

# Tayside Mental Health and Learning Disabilities Improvement Plan

March 2023



# Tayside Mental Health and Learning Disabilities Improvement Plan Mar23

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## Tayside Mental Health and Learning Disabilities Improvement Plan Mar23



<b>Priority 1:</b>  Progress the decision about Adult Inpatient Redesign		<b>Intended Outcome:</b>  Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base.	
<b>Executive Sponsor:</b>  <ul style="list-style-type: none"> <li>Chief Officer, P&amp;K HSCP (Lead Partner)</li> </ul>		<b>Workstream Lead(s):</b>  <ul style="list-style-type: none"> <li>General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS Tayside</li> <li>Clinical Lead, GAP Inpatients, NHS Tayside</li> </ul>	
		<b>Responsible Officer(s):</b>  <ul style="list-style-type: none"> <li>Chief Officers</li> <li>Medical Director</li> <li>Executive Nurse Director</li> </ul>	
<b>Delivery Timeline:</b>  <ul style="list-style-type: none"> <li>Phase 1: July-2023</li> <li>Phase 2: Decision March 2026,</li> <li>Implementation Jul26-onwards</li> </ul>		<b>Route to Delivery:</b>  <ul style="list-style-type: none"> <li>Phase 1: Operational Line</li> <li>Phase 2: Programme</li> </ul>	
<b>Milestones:</b>			
<b>Phase 1:</b> Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care			
#	Timeline	Activity	
1	By 31Mar2023	Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	
2	By 30Apr2023	Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	
3	By 31May2023	Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside.	
4	By 30June2023	Options paper presented to NHS Tayside which aligns with progress of other work streams to support change.	
5	By 31Jul2023	Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	
<b>Phase 2:</b> Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines. The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. <b>This phase includes ongoing engagement with our communities, through analysis, development and scoring of options.</b>			
<b>Definition of a health needs analysis</b> A health needs assessment is 'a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.*' It includes a quantitative approach to enumerate the size and scale of the problem alongside a			

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qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it.  
It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis

#	Timeline	Activity
6	By 31Mar2024	Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.
7	By 30Sep2024	Implement data plan
8	By 30Nov2023	Workforce and recruitment analysis completed
9	By 31Jan2024	Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.
10	By 30Jul2024	Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.
11	By 31Jan2025	Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal
12	By 31Mar2025	Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis.
13	By 30Jun2025	Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.
15	By 31Dec2025	Consultation with our communities on the results of the option appraisal
14	By 31Mar2026	The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years
16	By 30Jun2026	Agree a detailed implementation plan, governance, <b>evaluation plan</b> and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.
17	July2026 onwards	Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.

\*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)

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<b>Priority 2:</b> Improve Strathmartine Physical Environment		<b>Intended Outcomes:</b> <ul style="list-style-type: none"> <li>• Significant reduction in volume of environment-related incidents,</li> <li>• Improved experience for people receiving care in Strathmartine</li> </ul>																
<b>Executive Sponsor:</b> <ul style="list-style-type: none"> <li>• Director of Facilities</li> </ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>• General Manager, Inpatient Learning Disability Service, NHS Tayside</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>• General Manager, Inpatient Learning Disability Service</li> </ul>																
<b>Delivery Timeline:</b> Aug 2023		<b>Route to Delivery:</b> Operational Line																
<b>Milestones:</b> <table border="1"> <thead> <tr> <th>#</th> <th>Timeline</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>By 28Feb2023</td> <td>Analysis of current environment has been completed.</td> </tr> <tr> <td>2</td> <td>By 30Jun2023</td> <td>Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.</td> </tr> <tr> <td>3</td> <td>By 31Aug2023</td> <td>Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.</td> </tr> <tr> <td>4</td> <td>By 31Aug2023</td> <td>Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.</td> </tr> </tbody> </table>				#	Timeline	Activity	1	By 28Feb2023	Analysis of current environment has been completed.	2	By 30Jun2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.	3	By 31Aug2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.	4	By 31Aug2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.
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<b>Priority 3:</b> Address significant delayed discharges		<b>Intended Outcome:</b> People are able to leave hospital without delay, to home or community with the support they need.
<b>Executive Sponsor:</b> <ul style="list-style-type: none"> <li>Chief Officer, Angus HSCP</li> <li>Chief Officer, Dundee HSCP</li> <li>Chief Officer, P&amp;K HSCP</li> </ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Head of Community Health and Care Services, Angus HSCP</li> <li>MH&amp;LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCP</li> <li>Mental Health Strategic Lead, P&amp;K HSCP</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>General Managers and Inpatients, Strategic Commissioning Leads</li> </ul>
<b>Delivery Timeline:</b> March 2024		<b>Route to Delivery:</b> Programme
<b>Milestones:</b>		
#	Timeline	Activity
1	By 30April2023	Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance.
2	By 31July2023	There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients
3	By 31July2023	Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process.
4	By 31Oct2023	Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement.
	By 31Oct2023	Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement.
5	By 30Nov2023	Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs.
	By 31Dec2023	Learning Disabilities A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs.
6	By 31March2024	Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays once people are ready for discharge; ensure that community health and

