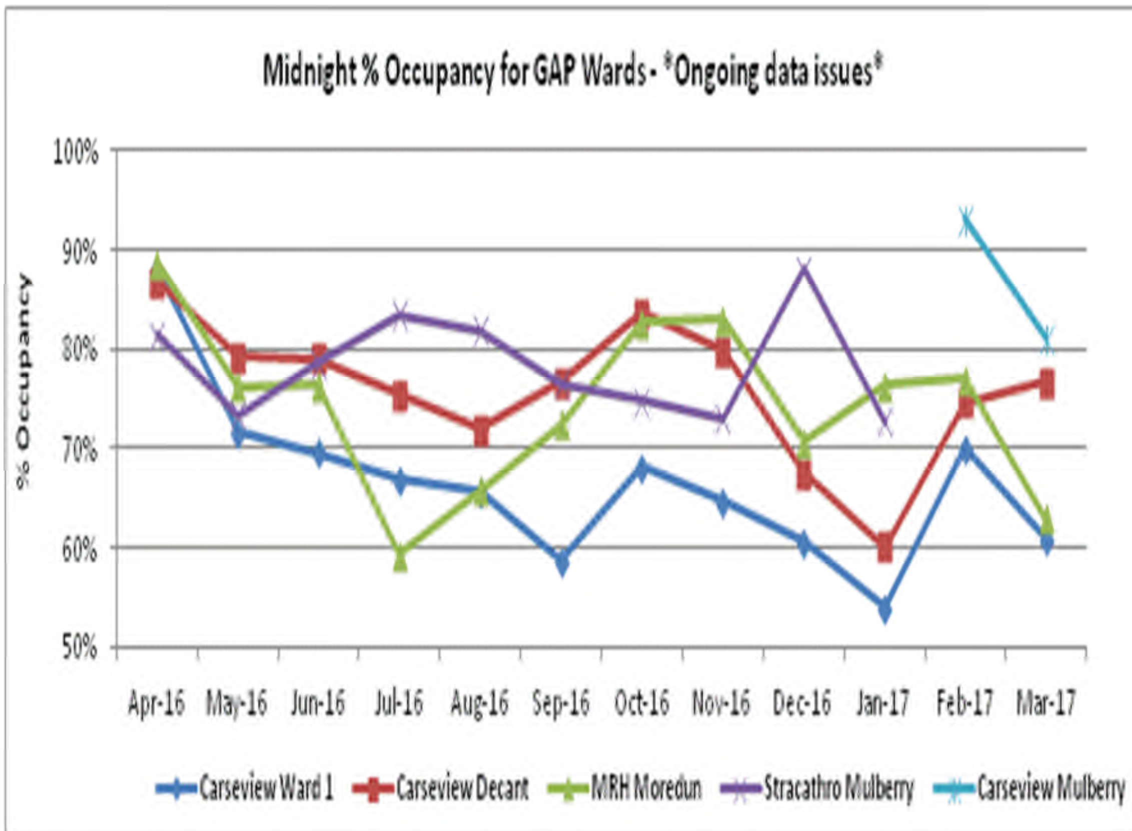
OPS 198

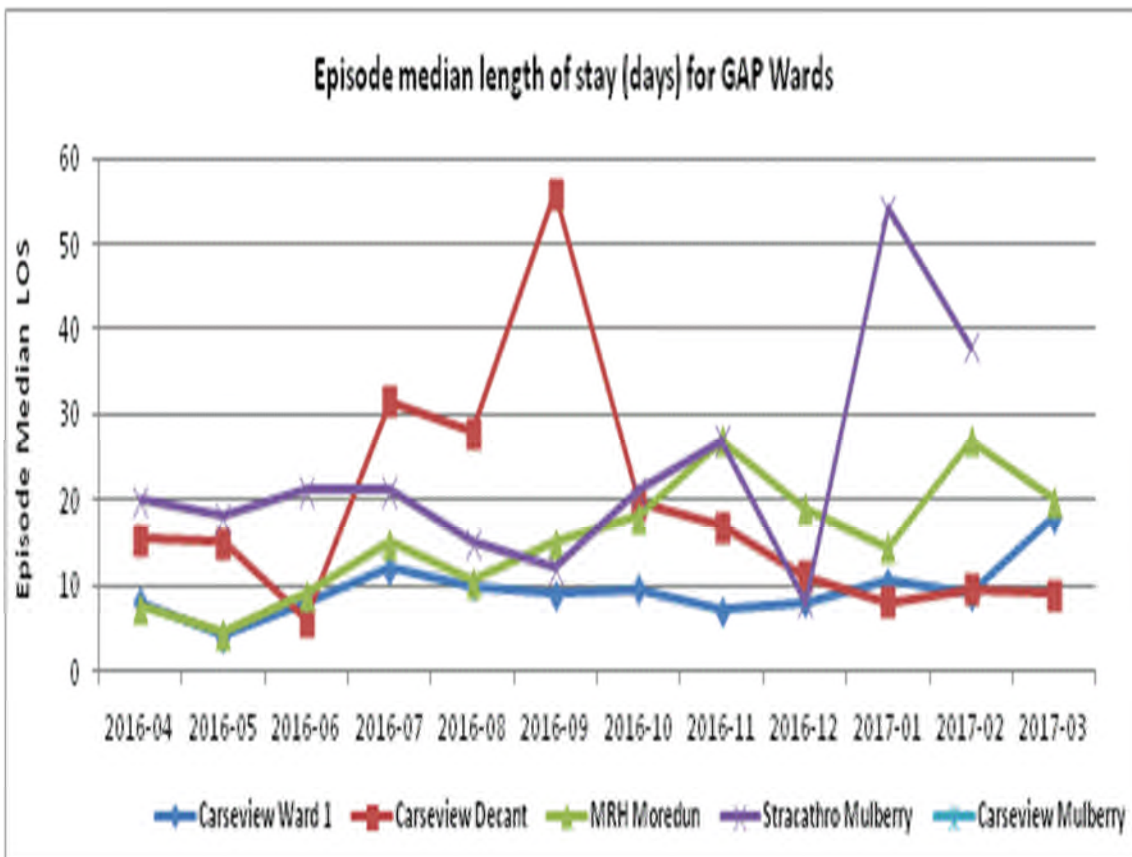
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total	%
Carseview Ward 1	Angus	11	6	7	6	12	9	6	11	2	3	5	2	80	6.80
	Dundee	18	23	21	18	18	17	23	15	20	19	13	14	219	18.62
	Perth & Kinross	1	2	5		2	3	1	4	6	2	4	3	33	2.81
	Other	3	1		3	1	6	1	1	5	1			22	1.87
Carseview Decant	Angus	1	1	3	2	3			5	3	6	4	1	29	2.47
	Dundee	11	17	13	7	9	18	13	16	14	18	18	25	179	15.22
	Perth & Kinross	1	1	2			2	3	6	2	2	6	10	35	2.98
	Other	2	1	1		2		1		2	1	3	1	14	1.19
Carseview Mulberry	Angus										25	11	15	51	4.34
	Dundee										4	4	1	9	0.77
	Perth & Kinross											4		4	0.34
	Other													0	0.00
MRH Moredun	Angus		1		8	4								13	1.11
	Dundee	3	4	3	1	1	1	1		1	1		1	17	1.45
	Perth & Kinross	25	24	23	19	28	21	20	12	24	18	18	18	250	21.26
	Other	1	2	2	10	3				3				21	1.79
Stracathro Mulberry	Angus	21	17	18	18	20	23	14	17	22	5			175	14.88
	Dundee		3	1		1	2	1	1	1		1		11	0.94
	Perth & Kinross		1	1		1	1	2		2	1			9	0.77
	Other	1		1			1		2					5	0.43
														1176	100.00

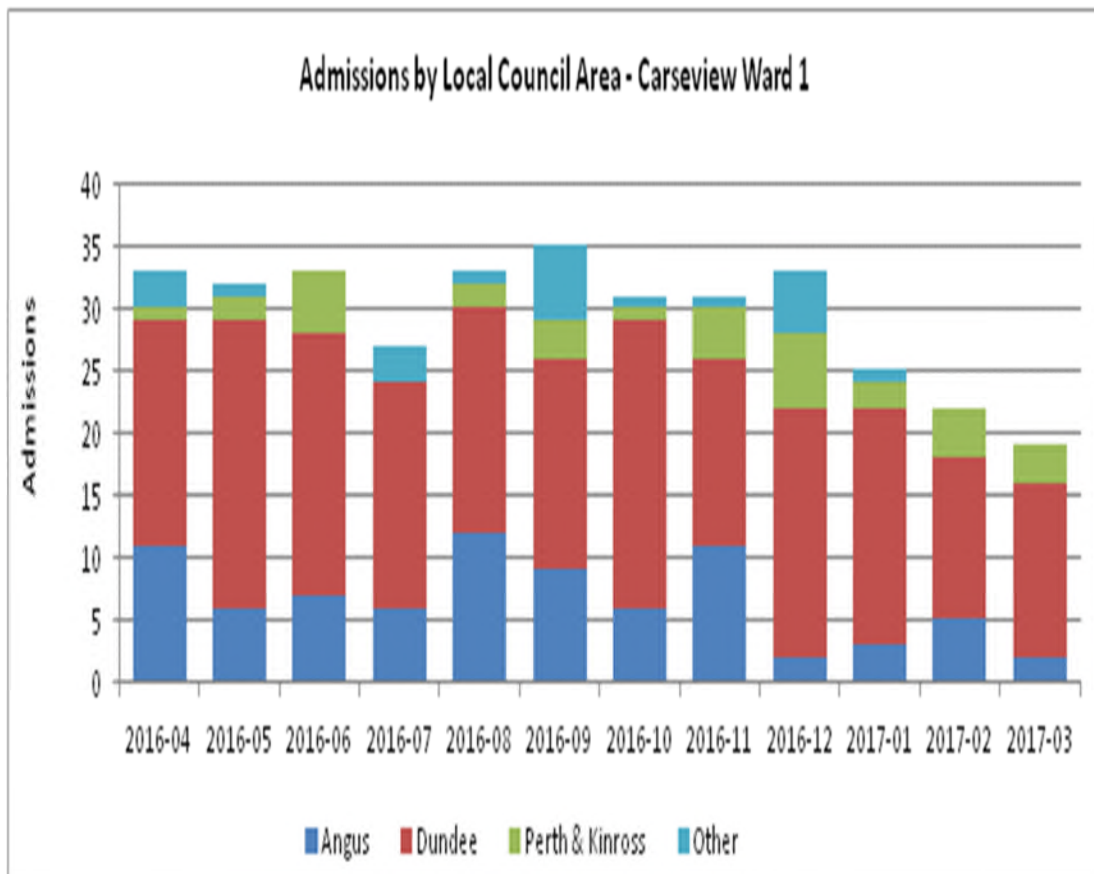
	%	Total patients
% of Angus Patients currently admitted out of Angus	14.71	173
% of Perth Patients currently admitted out of P&K	6.89	81
% of Dundee Patients currently admitted out of Dundee	2.38	28

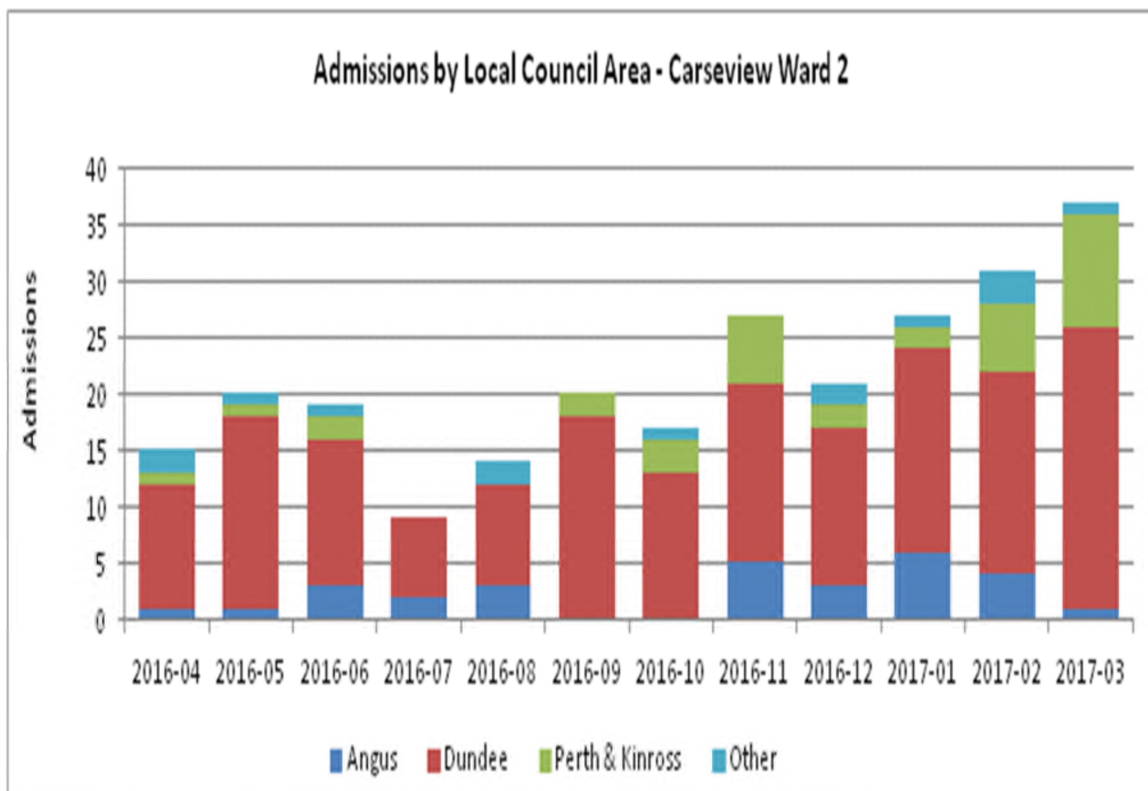

MRH Moredun & Stracathro Mulberry Admissions v Discharges
% seen < 7 days
50
45
40
35
30
25
20
15
10
5
0
2016-04
2016-05
2016-06
2016-07
2016-08
2016-09
2016-10
2016-11
2016-12
2017-01
2017-02
2017-03
Moredun Admissions
Moredun Discharges
Mulberry Admissions
Mulberry Discharges

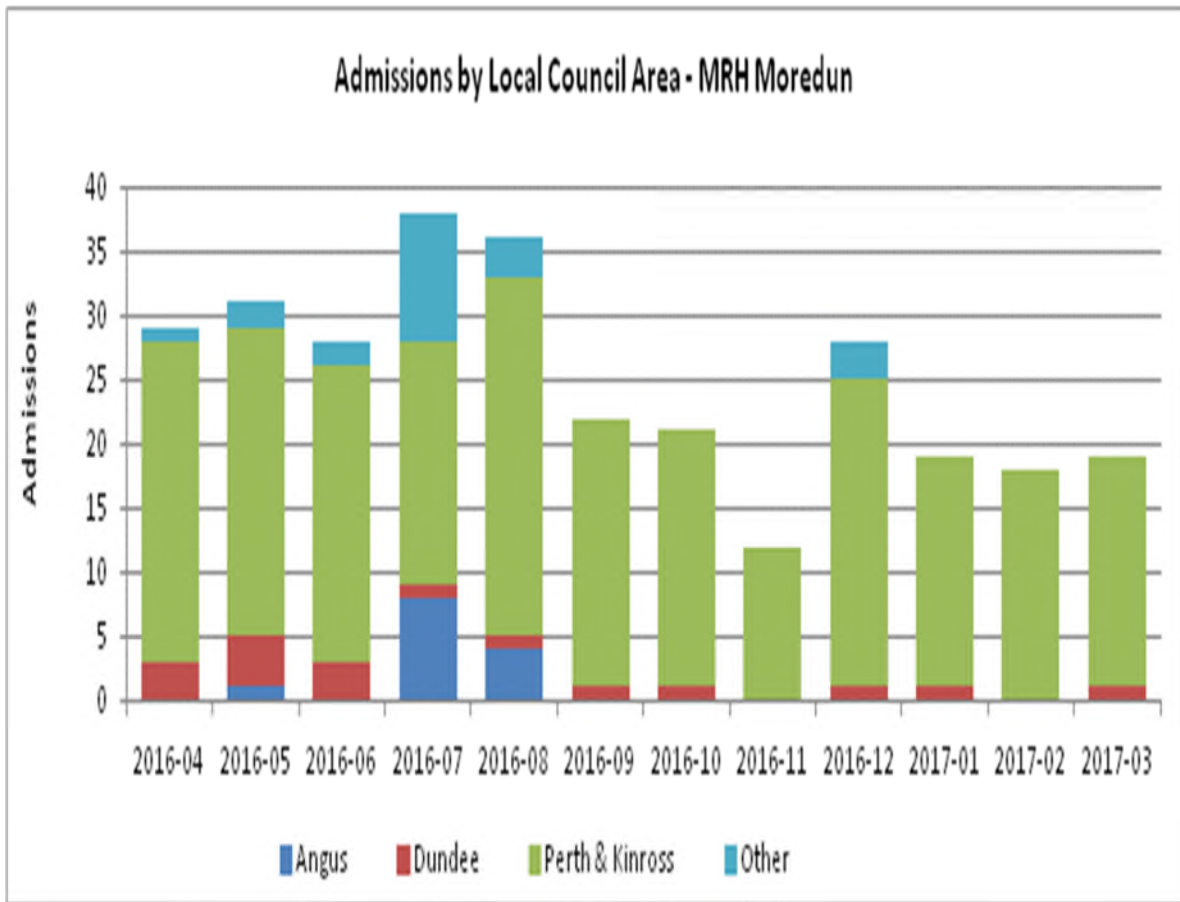

Carseview Wards 1, 2 & Mulberry Admissions v Discharges
% seen < 7 days
45
40
35
30
25
20
15
10
5
0
2016-04
2016-05
2016-06
2016-07
2016-08
2016-09
2016-10
2016-11
2016-12
2017-01
2017-02
2017-03
CV Wd 1 Admissions
CV Wd 1 Discharges
CV Wd 2 Admissions
CV Wd 2 Discharges
CV Mulberry Admissions
CV Mulberry Discharges

