

Meeting:	Shetland NHS Board
Date:	25 th June 2021
Report Title:	Performance Report Quarter 4: Jan – Mar 2021
Reference Number:	Board Paper 2021/22/20
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'.

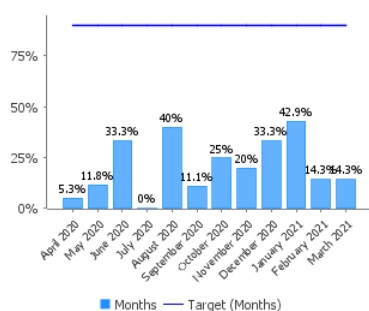
Corporate Priorities and Strategic Aims:

- 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 replaced by a Mobilisation and then Remobilisation Plan during the year.

Key Issues:

4.1 Appendix 1 shows the detailed Performance Indicators for the three month period from January – March 2021, Quarter 4 of financial year 2020-21. Generally speaking, the Board has maintained and in some cases improved performance during COVID; we recognise that improvements are required in other areas, where COVID has led to a reduction in level of service (e.g. colonoscopy), or to a backlog (e.g. Obstetric ultrasound scans – where a national staffing shortage doesn't help our efforts). Some performance indicators and issues which are worth highlighting are listed below.

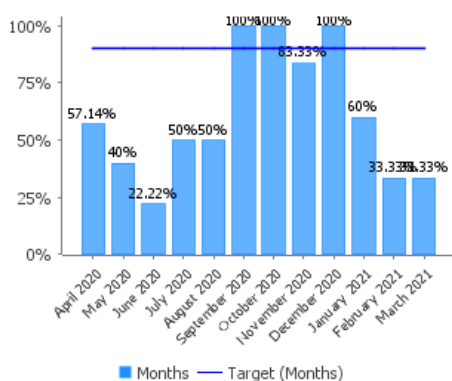
4.2 18 weeks referral to treatment for Psychological Therapies



The implementation of the Psychological Therapies Improvement Plan is well under way. The Clinical Psychology waiting list been reviewed; a number of people who did not respond to opt in have been removed; 22 patients are currently being seen (either face to face or virtually) for Clinical Psychology; individuals are currently being assessed for the group work programme – Survive and Thrive (10 week programme for complex trauma); Clinically Applied Associate Psychologist and Occupational Therapist roles are being recruited to, and a Health Psychology student will begin working shortly alongside long COVID patients.

Within Psychological Therapies, a therapist has been appointed (working remotely from Scottish mainland; EMDR and some face to face therapy has begun; a 12 month secondment Band 5 well-being practitioner role is being recruited to.

4.3 CAMHS – Referral to treatment times



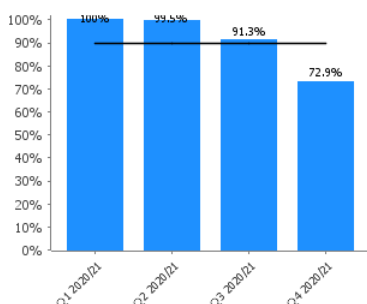
As noted in Appendix 1, CAMHS had an increase in urgent referrals during 2020-21. This, alongside a period of transition within the team, has impacted on waiting times. However, with supplementary staffing, the team have now managed to bring the wait times within the 18 week time frame and are working

on a recovery plan to make this sustainable. The current longest wait is 15 weeks (June 2021).

4.4 Smoking: Number of successful smoking quits at 12 weeks, GP Information System Smoking rate, and percentage of mothers smoking in pregnancy.

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 has reduced again to 13.1% which is the lowest in Scotland, although it is still outwith our target of 10%; 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); data for the last quarter of 20-21 isn’t yet available. The rate of pregnant women who are smoking at their 12 week review remains lower than the general population smoking rate, but we are keen to see it reduce still further.

4.5 Physiotherapy waiting times



The Physiotherapy service has seen increased waiting times, mainly due to COVID – Several environmental changes were required, and the subsequent capacity (for staff and face to face patients) is reduced. A programme to encourage self-management in the first instance, rather than referral to the physio service is underway at the moment; this will support including looking at improving the information which is available.

