



THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	22 June 2023
Agenda Reference:	Item no: 25
Sponsoring Director:	Chief Executive
Author:	Head of Corporate Planning and Performance Clinical Quality Facilitator
Title of Report:	Performance Report 2022/2023 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 2022 until 31st March 2023. 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 are included in this report. Board planning and performance are monitored by Scottish Government through the Annual Operational Plan (AOP).

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 2022/23 and highlight any areas for improvement through a deep dive analysis for KPI's that have missed their targets.

There are two updated KPIs for 2022/2023 that have achieved target, these are:

- Patients will undertake an annual physical health review
- Patients will undertake 150 minutes of exercise each week

There are four KPIs that have missed their target this year, these are:

- Patients will have their care and treatment plans reviewed at 6 monthly intervals.
- Patients will have a healthier BMI.
- Sickness absence (National HEAT standard is 4%)
- Patients will commence psychological therapies <18 weeks from referral date

Item	Principles	Performance Indicator	Target	RAG	22/23	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	91.70%	92.67%	94.40%	91.73%	96.9%	Average figure from April 2022 – March 2023.	LT
2	8	Patients will be engaged in psychological treatment	85%	G	83.2%	85.56%	86.74%	87.93%	92.8%	Average figure from April 2022 – March 2023.	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	90.92%	92.47%	83.33%	-	-	Average figure from April 2022 – March 2023.	KMcC
4	8	Patients will be offered an annual physical health review.	90%	-	-	51.78%	56.67%	98.48%	93%	This indicator was closed in March 2022 with restructured reporting commencing in April 22 (see 4.1).	LT
4.1	8	Patients will undertake an annual physical health review	90%	G	98.2%	-	-	-	-	Average figure from April 2022 – March 2023.	LT
5	8	Patients will undertake 90 minutes of exercise each week (Annual Audit)	80%	-	-	78.75%	75.00%	60.70%	56.3%	This indicator was closed in March 2022 to accommodate new guidance with reporting commencing in April 2022 (see 5.1).	KMcC
5.1	8	Patients will undertake 150 minutes of exercise each week (Annual Audit)	60%	G	63.35%	-	-	-	-	Average figure from April 2022 – March 2023.	KMcC
6	8	Patients will have a healthier BMI	25%	R	9.5%	10%	10.50%	8.75%	13.7%	Average figure from April 2022 – March 2023.	LT
7	5	Sickness absence (National HEAT standard is 4%)	** 5%	R	7.68%	6.39%	5.30%	5.92%	8.26	Average figure from April 2022 – March 2023.	LMcG
8	5	Staff have an approved PDR	*80%	G	83.35%	85.25%	80.58%	86.68%	80.9%	Average figure from April 2022 – March 2023.	LMcG
9	1, 3	Patients transferred/discharged using CPA	100%	G	100%	100%	100%	100%	97%	Average figure from April 2022 – March 2023.	KMcC
10	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	100%	100%	100%	100%	100%	Average figure from April 2022 – March 2023.	LT
11	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	A	91.43%	98.66%	97.66%	99.78%	98.5%	Average figure from April 2022 – March 2023.	KMcC
14	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	95.42	96.49%	95.35%	97.68%	99%	Average figure from April 2022 – March 2023.	LT
15	2, 6, 7, 9	Attendance by all clinical staff at case reviews	Individual	-	63.7% overall	69.3% overall	67.40% overall	71.5% overall	65.6% overall	Average figure from April 2022 – March 2023.	All Leads

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

Target: 100%
Data for 2022/23: 91.7%
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.

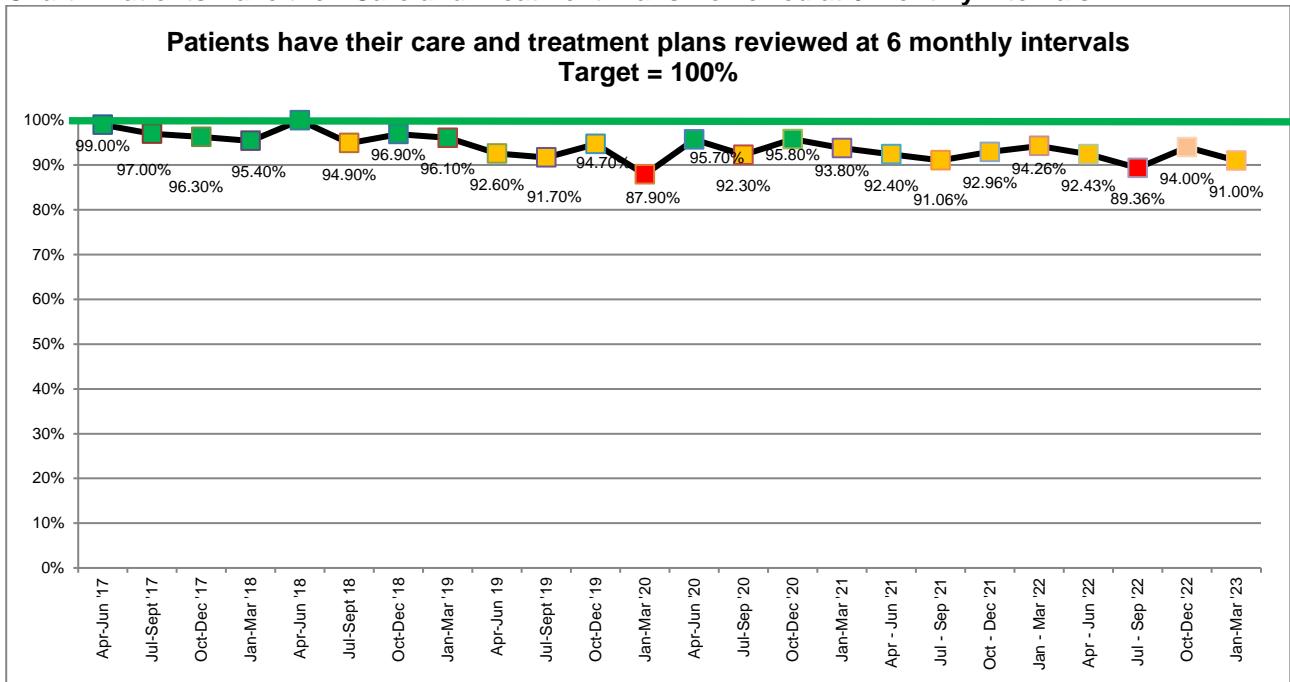
Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	R	A	A	91.7	92.67%	94.40%	91.73%	96.9%

Performance has continued to decrease in 2022/23 as the annual average for this indicator was 0.97% lower than that of 2021/22. Three of the four quarters of 22/23 were within the amber performance zone, with the overall annual performance also rated as amber.