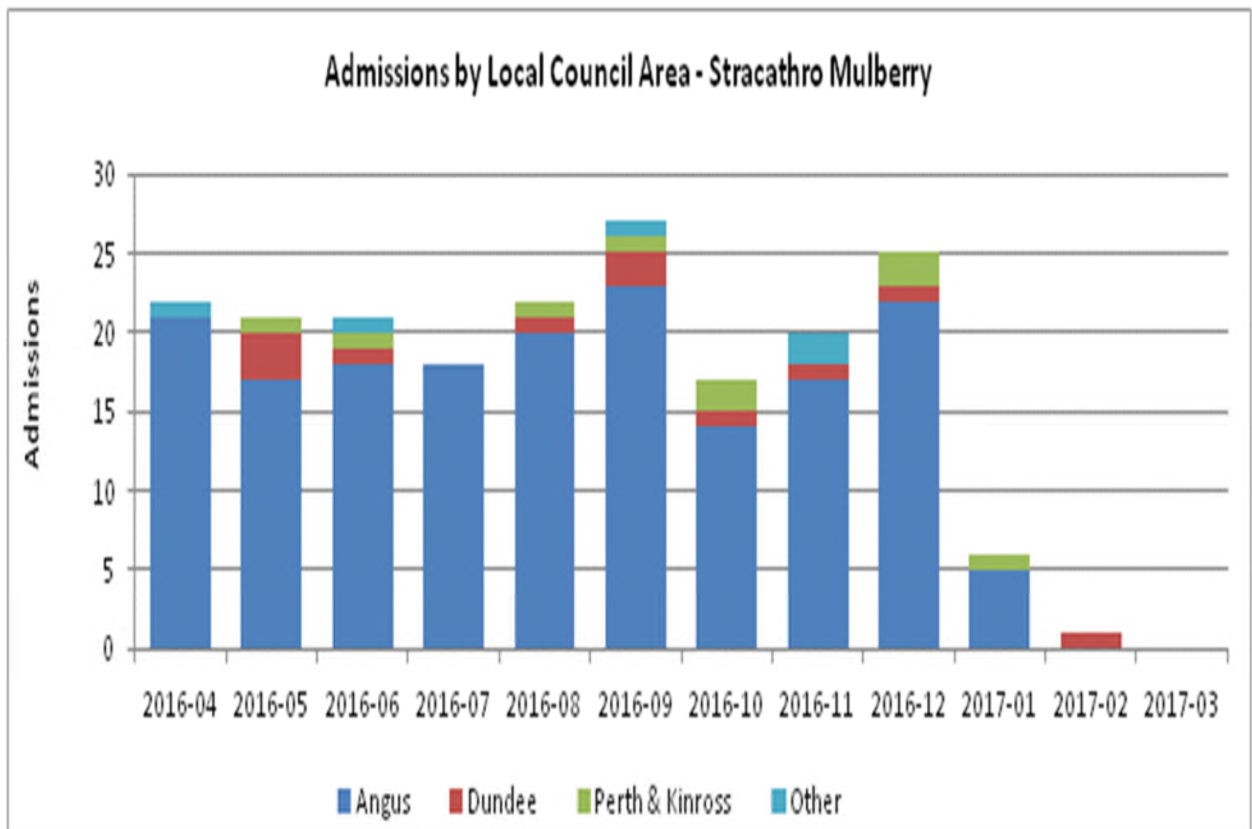

Midnight % Occupancy for GAP Wards - *Ongoing data issues*
100%
90%
80%
70%
60%
50%
% Occupancy
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Carseview Ward 1
Carseview Decant
MRH Moredun
Stracathro Mulberry
Carseview Mulberry

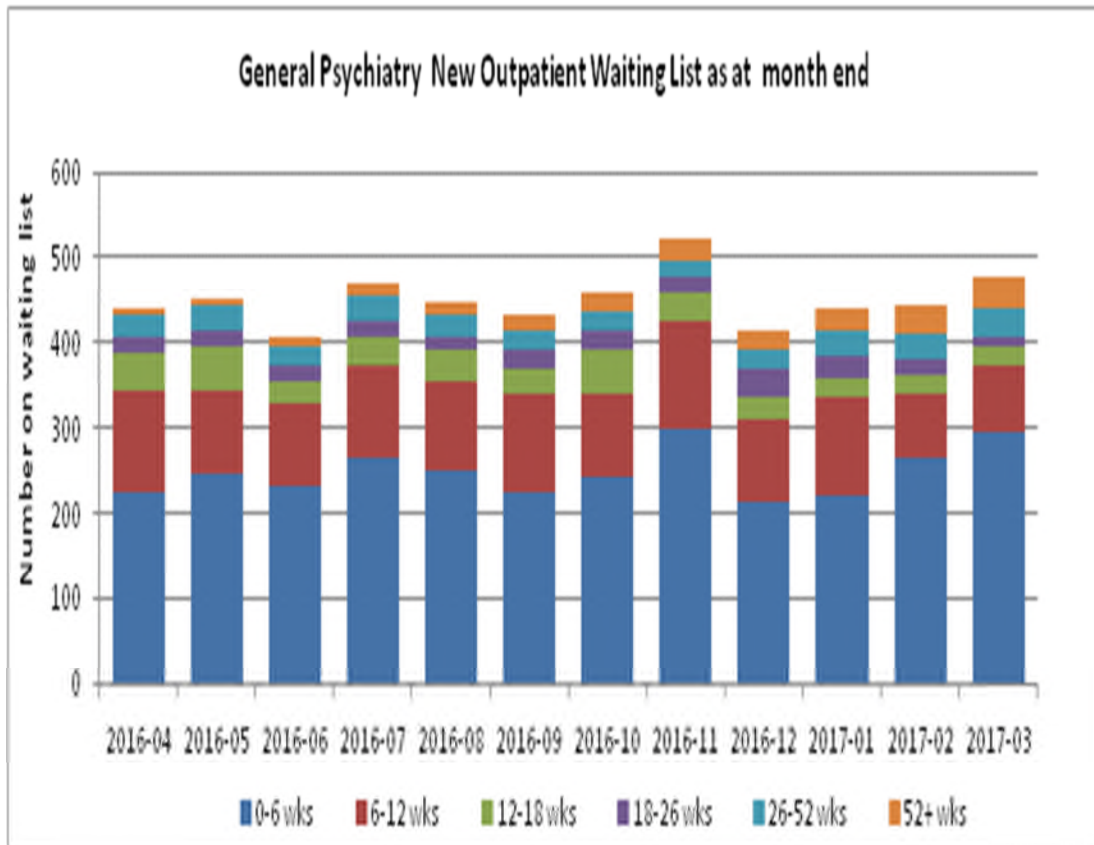

Episode median length of stay (days) for GAP Wards
60
50
40
30
20
10
0
Episode Median LOS
2016-04
2016-05
2016-06
2016-07
2016-08
2016-09
2016-10
2016-11
2016-12
2017-01
2017-02
2017-03
Carseview Ward 1
Carseview Decant
MRH Moredun
Stracathro Mulberry
Carseview Mulberry


Admissions by Local Council Area - Carseview Ward 1
Admissions
40
35
30
25
20
15
10
5
0
2016-04 2016-05 2016-06 2016-07 2016-08 2016-09 2016-10 2016-11 2016-12 2017-01 2017-02 2017-03
Angus
Dundee
Perth & Kinross
Other


Admissions by Local Council Area - Carseview Ward 2
Admissions
40
35
30
25
20
15
10
5
0
2016-04 2016-05 2016-06 2016-07 2016-08 2016-09 2016-10 2016-11 2016-12 2017-01 2017-02 2017-03
Angus
Dundee
Perth & Kinross
Other


Admissions by Local Council Area - MRH Moredun
Admissions
40
35
30
25
20
15
10
5
0
2016-04 2016-05 2016-06 2016-07 2016-08 2016-09 2016-10 2016-11 2016-12 2017-01 2017-02 2017-03
Angus
Dundee
Perth & Kinross
Other


Admissions by Local Council Area - Stracathro Mulberry
Admissions
30
25
20
15
10
5
0
2016-04 2016-05 2016-06 2016-07 2016-08 2016-09 2016-10 2016-11 2016-12 2017-01 2017-02 2017-03
Angus
Dundee
Perth & Kinross
Other


General Psychiatry New Outpatient Waiting List as at month end
Number on waiting list
600
500
400
300
200
100
0
2016-04
2016-05
2016-06
2016-07
2016-08
2016-09
2016-10
2016-11
2016-12
2017-01
2017-02
2017-03
0-6 wks
6-12 wks
12-18 wks
18-26 wks
26-52 wks
52+ wks

10.3

Public Health Report on Supporting Information

Public Health - Executive Summary

Background

- Nearly half of all ill health in people under 65 is mental illness and mental illness accounts for 23% of the total burden of disease.
- Prevention and early intervention are the most cost-effective methods of managing mental health disorders. Economic savings and benefits can occur within short time frames and arise from co-ordination and planning with other services.

Tayside Mental Health Data

- The recorded population prevalence of mental disorder is increasing.
- Mental illness is consistently associated with deprivation
- Dundee has the highest rates of deprivation in Tayside and the highest rates of prescribing for mental health disorders (20% of the population).
- Tayside has the highest rates of psychiatric discharges in Scotland at 573 per 100,000 population (Scottish mean 400 per 100,000)
- Rates of psychiatric discharge are reducing. In Dundee discharges have almost halved between 1997/98 and 2013/14. Smaller reductions have been seen in Perth and Kinross and Angus
- Use of inpatient care is dependent on the availability of beds and provision of alternative community care.

Mental Health Service Delivery

Prevention and early intervention - are the most cost-effective methods of managing mental health disorders. Economic savings and benefits can occur within short time frames and arise from co-ordination and planning with other services. To achieve these gains the balance of spend on care must be shifted more towards primary and community care.

NICE guidance recommends a 'stepped-care model' of mental health care which ensures that people receive the least intensive intervention for their need.

Each individual has a spectrum of mental health disorder severity and a spectrum of psychosocial needs. Inpatient care is recommended for those at the most severe end of either spectrum, where community care would be unlikely to be adequate. For all other patients evidence supports better satisfaction and outcomes for community care.

Secondary Mental Health Service Reconfiguration of Inpatient Services

The Kings Fund has collated evidence on reconfiguring Mental Health services:

- Substituting inpatient mental health service provision with a community-based service delivers better outcomes for people with moderate mental health needs at comparable cost.
- Community-based models of care improve user satisfaction, engagement with services, medication adherence and clinical outcomes
- Community services are unlikely to produce ongoing savings and may be more expensive for patients with complex needs.

- There may be arguments for centralisation if this releases capital to invest in improved and safer accommodation.
- Reconfiguration of inpatient services needs whole system change and active management to ensure vertical integration of all care from inpatient provision through to 3rd sector support.
- Strong leadership is required to lead the changes and staff must be supported to develop and change roles.

Points for Consideration

How could transformational change in mental health services be achieved in Tayside?

Should NHS Tayside Mental Health Services be re-designed as a whole in order to shift the balance towards prevention and early intervention?

To what extent does the evidence support a one, two or three site model for GAP? Inpatient provision is a trade off between larger centres of excellence which offer increased effectiveness and greater long term flexibility around the use of resources; versus accessibility.

In rural areas of Tayside could tele-health be used to facilitate access to specialist advice and support?

Population – brief summary to support appendix 9.1 and 9.2

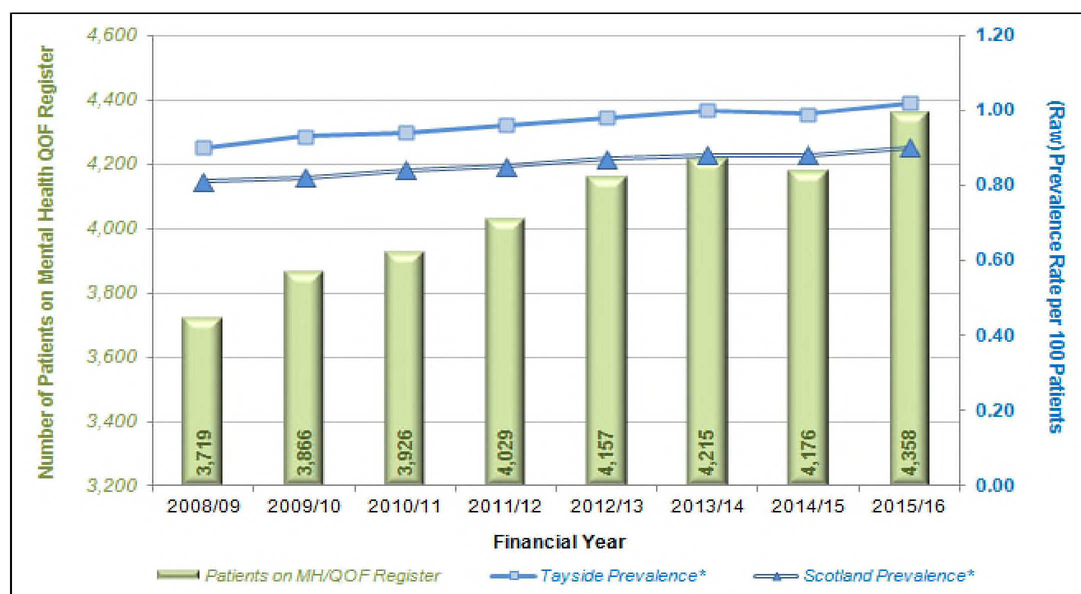
Guidance Note - Routine mental health data collection includes inpatient care and a small amount of primary care information. This limits analysis as outpatient care is the largest component of secondary mental health services. Clinical expertise is required for a full understanding and interpretation of the data.

Mental Health Burden of Disease

There is an increasing recorded prevalence of mental health conditions in Tayside which can be seen in figure 1. In England a 14% increase in the prevalence of mental health disorders is predicted in the next 10 years.[1] Mental health conditions are unusual in that they are diagnosed by symptoms, rather than diagnostic tests and there is a cultural element to their manifestation.

Among people under 65, nearly half of all ill health is mental illness and mental illness accounts for 23% of the total burden of disease. Yet, despite the existence of cost-effective treatments, it receives only 13% of NHS health expenditure. Mental illness is generally more debilitating than most chronic physical conditions yet only a quarter of those with mental disorders are in treatment compared to the vast majority with physical illness.[2]

Figure 1 Numbers and Estimated Raw Prevalence Rate of Mental Health Conditions for those Registered with Tayside GP Practices, 2008/09 – 2015/16 *Source: Quality & Outcomes Framework (QOF) Calculator Database, ISD Scotland*



Estimates of prevalence of common mental health disorders suggest that at any given time common mental health disorders can be found in around one in six people in the community, and around half of these have significant symptoms that would warrant intervention from healthcare professionals.[6] Severe and enduring mental illness is much less prevalent (see table 1) but this is the population who are predominantly treated by secondary mental health care services.

Table 1 Estimates of Prevalence of Mental Illness[9]

Severe and Enduring Mental Illness (lifetime)	
Psychotic disorder	0.7 in 100 people (in past year)
Bipolar disorder	2.0 in 100 people
Antisocial personality disorder	3.3 in 100 people
Borderline personality disorder	2.4 in 100 people
Suicide/Self Harm (lifetime)	
Suicidal thoughts	20.6 in 100 people
Suicide attempts	6.7 in 100 people
Self-harm	7.3 in 100 people
Common Mental Illness (in past year)	
Generalised anxiety disorder	5.9 in 100 people
Depression	3.3 in 100 people
Phobias	2.4 in 100 people
OCD	1.3 in 100 people
Panic disorder	0.6 in 100 people
Post traumatic stress disorder (PTSD)	4.4 in 100 people
Mixed anxiety and depression	7.8 in 100 people
Generalised anxiety disorder	5.9 in 100 people

Mental Disorder and Deprivation

Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society with the poorer and more disadvantaged disproportionately affected from common mental health problems and their adverse consequences.[3] Prescribing rates for mental health medication across Tayside are in accordance with this association where highest prescribing rates are seen in Dundee (see table 2).

Table 2 Health and Wellbeing Profiles 2016 (ScotPHO) [1]Age-sex standardised rate (ISD)2

Indicator	**Angus**	**Dundee**	**Perth and Kinross**	**National Average**
Population	116,900 (28%)	148,210 (36%)	149,930 (36%)	Total 415,040
Population income deprived[1]	10.5%	17.3%	8.6%	13.1%
Patients with a psychiatric hospitalisation (2014/15)[2]	558 per100,00	506 per100,00	524 per100,00	400 per100,00
Population prescribed medication for anxiety/depression/psychosis[1]	17%	20%	15%	17 %
Deaths from suicide (5 year average) [1]	13.3	15.1	10.7	14.5

The Scottish Public Health Observatory mental health profiles also illustrate this in their data on young people and drugs where Dundee has significantly worse figures than the other areas of Tayside and Scotland as a whole (see table 2). Similar data is not collected for adults but it would be expected that the poor mental wellbeing seen in young people in Dundee would be mirrored in the adult population and reflects socioeconomic factors related to deprivation.

Deprivation and poor socioeconomic circumstances contribute to common mental health disorders but also make their management more complicated. Where there are more complex needs, individuals with common mental health disorders are more likely to require referral to secondary mental healthcare services to help assess and manage these complexities.

Table 3 ScotPHO Mental Health Profiles (2014) (Red is significantly worse than average lowest 5%, Blue is significantly better than average highest 5%)

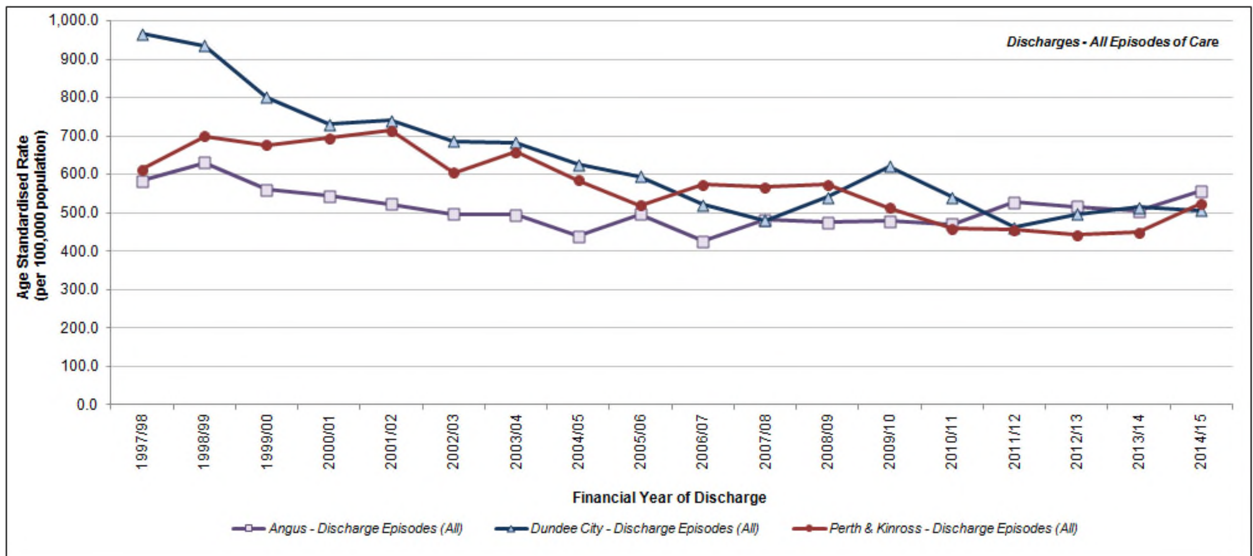
Indicator	Angus	Dundee	Perth & Kinross	Scotland average
S2 boys mean mental wellbeing score	49.4	50.5	51.9	51.1
S2 boys emotional and behavioural problems percentage with a borderline/abnormal score	25.1%	27.5%	16.7	24%
S2 boys conduct problems percentage with a borderline/abnormal score	29.3%	34.8%	22.1	27.5%
S2 boys hyperactive percentage with a borderline/abnormal score	34.1%	37.6%	28.1%	29.7%
S2 girls mean mental wellbeing score	48.7	48.0	49.5	49.3

S2 girls emotional and behavioural problems percentage with a borderline/abnormal score	25.3	30.7%	23.9%	26.0%
S2 girls conduct problems percentage with a borderline/abnormal score	20.9%	23.8%	18.5%	19.2%
S2 girls hyperactive percentage with a borderline/abnormal score	28.3%	35.4%	23.8%	27.6%
S4 boys mean mental wellbeing score	50.1	50.2	51.2	50.5
S4 boys emotional and behavioural problems percentage with a borderline/abnormal score	25.5%	29.7%	21.8%	24.0%
S4 boys conduct problems percentage with a borderline/abnormal score	26.1%	34.9%	21.1%	26.3%
S4 boys hyperactive percentage with a borderline/abnormal score	31.6%	37.3%	30.6%	31.2%
S4 girls mean mental wellbeing score	45.9	46.5	48.1	46.8
S4 girls emotional and behavioural problems percentage with a borderline/abnormal score	33.7%	36.7%	26.6%	34.0%
S4 girls conduct problems percentage with a borderline/abnormal score	19.4%	21.2%	15.2%	19.8%
S4 girls hyperactive percentage with a borderline/abnormal score	37.8%	35.0%	31.3%	35.5%
Male prevalence of problem drug use	1.4%	3.4%	2.0%	2.5%
Male drug related mortality	13.4	32.1	8.4	16.7
Female prevalence of problem drug use	0.6%	2.3%	0.5%	1.0%
Female drug related mortality	5.9	13.6	1.9	6.2

Inpatient Data

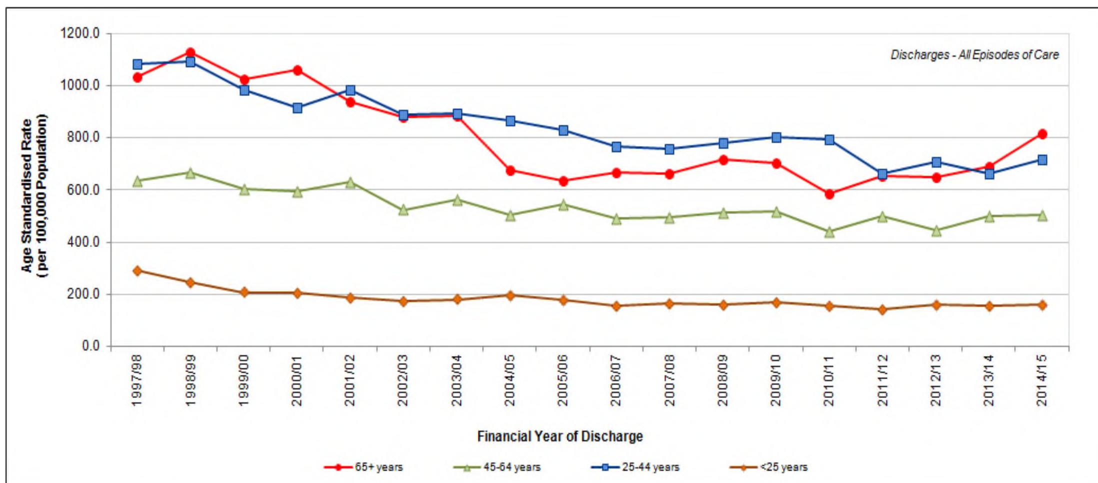
Rates of psychiatric discharge in Dundee have almost halved from 1997/98 to 2013/14. Rates of psychiatric discharge in Angus and Perth and Kinross have had smaller reductions between 1997/98 to 2013/14 (see figure 2).

