

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.

Integration Authority	Scottish Borders
Period covered	Q3 October – 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
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MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.		
April 2022 RAG status: Green			
Actions/deliverables to implement standard 1	Timescales to complete	Progress in period	Risks
Completed			
Continue with the accessible community based same day prescribing within Borders; share the learning from this nationally (MAT standard 1) – this is reported internally within Borders Addiction Service (BAS) and quarterly to ADP.	Ongoing	Ongoing	Ongoing. Staffing*
Find local solution for recording of data to evidence standard 1. — Develop ‘workaround’ to comply for reporting requirements via case note audit - Explore EMIS development to capture relevant data using learning from case note audit (timescales dependent on NHS Borders capacity) We will use the national spreadsheet to address this.	December 2022 for reporting on Q4 2022-23 As per MIST timeline	Staff member identified to undertake audit. On track	-
Assessment of Progress:	Green¹		
Comment / remedial action required *There has been turnover and recruitment of new staff within We Are With You and this led to a short term reduction in capacity to jointly deliver all planned drop-ins. Experienced staff within WAVY have been deployed to support ES Team. The main risk to delivery for all MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated. National spreadsheets are now available to resolve issues relating to the compatibility with different versions of Excel.			

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.		
April 2022 RAG status: Green			
Actions/deliverables to implement standard 2	Timescales to complete	Progress in period	Risks
Completed			
Continue with the provision of long-acting injectable buprenorphine to all clients receiving MAT who wish it and where it is clinically appropriate. This is reported internally within Borders Addiction Service (BAS) and quarterly to ADP.	Ongoing	Ongoing	Ongoing
<i>Overview: Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Borders and share learning.</i>			
Conduct mapping of the MAT standards in Borders justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community (including Justice Partners, HMP Edinburgh, Police Scotland – St. Leonards Police Station) combined improvement action from supplementary info - 'Collaborate with justice partners this will require us to link with Her Majesty's Prison Edinburgh and police colleagues i.e. St Leonards police station from benchmarking report'.	December 2022	Meeting with Justice Social Work completed. Meetings arranged for Jan 2023 with Prison and Police colleagues.	Capacity for member to engage. Ability to reach all prisoners
Develop action plan in response to initial mapping exercise	Jan-Mar 2023		
Assessment of Progress:	Green		
<p>Comment / remedial action required</p> <p>Approximately 60% of Borders prisoners are housed in HMP Edinburgh. The remaining 40% (approx. 30 individuals) are dispersed across the prison system and small number makes it difficult to maintain relationships across all settings.</p> <p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p>			

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.		
April 2022 RAG status: Green			
Actions/deliverables to implement standard 3	Timescales to complete	Progress in period	Risks
Completed			
See page 3 for Justice commentary			
Assessment of Progress:	Green		
Comment / remedial action required			
The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.			

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.		
April 2022 RAG status: Green			
Actions/deliverables to implement standard 4	Timescales to complete	Progress in period	Risks
Completed			
Assessment of Progress:	Green		
Comment / remedial action required			
The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.			

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MAT Standard 5	All people will receive support to remain in treatment for as long as requested.		
April 2022 RAG status: Green			
Actions/deliverables to implement standard 5	Timescales to complete	Progress in period	Risks
Completed			
Continue to develop models to retain people in services for as long as they request by continued support of models of care creating further capacity and share the learning nationally: <ul style="list-style-type: none"> • Participation in National Drug Death IMT by Clinical Lead and ADP Strategic Lead • Visit request from Angus and Perth and Kinross to meet with ES Team 	Ongoing Summer 2022 onwards November 2022	Ongoing Ongoing Not progressed. We are happy for teams to meet.	Ongoing
Assessment of Progress:	Green		
Comment / remedial action required			
The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.			

