

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 June 2021
Agenda Reference:	Item no: 20
Sponsoring Director:	Chief Executive
Author:	Head of Corporate Planning and Business Support Clinical Effectiveness Team Leader Corporate Planning and Risk Project Support Officer
Title of Report:	Performance Report 2020/2021 and Comparative Annual Figures.
Purpose of Report:	For Noting

1 SITUATION

This report presents a high-level summary of organisational performance for the year from 1st April 2020 until 31st March 2021. Trend data is also provided to enable comparison with previous performance. The national standards directly relevant to the State Hospital are as follows: Psychological Therapies Waiting Times and Sickness Absence. Additional local Key Performance Indicators (KPIs) are reported to the Board and included in this report. Board planning and performance are monitored by Scottish Government through the Annual Operational Plan for 2020-21 which was submitted to Scottish Government to outline the priority areas of development. Due to the Coronavirus pandemic, this was updated by a Remobilisation Plan submitted to Scottish Government in September, to cover the period September 20 – March 21.

The Board is asked to note that this report covers the unprecedented period of operation due to the Coronavirus pandemic. During this period, an Interim Clinical Operational Policy (ICOP) was introduced in March 2020 to ensure infection prevention and control measures are prioritised. The ICOP is supported by daily and weekly monitoring of key data to review the impact of the care model on the health and well-being of patients. This ensures that variations and trends are identified in a timely fashion and improvements made through multi-disciplinary discussion. The data gathered to inform decision making is listed below:

- Number of assaults/attempted assaults and verbal aggression
- Complaints and feedback
- Safe staffing
- Observation levels and seclusion
- Predictive data re violence and aggression
- Numbers of patients who cannot tolerate care in more isolated model
- Access to fresh air, physical activity and timetable sessions
- Participation in sessional activities such as those delivered by AHPs and Psychology.

The figures from the previous three years have been included for comparison. The comparisons between the years have been made on the same periods – annual data against annual data, rolling figures against rolling figures etc.

It should be noted that due to the low number of patients, natural variations in the population can have an effect on the sample and small changes in our Key Performance Indicators (KPI) figures can look more significant when presented as percentages. These limitations should be borne in mind when considering this comparative data. Services have continued to be delivered however not necessarily in the same way as pre-COVID.

2 BACKGROUND

Members receive quarterly updates on Key Performance Indicator (KPI) performance as well as an Annual Overview of performance and a Year-on-Year comparison each June.

ASSESSMENT

The following sections contain the KPI data for 2020/21 and highlight any areas for improvement through a deep dive analysis for KPI's that have missed their targets.

There are two KPI's which have increased this year and moved into a more positive zone, these are:

- Patients will undertake 90 minutes of exercise each week.
- Sickness Absence (National HEAT standard is 4%, local target is 5%).

There are two KPI's which have improved this year although not changing performance zone, these are:

- Patients will have their care and treatment plans reviewed at 6 monthly intervals.
- Patients will have a healthier BMI.

There are four KPI's which have missed their target this year, these are:

- Patients will have their care and treatment plans reviewed at 6 monthly intervals.
- Patients will be engaged in off-hub activity centers during COVID-19.
- Patients will be offered an annual physical health review.
- Patients will have a healthier BMI.

Item	Principles	Performance Indicator	Target	RAG	20/21	19/20	18/19	17/18		LEAD
1	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	94.40%	91.73%	96.9%	95.4%	Figure to March each year.	LT
2	8	Patients will be engaged in psychological treatment	85%	G	86.74%	87.93%	92.8%	94.4%	Figure to March each year.	MR
3	8	Patients will be engaged in off-hub activity centres	90%	-	-	83%	81.7%	78.7%	This indicator was closed in June 2020 to accommodate engagement during restrictions.	MR
3.1	8	Patients will be engaged in off-hub activity centres during COVID-19		A	83.33%	-	-	-	Average from 1 July 2020 to 31 March 2021.	MR
4	8	Patients will be offered an annual physical health review.	90%	R	56.67%	98.48%	93%	100%	Figure for Apr 2020 - Mar 2021.	LT
5	8	Patients will undertake 90 minutes of exercise each week (Annual Audit)	80%	G	75.00%	60.70%	56.3%	Q4 only 48.7%	Average figure for April 2020 – March 2021.	MR
6	8	Patients will have a healthier BMI	25%	R	10.50%	8.75%	13.7%	15.8%	Average figure from April 2020 – March 2021.	LT
7	5	Sickness absence (National HEAT standard is 4%)	** 5%	G	5.30%	5.92%	8.26	8.52%	Figure for April 2020 – March 2021.	JW
8	5	Staff have an approved PDR	*80%	G	80.58%	86.68%	80.9%	84.7%	Figure to March 2021.	JW
9	1, 3	Patients transferred/discharged using CPA	100%	G	100%	100%	97%	99%	Figures for April 2020 - March 2021.	MR
10	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	100%	100%	100%	100%	Figures for April 2020 - March 2021.	LT
11	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	97.66%	99.78%	98.5%	100%	Figure to March 2021.	MR
14	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	95.35%	97.68%	99%	99.1%	Figure to March 2021.	LT
15	2, 6, 7, 9	Attendance by all clinical staff at case reviews	See above	-	67.40% overall	71.5% overall	65.6% overall	64.2% overall	Figures for April 2020 – March 2021	All Leads

No 1: Patients Have their Care and Treatment Plans Reviewed at 6 Monthly Intervals

Target: 100%

Data for 2020/21: 94.40%

Performance Zone: Amber

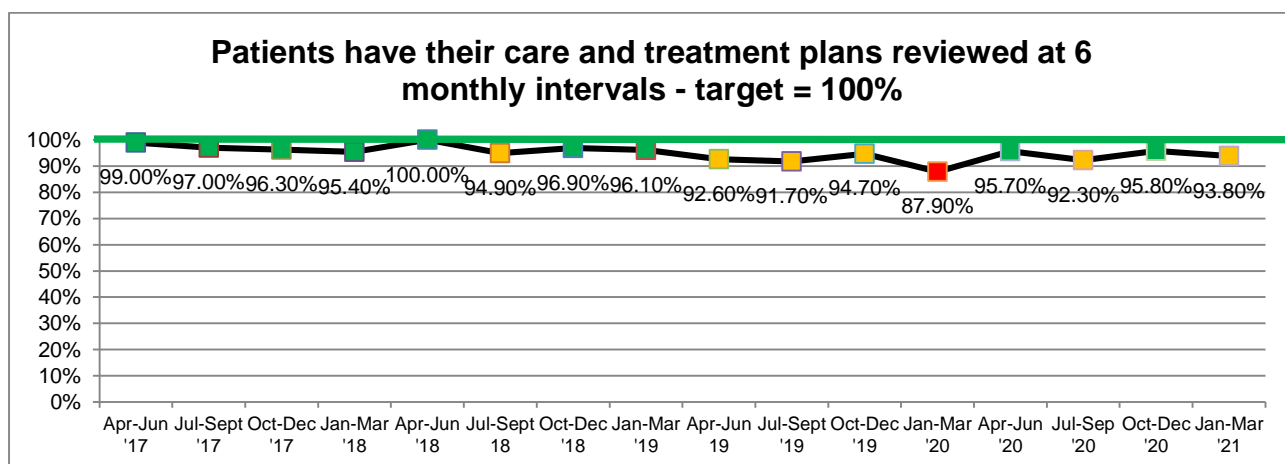
This is a Mental Health Act requirement for any patients within high secure settings. This indicator measures the assurance of patients receiving intermediate and annual case reviews. Care and Treatment Plans are reviewed by the multidisciplinary teams at case reviews and objectives are set for the next 6 months.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	G	A	G	A	94.40%	91.73%	96.9%	95.4%

Performance has increased in 2020/21 as the figure ending March 2021 was 93.8% compared to 87.9% from the previous year. This indicates that this performance has shifted from the red zone into amber regarding Q4 results. Quarters 1 and 3 were within the green zone and Quarter 2 and 4 were within the amber region; taking the annual average for this indicator to 94.4% and missing the green zone by 0.6%. In addition, the year on year average has increased by 2.67%.