Figure 2 Age Standardised Discharge Rates (All Episodes of Care) from Psychiatric Hospitals by Tayside Administrative Area, 1997/98 – 2014/1 *Source: Mental Health Inpatient Care Report 2014/15 (Section 2.1 SMR04), ISD Scotland*



Highest rates of discharge are seen in the 25-44 year old age group and the over 55 year olds (see figure 3)

Figure 3: Age Standardised Discharge Rates (All Episodes of Care) from Psychiatric Hospitals for Tayside Residents by Age Band, 1997/98 – 2014/15 *Source: Mental Health Inpatient Care Report 2014/15 (Section 2.2 SMR04), ISD Scotland*



Psychiatric Discharges compared with Scotland

Tayside has the highest rates of psychiatric discharges in Scotland (see table 4).

Table 4 Numbers and European age-sex Standardised rates (EASRs) of mental health inpatient discharges from psychiatric specialities in Scottish hospitals during 2015/16 (ISD)

NHS Board	Psychiatric Discharges (EASR per 100,000 population)
Ayrshire and Arran	365
Borders	430
Dumfries & Galloway	525
Fife	416
Forth Valley	466
Grampian	293
GG&C	441
Highland	370
Lanarkshire	328
Lothian	402
Orkney	193
Shetland	62
Tayside	**573**
Western Isles	214
SCOTTISH RESIDENTS	400

Mental Health Service provision evidence

Prevention and Early Intervention - Prevention and early intervention are the most cost-effective methods of managing mental health disorders. Economic savings and benefits can occur within short time frames and arise from co-ordination and planning with other services. For example £44 is saved per pound spent on suicide prevention through GP training and £18 is saved per pound spent on early intervention for psychosis.[1]

Service delivery model – Scottish Government policy is that as many people as possible should be treated in the community, avoiding hospital admission unless really necessary. The National Clinical Strategy for Scotland suggests that best outcomes are achieved through a smaller number of bigger volume hospital. Inpatient provision is a trade off between larger centres of excellence which offer

increased effectiveness and greater long term flexibility around the use of resources; versus accessibility.

NICE guidance recommends a 'stepped-care model' which ensures that people receive the least intensive intervention for their need.[5]
The key components of 'stepped care' are

- Assessment
- Care planned treatment
- Psychological interventions – including self help, group therapies, physical activity as well as more formalised therapies such as cognitive behavioural therapy
- Pharmacological interventions
- Crisis response
- Additional support services – including education & employment support, support groups, befriending, rehabilitation
- Other services – eg specialised residential care for eating disorders

There should be an integrated programme of care, which minimises the need for transition between different services and services should be built around the pathway (not the pathway built around the services).

Primary and secondary care clinicians, managers and commissioners should collaborate to develop these local care pathways that promote access to services for people with common mental health disorders. Responsibility for the development, management and evaluation of local care pathways should lie with a designated leadership team, which should include primary and secondary care clinicians, managers and commissioners.[6]

Evidence shows that improving primary mental health care support can reduce the use of secondary care services and improve quality of care. Similarly addressing the wider determinants of health can improve health outcomes and reduce service usage. Recovery oriented practice is also important, where individuals use a range of community and self-help resources, reducing pressure on secondary care.[7]

How to transform Secondary Mental Health services - Mental health services have changed dramatically over the last 20 years, moving from asylums to community care. The Kings Fund describes the lessons learned from transforming services which include:

- a system wide approach to change;
- active management to ensure vertical integration of the whole range of care from inpatient provision to social care and 3rd sector support;
- high quality, stable leadership; and
- investment in helping staff to develop and change roles.[4]

The Kings Fund also describes evidence and learning from reconfiguration of mental health services:

- Substituting inpatient mental health service provision with a community-based service delivers better outcomes for people with moderate mental health needs at comparable cost.
- Although one-off savings may be generated by rationalising inpatient provision, community services are unlikely to produce ongoing savings and may be more expensive for patients with complex needs.

- The evidence suggests that some types of community services are more cost effective than others.
- Community-based models of care improve user satisfaction, engagement with services, medication adherence and clinical outcomes.
- Randomised controlled trials have shown that crisis resolution and home treatment teams improve clinical outcomes and user satisfaction.
- Access to specialist early intervention services to detect and treat episodes of psychosis has been shown to be more clinically effective than general Community Mental Health Teams.
- Case studies suggest that Crisis Resolution and Home Treatment Teams, working alongside Community Mental Health Tams, can reduce bed use and improve quality of care.
- Access to outdoor space, single-sex environments or single rooms can prevent suicide, reduce violence, and aid recovery and discharge.
- There may be arguments for centralisation if this releases capital to invest in improved and safer accommodation.
- In rural areas, tele-health can facilitate access to specialist advice and support.[8]

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10.4

Extract from "The Gender and Access to Health Services Study" Dept of Health 2008"

1. Introduction and definitions

Mental health disorders are relatively common and services for people with mental illness are delivered across a range of sectors including primary care and specialist hospital services. A major study of psychiatric morbidity in Britain reported that, in 2000, one in six people had a neurotic illness, including anxiety and depression, while one in 200 had a psychotic disorder such as schizophrenia (Singleton et al., 2001; Cooper and Bebbington, 2006). One in seven people in the same survey had considered suicide at some point in their lives (Cooper and Bebbington, 2006).

Although definitions of mental health disorders vary, such conditions can largely be grouped into what are often described as common mental disorders including anxiety and depression, and more serious conditions including psychotic illness such as schizophrenia. In addition, suicidal behaviour, including both completed suicide and suicide attempts or deliberate self-harm, falls under the remit of mental health policy.

While more serious conditions and those related to substance use are often treated in specialist services, people with such conditions also draw on their primary services for support. Minor conditions are more often wholly treated in the community and by primary care, although depression and anxiety are also common diagnoses among those admitted to hospital. In-patient treatment also includes more serious conditions, including psychotic illnesses and disorders associated with substance use (Cooper and Bebbington 2006; Hospital Episode Statistics, 2005/06). However, many of those with mental health disorders, particularly those described as 'minor', do not receive treatment, and people appear to be less likely to consult for depression and anxiety than other mental health conditions. Thus questions about gender differences in unmet need and consulting behaviour are particularly important.

Mental health conditions have been a major focus for health policy in England and Wales for a number of years. Early *Health of the Nation* targets identified suicide mortality as an indicator of mental health and the Department of Health laid out directions for mental health policy in 1999 in the *National Service Framework for Mental Health* (NSF) (DH, 1999c), setting seven standards for mental health services. In 2002, the Department of Health launched the National Institute for Mental Health in England (NIMHE) with the goal of improving quality of life for people experiencing mental health difficulties, working with NHS organisations and others involved in care and services in local areas. Mental health policy has seen a number of initiatives in recent years including the *National Suicide Prevention Strategy* in 2002 (DH, 2002b), *Delivering Race Equality in Mental Health Care* in 2005 (DH, 2005d) and the development of specialised community mental health services including assertive outreach, crisis resolution and early intervention services. The legislation governing mental health is also changing following the 2007 Mental Health Act.

Crisis House Information

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your way to a brighter future

ANNUAL REPORT
2014/15

Edinburgh Crisis Centre

Penumbra.org.uk

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Penumbra Overview

Penumbra is one of Scotland's largest mental health charities, supporting around 1000 people each week across most of Scotland's Local Authority areas.

We work to PROMOTE mental health and wellbeing for all, PREVENT mental ill health for people who are 'at risk' and to SUPPORT people with mental health problems.

We are recognised for providing high-quality, personalised and recovery focused services to adults and young people who are suffering with mental ill-health. In 2014 Penumbra won the Care Accolade for investing in workforce development for our outcomes focused approach.

Penumbra is also one of the UK's most innovative mental health charities, recently developing an internationally recognised tool to measure personal outcomes and mental health recovery – I.ROC.

Penumbra was founded in 1985 and provided the first registered mental health supported accommodation service in Scotland. Its services now include:

- **Supported Living** – Offering recovery focused practical and emotional support to meet people's needs in their own home
- **Nova Projects** – Wellbeing projects that promote recovery, social inclusion and self-management
- **Supported Housing** – A variety of supported accommodation and tenancy projects
- **Homelessness Service** – Practical and emotional support for people who are homeless or at risk of homelessness
- **Plan2Change** – Peer support services
- **Short Breaks** – Supportive breaks for people to focus on their recovery
- **Self-Harm Projects** – Community based projects for both adults and young people who self-harm and are risk of suicide
- **ARBD** – Recovery Focused support for people with Alcohol Related Brain Damage
- **Employment Support** – For people who are working towards/need support in employment
- **Young Peoples' Projects** – Services that focus on support for young people
- **POWWOWS** – Penumbra workshops on wellbeing

Penumbra Updates

In February 2015 Penumbra celebrated its 30th birthday. Since its inception Penumbra has been recognised for its innovation and for the quality of the services it provides. This year has proved no different with Penumbra staff, people who use our services and other supporters coming together to promote recovery, prevent ill health and support people who are experiencing a mental health problem.

During 2014 Penumbra took part in 10 tenders and was successful in all 10. We were awarded contracts to run Aberdeen Homelessness Service, Aberdeen Nova, Aberdeen Mental Health Service, the ARBD step down service Edinburgh (developed in partnership with NHS Lothian), Borders Mental Health Support Service, West Lothian Mental Health Housing Support, Dundee Carers and self-directed support services in Perth and Kinross. In addition we successfully tendered to retain a position on the Falkirk Framework and Angus Care at Home and Housing Support Framework.

Some highlights of the 2014/2015 include:

New Services

Penumbra Milestone is an innovative new service for people in Edinburgh who have ARBD. The service is provided in partnership with NHS Lothian and the staff team includes nurses, occupational therapy, CPNs, social work and psychologists working alongside Penumbra staff.

The Dundee Carers is a new Project providing information and support specifically to people who care for someone with a mental health problem. The service will provide telephone, 1:1 and group support.

Perth and Kinross: From February 2015 we will be providing a Self – Directed Support development project in Perth and Kinross. The service aims to raise awareness of SDS and assist those who wish to access SDS to do so.

Awards

In 2014 Penumbra won the Care Accolade for investing in the workforce for our outcomes approach. We were runners up in The Personalisation Care Accolade for our NOVA short breaks service.

Our Edinburgh Self Harm service has also been shortlisted In the Mental Welfare Commission ‘principles into practice’ awards, which will be announced in March 2015.

I.ROC

In 2014 I.ROC went global. Penumbra is currently working with colleagues in Andalucia in Spain to translate I.ROC into Spanish. In the Netherlands we are working with a group of service providers and researchers who translate I.ROC into Dutch and conduct trials in early 2015. Penumbra has also had significant interest in our recovery outcomes counter from mental health services in the USA, Canada, South Africa, Australia, and New Zealand.

We are also currently working with MTC media to develop an I.ROC website and app that will make I.ROC accessible to all.

Tackling Stigma

In an exciting new project Penumbra will work with First Bus in Falkirk to address issues that people have faced on buses in and around the town. The project brings together drivers and people with firs-hand experience of mental health problems to work through the difficulties faced when using public transport.

Care Inspectorate

In 2014 Penumbra continued to receive positive feedback from the Care Inspectorate. Many of our services were awarded grade 6 “excellent” in some or all of the quality themes.

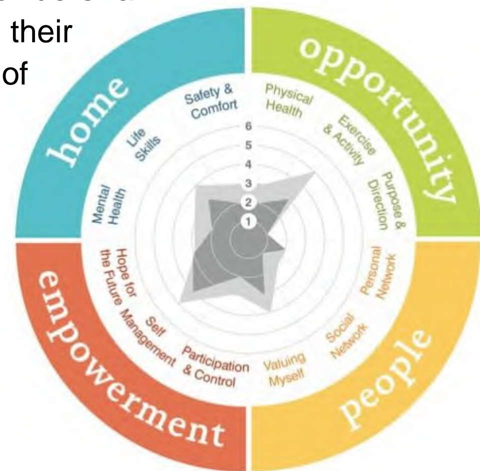
Penumbra Outcomes

Penumbra developed I.ROC as a means of measuring the recovery journey of people who use our services. I.ROC is based on Penumbra's HOPE Framework (Home, Opportunity, People and Empowerment).

Within I.ROC there are 12 indicators of well-being - 3 for each of the 4 areas of HOPE. We aim to improve the well-being of people that use our services by having a positive impact in each of the indicator areas.

I.ROC has 12 questions which correspond to the 12 indicators of wellbeing. Each question is answered by giving a number 1-6. I.ROC is completed by the supported person every 3 months and their scores are recorded.

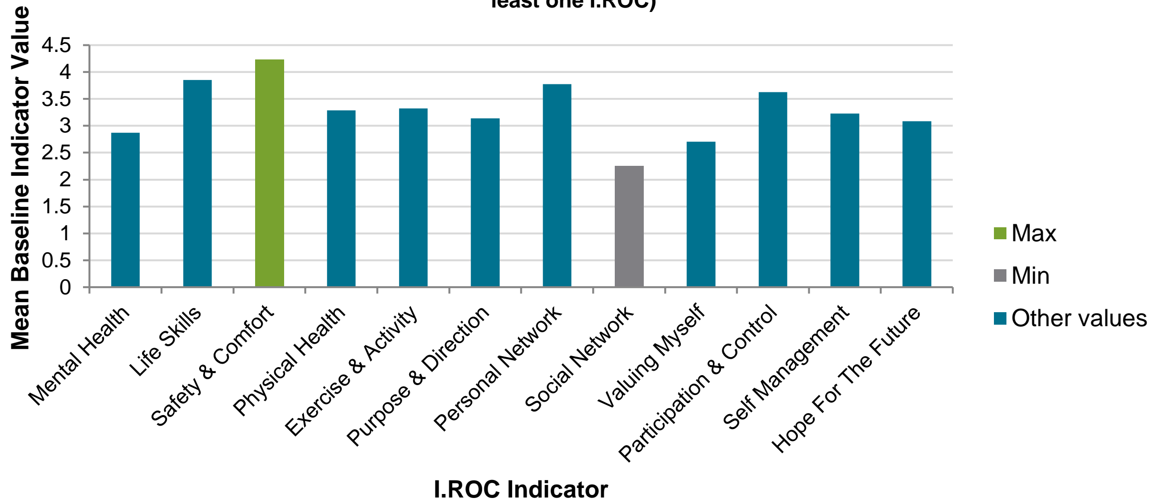
I.ROC offers people who use services and providers an opportunity to identify priorities for inputs, map their recovery journeys and measure the impact of Penumbra services.

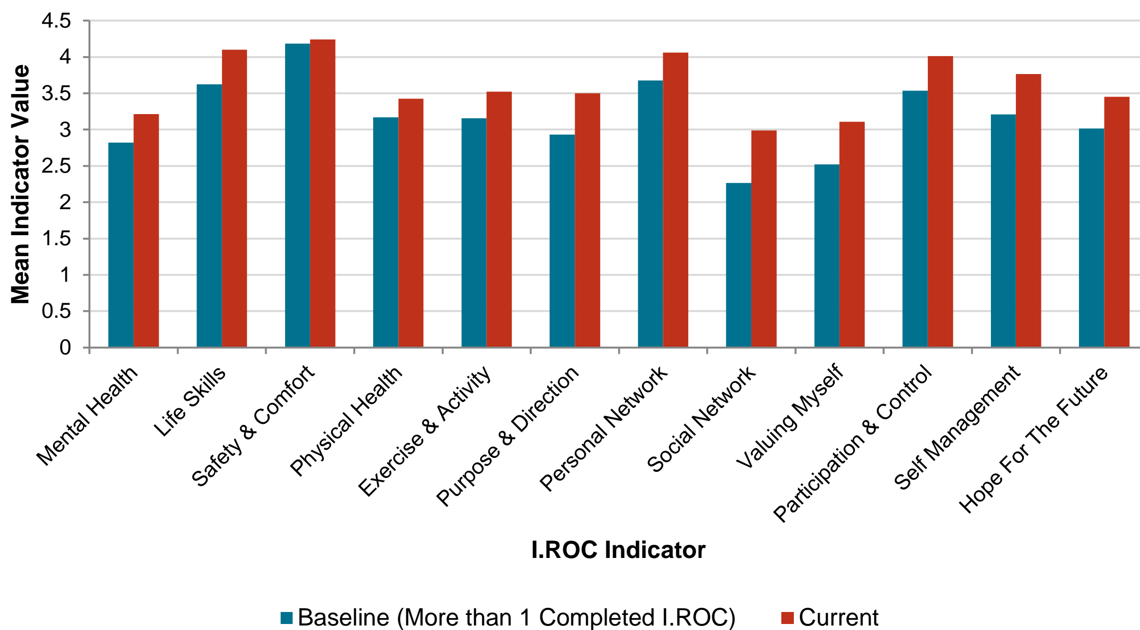


Each I.ROC question has a combination of verbal and visual prompts. Comprehensive guidance on how to facilitate the I.ROC self-assessment questionnaire is available. As is the HOPE Toolkit which contains a range of tools, tips, techniques and resources related to wellbeing.

