

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	20 June 2024
Agenda Reference:	Item no: 25
Sponsoring Director:	Chief Executive
Author:	Head of Corporate Planning and Performance Corporate Planning, Performance and Quality Project Support Manager
Title of Report:	Performance Report 2023/2024 and Comparative Annual Figures.
Purpose of Report:	For Decision

### 1 SITUATION

This report presents a high-level summary of organisational performance for the year from 1<sup>st</sup> April 2023 until 31<sup>st</sup> March 2024. 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 Delivery Plan (ADP) and Annual Delivery Plan Framework.

### 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 at the Board meeting each June.

### 3 ASSESSMENT

The following section contains the KPI data for 2023/24 and highlights any areas for improvement through a deep dive analysis for KPI's that have missed their targets. There are seven updated KPIs for 2023/2024 that have achieved target, these are:

- Patients will be engaged in psychological treatment.
- Patients will be engaged in off-hub activities.
- Patients will undertake an annual health review.
- Staff have an approved PDR.
- Patients Transferred/ Discharged using CPA.
- Patients required primary care will have access within 48 hours.
- Patients will commence psychological therapies ,18 weeks from referral date.

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

- Patients will have their care and treatment plans reviewed at six monthly intervals.
- Patients will have a healthier BMI.
- Sickness absence.
- Patients will undertake 150 minutes of exercise each week.
- Patients have their clinical risk assessment reviewed annually.

Item	Performance Indicator	Target	RAG	23/24	22/23	21/22	20/21	19/20	18/19		LEAD
1	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	R	87.92%	91.70%	92.67%	94.40%	91.73%	96.9%	Average figure from April 2023 – March 2024.	LT
2	Patients will be engaged in psychological treatment	85%	G	82.21%	83.2%	85.56%	86.74%	87.93%	92.8%	Average figure from April 2023 – March 2024.	KMcC
3	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 (see 3.1).	KMcC
3.1	Patients will be engaged in off-hub activity centres	90%	G	94.50%	90.92%	92.47%	83.33%	-	-	Average figure from April 2023 – March 2024.	KMcC
4	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	Patients will undertake an annual physical health review	90%	G	100%	98.2%	-	-	-	-	Average figure from April 2023 – March 2024.	LT

Item	Performance Indicator	Target	RAG	23/24	22/23	21/22	20/21	19/20	18/19		LEAD
5	Patients will undertake 90 minutes of moderate 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	Patients will undertake 150 minutes of moderate exercise each week (Annual Audit)	60%	G	-	63.35%	-	-	-	-	Average figure from April 2022 – March 2023. This indicator was closed in March 2023 as the target was increased (See 5.2)	KMcC
5.2	Patients will undertake 150 minutes of moderate exercise each week (Annual Audit)	70%	A	61.48%	-	-	-	-	-	Average figure from April 2023 – March 2024	LT
6	Patients will have a healthier BMI	25%	R	8.92%	9.5%	10%	10.50%	8.75%	13.7%	Average figure from April 2023 – March 2024.	LT
7	Sickness absence	5%	R	7.81%	7.68%	6.39%	5.30%	5.92%	8.26	Average figure from April 2022 – March 2023.	SW
8	Staff have an approved PDR	80%	G	85.93%	83.35%	85.25%	80.58%	86.68%	80.9%	Average figure from April 2023 – March 2024.	SW
9	Patients transferred / discharged using CPA	100%	G	100%	100%	100%	100%	100%	97%	Average figure from April 2023 – March 2024.	SW
10	Patients requiring primary care services will have access within 48 hours	100%	G	100%	100%	100%	100%	100%	100%	Average figure from April 2023 – March 2024.	LT
11	Patients will commence psychological therapies <18 weeks from referral date	100%	G	99.12%	91.43%	98.66%	97.66%	99.78%	98.5%	Average figure from April 2023 – March 2024.	KMcC
14	Patients have their clinical risk assessment reviewed annually.	100%	A	93.79%	95.42%	96.49%	95.35%	97.68%	99%	Average figure from April 2023 – March 2024.	LT
15	Attendance by all clinical staff at case reviews	Individual	-	67% overall	63.7% overall	69.3% overall	67.40% overall	71.5% overall	65.6% overall	Average figure from April 2023 – March 2024.	All Leads

**No 1: Patients Have their Care and Treatment Plans Reviewed at 6 Monthly Intervals****Target:** 100%**Data for 2023/24:** 87.92%**Performance Zone:** Red

The Mental Health Act 2003 requires the preparation of documented care plans for people who are subject to compulsion. The Scottish Government CEL 13 (2007) identifies that the CPA is the appropriate tool for all restricted patients. The Code of Practice for the 2003 Act gives guidance on the RMO's responsibilities and required content of the care plans.

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.

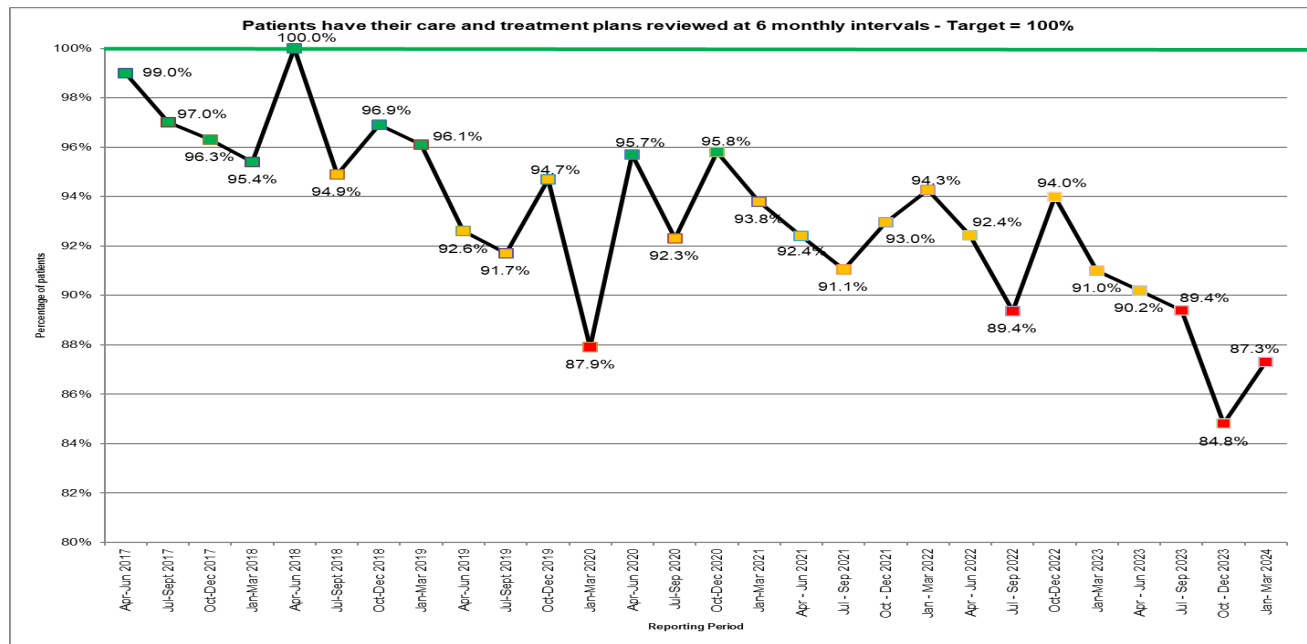
Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	R	R	R	87.92%	91.7%	92.67%	94.40%	91.73%	96.9%

