

Meeting:	Shetland NHS Board
Date:	15 th December 2020
Report Title:	Performance Report Quarter 2: April–September 2020
Reference Number:	Board Paper 2020/21/46
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 This report sets out progress against the 2020-21 Annual Operating Plan and the Mobilisation/Remobilisation Plans which have been submitted to the government since the start of the COVID-19 pandemic.
- 2.2 It had been planned to review performance reporting arrangements during this year. Ideally performance reports would be examined by appropriate committees of the Board, and then assurances or exceptions would be reported onwards to the Board itself. The exceptional circumstances of this year mean that this has not happened yet, but as Board committees start to be re-established, we will move to the new process.
- 2.3 As will be clear from the attached report, the COVID-19 pandemic has inevitably impacted on delivery of services, although a great deal of progress has been made in several areas either in maintaining delivery or in 'catching up'.

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.
- 3.3 The Annual Operational Plan was supplemented by a Mobilisation and Remobilisation Plan during the year.

Key Issues:

4.1 Appendix 1 shows the detailed Performance Indicators for the six month period from April –September 2020, Quarters 1 and 2 of financial year 2020-21. Some performance indicators and issues which are worth highlighting are listed below.

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

Although this target continues to be an issue of concern, the waiting times to see a Consultant Psychologist are significantly better than they were at this time last year; the previous year's performance data are included for comparison purposes – see Chart A below. An improvement plan has been accepted by the Board, and a new Consultant Psychologist has now started with the organisation after the retirement of the previous post holder.

Chart A: Oct 18 - Sep 19: 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)

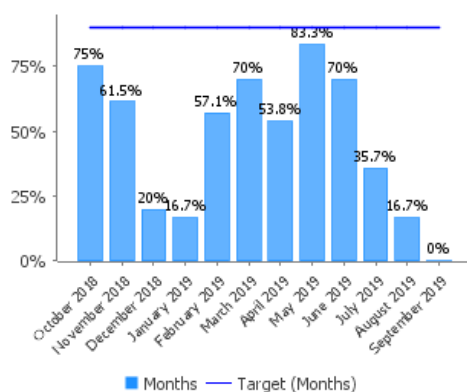
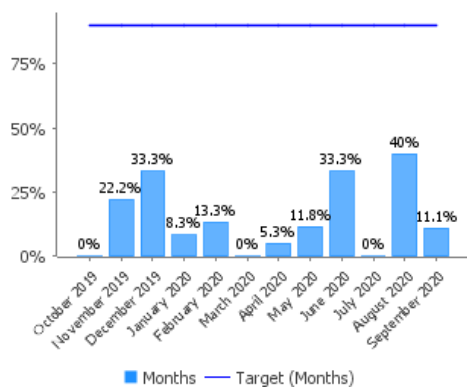


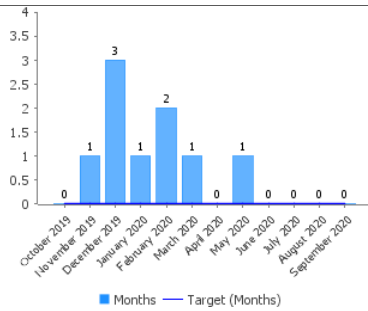
Chart B: Oct 19 – Sep 20: 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)



4.3 **Delayed Discharges - total number of people waiting more than 14 days to be discharged from hospital into a more appropriate care settings.**

We are pleased to note that we have managed to maintain such a low number of people waiting more than 14 days to be discharged to an appropriate care setting over the last six months.

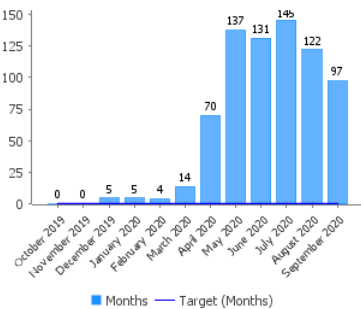
Number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.



4.4 Elective theatre Treatment Time Guarantee

All elective theatre was paused during the first months of the COVID-19 pandemic. This has now remobilised, but at reduced capacity. There is a requirement to self-isolate for a period of time before planned procedures and some patients have opted not to proceed with their surgery at this time because of the isolation requirement. In some cases, for example non-obstetric ultrasound, we now have locums in place to reduce the back-log and ensure that patients receive the services necessary within an appropriate timescale.

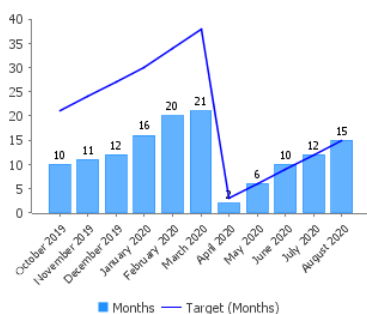
Number of cases where the non-obstetric ultrasound scan waiting time was greater than 6 weeks:



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 (2020-21)

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; the redesign and relaunch of our Healthy Shetland 'Quit Your Way' programme has increased uptake of the smoking cessation service and also increased the numbers of successful quits (measured at 3 months post quit date). The service now focuses on underlying determinants of health i.e. lack of money/mental health, with the aim of building people's capacities to tackle addictive behaviour.