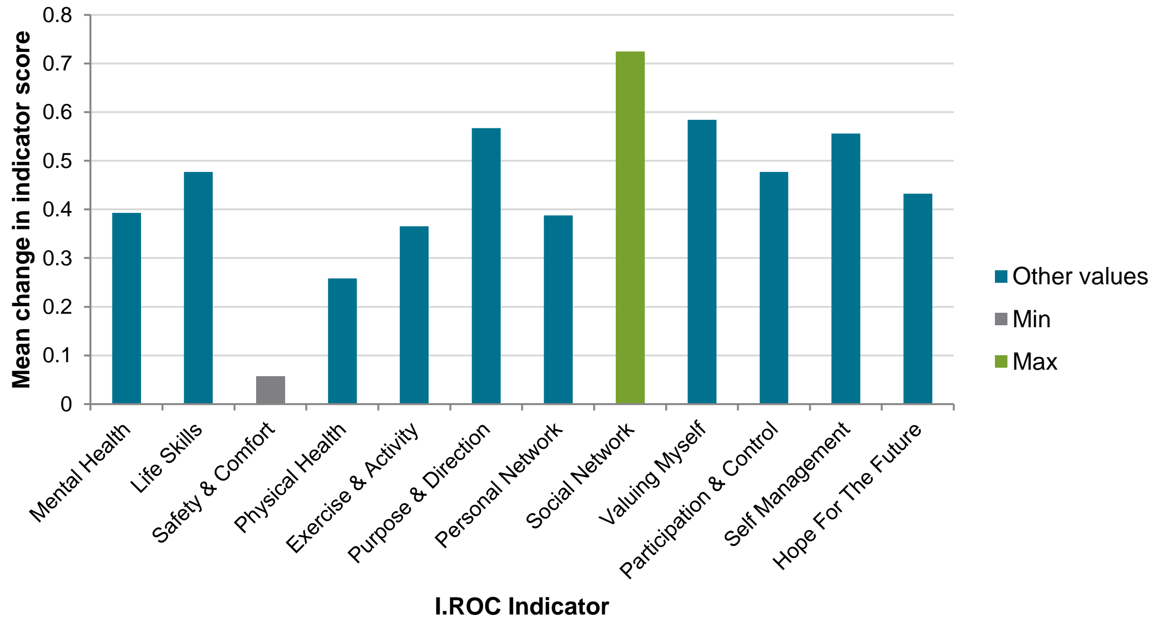
I•ROC

The graphs below represent an analysis of data gathered by Penumbra in December 2014. I.ROC analysis is based on first and latest I.ROC scores per person and is presented for Penumbra as a whole.





Penumbra's overall impact for people who started receiving support in 2014).


Difference Between Baseline (>1 Completed I.ROC) & Current I.ROC Scores for people who started support with Penumbra in 2014 (n=726 I.ROCS)
Mean change in indicator score
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Mental Health
Life Skills
Safety & Comfort
Physical Health
Exercise & Activity
Purpose & Direction
Personal Network
Social Network
Valuing Myself
Participation & Control
Self Management
Hope For The Future
I.ROC Indicator
Other values
Min
Max

Edinburgh Crisis Centre Overview

The Crisis Centre is open to any Edinburgh resident who is 16+ and experiencing a mental health crisis or a carer for someone who is. There is no other criteria attached, with support provided either directly through the Project/Crisis Centre Workers on a face-to-face basis, or via a telephone helpline (the helpline is free and confidential). We are members of the Helplines Partnership and Language Line, who provide a translation service for people whose first language is not English.

As recommended by Centre users and carers, the service is community based and is accessible 24 hours a day, 365 days a year. It is important access to the service is as open and as easy as possible. Leaflets about the service are available across Edinburgh, in GP surgeries, student/halls, CMHTs, counselling services and police stations. The Mental Health Assessment Service and Emergency Duty Social Work Team also signpost people to the Centre.

People initially contact the service by email, text or telephone. Crisis Centre staff work with callers to support them through their distress. Where safety is an issue for people in distress, suicidal thoughts and feelings are openly discussed and staff support people to make safe plans.

Depending on the outcome of the discussion and review, a person may be offered the opportunity to visit the Centre for a 1-1 session. Appointments for 1-1 meetings are made as quickly as possible – sometimes immediately and usually within the same day. As with telecommunications support, Crisis Centre staff work with visitors to support them through their distress and if appropriate make safe plans.

In addition to the above and depending on the outcome of the discussion and review at the 1-1, a person may also be offered the opportunity to have an extended or overnight stay. Up to four service users can stay at the centre after their 1-1 session with staff.
Length of stay at the centre is discussed with individuals on an on-going basis during their support, however the agreed maximum stay is up to 7 days. The average stay for most centre users is 2-3 days. This period of time has been shown to be effective in allowing centre users to address their immediate anxieties and plan for on-going support post their stay at the ECC, which can include if required follow up 1-1 and telephone support.

Partnership Group

The Crisis Centre is governed by a partnership group of voluntary and statutory employees and Centre users. This mechanism was chosen to enshrine the longstanding commitment to the involvement of Centre users and carers in the development and management of the Centre.

Centre users and carers have been involved in campaigning for planning permission for the centre building, and continue to be involved in the recruiting and training of staff and developing operational policies.

The Partnership Group meets bi-monthly at the centre and discusses and agrees decisions relating to service usage, development, promotion and support procedures.

The Crisis Centre Partnership Group consists of representatives from Edinburgh City Council, NHS Lothian, Police Scotland, Edinburgh Carers Council, Penumbra, centre user representatives (supported by Advocard).

It remains committed to the principles that the service is:

- Based on Partnership working
- Designed to meet the needs of centre users as agreed with centre users
- Involves centre users through the PG in planning, governing and evaluation of the service

Comments from the Chair of the Partnership Group

It has been another challenging and eventful year for the Crisis Centre. The statistics and service user feedback in this report show that there has been no let-up in the support provided to the people of Edinburgh. All of this taking place in the background of change both in the centre and the world outside.

In the partnership group itself we have increased the representation of service users and welcomed Becky Leach a new representative from the independent advocacy service Advocard. In other changes the partnership group are considering how to increase the opportunities for peer support and using volunteers within the unique service the centre provides.

In March we said goodbye to long time deputy manager Steve Atkinson. The partnership greatly valued his contribution to the service, not least for the extended period where he acted as service Manager. I found his quiet assurance and unflappability made him a terrific ambassador for the Centre on the many times when we shared a platform to promote it. The partnership group wish him all the best in his future career.

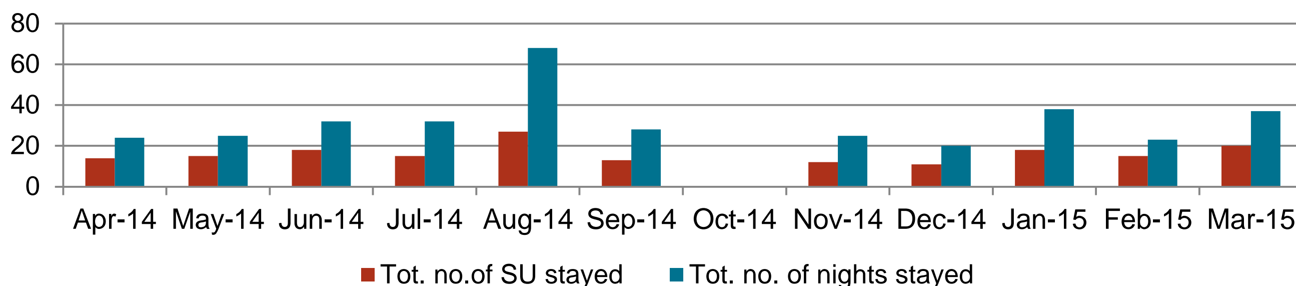
In the outside world the imminent integration of Health and Social Care services and the development of services within the city on a four locality basis is causing the partnership group to look at how the service should develop against this background. In consequence the Centre is hosting an away day with representatives from all the partners including service users, carers as well as NHS, Council and Police Scotland.

The aim of the day is to help the Partnership find the future path for the service that will allow it to adapt to this changing environment and still provide a sensitive and flexible service to people who define themselves as in crisis and to support them through the crisis in the way that best suits them.

The coming year will present us with more challenges, especially in continuing to provide the same unique service in harsher economic environment for all services. To meet these challenges I look forward to the continuing support, hard work and innovative ideas and suggestions from all the members of the partnership group.

John Armstrong
Senior Practitioner: Mental Health
City of Edinburgh Council
September 8th 2015.

People Who Use Our Service



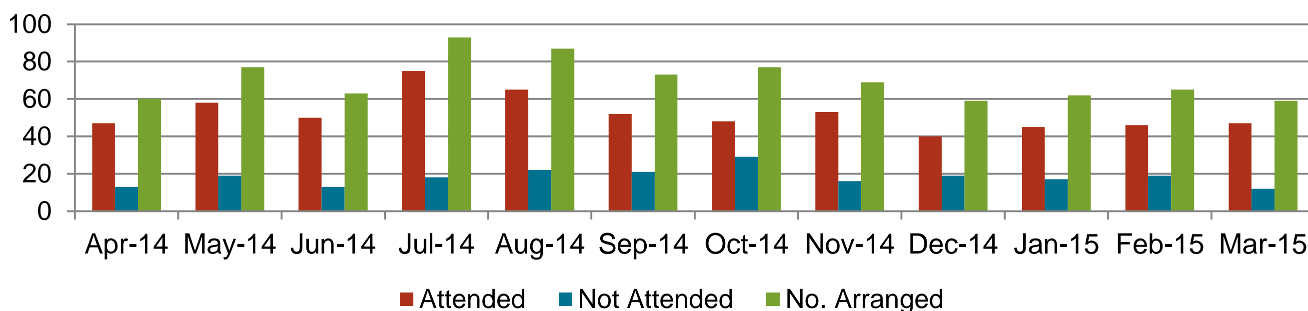


Table 1 includes both new and repeat contacts. The total number of contacts is 1807, which includes 1023 new contacts. Table 2 shows 626 people attended 1-1 sessions, whilst the total number 1-1 sessions arranged was 844. The number of 1-1 sessions not attended was 218.

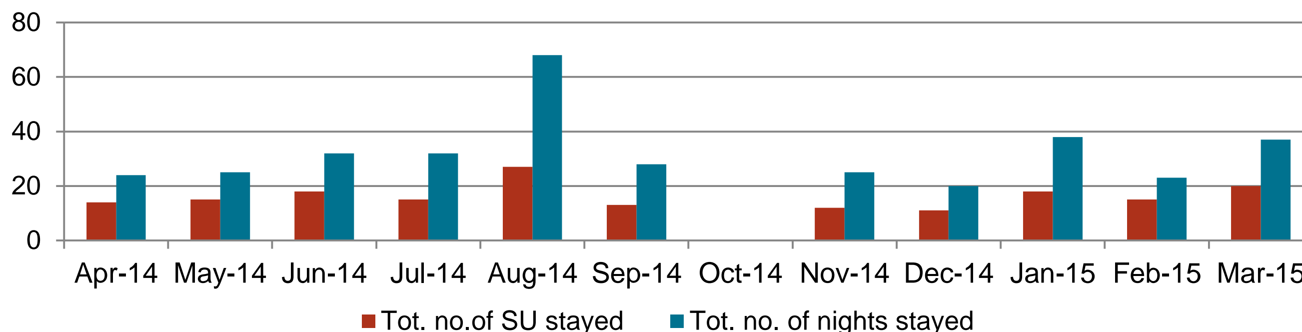
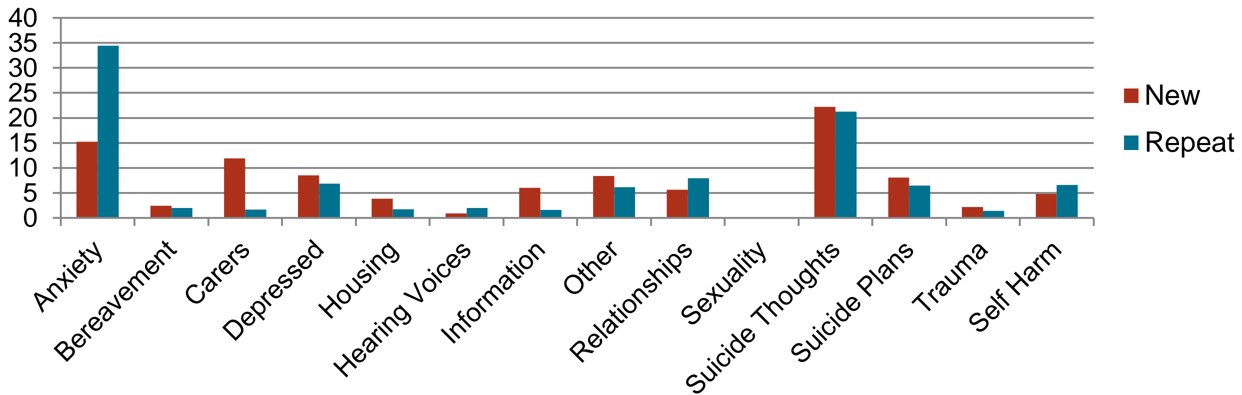
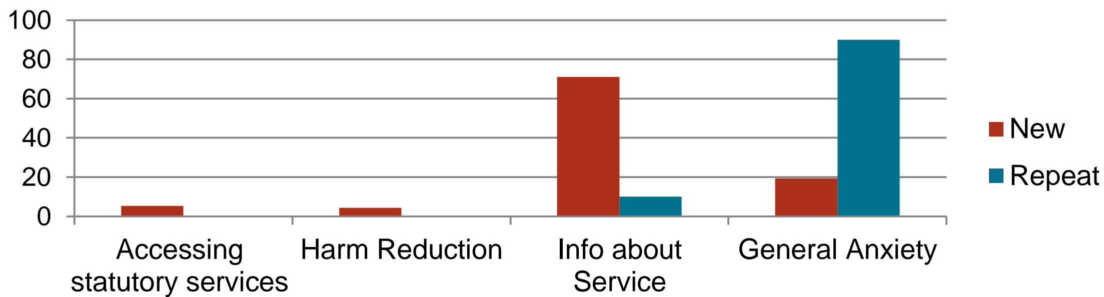


Table 3, the total number of individual centre users staying overnight is 178 and the total number of combined nights stayed at the centre is 352 . There were no overnight stays in October 14 as during this period of the service was temporarily relocated.



At first contact staff ask people what has prompted them to contact the service. Table 4 records the reasons people gave over the twelve month period April 2014 – March 2015. The 'other' column includes instances where no reason for contact was provided by the service user or the contact was incomplete.



At first contact staff ask Carers what has prompted them to contact the service. Table 5 records the reasons people gave over the twelve month period April 2014 – March 2015.

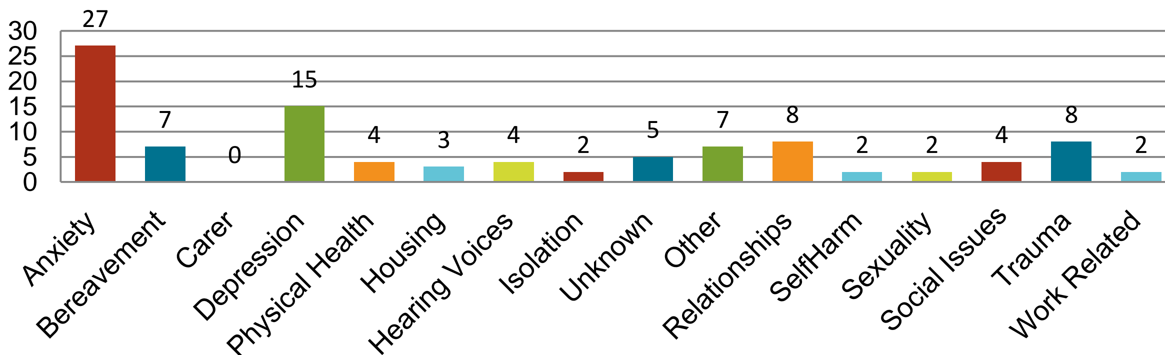
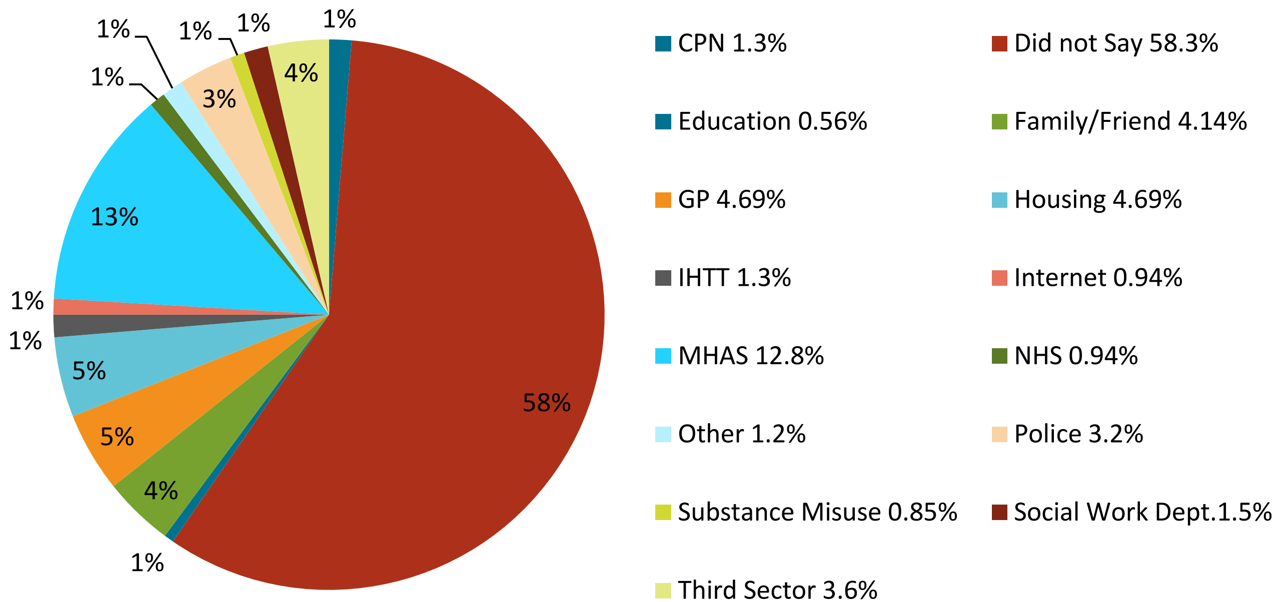


Table 6 records the underlying reasons for suicidal thoughts provided by service contacts over the twelve month period April 2014 – March 2015. The 'Other' column includes 'experiencing difficulties with professional support', 'sexual health' and 'eating disorder'. 'Unknown' specifically no reason given.

Table 7: Services who signposted to ECC



As a self referral service Table 7 is formed by information provided directly from contacts during support conversations over the phone or visiting the Centre.Therefore it does not necessarily provide information on services signposting for all contacts with the centre.