Performance has continued to decrease in 2023/24 as the annual average for this indicator was 3.78% lower than that of 2022/23. Q1 of 23/24 was within the amber performance zone and Q2, Q3 & Q4 were in the red performance zone, with the overall annual performance changing from amber in 2022/23 to red in 2023/24.

There were 27 separate instances during this reporting year where a patient waited beyond the specified six months of reviewing their care and treatment plans. This is a decrease of one from the 28 instances the previous year. In addition, there were 66 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.

All dates are set in line with the relevant date of an annual review or renewal followed by a six monthly review after that. A review of the process for uploading documents is currently underway with a process mapping exercise being carried out by the Clinical Admin Co-ordinator. The data definition lead has also been updated to reflect current job roles.

**Chart 1: Patients Have their Care and Treatment Plans Reviewed at Six Monthly Intervals**



## No 2: Patients will be engaged in Psychological Treatment

**Target:** 85%

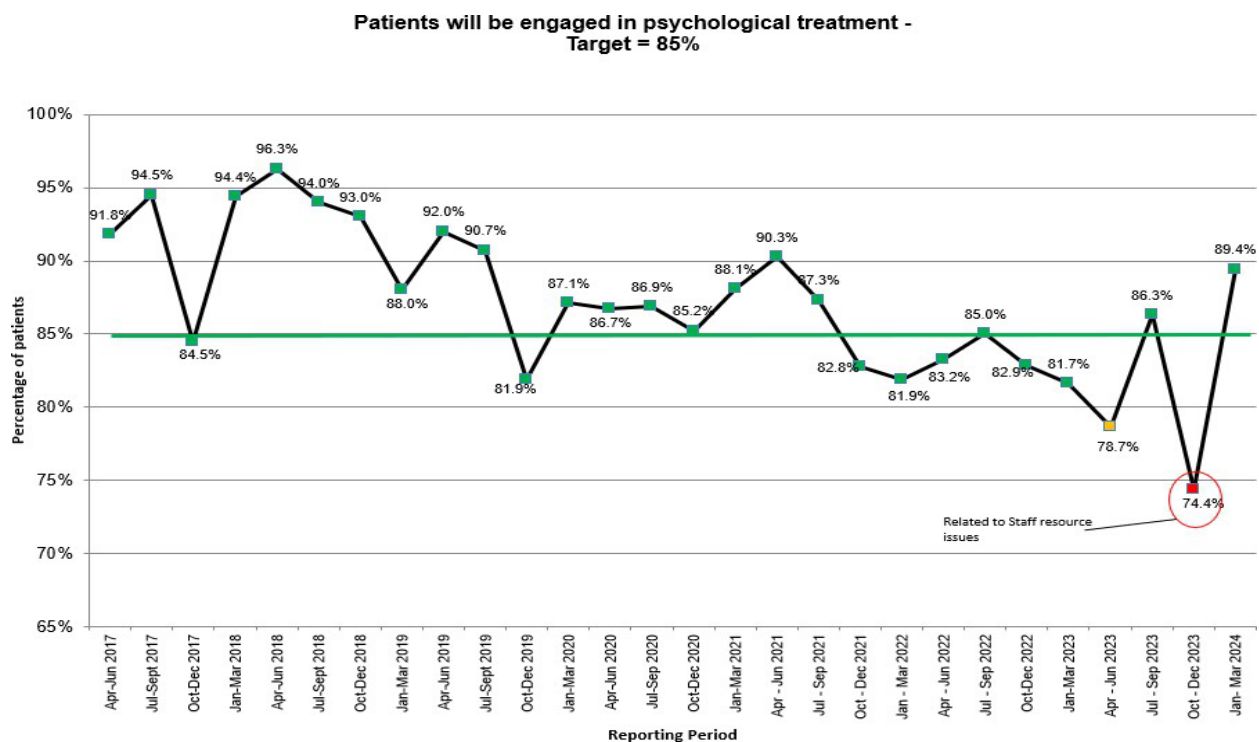
**Data for 2023/24:** 82.21%

**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 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients will be engaged in psychological treatment	85%	A	G	R	G	82.21%	83.2%	85.56%	86.74%	87.93%	92.8%

Performance has fluctuated over the course of this year. The annual average of 82.21% has continued to reduce year on year from 92.8% in 2018/19.