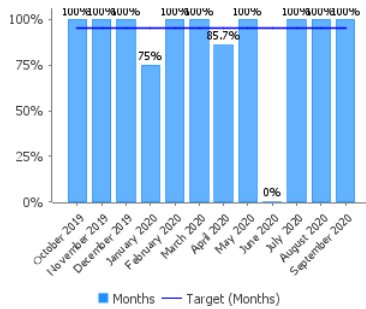
Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland:



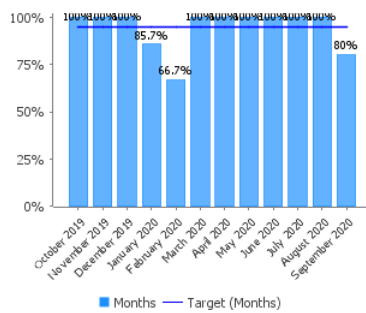
4.7 Cancer

The impact of COVID-19 on detection and treatment of cancer has been a concern for many. NHS Shetland has managed to maintain services during this period, as the charts below illustrate. The one exception was in September 20, with one out of five patients missing the target.

Urgent Referral With Suspicion of Cancer to Treatment Under 62 days



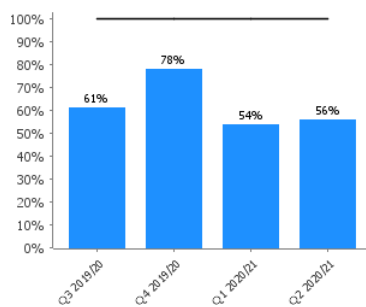
Decision to treat to first treatment for all patients diagnosed with cancer - 31 days



4.8 Departmental Business Continuity Plans

These should be reviewed annually to ensure that they are up to date and fit for purpose. Although this has been happening on an informal basis, we recognise the need for a more formal process. A Business Continuity and Resilience Officer has been appointed to take the lead on this important area of work.

Departmental Business Continuity Plans (BCPs) to be updated annually



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:	<p>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.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services.</p>
Finance:	<p>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> <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:	There are no specific issues to address with regard to assets and property.
Environmental:	There are no specific environmental implications to highlight.
Risk Management:	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:

	<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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7th December 2020

Appendices:


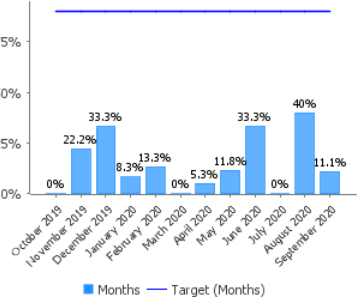

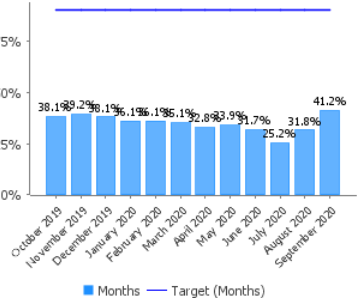

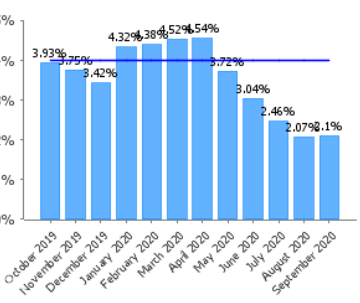
Appendix 1 Performance Report, Detailed, for Quarters 1 and 2, April - September 2020


NHS Shetland Performance Report - Monthly Indicators


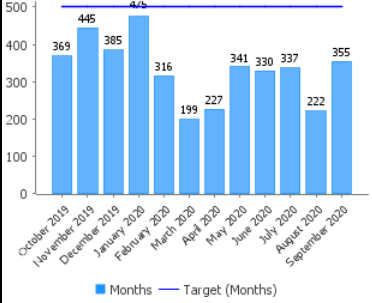

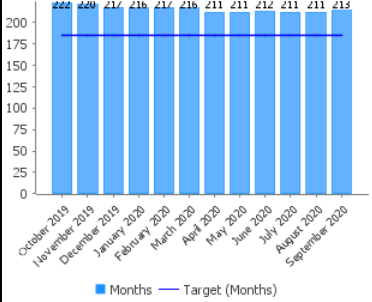

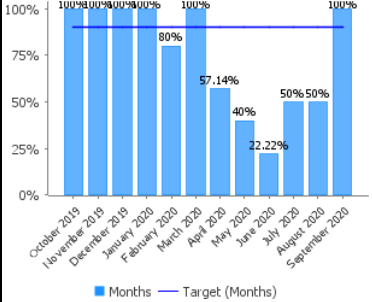
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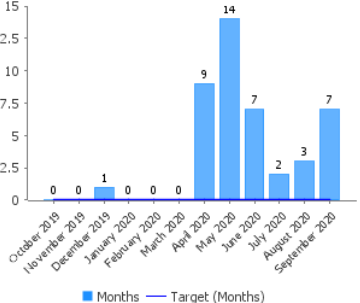

