

MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan, as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

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| Integration Authority | Aberdeenshire |
| Period covered | October to December 2022 |

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

| Name | Position/Job Title | Contact details |
|---|---------------------------------------|--|
| Completed by Gillian Robertson on behalf of Pam Milliken | Project Manager Chief Officer HSCP | Gillian.robertson4@aberdeenshire.gov.uk Pam.milliken@aberdeenshire.gov.uk |

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| MAT Standard 1 | All people accessing services have the option to start MAT from the same day of presentation. | | |
| Actions/deliverables to implement standard 1 | Timescales to complete | Progress in period | Risks |
| Secure premises for opening of local Step-In access points in each of the five main towns in Aberdeenshire and ensure implementation plans are in place and on track for each location | Peterhead by 30 September 2022 Inverurie by 30 November 2022 Banff by 31 st January 2023 Fraserburgh and Stonehaven by 31 st March 2023 | First TOC in Peterhead open. Premises identified in Banff and Inverurie. Support provided by HSCP to identify and alter premises to suit is in place and very supportive of developments needed. Inverurie may slip as utilities required but Banff will be on track | Fraserburgh have very limited premises available and this is a risk to delivery of MAT standards in that area. |
| Recruit staff for each of the Step-In locations Begin scoping to consider resource requirements for families | 31 st October 2022 | Staff have all been recruited with the remaining starts in November 2022 | Couple of backfill nurses vacant and lack of candidates. |
| Up to date Grampian prescribing guidelines for all types of Opiate Substitute Therapy | 31 ST March 2023 | This is being progressed through our Grampian group | |
| Standard Operating Procedure in place for all Step-In services and reviewed to incorporate learning and feedback | 31 st March 2023 | This is being progressed and on track. Received an example from another area from MIST team | |
| Development of marketing materials and promotion of new approach to all partners and communities | 28 th February 2023 | Establishing communication material and marketing and communication plan | |
| Monitor and evaluate activity in first six months of opening and implement improvements required | 30 th July 2023 | QI being used with PDSA on a monthly basis. Link with | |

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| | | MIST data and Info governance | |
| Identify areas out with Step-In locations where bespoke service delivery is required and action to provide the service in these areas | 31 st March 2023 | Work ongoing on identifying areas of need. Patients from all areas going through Step In process from January, and being seen at the most appropriate venue | |
| Assessment of Progress: | <i>Red/Amber/Green</i> ¹ Green | | |
| <p>Comment / remedial action required</p> <p>On the whole progressing well. There have been some delays to accessing premises but are moving forward with our new model to allow day one treatment and will enhance once premises are ready.</p> | | | |

¹ **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

| MAT Standard 2 | All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose. | | |
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| Actions/deliverables to implement standard 2 | Timescales to complete | Progress in period | Risks |
| Up to date prescribing guidance available for all types of Opiate Substitute Therapy (OST) medication | 31 st March 2023 | This has been completed and the Draft of this is on the Grampian MAT group for agreement. Anticipate this will be completed by target date | |
| National OST leaflet localised for Aberdeenshire | 31 st March 2023 | Also part of the pan Grampian group to allow consistency across the Board | |
| Increase prescribing pharmacist capacity and establish improved links with community pharmacy to ensure medication reviews are conducted regularly and reach of choice is as wide as possible | 31 st March 2023 | Questions raised at the last resources and governance group. Response to be discussed at January meeting. | Funding available to support |
| Consideration on how Buvidal can be provided at every stage including Step-In access points | 31 st March 2023 | Controlled drug cupboards being made available in Step In venues. Step In premises ready have been assessed and CD cupboards being fitted | |
| Data analysis in place and reviewed quarterly with actions required where choice is not evidenced in these figures | 31 st March 2023 ongoing review and development | Ongoing and reviewed as part of Step In. Using data spreadsheets from MIST team as well as DAISy | Analysis support on Maternity leave |