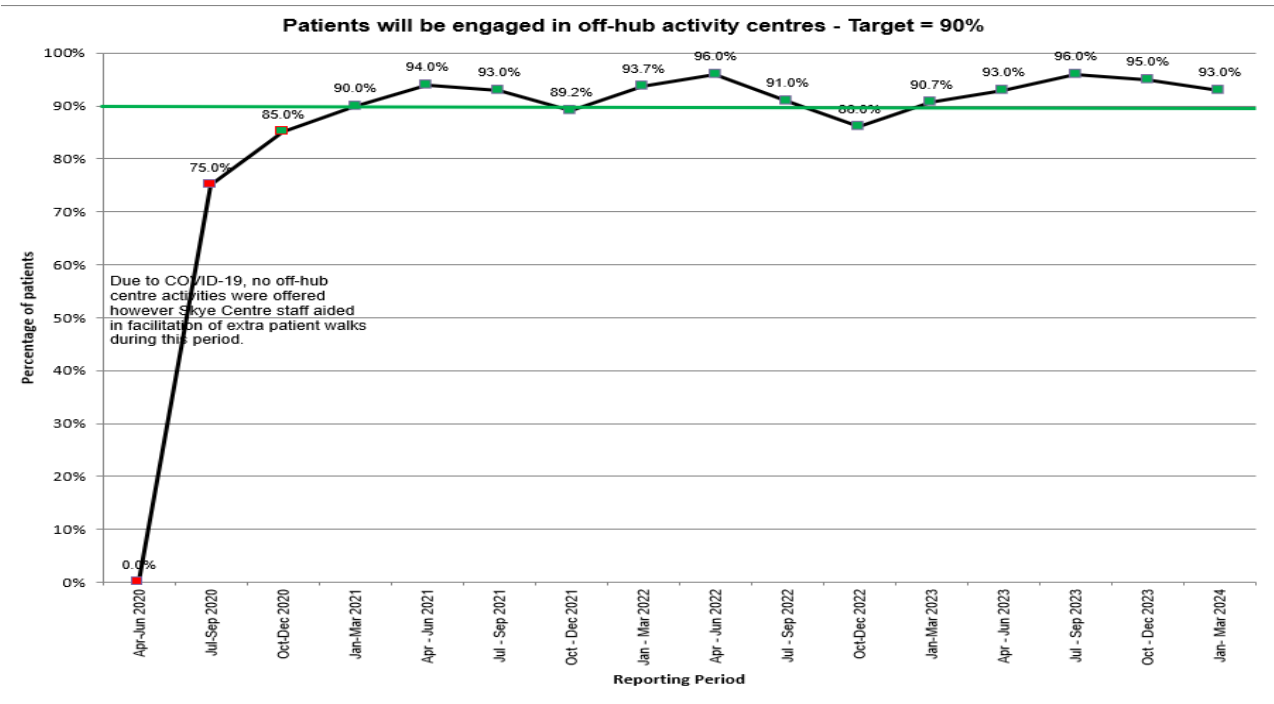
**Chart 2: Patients will be engaged in Psychological Treatment****No 3: Patients will be engaged in Off-Hub Activity Centers****Target:** 90%**Data for 2023/24:** 94.5%**Performance Zone:** Green

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 relate to the objectives in their care plan however are recognised as therapeutic activities. Work has started to explore amending this KPI to include all forms engagement in activity not just off hub.

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients will be engaged in off-hub activity centers	90%	G	G	G	G	94.5%	90.92%	92.47%	83.33%	-	-

This indicator averaged at 94.50% for this reporting year; a 3.58% increase on last year's figure.

Chart 3: Patients will be engaged in Off-Hub Activity Centres



No 4: Patients will undertake an Annual Physical Health Review

**Target:** 90%

**Data for 2023/24:** 100%

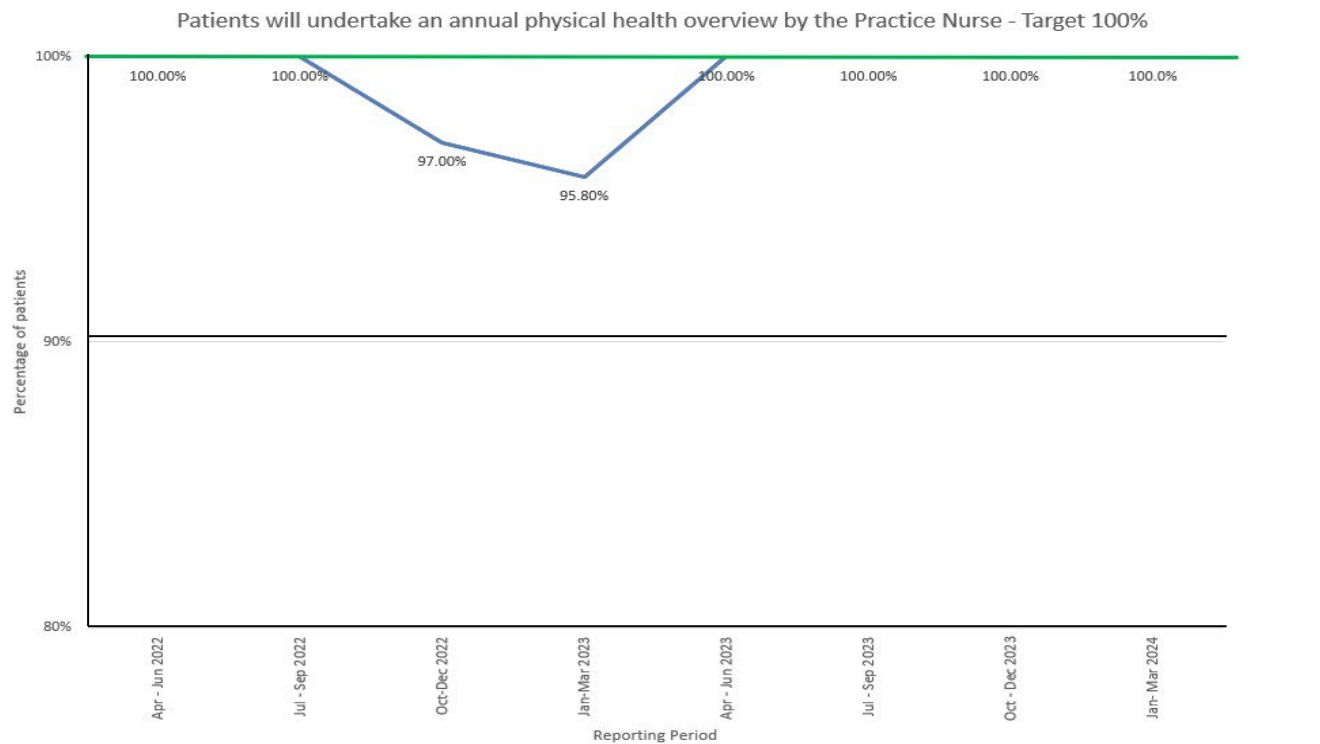
**Performance Zone:** Green

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

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23
Patients will undertake an annual physical health review	90%	G	G	G	G	100%	98.2%

This KPI charts the completion of an annual physical health overview by the Practice Nurse. The Practice Nurse will identify any patients that require to be reviewed face-to-face by the GP and these reviews will be conducted during the normal clinic sessions.