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	By 31March2024	social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.  Learning Disabilities A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.
7		Moves to Business as Usual.

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.

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<b>Priority 4:</b> Streamline and Prioritise the LLW Change Programme		<b>Intended Outcome:</b> Streamlined programme, clear governance, appropriate resources for the changes needed.
<b>Executive Sponsor:</b> • Chief Officer, P&K HSCP (Lead Partner)	<b>Workstream Lead(s):</b> • Programme Manager, Mental Health Whole System Change Programme	<b>Responsible Officer(s):</b> • Chief Officers, Medical Director, Executive Nurse Director
<b>Delivery Timeline:</b> • Implement June23 • Review June24		<b>Route to Delivery:</b> Executive Leads and Programme
<b>Milestones:</b>		
#	Timeline	Activity
1	By 31Mar2023	The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. <b>Completed</b> for Perth and Kinross IJB 15 Feb 2023.
2	By 30Apr2023	Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
3	By 30Jun2023	The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan.
4	By 30Jun2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is".
	By 30Sep2023	Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside
5	By 30Apr2024	There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned.
6		Moves to Business as Usual.



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<b>Priority 5:</b> Make Integration work		<b>Intended Outcome:</b> Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures.
<b>Executive Sponsor:</b> Chief Officer, Angus HSCP	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Chief Officer Angus HSCP</li> <li>Chief Officer Dundee HSCP</li> <li>Chief Officer Perth &amp; Kinross HSCP</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>Chief Officers,</li> <li>Medical Director,</li> <li>Executive Nurse Director</li> </ul>
<b>Delivery Timeline:</b> June 2023, review April 2024		<b>Route to Delivery:</b> Executive Leads and IJB Chairs
<b>Milestones:</b>		
#	Timeline	Activity
1	By 30Jun2022	Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - <b>Complete.</b>
	By 30Jun2023	Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside.
2	By 30Jun2023	Collaborative working arrangements in place to make the new integration arrangements work in practice.
3	By 31Oct2022	Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme.
4	By 30Nov2022	Integration Schemes approved by 3 IJBs and Scottish Government. - <b>Complete</b>
5	By 30Apr2023	Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
6	By 30Apr2023	There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans.
7	By 30Jun2023	Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part.
8	By	The Executive Leadership Group is providing collaborative leadership

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	30Jun2023	across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures.
	By 30Jun2023	The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made.
9	By 30Apr2024	There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned.
10		Moves to Business as Usual

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<b>Priority 6:</b> Engage the Workforce		<b>Intended Outcome:</b> An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions.																					
<b>Executive Sponsor:</b> Executive Nurse Director, NHS Tayside	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Operational Medical Director Mental Health &amp; Learning Disability Services, NHS Tayside</li> <li>Nurse Director Mental Health &amp; Learning Disability Services, NHS Tayside</li> <li>HSCP Chief Officers x 3</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>General Managers and Strategic Commissioning Leads</li> <li>Clinical Leaders</li> </ul>																					
<b>Delivery Timeline:</b> Dec 2023		<b>Route to Delivery:</b> Programme																					
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<b>Priority 7:</b> Engage with patients, families, partners and communities		<b>Intended Outcome:</b> Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building.
<b>Executive Sponsor:</b> Chief Officer, Angus HSCP	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Head of Community Health and Care Services, Angus HSCP</li> <li>MH&amp;LD Strategic Commissioning Lead/Locality Manager, Dundee HSCP</li> <li>Mental Health Strategic Lead, P&amp;K HSCP</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>General Managers and Strategic Commissioning Leads</li> </ul>
<b>Delivery Timeline:</b> Aug 2024		<b>Route to Delivery:</b> Programme
<b>Milestones:</b>		
#	Timeline	Activity
1	By 31May2023	There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work.
2	By 30Jun2023	Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted.
3	By 30Sep2023	A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place.
4	By 31Jan2024	A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken.
5	By 30Jun2024	A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement.
6	By 31Aug2024	Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement.
7		Moves to Business as Usual.