There were 28 separate instances during this reporting year where a patient waited beyond the specified 6 months of reviewing their care and treatment plans. This is an increase of 12 from the 16 instances the previous year. In addition, there were 20 separate instances of patients who did not have their documentation uploaded to RiO within the specified period for their care and treatment plan at that time. This is an improvement of one from the previous annual review period.

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 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.

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 2022/23: 83.2%

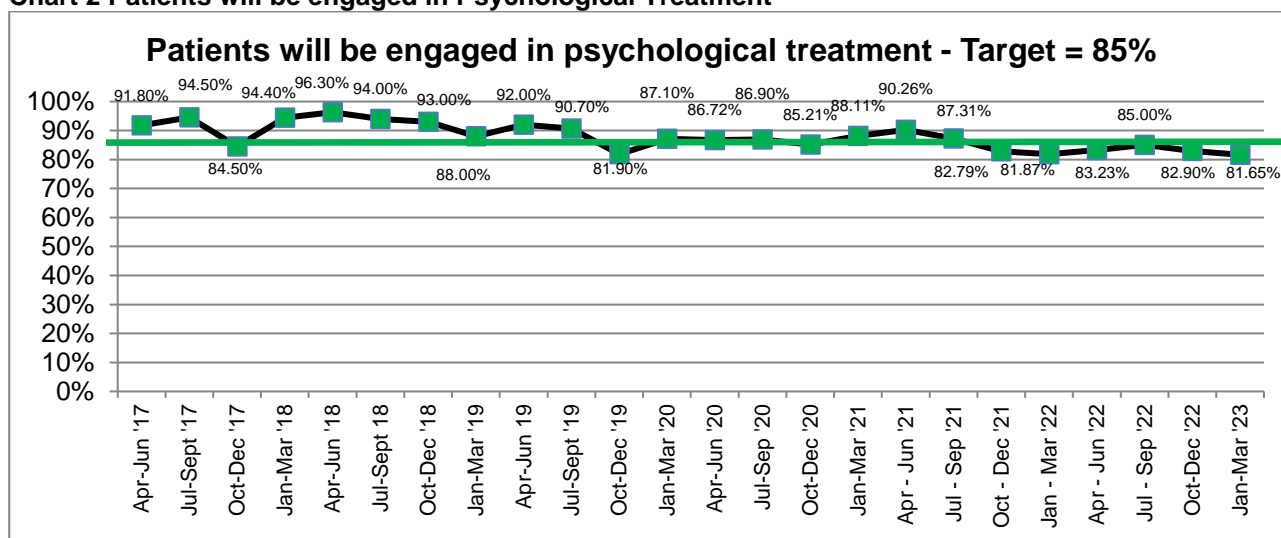
Performance Zone: Green

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 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients will be engaged in psychological treatment	85%	G	G	G	G	83.2%	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 83.2% has continued to reduce year on year from 92.8% in 2018/19.

Chart 2 Patients will be engaged in Psychological Treatment



No 3.1: Patients will be engaged in Off-Hub Activity Centers

Target: 90%

Data for 2022/23: 90.92%

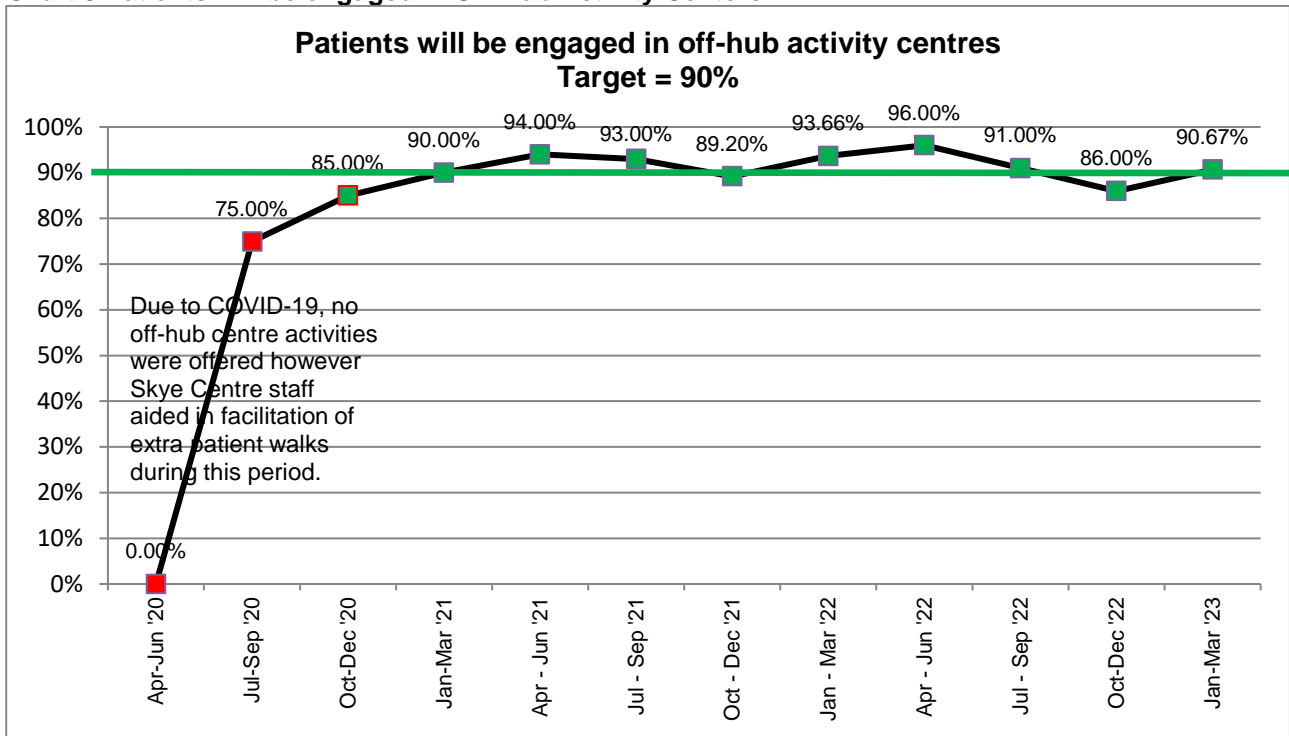
Performance Zone: Green

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 are recognised as therapeutic activities. This will continue to be reported through the Activity Oversight Group (AOG).

