

# **NHS Shetland**

Meeting:	Shetland NHS Board
Meeting date:	25 April 2023
Title:	Performance Report Quarter 3: October 2022 – December 2022
Agenda reference:	Board Paper 2023/24/04
Responsible Executive/Non-Executive:	Michael Dickson, Chief Executive
Report Author:	Elizabeth Robinson, Public Health and Planning Principal (presented by Lucy Flaws, Planning, Performance and Projects Officer))

## 1. Purpose

This is presented to the Board/Committee for:

• Awareness

This report relates to:

• Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

### 2. Report summary

#### 2.1. Situation

The Board is provided with a Quarterly Report on key performance indicators up to the end of December 2022, where data is available. This report has previously been considered by Finance and Performance Committee (23 February 2023)

## 2.2. Background

The Board adopted a Performance Management Framework in 2019, (Performance Management Framework 2019 - 2024 (scot.nhs.uk)) which described the following responsibilities; that the Board should:

- Drive a culture of performance
- Ensure performance against Strategic Objectives
- Review performance; challenge and problem solve actions being proposed to address problems
- Address cross-functional issues
- Adjust resource inputs to meet priority targets / measure

It is recognised that the Quarterly Performance report, in its current form, does not enable this level of scrutiny and assurance. Following discussion with the FPC we have moved to include more narrative against the data to provide better context and understanding.

We are continuing to develop the Quarterly Reporting to bring a rounded and balanced view of performance, and to take a more outcome-focussed approach, alongside the FPC's assurance, to the Board.

The Board is asked to note and comment on any issues they see as significant to sustaining and progressing NHS Shetland's performance.

#### 2.3. Assessment

Quarter 3 has continued to see a considerable amount of strain on the Health and Social Care System, however mitigating actions and a decrease in the exceptional number of presentations to A+E has allowed teams to continue more improvement work. Ongoing pressure on services in NHS Grampian continues to affect our patients who are waiting for regionally supported treatments and assessment (on and off-island).

CH-DD-01/02 – the Health and Social Care system remains under significant pressure. While measures put in place to improve patient flow in Q2 continue, we are now experiencing massive pressure due to interim placement bed occupancy with a >60% increase from end Sept to end Dec.

PH-HI-05 – Improvement in quit success indicates an improvement in quality of service offered, particularly in the context of relatively low rates of smoking, i.e. those still smoking are likely to find it more difficult to quit, or be the "harder to reach" group.

HR-IT-01 – Understanding the non-patient pressures on the system – demands on information services have been significant throughout the COVID pandemic, and remain while pressure on national, regional and local services invites attention. These challenges redirect resource and expertise away from vital evidence-based improvement work.

NA-PL-04 – Service Improvement work in Oral Health and Dentistry to prioritise overstretched workforce to provide best care for patients.

NA-DI-05 – An example of the success of using a different service model to add stability and quality improvement to a local service, a creative solution to remote and rural challenges from the Diagnostics team.

#### 2.3.1. Quality / patient care

Patient care is being maintained by the use of locum and agency staff at present, in order to maintain safe staffing models in essential services. Long term sustainable staffing models remain a top priority in order to provide more effective and efficient use of resources. This should improve the ability to create our objective of patient centred care through ensuring sufficient organisational capacity and resilience.

#### 2.3.2. Workforce

A comprehensive programme of staff health and wellbeing support is ongoing, but our teams are often small with wide remits, which creates fragility. During this period there has continued to be a level of disruption caused by COVID. Recruitment remains challenging.

#### 2.3.3. Financial

As remobilisation funding from the Scottish Government draws to a close, there is urgent need to redesign services to enable the Board to live within its means.

#### 2.3.4. Risk assessment/management

Risk is managed via the Executive Management Team as part of the Board's Risk Management Strategy

#### 2.3.5. Equality and Diversity, including health inequalities

Tackling inequalities is a theme which underpins and runs through our remobilisation and annual operational planning; however we plan to undertake more formal processes of impact assessment in the future.