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:	<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

	<p>(HEAT) targets and interim trajectories resulting in less effective services to the local population;</p> <ul style="list-style-type: none"> - 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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18th June 2021

Appendices:




Appendix 1 Performance Report, Detailed, for Quarter 4, January – March 2021

NHS Shetland Performance Report - Monthly Indicators


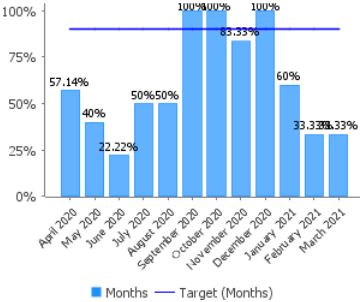

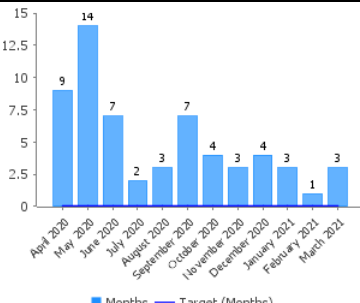

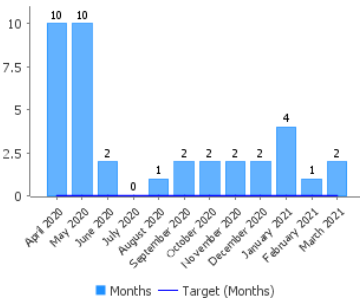
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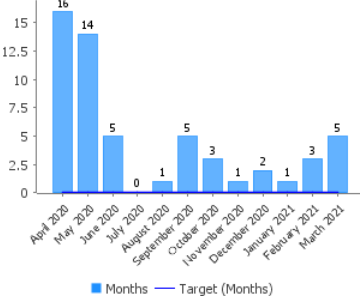

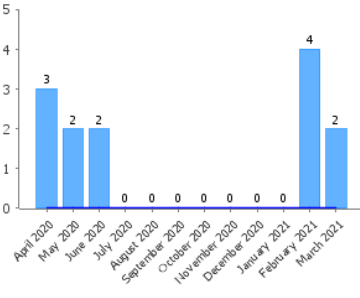

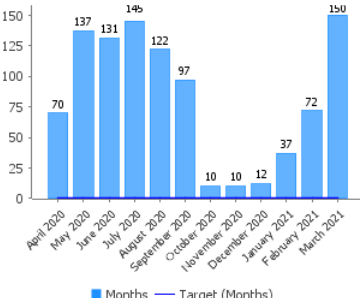


Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	1	0	0	3	2	0	0	3	0	0	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.	1	0	0	0	0	0	0	0	0	0	0			

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021			
	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)	29%	19%	10.3%	17.6%	23.8%	28.6%	42.9%	14.3%	14.3%	90%			02-Jun-2021 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. Additional resources are currently being sought via the mobilisation plan.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	35.1%	47.8%	31.7%	41.2%	34.2%	47.8%	40.6%	39.6%	47.8%	90%			As above.
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.52%	3.39%	3.04%	2.1%	2.43%	3.39%	3.05%	3.03%	3.39%	4%			11-Jun-2021 The monthly figure for Mar 21 shown is well below the Scottish average for the month and well below the 4% target. For the rolling 12 month period 1 Apr 20 to 31 Mar 21 the percentage absence rate is 2.89, which is well below the Scottish average and 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.