All dates are set in line with the relevant date of an annual review or renewal followed by a 6 monthly review after that. The slight fall in percentage for Quarter 4 can be attributed to changes to the dates of CPA's being held and the overall time taken for documentation to be typed and uploaded to RiO. MHPSG are reviewing the CPA process and this is being governed through Clinical Governance.

Health Records staff continue to send reminder emails to RMOs and medical secretarial staff to advise that a patient's review or renewal of detention is due. The renewal of detention ties in with the annual CPA document being completed. These continue to be completed and uploaded to RiO by secretarial staff in shorter timescales than previously noted.



No 2: Patients will be Engaged in Psychological Treatment

Target: 85%

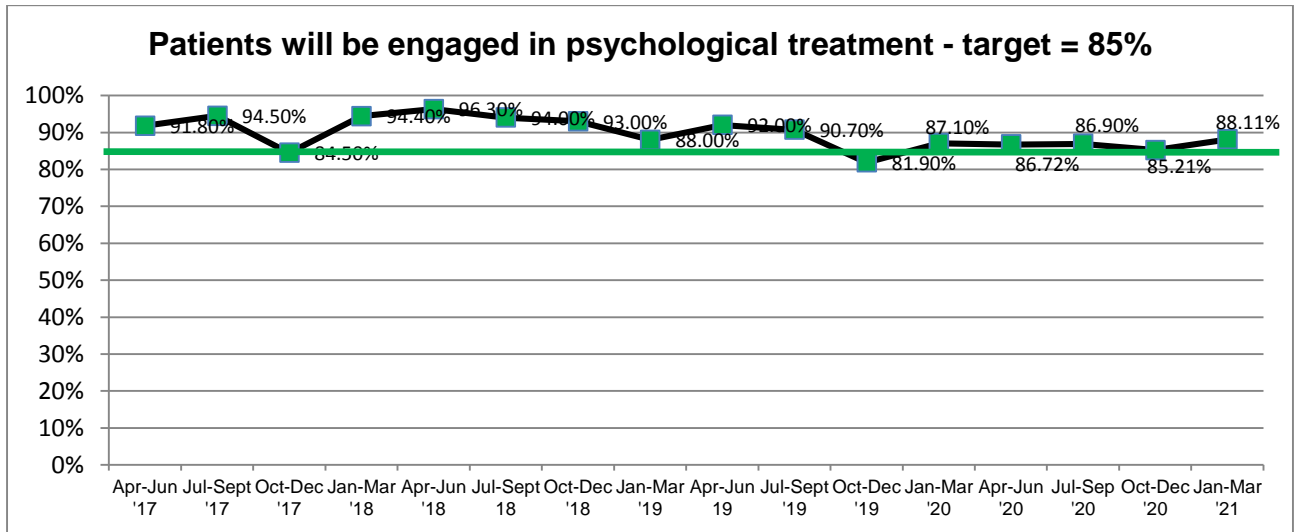
Data for 2020/21: 86.74%

Performance Zone: Green

This indicator is a main priority of National Mental Health Indicators. This indicator measures the percentage of patients who are engaged and involved in psychological treatment.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will be engaged in psychological treatment	85%	G	G	G	G	86.74%	87.93%	92.8%	94.4%

Performance over the course of the year was above target for all quarters during 2020/21 and the average figure was 86.74%. This is a slight decrease from 2019/20's figure of 87.63%.

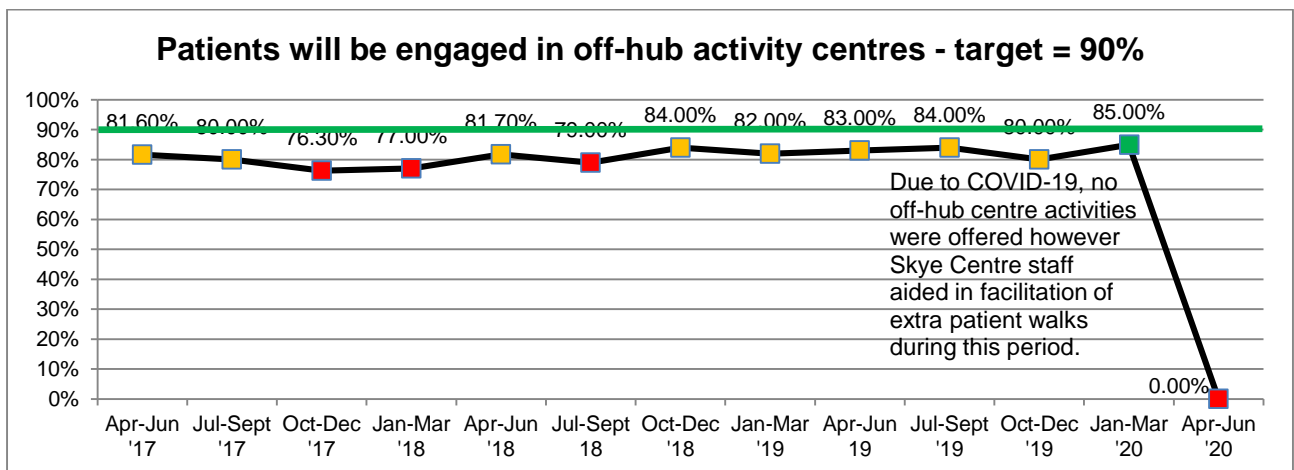


No 3: Patients will be Engaged in Off-Hub Activity Centres

Target: 90%

This is a local priority linking with patient objectives within their care plans and measures the same.

This indicator was closed in June 2020 to accommodate engagement in off hub activity centres during COVID-19.