**Chart 4: Patients will undertake an Annual Physical Health Review**



**No 5: Patients will undertake 150 Minutes of moderate exercise each week**

**Target:** 70%

**Data for 2023/24:** 61.48%

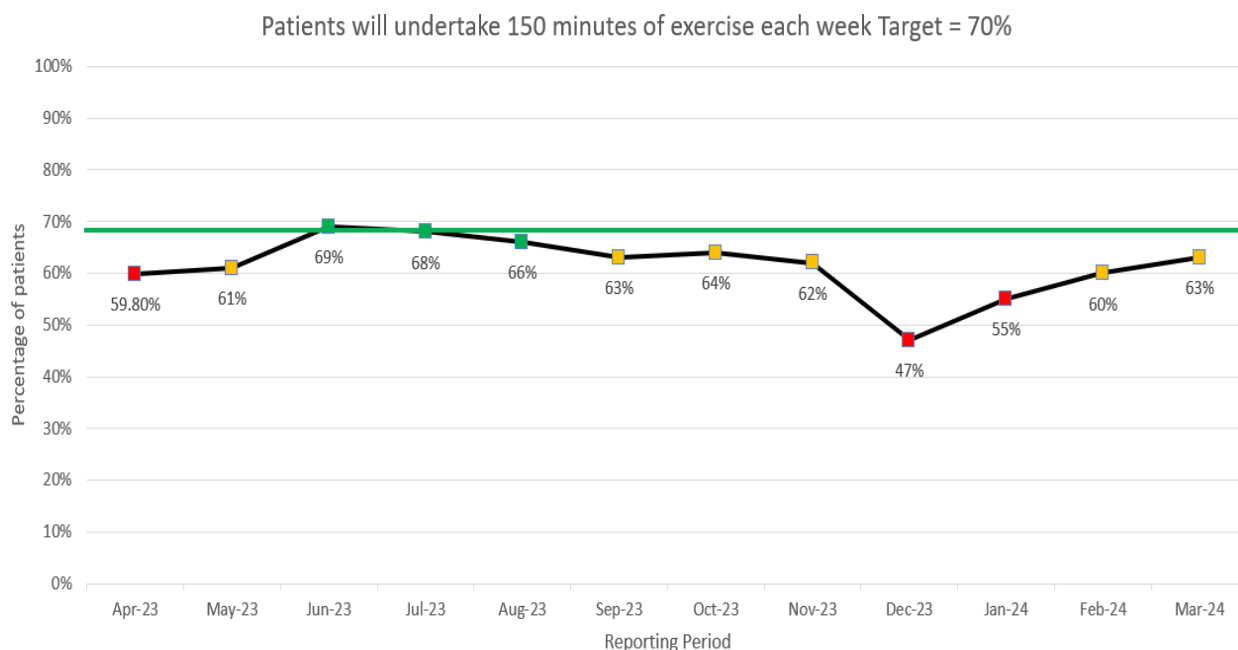
**Performance Zone:** Amber

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

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24
Patients will undertake 150 minutes of moderate exercise each week	70%	A (63%)	G (66%)	R (58%)	R(59%)	61.48%

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). At the Board Meeting in June 2023, it was agreed to increase the target further to 70% of patients will undertake 150 minutes of moderate exercise each week. Given that this is a stretch target we recommend that it remains unchanged for reporting year 2024/25.



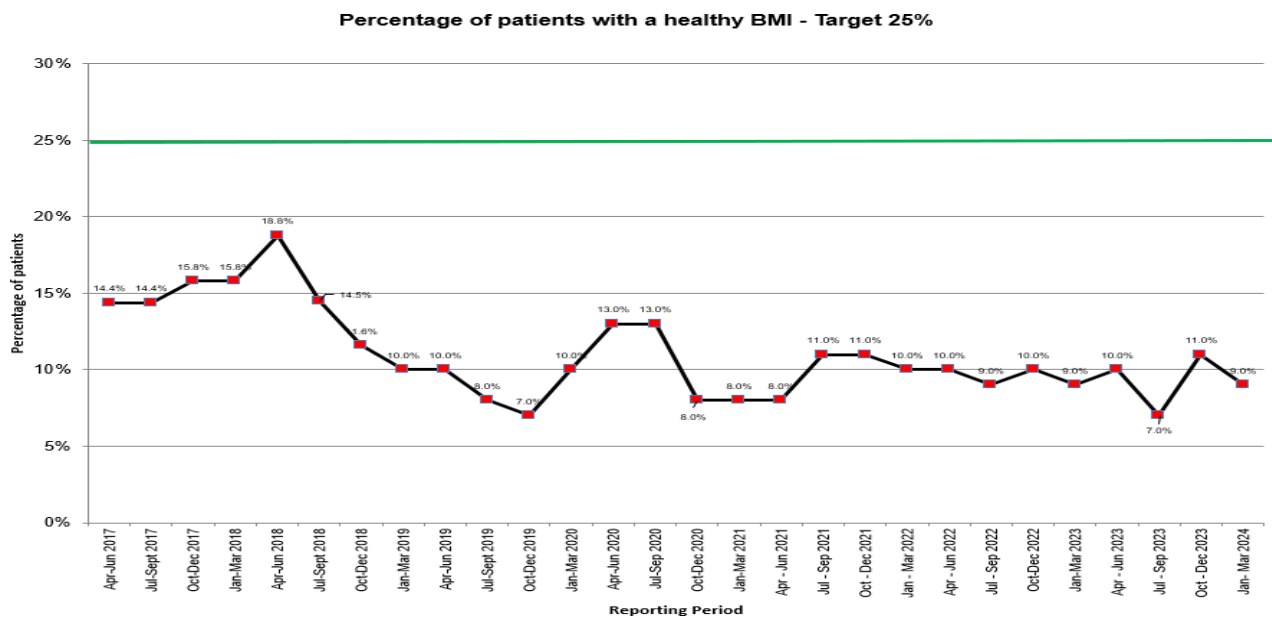
**Chart 5: Patients will undertake 150 Minutes of moderate exercise each week****No 6: Patients will have a Healthy BMI****Target:** 25%**Data for 2023/24:** 8.92%**Performance Zone:** Red

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 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients will have a healthier BMI	25%	R	R	R	R	8.92%	9.5%	10%	10.50%	8.75%	13.7%

The average percentage of patients who have a healthier BMI decreased from 9.5% in the previous year to 8.92% in this reporting year. Q3 showed the highest increase of 11% throughout the year, the last time 11% had been achieved was in Q3 of 2021

The Physical Health Steering Group (PHSG) requested monthly monitoring reports to regularly review the data. The Supporting Healthy Choices Implementation Group (SHCIG) remit is to change the culture in TSH to maximise physical activity and promote healthier lifestyles, including dietary changes where appropriate. Engagement with Public Health Scotland on the adaptation of national guidance for TSH has been positive with an agreement for TSH to develop best practice guidance 'Moving towards a healthier State Hospital'.