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	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	90.92%	92.47%	83.33%	-	-

This indicator averaged at 90.92% for this reporting year; a 1.55% decrease on last years' figure.

Chart 3 Patients will be engaged in Off-Hub Activity Centers



No 4.1: Patients will undertake an Annual Physical Health Review

Target: 90%

Data for 2022/23: 98.2%

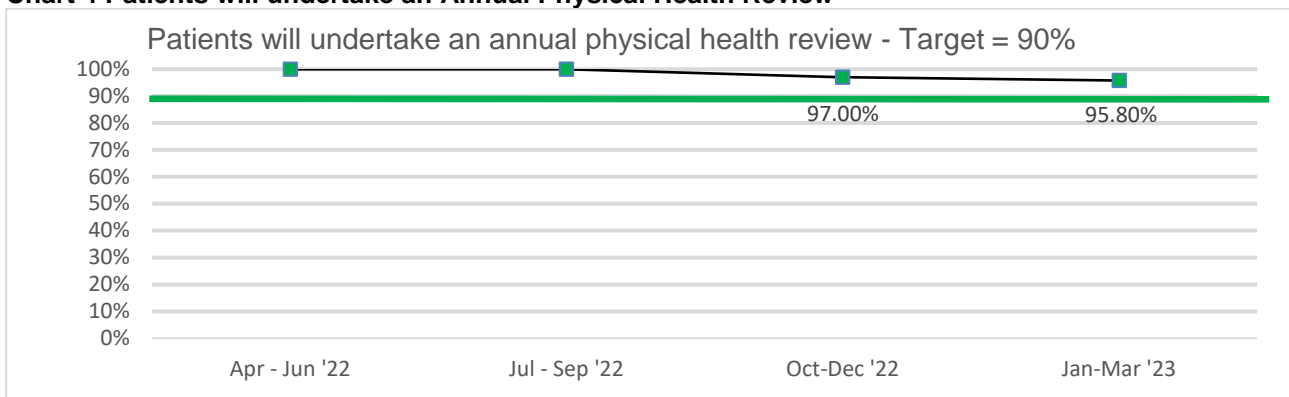
Performance Zone: Green

This indicator is linked to the National Health and Social Care Standards produced by Healthcare Improvement Scotland (HIS).

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23
Patients will be offered an annual physical health review	90%	G	G	G	G	98.2%

The indicator previously measured the offer of an annual health review and not the uptake. As at 1 April 2022, this KPI was amended to incorporate the uptake of an annual physical health review by all of our patients. This KPI now charts the completion of an annual physical health overview by the Practice Nurse. The Practice Nurse then refers appropriate patients on for face-to-face review by the GP. The GP conducts these consultations to complete the physical assessment of the annual health review.

Chart 4 Patients will undertake an Annual Physical Health Review



No 5.1: Patients will be Undertake 150 Minutes of Exercise Each Week

Target: 60%

Data for 2022/23: 63.35%

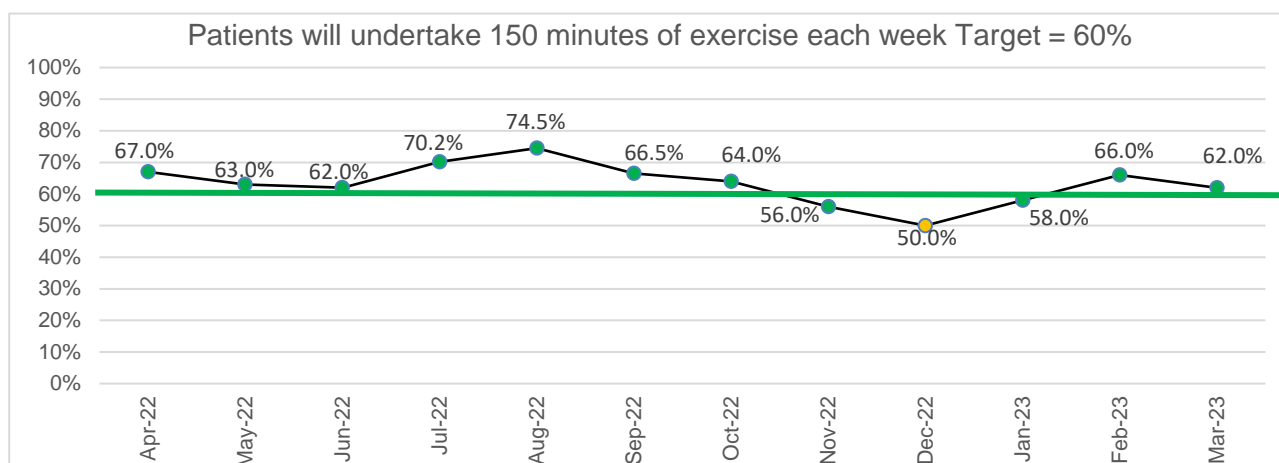
Performance Zone: Green

This links with national activity standards for Scotland. This measures the number of patients who undertake 150 minutes of exercise each week.

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23
Patients will undertake 150 minutes of exercise each week	60%	G	G	G	G	63.35%

At the Board meeting in June 2022, the Board agreed to change the corporate KPI from 80% of patients will achieve 90 minutes of moderate physical activity per week to 60% of patients will achieve 150 minutes of moderate physical activity per week following guidance released by WHO and reviewed by the Physical Health Steering Group (PHSG). This change was effective from 1st April 2022 and is currently under review to assess whether the target should be increased to 70% for 2023/24.

Chart 5 Patients will be Undertake 150 Minutes of Exercise Each Week



No 6: Patients will have a Healthy BMI

Target: 25%

Data for 2022/23: 9.5%

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.