No 3.1: Patients will be Engaged in Off-Hub Activity Centers during COVID-19

Target: 90%

Data for 2020/21: 83.33%

Performance Zone: Amber

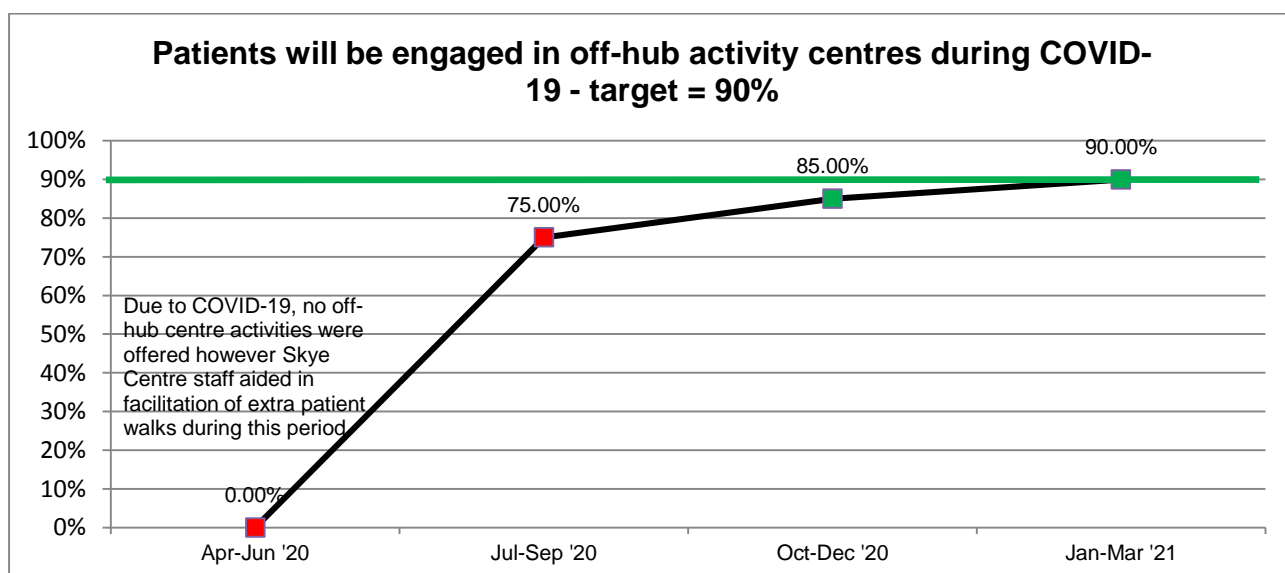
This measures the number of patients who are engaging in some form of timetable activity which takes place off their hub. The sessions may not necessarily directly relate to the objectives in their care plan however recognised as therapeutic activities. This will continue to be reported through the Operating Model Monitoring Group (OMMG).

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will be engaged in off-hub activity centers during COVID-19	90%	-	R	G	G	83.33%	-	-	-

This indicator was adapted from No. 3 to incorporate different modes of engagement during COVID-19. This indicator averaged at 83.33% for this reporting year. As this is an amendment of No. 3, the comparison between this year and the previous year shows a minimal increase of 0.03%.

Due to the COVID-19 pandemic, the recording of patient activity has changed slightly. The e-Health Department and the Skye Centre Secretary are currently adapting the RiO timetables to ensure continued accurate recording, as we did pre-COVID-19, and it is hoped to move back to recording planned activities in the near future. Although we are not recording patients as attending planned activity sessions as we have done previously, patients continue to access off-hub activities through drop-in services.

A weekly timetabling group has been established with members of professional services including Psychology, Skye Centre, Nursing and Occupational Therapy. This group discusses patient activity on a weekly basis, new activities being introduced as well as identifying gaps and staff deficits that could prevent patients participating in activity.



No 4: Patients will be Offered an Annual Physical Health Review

Target: 90%

Data for 2020/21: 56.67%

Performance Zone: Red

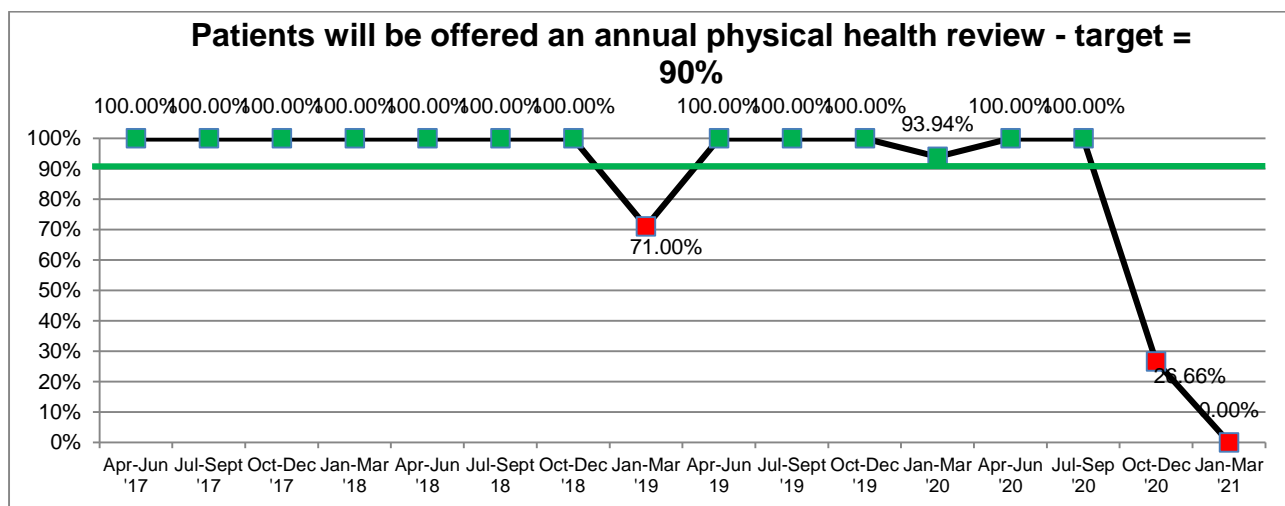
This indicator is linked to the National Health and Social Care Standards produced by Healthcare Improvement Scotland (HIS). The indicator currently measures the offer of an annual health review and not the uptake. This is being reviewed to ensure that the KPI accurately captures physical health reviews carried out.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will be offered an annual physical health review	90%	G	G	R	R	56.67%	98.48%	93%	100%

The overall average during 2020/21 was 56.67%. This is a significant decrease of 41.81% from the year 2019/20 which averaged at 98.48%. Quarters 1 and 2 performed above target with 100% compliance. However, during Q3 and 4, there was significant decreases in compliance with Q3 at 26.66% and Q4 at 0%. This was due to lockdown restrictions imposed on 26 December 2020 which aligned with the changes to access primary health care services provided in the community.

During Q3 and 4, patients were routinely receiving their annual bloods and ECG assessments in addition to the weekly support offered from the visiting Advanced Nurse Practitioner (ANP) for patients who required more regular assessment and intervention. Any physical health issues with our patients was actioned within 48 hours via the Health Centre and liaison with Junior Doctors during this period has been vital to ensuring that any personal physical issues / needs of our patients are met. In addition, onward outpatient referrals are still being sent through the Health Centre should there be any requirement beyond TSH capabilities, in conjunction with ANP visits. Locum Doctors from the Medwyn Practice were contacted for guidance during this period as the current GP for TSH is absent through long-term sick.

