

Meeting:	Shetland NHS Board
Date:	18 August 2020
Report Title:	Performance Report Quarter 4: January – March 2020
Reference Number:	Board Paper 2020/21/27
Author / Job Title:	Elizabeth Robinson, Public Health and Planning Principal

Decisions / Action required:

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

High Level Summary:

- 2.1 Monitoring progress against delivery of the Board's Targets as set out in the 2019-2020 Annual Operating Plan relies on being able to demonstrate achievement against four key elements:
- Business as Usual / Service Delivery - maintaining and developing flexible and responsive services to meet patients / service users needs, with a focus on meeting health and wellbeing outcomes
 - Change Projects - delivery of the strategic change programmes and projects, in a timely manner
 - Risk - identifying and responding to risk
 - Resources - effective use of all resources – money, staff, assets and information – to meet needs.
- 2.2 This period covers the period of time leading up to and into the COVID-19 pandemic. Although Shetland didn't experience its first cases until 8th March, from early January onwards significant effort was focused on planning and preparation for the pandemic, which inevitably impacted on service delivery, with some services being paused altogether at this point.

Corporate Priorities and Strategic Aims:

- 3.1 The Joint Strategic Commissioning Plan describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 The Annual Operational Plan sets out the strategic overview and key performance targets to achieve for health and care in Shetland, with a focus on

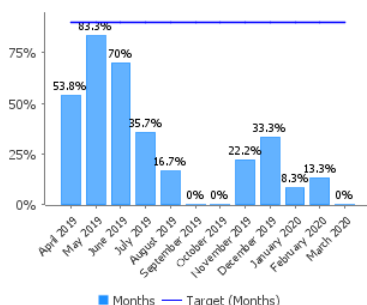
financial sustainability. It is a record of its agreement with the Scottish Government to deliver on national strategic priorities and service performance.

Key Issues:

4.1 Appendix 1 shows the detailed Performance Indicators for the three month period from January to March 2020, Quarter 4 of financial year 2019-20. Some performance indicators and issues which may be worth highlighting are listed below.

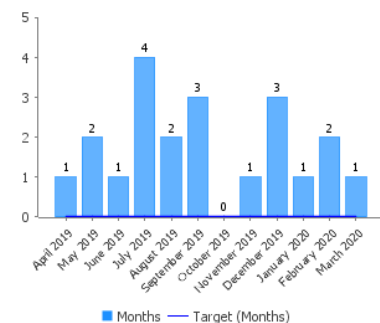
4.2 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)

This target continues to be an issue of concern. The Mental Health Team has been working on a number of ways of managing the waiting times, but they continue to be high. We are currently in the process of redesigning a therapist post as we have been unable to recruit. We have submitted a draft improvement plan as part of our Remobilisation Plan that shows how we will achieve 70% by Dec 2020, which will recover the position for talking therapies. Clinical Psychology is proving to be more difficult to recover, with a single handed practitioner continuing to receive referrals in addition to the backlog. This single handed practitioner is due to retire at the end of September. The Board is currently looking at different models in order to ensure there is no gap in service.



4.3 Delayed Discharges - total 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.

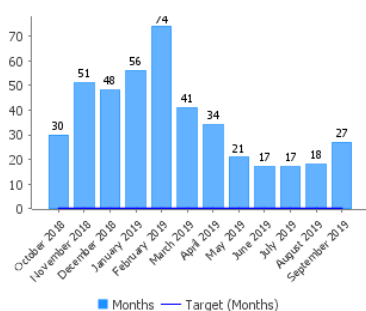
These numbers have reduced over the last six months and remain low. The main reasons for delay are for those awaiting residential care placement, social care arrangements in their own home or specialist housing provision.



4.4 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure

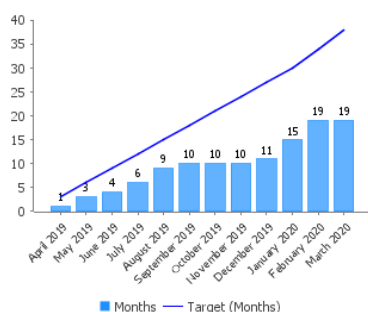
We are continuing to experience capacity pressure in Ophthalmology. Additional capacity has continued to be sourced by a locum agency to supplement the

visiting service provided by NHS Grampian. This will remain an area of pressure due to availability of locums and also an additional cost pressure for the Board for 2020/21.



4.6 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland (2017-18)

COVID-19 has affected our ability to deliver face to face smoking cessation support, but support via Attend Anywhere has continued. Our smoking rate in Shetland is now 13.7% which is the lowest in Scotland; our Healthy Shetland 'Quit Your Way' programme is being redesigned to focus on underlying determinants of health i.e. lack of money/mental health, with the aim of building people's capacities to tackle addictive behaviour.