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| | | extract. There is now a Grampian wide group to support progression of data including Health Intelligence support. | |
| Increase safe prescribing capacity in the service by <ul style="list-style-type: none"> • Recruiting additional Consultant capacity • Securing Non-Medical Prescribing places for nurses | 31 st Dec 2022 31 st March 2024 Complete NMP | 5 nurses started NMP at end of September with a further 5 due to start in March. Consultant vacancy unsuccessful in recruiting. Will be re advertised in February. | |
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| Assessment of Progress: | Red/Amber/Green Green | | |
| Comment / remedial action required We anticipate that we will achieve green status in our return at the end of the year, prescribing capacity been increased and updated prescribing guidance will be in place. A pan Grampian group is established and guidance is almost complete. | | | |

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| MAT Standard 3 | All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. | | |
| Actions/deliverables to implement standard 3 | Timescales to complete | Progress in period | Risks |
| Secure finance and recruit to increase capacity to provide increased visibility in response to all Near Fatal Overdose (NFOD) and outreach support for those at risk of harm or death. | 30 th September 2022 | Staff recruited to increase capacity and to provide backfill to release staff. | |
| Hold development day which results in action plan for further development of ARIES across Aberdeenshire | 30 th September 2022 | Completed and Action Plan in place for further development of the service | |
| Review data collection and provide activity information to promote understanding of the impact of ARIES and the partnership work involved | 30 th November 2022 | Using MAT spreadsheet and will also use local data to include in 22/23 return. Also attending Grampian Mat data group and have Outreach activity on DAISy as it also contributes to MAT 1 etc. | Identifying suitable analytical and data capture support |
| Develop the Service further through involvement with wider partner activities including <ul style="list-style-type: none"> • Safer in Service: Days of Action • Joint Cuckooing Initiative | 31 st December 2022 ongoing review and development | All progressing and staff in place. Write up of developments | |

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| <ul style="list-style-type: none"> • Criminal Justice Outreach Post • Housing Service | | and outcomes in progress to be included in end of year return | |
| Review of Information governance procedures | 31 st March 2023 | Ongoing | |
| Ensure client and family feedback is captured and case studies recorded to support promotion of service and further improvements are implemented as a result of feedback | 31 st March 2023 and ongoing review | Have been trying to refer people to provide feedback. Will develop ways of reporting to service and provide feedback | Lack of experiential structure for feedback in our area, This has been escalated and are hopeful for a resolution this week (meeting on 18 th January) to allow prompt capture of experiential information |
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| Assessment of Progress: | Red/Amber/Green Green | | |
| <p>Comment / remedial action required Experiential feedback required to support very good progression with MAT 3. Recognition that we will need to catch up in collection of this in a short time but are still very hopeful this can be achieved. The capture of experiential applies to all elements not just 3.</p> | | | |

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| MAT Standard 4 | All people are offered evidence-based harm reduction at the point of MAT delivery. | | |
| Actions/deliverables to implement standard 4 | Timescales to complete | Progress in period | Risks |
| Review of staff training in relation to all aspects of Harm Reduction. Training plan established through Learning and Development Group and link to other relevant training Groups. | 30 th September 2022 | Captured and training needs identified. Training group being established to arrange all training although some has started | Identified higher training needs than anticipated so may take slightly longer to undertake training |
| Harm reduction equipment and assessment will be made available at every intervention | 30 th September 2022 | In place where premises allow. Staff also carry equipment with them | Awaiting suitable premises in a couple of areas |
| Work with BBV, Sexual health and wound care teams etc to provide improved testing and access to services and support including establishing client pathways to access appropriate support. Consultant support in place to ensure harm reduction response is in place for benzodiazepine use | 30 th November 2022 | Client Pathways in place in areas where Step in established and progressing well in those rolling out Additional consultant post was unsuccessful and will be readvertised | |
| Recruit additional Health Care Support Workers to support <ul style="list-style-type: none"> • BBV testing • Vaccinations • Assessment of Injecting Risk • Wound assessment and escalation if required • Provision of injecting equipment • Provision of Naloxone Identification of other health issues | 31 st December 2022 ongoing review and development | In place and training well underway, good share of skills including third sector contracted provision. Pathways for Wound assessment in place | |