The Health Centre will re-establish the offering of the annual physical health reviews in 2021/22 and discussions are already in place regarding this; albeit in line with Government guidance and restriction levels. Work has progressed regarding the amendment of this KPI to reflect the uptake and quality of the physical health care provided. Moreover, the appointment of the new Practice Nurse will contribute to the KPI accurately reflecting standards in addition to tailoring the KPI to be more results based.



No 5: Patients will be Undertake 90 Minutes of Exercise Each Week

Target: 80%

Data for 2020/21: 75%

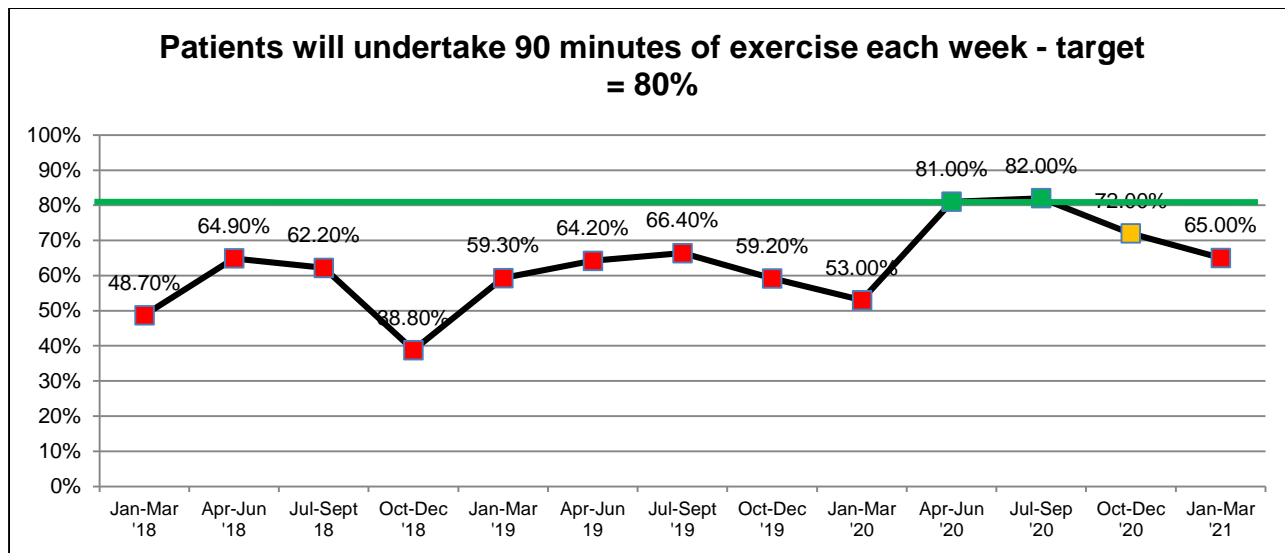
Performance Zone: Green

This links with national activity standards for Scotland. We acknowledge that the national standard is 150 minutes per week however, 90 minutes of exercise was chosen due to this being a challenging target for the hospital with the addition of an obesity issue within the patient group. This measures the number of patients who undertake 90 minutes of exercise each week.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will undertake 90 minutes of exercise each week	80%	G	G	A	R	75.00%	60.70%	56.3%	Q4 only 48.7%

The target for this indicator is 80% and the overall average for year 20/21 was 75%. This moves this indicator into the green zone for this reporting year, against a red zone performance averaging at 60.7% of 19/20. This is the highest Q4 performance over the four-year trend data provided. The reasons for the improvement in this indicator are being reviewed to support the embedding of these into future practice.

During the first two quarters, staff resources was focused on supporting patients through 1:1 walks as other timetable sessions were cancelled due to COVID restrictions. The COVID-19 pandemic did provide emphasis of physical activity through restrictions which may have led to the positive impact on this indicator. As the Skye Centre Activity Centres reopened, we can see a decline in the physical activity data as patients are engaging in activities not related to any physical means of exercise.



No 6: Patients will have a Healthy BMI

Target: 25%

Data for 2020/21: 10.50%

Performance Zone: Red

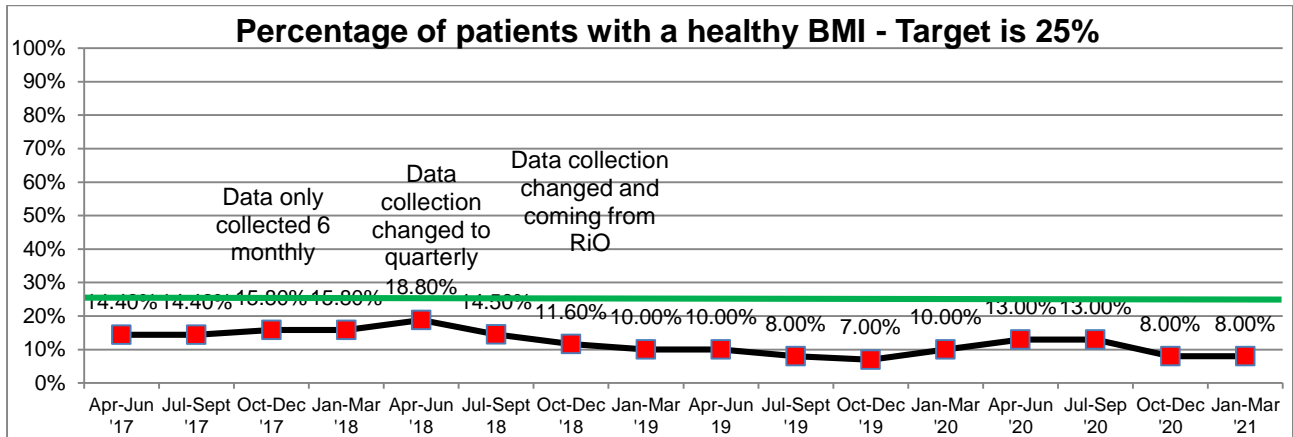
This correlates towards the national target from the care standards as well as a corporate objective of TSH. This is an aspirational target and a local priority due to the obesity issue of our patient group.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will have a healthier BMI	25%	R	R	R	R	10.50%	8.75%	13.7%	15.8%

The average percentage of patients who have a healthier BMI increased from 8.75% in the previous year to 10.50% in this reporting year. In Q1 there was an increase of 3% from Q4 of the previous year and the figure of 13% was maintained through to Q2. However, there was a decline of 5% in Q3 to 8% and this figure was maintained through to Q4.

The PHSG have requested monthly monitoring reports to review the data and going forward, the Supporting Healthy Choices Group (SHCG) remits to change the culture in TSH for maximising physical activity and promoting healthier lifestyles; including dietary changes where appropriate. The SHCG draft plan of work adopting a Quality Improvement (QI) approach to prevention, reduction and the management of obesity has been submitted to the Board. Options to consider how groups and ward-based weight loss interventions may be delivered have been included within the plan of work. The PHSG has requested monthly monitoring of Shop purchasing to ascertain the percentage of items purchased which fall in the healthy / unhealthy category and devise ways in which we can promote healthier purchases. The patient shop was, however, closed over the year and an ordering system was used which provided more control although, this was not an advantageous move as the number of patients with healthy BMI's did not improve.