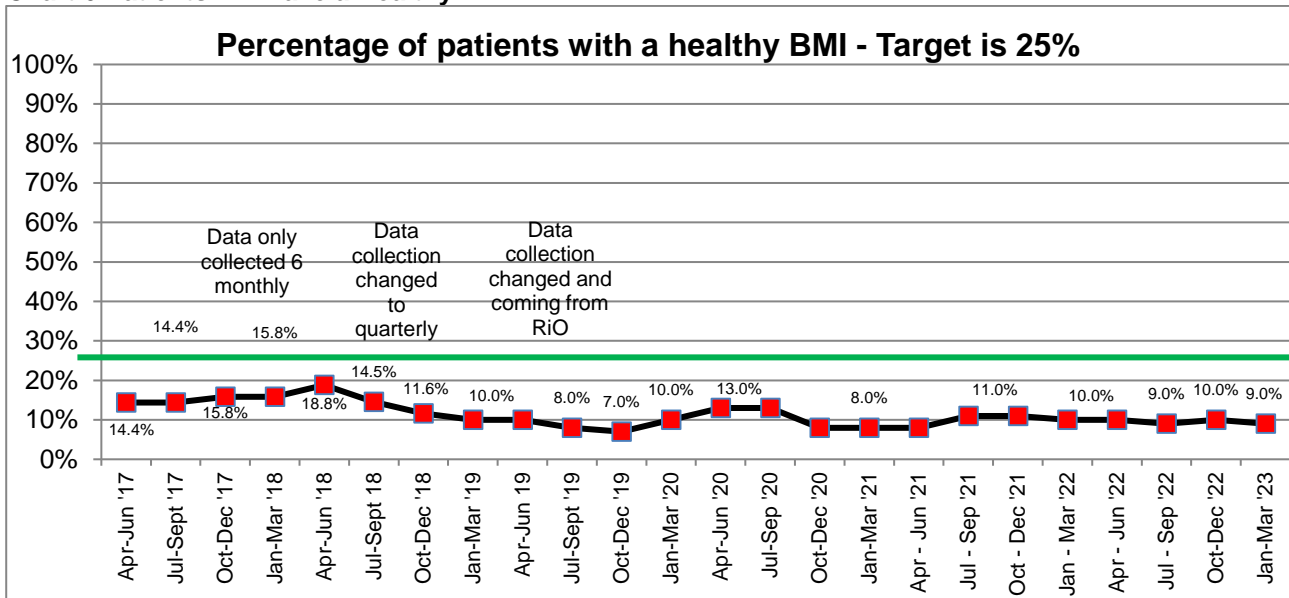
Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients will have a healthier BMI	25%	R	R	R	R	9.5%	10%	10.50%	8.75%	13.7%

The average percentage of patients who have a healthier BMI decreased from 10% in the previous year to 9.5% in this reporting year. In Q1 there was a maintenance of 10% from Q4 of the previous year which was followed by a 1% decrease to 9% in Q2. There was an increase of 1% in Q3 to 10% and then a further reduction of 1% to 9% in Q4. 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.

Chart 6 Patients will have a Healthy BMI



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

Target: 5%

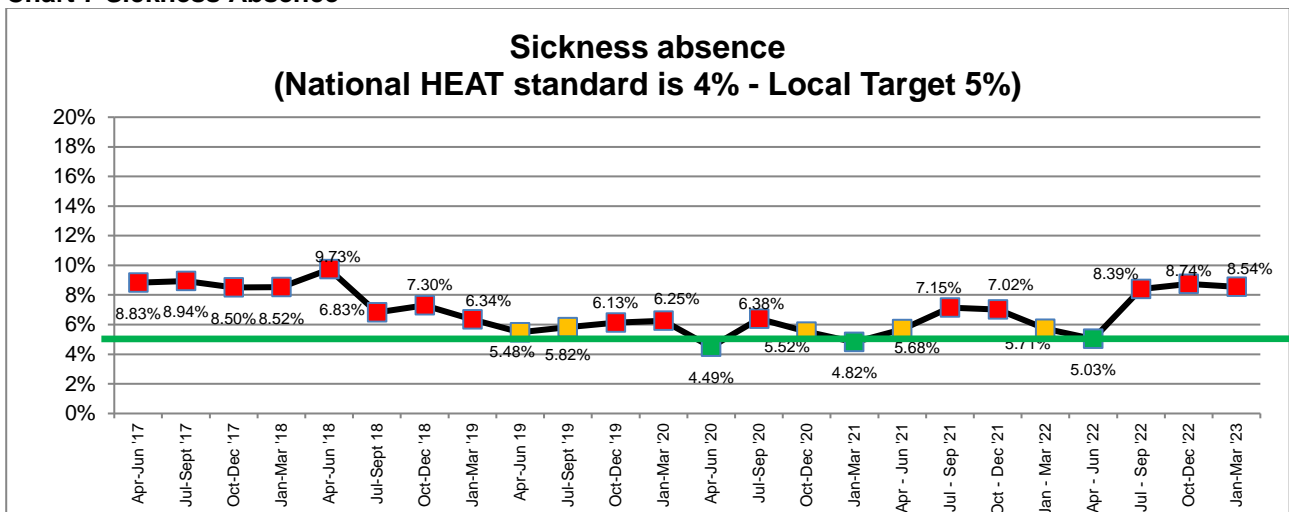
Data for 2022/23: 7.68%

Performance Zone: Red

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Sickness absence rate (National HEAT standard is 4%)	** 5%	G	R	R	R	7.68%	6.39%	5.30%	5.92%	8.26%

In the reporting period 1 April 2022 to 31 March 2023, the rate of absence was 7.68% compared to 6.39% in the previous year - this is a continued increase to sickness levels by 1.29% which is against a 5% target. In Q1 there was a reduction to 5.03% from 5.71% in Q4 of the previous year which was followed by a 3.27% increase to 8.39% in Q2. There was a continued increase to 8.74% in Q3 and then a slight reduction to 8.54% in Q4. TSH remains in the red performance zone for this reporting year.

Chart 7 Sickness Absence



Quarterly Performance Review meetings are held with Directorates and absence management is a focus for these meetings in areas where performance can be improved. The Staff Governance Committee have agreed to establishment of a Task and Finish Group to develop and co-ordinate an action plan with a range of activities to address attendance management and support staff.

The introduction of the new Occupational Health (OH) contract will enable closer working with practitioners, line managers, employees and HR whilst the introduction of best practice 'Once for Scotland' documentation and processes should ease sharing of information and encourage return to work or maintenance of healthy attendance at work.