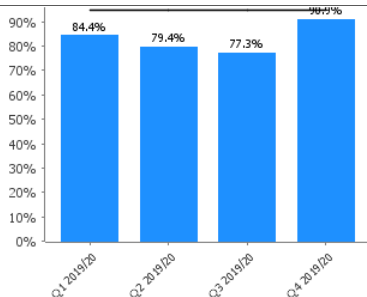


4.7 Immunisation Uptake - MMR1 at 2 yrs

It may be recalled from the last performance report that Primary Care were undertaking a number of actions to increase the uptake of MMR. In line with the Scottish Government's Measles Elimination Plan, these included:

1. Identifying children in the practice aged 12 months to 5 years who have had no doses of MMR and call them in, or ensure they have an appointment for their 12-13 month immunisations.
2. Identifying children in the practice aged 3 years 4 months to 5 years who have not had two doses of MMR (at least a month apart) and call them in
3. New mums who have recently had a baby, and who were identified ante-natally as needing an MMR, should already being offered one or two doses as required once they have delivered.

This work did begin in January and we increased our uptake rate by over 13% to 90.9%; however further work is required to enable us to reach the 95% coverage which is required for herd immunity.



Implications :

Service Users, Patients and Communities:

The Triple Aim is a framework that describes an approach to optimising health system performance through the simultaneous pursuit of three dimensions:

- improving the quality of healthcare
- improving the health of the population, and
- achieving value and financial sustainability.

It highlights the importance of working on all three components in parallel and recognises the interconnections; a change in one component can affect the other two, either positively or negatively. The suite of core performance indicators helps to provide reassurance that our service models are delivering a good mix of all three components, to our service users, patients and the wider community.

Human Resources and Organisational Development:

There are no specific issues to address for HR.

Equality, Diversity and Human Rights:

There are no specific issues to address with regard to equality, diversity and human rights. The Board continues, through specific programmes such as the Inequalities targeted smoking cessation programme and ante-natal booking in Maternity Services, to tackle inequalities in health, but it is recognised that there is more to be done in this area.

Partnership Working

Service delivery relies on partnership working between NHS Shetland and other Boards especially NHS Grampian, the Scottish Ambulance Service, other specialist Health Boards, Shetland Islands Council and local voluntary sector providers.

Legal:

The Scottish Government's Health and Social Care Delivery Plan, published in December 2016, sets out the priorities and actions required to reform and further enhance health and social care services across Scotland. This includes the work on developing a regional approach across the North of Scotland.

The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services.

Finance:

Achieving value and financial sustainability is a key aim of NHS Shetland. Regular and effective monitoring of performance will allow the Board to make effective decisions regarding the choices over which services should be provided, at what level and in what location in accordance with the financial resources made available, for the services which are not delegated to the IJB.

	<p>For the services which the Board has delegated to the IJB, the performance data allows the NHS Board to be reassured that they are meeting their obligations for operational delivery, in line with the agreed Directions. (Directions is the name given to the contractual arrangement between the IJB and NHS Shetland and Shetland Islands Council to deliver the services which the IJB have commissioned).</p>
Assets and Property:	<p>There are no specific issues to address with regard to assets and property.</p>
Environmental:	<p>There are no specific environmental implications to highlight.</p>
Risk Management:	<p>Effective performance management arrangements can contribute to the pro-active management of risks, in line with the Board's Risk Management Strategy. This Report is a component part of the control environment to support the management of many of the corporate risks, including:</p> <ul style="list-style-type: none"> - Adverse clinical outcomes as a result of failure of Clinical Governance, performance and management systems; - Because of changing demand, service and financial pressures the Board is less successful in meeting key (HEAT) targets and interim trajectories resulting in less effective services to the local population; - Reduced confidence in the overall management of health services in Shetland from the implementation of controversial and/or unpopular service changes, resulting in the inability to redesign and improve sustainability of services; - Board does not effectively transform service delivery and organisational arrangements (ie public sector reform) to address increasing activity and demand resulting in a reduction in quality of service and unsustainable services; - Negative publicity, loss of confidence in the organisation from breaches of key ACCESS targets and the potential of poorer patient outcomes as a result of delays in assessment of treatment; - Failure to create an effective culture of continuous service improvement because of lack of available resource to support redesign leading to no or slower progress on change; - That systems for monitoring access and waiting time targets will fail, leading to reputational damage and loss of confidence in local services.
Policy and Delegated Authority:	<p>The NHS Shetland Board retains responsibility for monitoring performance and this is not delegated to any committee.</p> <p>NHS Shetland delegated functions, including planning for acute hospital services, to the IJB. The NHS Board retains responsibility for operational delivery of services.</p>

Previously considered by:	None	
“Exempt / private” item	No	

Contact Details:

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10th August 2020

Appendices:


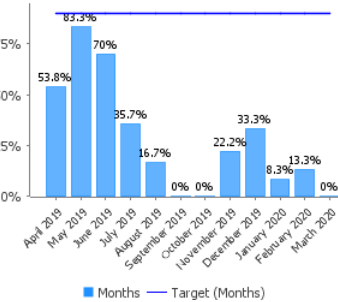

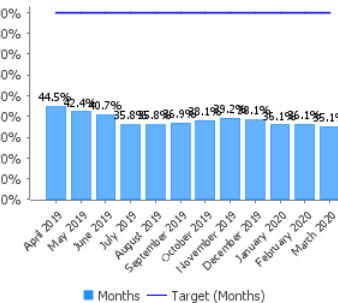
Appendix 1 Performance Report, Detailed, for Quarter 4, January – March 2020


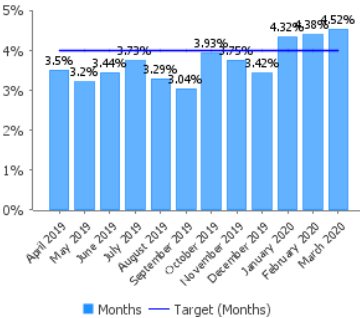

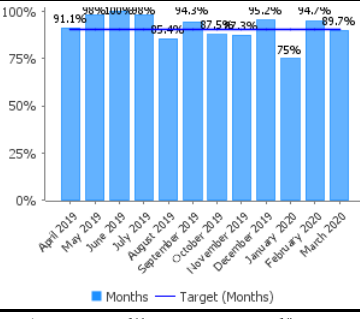

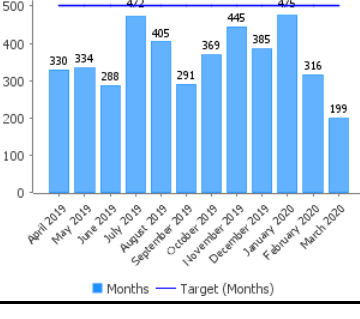
NHS Shetland Performance Report - Monthly Indicators

Generated on: 04 August 2020


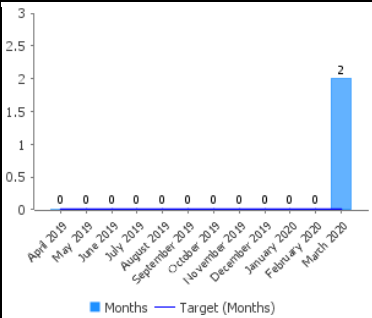

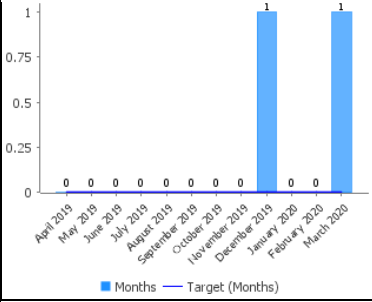

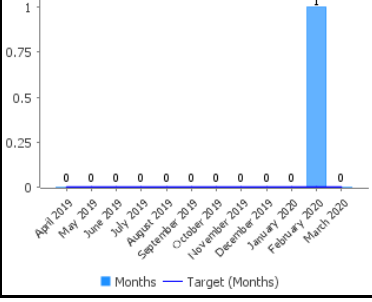



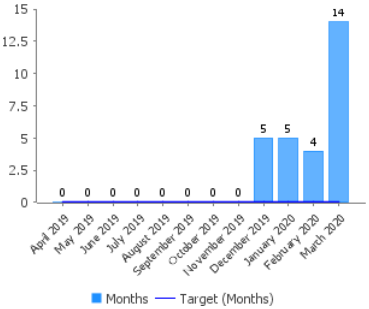

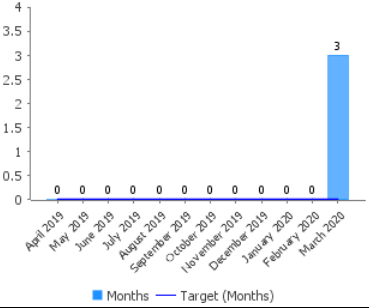

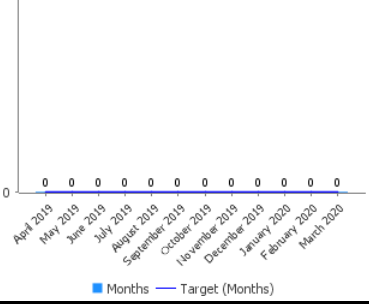
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	6	1	5	3	6	1	2	3	1	0			
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.	2	1	1	3	3	1	1	2	1	0			