The data for BMI is now being input directly into RiO by nursing staff on the wards on a monthly basis rather than the dietetic assistant visiting wards on a 6 monthly basis to take these measurements. This allows for more frequent analysis on the BMI of our patients.



No 7: Sickness Absence (National Heat Standard is 4% - Local Standard Is 5%)

Target: 5%

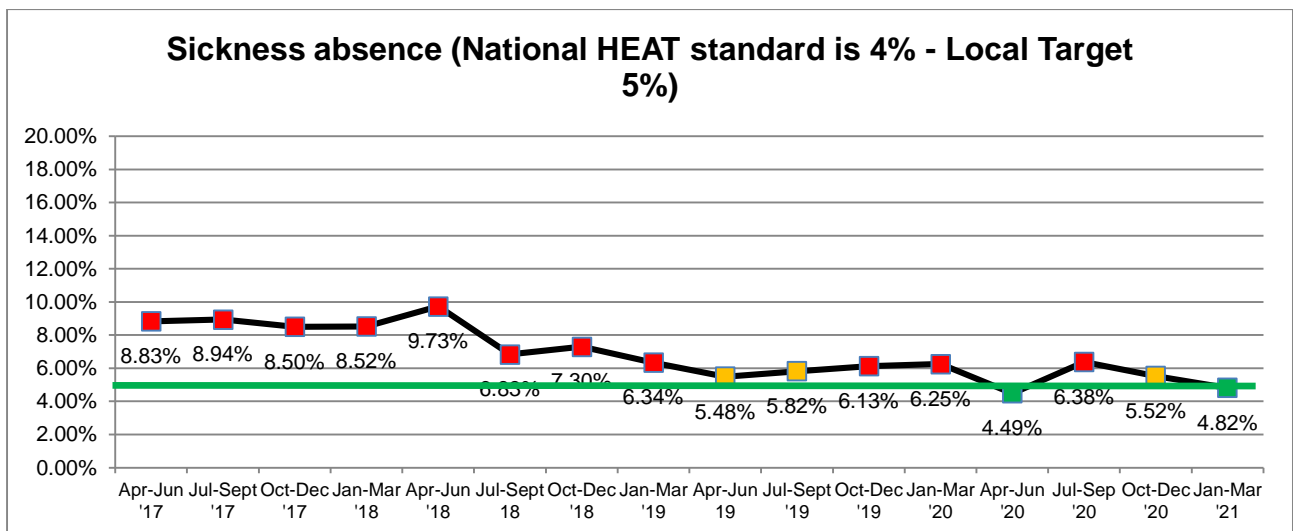
Data for 2020/21: 5.30%

Performance Zone: Green

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Sickness absence rate (National HEAT standard is 4%)	** 5%	G	R	A	G	5.30%	5.92%	8.26	8.52%

In the reporting period 1 April 2020 to 31 March 2021, the rate of absence was 5.30% compared to 5.92% in the previous year - this is a reduction to sickness levels by 0.62%. This is against a 5% target. This moves TSH into the green zone from amber for this reporting year.

It should be noted that in accordance with guidance set out in DL(2020)5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, staff absence and sickness related to Covid-19 is recorded as special leave and does not count towards sickness absence triggers. Details of working hours lost due to COVID-19 related special leave expressed by the monthly totals, are provided below. This ensures that the data comparison is valid for year on year.



No 8: Staff have an Approved PDR

Target: 80%

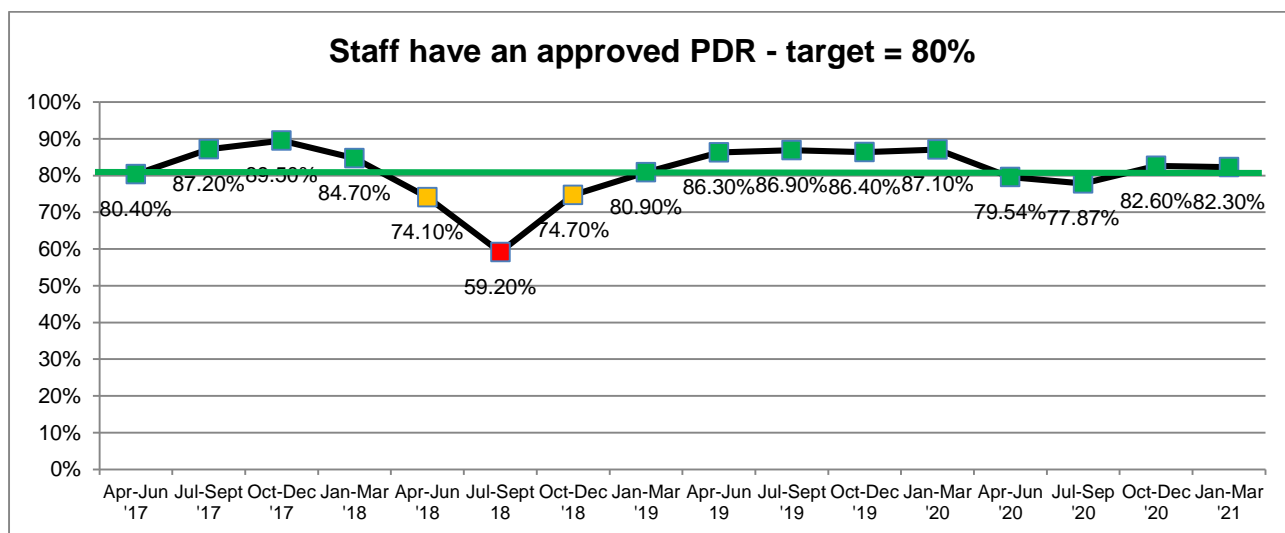
Data for 2020/21: 80.58%

Performance Zone: Green

This indicator relates to the National Workforce Standards; measuring the percentage of staff with a completed PDR within the previous 12 months.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Staff have an approved PDR	*80%	G	G	G	G	80.58%	86.68%	80.9%	84.7%

The PDR compliance level at 31 March 2021 was 82.30% - the reporting year averaging at 80.58%. This is a slight decrease from the 2019/20 figure of 86.68%. This indicator has consistently been within the green zone since March of 2019. Fluctuations have occurred throughout this time however compliance has been maintained.