#### 2.3.6. Other impacts

N/A

#### 2.4. Recommendation

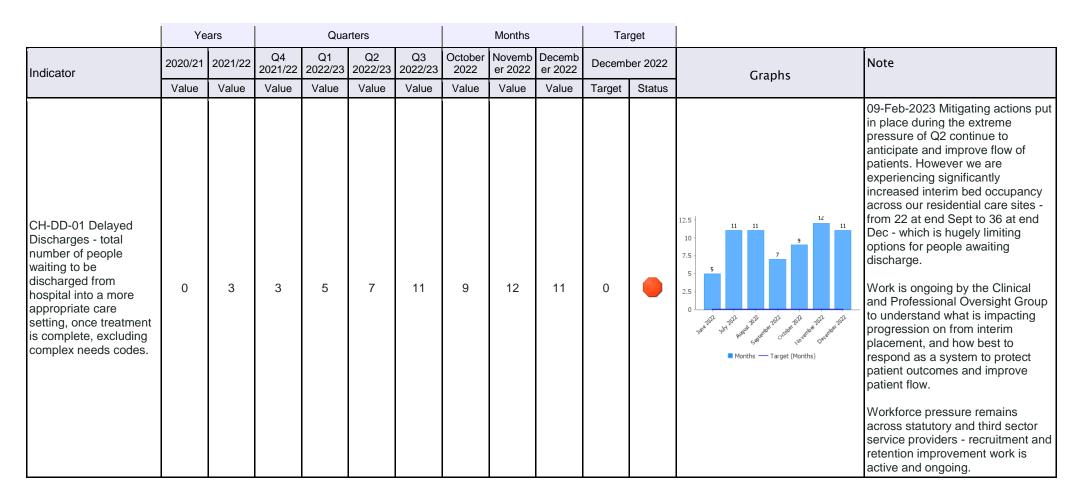
• Awareness – For Members' information only.

#### 3. List of appendices

The following appendices are included with this report: Appendix No 1 NHS Shetland Performance Report – Monthly Indicators Appendix No 2 NHS Shetland Performance Report – Quarterly Indicators

## **NHS Shetland Performance Report - Monthly Indicators**

Generated on: 09 February 2023





	Ye	ars		Qua	rters			Months		Tai	get			
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022		Decemb	oer 2022	Note Graphs		
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	2	2	0	7	6	9	12	6	0	•	12.5 10 7.5 5 2.5 0 10 10 7 5 2 10 7 5 10 7 7 6 6 10 7 7 6 6 10 7 7 6 10 7 7 6 10 7 10 10 10 10 10 10 10 10 10 10		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	19%	50%	52.4%	80%	50%	66.7%	100%	47.4%	66.7%	90%	•	100% 75% 50% 25% 0% 		
	08-Feb-2023 A Psychological Therapies recovery plan has been submitted and approved by the NHS Health Board. It sets out different ways of working that will enable the long waits to be addressed. Additional resources have been sought via the remobilisation plan. There is a clinical psychologist and a CBT therapist providing input for the longest waits on the secondary care waiting list. The third Survive & Thrive course has been completed which contributes to reducing the waiting times for secondary care patients. Additionally, the clinical psychologist and CBT therapist have started offering telephone screening appointments for patients who have been on the waiting list for 10 weeks or over to see if they would benefit from any other forms of support while waiting for their formal assessment. The plan would be to move towards offering all patients referred to secondary care psychology a screening appointment within 6-8 weeks from the date the referral was received. In primary care, two new staff members joined the team on 1 December 2022 after a long wait due to recruitment issues. More specifically, a new team lead for primary care and a psychological therapist were appointed. The psychological therapist's post has recently been made substantive. The two new appointments will make a significant difference to the primary care waiting times and improvements will be reflected in future data returns.													