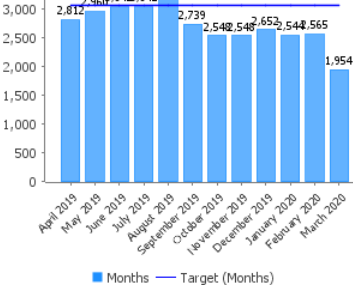


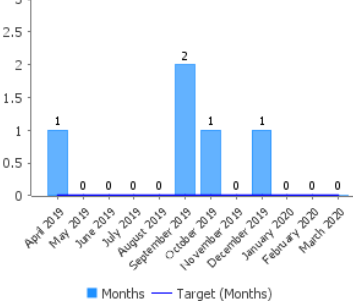
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	58.5%	29%	68.6%	23.3%	16.2%	8.3%	8.3%	13.3%	0%	90%			01-Jun-2020 We have been working on a number of ways of managing the waiting times, but they continue to be high. We are currently in the process of redesigning a therapist post as we have been unable to recruit. We have submitted a draft improvement plan as part of our Remobilisation Plan that shows how we will achieve 70% by Dec 2020, which will recover the position for talking therapies. Clinical Psychology is proving to be more difficult to recover, with a single handed practitioner continuing to receive referrals in addition to the backlog. This single handed practitioner is due to retire at the end of September. The Board is currently looking at different models in order to ensure there is no gap in service.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	42.1%	35.1%	40.7%	36.9%	38.1%	35.1%	36.1%	36.1%	35.1%	90%			As above


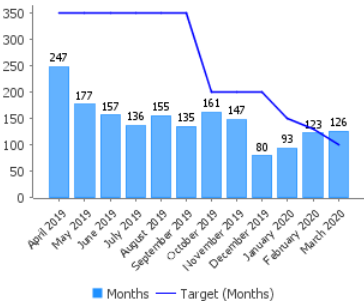

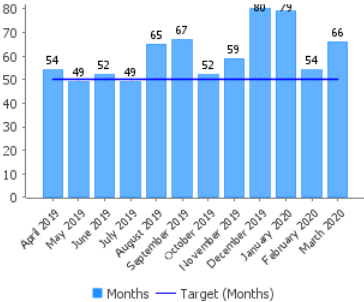

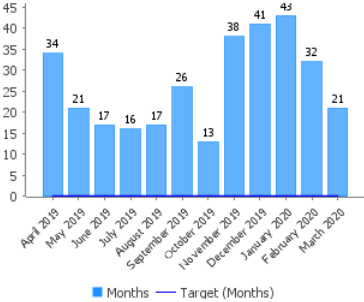
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.71%	4.52%	3.44%	3.04%	3.42%	4.52%	4.32%	4.38%	4.52%	4%			01-May-2020 The monthly figure for Mar 20 shown is below the Scottish average for the month but missing the 4% target. For the rolling 12 month period 1 Apr 19 to 31 Mar 20 the percentage absence rate is 3.82, which is well below the Scottish average and meets the 4% target. Short term absences are above the Scottish average for the month, while long term is below. We are below the Scottish average for long and short term rolling year.
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	89.9%	92.2%	96.1%	92.7%	89.8%	90.2%	75%	94.7%	89.7%	90%			
MD-EC-01 Emergency bed days rates for people aged 75+	4,518	4,309	952	1,168	1,199	990	475	316	199	500			