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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.		
April 2022 RAG status N/A			
Actions/deliverables to implement standard 6	Timescales to complete	Progress in period	Risks
<i>Overview Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Through service improvement enhance support and training for psychologically informed treatment and trauma-informed care (MAT standards 6 and 10).</i>			
Evaluate impact of training	October 2022	Underway & ongoing	
Ensure monthly coaching and reflective practice sessions available for staff	October 2022 onwards	Ongoing	
Develop resource booklet for clients	October 2022	Complete	
Ensure staff across all 3 services (Action For Children, Borders Addiction Service and We Are With You) are delivering safety and stabilisation work within routine practice	October 2022 onwards	Underway but not happening routinely as yet.	Some staff across each service engaging in coaching but too early to see S&S work happening routinely. Service pressures/caseload sizes may be a risk here. Will need to monitor this.
Distribute and analyse follow-up survey for MAT 6 project	February 2023	On track	
Develop workforce development plan to ensure staff able to access relevant training options at Tiers 1 & 2	January 2023	On track	
Ensuring each of 3 services' culture is psychologically informed	April 2023 onwards	On track	
Have a process in place to document experiences of people who engage with services.	November 2023 onwards	On track	

Have clear pathways in place to ensure that people can access higher intensity Tier 3 & 4 psychological therapies if and when required	September 2022 onwards	Complete – each of 3 services aware of referral process to APTT for Tier 3 & 4 work	
Ensure all staff are aware of opportunities for people to build social networks through recovery activities (e.g. Recovery Groups and activities) and able to influence service (e.g. Lived Experience Forum) and take steps to actively signpost individuals to attend.	Ongoing	On track	
Convene Implementation Group for MAT 6, 9, 10	December 2022	Complete	
Assessment of Progress:	Green		
<p>Comment / remedial action required</p> <p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p>			

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MAT Standard 7	All people have the option of MAT shared with Primary Care.		
April 2022 RAG status – N/A			
Actions/deliverables to implement standard 7	Timescales to complete	Progress in period	Risks
Overview: Continue development of the primary care model being developed in the Borders to implement improved pathways as follows: This will include the recruitment of general trained advanced nurse practitioner providing low grade primary care directly within the Borders Addiction Service alongside the delivery of MAT. The aim is to ensure a robust model of delivery that can be replicated and shared with other areas of the Scottish Borders and further afield, ensuring greater sustainability and viability.			
Consult with GP Sub Committee to confirm a practice area for pilot	November 2022	Complete	
Source equipment	September 2022	Complete	
Liaise with Clinical Governance and Quality to develop QI measures	August 2022- November 2022 March 2023	In progress	Staff capacity
Develop proposal for first test site with input from colleagues and people with lived experience	September- November 2022	Complete	
Report on impact of first tests	31 December 2022	In progress	
Assessment of Progress:	Green		
Comment / remedial action required			
<p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p> <p>Development of QI measures and impact reporting is behind schedule due to an unplanned reduction in clinical lead capacity. However, The MAT 7 ANP has commenced 'health checks' at the different Drop-In locations. Here attendees can get a basic health check including BP/Weight/Respiratory assessment. Outcomes of the health check discussed with the person attending accordingly e.g. to Wellbeing Service/pharmacy 1st or encouraged to make GP appt where applicable. This service has been well received and has highlighted some clinical symptoms that people attending have been encouraged to have followed up e.g. potential stage 1 hypertension.</p> <p>Pilot work happening with Eyemouth practice and people attending drop in are encouraged by their key worker to attend to discuss health concerns/chronic disease symptoms. GPs provided with feedback from assessments. This service is well received by the practice and has improved communication and information sharing for this, at times, hard to reach patient groups. It is hoped to extend this work to a practice in a different area of Borders.</p>			

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.		
April 2022 RAG status N/A			
Actions/deliverables to implement standard 8	Timescales to complete	Progress in period	Risks
For Justice commentary see page 4			
Increase rights based advocacy support to people in treatment by commissioning dedicated advocacy input (MAT standard 8)– <i>completed April 2022</i>	Completed	Completed	n/a
Review uptake and reach of this increase	March 2023	Review meeting scheduled for 20.10.22 – complete. First clients now receiving report. Next scheduled meeting in March.	
Ensure ADP interests represented in wider advocacy review	March 2023	Commissioning work continuing as scheduled.	
Assessment of Progress:	Green		
Comment / remedial action required			
<p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p>			