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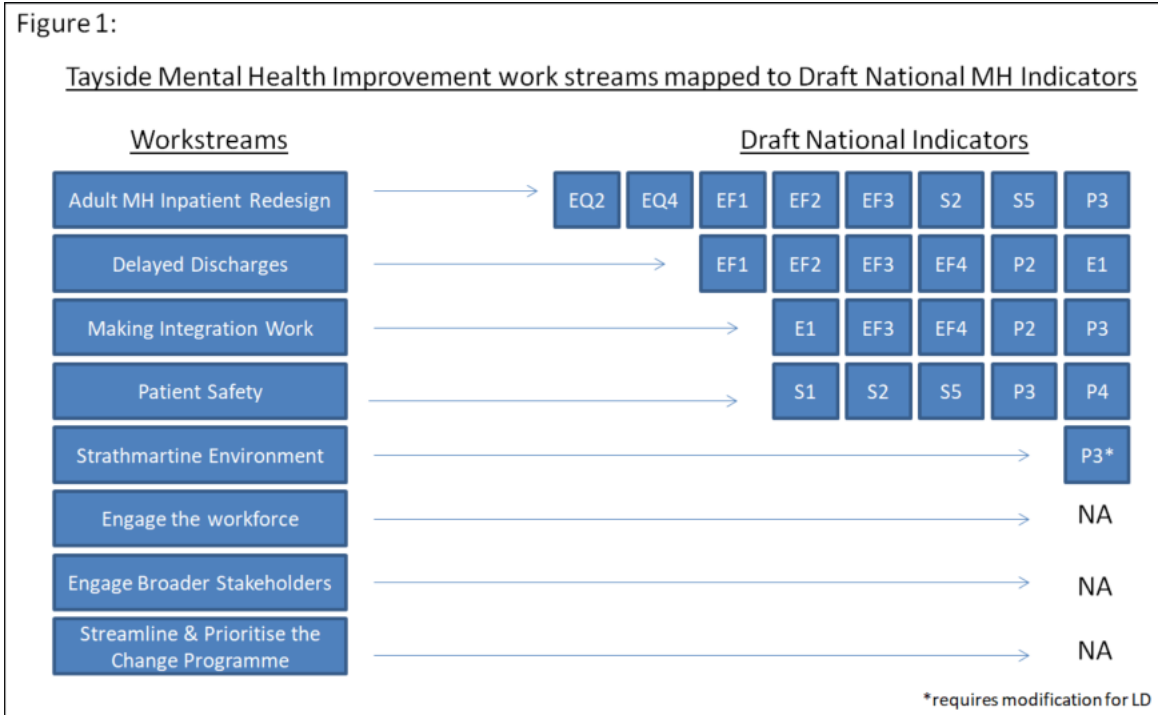
<b>Priority 8:</b> Continue to focus on Patient Safety		<b>Intended Outcome:</b> All patients will experience high quality, safe and person centred care every time.
<b>Executive Sponsor:</b> Medical Director, NHS Tayside	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Operational Medical Director, Mental Health &amp; Learning Disability Services, NHS Tayside</li> <li>Director of Nursing, Mental Health &amp; Learning Disability Services, NHS Tayside</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>Heads of Service/Strategic Commissioning Leads,</li> <li>General Managers,</li> <li>Clinical Leads,</li> <li>Clinical Directors</li> </ul>
<b>Delivery Timeline:</b> Sep 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in Sep2024		<b>Route to Delivery:</b> Clinical Governance arrangement and reporting
<b>Milestones:</b>		
#	Timeline	Activity
1	By 31Jul2023	The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.
2	By 31Jul2023	The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"> <li>scope and focus</li> <li>role and remit</li> <li>governance reporting</li> <li>chair and deputy chair</li> <li>membership</li> </ul>
3	By 31Aug2023	The draft Terms of Reference is agreed and ratified through the Programme Board
4	By 30Sep2023	The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting
5	By 30Sep2024	A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.
6		Moves to Business as Usual.



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## Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.



### Glossary of Indicator Descriptions

#### Timely –

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

#### Safe –

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

#### Effective –

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000

#### Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot)