THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23rd June 2022
Agenda Reference:	Item no:
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 2021/2022 and Comparative Annual Figures.
Purpose of Report:	To provide KPI data and information on performance management activities.

1 SITUATION

This report presents a high-level summary of organisational performance for the year from 1st April 2021 until 31st March 2022. Trend data is provided to enable comparison with previous performance. The national standards directly relevant to the State Hospital are: 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 (AOP). As a result of Covid 19 pandemic, Scottish Government requested all NHS Boards submit Remobilisation Plans in place of the AOP for 2021-22. Version 3 of the Remobilisation Plan was submitted to Scottish Government to outline the priority areas of development. This was updated mid-year to Remobilisation Plan Version 4 to cover the period September 21– March 22.

The Board is asked to note that this report covers the unprecedented period of operation due to the Coronavirus pandemic. An Interim Clinical Operational Policy (ICOP) was introduced in March 2020 to ensure prioritization of infection prevention and control measures. The ICOP is supported by daily and weekly data monitoring. 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 prior to Covid 19

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.

3 ASSESSMENT

The following sections contain the KPI data for 2021/22 and highlight any areas for improvement through a deep dive analysis for KPI's that have missed their targets.

There was one KPI which has increased this year and moved into a more positive zone, this is:
- Patients will be engaged in off-hub activity centers during COVID-19.

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 offered an annual physical health review.
- Patients will have a healthier BMI.
- Sickness absence (National HEAT standard is 4%)

	Item	Principles	Performance Indicator	Target	RAG	21/22	20/21	19/20	18/19		LEAD
	1	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	**A**	92.67%	94.40%	91.73%	96.9%	*Figure to March each year.*	**LT**
	2	8	Patients will be engaged in psychological treatment	85%	**G**	85.56%	86.74%	87.93%	92.8%	*Figure to March each year.*	**KMcC**
	3	8	Patients will be engaged in off-hub activity centres	90%	**-**	-	-	83%	81.7%	*This indicator was closed in June 2020 to accommodate engagement during restrictions.*	**KMcC**
	3.1	8	Patients will be engaged in off-hub activity centres during COVID-19	90%	**G**	92.47%	83.33%	-	-	*Figure to March each year.*	**KMcC**
	4	8	Patients will be offered an annual physical health review.	90%	**R**	51.78%	56.67%	98.48%	93%	*Figure for Apr 2021 - Mar 2022.*	**LT**
	5	8	Patients will undertake 90 minutes of exercise each week (Annual Audit)	80%	**G**	78.75%	75.00%	60.70%	56.3%	*Average figure for April 2021 – March 2022.*	**KMcC**
	6	8	Patients will have a healthier BMI	25%	**R**	10%	10.50%	8.75%	13.7%	*Average figure from April 2021 – March 2022.*	**LT**
	7	5	Sickness absence (National HEAT standard is 4%)	** 5%	**R**	6.39%	5.30%	5.92%	8.26	*Figure for April 2021 – March 2022.*	**JW**
	8	5	Staff have an approved PDR	*80%	**G**	85.25%	80.58%	86.68%	80.9%	*Figure to March 2022.*	**JW**
	9	1, 3	Patients transferred/discharged using CPA	100%	**G**	100%	100%	100%	97%	*Figures for April 2021 - March 2022.*	**KMcC**
	10	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	**G**	100%	100%	100%	100%	*Figures for April 2021 - March 2022.*	**LT**
	11	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	**G**	98.66%	97.66%	99.78%	98.5%	*Figure to March 2022.*	**KMcC**
	14	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	**G**	96.49%	95.35%	97.68%	99%	*Figure to March 2022.*	**LT**
	15	2, 6, 7, 9	Attendance by all clinical staff at case reviews	Individual	**-**	69.3% overall	67.40% overall	71.5% overall	65.6% overall	*Figures for April 2021 – March 2022.*	**All Leads**

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

Target: 100%

Data for 2021/22: 92.67%

Performance Zone: Amber

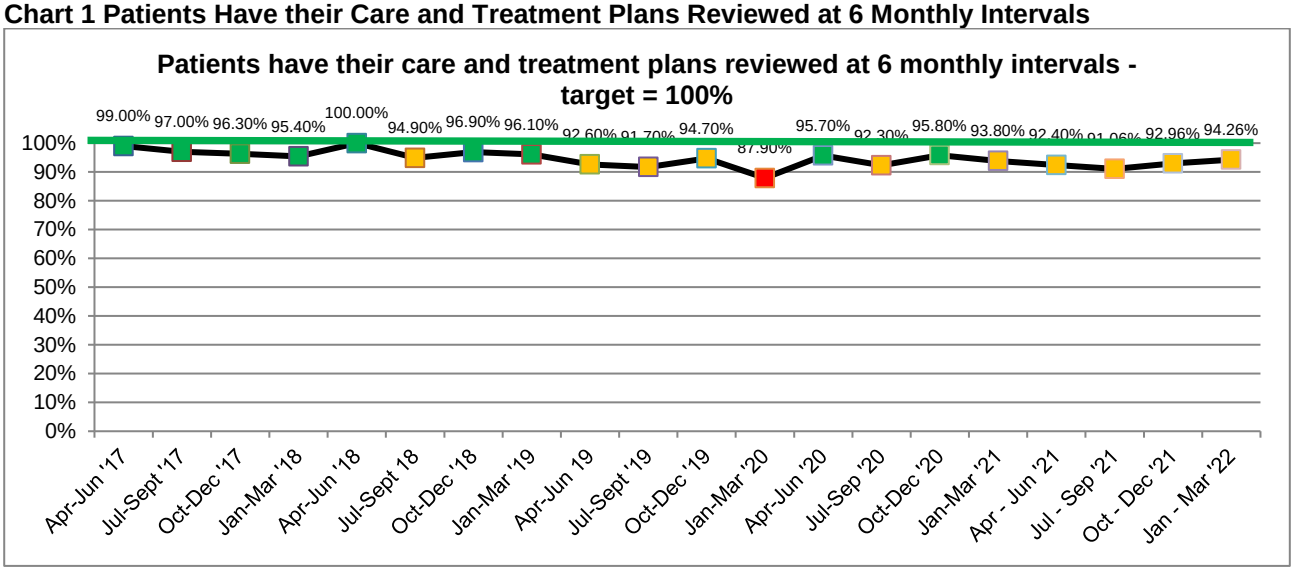
This is a Mental Health Act requirement for any patients within high secure settings. This indicator measures the assurance of patients receiving intermediate and annual case reviews. Care and Treatment Plans are reviewed by the multidisciplinary teams at case reviews and objectives are set for the next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

Performance Indicator	Target	RAG Q1 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	A	A	A	92.67%	94.40%	91.73%	96.9%

Performance has decreased in 2021/22 as the annual average for this indicator was 1.73% lower than that of 2020/21. All four quarters of 21/22 were within the amber performance zone as too was the performance zone for the annual percentage. There were 16 separate instances during this reporting year where a patient waited beyond the specified 6 months of reviewing their care and treatment plans. In addition, there was 21 separate instances of patients who did not have their documentation uploaded within the specified period for their care and treatment plan at that time.

All dates are set in line with the relevant date of an annual review or renewal followed by a 6 monthly review after that. 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.

Chart 1 Patients Have their Care and Treatment Plans Reviewed at 6 Monthly Intervals



No 2: Patients will be Engaged in Psychological Treatment

Target: 85%

Data for 2021/22: 85.56%

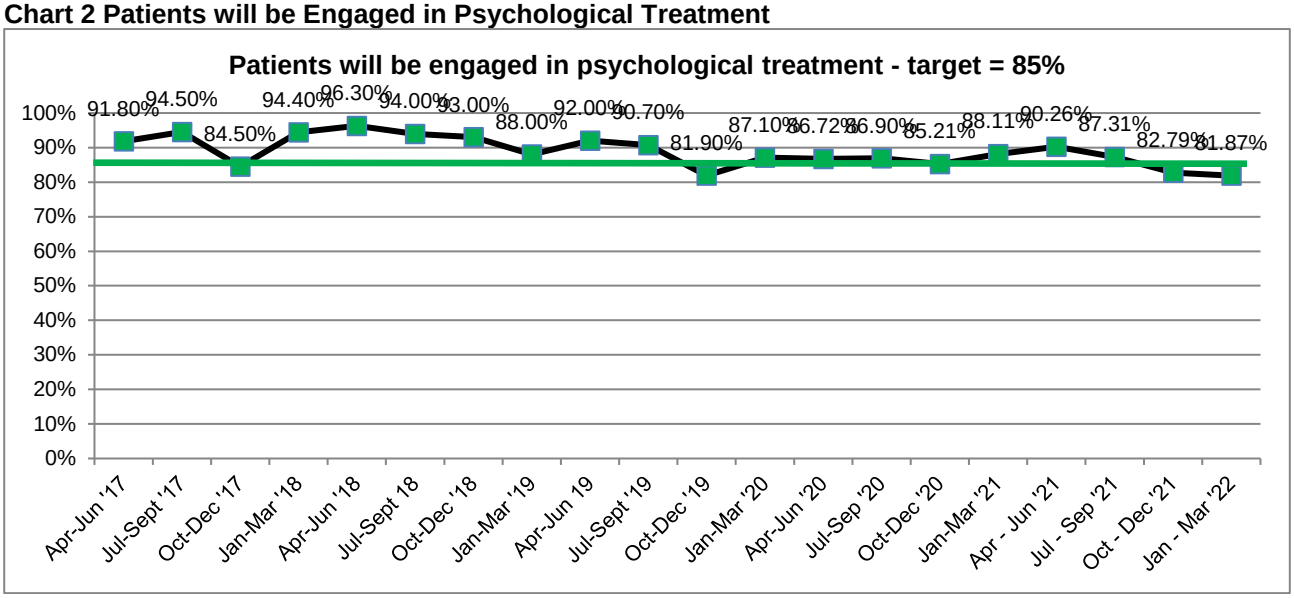
Performance Zone: Green

This indictor 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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will be engaged in psychological treatment	85%	G	G	G	G	85.56%	86.74%	87.93%	92.8%

Performance over the course of the year remained within the green performance zone. The annual average of 85.56% fell minimally from 86.74 the previous year.

Chart 2 Patients will be Engaged in Psychological Treatment



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

Target: 90%

Data for 2021/22: 92.47%

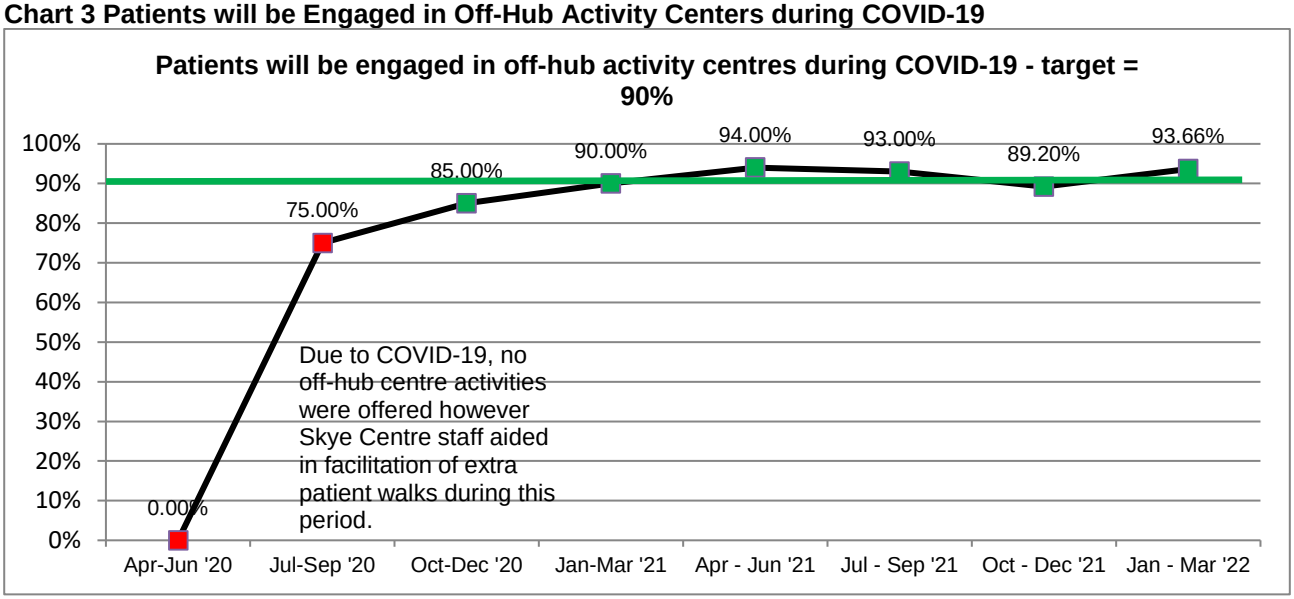
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will be engaged in off-hub activity centers during COVID-19	90%	G	G	G	G	92.47%	83.33%	-	-

This indicator was adapted to incorporate different modes of engagement during COVID-19. This indicator averaged at 92.47% for this reporting year; a 9.14% increase on last years' figure.

Chart 3 Patients will be Engaged in Off-Hub Activity Centers during COVID-19



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

Target: 90%

Data for 2021/22: 51.78%

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will be offered an annual physical health review	90%	R	R	R	A	51.78%	56.67%	98.48%	93%

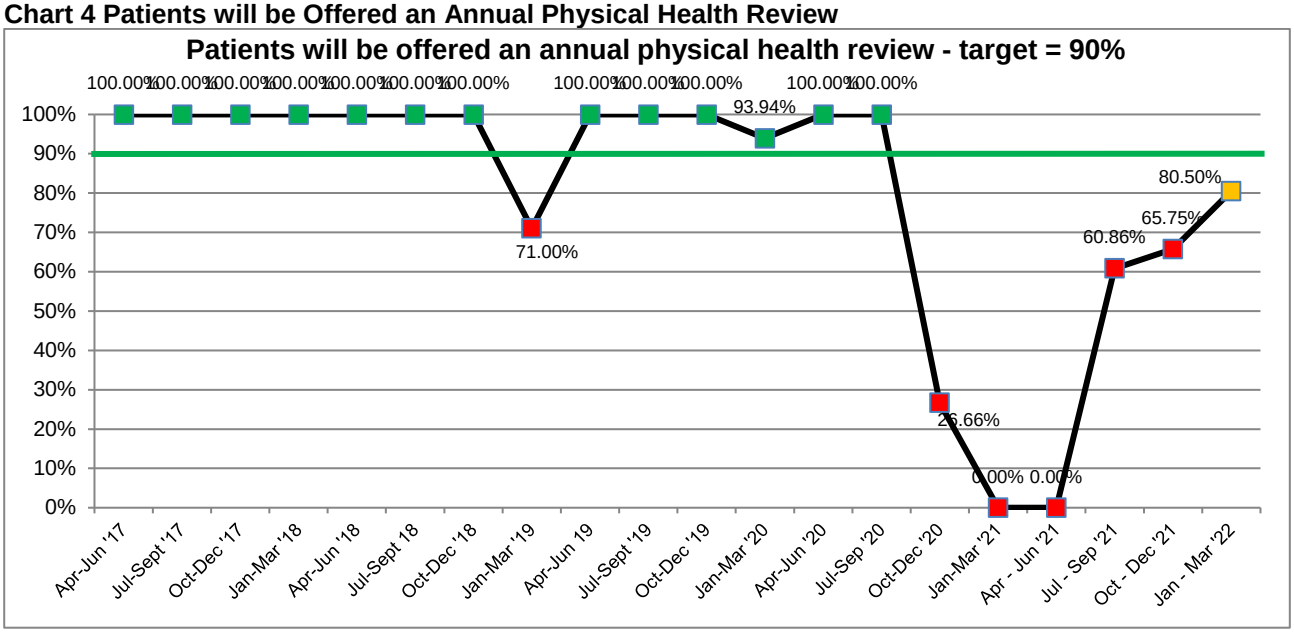
The overall average during 2021/22 was 51.78%; this is a decrease of 4.89% from the year 2020/21. Quarter 1 sat with 0% compliance which rose significantly in Q2 60.86% where formal invites to patients surrounding their annual physical review were recommenced. Q3 increased further to 65.75% compliance and Q4 saw a considerable rise again to 80.5% compliance.

During this period, patients were, and still are, 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.

Staff shortages from August 2021 to March 2022 resulted in clinics being cancelled which then led to some annual reviews not being carried out. All patients who were due to be seen for an annual physical health review had an overview carried out by our Practice Nurse. The GP contract previously held by Medwyn Medical Practice will change over to a private provider for the following 12 months.

Work has progressed regarding the amendment of this KPI to reflect the uptake and quality of the physical health care provided. The Practice Nurse has liaised with the high secure estates in NHS England regarding their provision and procedure of offering an annual physical health review to all their patients. The Health Centre has devised a checklist template, benchmarked against the other high secure facilities, which will be completed for every patient when their annual review is due to highlight all their physical health needs and checks.

Chart 4 Patients will be Offered an Annual Physical Health Review



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

Target: 80%

Data for 2021/22: 78.75%

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will undertake 90 minutes of exercise each week	80%	G	G	A	R	78.75%	75.00%	60.70%	56.3%

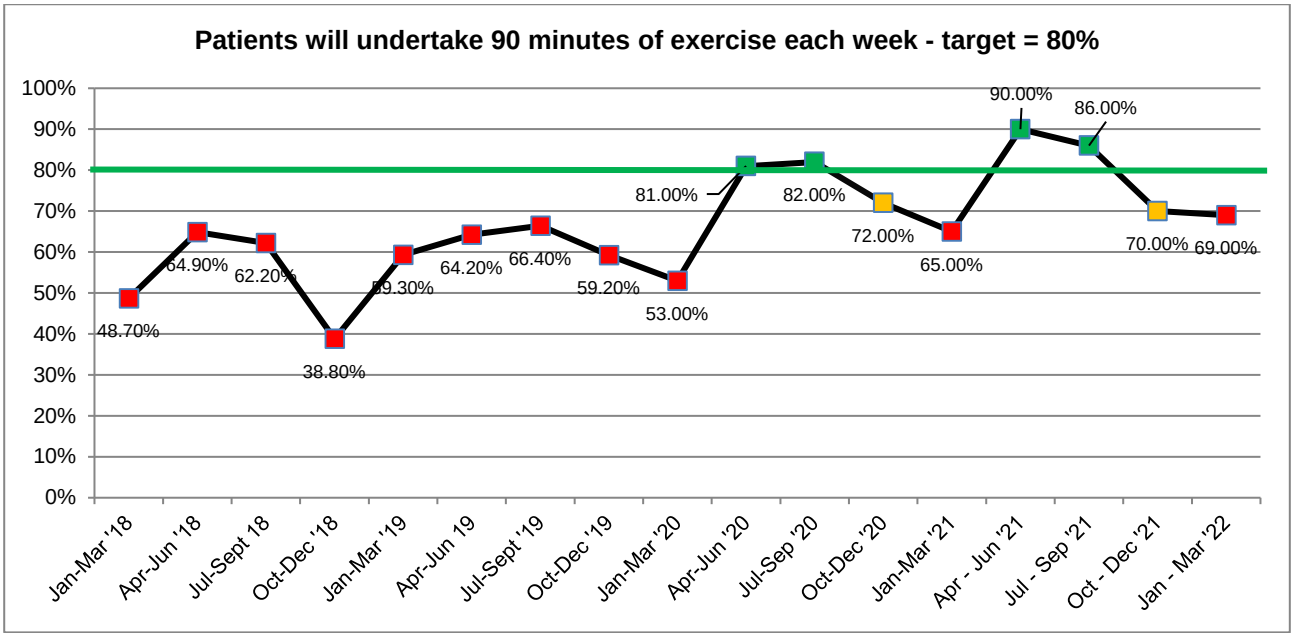
The target for this indicator is 80% and the overall average for year 21/22 was 78.75%. This is a slight increase on last years' performance of 3.75%. This indicator remains in the green zone for the second consecutive year. Q1 of this reporting year saw the highest ever recorded compliance rate since its data collection began.

The dip in early January 2022 may have been attributed to numerous issues such as staff resourcing issues, bubble model of patient care and poor weather. It should be noted that the figures increased and the local KPI target was achieved in February and early March 2022 however an outbreak of Covid-19 saw staffing figures drop with up to 25 patients and 5 wards entering isolation.

Data recorded is patient participation in moderate physical activity intervention. This data includes patients participating in Sports and Fitness, Gardens, ward activities and escorted walks. This data also includes patients using Ground Access as a means of physical activity. Caution should be used to the data however, as this is based on patient self-reporting. This will continue to be reported through the Operating Model Monitoring Group (OMMG). Quarterly reporting is also provided to the Physical Health Steering Group (PHSG) who review the trend data and suggest possible ways of improving the uptake of Physical Activity.

It should be noted that the current KPI of 80% of patients will undertake 90 minutes of exercise each week is planned to change as at 1st April 2022. Clarification will be sought for the Chair of the PHSG regarding what the updated KPI will be however it will increase to 150 minutes of exercise per week.

Chart 5 Patients will be Undertake 90 Minutes of Exercise Each Week



No 6: Patients will have a Healthy BMI

Target: 25%

Data for 2021/22: 10%

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.

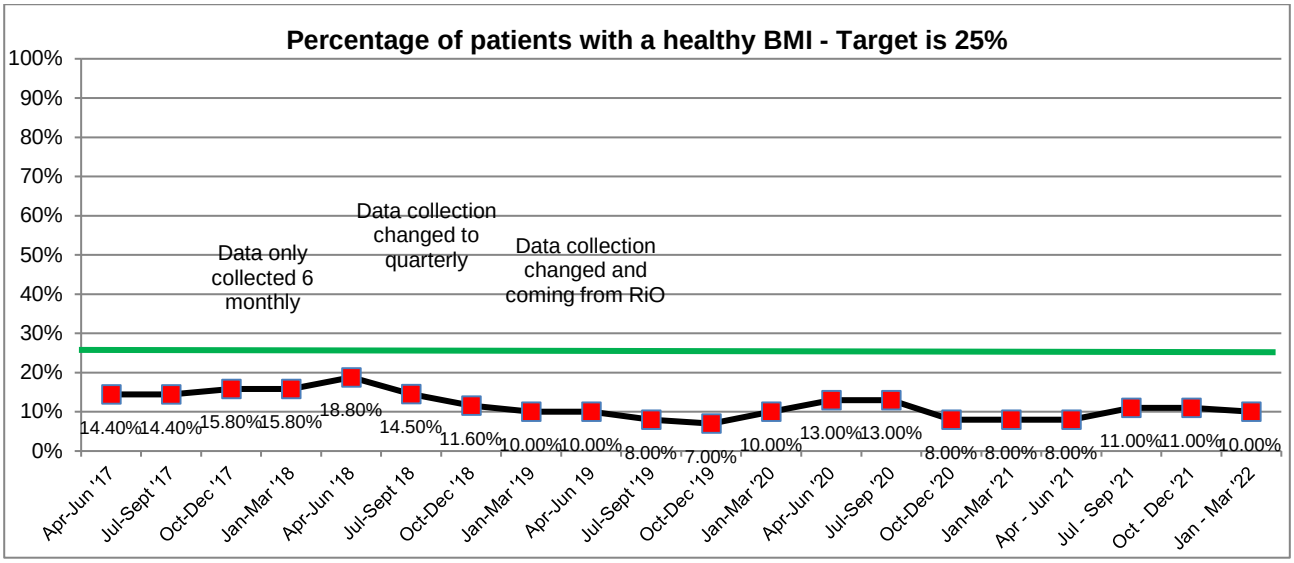
Performance Indicator	Target	RAG Q1 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will have a healthier BMI	25%	R	R	R	R	10%	10.50%	8.75%	13.7%

The average percentage of patients who have a healthier BMI decreased from 10.50% in the previous year to 10 % in this reporting year. In Q1 there was a maintenance of 8% from Q4 of the previous year which was followed by a 3% increase to 11% in Q2 which was maintained through to Q3. However, there was a decline of 1% in Q4 to 10%. This indicator remains within the red performance zone for this reporting year.

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. Options to consider how groups and ward-based weight loss interventions may be delivered have been included within the plan of work.

The Hospital is, at present, recruiting a new post of a Practitioner (Health) Psychologist which will be an asset to this work stream as a new post which underpins the commitment to improve the physical health and well-being of patients on their recovery journey.

Chart 6 Patients will have a Healthy BMI



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

Target: 5%

Data for 2021/22: 6.39%

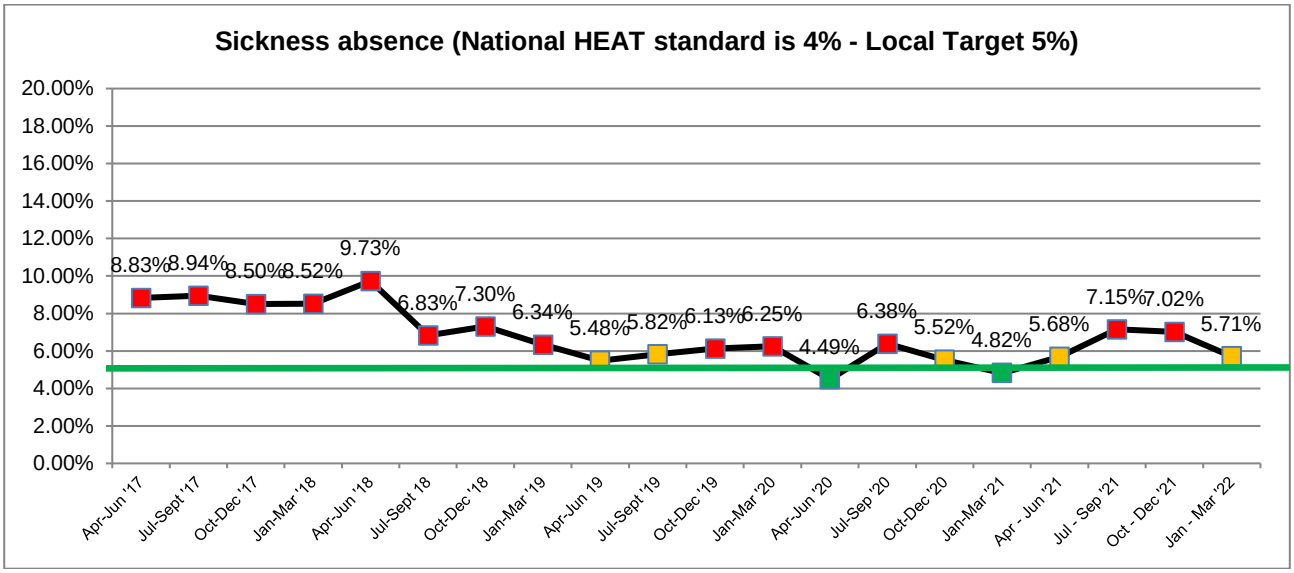
Performance Zone: Red

Performance Indicator	Target	RAG Q1 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Sickness absence rate (National HEAT standard is 4%)	** 5%	A	R	R	A	6.39%	5.30%	5.92%	8.26%

In the reporting period 1 April 2021 to 31 March 2022, the rate of absence was 6.39% compared to 5.3% in the previous year - this is an increase to sickness levels by 10.9%. This is against a 5% target. This moves TSH into the red performance zone from green 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.

Chart 7 Sickness Absence



Details of working hours lost due to COVID-19 related special leave expressed monthly totals, are provided below. This ensures that the data comparison is valid for year on year.

Table 1 Working Hours Lost due to Covid 19

Month	Total Hours Lost	Total Hours Lost (%)
April 2021	1943.40	2.08%
May 2021	986.18	1.02%
June 2021	1341.06	1.54%
July 2021	1545.95	1.61%
August 2021	2972.70	2.15%
September 2021	3072.11	3.27%
October 2021	2336.34	2.39%
November 2021	2140.71	2.28%
December 2021	3229.11	3.33%
January 2022	3995.38	4.14%
February 2022	2456.32	2.80%
March 2022	5160.83	5.28%

No 8: Staff have an Approved PDR

Target: 80%

Data for 2021/22: 85.25%

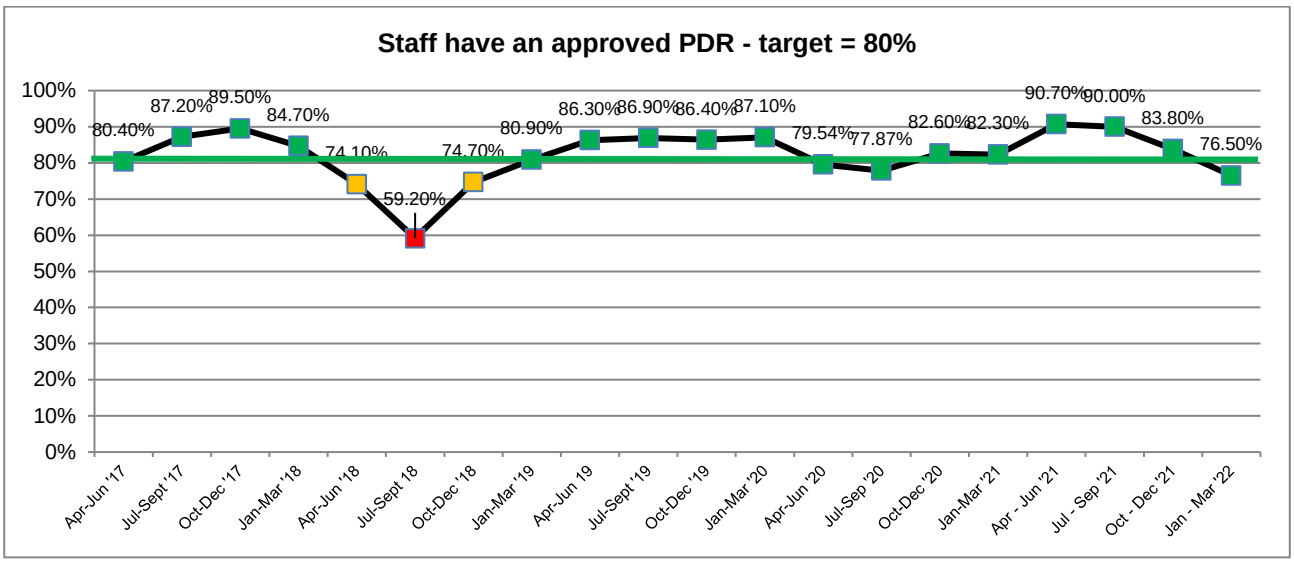
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Staff have an approved PDR	80%	G	G	G	G	85.25%	80.58%	86.68%	80.9%

The PDR compliance level at 31 March 2022 was 76.5% - the reporting year averaging at 85.25%. This is a 4.67% increase from the 2020/21 figure of 80.58%. This indicator has consistently been within the green zone since March of 2019. Fluctuations have occurred throughout this time however compliance has been maintained.

Chart 8 Staff have an Approved PDR



No 9: Patients are Transferred/Discharged using CPA

Target: 100%

Data for 2021/22: 100%

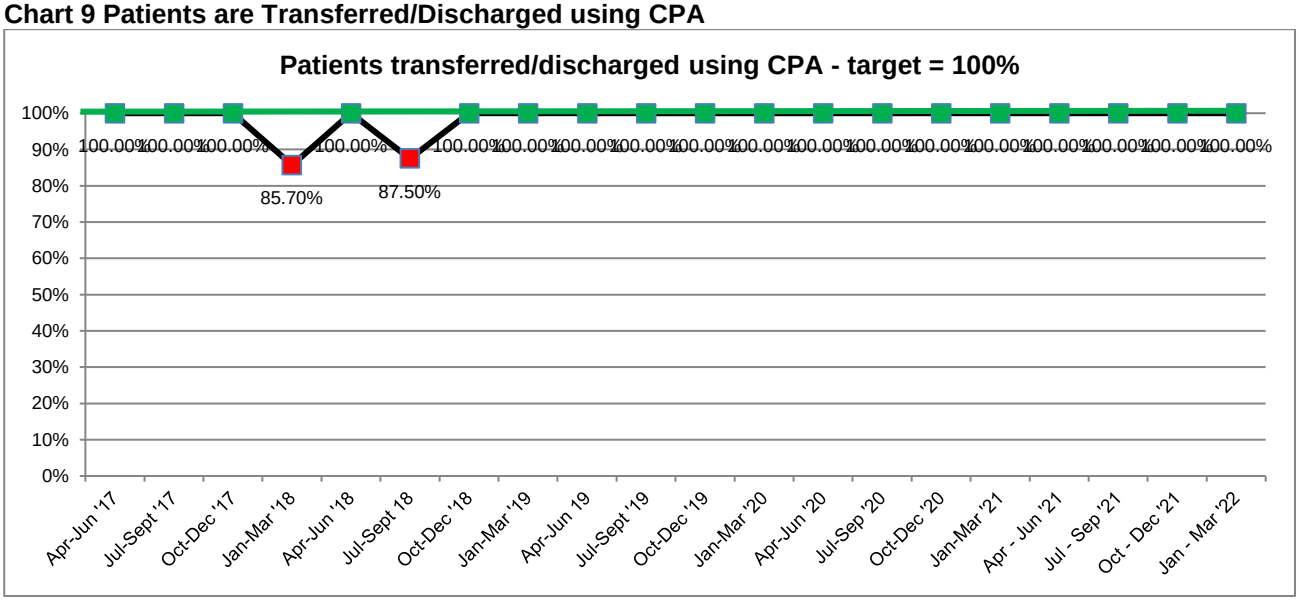
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	100%	100%	97%