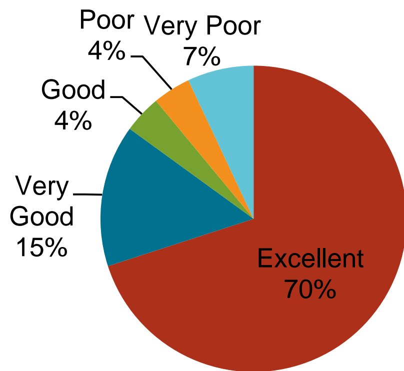
Service Outcomes

Feedback on the quality and effectiveness of the service is provided through anonymous questionnaires. These questionnaires are available directly from the staff for service users who visit the centre and through the ECC website.

There are eight questions on the questionnaire which ask about different aspects of the service, for example telecommunications, 1-1 support or overnight stays.

Each question asks people to score the service between 1 (excellent) and 5 (very poor).

How well did the service help you in managing the crisis?



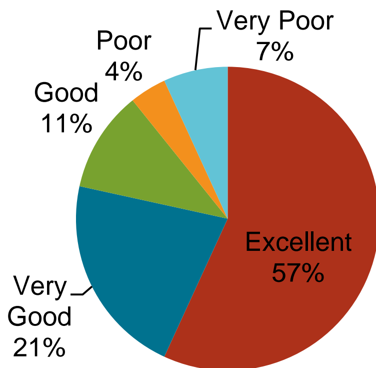
Additional comments

“proved invaluable in assisting me to stay safe and be supported”

“It went beyond its duty of care”

“Staff are all very supportive”.

How useful did you find your one to one meetings with staff?



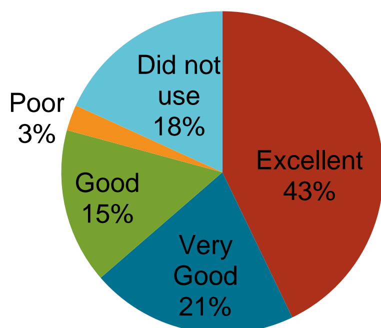
Additional comments

“I really liked how I was heard and not just listened to”

“very understanding and polite”

“they helped me to refocus on the positive things in my life”

If used, how useful did you find the Centre’s resources?



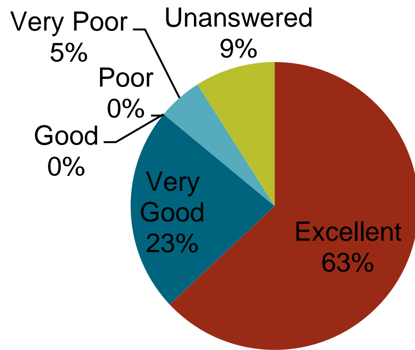
Additional comments

“fast computer in a comfy chair, bright room, it was raining and I was given a nice towel to use”

“helpful reading material, useful websites to access further support”

“decent resources, nice garden”

If you stayed overnight how do you rate the Centre's facilities?



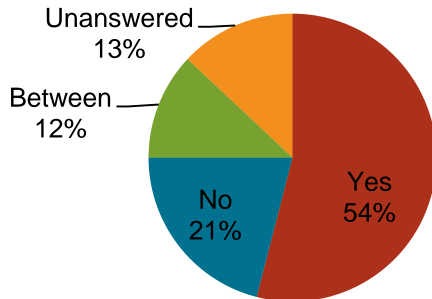
Additional comments

"calm and very peaceful and reassuring"

"room was very comfortable and most importantly felt very safe"

"best sleep in weeks"

Do you feel better prepared to deal with the issues that led to the crisis?

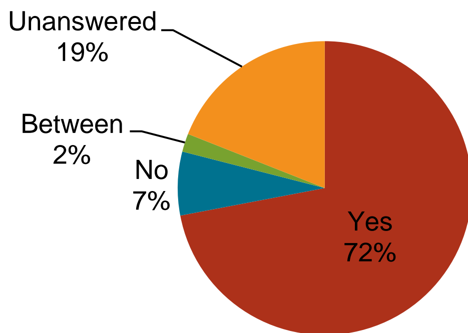


Additional comments

"I know that the centre is available, that helps a lot"

"able to look at situation differently- more positive reinforcement"

Do you think your contact with the Crisis Centre has helped improve your mental health and wellbeing?



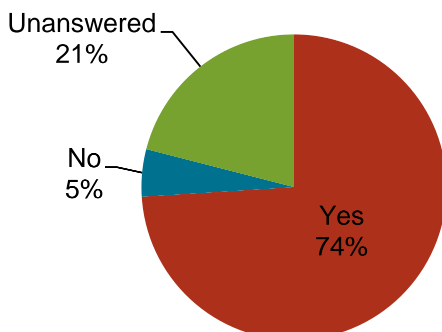
Additional comments

"knowing I have access and support increases my confidence and be able to handle things"

"It kept me alive"

"It got me through crisis without hospital"

Based upon your experience do you think using the Crisis Centre has provided an alternative to a hospital admission?



Additional comments

"I believe I hit rock bottom and needed help. If the centre wasn't there I'm sure I would have been in hospital"

"I probably would have had to return to my parents"

"You kept me alive"

Service Highlights

The last twelve months for the Edinburgh Crisis Centre has seen several developments some temporary and some more permanent.

Volunteer Initiative

Of these developments one of the most prominent is the Volunteer Initiative which has been evolving in earnest since October 2014.There are more details about the initiative later in the review but this is clearly a very new and exciting opportunity for the centre.

Building Upgrades

In October due to necessary building maintenance work the service was temporarily relocated to St Colme Street in central Edinburgh. This was for a period of around four weeks and during this time we continued to provide 24 hour telecommunications and 1-1 support, but were unable to provide overnight accommodation. With the building work completed and safety ensured we have been back in Leith since December and offering the full support service since then.

Opens Days and events

Throughout the year the service holds Open Days to enable people who want to find out more about the centre, to attend in person, receive information and ask any questions they may have. Previously Open Days were held bi-monthly, but following feedback which pointed out that this reduced some people's opportunities to visit, the Open Days are now held monthly. Please see our website for further information.

Throughout the year we have also continued to actively promote the centre and have either hosted or attended events with:

Organisation	Event
Scottish Recovery Network	Morningside Library (Suicide prevention Week)
Community Adolescent Mental Health Service	Leith Library (Suicide prevention Week)
Community Help and Advice Initiative	Cockburn Street Housing Office (Suicide prevention Week)
Support In Mind	Edinburgh Film House (Suicide prevention Week)
	Edinburgh Film House (Mental Health Arts Festival)

We continue to receive regular requests for leaflets and are currently having another print run completed due to such demand.

We also hosted visits to the centre from representatives of health and social care services in Romania and the Czech Republic.

Staff Update

The service complement is 5.5 Project Workers and 5.5 Crisis Centre Workers who work in a combined team on a 24 hour shift rota. Project Workers take the lead role on shift and have a variety of skills backgrounds, including health and social care.

Crisis Centre Workers also have varied skills backgrounds and both roles have a focus on mental health experience. In addition there are a Service Manager and Assistant Manager, who provide support to the frontline staff and 1 full- time administrator.

The Edinburgh Crisis Centre continues to provide 24 hour quality support for people feeling distressed. With support from the Centre Partnership Group members we intend to maintain (and improve wherever possible) this level of support. Already during the year the staff team have been continuing to advance practice as support providers. There has been a particular focus on telecommunication skills such as text support and the further development of Crisis and Safe planning skills and approach.

Recently Steve Atkinson, who had been in post as the centre's Assistant Manager since its opening in 2006, moved on to a new post outside of Penumbra and we all wish him well in his new ventures. Steve was replaced by an equally long serving member of staff, Nick Bell. Over the year we have recruited two Project Workers and 3 Crisis Centre Workers who are now all settled into their new posts.

Staff Overview

Barrie Hunter, Service Manager

Barrie has been in post since March 2013. Barrie has worked in social care for twenty years. He has experience working at both support and management levels within services providing support to people with mental health, substance misuse and housing issues.

Nick Bell, Assistant Service Manager

Nick began his career working in mental health with Penumbra in 2003. He became a project worker at the Crisis Centre when the service opened in 2006. He spent nine years as a project worker before recently becoming the assistant service manager.

Nick helps support the frontline staff on a daily basis, supervising crisis workers, and is part of the management team.

Jacqui Walton, Administrator

Jacqui Walton is the Administrator for the ECC and has been with the service since 2007. As well as providing administrative support for the service Jacqui has a personal interest in mental health issues and is actively involved in a carer's support group and the Choose Life steering group.

Malcolm Steven, Crisis Centre Worker

Malcom applied for the Crisis Centre Worker position after initially volunteering then being employed for Penumbra in a respite care service.

As a Crisis Centre Worker he provides support to service users. This involves non-judgemental active listening, speaking openly about issues and concerns to support people to move forward, and signposting people towards support networks.

At the ECC we work as a team with two to three members of staff on shift together. The shift begins with a handover from the previous shift, then we catch up on notes left in the service users files before arranging our shift plan. We share equally the helpline duties and giving support to service users who may be staying in the building during our shift.

Dale Radley, Volunteer Co-Ordinator

Dale began as a Volunteer Development Co-Ordinator in Nov 2014.

Her role involves looking at how the service can best integrate volunteers into the centre to meet the demands of our service and make it a productive and rewarding experience for volunteers and the Crisis Centre.

Staff Highlights

Volunteer Pilot Project

The volunteer pilot project was created to help incorporate volunteers into the service and integrate a diverse range of qualities, skills and experience in to the wider team.

Volunteer Development Co-Ordinator Dale Radley worked with the Crisis Centre team and partnership group to plan how to incorporate volunteers into the unique service, so that the experience would be beneficial to both the organisation and volunteers.

The project began by asking volunteers to man the crisis helpline, providing a clear role that staff could provide training on and risk assess.

It was identified that the demands of the role could be stressful or emotionally challenging and time was taken to carefully consider all support options for both volunteers and staff. A robust recruitment method was put in place to ensure volunteers were able to meet the requirements of the role.

A volunteer induction and application pack was created, which includes a volunteer agreement, supervision template and feedback forms and relevant policies, protocols and legislation and resources that will support volunteers in their role.

An intensive training programme was also put in place which includes call management, ASSIST, counselling skills, risk assessing, safe planning, mental health awareness, self harm awareness and management, drug and alcohol issues, recovery approach and crisis planning.

Dale also worked to create promotional materials for recruitment of volunteers. Interviews for volunteers have taken place with a Penumbra service user and we are delighted with the people who have come forward to offer their time and skills to our service. The Crisis Centre looks forward to welcoming them into our team as we begin training and induction.

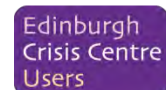
Acknowledgements & thanks

To all members of the ECC Partnership Group for their contribution over the past twelve months.

To all of the ECC staff for their dedication and commitment in continuing to provide a high standard of support in what is often a challenging environment.

Most importantly to the centre's users for choosing the Edinburgh Crisis Centre for support and for the comments and feedback they have provided on how we can develop the service in the future.

Edinburgh Crisis Centre is a partnership between:



Contact Us

Edinburgh Crisis Centre

For support contact

Freephone: 0808 801 0414

Text: 0797 442 9075

Email: crisis@edinburghcrisiscentre.org.uk

General Information

Website: www.edinburghcrisiscentre.org.uk

Tel: 0131 561 0082 (Jacqui Walton)

Penumbra East Area Office

Address:

5 Leamington Terrace
Edinburgh
EH10 4JW

Tel: 0131 228 1335

Penumbra Head Office

Address:

Penumbra
Norton Park
57 Albion Road
Edinburgh
EH7 5QY

Email: enquiries@penumbra.org.uk

Tel: 0131 4752380

Health Equity Strategy 2010 Communities in Control

HEALTH EQUITY STRATEGY 2010

Communities in Control

INCLUDED WITHIN APPENDIX 1 (PAGES 1028-1063)

10.7

Population Maps and Transport Link Information

The changes proposed will provide greater care in the community and allow patients across Tayside to be cared for longer in their local communities and own home environments.

For the residents of South Angus from areas such as Carnoustie, Monifieth, Tealing, Forfar and Monikie the relocation of the GAP acute admission inpatient services to Carseview site in Dundee will mean a reduction in travel time and improved transport links for GAP service users requiring acute admission and for their visiting families and carers and NHS staff. Those service users, visitors, staff and carers from North Angus will have increased travel as they are currently closer to current services provided in Susan Carnegie Centre on Stracathro site near Brechin. Approx only 20% of the total current population of Angus live in North Angus. i.e Brechin and Montrose areas which equates to approx 4 to 5 patients of the current 25 acute inpatient admissions

Currently 15% of Angus GAP Acute patient admissions have to be admitted out with Angus to inpatient beds within the Carseview Centre in Dundee and Murray Royal site in Perth due to varying bed demands.

For the residents of North/East Perthshire from areas such as Invergowrie, Longforgan, Errol/Carse of Gowrie, Alyth and Blairgowrie the relocation of the GAP acute admission inpatient services to Carseview site in Dundee will mean a reduction or equivalent travel time and improved transport links for GAP service users requiring acute admission and for their visiting families and carers and NHS staff. Those service users, visitors, staff and carers from South/West and more rural Perthshire will have increased travel as they are currently closer to current services provided in Murray Royal Hospital in Perth (furthest additional travel is 21 miles)

Approx 27% of the total current population of Perth & Kinross live in South West and more rural areas of Perth & Kinross. i.e which equates to approx 7 patients of the current 26 acute inpatient admissions.

Approx 45% of the total current population of Perth & Kinross live in city centre area of Perth i.e which equates to approx 11 patients of the current 26 acute inpatient admissions

Approx 28% of the total current population of Perth & Kinross live in the North East area of Perth & Kinross and would therefore be nearer to Carseview Centre i.e which equates to approx 8 patients of the current 26 acute inpatient admissions

Currently 7% of Perth GAP Acute patient admissions have to be admitted out with Perth & Kinross to inpatient beds within the Carseview Centre in Dundee and Susan Carnegie Centre in Angus due to varying bed demands.

Tayside populations are split across three localities as 36% Perth & Kinross, 28% Angus and 36% Dundee.

The relocation of Learning Disability inpatients beds currently provided in Strathmartine and Carseview sites in Dundee to Murray Royal hospital in Perth will mean greater travelling distances for the population of Angus and Dundee (64% of Tayside population) to access services on the Murray Royal site in Perth (of 30 inpatient beds using this % would be approx 19 service users). However in turn this would mean reduced travelling distances for the residents of Perth & Kinross (34% of Tayside population) approx 11 service users.

The MHSRT Programme EQIA report considers in full the potential impacts on the population of Tayside and suggested actions to reduce and mitigate impacts.

Dundee

Angus

Perth

Public Transport Travel Times - ANGUS

LOCATION		DESTINATION		Min Travel Time		Max Travel Time
Forfar		Carseview		1.14 hrs		1.14 hrs
Forfar		Stracathro		38 mins		51 mins
Forfar		Strathmartine		1.23 hrs		1.23 hrs
Forfar		Murray Royal		2 hrs		2.18 hrs
Brechin		Carseview		1.43 hrs		2.45 hrs
Brechin		Stracathro		16 mins		18 mins
Brechin		Strathmartine		1.50 hrs		2.09 hrs
Brechin		Murray Royal		2.05 hrs		2.29 hrs
Arbroath		Carseview		55 mins		1.40hrs
Arbroath		Stracathro		1.19 hrs		1.32 hrs
Arbroath		Strathmartine		1.50 hrs		2.09 hrs
Arbroath		Murray Royal		1.30 hrs		2.01 hrs
Montrose		Carseview		1.08hrs		1.30 hrs
Montrose		Stracathro		43 mins		43 mins
Montrose		Strathmartine		1.29 hrs		1.48 hrs
Montrose		Murray Royal		1.30 hrs		2.19 hrs
Kirriemuir		Carseview		1.30 hrs		1.30 hrs
Kirriemuir		Stracathro		1.08 hrs		1.36 hrs
Kirriemuir		Strathmartine		1.36 hrs		1.42 hrs
Kirriemuir		Murray Royal		1.52 hrs		2.46 hrs
Letham		Carseview		1.33 hrs		1.56 hrs
Letham		Stracathro		45 mins		1.39 hrs
Letham		Strathmartine		1.42 hrs		1.54 hrs
Letham		Murray Royal		2.22 hrs		2.49 hrs
Edzell		Carseview		2.07 hrs		2.28 hrs
Edzell		Stracathro		15 mins		15 mins
Edzell		Strathmartine		2.16 hrs		2.55 hrs
Edzell		Murray Royal		2.53 hrs		3.17 hrs
Carnoustie		Carseview		48 mins		1.03 hrs
Carnoustie		Stracathro		1.12 hrs		2.19 hrs

Carnoustie		Strathmartine		1.24 hrs		1.30 hrs
Carnoustie		Murray Royal		1.15 hrs		1.49 hrs
Monifieth		Carseview		51 mins		51 mins
Monifieth		Stracathro		1.30 hrs		1.58 hrs
Monifieth		Strathmartine		57 mins		1.18 hrs
Monifieth		Murray Royal		1.34 hrs		1.55 hrs
Dundee		Carseview		23 mins		25 mins
Dundee		Stracathro		1.20 hrs		1.30 hrs
Dundee		Strathmartine		28 mins		46 mins
Dundee		Murray Royal		1 hr		1.15 hrs
Muirhead		Carseview		16 mins		41 mins
Muirhead		Stracathro		2 hrs		2.42 hrs
Muirhead		Strathmartine		47 mins		52 mins
Muirhead		Murray Royal		1.44 hrs		2.54 hrs

Mileage Distances - ANGUS

DESTINATION	LOCATION		Mileage by Car
Stracathro	Forfar		18.0 miles
	Brechin		3.7 miles
	Arbroath		19.6 miles
	Montrose		9.4 miles
	Kirriemuir		19.4 miles
	Letham		16.3 miles
	Edzell		3.7 miles
	Carnoustie		24.1 miles
	Monifieth		33.8 miles
	Dundee		29.8 miles
	Muirhead		33.2 miles

DESTINATION	LOCATION		Mileage by car
Carseview	Forfar		18.4 miles
	Brechin		31.1 miles
	Arbroath		20.9 miles
	Montrose		41.9 miles

	Kirriemuir		23.6 miles
	Letham		22.6 miles
	Edzell		36.0 miles
	Carnoustie		15.4 miles
	Monifieth		10.1 miles
	Dundee		4.0 miles
	Muirhead		4.3 miles

DESTINATION	**LOCATION**		**Mileage by Car**
Strathmartine	Forfar		14.0 miles
	Brechin		26.8 miles
	Arbroath		19.6 miles
	Montrose		37.5 miles
	Kirriemuir		19.2 miles
	Letham		18.2 miles
	Edzell		31.6 miles
	Carnoustie		14.0 miles
	Monifieth		9.3 miles
	Dundee		4.4 miles
	Muirhead		3.7 miles

DESTINATION	**LOCATION**		**Mileage by car**
MRH	Forfar		34.9 miles
	Brechin		47.7 miles
	Arbroath		39.0 miles
	Montrose		58.5 miles
	Kirriemuir		27.6 miles
	Letham		39.0 miles
	Edzell		52.6 miles
	Carnoustie		33.5 miles
	Monifieth		28.7 miles
	Dundee		22.8 miles
	Muirhead		20.9 miles