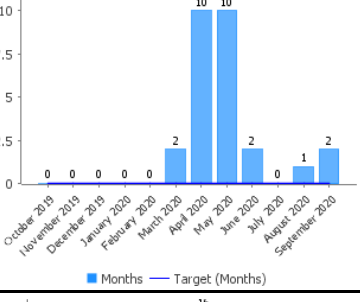

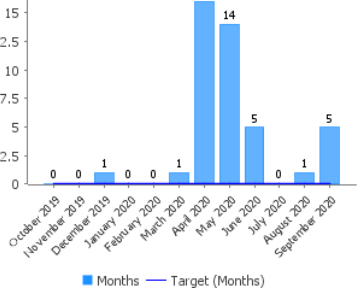



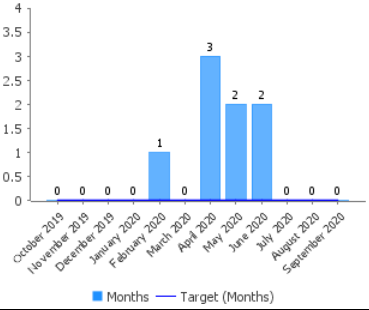

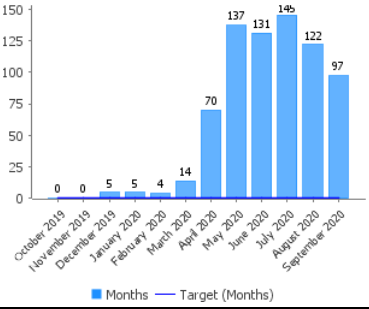

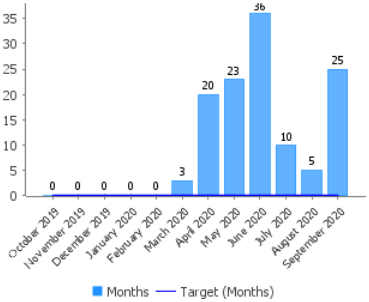
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CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	6	1	6	1	0	3	1	2	3	0		<table border="1"> <caption>CH-DD-01 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>October 2019</td><td>3</td><td>0</td></tr> <tr><td>November 2019</td><td>5</td><td>0</td></tr> <tr><td>December 2019</td><td>6</td><td>0</td></tr> <tr><td>January 2020</td><td>2</td><td>0</td></tr> <tr><td>February 2020</td><td>3</td><td>0</td></tr> <tr><td>March 2020</td><td>1</td><td>0</td></tr> <tr><td>April 2020</td><td>0</td><td>0</td></tr> <tr><td>May 2020</td><td>1</td><td>0</td></tr> <tr><td>June 2020</td><td>0</td><td>0</td></tr> <tr><td>July 2020</td><td>1</td><td>0</td></tr> <tr><td>August 2020</td><td>2</td><td>0</td></tr> <tr><td>September 2020</td><td>3</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2019	3	0	November 2019	5	0	December 2019	6	0	January 2020	2	0	February 2020	3	0	March 2020	1	0	April 2020	0	0	May 2020	1	0	June 2020	0	0	July 2020	1	0	August 2020	2	0	September 2020	3	0	
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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	3	1	0	0	0	0	0	0		<table border="1"> <caption>CH-DD-02 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>October 2019</td><td>0</td><td>0</td></tr> <tr><td>November 2019</td><td>1</td><td>0</td></tr> <tr><td>December 2019</td><td>3</td><td>0</td></tr> <tr><td>January 2020</td><td>1</td><td>0</td></tr> <tr><td>February 2020</td><td>2</td><td>0</td></tr> <tr><td>March 2020</td><td>1</td><td>0</td></tr> <tr><td>April 2020</td><td>0</td><td>0</td></tr> <tr><td>May 2020</td><td>1</td><td>0</td></tr> <tr><td>June 2020</td><td>0</td><td>0</td></tr> <tr><td>July 2020</td><td>0</td><td>0</td></tr> <tr><td>August 2020</td><td>0</td><td>0</td></tr> <tr><td>September 2020</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2019	0	0	November 2019	1	0	December 2019	3	0	January 2020	1	0	February 2020	2	0	March 2020	1	0	April 2020	0	0	May 2020	1	0	June 2020	0	0	July 2020	0	0	August 2020	0	0	September 2020	0	0	
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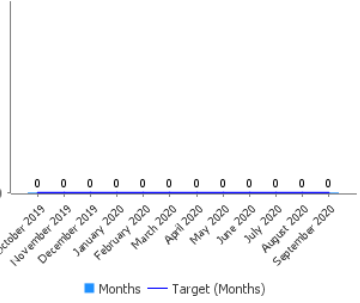