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

Chart 9 Patients are Transferred/Discharged using CPA



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

Target: 100%

Data for 2021/22: 100%

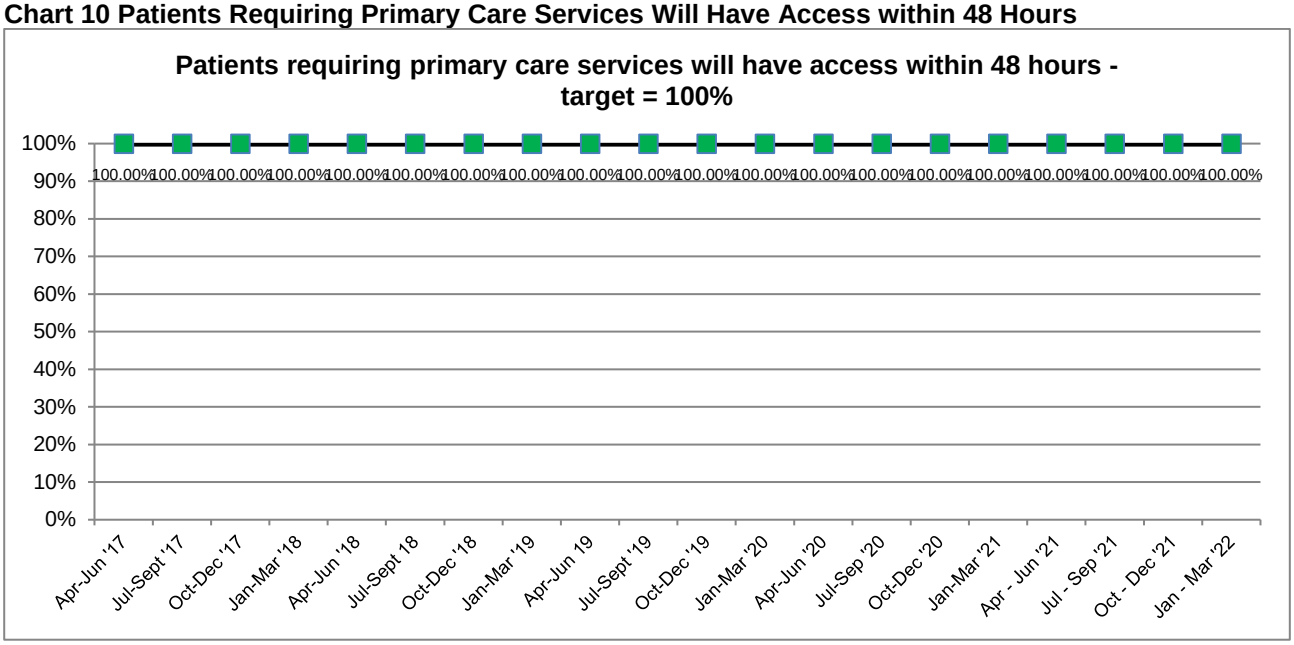
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
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.

Chart 10 Patients Requiring Primary Care Services Will Have Access within 48 Hours



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

Target: 100%

Data for 2021/22: 98.66%

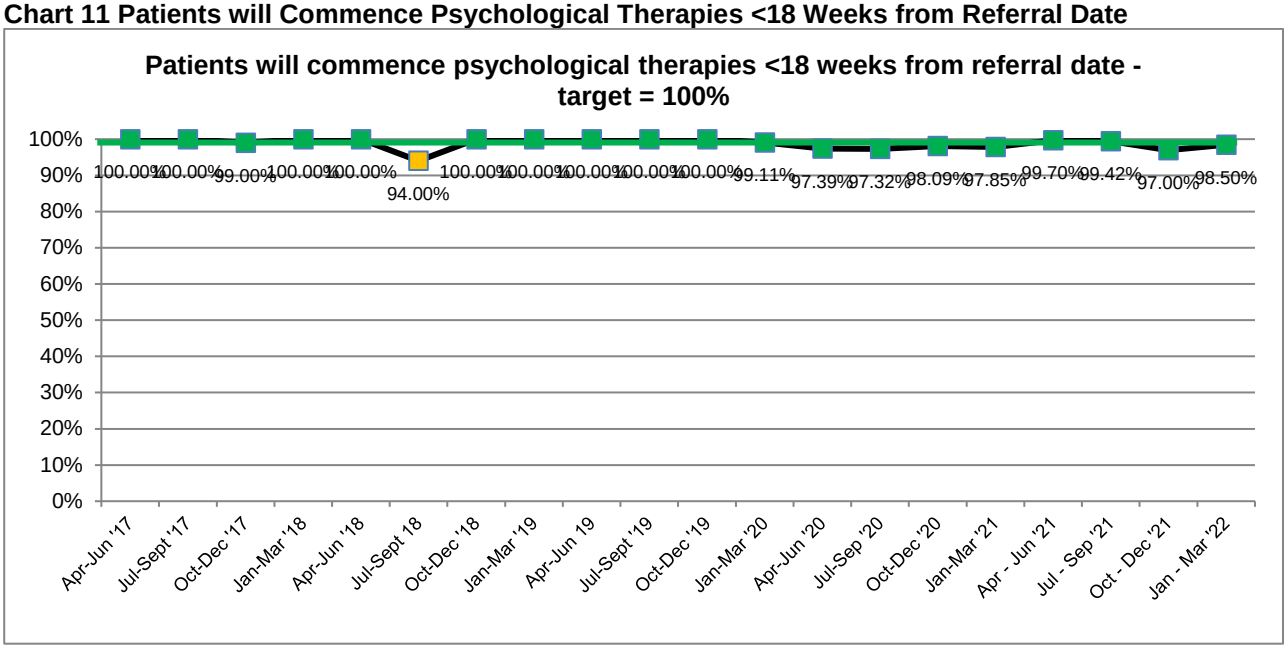
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	G	G	98.66%	97.66%	99.78%	98.5%

There was a slight increase in this year's figure against 2020/21's figure (1%). Compliance was still maintained throughout 2021/22 for this indicator.