	Ye	Years Quarters						Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	er 2022	<b>Note</b> Graphs	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	47.8%	40.4%	40.4%	38.4%	51.3%	60.5%	58.7%	67.8%	60.5%	90%		90% 80% 70% 60% 50% 40% 38,496 42.1% 48.5% 51.3% 51.3% 51.3% 51.3% 60.5%	
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.39%	4.26%	4.26%	4.5%	3.85%	4.68%	4.64%	4.68%				5% 4% 3.3196 3.85% 2% 1% - - - - - - - - - - - - - - - - - -	
MD-EC-01 Emergency bed days rates for people aged 75+	3,578	4,165	1,242	1,249	1,416	1,303	436	399	468	500		500 511 511 511 511 511 511 511	

	Ye	ars		Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	ber 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
MD-MH-01 People with a diagnosis of dementia on the dementia register	212	206	206	207	207	203	204	206	203	184	٢	200 - 204 205 206 207 204 206 203 175 - 150 - 1	
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	60.29%	96.7%	100%	92.31%	100%	95.83%	100%	90.91%	100%	90%	•	100% 100%	08-Feb-2023 The data reflects some stability after a period of longer waiting times during COVID. Scottish Government recovery money allowed CAMHS to increase workforce to keep waiting times within target. An increase in referral rates and complexity of cases is putting some pressure on waiting times - we see this being offset by the development of the neurodevelopmental pathway and an increase in tier 2 level support which should reduce CAMHS referrals and ensure people are seeing the most appropriate person for support.

	Ye	ars	Quarters					Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	oer 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	3	2	2	7	1	2	2	1	2	0		8 7 6 5 4 3 2 1 0 1 1 1 1 2 1 0 1 1 1 1 2 2 2 1 0 1 1 1 2 2 2 2	09-Feb-2023 Capacity starting to return to normal for January following a period of reduced service with Christmas holidays and annual leave of surgeons
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	2	7	7	6	2	0	0	0	0	0	0	7 6 5 4 3 2 1 9 9 9 9 9 9 9 9 9 9 9 9 9	'Theatre capacity for the surgeons has now returned to their normal weekly sessions (pre-pandemic), however there was a reduction in capacity during December 2022 due to the Christmas Public Holidays and surgeons' annual leave'.
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	5	9	9	7	3	6	4	2	6	0		8 7 6 5 4 3 2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09-Feb-2023 Capacity starting to return to normal for January following a period of reduced service with Christmas holidays and annual leave of surgeons

	Ye	ars	Quarters					Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022		Decemb	ber 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphis	
NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	2	11	11	6	1	2	1	1	2	0		7 6 5 4 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1	09-Feb-2023 Capacity starting to return to normal for January following a period of reduced service with Christmas holidays and annual leave of surgeons
NA-DI-05 Number of cases where the non- obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	150	21	21	8	12	7	0	13	7	0		20 15 10 8 5 0 10 10 10 10 10 10 10 10 10	08-Feb-2023 6+ week waits are due to these being specialist ultrasound examinations. Pre- Covid these were scanned every four weeks by a visiting Consultant Radiologist. Since Covid, we have lost the majority of our visiting service, but have been training up a Consultant Sonographer to perform most of these. She is now performing almost all types of these scans, with others to follow. Next Consultant Radiologist visit is mid- March.

	Ye	ars		Qua	rters			Months		Tar	get	
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	oer 2022	Note Graphs
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	
NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	0	1	1	0	0	0	0	2	0	0	٢	3 2.5 2 1.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NA-DI-07 Number of cases where the Barium enema test ongoing waiting time was greater than 6 weeks	0	0	0	0	0	0	0	0	0	0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,867	2,422	2,422	2,991	3,170	2,847	3,000	2,663	2,847	3,061		3,000 2,500 2,000 1,500 1,500 0 

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Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	oer 2022	Note Graphs
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	4	5	0	2	1	3	0	2	1	0		3 2.5 2 1.5 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NA-IC-29 Number of C Diff Infections	6	5	2	1	0	1	1	0	0	0	0	1 0.75 0.5 0.25 0 
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	5,437	3,113	700	801	994	913	312	306	295	100	•	<sup>350</sup> <sup>250</sup> <sup>250</sup> <sup>250</sup> <sup>250</sup> <sup>250</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>150</sup> <sup>1</sup>