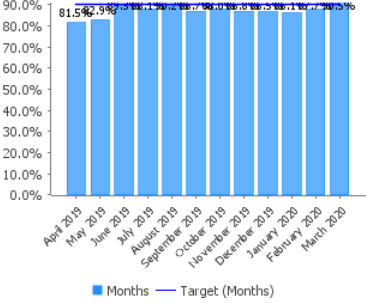

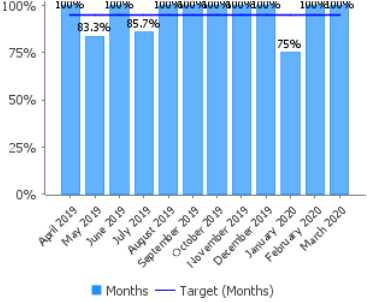
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MD-MH-01 People with a diagnosis of dementia on the dementia register	174	216	186	220	217	216	216	217	216	184	✔	<table border="1"> <caption>MD-MH-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>April 2019</td><td>179</td></tr> <tr><td>May 2019</td><td>184</td></tr> <tr><td>June 2019</td><td>186</td></tr> <tr><td>July 2019</td><td>199</td></tr> <tr><td>August 2019</td><td>199</td></tr> <tr><td>September 2019</td><td>220</td></tr> <tr><td>October 2019</td><td>220</td></tr> <tr><td>November 2019</td><td>220</td></tr> <tr><td>December 2019</td><td>217</td></tr> <tr><td>January 2020</td><td>216</td></tr> <tr><td>February 2020</td><td>216</td></tr> <tr><td>March 2020</td><td>216</td></tr> </tbody> </table>	Month	Value	April 2019	179	May 2019	184	June 2019	186	July 2019	199	August 2019	199	September 2019	220	October 2019	220	November 2019	220	December 2019	217	January 2020	216	February 2020	216	March 2020	216	
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NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	97.85%	94.52%	88%	100%	100%	88.89%	100%	80%	100%	90%	✔	<table border="1"> <caption>NA-CF-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>April 2019</td><td>83.33%</td></tr> <tr><td>May 2019</td><td>87.5%</td></tr> <tr><td>June 2019</td><td>80.91%</td></tr> <tr><td>July 2019</td><td>100%</td></tr> <tr><td>August 2019</td><td>100%</td></tr> <tr><td>September 2019</td><td>100%</td></tr> <tr><td>October 2019</td><td>100%</td></tr> <tr><td>November 2019</td><td>100%</td></tr> <tr><td>December 2019</td><td>100%</td></tr> <tr><td>January 2020</td><td>100%</td></tr> <tr><td>February 2020</td><td>100%</td></tr> <tr><td>March 2020</td><td>80%</td></tr> </tbody> </table>	Month	Value	April 2019	83.33%	May 2019	87.5%	June 2019	80.91%	July 2019	100%	August 2019	100%	September 2019	100%	October 2019	100%	November 2019	100%	December 2019	100%	January 2020	100%	February 2020	100%	March 2020	80%	
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NA-DI-01 Number of cases where the Upper GI endoscopy waiting time was greater than 6 weeks	0	0	0	0	1	0	0	0	0	0	✔	<table border="1"> <caption>NA-DI-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>April 2019</td><td>0</td></tr> <tr><td>May 2019</td><td>0</td></tr> <tr><td>June 2019</td><td>0</td></tr> <tr><td>July 2019</td><td>0</td></tr> <tr><td>August 2019</td><td>0</td></tr> <tr><td>September 2019</td><td>0</td></tr> <tr><td>October 2019</td><td>0</td></tr> <tr><td>November 2019</td><td>0</td></tr> <tr><td>December 2019</td><td>0</td></tr> <tr><td>January 2020</td><td>1</td></tr> <tr><td>February 2020</td><td>0</td></tr> <tr><td>March 2020</td><td>0</td></tr> </tbody> </table>	Month	Value	April 2019	0	May 2019	0	June 2019	0	July 2019	0	August 2019	0	September 2019	0	October 2019	0	November 2019	0	December 2019	0	January 2020	1	February 2020	0	March 2020	0	
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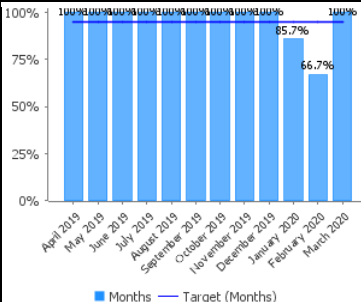

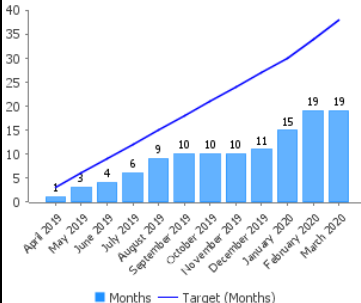
Indicator	Years		Quarters				Months			Target		Graphs	Note	
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) waiting time was greater than 6 weeks	0	2	0	0	0	2	0	0	2	0	0			
NA-DI-03 Number of cases where the colonoscopy waiting time was greater than 6 weeks	0	1	0	0	1	1	0	0	1	0	0			
NA-DI-04 Number of cases where the cystoscopy waiting time was greater than 6 weeks	0	0	0	0	0	0	0	1	0	0	0			

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-05 Number of cases where the non-obstetric ultrasound scan waiting time was greater than 6 weeks	0	14	0	0	5	14	5	4	14	0			01-May-2020 Delays due to staffing change from locum back to permanent staff member.
NA-DI-06 Number of cases where the CT scan waiting time was greater than 6 weeks	0	3	0	0	0	3	0	0	3	0			01-May-2020 Early impact of Covid-19.
NA-DI-07 Number of cases where the Barium enema test waiting time was greater than 6 weeks	0	0	0	0	0	0	0	0	0	0			

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,899	1,954	3,042	2,739	2,652	1,954	2,544	2,565	1,954	3,061			
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	7	7	3	0	2	2	0	0	2	0			01-May-2020 Two community infections - 3rd and 6th March.
NA-IC-29 Number of C Diff Infections	2	5	1	2	2	0	0	0	0	0			

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	3,979	1,737	581	426	388	342	93	123	126	100		 <p>06-May-2020 All out patient clinics suspended from mid- March due to the COVID-19 preparations.</p> <p>Currently both local and visiting clinicians are using a combination of Attend Anywhere / telephone wherever possible to review urgent and those suitable to reviewed by this means.</p>	
NA-PL-02 Inpatients/Day Cases Waiting Over 9 Weeks	633	726	155	181	191	199	79	54	66	50		 <p>06-May-2020 All elective surgery suspended from mid-March 2020 due to the COVID-19 preparations.</p> <p>Currently no confirmed date to restart elective theatre</p>	
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	508	319	72	59	92	96	43	32	21	0		 <p>06-May-2020 All elective surgery suspended from mid-March 2020 due to the COVID-19 preparations.</p> <p>Currently no confirmed date to restart elective theatre</p>	

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	January 2020	February 2020	March 2020	March 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	50	60	5	13	17	25	5	7	13	0		 <p>06-May-2020 Service temporarily suspended due to COVID-19 precautions. Currently no date for restarting the service</p>	
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	86.9%	84.6%	88.3%	87.2%	87.8%	86.1%	87.7%	90.5%	90.0%			
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	78.2%	94.2%	91.7%	93.8%	100%	90%	75%	100%	100%	95%			