The following pieces of work are also being progressed:

- Diversifying the Early Intervention service to introduce a 'triage' service for managers and employees to seek advice on range of matters pro-actively.
- Introduction of a focused action plan within HR to utilise a new role that has been created (Assistant HR Advisor), with the intention to support line managers with minimising sickness absence, identifying trends and advising appropriate interventions in a timely manner. Monitoring compliance with policy stages, return to work interviews and stage meetings as well as making sure there is a joint plan between line manager, employee, OH and HR in place for every person who is on long term sickness absence.
- In addition to the Once for Scotland Policy, line managers have been given additional resources to support good quality return to work interviews & training is scheduled to be delivered in partnership on the person centred nature of the policy.

In addition, the Workforce Governance Group review absence levels across the Directorates on a monthly basis.

No 8: Staff have an Approved PDR

Target: 80%

Data for 2022/23: 83.35%

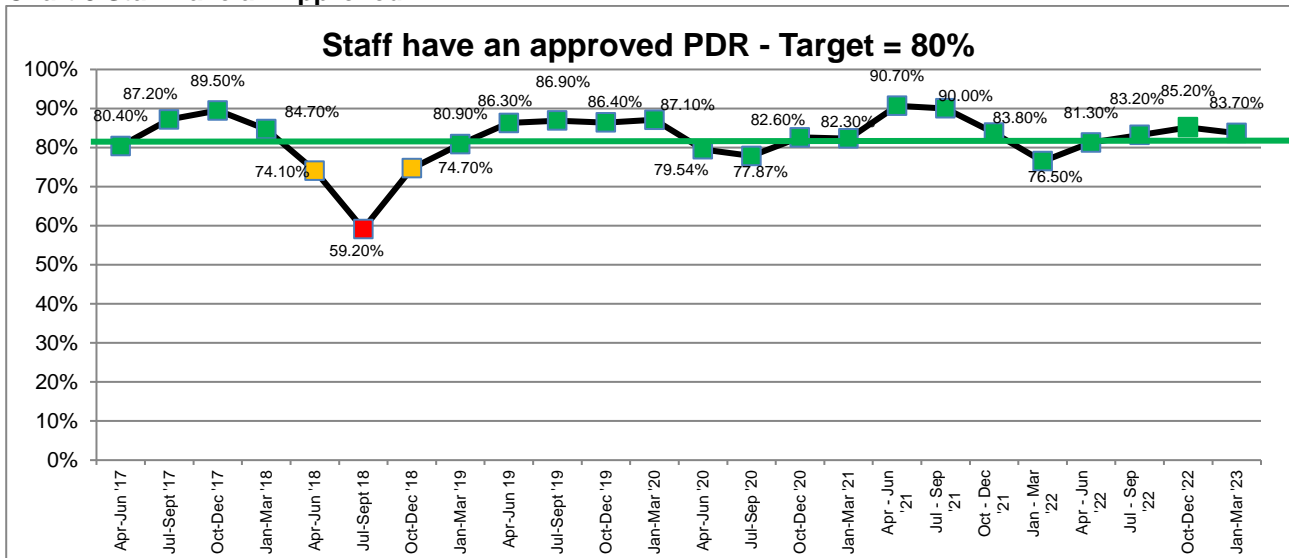
Performance Zone: Green

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 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Staff have an approved PDR	80%	G	G	G	G	83.35	85.25%	80.58%	86.68%	80.9%

The PDR compliance level at 31 March 2023 was 83.7% - the reporting year averaging at 83.35%. This is a reduction of 1.9% from the 2021/22 figure of 85.25%. 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

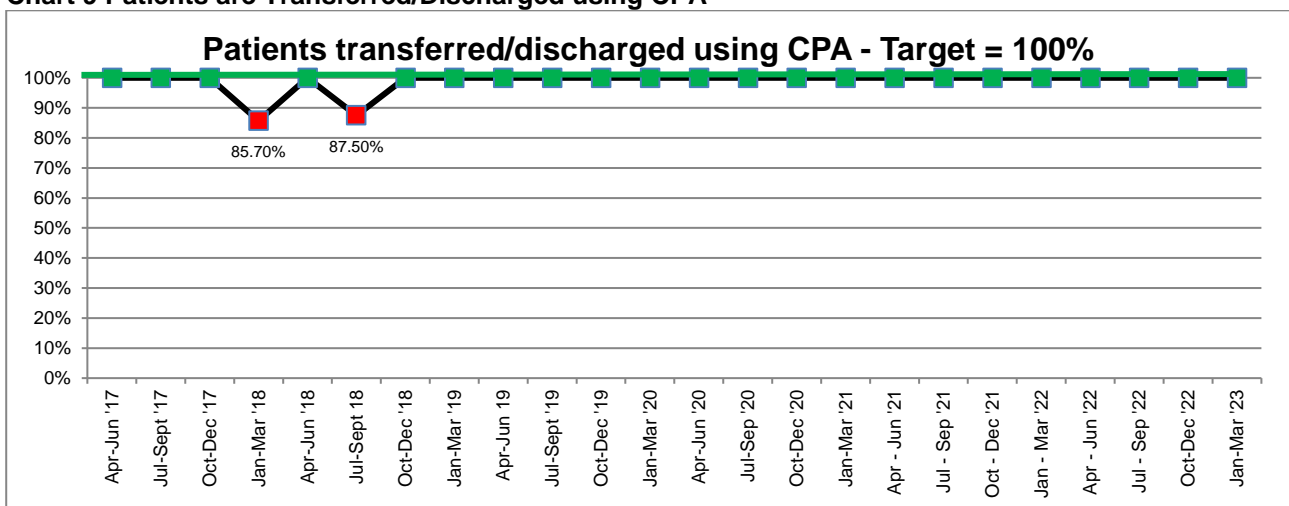
Target: 100%
Data for 2022/23: 100%
Performance Zone: Green

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 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	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 2022/23: 100%