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| Data capture established and ongoing review of this | | 31 st March 2023 | Reporting through places of intervention, Increase through Step In, using MIST data capture | |
| Establish Harm reduction workers in HMP Grampian and capture these activities and outcomes | | 31 st March 2023 and ongoing review | Recruitment completed and training etc underway. Job roles and outcomes being captured | |
| Assessment of Progress: | | <i>Red/Amber/Green</i> Green | | |
| Comment / remedial action required SOP and Training plan in development and will support all elements of MAT 4 | | | | |

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| MAT Standard 5 | All people will receive support to remain in treatment for as long as requested. | | |
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| Actions/deliverables to implement standard 5 | Timescales to complete | Progress in period | Risks |
| Provide flexible models of care to meet client needs including: <ul style="list-style-type: none"> • Stepped Care with pharmacy prescribers and third sector key workers • Shared care with 3 monthly clinical service prescribing and HCSW or third sector key workers • Shared care with GP • Pharmacy Buvival clinics • Increased clinical and social work interventions at times or need or crisis • Range of support including HSCW and Local area coordinators to support with healthcare needs and assist with practical and social tasks | 31 st March 2023 and ongoing review of activity and retention | Review of caseloads identified increased need for stepped care capacity, application for resource underway, HCSW and LAC roles utilised in offering lower level interventions with health and social focus | |
| Implement tests of change to support retention and offer variation of support including: <ul style="list-style-type: none"> • Canine therapy interventions • Employability Interventions • Occupational Therapy | 31 st March 2023 | Canine therapy started and working well with small numbers as test. Application for employability worker being submitted and service keen to be present for wider support at Step In. OT started and recurring funding secured from HSCP Winter monies | |

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| Review of service opening times and consideration of evening and weekend opening where demand indicated or to test | 31 st March 2023 | Step in open every Monday until 7, other areas reviewing | |
| Establish clinical caseload sheet with RAG rating to support effective caseload management | 31 st October 2022 | Completed | |
| Promotion of wider activities in community and support to access these in order to allow meaningful activity to change routine and give structure, purpose and diversion | 31 st March 2023 | Linking with partner orgs etc all keen to work in partnership | |
| Identify wider support services to be part of service offering and operate collaboratively with client at forefront of discussions and plan | 31 st March 2023 | Ongoing | |
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| Assessment of Progress: | <i>Red/Amber/Green</i> Green | | |
| <p>Comment / remedial action required</p> <p>Premises have been a slight hold up but confident we will have identified premises , and where possible be fully operational in these, by April 23. In the meantime enhancements are being delivered in existing venues.</p> | | | |

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| MAT Standard 6 | The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks. | | |
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| Actions/deliverables to implement standard 6 | Timescales to complete | Progress in period | Risks |
| Establish a steering Group for MAT 6 implementation and monitoring as a sub group of the Substance Use Service Learning and Development Group | 30th September 2022 | Being progressed will now be in place by 31/12/2022 | Delays due to staff absences and changes |
| Have an explicit service plan in place for delivering psychologically-informed care and structured psychosocial interventions. Plans will include: a) a baseline assessment of current service delivery from which to plan and build progress, and an in-built process for service evaluation and improvement; b) an explicit workforce development policy that ensures all staff receive appropriate training to deliver psychologically-informed care and structured psychosocial interventions; c) policies and procedures that support the translation of skills acquired through training into practice. These include – access for staff to regular coaching, reflective practice, and supervision to support the delivery of psychologically-informed care and structured psychosocial interventions; – clearly defined roles for delivering structured psychosocial interventions within staff job plans, and protected time to do this; – caseload sizes that allow staff to routinely deliver structured psychosocial interventions; – identification and use of supportive tools, protocols, manuals and safety and stabilisation strategies to support staff in their delivery of psychological interventions. | 31 March 2024 | In progress Coaching groups for MI have been established and have been delivered across the Shire | Coaching absences and pressure on coaching capacity. Capacity issues for staff to deliver low intensity PI for both substance use and mental health Limited capacity to deliver supervision specifically for PIs |