	Ye	Years Quarters						Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	ber 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,702	1,592	399	302	368	263	83	85	95	0		125 100 101 101 101 101 101 101 10	09-Feb-2023 Long waits are reflective of extreme pressure on other boards who provide these services with/to NHS Shetland
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	314	230	86	123	145	79	46	16	17	0		50 46 50 46 42 49 46 49 46 49 46 49 46 49 46 49 46 49 46 49 46 49 49 46 49 46 49 46 49 46 49 46 49 46 49 46 49 46 49 46 40 40 40 40 40 40 40 40 40 40	08-Feb-2023 After a recent fundamental review of this service, the primary focus is to complete treatment for those patients currently wearing a brace. This way, all patients (current and future) will only wear a brace as long as necessary. All patients currently seen for initial consultation with our orthodontic consultant are then placed on a Treatment Waiting List (TWL). Patients are then seen in order of priority and not on a 'first-come- first-served' basis'. Therefore it is not possible to provide an estimate of how long patients may be waiting before being seen. This has been introduced so that patients currently in our system (i.e. those already wearing braces) can be seen more regularly than before the TWL was introduced. This thereby reduces associated

	Ye	ars	Quarters					Months		Tai	rget		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022	Decemb er 2022	Decemb	ber 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													risks.
													Once there is capacity to begin treatment for patients on the TWL, appointments will be offered in order of clinical priority, as advised by the consultant orthodontist.
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	82.6%	75.5%	89.0%	87.3%	89.4%	85.7%	91.3%	91.5%	90.0%	۲	25.0%	
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most- deprived datazones in Shetland	24	24	24	2	4	8	8	8	8	29		30 25 20 15 10 5 2 4 4 4 4 4 4 4 4 4 4 4 4 4	<ul> <li>09-Feb-2023 Note target and data is cumulative over the year.</li> <li>Despite an overall decrease in quit attempts, the smoking cessation service has seen an increase in "quit rate", i.e. the number of successes per quit attempt. This has increased in the past 2 reporting periods.</li> <li>2017/18 34.8%, 2018/19 24.1%, 2019/20 - 35.5%, 2020/21 46.4%, 2021/22 44.7%</li> <li>Health Improvement are continuing their focus on improving the service through the use of</li> </ul>

	Ye	ars		Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	October 2022	Novemb er 2022		Decemb	oer 2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	0.89	
													data, and are currently piloting providing smoking cessation as a group service, with positive feedback from service users around peer support and motivation.

## **NHS Shetland Performance Report - Quarterly Indicators**

#### Generated on: 09 February 2023



	Ye	ars		Qua	rters		Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	)22/23	C	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%				100% 99% - 80% - 70% - 40% - 30% - 10% - 0% - 20% - 10% - 20% - 20	
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	53%	47%	47%	32%	23.7%		100%	?	100% 90% 80% 70% 60% 50% 40% 20% 20% 10% 0% 23.7% 23.7% 23.7% 23.7% 0% 23.7%	08-Feb-2023 BC policy approved, BIAs and BCPs in the process of being updated and moved to new template. Support and training being offered where required. Plans will be updated as standard having been enacted during recent incidents in Q3. Gap in data while the above happens and in light of gap in admin support (Public Health) to support recording.

	Ye	ars		Qua	rters		Target		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	22/23	Note
muicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs
CE-IC-01 Cleaning Specification Audit Compliance	96.2%	98.1%	98.1%	96.3%	96.8%	97.3%	90%	۲	90% - 90% - 60% - 50% - 40% - 20% - 10% - 0% - 20%
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	98.2%	100%	100%	100%	100%	100%	90%	0	100% 90% 80% 10
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	92%	100%	100%	100%	100%	90%		100% 90% 80% - 70% - 60% 50% - 0% - 0% -