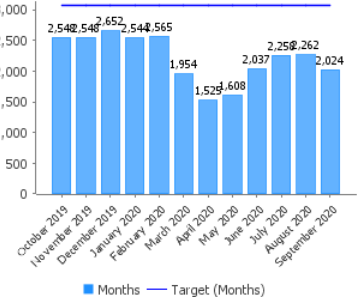

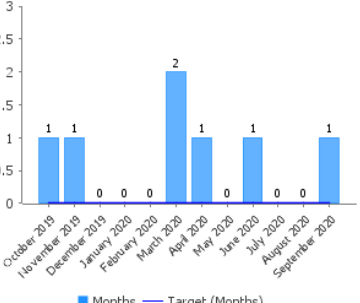
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CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	58.5%	29%	16.2%	8.3%	10.3%	17.6%	0%	40%	11.1%	90%		 <table border="1"> <caption>CH-MH-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>0%</td></tr> <tr><td>November 2019</td><td>22.2%</td></tr> <tr><td>December 2019</td><td>33.3%</td></tr> <tr><td>January 2020</td><td>8.3%</td></tr> <tr><td>February 2020</td><td>13.3%</td></tr> <tr><td>March 2020</td><td>0%</td></tr> <tr><td>April 2020</td><td>5.3%</td></tr> <tr><td>May 2020</td><td>11.8%</td></tr> <tr><td>June 2020</td><td>33.3%</td></tr> <tr><td>July 2020</td><td>0%</td></tr> <tr><td>August 2020</td><td>40%</td></tr> <tr><td>September 2020</td><td>11.1%</td></tr> </tbody> </table>	Month	Percentage	October 2019	0%	November 2019	22.2%	December 2019	33.3%	January 2020	8.3%	February 2020	13.3%	March 2020	0%	April 2020	5.3%	May 2020	11.8%	June 2020	33.3%	July 2020	0%	August 2020	40%	September 2020	11.1%	24-Nov-2020 A newly appointed Clinical Consultant Psychologist started in October. A Psychological Therapies Recovery plan has been submitted and approved by the NHS Health Board that sets out different ways of working that will enable the long waits to be addressed over the coming 6 months.
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CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	42.1%	35.1%	38.1%	35.1%	31.7%	41.2%	25.2%	31.8%	41.2%	90%		 <table border="1"> <caption>CH-MH-02 Monthly Data</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>38.1%</td></tr> <tr><td>November 2019</td><td>39.2%</td></tr> <tr><td>December 2019</td><td>36.1%</td></tr> <tr><td>January 2020</td><td>36.1%</td></tr> <tr><td>February 2020</td><td>35.1%</td></tr> <tr><td>March 2020</td><td>35.1%</td></tr> <tr><td>April 2020</td><td>35.1%</td></tr> <tr><td>May 2020</td><td>28.8%</td></tr> <tr><td>June 2020</td><td>33.9%</td></tr> <tr><td>July 2020</td><td>31.7%</td></tr> <tr><td>August 2020</td><td>25.2%</td></tr> <tr><td>September 2020</td><td>31.8%</td></tr> </tbody> </table>	Month	Percentage	October 2019	38.1%	November 2019	39.2%	December 2019	36.1%	January 2020	36.1%	February 2020	35.1%	March 2020	35.1%	April 2020	35.1%	May 2020	28.8%	June 2020	33.9%	July 2020	31.7%	August 2020	25.2%	September 2020	31.8%	As above
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HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.71%	4.52%	3.42%	4.52%	3.04%	2.1%	2.46%	2.07%	2.1%	4%		 <table border="1"> <caption>HR-HI-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>3.93%</td></tr> <tr><td>November 2019</td><td>3.75%</td></tr> <tr><td>December 2019</td><td>3.42%</td></tr> <tr><td>January 2020</td><td>4.32%</td></tr> <tr><td>February 2020</td><td>3.8%</td></tr> <tr><td>March 2020</td><td>4.52%</td></tr> <tr><td>April 2020</td><td>4.54%</td></tr> <tr><td>May 2020</td><td>3.72%</td></tr> <tr><td>June 2020</td><td>3.04%</td></tr> <tr><td>July 2020</td><td>2.46%</td></tr> <tr><td>August 2020</td><td>2.07%</td></tr> <tr><td>September 2020</td><td>2.1%</td></tr> </tbody> </table>	Month	Percentage	October 2019	3.93%	November 2019	3.75%	December 2019	3.42%	January 2020	4.32%	February 2020	3.8%	March 2020	4.52%	April 2020	4.54%	May 2020	3.72%	June 2020	3.04%	July 2020	2.46%	August 2020	2.07%	September 2020	2.1%	24-Nov-2020 The monthly figure for Sept 20 shown is well below the Scottish average for the month and well below the 4% target. For the rolling 12 month period 1 Oct 19 to 30 Sept 20 the percentage absence rate is 3.57, which is well below the Scottish average and meets the 4% target. Short and long term absences are below the Scottish average for the month. We are also below the Scottish average for long and short term rolling year.
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October 2019	3.93%																																						
November 2019	3.75%																																						
December 2019	3.42%																																						
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September 2020	2.1%																																						

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
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%	89.8%	90.2%	68.9%	87.8%	96.1%	78.1%	93.8%	90%			
HR-SD-04 Number of staff attending compulsory update training sessions (Refresher and Induction Sessions)	156	23											14-Aug-2019 A change in how refresher is delivered is planned. Due to maternity leave and staff changes the implementation of this has been stalled. The refresher training will provide more detail on topics lasting 1-1.5 hours and includes Data Protection/ Information Governance, Feedback and complaints, Adult/child protection, Fire with Equality and Diversity to be added later. Each topic will be available 4 times a year. Staff must attend each bundle once every three years, unless on a higher level of training on that subject. Refresher bundles are not yet live. Further information on this soon.