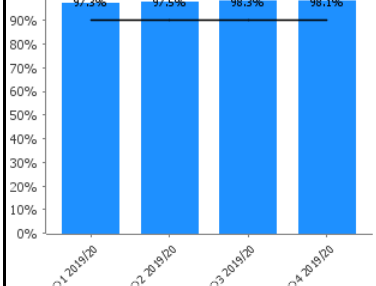

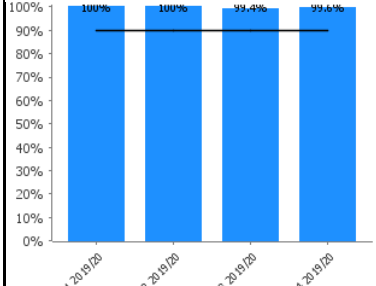

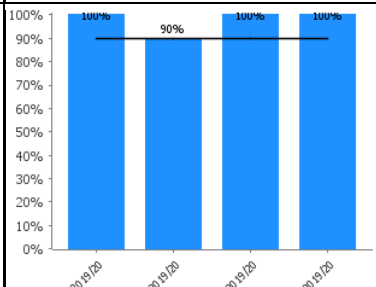
Indicator	Years		Quarters				Months			Target		Graphs	Note																																						
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NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	98.5%	97.1%	100%	100%	100%	84.6%	85.7%	66.7%	100%	95%		 <table border="1"> <caption>NA-PL-07 Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>April 2019</td><td>100%</td><td>100%</td></tr> <tr><td>May 2019</td><td>100%</td><td>100%</td></tr> <tr><td>June 2019</td><td>100%</td><td>100%</td></tr> <tr><td>July 2019</td><td>100%</td><td>100%</td></tr> <tr><td>August 2019</td><td>100%</td><td>100%</td></tr> <tr><td>September 2019</td><td>100%</td><td>100%</td></tr> <tr><td>October 2019</td><td>100%</td><td>100%</td></tr> <tr><td>November 2019</td><td>100%</td><td>100%</td></tr> <tr><td>December 2019</td><td>100%</td><td>100%</td></tr> <tr><td>January 2020</td><td>85.7%</td><td>100%</td></tr> <tr><td>February 2020</td><td>66.7%</td><td>100%</td></tr> <tr><td>March 2020</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Month	Value	Target	April 2019	100%	100%	May 2019	100%	100%	June 2019	100%	100%	July 2019	100%	100%	August 2019	100%	100%	September 2019	100%	100%	October 2019	100%	100%	November 2019	100%	100%	December 2019	100%	100%	January 2020	85.7%	100%	February 2020	66.7%	100%	March 2020	100%	100%
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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	22	19	4	10	11	19	15	19	19	38		 <table border="1"> <caption>PH-HI-05 Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>April 2019</td><td>22</td><td>22</td></tr> <tr><td>May 2019</td><td>19</td><td>23</td></tr> <tr><td>June 2019</td><td>4</td><td>24</td></tr> <tr><td>July 2019</td><td>10</td><td>25</td></tr> <tr><td>August 2019</td><td>11</td><td>26</td></tr> <tr><td>September 2019</td><td>19</td><td>27</td></tr> <tr><td>October 2019</td><td>15</td><td>28</td></tr> <tr><td>November 2019</td><td>19</td><td>29</td></tr> <tr><td>December 2019</td><td>19</td><td>30</td></tr> <tr><td>January 2020</td><td>15</td><td>31</td></tr> <tr><td>February 2020</td><td>19</td><td>32</td></tr> <tr><td>March 2020</td><td>19</td><td>38</td></tr> </tbody> </table> <p>COVID-19 has affected our ability to deliver face to face smoking cessation support, but support via Attend Anywhere has continued. Our smoking rate in Shetland is now 13.7% which is the lowest in Scotland; our Healthy Shetland 'Quit Your Way' programme is being redesigned to focus on underlying determinants of health i.e. lack of money/mental health, with the aim of building people's capacities to tackle addictive behaviour.</p>	Month	Value	Target	April 2019	22	22	May 2019	19	23	June 2019	4	24	July 2019	10	25	August 2019	11	26	September 2019	19	27	October 2019	15	28	November 2019	19	29	December 2019	19	30	January 2020	15	31	February 2020	19	32	March 2020	19	38
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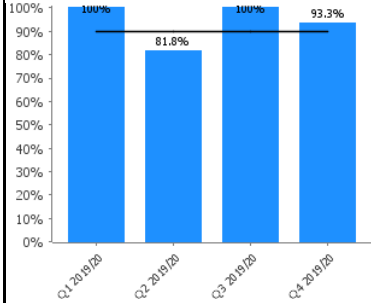