**Chart 6: Patients will have a Healthy BMI****No 7: Sickness Absence**

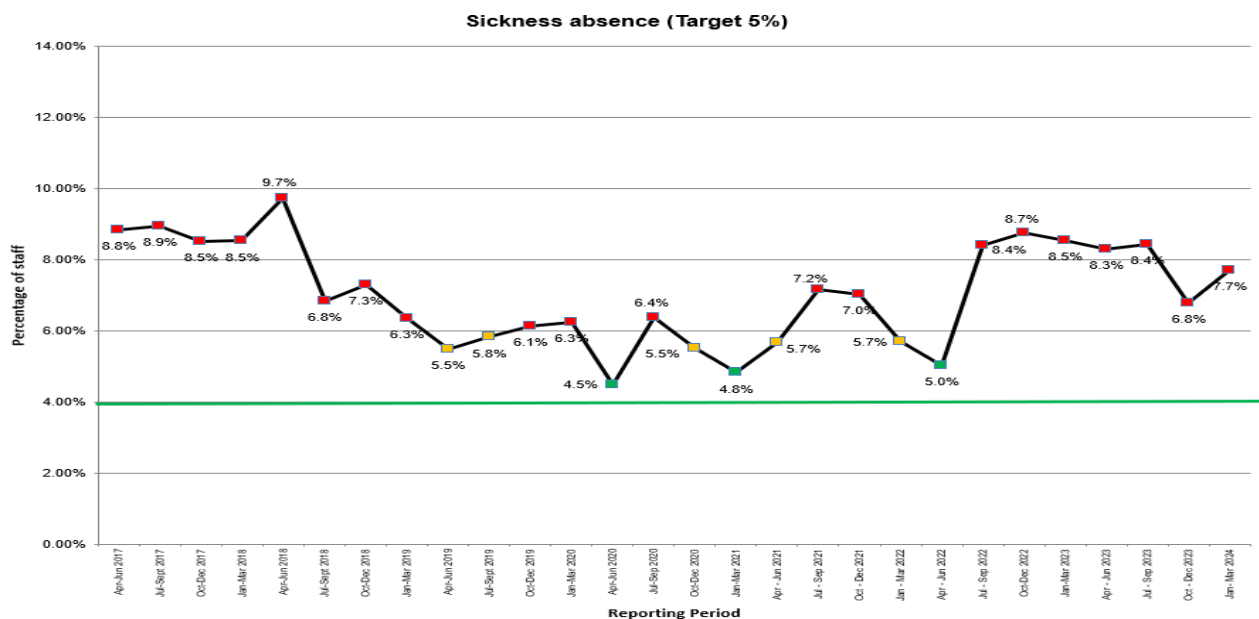
**Target:** 5%

**Data for 2023/24:** 7.81%

**Performance Zone:** Red

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Sickness absence rate (National HEAT standard is 4%)	5%	R	R	R	R	7.81%	7.68%	6.39%	5.30%	5.92%	8.26%

In the reporting period 1 April 2023 to 31 March 2024, the rate of absence was 7.81% compared to 7.68% in the previous year - this is an increase of sickness absence levels by 0.13%, against a 5% target. TSH remains in the red performance zone for this reporting year.

**Chart 7: Sickness Absence**

Levels of absence across NHS Scotland have escalated significantly since COVID and a key focus and priority for Scottish Government remains reducing levels of absence to 5% in the case of the State Hospital (and 4% across the broader NHS).

The Staff Governance Committee agreed to establish a Task and Finish Group over 2023/24 to develop and co-ordinate an action plan with a range of activities to address attendance management and support staff. This group has implemented actions with local teams, which include:

- Development of a Driver Diagram to provide an overview of actions.
- Coordinated management of hot spot areas
- Assurance that the Attendance Management Policy is fully implemented by local teams and managers, along with an understanding of other policies which impact Attendance at Work.
- Detailed absence information is available to highlight key hot spot areas and for the appropriate management to hold responsible managers to account

There continues to be an ongoing focus on adherence to policy and accountability for performance managed within existing performance framework. Quarterly Directorate Performance Review meetings are held with Directorates and absence management is a focus for these meetings in areas where performance can be improved.

#### **No 8: Staff have an Approved PDR**

**Target:** 80%

**Data for 2023/24:** 85.93%

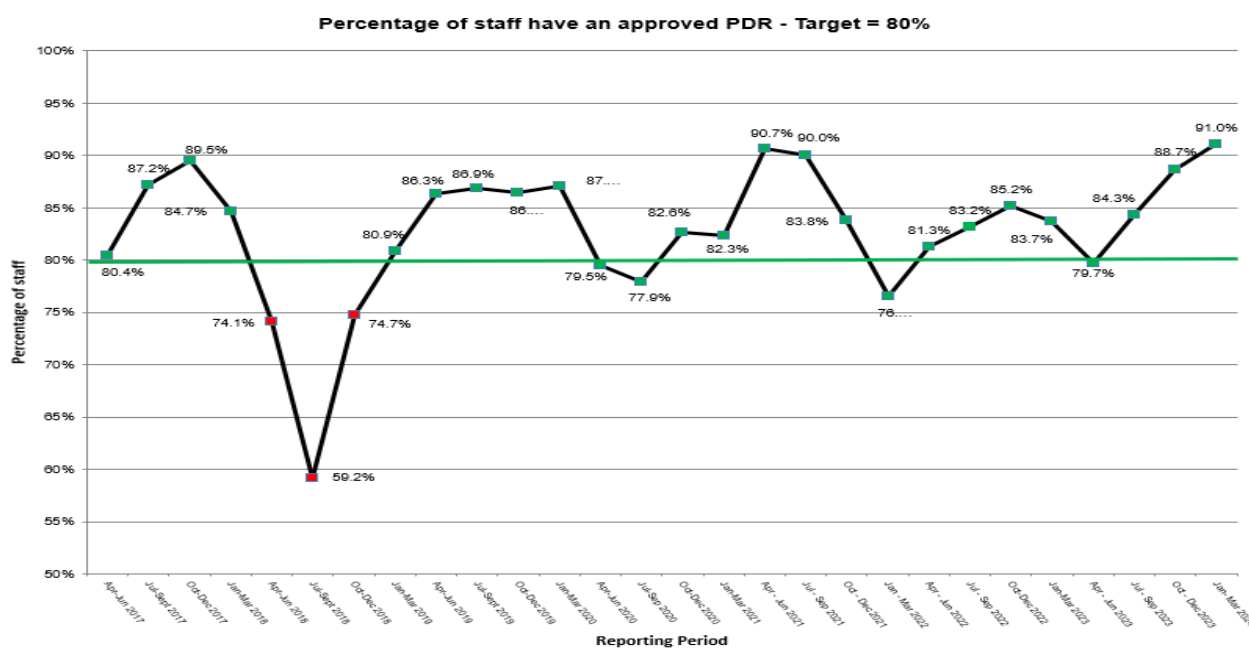
**Performance Zone:** Green

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 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Staff have an approved PDR	80%	G	G	G	G	85.93%	83.35%	85.25%	80.58%	86.68%	80.9%