No 9: Patients are Transferred/Discharged using CPA

Target: 100%

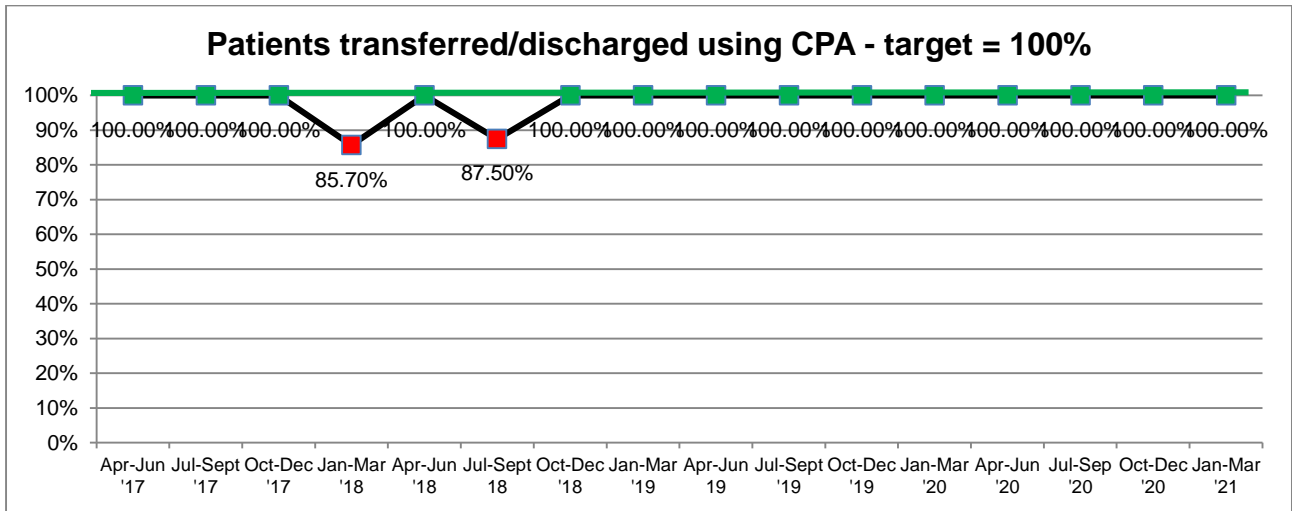
Data for 2020/21: 100%

Performance Zone: Green

The indicator is linked to the Mental Health Act, 2003 and the streamlining of discharges and transfers. The number of patients transferred out using CPA process are measured through this indicator.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	100%	97%	99%

100% of patients were discharged / transferred using the Care Programme Approach (CPA).



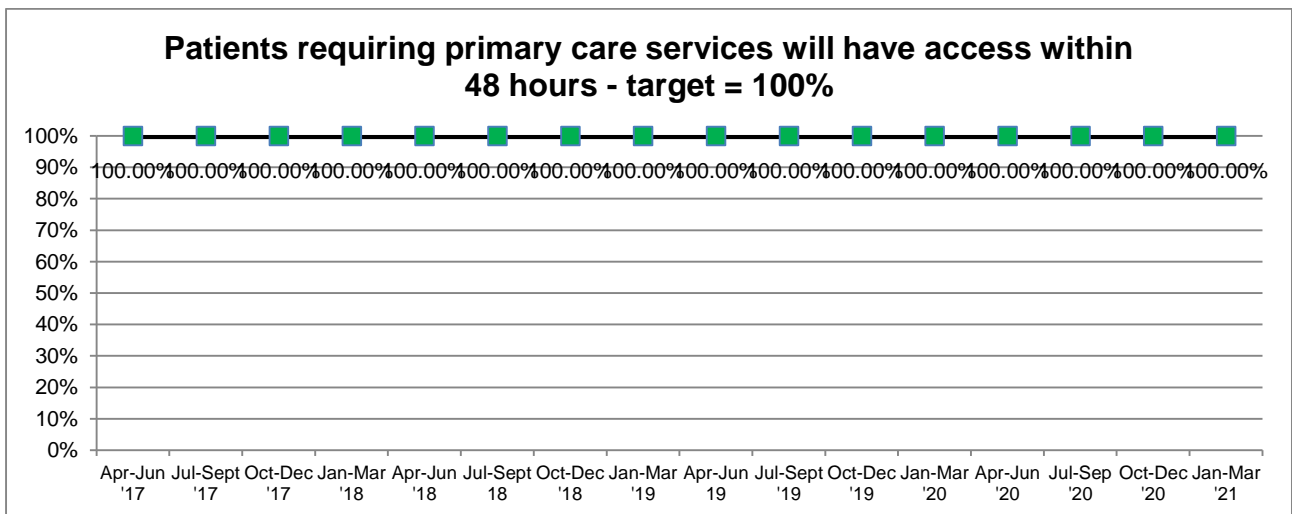
No 10: Patients Requiring Primary Care Services Will Have Access within 48 Hours

Target: 100%
Data for 2020/21: 100%
Performance Zone: Green

This indicator is linked to National Health and Social Care Standards as published by Healthcare improvement Scotland (HIS). Primary care services include any service at our Health Centre including triage.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients requiring primary care services will have access within 48 hours	*100%	G	G	G	G	100%	100%	100%	100%

This indicator has consistently stayed at full compliance since its data collection began.



No 11: Patients will Commence Psychological Therapies <18 Weeks from Referral Date

Target: 100%

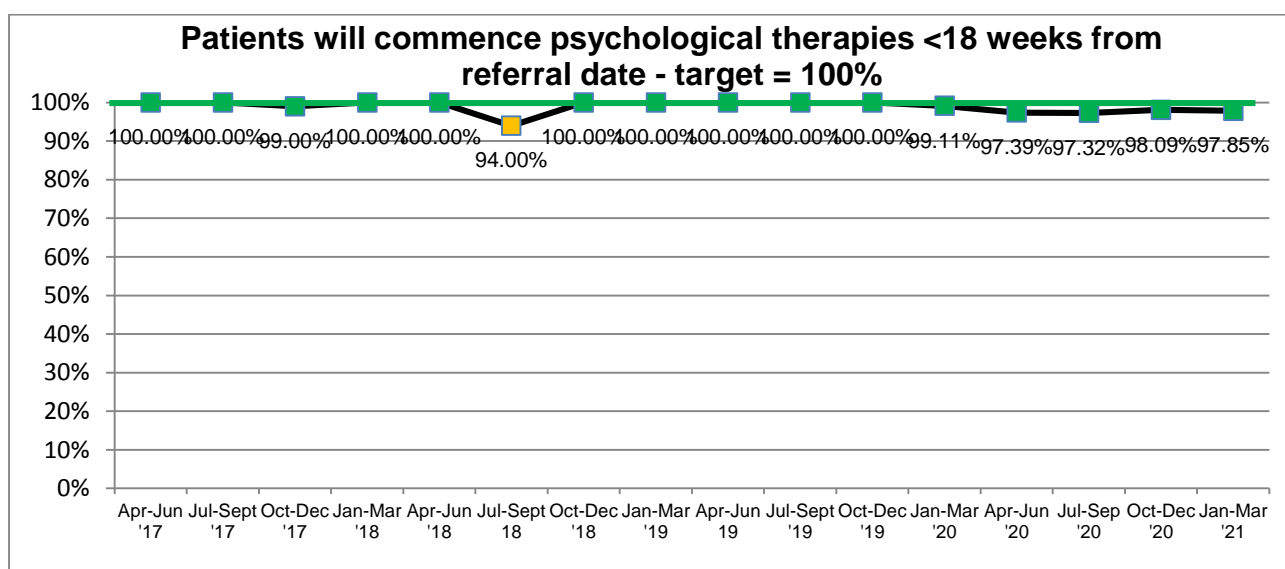
Data for 2020/21: 97.66%

Performance Zone: Green

The indicator correlates to National Mental Health Indicators for Scotland to ensure that no patient waits more than 18 weeks to commence some form of psychological therapy.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	G	G	97.66%	99.78%	98.5%	100%

There was a slight decrease in this year's figure against 2019/20's figure (2.12%). Compliance was still maintained throughout 2021/21 for this indicator.