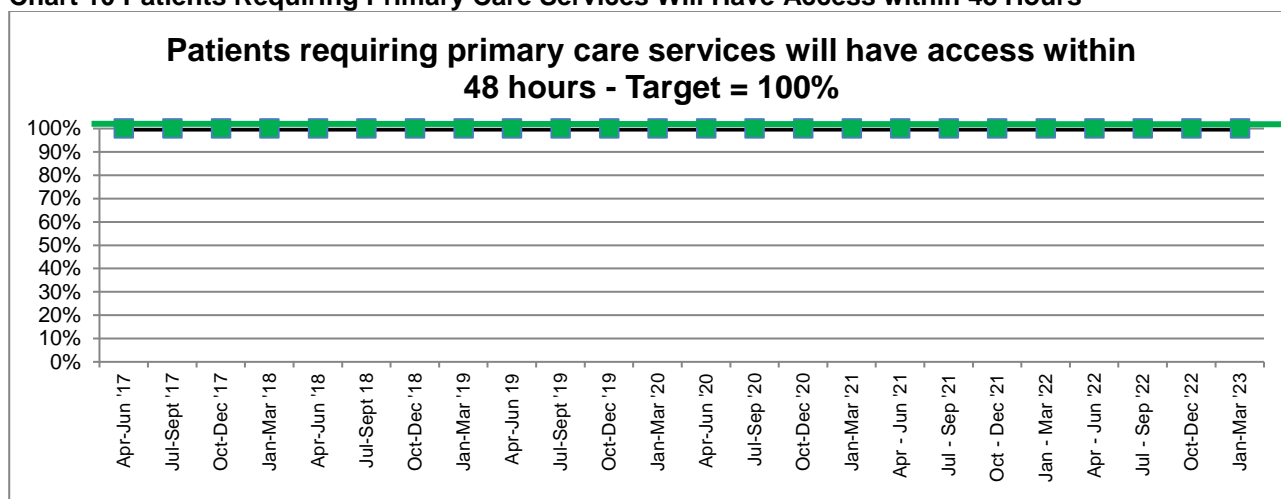
Performance Zone: Green

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 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	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%	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 2022/23: 91.43%

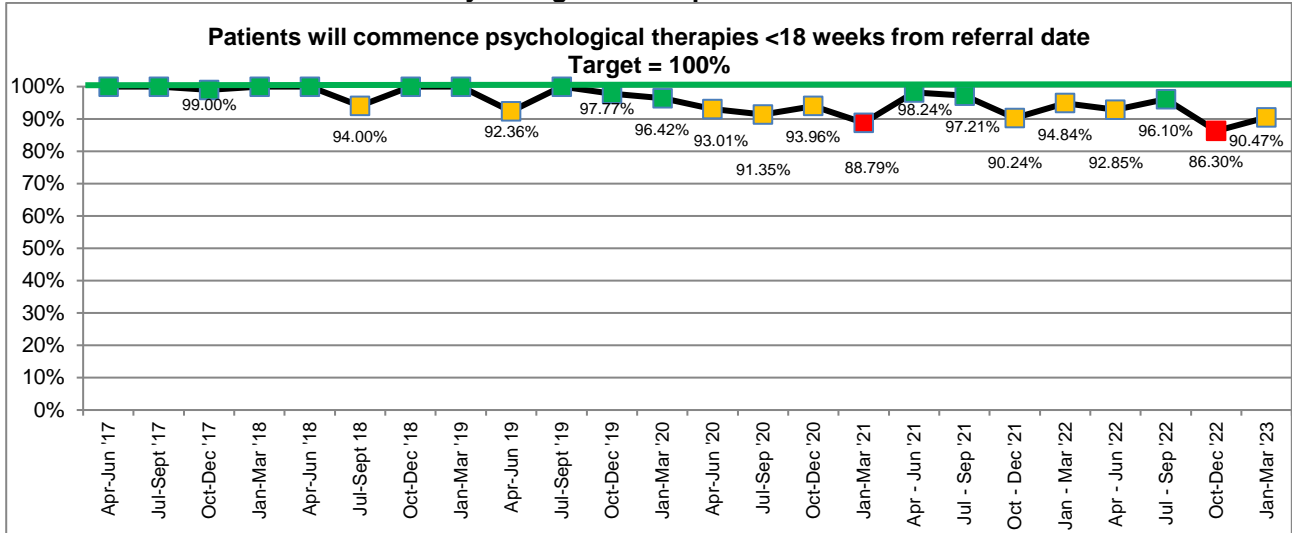
Performance Zone: Amber

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. The Scottish Government Target for this KPI is 90%.

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients will commence psychological therapies <18 weeks from referral date	**100%	A	G	R	A	91.43%	98.66%	97.66%	99.78%	98.5%

There was a decrease by 7.23% in this year's figure against 2021/22's figure. Compliance has moved into the amber zone for this indicator. Recording issues have been identified and an improvement plan is in place working with e-health colleagues to streamline the data and ensure consistency and quality of data. Group and individual treatment recording are now considered together to map patient needs with plans for delivery of treatment. Monthly review of patient needs is also planned as part of the regular consultant meetings.

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



No 14: Patients have their Clinical Risk Assessment Reviewed Annually

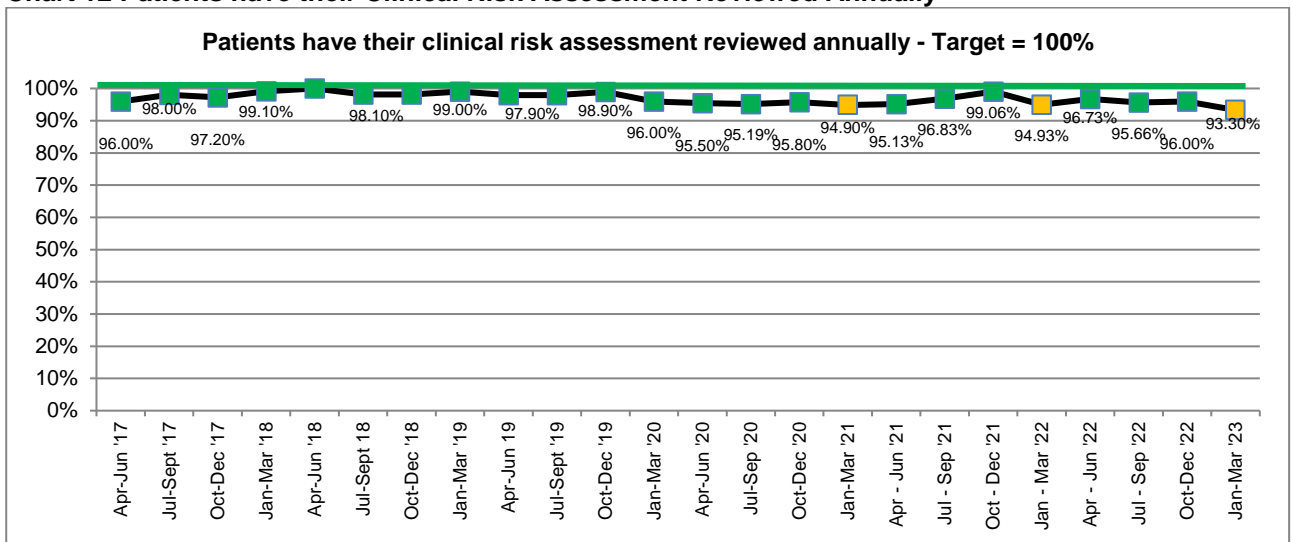
Target: 100%
Data for 2022/23: 95.42%
Performance Zone: Green