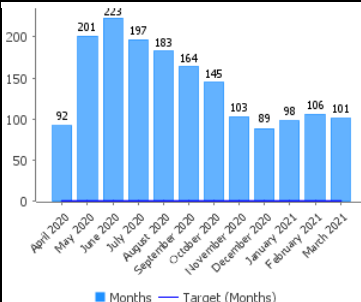

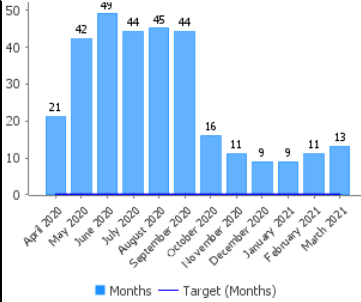
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HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	92.2%	86%	68.9%	87.8%	89.2%	87.4%	81.3%	84.4%	91.5%	90%	✔	<table border="1"> <caption>HR-IT-01 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>April 2020</td><td>80.8%</td></tr> <tr><td>May 2020</td><td>40%</td></tr> <tr><td>June 2020</td><td>57.1%</td></tr> <tr><td>July 2020</td><td>96.1%</td></tr> <tr><td>August 2020</td><td>78.1%</td></tr> <tr><td>September 2020</td><td>93.8%</td></tr> <tr><td>October 2020</td><td>88.5%</td></tr> <tr><td>November 2020</td><td>94.5%</td></tr> <tr><td>December 2020</td><td>97.2%</td></tr> <tr><td>January 2021</td><td>81.3%</td></tr> <tr><td>February 2021</td><td>84.4%</td></tr> <tr><td>March 2021</td><td>91.5%</td></tr> </tbody> </table>	Month	Value (%)	April 2020	80.8%	May 2020	40%	June 2020	57.1%	July 2020	96.1%	August 2020	78.1%	September 2020	93.8%	October 2020	88.5%	November 2020	94.5%	December 2020	97.2%	January 2021	81.3%	February 2021	84.4%	March 2021	91.5%	
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MD-EC-01 Emergency bed days rates for people aged 75+	4,309	3,578	898	914	834	932	345	304	283	500	✔	<table border="1"> <caption>MD-EC-01 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>April 2020</td><td>227</td></tr> <tr><td>May 2020</td><td>341</td></tr> <tr><td>June 2020</td><td>330</td></tr> <tr><td>July 2020</td><td>337</td></tr> <tr><td>August 2020</td><td>222</td></tr> <tr><td>September 2020</td><td>355</td></tr> <tr><td>October 2020</td><td>271</td></tr> <tr><td>November 2020</td><td>291</td></tr> <tr><td>December 2020</td><td>272</td></tr> <tr><td>January 2021</td><td>345</td></tr> <tr><td>February 2021</td><td>304</td></tr> <tr><td>March 2021</td><td>283</td></tr> </tbody> </table>	Month	Value	April 2020	227	May 2020	341	June 2020	330	July 2020	337	August 2020	222	September 2020	355	October 2020	271	November 2020	291	December 2020	272	January 2021	345	February 2021	304	March 2021	283	
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MD-MH-01 People with a diagnosis of dementia on the dementia register	216	212	212	213	214	212	211	209	212	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 2020</td><td>211</td></tr> <tr><td>May 2020</td><td>211</td></tr> <tr><td>June 2020</td><td>211</td></tr> <tr><td>July 2020</td><td>211</td></tr> <tr><td>August 2020</td><td>211</td></tr> <tr><td>September 2020</td><td>211</td></tr> <tr><td>October 2020</td><td>214</td></tr> <tr><td>November 2020</td><td>214</td></tr> <tr><td>December 2020</td><td>214</td></tr> <tr><td>January 2021</td><td>214</td></tr> <tr><td>February 2021</td><td>209</td></tr> <tr><td>March 2021</td><td>214</td></tr> </tbody> </table>	Month	Value	April 2020	211	May 2020	211	June 2020	211	July 2020	211	August 2020	211	September 2020	211	October 2020	214	November 2020	214	December 2020	214	January 2021	214	February 2021	209	March 2021	214	
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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)	94.52%	60.29%	38.1%	70.59%	93.75%	42.86%	60%	33.33%	33.33%	90%		 <table border="1"> <caption>Percentage of completed waits less than 18 weeks</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>April 2020</td><td>57.14%</td></tr> <tr><td>May 2020</td><td>40%</td></tr> <tr><td>June 2020</td><td>22.22%</td></tr> <tr><td>July 2020</td><td>50%</td></tr> <tr><td>August 2020</td><td>50%</td></tr> <tr><td>September 2020</td><td>100%</td></tr> <tr><td>October 2020</td><td>100%</td></tr> <tr><td>November 2020</td><td>85.33%</td></tr> <tr><td>December 2020</td><td>100%</td></tr> <tr><td>January 2021</td><td>100%</td></tr> <tr><td>February 2021</td><td>60%</td></tr> <tr><td>March 2021</td><td>33.33%</td></tr> </tbody> </table>	Month	Percentage	April 2020	57.14%	May 2020	40%	June 2020	22.22%	July 2020	50%	August 2020	50%	September 2020	100%	October 2020	100%	November 2020	85.33%	December 2020	100%	January 2021	100%	February 2021	60%	March 2021	33.33%	CAMHS had an increase in urgent referrals during 2020-21 as well as going through a period of transition within the team, this has impacted on waiting times. However, with supplementary staffing CAMHS has now managed to bring the wait times within the 18 week time frame and they working on a recovery plan to make this sustainable. The current longest wait is 15 weeks (June 2021).
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NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	0	3	7	7	4	3	3	1	3	0		 <table border="1"> <caption>Number of cases where Upper GI endoscopy ongoing waiting time was greater than 6 weeks</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>April 2020</td><td>9</td></tr> <tr><td>May 2020</td><td>14</td></tr> <tr><td>June 2020</td><td>7</td></tr> <tr><td>July 2020</td><td>2</td></tr> <tr><td>August 2020</td><td>3</td></tr> <tr><td>September 2020</td><td>7</td></tr> <tr><td>October 2020</td><td>4</td></tr> <tr><td>November 2020</td><td>3</td></tr> <tr><td>December 2020</td><td>4</td></tr> <tr><td>January 2021</td><td>3</td></tr> <tr><td>February 2021</td><td>1</td></tr> <tr><td>March 2021</td><td>3</td></tr> </tbody> </table>	Month	Number of Cases	April 2020	9	May 2020	14	June 2020	7	July 2020	2	August 2020	3	September 2020	7	October 2020	4	November 2020	3	December 2020	4	January 2021	3	February 2021	1	March 2021	3	
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NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	2	2	2	2	2	2	4	1	2	0		 <table border="1"> <caption>Number of cases where Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>April 2020</td><td>10</td></tr> <tr><td>May 2020</td><td>10</td></tr> <tr><td>June 2020</td><td>2</td></tr> <tr><td>July 2020</td><td>0</td></tr> <tr><td>August 2020</td><td>1</td></tr> <tr><td>September 2020</td><td>2</td></tr> <tr><td>October 2020</td><td>2</td></tr> <tr><td>November 2020</td><td>2</td></tr> <tr><td>December 2020</td><td>2</td></tr> <tr><td>January 2021</td><td>4</td></tr> <tr><td>February 2021</td><td>1</td></tr> <tr><td>March 2021</td><td>2</td></tr> </tbody> </table>	Month	Number of Cases	April 2020	10	May 2020	10	June 2020	2	July 2020	0	August 2020	1	September 2020	2	October 2020	2	November 2020	2	December 2020	2	January 2021	4	February 2021	1	March 2021	2	
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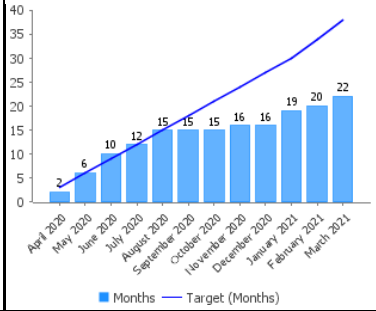
Indicator	Years		Quarters				Months			Target		Graphs	Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	1	5	5	5	2	5	1	3	5	0			08-Jun-2021 Following remobilisation of the service, there has been a reduction in pre-covid capacity
NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	0	2	2	0	0	2	0	4	2	0			
NA-DI-05 Number of cases where the non-obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	14	150	131	97	12	150	37	72	150	0			17-Jun-2021 Efforts to recruit additional support to continue to reduce the ultrasound backlog are ongoing, but there appears to be a national shortage of available sonographers.