Chart 11 Patients will Commence Psychological Therapies <18 Weeks from Referral Date



No 14: Patients have their Clinical Risk Assessment Reviewed Annually

Target: 100%

Data for 2021/22: 96.49%

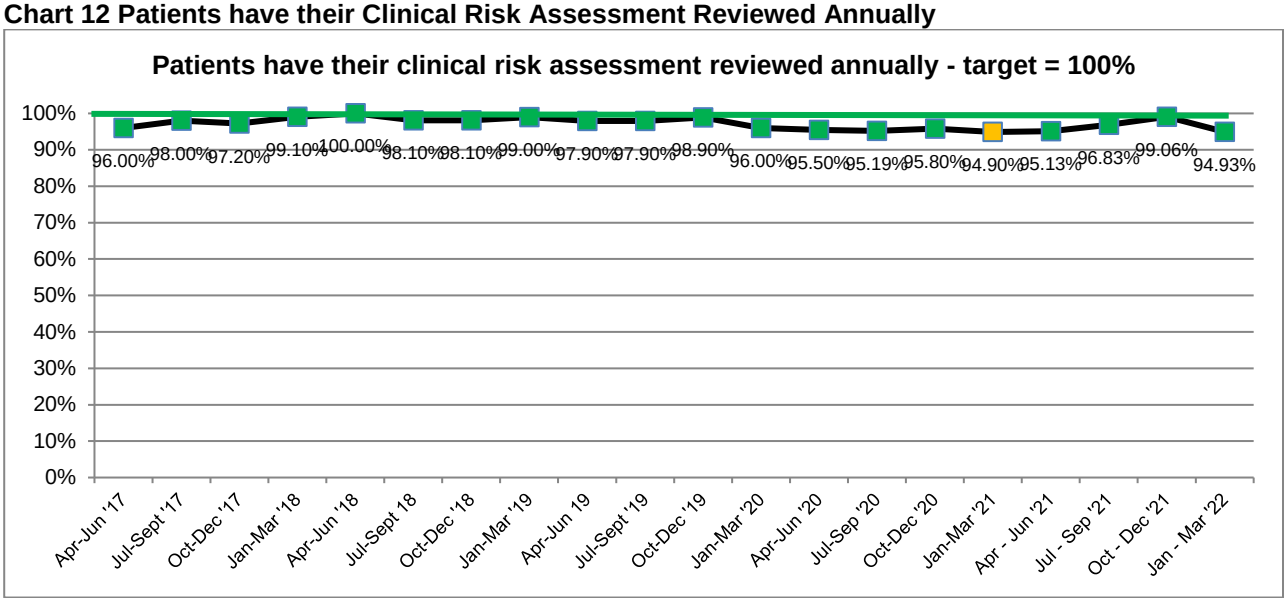
Performance Zone: Green

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 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	21/22	20/21	19/20	18/19
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	96.49%	95.35%	97.68%	99%

Performance has remained only slightly below the 100% target throughout the year. The average figure for this indicator in year 2021/22 is 96.49% and only during Q4 did we see a move into the amber zone. Monitoring and auditing of the system integrated in 2017 are ongoing.

Chart 12 Patients have their Clinical Risk Assessment Reviewed Annually



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. The targets for attendance are set to reflect what is reasonable to expect from each discipline and have been in place for over 5 years.

Table 2 Attendance by clinical staff at case reviews

Professional Group	Target	18/19	19/20	20/21	21/22	Increase/Decrease
RMO	90%	90.9%	90%	78.5%	87.25%	+8.75%
Medical	100%	97%	96%	79%	90.5%	+11.5%
KW/AW	80%	63.6%	78.3%	66%	58.75%	-7.25%
Nursing	100%	96.5%	97.8%	92.3%	97%	+4.7%
OT	80%	64.2%	86.3%	77.8%	77.5%	-0.3%
Pharmacy	60%	59.4%	61.3%	63.5%	81.5%	+18%
Clinical Psychologist	80%	84.3%	71.3%	67.8%	68.25%	-0.45%
Psychology	100%	84.5%	87.8%	78.3%	84.75%	+6.45%
Security	60%	41.2%	52.5%	41.8%	40.75%	-1.05%
Social Work	80%	80.8%	73.8%	87%	86%	-1%
Dietetics	tbc	23.6%	60.8%	77.3%	59.75%	-17.55%
Skye Centre Activity	tbc	1.1%	2.3%	0%	0%	No change
Hospital Wide	**n/a**	**65.6%**	**71.5%**	**67.4%**	**69.3%**	**+1.9%**

RMO – during 2021/22, there was an increase in RMO attendance at case reviews: the figure rose by 8.75%. This profession's average moved to the green zone for this reporting year.

Medical – during 2021/22, there was 11.5% rise in medical attendance at case reviews. This increase moves this profession into the amber zone for this reporting year.

Key Worker/Associate Worker – there has been a decrease of 7.25% in attendance for 2020/21. This means that they remain in the red zone for this reporting year.

Nursing – attendance from nursing during 2021/22 has risen by 4.7%. This moved this profession from the amber zone into the green zone for this reporting year.

Occupational Therapy – during 2021/22, attendance from occupational therapy has declined by 0.3% from the previous year. This profession remains in the green zone for this reporting year.

Pharmacy – there has been a significant increase in this reporting year of 18%. This profession has remained in the green zone for this reporting year.

Clinical Psychologist – there has been a slight decrease of 0.45% attendance for 2021/22. This means that this clinical team has remained in the red zone for this reporting year.

Psychology – during 2021/22, there was a rise of 6.45% in attendance for this department. This profession remains in the red zone despite this reduction.