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 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	22/23	21/22	20/21	19/20	18/19
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	95.42%	96.49%	95.35%	97.68%	99%

The average figure for this indicator in year 2022/23 is 95.42% and only during Q4 did we see a move into the amber zone. This is similar to the pattern during the last review period. Monitoring practices and auditing of the system integrated in 2017 are ongoing.

Chart 12 Patients have their Clinical Risk Assessment Reviewed Annually



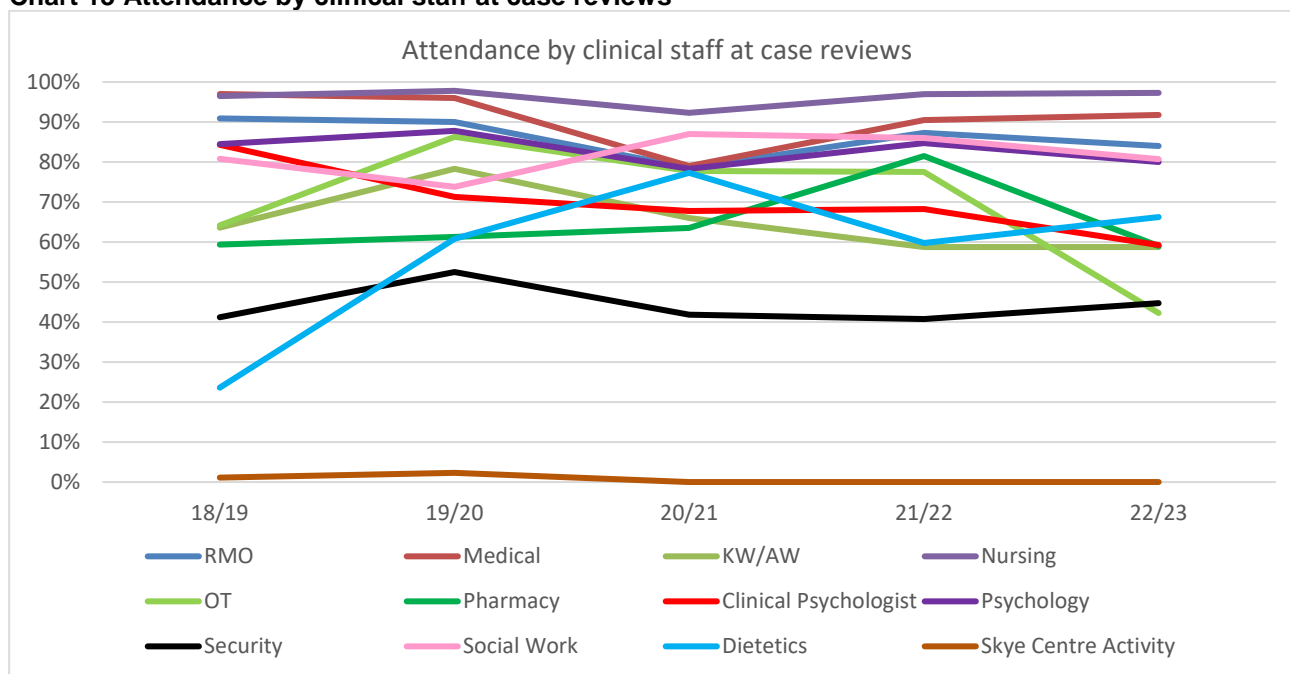
No 15 Attendance by clinical staff at case reviews.

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	22/23	Increase/Decrease from previous year
RMO	90%	90.9%	90%	78.5%	87.25%	84%	-3.25%
Medical	100%	97%	96%	79%	90.5%	91.75%	1.25%
KW/AW	80%	63.6%	78.3%	66%	58.75%	58.75%	0.00%
Nursing	100%	96.5%	97.8%	92.3%	97%	97.25%	0.25%
OT	80%	64.2%	86.3%	77.8%	77.5%	42.25%	-35.25%
Pharmacy	60%	59.4%	61.3%	63.5%	81.5%	59%	-22.50%
Clinical Psychologist	80%	84.3%	71.3%	67.8%	68.25%	59.25%	-9.00%
Psychology	100%	84.5%	87.8%	78.3%	84.75%	80%	-4.75%
Security	60%	41.2%	52.5%	41.8%	40.75%	44.75%	4.00%
Social Work	80%	80.8%	73.8%	87%	86%	80.75%	-5.25%
Dietetics	tbc	23.6%	60.8%	77.3%	59.75%	66.25%	6.50%
Skye Centre Activity	tbc	1.1%	2.3%	0%	0%	0%	No change
Hospital Wide	n/a	65.6%	71.5%	67.4%	69.3%	63.67%	-5.63%

Chart 13 Attendance by clinical staff at case reviews



RMO – during 2022/23, there was a decrease in RMO attendance at case reviews: the figure reduced by 3.25%. This profession’s average remained in the green zone for this reporting year.

Medical – during 2022/23, there was 1.25% rise in medical attendance at case reviews. This increase moves this profession into the green zone for this reporting year.

Key Worker/Associate Worker – there has been maintenance in attendance for 2022/23 at 58.75%. This means that they remain in the red zone for this reporting year.

Nursing – attendance from nursing during 2022/23 has increased by 0.25%. This profession remains in the green zone for this reporting year.

Occupational Therapy – during 2022/23, attendance from occupational therapy has significantly decreased by 35.25% from the previous year. This profession moves in to the red zone for this reporting year.