	Years Quarters					Tai	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	22/23	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	100%	92.2%	100%	91.7%	100%	100%	90%	۲	100% 90% 80% 50% 50% 40% 30% 20% 10% 0%
CH-DA-03 Clients will wait no longer than 3 weeks from referral received to appropriate co-dependency treatment that supports their recovery.		91.7%	100%	100%	100%	100%	90%		100% 90% 80% 70% 60% 50% 40% 20% 10% 0% cx <sup>2D<sup>III</sup> cx<sup>2D<sup>III</sup></sup> cx<sup>2D<sup>III</sup></sup> cx<sup>2D<sup>III</sup></sup></sup>
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	55%	54.5%	54.5%	48.8%	50%				55% - 54,5% 50% 50% 50% 50% 50% 50% 50% 50% 50% 5

	Ye	Years Quarters				Tar	get			
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	22/23	Craphs	Note
	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	86%	86.8%	84.7%	82.9%	77.5%	88.3%	90%		90% 1 89.7% 82.9% 77.5% 82.9% 77.5\% 77.5\%	<ul> <li>07-Feb-2023 Steady progress towards reaching the target has been made following improvements to procedures. This was despite:</li> <li>205 requests being received in Q3, the highest ever received by NHS Shetland. This was a 21% increase over Q2 (itself a 48% increase over Q1 - at 115 requests, Q1 was close to the mean for quarter totals since 2013)</li> <li>99 requests were received in November - the highest ever calendar year total</li> <li>171 requests were responded to on time in Q3 – greater than the total requests received in Q2 (or indeed any quarter ever) – staff are clearly doing a fantastic job under unprecedented pressure</li> </ul>

	Ye	ars Quarters				Tar	get			
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	)22/23	Graphs	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%				100% 90% 80% 70% 60% 50% 40% 10% 10% 0% 20% 10% 62% 10% 62% 10% 62% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10	07-Feb-2023 07/02/2023: Data to end Sept 2022 is latest release. Next quarter published 28/02/23
NA-CF-05 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.	87.8%	90.9%	90.9%	91.3%	100%	95.1%	80%	<b>S</b>	100% 90.96 91.3% 100% 60% 50% 40% 20% 10% 0% 20% 20% 10% 0% 20% 20% 20% 20% 20% 20% 20	07-Feb-2023 Provisional data from NSS Discovery - SIMD detail will be available in next PHS publication, April 2023
NA-EC-01 A&E 4 Hour waits (NIPI03b)	98.1%	97.5%	97.4%	93.8%	93.1%	90.5%	98%		90% 80% 60% 60% 50% 40% 20% 60% 60% 60% 60% 50% 60% 60% 60% 60% 60% 60% 60% 6	

	Ye	ars		Qua	rters		Target			
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 2022/23		Graphs	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.44	0.44	0.42	0		0.24		0.4	06-Feb-2023 Data until end Sept 2022 released 17/01/2023, Oct- Dec not yet available (Lucy Flaws)
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.38	0.55	0.55	0.42	0				0.5	06-Feb-2023 Data until end Sept 2022 released 17/01/2023, Oct- Dec not yet available (Lucy Flaws)
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	94.6%	85.1%	82.4%	64.7%	83.3%				90% - 82.4% 83.3% 80% - 64.7%	07-Feb-2023 July-Sept 2022 data published December 2022, next update scheduled for 4th April 2023

	Ye	ars	Quarters				Tar	get		
Indicator	2020/21	2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q3 20	)22/23	Cranhe	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	98%	100%	100%	100%	100%				100% 90% 80% 70% 60% 50% 40% 10% 10% 90% 40% 10% 10% 10% 20% 10% 10% 10% 10% 10% 10% 10% 10% 10% 1	07-Feb-2023 July-Sept 2022 data published December 2022, next update scheduled for 4th April 2023
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	94.3%	83%	83%	87.5%	89.8%				90% - 83% 87.5% 99%% 80% - 70% - 50% - 40% - 30% - 20% - 0% - 0% - 0% - 0% - 0% - 0% - 0% -	07-Feb-2023 Data to end September released Dec 2022, Q3 not yet available. Update from Public Health and Health Visiting: Uptake remains below Scottish average. Recent audit work around childhood immunisations to improve recording across systems where immunisations have taken place has resulted in increased numbers due to data completeness. Because of small numbers amendments following audit can have a big impact. Child Health team continue to discuss and encourage immunisation, and there has been more activity on social media around this recently.