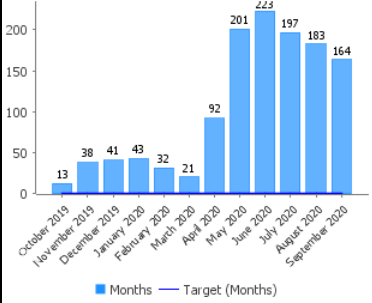

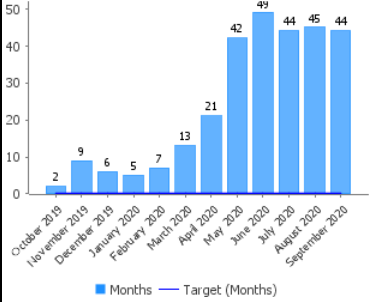

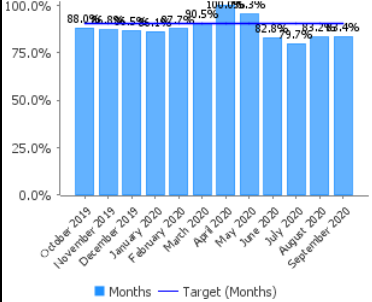
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
MD-EC-01 Emergency bed days rates for people aged 75+	4,518	4,309	1,199	990	898	914	337	222	355	500			
MD-MH-01 People with a diagnosis of dementia on the dementia register	174	216	217	216	212	213	211	211	213	184			
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%	100%	88.89%	38.1%	70.59%	50%	50%	100%	90%			


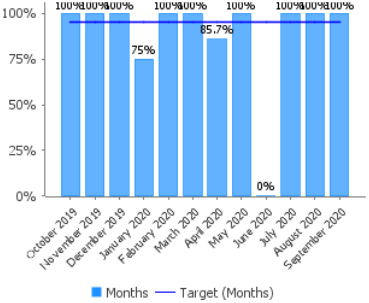

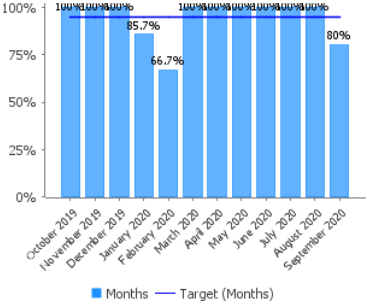

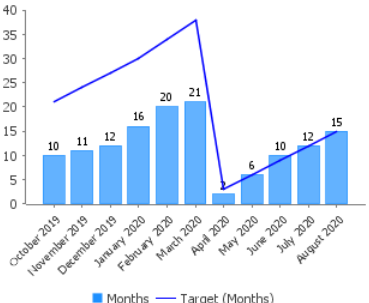
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-01 Number of cases where the Upper GI endoscopy waiting time was greater than 6 weeks	0	0	1	0	7	7	2	3	7	0			26-Nov-2020 Elective theatre has remobilised however at reduced capacity as that of pre COVID-19
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) waiting time was greater than 6 weeks	0	2	0	2	2	2	0	1	2	0			26-Nov-2020 Elective theatre has now remobilised
NA-DI-03 Number of cases where the colonoscopy waiting time was greater than 6 weeks	0	1	1	1	5	5	0	1	5	0			26-Nov-2020 Elective theatre has restarted however there are some patients who do not wish to proceed with surgery and have chosen to delay due to the current isolating period prior to their procedure

Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-DI-04 Number of cases where the cystoscopy waiting time was greater than 6 weeks	0	0	0	0	2	0	0	0	0	0	0			
NA-DI-05 Number of cases where the non-obstetric ultrasound scan waiting time was greater than 6 weeks	0	14	5	14	131	97	145	122	97	0			24-Nov-2020 Locum employed in October to help reduce backlog.	
NA-DI-06 Number of cases where the CT scan waiting time was greater than 6 weeks	0	3	0	3	36	25	10	5	25	0			24-Nov-2020 Covid backlog reduced in October.	

Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	Septem ber 2020	September 2020				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
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	0			
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,899	1,954	2,652	1,954	2,037	2,024	2,258	2,262	2,024	3,061				
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	7	7	2	2	2	1	0	0	1	0				

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-29 Number of C Diff Infections	2	5	2	0	0	4	0	3	1	0			
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	388	342	1,284	1,481	504	497	480	100			<p>26-Nov-2020 Currently as part of the remobilisation plans both local and visiting clinicians are continuing to use a combination of Attend Anywhere (NearMe) / telephone wherever possible to review urgent and those suitable to reviewed by this means. Face to face appointments are continuing to increase across the specialities however with a reduced clinic capacity to that of pre COVID 19 levels. We are still awaiting confirmation of remobilisation of the Orthopaedic service from the GJNH, Glasgow.</p>