The PDR compliance for this reporting year averaging at 85.93%. This is an increase of 2.58% from the 2022/23. 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%

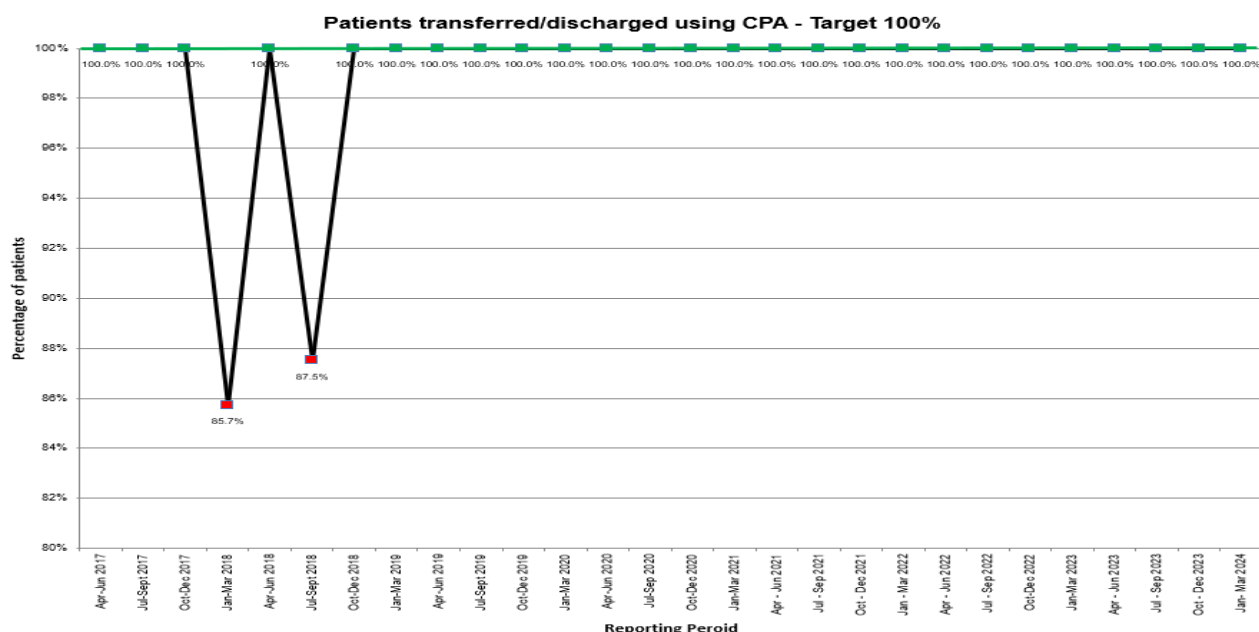
**Data for 2023/24:** 100%

**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 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	100%	100%	100%	100%	97%

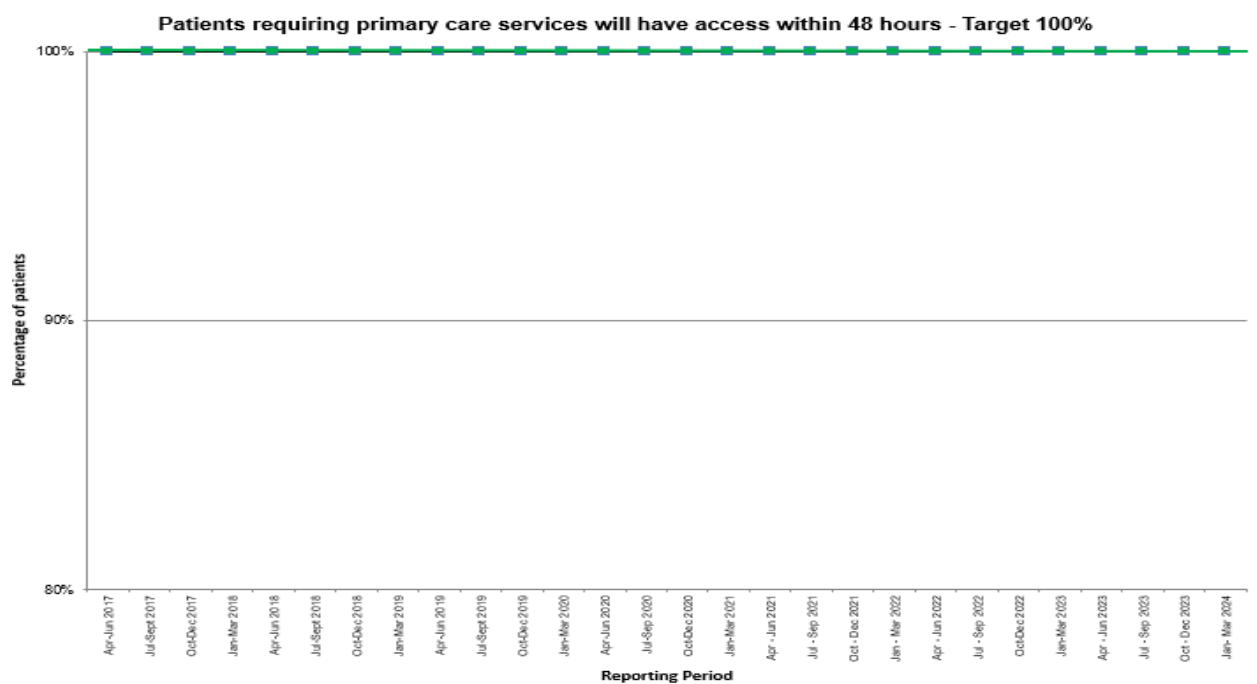
100% of patients were discharged / transferred using the Care Programme Approach (CPA).

**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 2023/24:** 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 the Health Centre including triage.