Pharmacy – although there has been a notable decrease in this reporting year of 22.5%, this profession has remained in the green zone for this reporting year.

Clinical Psychologist – there has been a slight decrease of 9% attendance for 2022/23. This means that this profession has remained in the red zone for this reporting year.

Psychology – during 2022/23, there was a reduction of 4.75% in attendance for this department. This profession remains in the red zone.

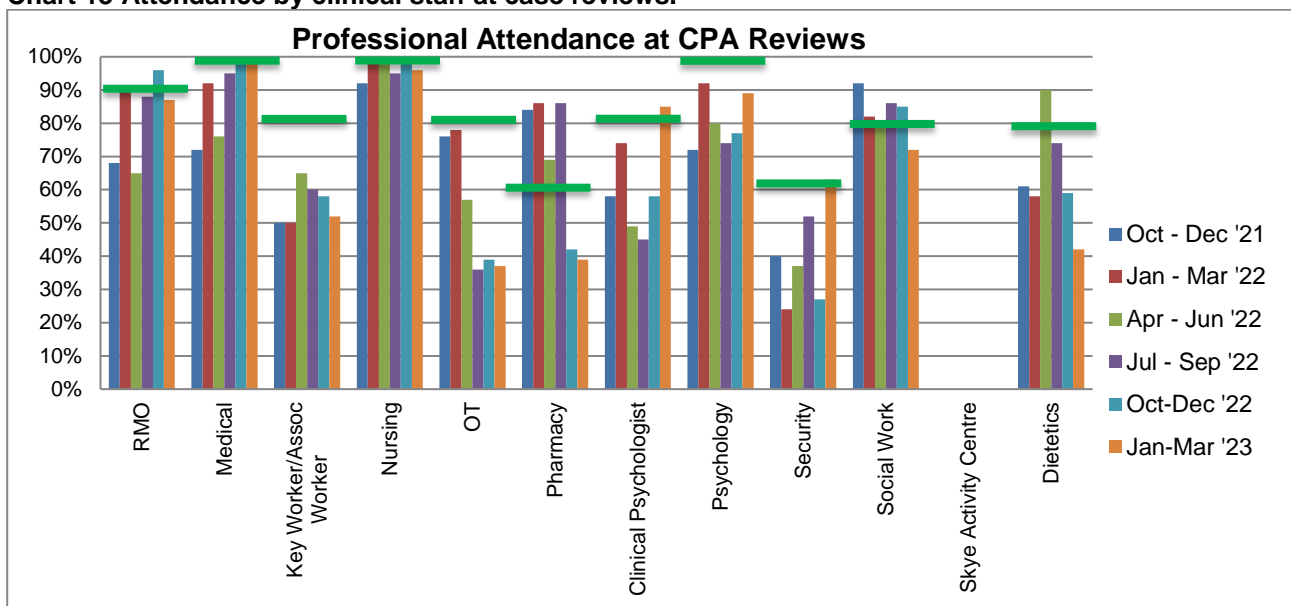
Security – there was a 4% increase in Security attendance during 2022/23. The profession remains in the red zone for this reporting year.

Social Work – there has been a 5.25% decrease in attendance at case reviews. This profession remains in the green zone for this reporting year.

Dietetics – during 2022/23, attendance from dietetics has increased by 6.5. This profession is in the red zone for this reporting year.

Skye Centre Activity – during 2022/23, 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 Annual Delivery Plan and Workforce Strategy is a key metric in supporting attendance management
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?	Strategic Planning and Performance Group
Risk Assessment (Outline any significant risks and associated mitigation)	No implications identified .
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 <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 2023 (n=46)	Overall attendance Oct – Dec 2022 (n=52)	Overall attendance Jul – Sep 2022 (n=42)	Overall attendance Apr – Jun 2022 (n=51)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO (LT)	90%	G	G	87%	96%	88%	65%
				Medical (LT)	100%	G	G	98%	98%	95%	76%
				Key Worker/Associate Worker (MR)	80%	R	R	52%	58%	60%	65%
				Nursing (MR)	100%	G	G	96%	100%	95%	98%
				OT(MR)	80%	R	R	37%	39%	36%	57%
				Pharmacy (LT)	60%	R	R	39%	42%	86%	69%
				Clinical Psychologist (JM)	80%	R	G	85%	58%	45%	49%
				Psychology (JM)	100%	R	R	89%	77%	74%	80%
				Security (DW)	60%	R	G	63%	27%	52%	37%
				Social Work (KB)	80%	A	G	72%	85%	86%	80%
				Skye Activity Centre (MR) (only attend annual reviews)	tbc			0%	0%	0%	0%
				Dietetics (MR) (only attend annual reviews)	80%	R	R	42% (n=26)	59% (n=32)	74% (n=19)	90% (n=19)

APPENDIX 2: QUARTERLY KEY PERFORMANCE INDICATORS FOR 2022-2023

Performance Indicator	Target	RAG Q1 22/23	RAG Q2 22/23	RAG Q3 22/23	RAG Q4 22/23	Actual	Comment
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	R	A	A	91%	This indicator remains in the amber zone from Q3.
Patients will be engaged in psychological treatment	85%	G	G	G	G	82%	This indicator remains green for this quarter.
Patients will be engaged in off-hub activity centers during COVID-19	90%	G	G	G	G	91%	This figure includes drop-in sessions, which took place in hubs, grounds and the Skye Centre.
Patients will undertake an annual physical health review	100%	G	G	G	G	96%	96% compliance. Green compliance for this amended KPI.
Patients will undertake 150 minutes of exercise each week	60%	G	G	G	G	62%	Green zone for this KPI's data collection.
Patients will have a healthier BMI	25%	R	R	R	R	9%	This indicator has remained in the red zone this quarter.
Sickness absence rate (National HEAT standard is 4%)	** 5%	G	R	R	R	8.54%	January's figure was 9.24%, February's figure was 7.52% and March's figure was 8.85%.
Staff have an approved PDR	*80%	G	G	G	G	84%	This indicator has been within the green zone since March 2019.
Patients transferred / discharged using CPA	100%	G	G	G	G	100%	This indicator has been in the green zone since October 2018.
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%	A	G	R	A	90%	As at 31 March 2023, there was 1 instance of a patient waiting beyond the specified wait time
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	A	93%	As at 31 March 2023, there were 109 patients in the hospital. Nine were new admissions. Nine patients had an out of date or no 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.