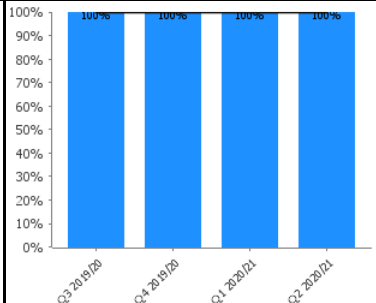
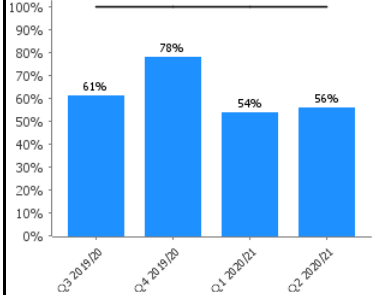
Indicator	Years		Quarters				Months			Target		Graphs	Note																										
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020																													
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status																												
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	508	319	92	96	516	544	197	183	164	0		 <table border="1"> <caption>NA-PL-03 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>13</td></tr> <tr><td>November 2019</td><td>38</td></tr> <tr><td>December 2019</td><td>41</td></tr> <tr><td>January 2020</td><td>43</td></tr> <tr><td>February 2020</td><td>32</td></tr> <tr><td>March 2020</td><td>21</td></tr> <tr><td>April 2020</td><td>92</td></tr> <tr><td>May 2020</td><td>201</td></tr> <tr><td>June 2020</td><td>225</td></tr> <tr><td>July 2020</td><td>197</td></tr> <tr><td>August 2020</td><td>183</td></tr> <tr><td>September 2020</td><td>164</td></tr> </tbody> </table>	Month	Value	October 2019	13	November 2019	38	December 2019	41	January 2020	43	February 2020	32	March 2020	21	April 2020	92	May 2020	201	June 2020	225	July 2020	197	August 2020	183	September 2020	164	26-Nov-2020 All services are now in the process of remobilising, however the capacity is reduced from pre COVID 19 levels of activity,
Month	Value																																						
October 2019	13																																						
November 2019	38																																						
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NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	50	60	17	25	112	133	44	45	44	0		 <table border="1"> <caption>NA-PL-04 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>2</td></tr> <tr><td>November 2019</td><td>9</td></tr> <tr><td>December 2019</td><td>6</td></tr> <tr><td>January 2020</td><td>5</td></tr> <tr><td>February 2020</td><td>7</td></tr> <tr><td>March 2020</td><td>13</td></tr> <tr><td>April 2020</td><td>21</td></tr> <tr><td>May 2020</td><td>42</td></tr> <tr><td>June 2020</td><td>49</td></tr> <tr><td>July 2020</td><td>44</td></tr> <tr><td>August 2020</td><td>45</td></tr> <tr><td>September 2020</td><td>44</td></tr> </tbody> </table>	Month	Value	October 2019	2	November 2019	9	December 2019	6	January 2020	5	February 2020	7	March 2020	13	April 2020	21	May 2020	42	June 2020	49	July 2020	44	August 2020	45	September 2020	44	26-Nov-2020 The service has now restarted to remobilise with first clinics from September 2020
Month	Value																																						
October 2019	2																																						
November 2019	9																																						
December 2019	6																																						
January 2020	5																																						
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NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	86.9%	87.2%	87.8%	89.3%	81.9%	79.7%	83.2%	83.4%	90.0%		 <table border="1"> <caption>NA-PL-05 Monthly Performance</caption> <thead> <tr><th>Month</th><th>Value (%)</th></tr> </thead> <tbody> <tr><td>October 2019</td><td>88.0%</td></tr> <tr><td>November 2019</td><td>86.8%</td></tr> <tr><td>December 2019</td><td>83.5%</td></tr> <tr><td>January 2020</td><td>86.1%</td></tr> <tr><td>February 2020</td><td>87.2%</td></tr> <tr><td>March 2020</td><td>87.8%</td></tr> <tr><td>April 2020</td><td>82.5%</td></tr> <tr><td>May 2020</td><td>80.5%</td></tr> <tr><td>June 2020</td><td>95.3%</td></tr> <tr><td>July 2020</td><td>82.8%</td></tr> <tr><td>August 2020</td><td>78.4%</td></tr> <tr><td>September 2020</td><td>83.4%</td></tr> </tbody> </table>	Month	Value (%)	October 2019	88.0%	November 2019	86.8%	December 2019	83.5%	January 2020	86.1%	February 2020	87.2%	March 2020	87.8%	April 2020	82.5%	May 2020	80.5%	June 2020	95.3%	July 2020	82.8%	August 2020	78.4%	September 2020	83.4%	
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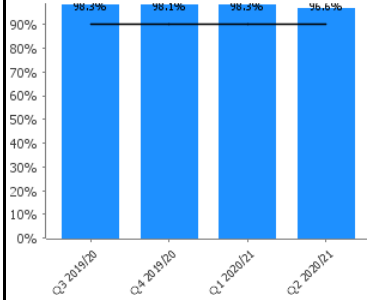

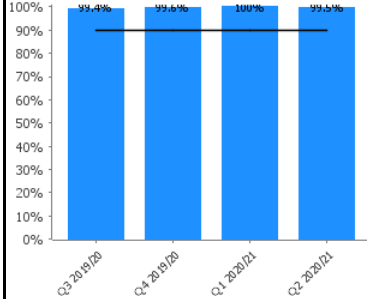

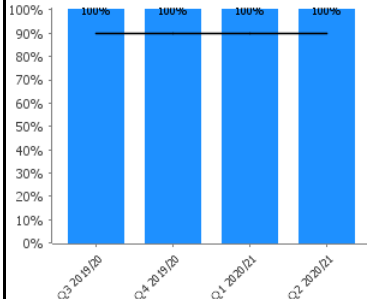
Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	July 2020	August 2020	September 2020	September 2020				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	78.2%	94.2%	100%	90%	88.9%	100%	100%	100%	100%	100%	95%			
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	98.5%	97.1%	100%	84.6%	100%	92.3%	100%	100%	80%	95%			24-Nov-2020 4 out of 5 patients within 31 days.	
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	21	12	21	10	15	12	15	N/A	15			24-Nov-2020 Provisional data. 12 week timeframe for follow up so Sept data not yet available.	