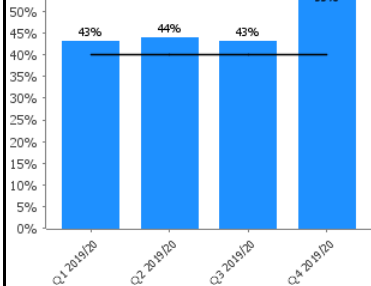

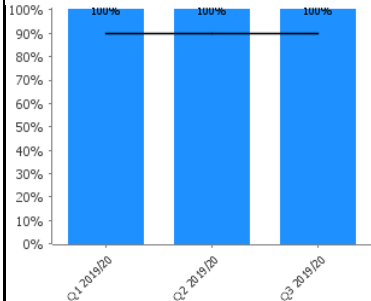
NHS Shetland Performance Report - Quarterly Indicators


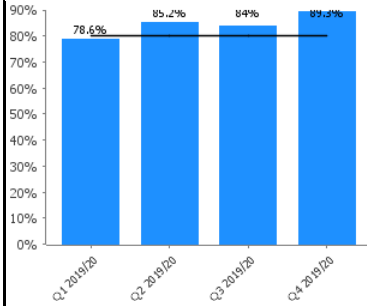

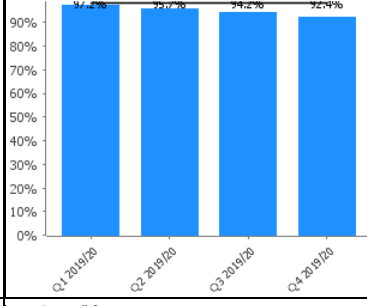

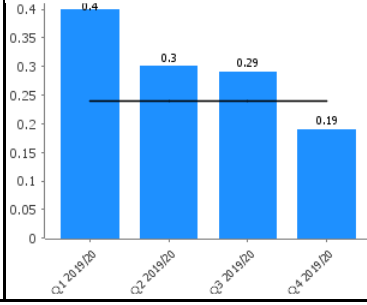
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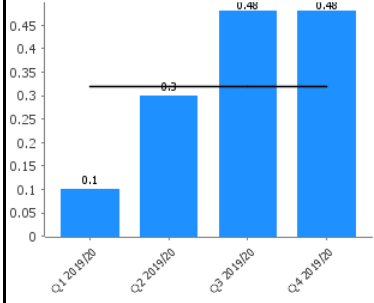

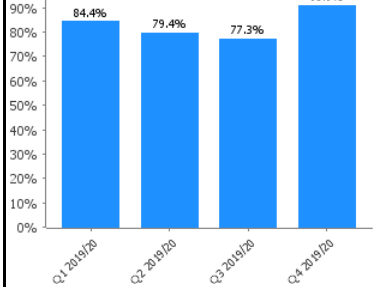


Indicator	Years		Quarters				Target		Graphs	Note										
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q4 2019/20													
	Value	Value	Value	Value	Value	Value	Target	Status												
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%		<table border="1"> <caption>CE-CS-05 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>100%</td> </tr> <tr> <td>Q2 2019/20</td> <td>100%</td> </tr> <tr> <td>Q3 2019/20</td> <td>100%</td> </tr> <tr> <td>Q4 2019/20</td> <td>100%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2019/20	100%	Q2 2019/20	100%	Q3 2019/20	100%	Q4 2019/20	100%	04-May-2020 There is an established system with full coverage of Business Continuity Plans across all departments and services.
Quarter	Value																			
Q1 2019/20	100%																			
Q2 2019/20	100%																			
Q3 2019/20	100%																			
Q4 2019/20	100%																			
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	75%	78%	76%	79%	61%	78%	100%		<table border="1"> <caption>CE-CS-06 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>76%</td> </tr> <tr> <td>Q2 2019/20</td> <td>79%</td> </tr> <tr> <td>Q3 2019/20</td> <td>61%</td> </tr> <tr> <td>Q4 2019/20</td> <td>78%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2019/20	76%	Q2 2019/20	79%	Q3 2019/20	61%	Q4 2019/20	78%	04-May-2020 There is a rolling programme of updates for the Business Continuity Plans. Out of 59 Business Continuity Plans, 13 have not been subject to a formal review within a one year timescale. A new style Business Continuity Plan is being developed for one service area, as a 'test of change'.
Quarter	Value																			
Q1 2019/20	76%																			
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Q3 2019/20	61%																			
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Indicator	Years		Quarters				Target		Graphs	Note												
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q4 2019/20															
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CE-IC-01 Cleaning Specification Audit Compliance	98.3%	98.1%	97.3%	97.5%	98.3%	98.1%	90%		 <table border="1"> <caption>CE-IC-01 Cleaning Specification Audit Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>97.3%</td> </tr> <tr> <td>Q2 2019/20</td> <td>97.5%</td> </tr> <tr> <td>Q3 2019/20</td> <td>98.3%</td> </tr> <tr> <td>Q4 2019/20</td> <td>98.1%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2019/20	97.3%	Q2 2019/20	97.5%	Q3 2019/20	98.3%	Q4 2019/20	98.1%	Target	90%	
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Target	90%																					
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	100%	99.6%	100%	100%	99.4%	99.6%	90%		 <table border="1"> <caption>CH-AO-01 Maximum Waiting Time Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>100%</td> </tr> <tr> <td>Q2 2019/20</td> <td>100%</td> </tr> <tr> <td>Q3 2019/20</td> <td>99.4%</td> </tr> <tr> <td>Q4 2019/20</td> <td>99.6%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2019/20	100%	Q2 2019/20	100%	Q3 2019/20	99.4%	Q4 2019/20	99.6%	Target	90%	
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CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	96.7%	100%	90%	100%	100%	90%		 <table border="1"> <caption>CH-DA-01 Clients wait no longer than 3 weeks Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>100%</td> </tr> <tr> <td>Q2 2019/20</td> <td>96.7%</td> </tr> <tr> <td>Q3 2019/20</td> <td>100%</td> </tr> <tr> <td>Q4 2019/20</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2019/20	100%	Q2 2019/20	96.7%	Q3 2019/20	100%	Q4 2019/20	100%	Target	90%	
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	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q4 2019/20			
	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	96.1%	94%	100%	81.8%	100%	93.3%	90%			
CH-SC-01 Percentage of people 65 and over requiring intensive care package (over 10 hours per week) in their own home	40%	53%	43%	44%	43%	53%	40%			01-May-2020 Enabling people to be as independent and safe as possible remains one of our primary aims. We continue to provide appropriate support in people's own home to assist in achieving this.
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%	N/A	90%			04-May-2020 Q4 data publication delayed due to Covid-19 outbreak.