Public Transport Travel Times - DUNDEE

LOCATION		DESTINATION		Min Travel Time		Max Travel Time
Dundee		Carseview		23 mins		25 mins
Dundee		Stracathro		1.20 hrs		1.30 hrs
Dundee		Strathmartine		28 mins		46 mins
Dundee		Murray Royal		1 hr		1.15 hrs

Mileage Distances - DUNDEE

DESTINATION	**LOCATION**		**Mileage by Car**
Stracathro	Dundee		29.8 miles
DESTINATION	**LOCATION**		**Mileage by car**
Carseview	Dundee		4.0 miles
DESTINATION	**LOCATION**		**Mileage by Car**
Strathmartine	Dundee		4.4 miles
DESTINATION	**LOCATION**		**Mileage by car**
MRH	Dundee		22.8 miles

Public Transport Travel Times - PERTH

LOCATION		DESTINATION		Min Travel Time		Max Travel Time
Perth		Carseview		42 mins		57 mins
Perth		Stracathro		2 hrs 1 min		2 hrs 33mins
Perth		Strathmartine		1 hr 30 mins		1 hr 50 mins
Perth		Murray Royal		25 mins		27 mins
Blairgowrie		Carseview		1 hr 3 mins		1 hr 41 mins
Blairgowrie		Stracathro		2 hrs 20 mins		3 hrs 20 mins
Blairgowrie		Strathmartine		1 hr 12 mins		1 hr 26 mins
Blairgowrie		Murray Royal		54 mins		59 mins
Pitlochry		Carseview		2 hrs		2 hrs 22 mins

Pitlochry		Stracathro		2 hrs 50 mins		3 hrs 16 mins
Pitlochry		Strathmartine		2 hrs 19 mins		2 hrs 28 mins
Pitlochry		Murray Royal		1 hr 13 mins		1 hr 46 mins
Kinross		Carseview		1 hr 21 mins		1 hr 59 mins
Kinross		Stracathro		2 hrs 54 mins		3 hrs 52 mins
Kinross		Strathmartine		2 hrs 4 mins		2 hrs 11 mins
Kinross		Murray Royal		59 mins		1 hr 6 mins
Coupar Angus		Carseview		53 mins		1 hr 41 mins
Coupar Angus		Stracathro		2 hrs 34 mins		3 hrs 37 mins
Coupar Angus		Strathmartine		1 hr 2 mins		2 hrs 10 mins
Coupar Angus		Murray Royal		41 mins		44 mins
Aberfeldy		Carseview		2 hrs 17 mins		2 hrs 20 mins
Aberfeldy		Stracathro		3 hrs 51 mins		4 hrs 12 mins
Aberfeldy		Strathmartine		2 hrs 48 mins		3 hrs 25 mins
Aberfeldy		Murray Royal		1 hr 41 mins		1 hr 44 mins
Crieff		Carseview		1 hr 33 mins		2 hrs 25 mins
Crieff		Stracathro		3 hrs 6 mins		3 hrs 15 mins
Crieff		Strathmartine		2 hrs 21 mins		2 hrs 47 mins
Crieff		Murray Royal		1 hr 6 mins		1 hr 7 mins
Auchterarder		Carseview		1 hr 17 mins		1 hr 39 mins
Auchterarder		Stracathro		2 hrs 50 mins		3 hrs 28 mins
Auchterarder		Strathmartine		1 hr 55 mins		2 hrs 41 mins
Auchterarder		Murray Royal		50 mins		1 hr 9 mins
Errol/Carse of Gowrie		Carseview		50 mins		1 hr 8 mins
Errol/Carse of Gowrie		Stracathro		2 hrs 25 mins		2 hrs 56 mins
Errol/Carse of Gowrie		Strathmartine		1 hr 25 mins		2 hrs 4 mins
Errol/Carse of Gowrie		Murray Royal		40 mins		40 mins
Dunkeld		Carseview		1 hr 43 mins		2 hrs 7 mins
Dunkeld		Stracathro		3 hrs 13 mins		3 hrs 39 mins

Dunkeld		Strathmartine		2 hrs 26 mins		2 hrs 36 mins
Dunkeld		Murray Royal		1 hr 7 mins		1 hr 20 mins
Kinloch Rannoch		Carseview		2 hrs 35 mins		4 hrs
Kinloch Rannoch		Stracathro		4 hrs 10 mins		4 hrs 41 mins
Kinloch Rannoch		Strathmartine		3 hrs 17 mins		4 hrs 10 mins
Kinloch Rannoch		Murray Royal		2 hrs 16 mins		2 hrs 49 mins
Alyth		Carseview		1 hr		1 hr
Alyth		Stracathro		1 hr 44 mins		3 hrs 5 mins
Alyth		Strathmartine		1 hr 10 mins		1 hr 11 mins
Alyth		Murray Royal		1 hr 16 mins		1 hr 21 mins

Mileage Distances - PERTH

DESTINATION	**LOCATION**		**Mileage by Car**
Stracathro	Perth		51.58
	Blairgowrie		36.73
	Pitlochry		60.92
	Kinross		65.17
	Coupar Angus		33.21
	Aberfeldy		65.09
	Crieff		69.74
	Auchterarder		64.1
	Errol/Carse of Gowrie		43.83
	Kinloch Rannoch		85.14
	Dunkeld		48.04
	Alyth		32.64
DESTINATION	**LOCATION**		**Mileage by car**
Carseview	Perth		19.66
	Blairgowrie		18.66
	Pitlochry		48.37
	Kinross		33.24
	Coupar Angus		13.81
	Aberfeldy		52.54
	Crieff		37.81

	Auchterarder		32.17
	Errol/Carse of Gowrie		11.9
	Dunkeld		36.18
	Kinloch Rannoch		72.58
	Alyth		17.01

DESTINATION	LOCATION		Mileage by Car
Strathmartine	Perth		23.22
	Blairgowrie		17.95
	Pitlochry		51.93
	Kinross		36.81
	Coupar Angus		13.11
	Aberfeldy		56.1
	Crieff		41.37
	Auchterarder		35.73
	Errol/Carse of Gowrie		15.46
	Dunkeld		14.52
	Kinloch Rannoch		76.15
	Alyth		15.15

DESTINATION	LOCATION		Mileage by car
MRH	Perth		1.68
	Blairgowrie		15.51
	Pitlochry		27.24
	Kinross		18.3
	Coupar Angus		13.2
	Aberfeldy		31.41
	Crieff		17.99
	Auchterarder		17.23
	Errol/Carse of Gowrie		10.28
	Dunkeld		15.05
	Kinloch Rannoch		51.47
	Alyth		22

Population Figures

Population figures - Perth & Kinross			
	Population		%
Ward 1 - Carse of Gowrie [247kb]	9684		
Ward 2 - Strathmore [277kb]	15218		
Ward 3 - Blairgowrie and the Glens [247kb]	10946		
		35848	28
Ward 4 - Highland [309kb]	9252		
Ward 5 - Strathtay [217kb]	1081		
Ward 6 - Strathearn [236kb]	1102		
Ward 7 - Strathallan [246kb]	10394		
Ward 8 - Kinross-shire [247kb]	13208		
		35037	27
Ward 9 - Almond and Earn [246kb]	10802		
Ward 10 - Perth City South [309kb]	13628		
Ward 11 - Perth City North [210kb]	17489		
Ward 12 - Perth City Centre [305kb]	15946		
		57865	45
	128750		

10.8

Benchmarking Information (Extracts from Cost Book 2015/16)

R040LS: SPECIALTY GROUP COSTS - INPATIENTS IN LONG STAY SPECIALTIES

April 2015 - March 2016

This is an ISD Scotland *National Statistics* release

22nd November 2016

Specialty Name	Board Code	Hospital, Board Cipher and Classification	Occupied Beds Days	Discharges	Total Costs							Expend	Population	Cost per head of pop
					Gross		Income		Net					
					Expend-iture £000	Cost per Inpatient Week £	Income ACT £000	Income Other £000	Expend-iture £000	Cost per Inpatient week £	Group Index			£
General Psychiatry	SAA20	NHS Ayrshire & Arran	36,707	2,081	18,947	3,613	-291	-416	18,239	3,478	103	18,239,350	370,590	49.22
General Psychiatry	SBA20	NHS Borders	9,161	437	3,682	2,814	-45	-303	3,334	2,548	76	3,334,309	114,030	29.24
General Psychiatry	SFA20	NHS Fife	48,390	1,039	18,897	2,734	-115	-425	18,358	2,656	79	18,357,974	368,080	49.87
General Psychiatry	SGA20	NHS Greater Glasgow & Clyde	224,093	4,119	104,566	3,266	-	-1,163	103,403	3,230	96	103,402,878	1,149,890	89.92
General Psychiatry	SHA20	NHS Highland	38,996	1,136	19,654	3,528	-11	-396	19,247	3,455	103	19,247,199	321,000	59.96
General Psychiatry	SLA20	NHS Lanarkshire	43,973	1,302	19,598	3,120	-	-10	19,588	3,118	93	19,587,945	654,490	29.93
General Psychiatry	SNA20	NHS Grampian	63,776	1,438	29,555	3,244	-336	-1,862	27,357	3,003	89	27,356,657	587,820	46.54
General Psychiatry	SRA01	NHS Orkney	3	2	1	3,214	-	0	1	3,179	94	1,363	21,670	0.06
General Psychiatry	SSA20	NHS Lothian	94,303	2,427	44,401	3,296	-44	-3,127	41,230	3,060	91	41,230,395	867,800	47.51
General Psychiatry	STA20	NHS Tayside	60,831	1,528	36,261	4,173	-714	-1,706	33,841	3,894	116	33,841,054	415,040	81.54
General Psychiatry	SVA20	NHS Forth Valley	32,388	1,020	14,911	3,223	-	-467	14,444	3,122	93	14,443,857	302,650	47.72
General Psychiatry	SWA01	NHS Western Isles	1,206	214	607	3,525	-5	-13	589	3,421	102	589,347	27,070	21.77
General Psychiatry	SYA20	NHS Dumfries & Galloway	9,541	487	6,281	4,608	-34	-86	6,161	4,520	134	6,160,588	149,670	41.16
								Scottish average		3,283		305,792,915	5,349,800	57.16

R040LS: SPECIALTY GROUP COSTS - INPATIENTS IN LONG STAY SPECIALTIES

This is an ISD Scotland *National Statistics* release

April 2015 - March 2016

22nd November 2016

Specialty Name	Board Code	Hospital, Board Cipher and Classification		Average Staffed Beds	Occupied Beds Days	Average Occupancy Ratio %	Discharges	Net Expend-iture £000	Net Cost per Inpatient week £	Net Group Index	Expend	Population (from R100 published report 1516)	Cost per head of population
Learning Disabilities	SAA20	NHS Ayrshire & Arran		14	4011	77.9	32	3863	6741	170	3,862,579	370,590	10.42
Learning Disabilities	SFA20	NHS Fife		33	10823	89.1	23	7709	4986	126	7,708,625	368,080	20.94
Learning Disabilities	SGA20	NHS Greater Glasgow & Clyde		42	14553	94.8	36	6963	3349	84	6,962,618	1,149,890	6.06
Learning Disabilities	SHA20	NHS Highland		6	1801	81.4	16	1794	6971	176	1,793,631	321,000	5.59
Learning Disabilities	SLA20	NHS Lanarkshire		12	4142	94.3	12	2109	3564	90	2,108,591	654,490	3.22
Learning Disabilities	SNA20	NHS Grampian		18	5008	76.0	32	3092	4322	109	3,092,192	587,820	5.26
Learning Disabilities	SSA20	NHS Lothian		76	24296	88.1	149	10855	3127	79	10,854,612	867,800	12.51
Learning Disabilities	STA20	NHS Tayside		37	12371	92.4	62	7655	4331	109	7,654,648	415,040	18.44
Learning Disabilities	SVA20	NHS Forth Valley		26	8829	92.7	30	4330	3433	87	4,330,171	302,650	14.31
Learning Disabilities	SYA20	NHS Dumfries & Galloway		13	2921	63.3	728	1947	4666	118	1,947,184	149,670	13.01
Learning Disabilities		**Scotland Totals or Averages**		**277**	**88755**	**87.9**	**1120**	**50315**	**3968**	**100**	50,314,850	5,373,000	9.36
Learning Disabilities		**Number of Hospitals: 16**											

R040LS: SPECIALTY GROUP COSTS - INPATIENTS IN LONG STAY SPECIALTIES

April 2015 - March 2016

Specialty Name	Hospital, Board Cipher and Classification	Average Staffed Beds	Occupied Beds Days	Average Occupancy Ratio	Discharges	Average Staff Numbers				
						Medical & Dental	Nursing	Population	**Nursing** 1 member of staff per no. of population	**Medical** 1 member of staff per no. of population
				%		WTE	WTE			
General Psychiatry	NHS Ayrshire & Arran	132	36707	76.4	2081	30.11	245.75	370,590	1,508	12,308
General Psychiatry	NHS Borders	32	9161	77.8	437	1.60	53.68	114,030	2,124	71,269
General Psychiatry	State Hospital	140	44720	87.5	39	13.28	347.40			
General Psychiatry	NHS Fife	159	48390	83.3	1039	18.69	240.10	368,080	1,533	19,694
General Psychiatry	NHS Greater Glasgow & Clyde	668	224093	91.9	4119	132.35	1298.41	1,149,890	886	8,688
General Psychiatry	NHS Highland	128	38996	83.3	1136	23.50	219.07	321,000	1,465	13,660
General Psychiatry	NHS Lanarkshire	141	43973	85.2	1302	37.08	223.92	654,490	2,923	17,651
General Psychiatry	NHS Grampian	244	63776	71.6	1438	61.02	320.91	587,820	1,832	9,633
General Psychiatry	NHS Orkney	0	3	100.0	2	-	0.01	21,670		
General Psychiatry	NHS Lothian	298	94303	86.8	2427	84.48	568.71	867,800	1,526	10,272
General Psychiatry	NHS Tayside	209	60831	79.7	1528	42.33	349.29	415,040	1,188	9,805
General Psychiatry	NHS Forth Valley	120	32388	73.7	1020	17.43	192.91	302,650	1,569	17,364
General Psychiatry	NHS Western Isles	6	1206	56.2	214	0.50	5.74	27,070	4,716	54,140
General Psychiatry	NHS Dumfries & Galloway	46	9541	56.7	487	8.97	93.80	149,670	1,596	16,686
General Psychiatry	**Scotland Totals or Averages**	**2324**	**708088**	**83.5**	**17269**	**471.34**	**4159.70**	5,349,800	1,403	11,679
General Psychiatry	**Number of Hospitals: 36**									

R040LS: SPECIALTY GROUP COSTS - INPATIENTS IN LONG STAY SPECIALTIES

April 2015 - March 2016

Specialty Name	Hospital, Board Cipher and Classification	Average Staffed Beds	Occupied Beds Days	Average Occupancy Ratio	Discharges	Average Staff Numbers				
						Medical & Dental	Nursing	Population	**Nursing** 1 member of staff per no. of population	**Medical** 1 member of staff per no. of population
				%		WTE	WTE			
Learning Disabilities	NHS Ayrshire & Arran	14	4011	77.9	32	2.08	61.73	370,590	6,003	178,168
Learning Disabilities	NHS Fife	33	10823	89.1	23	2.43	123.68	368,080	2,976	151,473
Learning Disabilities	NHS Greater Glasgow & Clyde	42	14553	94.8	36	4.44	126.91	1,149,890	9,061	258,984
Learning Disabilities	NHS Highland	6	1801	81.4	16	1.35	27.44	321,000	11,698	237,778
Learning Disabilities	NHS Lanarkshire	12	4142	94.3	12	1.68	26.69	654,490	24,522	389,577
Learning Disabilities	NHS Grampian	18	5008	76.0	32	2.69	45.32	587,820	12,970	218,520
Learning Disabilities	NHS Lothian	76	24296	88.1	149	1.22	244.42	867,800	3,550	711,311
Learning Disabilities	NHS Tayside	37	12371	92.4	62	2.91	97.86	415,040	4,241	142,625
Learning Disabilities	NHS Forth Valley	26	8829	92.7	30	2.51	71.30	302,650	4,245	120,578
Learning Disabilities	NHS Dumfries & Galloway	13	2921	63.3	728	1.83	40.11	149,670	3,731	81,787
Learning Disabilities	**Scotland Totals or Averages**	**277**	**88755**	**87.9**	**1120**	**23.14**	**865.46**	5,187,030	5,993	224,159
Learning Disabilities	**Number of Hospitals: 16**									

R500: COMMUNITY SERVICES: SUMMARY OF SERVICE PROVISION

This is an ISD Scotland *National Statistics* release

April 2015 - March 2016

22nd November 2016

Number of Boards: 14

Board		Community Psychiatric Team		Community Learning Difficulties Team		Child Health	Specialist Nursing	Addiction Services	Family Planning	Total Net Expenditure
		Net Expenditure £000	Net Cost per Head of Population £	Net Expenditure £000	Net Cost per Head of Population £	Net Expenditure £000	Net Expenditure £000	Net Expenditure £000	Net Expenditure £000	£000
Totals or Averages		**210,981**	**39**	**36,311**	**7**	**90,724**	**43,300**	**80,922**	**35,898**	**1,706,103**
NHS Ayrshire & Arran	A	15,740	42	2,026	5	6,425	668	5,146	1,197	117,508
NHS Borders	B	7,090	62	963	8	2,128	151	1,076	740	44,941
NHS Fife	F	7,527	20	822	2	7,401	5,239	3,439	2,158	97,119
NHS Greater Glasgow & Clyde	G	65,242	57	12,827	11	28,562	15,762	27,393	13,010	424,664
NHS Highland	H	9,310	29	1,446	5	3,840	1,600	1,628	104	111,813
NHS Lanarkshire	L	28,222	43	2,790	4	9,748	4,612	9,438	2,095	201,733
NHS Grampian	N	12,530	21	3,270	6	4,335	6,803	8,074	2,154	162,328
NHS Orkney	R	349	16	1	0	192	156	489	25	9,847
NHS Lothian	S	33,054	38	6,973	8	15,650	1,323	15,225	10,208	253,665
NHS Tayside	T	16,033	39	2,691	6	5,256	1,824	3,747	2,476	125,735
NHS Forth Valley	V	8,700	29	1,373	5	3,141	2,297	3,188	750	82,622
NHS Western Isles	W	1,055	39	40	1	-	1,948	-	-	14,004
NHS Dumfries & Galloway	Y	5,025	34	1,002	7	3,746	737	1,539	930	50,072
NHS Shetland	Z	1,104	48	86	4	300	179	541	50	10,052