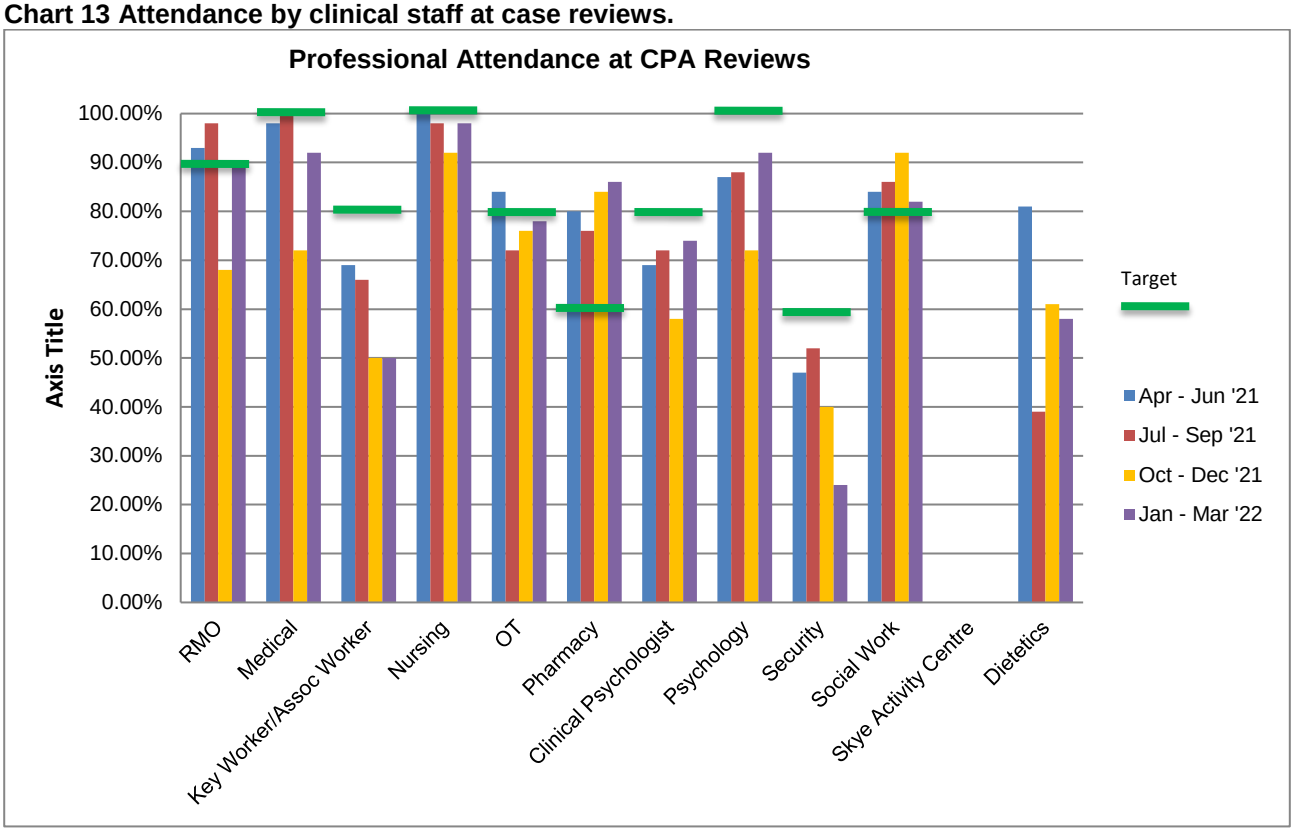
Security – there was a 1.05% decrease in Security attendance during 2021/22. The profession remains in the red zone for this reporting year.

Social Work – there has been a 1% increase in attendance at case reviews. This profession remains in the green zone for this reporting year.

Dietetics – during 2021/22, attendance from dietetics has decreased during this reporting year by 17.55%. There is no target for this profession as of yet.

Skye Centre Activity – during 2021/22, there was no attendance from Skye Centre staff at case reviews. This figure is the same as the previous reporting year. There is no target for this group as of yet.

Chart 13 Attendance by clinical staff at case reviews.



4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020), the Operational Plan and the Remobilisation Plan submitted to Scottish Government in September, to cover the period September 20 – March 21.
Workforce Implications	No workforce implications - for information only.
Financial Implications	No financial implications - for information only.
Route to Board Which groups were involved in contributing to the paper and recommendations?	Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	There is a dependency on the Business Intelligence project. While we can identify other ways of obtaining and analysing data there will be continue to be limitations on the timeliness and granularity of the information reported.
Assessment of Impact on Stakeholder Experience	The gaps in KPI data which make it difficult to assess.
Equality Impact Assessment	No implications identified.
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 √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ 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 2022 (n=50)	Overall attendance Oct – Dec 2021 (n=50)	Overall attendance Jul – Sep 2021 (n=50)	Overall attendance Apr – Jun 2021 (n=45)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	R	G	90%	68%	98%	93%
				Medical **(LT)**	100%	R	A	92%	72%	100%	98%
				Key Worker/Assoc Worker **(MR)**	80%	R	R	50%	50%	66%	69%
				Nursing **(MR)**	100%	A	G	98%	92%	98%	100%
				OT**(MR)**	80%	G	G	78%	76%	72%	84%
				Pharmacy **(LT)**	60%	G	G	86%	84%	76%	80%
				Clinical Psychologist **(JM)**	80%	R	A	74%	58%	72%	69%
				Psychology **(JM)**	100%	R	A	92%	72%	88%	87%
				Security **(DW)**	60%	R	R	24%	40%	52%	47%
				Social Work **(KB)**	80%	G	G	82%	92%	86%	84%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc			0%	0%	0%	0%
				Dietetics **(MR)** (only attend annual reviews)	tbc			58% (n=28)	61%	39% (n=19)	81% (n=16)

APPENDIX 2: QUARTERLY KEY PERFORMANCE INDICATORS FOR 2021-2022

Performance Indicator	Target	RAG Q1 21/22	RAG Q2 21/22	RAG Q3 21/22	RAG Q4 21/22	Actual	Comment
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	A	A	A	94.26%	This indicator remains in the amber zone for quarter 4.
Patients will be engaged in psychological treatment	85%	G	G	G	G	81.87%	This indicator remains green for this quarter.
Patients will be engaged in off-hub activity centers	90%	-	-	-	-	-	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%	G	G	G	G	93.66%	This figure includes drop-in sessions which took place in hubs, grounds and the Skye Centre.
Patients will be offered an annual physical health review	90%	R	R	R	A	80.50%	Offering of annual health reviews recommenced in August 2021.
Patients will undertake 90 minutes of exercise each week	80%	G	G	A	R	69%	This indicator moves into the red zone for quarter 4.
Patients will have a healthier BMI	25%	R	R	R	R	10%	The percentage of patients with a healthier BMI has slightly fallen in Q4.
Sickness absence rate (National HEAT standard is 4%)	** 5%	A	R	R	A	5.71%	January's figure was 7.09%, February's figure was 5.27% and March's figure was 4.77%.
Staff have an approved PDR	*80%	G	G	G	G	76.50%	This indicator has been within the green zone since March 2019.
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	6 patients were transferred during this quarter all using CPA. 1 patient death.
Patients requiring primary care services will have access within 48 hours	*100%	G	G	G	G	100%	This indicator remains 100% in Q4.
Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	G	G	98.50%	4 patients waited beyond the specified wait time during November and December 2021.
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	94.93%	As at 31 March 2022, there were 113 patients in the hospital. Nine were new admissions and four patients had an out of date risk assessment.
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.