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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.		
April 2022 RAG status N/A			
Actions/deliverables to implement standard 9	Timescales to complete	Progress in period	Risks
Ongoing improvement work to develop sufficient capacity for mental health expertise (psychiatric, psychological, nursing, social work etc.) within the partnership. Borders have submitted a quality improvement charter for funding to recruit an advanced nurse practitioner to act as an addictions liaison nurse in the community. The aim of the role would be supporting assertive outreach re: mental health skills; work with We are with You to support people who would not meet the criteria for Borders Addiction Service/Community Mental Health Team; as well as joint working with people in Community Mental Health Team.			
Recruitment and induction of mental health trained advanced nurse practitioner – August 2022	September 2022	Complete	
Liaise with Clinical Governance and Quality to develop QI measures	August 2022- November 2022 August 2023	In progress	Staff capacity
Integrate ANP into assertive outreach structure to offer further mental health input in this setting	September- November 2022 August 2023	In progress	Staff capacity
Create proposals for joint working with CMHT and third sector partner by BAS ANP	September- November 2022 August 2023	In progress	Staff capacity
Work with third sector, CMHT and other stakeholders to create an initial draft of an interface document, creating pathways for those with mental health and substance problems and ensure that there is “no wrong door” and that services are clear on responsibilities and ways of joint working.	September- November 2022 August 2023	In progress	Staff capacity
Report on initial progress	31 December 2022 August 2023	In progress	Staff capacity
Assessment of Progress:	Amber		
Comment / remedial action required			
<p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p> <p>Implementation of MAT 9 goals has been delayed due to staffing / capacity issues. The successful candidate for the mental health ANP role was internal and due to clinical pressures and the need to recruit to other posts the service has been unable to release them from their previous role as</p>			

quickly as quickly as originally planned. The goal now is for the ANP trainee to begin this work in February 2023.

The service has begun to draft an interface document defining joint working with CMHT and social work. The MWC commission Ending the Exclusion Report is being taken into consideration within this work. This is likely to require significant discussion and negotiation with other services as agreement will be needed as to clinical thresholds and joint working pathways. There remain risks to the planned timescale as both additions and other services remain under a high level of clinical pressure and we are reliant on other services to respond within the proposed timescales.

On the basis of the above the timeline for completion of the implementation plan has been shifted to August 2023.

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MAT Standard 10	All people receive trauma informed care.		
April 2022 RAG status N/A			
Actions/deliverables to implement standard 10	Timescales to complete	Progress in period	Risks
Develop broader steering group to encompass MAT 6, 9 and 10.	October 2022	Initial dates being scoped to meet in November Group formed & met in Nov 2022. Complete	
Ensure 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)	October 2022 ongoing	On track	
Baseline audit of how trauma-informed our services and working environments are: client survey, staff survey, trauma walkthroughs	December 2022	On track Client survey & staff survey completed in relation to MAT6; Still to happen for MAT10. Trauma walkthrough process still to happen.	
Develop delivery plan for Trauma Informed Care (TIC) in MAT services (based on 5 key drivers for organisational change) informed by recommendations from audit for MAT 10	February 2023	On track	
Ensure mechanisms are in place to maximise staff wellbeing and reduce the risk of secondary traumatisation, burnout and compassion fatigue – (such as self-care, coaching, policies for regular supervision)	March 2023	On track	
Ensure that the knowledge and skills of the MAT workforce (including senior leaders) are aligned to the Transforming Psychological Trauma: Knowledge & Skills Framework;	October 2022 ongoing	On track	
Ensure alignment of practice with MAT Standard 6 Psychological support	October 2022 ongoing	On track	
Support a process of continuous quality improvement underpinned by the principles of trauma informed care	October 2022 ongoing	On track	

Develop proposal to ensure physical environments (for staff and clients) are trauma informed	May 2023	On track	
Assessment of Progress:	<i>Red/Amber/ Green</i>		
<p>Comment / remedial action required</p> <p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p>			

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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.

Q1 Performance:	n/a
Q2 Performance:	n/a
Q3 Performance:	n/a
Q4 Performance:	

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

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

Base line: 415, Target for 2024: 451 = 36 increase

	Projection	Performance
Q1 Performance:		
Q2 Performance:		
Q3 Performance:		
Q4 Performance:		

Key actions to improve performance	Timescales to complete	Progress in period	Risks
We continue to offer regular drop in clinics across Borders.			
<p>Comment / remedial action required</p> <p>Scottish Government colleagues are aware of the current concern relating to our treatment target as the baseline was set at the time of our highest ever case load in the pandemic and have consistently sat below this level thereafter.</p> <p>The main risk to delivery for MAT actions is the relatively small size of services and respective management structures. Fortnightly implementation meetings are in place to ensure all key personnel are sighted and able to respond to concerns. This will support business continuity in the event of staff absence or unavailability, however, cannot be fully mitigated.</p>			