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	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%	100%

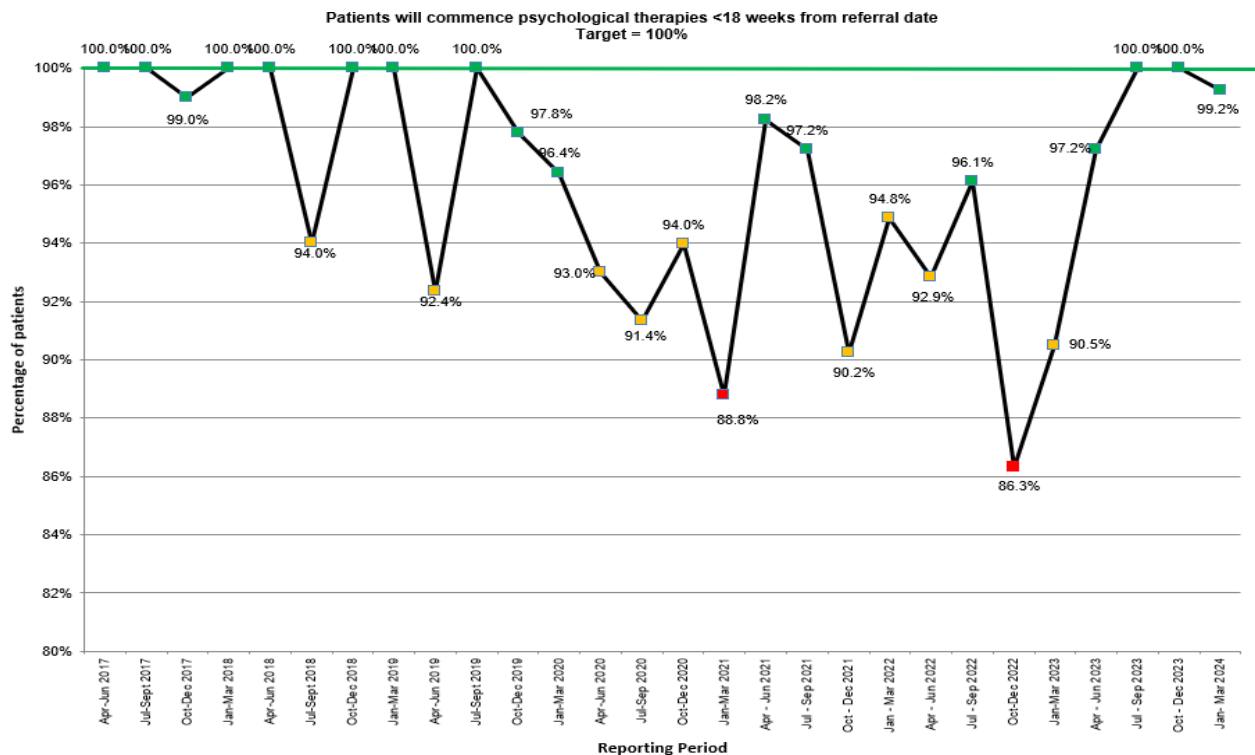
This indicator has consistently stayed at full compliance since its data collection began.

**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 2023/24:** 99.12%**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. The Scottish Government Target for this KPI is 90%.

Performance Indicator	Target	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients will commence psychological therapies <18 weeks from referral date	100%	G	G	G	G	99.12%	91.43%	98.66%	97.66%	99.78%	98.5%

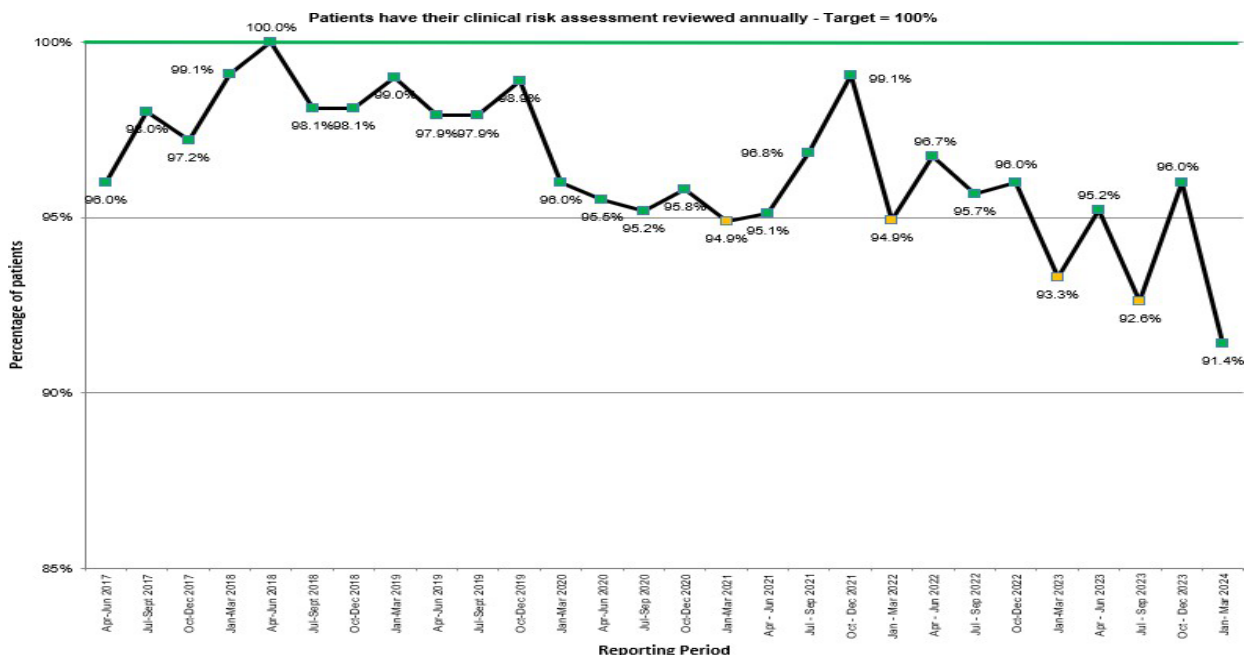
There was an increase of 7.69% in this year's figure against 2022/23's figure. Compliance has moved into the green zone for this indicator. Work has been completed in year to collate this data from the electronic patient record (RiO) to ensure consistency and quality of data. Monthly review of patient 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 2023/24:** 93.79%**Performance Zone:** Amber

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 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	23/24	22/23	21/22	20/21	19/20	18/19
Patients have their clinical risk assessment reviewed annually.	100%	G	A	G	A	93.79%	95.42%	96.49%	95.35%	97.68%	99%

The average figure for this indicator in year 2023/24 is 93.79% this is a decrease of 1.63% on the review period last year.

**Chart 14: Patients have their Clinical Risk Assessment reviewed annually**

An issue has been identified with the timely sign off of the clinical risk assessments on RiO, with seven of the 10 outstanding risk assessments in Q4 were completed however showing delayed sign off. This is being reviewed with actions to support improvement identified.