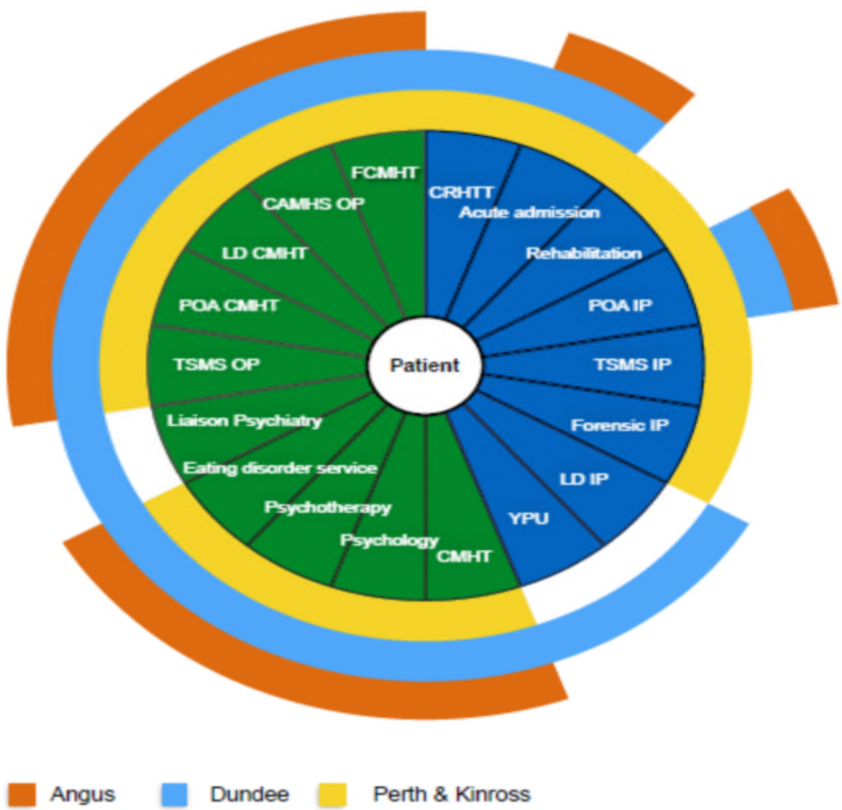
Appendix Eleven

Reporting Governance Structure

11.1

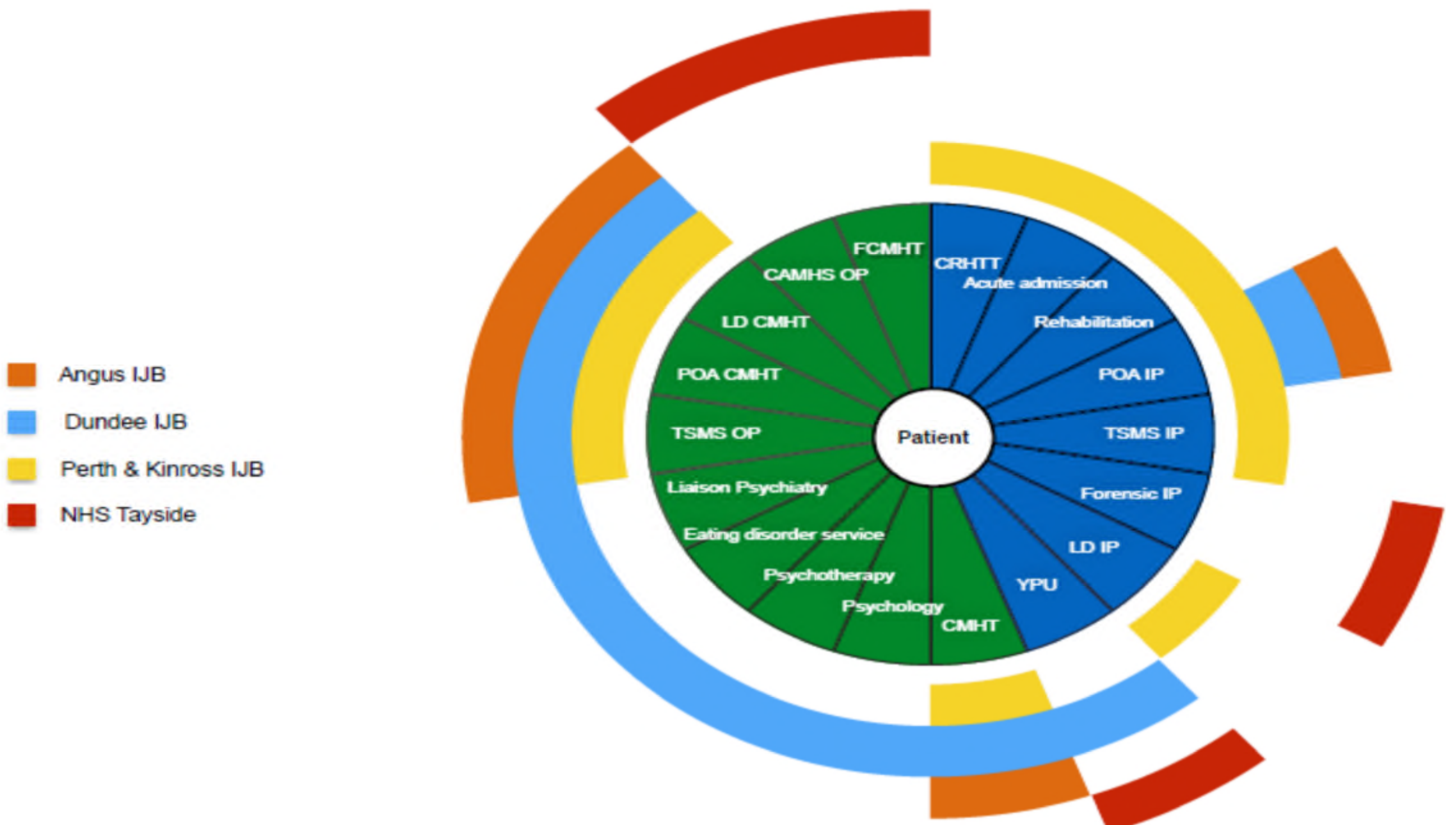
Mental health services delivered in each Local Authority area

CRHTT Crisis Resolution Home Treatment Team
IP Inpatient unit
OP Outpatient service
CMHT Community Mental Health Team
FCMHT Forensic CMHT
LD Learning Disability
TSMS Tayside Substance Misuse Service



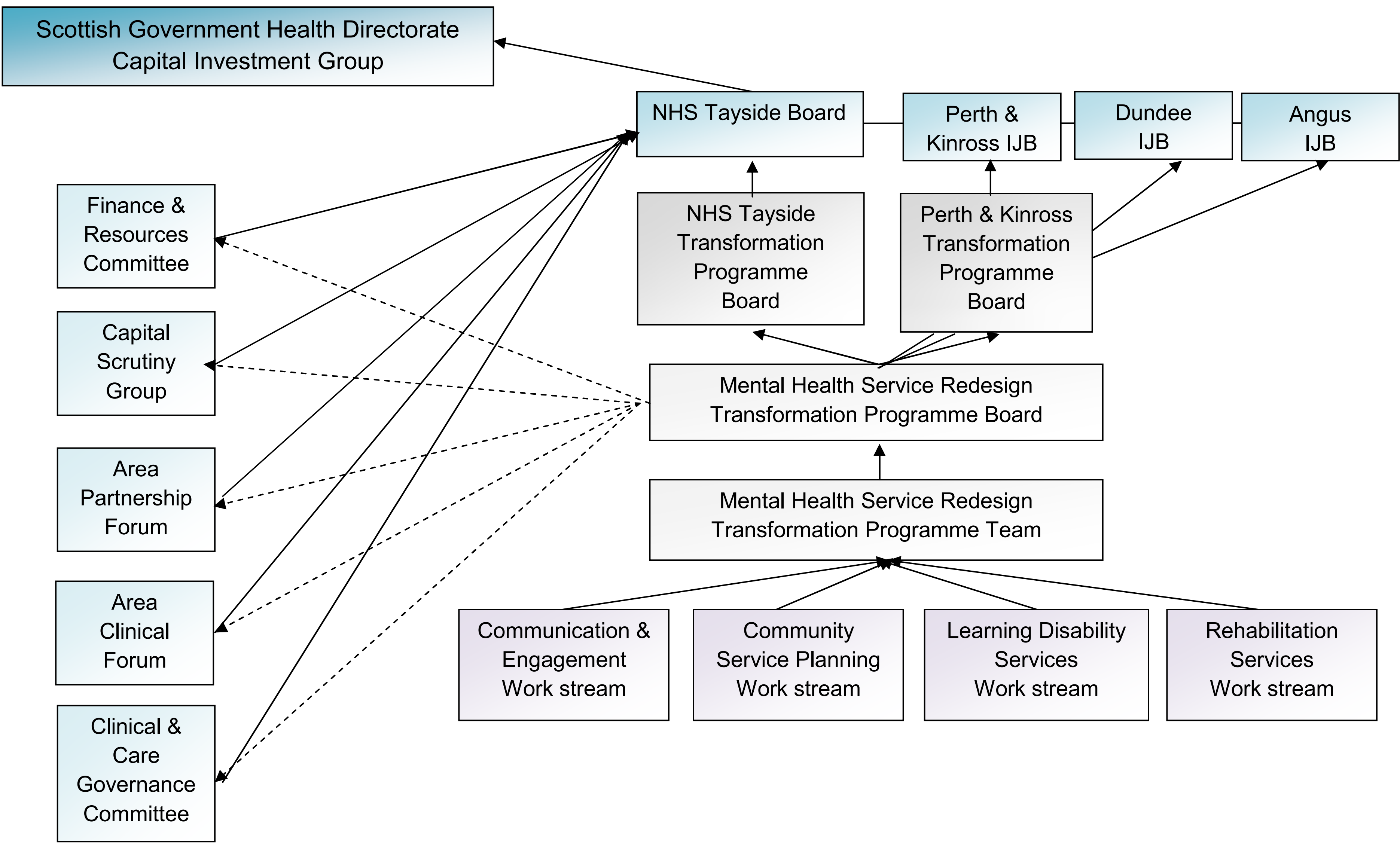
11.2

Mental Health Service managed by Integrated Joint Boards and directly by Health Board



MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME GOVERNANCE/REPORTING STRUCTURE

11.3



Appendix Twelve

CEL 4 (2010) Guidance

Director-General Health and Chief Executive NHS Scotland
Dr Kevin Woods

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Dear Colleague

INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES

Purpose

To provide revised guidance – Informing, Engaging and Consulting People in Developing Health and Community Care Services – to assist NHS Boards with their engagement with patients, the public, and stakeholders on the delivery of local healthcare services. The principles of the guidance should be applied, proportionally, to any service change proposed by a Board, including any changes considered to be major.

Summary

The guidance, which has been prepared by the Scottish Government
Health Directorate in consultation with a wide range of stakeholders, supersedes the Scottish Home and Health Department circular

("*Closure and Change of Use of Health Service Premises*") dated 3 June 1975, the draft interim guidance ("*Consultation and Public Involvement in Service Change*") issued through an HDL in 2002 (HDL (2002) 42), and the draft guidance ("*Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*") issued for comment in 2004.

Scope

The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services;
- Provides a step-by-step guide through the process of informing, engaging and consulting the public in service change proposals;
- Explains the decision making process with regard to major service change and the potential for independent scrutiny; and
- Clarifies the role of the Scottish Health Council.

CEL 4 (2010)

10 February 2010

Addresses

For action
NHS Board Chief Executives;
NHS Board Directors of Planning;
NHS Patient Focus and Public Involvement Designated Directors

For information
NHS Board Directors of Human Resources;
Chairman, Scottish Health Council
Director, Scottish Health Council
;
SWAG;
MSG;
SPF

Enquiries to:
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Public Involvement Manager
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How to use the Guidance

Whilst decisions regarding the provision of NHS services remain a matter for NHS Boards (with the exception of major service changes), there is a need to ensure a consistent and robust approach is adopted when Boards consider and propose new services or changes to existing services. This guidance should therefore provide a suitable framework to deliver that aim.

The guidance should also be considered alongside associated guidance prepared by the Scottish Health Council on major service change (*'Guidance on Identifying Major Health Service Changes')* and the option appraisal process (*'Involving Patients, Carers and the Public in Option Appraisal for Major Health Services Changes')*

Training

As part of their commitment to the provision of training in support of NHS Boards Patient Focus and Public Involvement activity, NHS Education for Scotland has commissioned training for NHS staff which will assist in the implementation of this guidance. For further information please contact Jane Davies, Educational Projects Manager (PFPI) at NES on 0141 352 2927 or jane.davies@nes.scot.nhs.uk.

Access and Updating

The guidance will be available in electronic format on the Scottish Government website www.scotland.gov.uk and the Scottish Health Council's website http://scottishhealthcouncil.org (where the guidance on major service change and the option appraisal process can also be found). The guidance will be reviewed by the end of 2011, or earlier if required.

Action for NHS Boards

NHS Boards are asked to ensure that this guidance is brought to the attention of all appropriate staff involved in the provision of new services or changes to existing services. Ministers will wish to see evidence of this when considering proposals for major service change and through Boards' wider patient focus and public involvement activities.

Yours sincerely

KEVIN WOODS

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www.scotland.gov.uk

INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES

Introduction

1. This guidance has been developed to assist NHS Boards with their engagement with patients, the public and stakeholders on the delivery of local healthcare services. The principles of the guidance should be applied, proportionally, to any service change proposed by a Board, including any changes considered to be 'major'. When appropriate, Special Boards and the Common Service Agency/NSS Scotland[1] exercising a non-clinical or public-facing function should also follow the principles of this guidance when engaging with their stakeholders.

2. The duty of public involvement covers all Health Boards, Special Health Boards and the Common Services Agency when they are providing a service to the public which they are responsible for[2]. This also includes when services are provided on their behalf, for example by a contractor, to the public. For Health Boards this will cover the majority of their actions but Special Health Boards and the CSA will have to consider whether their actions impact directly on services provided to individuals and, if so, follow the principles of this guidance.

3. This guidance supersedes the Scottish Home and Health Department circular ("*Closure and Change of Use of Health Service Premises*") dated 3 June 1975, the draft interim guidance ("*Consultation and Public Involvement in Service Change*") issued through an HDL in 2002 (HDL (2002) 42), and the draft guidance ("*Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*") issued for comment in 2004.

Background

4. NHS Boards are required to involve people[3] in designing, developing and delivering the health care services they provide for them. Boards' responsibilities in this area were initially set out in the policy document, *Patient Focus and Public Involvement (PFPI)*. However, to reflect the importance of this agenda, duties of public involvement and

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[1] References to NHS Boards or Boards should be read to include reference to Special Health Boards and CSA/NSS where appropriate.
[2] Section 2B of the National Health Service (Scotland) Act 1978, as inserted by the National Health Service Reform (Scotland) Act 2004.
[3] in this guidance the word "people" should be interpreted to refer to health service users, patients, staff, members of the public, carers, volunteers, and the voluntary organisations which represent them.

equal opportunities were placed on NHS Boards in the *NHS Reform (Scotland) Act 2004*[4].

5. The Scottish Health Council was established to ensure NHS Boards meet their patient focus and public involvement responsibilities, and to support them in doing so. *Better Health, Better Care: Action Plan* (2007) set out a vision for the NHS, based on a theme of mutuality that sees the Scottish people and the staff of the NHS as partners, or co-owners in the NHS. One of the ways in which this will be measured is through the new Participation Standard, and the processes set out in this guidance should help Boards demonstrate their efforts around public involvement.

6. It should be noted that this guidance extends to the services delivered by GPs etc through Primary and Community Care, although it is recognised that the contractual arrangements for GPs, GDPs, GOPs and Community Pharmacists[5] are all governed by particular regulations. While services themselves are provided by contractors, Boards are still required to adhere to this guidance when they are considering changes to the contractual, and other, arrangements for primary care services. While independent contractors are responsible for running their own practices they are also expected to engage in a proportionate way with their patients and relevant community groups (such as Public Partnership Forums) when planning any changes to the way they deliver services.

Community Engagement

7. To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of and partnership working with wider stakeholders and other agencies. In doing so, Boards should follow the principles and practice endorsed by the Scottish Health Council, in particular the *National Standards for Community Engagement.*

8. Public Partnership Forums, established by Community Health Partnerships, provide a mechanism for promoting the routine involvement of local people in the design and delivery of the health services they use. NHS Boards should also work closely with their Community Planning

[4] http://www.opsi.gov.uk/legislation/scotland/acts2004/20040007.htm

[5] In fact, the National Health Services (Pharmaceutical Services) Regulations 2009 at paragraph 2 of Schedule 3, places an obligation on Boards to consult the public when they are considering an application for inclusion on the pharmaceutical list.

partners to consider opportunities for joint working and to minimise duplication in their community engagement mechanisms.

NHS Board responsibilities

9. In accordance with equalities legislation, including the public sector dutieshttp://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/), a Board is responsible for:

- ensuring that the informing, engaging, consulting process is fully accessible to all equality groups; and

- ensuring that any potentially adverse impact of the proposed service change on different equality groups has been taken account by undertaking an equality impact assessment

10. Where a Board is considering consulting the public about a service development or change, it is responsible for:

    - informing potentially affected people, staff[6] and communities of their proposal and the timetable for:
        - involving them in the development and appraisal of options.
        - involving them in a (proportionate) consultation on the agreed options.
        - reaching a decision.
        - ensuring that the process is subject to an e*quality and diversity impact assessment.*
        - ensuring that any potentially adverse impacts of the proposed service change, on, for example, the travel arrangements of
        - patients, carers, visitors and staff, have been taken account of in the final proposal.
        - providing evidence of the impact of this public involvement on the
        - final agreed service development or change.

11. Where a proposed service change would impact on the public in another area, the Board proposing the change should lead the public involvement process. The Board, and any other affected Board(s), should aim to maximise the involvement of affected individuals and communities in the process. Proposed changes to regional or national services should

[6] in this guidance the word 'staff' should be interpreted widely to include those who are employed or contracted to work in or with the affected service. Boards would be expected to demonstrate that they had appropriately involved staff.

also follow the principles set out in this guidance and, as above, the Board proposing the change should lead the involvement process, ensuring that it engages with the public and its wider stakeholders.

The Scottish Health Council's role

12. The Scottish Health Council was established to ensure NHS Boards meet their patient focus and public involvement responsibilities, and to support them in doing so. Boards should therefore keep the Scottish Health Council informed about proposed service changes so that it can provide Boards with advice and, if necessary, support in involving potentially affected people in the process.

13. When a Board proposes a major service change, its staff should work with the Scottish Health Council to ensure that potentially affected people and communities have the information and support they need to play a full part in the consultation process. As the Scottish Health Council is required to quality assure the process as it develops, Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon.

14. The Scottish Health Council does not comment on clinical or financial issues; the adequacy of Board compliance with the technical requirements laid out in *The Green Book* option appraisal process; or the effectiveness of a Board's engagement with its own staff. It will, however, look to the Board to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on; and treated with the same priority (unless in exceptional circumstances e.g. patient safety) as clinical standards and financial performance.

Major Service Change

15. Where a proposed service change will have a major impact on a patient or carer group, members of equalities communities or on a geographical community, the Scottish Health Council can advise on the nature and extent of the process considered appropriate in similar cases. Boards should, however, seek advice from the Scottish Government Health Directorate (SGHD) on whether a service change is considered to be major and, for those that are, Ministerial approval on the Board's decision will be required. Prior to seeking the Scottish Government Health Directorate's advice on whether the proposed service change is major, Boards should use the Scottish Health Council's guidance "Guidance on Identifying Major Health Service Changes" to help inform their own considerations.

Independent Scrutiny

16. The purpose of independent scrutiny is to promote confidence in the major service change process in the NHS in Scotland, by providing an expert and impartial assessment of the proposals developed by Boards, and the assumptions that underpin them. In some cases - and where the benefits outweigh the costs - Ministers may decide to establish an Independent Scrutiny Panel to assess the safety, sustainability, evidence base and value for money of proposals. The Panel will seek to ensure that proposals are robust, person-centred and consistent with clinical evidence and/or best practice, national policy, and that all practical options have been considered.

17. The Panel will provide a clear, comprehensive and accessible commentary on the evidence presented by the Board, and the notes of the Panel's meetings and its report will be published. The Independent Scrutiny Panel will not reach a view on a preferred option as this will remain a decision for the Board to take as part of the option appraisal process.