No 14: Patients have their Clinical Risk Assessment Reviewed Annually

Target: 100%

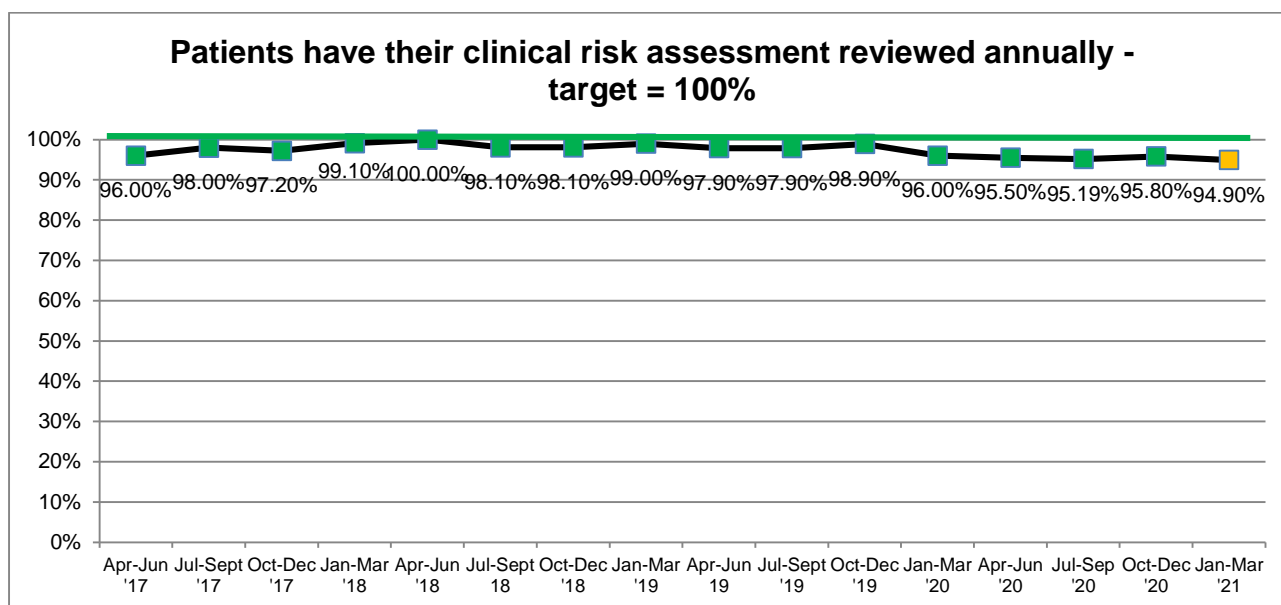
Data for 2020/21: 95.35%

Performance Zone: Green

The indicator links with the Mental Health Care and Treatment Act Scotland, 2003. Examples of clinical risk assessments would be a HCR20 / SARA.

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21	19/20	18/19	17/18
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	95.35%	97.68%	99%	99.1%

Performance has remained only slightly below the 100% target throughout the year. The average figure for this indicator in year 20/21 is 95.35% and only during Q4 did we see a move into the amber zone. Monitoring and auditing of the system integrated in 2017 are ongoing.



No 15 Attendance by clinical staff at case reviews.

The table below provides comparative data on the extent to which professions met their attendance target.

	Target	17/18	18/19	19/20	20/21	Increase/Decrease
RMO	90%	94.8%	90.9%	90%	78.5%	-11.5%
Medical	100%	97.5%	97%	96%	79%	-17%
KW/AW	80%	75.2%	63.6%	78.3%	66%	-12.3%
Nursing	100%	96.5%	96.5%	97.8%	92.3%	-5.5%
OT	80%	65.5%	64.2%	86.3%	77.8%	-8.5%
Pharmacy	60%	57.2%	59.4%	61.3%	63.5%	+2.2%
Clinical Psychologist	80%	70%	84.3%	71.3%	67.8%	-3.5%
Psychology	80%	69.6%	84.5%	87.8%	78.3%	-9.5%
Security	60%	59.8%	41.2%	52.5%	41.8%	-10.7%
Social Work	80%	79.9%	80.8%	73.8%	87%	+13.2%
Dietetics	tbc	3.0%	23.6%	60.8%	77.3%	+16.5%
Skye Centre Activity	tbc	1.0%	1.1%	2.3%	0%	-2.3%
Hospital Wide	n/a	64.2%	65.6%	71.5%	67.4%	-4.1%

RMO – during 2020/21, there was a reduction in RMO attendance at case reviews: the figure reduced by 11.5%. This profession’s average moved to the red zone for this reporting year. This can be attributed in part to the new data collection method introduced in response to COVID resulted in discrepancies in completion.

Medical – during 2020/21, there was 17% drop in medical attendance at case reviews. This reduction moves this profession into the red zone for this reporting year. This can be attributed to the two vacancies during the course of the year for this profession.

Key Worker/Associate Worker – there has been a decrease of 12.3% in attendance for 2020/21. This means that they lower into the red zone for this reporting year.

Nursing – attendance from nursing during 2021/21 has dropped by 5.5%. This moved this profession from the green zone into the amber zone for this reporting year.

Occupational Therapy – during 2020/21, attendance from occupational therapy has declined by 8.5% from the previous year. This profession moves into the red zone for this reporting year. This can be attributed to resourcing issues at the beginning of 2020/21 as OT had many vacancies.

Pharmacy – there has been a slight increase in this reporting year of 2.2%. This profession has remained in the green zone for this reporting year.

Clinical Psychologist – there has been a slight decrease of 3.5% attendance for 2020/21. This means that this clinical team have moved from amber zone to the red. This can be attributed in part to the new data collection method introduced in response to COVID resulted in discrepancies in completion.