#### 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 five years.

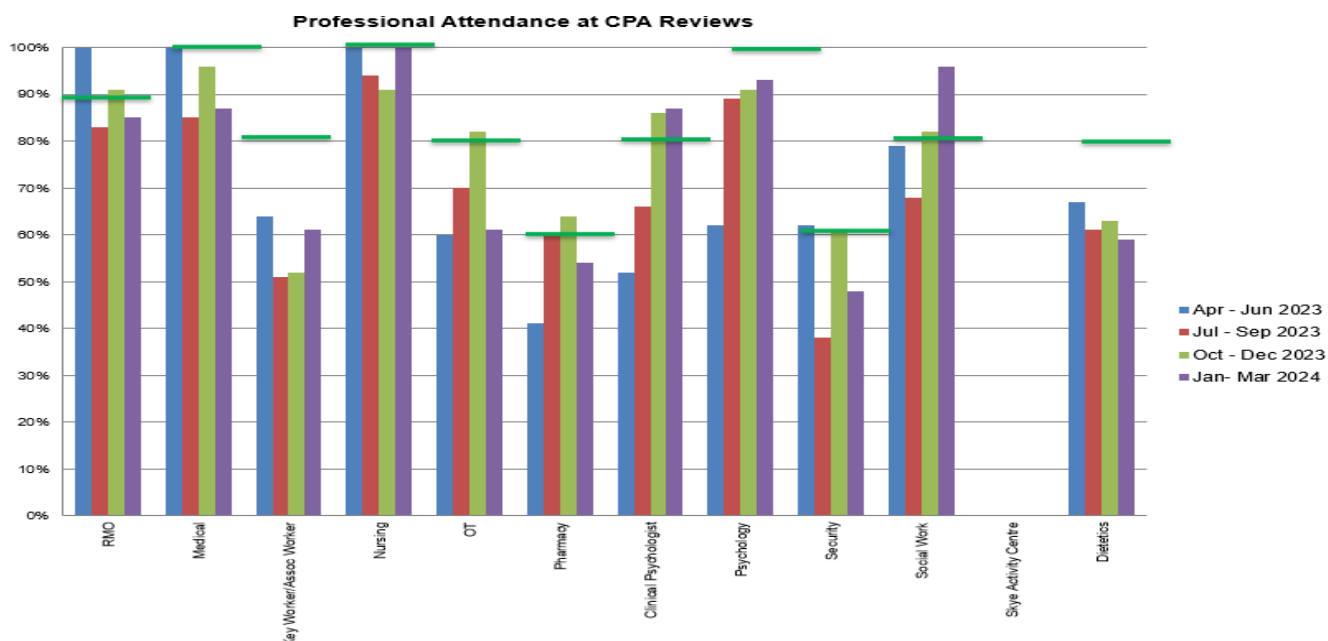
##### Attendance by clinical staff at case reviews

Professional Group	Target	18/19	19/20	20/21	21/22	22/23	23/24	Increase/Decrease from previous year
RMO	90%	90.9%	90%	78.5%	87.25%	84%	89.5%	Increase of 5.5% on previous year
Medical	100%	97%	96%	79%	90.5%	91.75%	91.7%	Increase of 0.05% on previous year
KW/AW	80%	63.6%	78.3%	66%	58.75%	58.75%	56.9%	Decrease of 1.85% on previous year
Nursing	100%	96.5%	97.8%	92.3%	97%	97.25%	96.2%	Decrease of 1.05% on previous year
OT	80%	64.2%	86.3%	77.8%	77.5%	42.25%	67%	Increase of 24.75% on previous year
Pharmacy	60%	59.4%	61.3%	63.5%	81.5%	59%	55%	Decrease of 4% on previous year
Clinical Psychologist	80%	84.3%	71.3%	67.8%	68.25%	59.25%	73%	Increase of 13.75% on previous year
Psychology	100%	84.5%	87.8%	78.3%	84.75%	80%	84.2%	Increase of 4.2% on previous year



Professional Group	Target	18/19	19/20	20/21	21/22	22/23	23/24	Increase/Decrease from previous year
Security	60%	41.2%	52.5%	41.8%	40.75%	44.75%	51.9%	Increase of 7.15% on previous year
Social Work	80%	80.8%	73.8%	87%	86%	80.75%	81.2%	Increase of 0.45% on previous year
Dietetics	80%	23.6%	60.8%	77.3%	59.75%	66.25%	61.9%	Decrease of 4.85% on previous year
Skye Centre Activity	tbc	1.1%	2.3%	0%	0%	0%	0%	No change
Hospital Wide	n/a	65.6%	71.5%	67.4%	69.3%	63.67%	67%	+3.33%

Chart 15: Attendance by clinical staff at case reviews



**RMO** – During 2023/24, there was an increase in RMO attendance at case reviews: the figure increased by 5.4%. This profession's average remained in the green zone for this reporting year.

**Medical** – During 2023/24, there was 0.25% rise in medical attendance at case reviews. This profession's average remains in the green zone for this reporting year.

**Key Worker/Associate Worker** – During 2023/24, there was a decrease of 1.75% in Keyworker/Associate Working Attendance at case review. This means that they remain in the red zone for this reporting year.

**Nursing** – Attendance from nursing during 2023/24 has increased by 1.25%. This profession remains in the green zone for this reporting year.

**Occupational Therapy** – During 2023/24, attendance from occupational therapy has significantly increased by 24.75% from the previous year. However, this profession remains in the red zone for this reporting year.

**Pharmacy** – During this reporting year this professional attend continues to decrease by 4% from the previous year. However, remained in the green zone for this reporting year.

**Clinical Psychologist** – There has been a significant increase of 13.75% attendance for 2023/24. This means that this profession changes to the amber from the red zone for this reporting year.

**Psychology** – During 2023/24, there was an increase of 4% 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 7.25% increase in attendance at case reviews. This profession remains in the amber zone for this reporting year.

**Dietetics** – During 2023/24, attendance from dietetics has decreased by 3.25%. 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.

#### **4 RECOMMENDATION**

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

## MONITORING FORM

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b>	Monitoring of Key Performance Indicator Performance in the TSH Annual Delivery Plan and Workforce Strategy is a key metric in supporting attendance management.
<b>Workforce Implications</b>	No workforce implications - for information only.
<b>Financial Implications</b>	No financial implications - for information only.
<b>Route to Board</b> Which groups were involved in contributing to the paper and recommendations?	Strategic Planning and Performance Group / CMT
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	No implications identified.
<b>Assessment of Impact on Stakeholder Experience</b>	The gaps in KPI data which make it difficult to assess.
<b>Equality Impact Assessment</b>	No implications identified.
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	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.