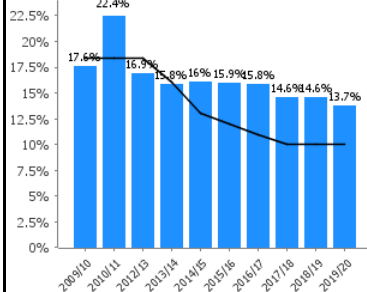

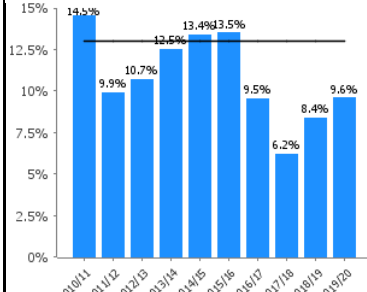
Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q4 2019/20			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-CF-05 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.	75%	89.3%	78.6%	85.2%	84%	89.3%	80%			04-Aug-2020 Provisional figures from NSS Discovery for the year ending Mar 2020 show the rate for our lowest SIMD quintile is 89.3% meeting the 80% target. Our overall rate is 92.1%, which equates to 151 of 164 pregnant women having booked by the 12th week of gestation.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	96.2%	95%	97.2%	95.7%	94.2%	92.4%	98%			04-Aug-2020 Each breach of 4 hour target is looked at. Clinical reason in many cases for remaining in A&E beyond 4 hours.
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.19	0.4	0.3	0.29	0.19	0.24			04-Aug-2020 These are the latest figures reported nationally (Quarter ending Mar 20). There were no SABs in this quarter. The overall rate for the preceding 12 months reduced to 0.19 per 1000 AOB (2 SAB infections), meeting the target of 0.24. Next data available Oct 20.

Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q4 2019/20			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0	0.48	0.1	0.3	0.48	0.48	0.32		 <p>04-Aug-2020 These are the latest figures published nationally (Quarter ending Mar 20). There were no C Diff infections in this quarter. The overall rate for the preceding 12 months remained at 0.48 per 1000 OBD (5 C Diff infections), missing the target of 0.32. The rate is still well within the expected range for our Board (ie it is not seen as statistically significant as the rate is not outwith our confidence intervals). Next data available Oct 20.</p>	
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	76.4%	90.9%	84.4%	79.4%	77.3%	90.9%	95%		 <p>A Scotland MMR catch up programme started to be implemented at the beginning of the year, but was overtaken by COVID-19. This had already seen some success in increasing uptake to nearly 91%, but we have not yet reached the target of 95% for herd immunity. Our Remobilisation plan contains increased capacity for delivery of vaccine programmes.</p>	

NHS Shetland Performance Report - Annual Indicators

Generated on: 04 August 2020



Indicator	Years			Target		Graphs	Note
	2017/18	2018/19	2019/20	2019/20			
	Value	Value	Value	Target	Status		
PH-HI-02 GP Information System Smoking rate	14.6%	14.6%	13.7%	10%			04-Jun-2020 Shetland's rate (based on GP data) has reduced to 13.7%. EMIS (the GP data collection system), is now extremely accurate in terms of smoking status.
PH-HI-09 Percentage of mothers smoking during pregnancy	6.2%	8.4%	9.6%	13%			29-Jul-2020 Well ahead of the national average and our local trajectory of 13%. Data taken from Discovery system.