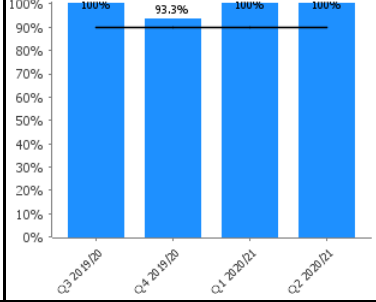

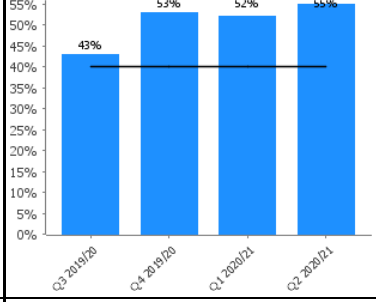

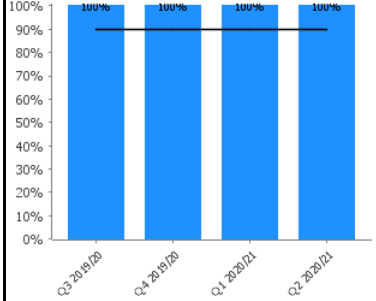
NHS Shetland Performance Report - Quarterly Indicators


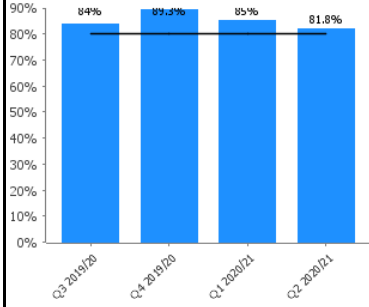

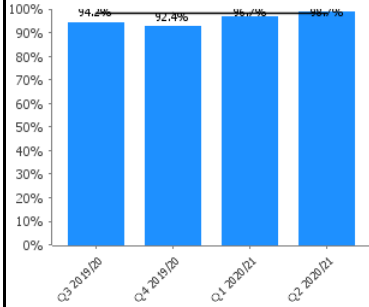

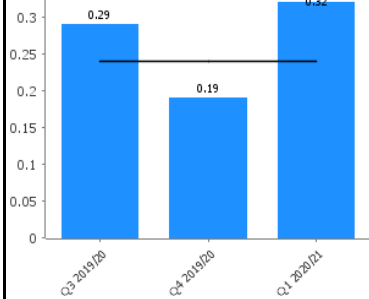
Generated on: 27 November 2020


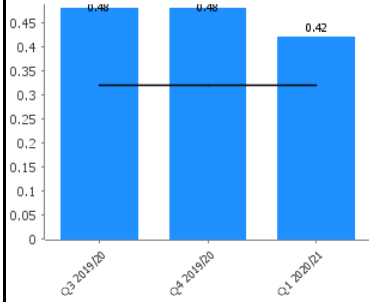

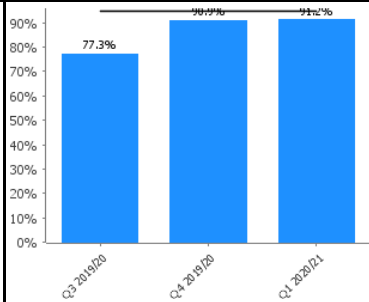


Indicator	Years		Quarters				Target		Graphs	Note	
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q2 2020/21				
	Value	Value	Value	Value	Value	Value	Target	Status			
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	100%			26-Nov-2020 There is an established system with full coverage of Business Continuity Plans across all departments and services.
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	75%	78%	61%	78%	54%	56%	100%	100%			26-Nov-2020 There is a rolling programme of updates for the Business Continuity Plans. Out of 59 Business Continuity Plans, 36 have not been subject to a formal review within a one year timescale.

Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q2 2020/21			
	Value	Value	Value	Value	Value	Value	Target	Status		
CE-IC-01 Cleaning Specification Audit Compliance	98.3%	98.1%	98.3%	98.1%	98.3%	96.6%	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%	99.4%	99.6%	100%	99.5%	90%			
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%	100%	100%	100%	90%			

Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q2 2020/21			
	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%	93.3%	100%	100%	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%	53%	52%	55%	40%			13-Oct-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%	100%	90%			

Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q2 2020/21			
	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%	84%	89.3%	85%	81.8%	80%			24-Nov-2020 Provisional figures from NSS Discovery for the year ending Sept 2020 show the rate for our lowest SIMD quintile is 81.8% meeting the 80% target. Our overall rate is 89.5%, which equates to 94 of 105 pregnant women having booked by the 12th week of gestation.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	96.2%	95%	94.2%	92.4%	96.7%	98.7%	98%			
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.19	0.29	0.19	0.32	N/A	0.24			10-Nov-2020 These are the latest figures reported nationally (Quarter ending Jun 20). There were 2 SABs in this quarter. The overall rate for the preceding 12 months increased to 0.32 per 1000 AOB (4 SAB infections), missing the target of 0.24 but still well within expected range. Next data available Jan 21.