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| <p>Establish that clear pathways are in place to ensure that people can access higher intensity Tier 3 & 4 psychological therapies if and when required</p> | <p>Timeframe to be Confirmed by Consultant Psychologist</p> | <p>In Progress</p> | <p>Restricted capacity for Tier 3&4 within current resources</p> |
| <p>Support the development of social networks by: a) actively promoting and linking people to services that place an emphasis on support from mutual aid and other recovery networks. There should be a clear and realistic recovery plan that outlines the network of support available to the person, including key people in their life; b) providing support to build social capital through the promotion of connections with people in mutual aid or other pro-recovery networks; c) providing social bonding and social bridging interventions, specifically designed to modify a person’s social networks, including work with families or named persons</p> | <p>Timeframe to be confirmed by Peer Support Service/Community Forums</p> | <p>In Progress</p> | |
| <p>Establish data capture which allows review and analysis of achievement of MAT 6 across all parts of the services.</p> | <p>31st October 2022</p> | <p>In progress now to be avail by 31/3/2023</p> | |
| <p>Assessment of Progress:</p> | <p><i>Red/Amber/Green</i> Amber</p> | | |
| <p>Comment / remedial action required Lead back at work and steering group for MAT 6 and 10 to be established</p> | | | |

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| MAT Standard 7 | All people have the option of MAT shared with Primary Care. | | |
| Actions/deliverables to implement standard 7 | Timescales to complete | Progress in period | Risks |
| Pilot in Fraserburgh GP surgeries to provide additional resource to allow OST delivery in GP surgeries – Recruitment of 3 staff, clearing of documents to allow suitable delivery space, Action plan for development of service and review | 31 December 2022 | Staff identified and linked with one of the practices and have everything in place to start in January. Meeting with Second surgery early January | Lack of suitable trained and experienced staff delayed recruitment have promoted from within and now backfilled |
| Mapping of availability of OST in surgeries across Aberdeenshire | 31 March 2023 | Ongoing | |
| Involvement in review of community pharmacy and identify increased capacity available in community pharmacy | 31 March 2023/ 31 December 2022 | Plan almost complete re pharmacy awaiting decision at next ADP sub groups | |
| Discussions with GP surgeries where there is limited or no OST available with a view to agreeing how this could be best delivered in GP/Pharmacy setting | 30 June 2023 | Ongoing | |
| Data capture of pilot and comparison to other areas completed to support evaluation | 31 st December 2023 | Ongoing data being agreed | |

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| Establish shared care protocols between specialist services, GP and community pharmacies for people who are on MAT. Shared care may include prescribing where competent practitioners are in place | 31 st March 2024 | Ongoing | |
| Clinical and governance structures that enable people working in primary care to fully support people who are on MAT and to ensure that treatment and prescribing are managed alongside care for physical, emotional, and social needs | 31 st March 2024 | Ongoing | |
| Contractual arrangements for primary care provision (GP and community pharmacy) reflect the requirements of MAT standards; | 31 st March 2024 | Arranged to meet with Public Health re discussion | Support required from Most appropriate people |
| Develop pathways that enable the transfer of appropriate elements of care between specialist services, local mental health services, GP and community pharmacy | 31 st March 2024 | Started | |
| Establish information governance to ensure that information can be safely transferred between specialist services, GP and community pharmacy, including child and adult protection procedures | 31 st March 2023 | Started | |
| Training on problem drug use and on awareness of local drug services, including non-statutory providers and peer support services for all staff who may encounter people with problem drug use in their work | 31 st March 2023 | Started | |
| Establish a 'primary care facilitation team', or equivalent that is responsible for auditing, monitoring, reporting and reviewing practice in primary care settings and the interface with specialist care, and for support with workforce development. | 31 st October 2023 | Arranged to meet Public Health to support progression | |
| Assessment of Progress: | Amber | | |
| Comment / remedial action required | | | |
| MAT 7 group to establish availability of shared care across Aberdeenshire to support ongoing work to plan actions required | | | |