18. Independent scrutiny is likely to be conducted prior to the Board's formal public consultation process as the Board will ultimately be expected to demonstrate how they have taken the Panel's findings into account in finalising its service proposals for consultation.

The Process of Informing, Engaging and Consulting

19. Public consultation about a service change should grow naturally out of a Board's everyday communication and dialogue with the people it serves. This guidance should support staff in their efforts to engage the public, and offer potentially affected people and communities a real opportunity to influence the Board's decision-making about the design and delivery of services through their involvement in:

- developing and appraising possible options to decide which should be the subject of a public consultation; and
- the public consultation on the preferred option(s).

20. The public involvement process should be applied in a realistic, manageable and proportionate way to any service development or change, including those that are time limited (temporary) or trialled through a pilot initiative, which will have an impact on the way in which people access or use NHS services. The process should be applied to

any proposed service change, although some additional criteria will apply for any service changes considered to be major. These are:

- The consultation period should last for a minimum of 3 months;
- The Scottish Health Council will produce a report assessing whether the Board has involved people in accordance with this guidance;
- The Board's final proposal will be subject to Ministerial approval

Planning

21. As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan which details how the engagement process will be carried out. One tool that could be used to do this is the VOiCE (Visioning Outcomes in Community Engagement) database, which has been developed to help those involved in community engagement activity achieve the National Standards by planning, recording and monitoring community engagement activity.

22. The plan, which can be developed with advice from the Scottish Health Council, should ensure that potentially affected people and communities are provided with the information and support they need to play a full part in the consultation process. The Scottish Health Council can provide:

- views on the type of involvement they would expect to see for the proposed service development or change.
- views on similar work and good practice elsewhere.
- support in quality assuring the process (major service changes only)as it develops.
- guidance on the evaluation process

Informing

23. The people and communities who may be affected by a proposed service development or change should be given information about the:

- clinical, financial and other reasons why change is needed and which may limit possible choices, including reference to any relevant legislation or Scottish Government policies.
- benefits that are expected to flow from the proposed change.
- processes, such as carrying out a transport needs assessment, which will be put in place to assess the impact of the proposal.

24. When appropriate, it is also good practice to inform people about changes to management or organisational structures, even if they do not directly affect service users.

Engaging

25. There should be an open, transparent and accessible process of developing the choices or options which can be delivered within the available resources, in which potentially affected people and communities should be proactively engaged. The Scottish Health Council can be consulted about the communication and involvement techniques to be used which will vary depending on the issue involved, and the people and groups the Board is trying to reach.

Option Development and Appraisal

26. The Board should work with local people to develop options which are robust, evidence-based, person-centred, sustainable and consistent with clinical standards and national policy. Where this happens, the subsequent consultation process will have greater credibility and authority.

27. Boards should ensure that public stakeholders are involved in developing options and in the appraisal process. Clinical and professional staff who work in the service should also be involved and can have an important role in presenting the range of options at meetings and other public involvement events.

28. The development and appraisal of options for major service change should be consistent with the fundamental approach outlined in HM Treasury guidance – *The Green Book*- which will ensure a consistent, systematic and robust approach. *The Green Book* makes clear that in the first place a wide range of service options should be created and reviewed, from which a short-list of options, including a 'do minimum' option, should be selected. To assist with their efforts, Boards should refer to the Scottish Health Council's guidance ("*Involving Patients, Carers and the Public in Option Appraisal for Major Health Service Changes*") and to the Scottish Capital Investment Manual for NHS Scotland, issued under the terms of CEL(19) 2009.

29. There may be occasions where the number of practical options is limited, for example by requirements to comply with national policy or legislation. Where this is the case, the option development process should still be used to involve potentially affected people and

communities, and to seek to achieve a consensus around the limited number of practical options.

30. The Scottish Health Council's advice can be sought about establishing an appropriate open and transparent process to determine which options should proceed to the public consultation stage and how to involve people in this part of the process.

31. In publicising the outcome of the option appraisal process the NHS Board should take care to:

- ensure they accurately incorporate clinical views, financial implications and the views of patients and the public; and
- clearly explain why each option is considered practical, particularly in respect of any clear 'preferred' option that has emerged from the option appraisal process.

Consulting

32. For any service changes considered to be major, Boards should not move to the consultation stage until they have confirmation from the Scottish Health Council that public involvement thus far has been in accordance with this guidance.

The consultation document

33. A consultation document will need to be produced. This should:

- be easy to understand.
- be readily available and accessible.
- outline how the options offered for consultation were developed and agreed.
- offer balanced information in support of each option, including the financial implications
- contain sufficient information for the reader to be able to understand the reasons for the proposal(s) and come to an informed conclusion.
- outline the factors which will be taken into account in arriving at a decision.
- contain information about contacts for further information or clarification and direct consultees to public access points in libraries etc.
- allow sufficient time (at least 3 months for major service changes), for those consulted to consider and respond to the proposal.

34. Innovative and creative methodologies and technologies should be used to enable people who might otherwise be excluded from the consultation process to be involved and provide a response.

35. Where a preferred option is indicated, it must also be clear that all responses to the consultation will be considered. In particular, the Board should give genuine consideration to any alternative suggestions that are put forward as a result of the consultation.

The consultation process

36. Potentially affected people and communities should be consulted on the option(s) for the proposed service development or change. The advice of the Scottish Health Council can be sought about the consultation methodologies to be used in the consultation process.

37. An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions. Ultimately, Boards should demonstrate that there has been a wide ranging consultation, which has taken all reasonable steps to take account of differences of view.

Seeking Ministerial approval

38. For any proposed service changes considered to be major, the Board, when submitting its final proposal to the Minister for approval, should enclose a report from the Scottish Health Council which assesses whether the Board has involved people in accordance with the expectations set out in this guidance.

39. It should be noted that Ministers:

- will not consider a Board's submission unless it gives evidence of how potentially adverse impacts for the affected people and communities will be taken into account.
- reserve the right to ask a Board to carry out a consultation process again in whole or in part if the Scottish Health Council's assessment is that the public involvement process did not comply with this guidance.

Feedback

40. The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process and Boards should provide feedback to the stakeholders who took part in a consultation to:

- inform them of the outcome of the consultation process and the final agreed development or change.
- provide a full and open explanation of how views were taken into account in arriving at the final decision.
- provide reasons for not accepting any widely expressed views.
- outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.

Evaluation

41. Evaluation is an appraisal of how the informing, engaging and consulting activities undertaken worked; the impact they had on the service change; and the lessons to be learned for future involvement work to be carried out by the organisation. The process should be positive and constructive, designed to highlight areas which may need to be strengthened or developed. It need not be lengthy or time-consuming, and any findings (reports etc) should be made available to interested parties. The Scottish Health Council can provide information and guidance on how to evaluate the consultation.

Scottish Government
Healthcare Policy and Strategy Directorate
10 February 10

Mental Health Service Redesign Transformation Programme

Consultation Plan Report

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MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION (MHSRT) PROGRAMME

1. INTRODUCTION

The consultation plan for the Mental Health Service Redesign Programme has been prepared in line with national guidance on Informing, Engaging and Consulting People in Developing Health and Community Care Services : CEL 4 (2010) (attached in Appendix Twelve of MHSRT Programme Option Review Report) and in compliance with the requirements outlined in the NHS Reform (Scotland) Act 2004. The guidance recognises the need to ensure a consistent and robust approach is adopted when Boards consider and propose new services, or any changes to existing services, and should therefore be referred to in developing a consultation plan.

All service change proposals should be supported by a plan that outlines the arrangements for informing, engaging and consulting people in its development. The formal consultation will build upon the comprehensive option appraisal process which has been followed to date to identify four top options. Following the option modelling events and further detailed work undertaken, each option has been compared for safety and sustainability, workforce availability and financial affordability which has enabled identification of a preferred option for General Adult Psychiatry and Learning Disability inpatient services. The consultation materials and full option review report highlight the approach taken in identifying the preferred option and this will be shared with all stakeholders involved to ensure this process is transparent. The engagement process to date has been approved by the Scottish Health Council. To complete the engagement process the option review report will be available on the programme website alongside all the consultation materials and sent directly to all people who participated in the process to date to provide an update on the selection of a preferred option. This will be done during the soft start launch during the month of June 2017 and highlight the upcoming consultation period commencing July 2017.

2. PERIOD OF CONSULTATION

The formal consultation period will be undertaken during the period 3rd July 2017 to 3rd October 2017. This meets the national guidance requirements of a minimum of three month consultation period.

The MHSRT Programme team will commence a programme of information sharing during the month of June 2017 whilst Boards consider and approve the Option Review report and the draft consultation plan. The information sharing programme in June 2017 will inform the public of the forthcoming consultation period and explain how people can get involved. It will identify a single point of contact for stakeholders to register an interest to participate

and notify of any additional supports which may be required. This will allow further development of the current list of stakeholders held by the Programme Team and highlight any omissions in required supports which are currently being considered.

3. PROCESS FOLLOWING CONSULTATION

Following the formal consultation period the MHSRT Programme Team will require to prepare the consultation report and undertake a further detailed review of the preferred option for final Board and Committee approval in December 2017. A report from the Scottish Health Council on the consultation process will also require to be produced following completion of the consultation period. There requires to be a two week period following the end of consultation period to allow return of any questionnaires/evaluation surveys before the SHC report is drafted and processed through their internal governance process. It is anticipated this could be achieved to meet the December 2017 timetable appreciating NHS Tayside will also have another major consultation running in parallel over the same period.

Once formal approval of the process and preferred option by NHS Tayside and Health and Social Care partnerships, and subject to SHC approval of the process, Ministerial approval will then be required. This approval is required when Programmes or Projects are deemed to be a major service change.

4. RAISING AWARENESS OF CONSULTATION

The MHSRT Programme plans to utilise a full range of methods to raise awareness of the consultation period and process.

Internal

- Information available on staffnet
- Article in NHS Tayside INBOX
- Article in Spectra magazine
- Staff Bulletins/Newsletters
- Direct distribution of consultation materials through service and clinical leads

External

- Media releases to local papers to launch the consultation
- Flyers and posters produced and placed in GP surgeries, Libraries, Community Centres, Churches, inpatient and community bases etc to signpost for further information (email/Website/freephone)
- Information on MHSRT Programme website /NHST internet/Local Authority websites /Partner agency websites
- Information on NHST Facebook Page and Twitter profile

- Direct distribution to key stakeholders identified to date (service users, carers, voluntary and third sector organisations, community councils, minority ethnic groups, Public partner forums, etc and those who register interest
- All materials require to be available in large print, Braille, audio, BSL DVD, and interpreted in the main ethnic community languages.

5. STAKEHOLDER IDENTIFICATION

As part of the MHSRT Programme, a communications and engagement work stream has been in place with representation from across the three localities and all Mental Health Services. This group has identified a list of key stakeholders which have been involved in the option appraisal and modelling events to date. The list has continued to be updated and added to throughout the process. Through raising awareness of the MHSRT Programme using the methods identified above, it is anticipated this will enable other interested persons to make contact to note their interest to participate in the consultation period.

6. CONSULTATION METHODS

There is a wide range of methods which the MHSRT Programme team aim to utilise to gather the views and feedback on the preferred option from service users, their carers and families, staff, third sector and voluntary organisations, the public and any other interested parties. Due to the complexity of the MHSRT Programme and wider implications of the options being considered, it is envisaged that the "face-to-face" methods (such as staff briefings, focus groups, presentations to meetings, discussion groups and public events) will be particularly helpful in enabling attendees to ask questions, raise concerns and receive immediate feedback. This will require dedicated MHSRT Programme team capacity to support this process.

6.1 CONSULTATION MATERIALS

This section identifies the various materials which the MHSRT Programme team plan to utilise to enable feedback on the preferred option being considered. These materials will be shared with some of the key stakeholder groups to ensure they are easily understood and meet the needs of all who may participate in the consultation period.

6.1.1 CONSULTATION REPORT

- A full detailed consultation report will be available online and distributed widely by email and by post where requested
- The website and papers will describe how to obtain the documentation in other languages and formats.
- Accessible and pictorial versions will also be provided for service users and support provided where requested.
- The information contained within the report will contain summary information from the Equality Impact Assessment document which highlights any identified impacts on people and how they might be addressed, for example, transport issues, impact on Scottish Ambulance Services etc

6.1.2 CONSULTATION SUMMARY REPORT

- A Summary consultation report will also be available online and shared as above for those who do not wish to read the more detailed papers. This will contain brief information regarding all options considered and why they have been discounted to arrive at a preferred option.
- Posters, Flyers and the consultation summary report will be provided in the main local ethnic community languages (Polish, Urdu, Hindi, Russian, Lithuanian), Audio and BSL DVD, Braille, and other languages/supports to be explored with the NHS Tayside Interpretation and Translation Department.
- Accessible and pictorial versions will also be provided for service users and support provided where requested.

6.1.3 CONSULTATION FEEDBACK QUESTIONNAIRE

Feedback questionnaires will be prepared to ensure quantitative and qualitative feedback on the preferred option. This will allow for a consistency in recording information and identification of main themes of feedback coming through the various categories of key stakeholder groups.

Questionnaires for service users are being devised with support from Speech & Language therapists to ensure that Learning Disability patients in particular have the maximum opportunity to express their views.

Various methods of recording feedback are being explored including use of online systems such as “Survey Monkey”, talking mats, etc People will also be able to email or send in free text comments regarding the proposals to a central email address for MHSRT Programme or via a Freepost mailing address

FREQUENTLY ASKED QUESTIONS

A list of frequently asked questions is currently being prepared and will also be available with the consultation materials on the website and for distribution. These will be updated throughout the process to ensure feedback is captured and are reflective of main issues and questions being raised and answers are provided wherever possible.

6.1.4 STAFF EVENTS

A number of staff events will be held across the hospital sites in each of the localities. These events (as previous MHSRT Programme Events) will be held three times a day to co-inside with current shift pattern arrangements to present all staff with the opportunity to attend. All staff events/presentations will be supported again by staff side representatives who will be available to answer any queries or concerns individuals may wish to raise.

These meetings will be held early in the consultation period. i.e. beginning of July 2017

6.1.5 FOCUS GROUPS

A number of focus groups/service user and carer interviews will be held and supported by staff, third sector and or voluntary organisations to gain current service user and previous service user and carer views to ensure those most affected are consulted on any proposed amendments to service.

The process will tap into and utilise existing groups and organisations that support service users and their carers to ensure their views are collated. It is anticipated that these will be supported by colleagues from the SHC who will also undertake a joint evaluation.

6.1.6 OPEN MEETINGS

Open/drop in sessions will also be arranged in each locality to enable wider public views to be collated and support further information sharing

The exact format of these sessions is still to be fully developed but is likely to include information displays, a presentation and opportunity for Questions and Answers.

If there is a demand for discussion groups with local ethnic communities these will be arranged in the main local ethnic community languages and facilitated by “face to face” interpreters. NHS Tayside Interpretation and Translation services would also be involved to provide support.

6.1.7 ATTENDANCE AT KEY GROUPS AND COMMITTEES

The MHSRT Programme communications and engagement work stream are currently preparing a list of key stakeholder local groups and committees which have meetings scheduled to take place during the consultation period to request a slot on the agenda.

Groups identified to date are:

- GP sub committee
- Local Community Councils
- NHS Tayside Area Partnership Forum
- NHST Directors meeting
- Dundee, Angus and Perth & Kinross Integration Joint Boards
- Area Clinical Forum
- Clinical Care & Governance Committee
- NHS Tayside Transformation Board
- Perth & Kinross Transformation Board
- MSP briefings
- Dundee Mental Health and Learning Disability Management Team meetings
- Perth & Kinross Learning Disability Strategy Group
- Dundee Learning Disability/Autism Strategic Planning Group
- Dundee Learning Disability Provider Forum
- Angus Mental Health Reference Forum
- Perth & Kinross Mental Health Strategy Group

6.1.8 SOCIAL MEDIA & WEBSITE

Wide use of social media sites such as NHS Tayside Facebook page and Twitter Profile will also be used to support the consultation process and allow feedback to be collated online. A dedicated URL for the Programme has been set up to link to the NHS Tayside internet page which will provide all the Consultation materials, points of contact, questionnaires, support available, calendar of events planned and links to supporting information re national and local strategies, policies, staff side support, HR guidance, etc Other methods such as hashtag # for programme are also being explored to help track Programme on social media.

All these will need to be monitored to ensure we address any concerns or questions throughout the consultation period.

A staffnet page is also being established on the intranet for staff.

We are conscious of the responses received by online petitions and survey monkey responses surrounding the Programme to date and are keen to utilise as many modern IT approaches to gather as many views as is possible.

7. SUPPORT REQUIREMENTS

The MHSRT Programme is working closely with GAP and LD services, key stakeholder representatives and colleagues from Speech & language (SP&L) therapy services to ensure all information is as accessible and understandable as is possible. Extensive supports will be available for service users and the public to access information in an appropriate format to meet their needs eg. Talking mats, other languages, large letters, Braille, BSL dvd, audio recording, electronic, social media, free postal address, freephone telephone number. It is vital we ensure the joint evaluations are also adapted with SP&L input to ensure we gather feedback from all participants in the process.

8. SCOTTISH HEALTH COUNCIL INVOLVEMENT/GUIDANCE

A report on the consultation process from the Scottish Health Council (SHC) is required by the Scottish Government (SG) to gain Ministerial approval for any proposals which are deemed to be major service change. The report from the SHC will assess whether the Board has involved people in accordance with the expectations set out in the CEL 4 guidance.

It has been assumed for the MHSRT Programme that the options being considered for future GAP and LD inpatient services may be categorised as major service change and therefore is prudent to apply the full CEL 4 major service change guidance.

Scottish Health Council colleagues have been involved in the option appraisal process to date and are members of the communications and engagement work stream where the planning for the consultation has been undertaken. The MHSRT Programme team will continue to work closely with the SHC and representatives from SG to ensure the consultation period is in accordance with guidance and meets the requirements for SHC and subsequent Ministerial approval.

CEL 4 (2010) guidance highlighting the requirements is attached at Appendix Twelve of the MHSRT Programme Option Review Report.

9. RECORDING OF CONSULTATION FEEDBACK AND REVIEW

In order to demonstrate that the Board has involved people in accordance with the expectations set out in the CEL 4 guidance it is imperative that a robust and consistent approach is taken to receiving and recording stakeholder feedback and views gathered from all consultation activities undertaken.

Examples of good practice have been shared by the SHC and it is the intention of the MHSRT Programme team to ensure that a robust system for the recording of activity is maintained. All communication and engagement activity to date has been recorded in the communications and engagement plan and this will continue to be maintained throughout the process as a live document. This plan is attached in Appendix Three to the MHSRT Programme Option Review Report.

10. DRAFT ACTION PLAN AND PROPOSED CALENDAR OF EVENTS

The detailed draft action plan and proposed calendar of events has been prepared which outlines the tasks to be undertaken, action required, timescale and lead officer.

11. PROVISION OF FEEDBACK TO STAKEHOLDERS AND INTERESTED PARTIES ON OUTCOME

The programme would then seek to provide feedback to all parties involved in the process through:

- Explanation of the results of the consultation process, final proposals and next steps
- Provision of evidence of how views were taken into account in the development of final proposals
- Provision of reasoning for not accepting any widely expressed views
- Provision of outline plans for implementation and further opportunities for engagement throughout the implementation process