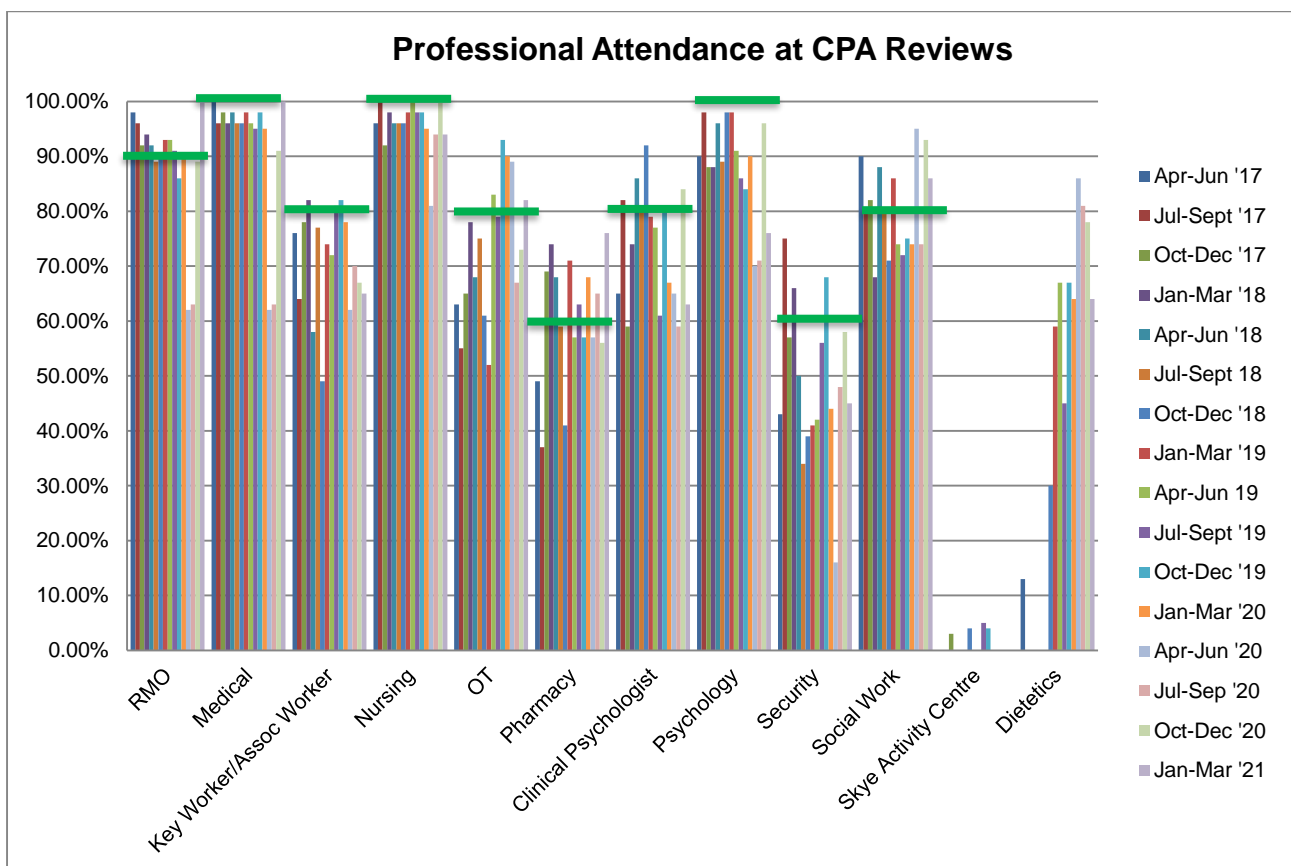
Psychology – during 2020/21, there was a reduction of 9.5% in attendance for this department. This profession remains in the green zone despite this reduction. This can be attributed in part to the new data collection method introduced in response to COVID resulted in discrepancies in completion.

Security – there was a 10.7% decrease in Security attendance during 2020/21. The profession moves from the amber zone into the red for this reporting year. This can be attributed to resourcing issues within security such as annual leave and limited resourcing due to staffing shifts within this department.

Social Work – there has been a 13.2% increase in attendance at case reviews. This moves this profession into the green zone for this reporting year; moving from the amber zone in 2019/20.

Dietetics – during 2020/21, attendance from dietetics has risen again during this reporting year by 16.5%. Dietetics have introduced flexible working to enable access to CPA’s from home to contribute to this process. There is no target for this profession as of yet.

Skye Centre Activity – during 2020/21, there was no attendance from Skye Centre staff at case reviews. This figure is a reduction of 2.3% against 20219/20. There is no target for this group as of yet.



4 RECOMMENDATION

The Board is asked to **note the contents of this report.**

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The Annual Review of KPI's supports monitoring of corporate objectives
Workforce Implications	n/a
Financial Implications	n/a
Route To Board Which groups were involved in contributing to the paper and recommendations.	CMT
Risk Assessment (Outline any significant risks and associated mitigation)	n/a
Assessment of Impact on Stakeholder Experience	n/a
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	n/a
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.

APPENDIX 1

Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q3	RAG Q4	Overall attendance Jan – Mar 2021 (n=49)	Overall attendance Oct – Dec 2020 (n=45)	Overall attendance Jul – Sep 2020 (n=46)	Overall attendance Apr - Jun 2020 (n=52)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO (LT)	90%	G	G	100%	89%	63%	62%
				Medical (LT)	100%	A	G	100%	91%	63%	62%
				Key Worker/Assoc Worker (MR)	80%	R	R	65%	67%	70%	62%
				Nursing (MR)	100%	G	A	94%	100%	94%	81%
				OT(MR)	80%	A	G	82%	73%	67%	89%
				Pharmacy (LT)	60%	G	G	76%	56%	65%	57%
				Clinical Psychologist (JM)	80%	G	R	63%	84%	59%	65%
				Psychology (JM)	100%	G	R	76%	96%	71%	70%
				Security (DW)	60%	G	R	45%	58%	48%	16%
				Social Work (KB)	80%	G	G	86%	93%	74%	95%
				Skye Activity Centre (MR) (only attend annual reviews)	tbc			0%	0%	0%	0%
				Dietetics (MR) (only attend annual reviews)	tbc			64% (n=25%)	78% (n=27)	81% (n=16)	86% (n=21)

APPENDIX 2: QUARTERLY KEY PERFORMANCE INDICATORS FOR 2020-2021

Performance Indicator	Target	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	RAG Q4 20/21	20/21 Average	Comment
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	G	A	G	A	94.40%	This indicator remains in the amber zone for 2020/21.
Patients will be engaged in psychological treatment	85%	G	G	G	G	86.74%	This indicator remains green for 2020/21.
Patients will be engaged in off-hub activity centers	90%	R	-	-	-	-	This indicator was closed in June 2020 to accommodate engagement in off-hub activities during the pandemic.
Patients will be engaged in off-hub activity centers during COVID-19	90%		R	G	G	83.33%	This indicator is within the amber zone for 2020/21.
Patients will be offered an annual physical health review	90%	G	G	R	R	56.67%	This indicator moves into the red zone for 2020/21.
Patients will undertake 90 minutes of exercise each week	80%	G	G	A	R	75.00%	This indicator is green for 2020/21.
Patients will have a healthier BMI	25%	R	R	R	R	10.50%	This indicator remains red for 2020/21.
Sickness absence rate (National HEAT standard is 4%)	** 5%	G	R	A	G	5.30%	This indicator is green for 2020/21.
Staff have an approved PDR	*80%	G	G	G	G	80.58%	This indicator remains green for 2020/21.
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	This indicator remains green for 2020/21.
Patients requiring primary care services will have access within 48 hours	*100%	G	G	G	G	100%	This indicator remains green for 2020/21.
Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	G	G	97.66%	This indicator remains green for 2020/21
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	95.35%	This indicator remains green for 2020/21
Attendance at CPA Reviews (Refer to Appendix 1)							

Definitions for red, amber and green zone

- For all but item 6 and 7: green is 5% or less away from target, amber is between 5.1% and 10% away from target and Red will mean we are over 10% away from target.
- For item 6 'Patients have a healthier BMI': green will be 3% or less away from target, amber will be between 3.1% and 5% away from target and red will be over 5% away from target.
- For 7 'Sickness absence': green is less than 0.5% from target, amber will be between 0.51% and 1% away from target and red will be over 1% and away from target.