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| MAT Standard 8 | All people have access to independent advocacy and support for housing, welfare and income needs. | | |
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| Actions/deliverables to implement standard 8 | Timescales to complete | Progress in period | Risks |
| Involvement in Tender specification process for procurement of Advocacy in Aberdeenshire to ensure capacity available for our client group | 31 March 2023 | Completed | |
| Co-fund a housing worker who will support those identified as high risk and who require support with housing needs, both public and private sector. This worker will work closely with our Outreach/NFOD team - ARIES | 31 December 2022 | Completed | |
| Secure appropriate wider support services e.g. Welfare, housing, advocacy to have a presence in Step In premises to meet client need | 30 June 2023 | Ongoing but agreement from all so far, opportunity for additional resources to be investigated through other funds | |
| Increase collaborative work with Housing colleagues including appropriate awareness training etc. | 31 st December 2022 | Training package being delivered to Housing First colleagues. Additional funding agreed to increase capacity and allow | |

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| | | attendance at StepIn etc. | |
| Link with Tackling Poverty and Inequality and Employability groups to ensure our client group are aware of and have access to a range of wider supports | 31 st March 2023 | Ongoing but good discussions and willingness to work collaboratively | |
| Have recording in place that evidences where advocacy has been discussed and take up monitored | 31 st December 2022 | Recording on clinical spreadsheet | |
| Discussion with Advocacy providers to establish training needs in both services and plan to address this, maintain regular contact and discuss how delivery can be accessible for clients | 30th June 2023 | Ongoing as service develops. New contract with additional capacity for Alcohol and Drug work commences on 1 st April 2023 | |
| Assessment of Progress: | <i>Red/Amber/Green</i> Amber | | |
| Comment / remedial action required New Advocacy contract in place from 1/4/23. Wider support available within Step In once locations secured and adapted for use. | | | |

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| MAT Standard 9 | All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. | | |
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| Actions/deliverables to implement standard 9 | Timescales to complete | Progress in period | Risks |
| <p>Steering group to be established to allow developments expected from both Mental Health Services and Alcohol and Drug services to be taken forward, see below, and provide the collaborative approach required to achieve MAT 9 delivery</p> <p>Consultant support in place to develop</p> | <p>31ST December 2022</p> <p>31st December 2022</p> | <p>Initial meeting held and workshop and training sub group identified as required</p> <p>Existing Drug and Alcohol Consultant supporting in meantime</p> | |
| <p>Mental health services have:</p> <p>9.1 procedures in place to ensure that staff in mental health services are up to date with local substance use treatment pathways and the referral criteria for NHS primary and secondary care services, social care and third sector agencies;</p> <p>9.2 mechanisms in place to enable staff in mental health services to report concerns and advocate on behalf of patients at risk of falling between services;</p> <p>9.3 agreed referral pathways across the local recovery orientated systems of care to support any identified substance use;</p> <p>9.4 at the point of referral a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person;</p> <p>9.5 training and workforce development plans to ensure staff are trained and supported to:</p> | <p>31st March 2023</p> | <p>Ongoing and steering group will help direct this work</p> | |

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| <p>a) Carry out assessment of substance use and dependence; b) recognise acute crises such as overdose, withdrawal or physical health consequences; c) provide accurate and evidenced based harm reduction information and support to people with non-dependent substance use; d) provide motivational interviewing where appropriate. 9.6 protocols in place for effective communication and information sharing with substance use services;</p> <p>9.7 clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.</p> | | <p>Outcome from workshop and Steering group to ensure progressed</p> | |
| <p>Substance use services have: 9.8 procedures in place to ensure substance use services are up to date on knowledge of local mental health services and their referral criteria; 9.9 agreed care pathways in place to support any identified mental health care needs and clear governance structures to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use; 9.10 mechanisms in place to enable staff in substance use services to report concerns and advocate for patients at risk of falling between the gaps of services; 9.11 assessment protocols in substance use services that include enquiry about mental health, and use of appropriate screening tools; 9.12 appropriate protocols to treat and support mental health in house (to level of competency of agency/individual) or support local onward seamless referral;</p> | <p>31st March 2023</p> | <p>Being captured by Drug and Alcohol service for submission at end of year but anticipate most are in place Many already in place but will be written up to inform collaborative approach, shared and expand existing good practice and identify areas</p> | |

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| <p>9.13 training and workforce development plans to ensure staff are trained and supported to: a) ensure staff have the knowledge and skills to recognise acute mental health crises: suicidality/ psychosis and respond appropriately; b) know about availability, and make use of skilled diagnosis and treatment within substance use teams if not available through mental health assessment services; c) make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.</p> <p>9.14 at the point of referral a named professional agreed as the main contact responsible for communication between services and with the person and their family member or nominated person; 9.15 protocols in place for effective communication and information sharing with mental health services; 9.16 clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.</p> | | <p>requiring further development</p> | |
| <p>Assessment of Progress:</p> | <p><i>Red/Amber/Green</i> <i>Amber</i></p> | | |
| <p>Comment / remedial action required Workshop with Alcohol and Drug services and mental Health to establish action plan and leads</p> | | | |

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| MAT Standard 10 | All people receive trauma informed care. | | |
| Actions/deliverables to implement standard 10 | Timescales to complete | Progress in period | Risks |
| A steering group should be established to oversee the development and implementation of trauma informed care across MAT services | 31 st December 2022 | Ongoing | |
| Have an explicit delivery plan in place for delivering trauma informed care which should; a) be informed by a baseline assessment of current trauma informed care delivery. A tool that can support this process is the Trauma-informed Care and Practice Organisational Toolkit (TICPOT); b) consider the physical environment in which MAT is delivered; c) include mechanisms to maximise staff wellbeing and reduce the risk of secondary traumatisation, burnout and compassion fatigue - such as policies for regular supervision; d) include people with lived experience of trauma and their family member or nominated person in all aspects of service delivery, evaluation and improvement planning (where the person wishes this); e) ensure that the knowledge and skills of the MAT workforce (including senior leaders) are aligned to the Transforming Psychological Trauma: Knowledge & Skills Framework; f) ensure alignment of practice with MAT Standard 6 Psychological support and the use of validated tools for routine trauma screening; g) ensure that service evaluation and continuous quality improvement is underpinned by the principles of trauma informed care. | 31 st March 2023 | Ongoing Staff Training from Epione is arranged | Capacity to support delivery and implementation of safety and stabilisation (including coaching/supervision) within substance use services. |

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| Assessment of Progress: | <i>Red/Amber/Green</i> Amber | | |
| Comment / remedial action required Establish steering group for MAT 6 and 10 | | | |

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Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

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| Q1 Performance: | 87.2% |
| Q2 Performance: | 90.8% |
| Q3 Performance: | |
| Q4 Performance: | |

| Key actions to improve performance | Timescales to complete | Progress in period | Risks |
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| Increased capacity in statutory services – this is where the waits are, except 2, Blockages in these caseloads due to good retention rates in service but lack of onward prescribing through GPs etc. Increased in demand for both clinical and social work interventions continues | Depending on financial support given | Staff recruited to reduce caseload sizes | Still very short on Dr capacity with consultant sitting with extremely high caseload |
| Increase capacity for prescribing | By March 2023 | 5 staff started on NMP course this month | Financial support not available to support expansion of innovative practice e.g. Pharmacy prescribers in service |
| Creation of Step In services across Aberdeenshire | By 31/3/2023 | 1 up and running with further 4 progressing | Premises and delays pending clarity about available funding |
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| Comment / remedial action required | | | |

Staff have worked extremely hard to try and achieve the waiting times target and have only missed it by almost 3 %. We are confident that the re design of services including Step In points, a drop in and day 1 service, will absolutely ensure that waiting times targets are no longer an issue in Aberdeenshire

Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

| | Projection | Performance |
|-----------------|------------|-------------|
| Q1 Performance: | | |
| Q2 Performance: | | |
| Q3 Performance: | | |
| Q4 Performance: | | |

| Key actions to improve performance | Timescales to complete | Progress in period | Risks |
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| Comment / remedial action required | | | |