Indicator	Years		Quarters				Target		Graphs	Note
	2018/19	2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q2 2020/21			
	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	0.48	0.48	0.42	N/A	0.32		 <p>10-Nov-2020 These are the latest figures published nationally (Quarter ending Jun 20). There were no C Diff infections in this quarter. The overall rate for the preceding 12 months fell to 0.42 per 1000 OBD (4 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 Jan 21.</p>	
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	76.4%	90.9%	77.3%	90.9%	91.2%	N/A	95%		 <p>24-Nov-2020 Q2 to be published December 20.</p>	

NHS Shetland Performance Report - Annual Indicators

Generated on: 27 November 2020



Indicator	Years			Target		Graphs	Note																				
	2017/18	2018/19	2019/20	2019/20																							
	Value	Value	Value	Target	Status																						
CH-PC-01 48 hour Access - GP Practice Team	90%	92%	N/A	90%		<table border="1"> <caption>Performance Data for CH-PC-01</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>93.4%</td></tr> <tr><td>2010/11</td><td>96.7%</td></tr> <tr><td>2011/12</td><td>95.3%</td></tr> <tr><td>2012/13</td><td>97.5%</td></tr> <tr><td>2013/14</td><td>89%</td></tr> <tr><td>2014/15</td><td>93.5%</td></tr> <tr><td>2016/17</td><td>93.6%</td></tr> <tr><td>2017/18</td><td>90%</td></tr> <tr><td>2019/19</td><td>92%</td></tr> </tbody> </table>	Year	Value	2009/10	93.4%	2010/11	96.7%	2011/12	95.3%	2012/13	97.5%	2013/14	89%	2014/15	93.5%	2016/17	93.6%	2017/18	90%	2019/19	92%	25-Nov-2020 Performance monitored locally on a monthly basis, with compliance at 100% for all practices for those patients requesting an appointment within 48 hours. National data only produced every 2 years.
Year	Value																										
2009/10	93.4%																										
2010/11	96.7%																										
2011/12	95.3%																										
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2013/14	89%																										
2014/15	93.5%																										
2016/17	93.6%																										
2017/18	90%																										
2019/19	92%																										
CH-PC-02 Advance booking - GP Practice Team	61%	70%	N/A	90%		<table border="1"> <caption>Performance Data for CH-PC-02</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>86.8%</td></tr> <tr><td>2010/11</td><td>85.4%</td></tr> <tr><td>2011/12</td><td>78.5%</td></tr> <tr><td>2012/13</td><td>61.7%</td></tr> <tr><td>2013/14</td><td>73%</td></tr> <tr><td>2014/15</td><td>73.2%</td></tr> <tr><td>2016/17</td><td>76.4%</td></tr> <tr><td>2017/18</td><td>61%</td></tr> <tr><td>2019/19</td><td>70%</td></tr> </tbody> </table>	Year	Value	2009/10	86.8%	2010/11	85.4%	2011/12	78.5%	2012/13	61.7%	2013/14	73%	2014/15	73.2%	2016/17	76.4%	2017/18	61%	2019/19	70%	25-Nov-2020 Patients who need to speak with a clinician within 48 hours can do so and practices also all offer advance appointments with a member of the practice team. National data only produced every 2 years.
Year	Value																										
2009/10	86.8%																										
2010/11	85.4%																										
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2012/13	61.7%																										
2013/14	73%																										
2014/15	73.2%																										
2016/17	76.4%																										
2017/18	61%																										
2019/19	70%																										

Indicator	Years			Target		Graphs	Note
	2017/18	2018/19	2019/20	2019/20			
	Value	Value	Value	Target	Status		
PH-CF-01 Reduce teenage pregnancy rate (13-15 year olds) Rate per 1,000 population (3 year rolling average)	0	0	N/A	2	✓		17-Sep-2020 Three year rolling average rate (2016-18) which smooths out the effect of very small numbers. We have had no pregnancies in 13-15 year olds in the past 3 years. Next data available Aug 2021.
PH-HI-13 Reduce alcohol related acute inpatient hospital discharges (European Age Standardised Rate per 100,000 pop.)	631.1	618.4	486.6	500	✓		24-Nov-2020 Latest national data shows our rate reduced to our lowest level since statistics were first published. We remain well below the Scottish average and are the second lowest Board in Scotland. Small numbers mean there can be variation year on year for this indicator. Next national data due for release in Nov 21.
PH-SC-02 Cervical Screening Uptake (3.5 years)	78.9%	79.5%	78.3%	80%	✓		16-Sep-2020 Slight decrease in 2019-20 in line with national trend. Again narrowly missing the 80% target but still the highest uptake in Scotland. Next data available in September 2021.