Indicator	Years		Quarters				Months			Target		Graphs	Note																																							
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021																																										
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NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	3	0	36	25	4	0	2	0	0	0	✔	<table border="1"> <caption>NA-DI-06 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th><th>Target</th></tr> </thead> <tbody> <tr><td>April 2020</td><td>20</td><td>0</td></tr> <tr><td>May 2020</td><td>23</td><td>0</td></tr> <tr><td>June 2020</td><td>36</td><td>0</td></tr> <tr><td>July 2020</td><td>10</td><td>0</td></tr> <tr><td>August 2020</td><td>5</td><td>0</td></tr> <tr><td>September 2020</td><td>2</td><td>0</td></tr> <tr><td>October 2020</td><td>2</td><td>0</td></tr> <tr><td>November 2020</td><td>4</td><td>0</td></tr> <tr><td>December 2020</td><td>2</td><td>0</td></tr> <tr><td>January 2021</td><td>0</td><td>0</td></tr> <tr><td>February 2021</td><td>0</td><td>0</td></tr> <tr><td>March 2021</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Value	Target	April 2020	20	0	May 2020	23	0	June 2020	36	0	July 2020	10	0	August 2020	5	0	September 2020	2	0	October 2020	2	0	November 2020	4	0	December 2020	2	0	January 2021	0	0	February 2021	0	0	March 2021	0	0	
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March 2021	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	✔	<table border="1"> <caption>NA-DI-07 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th><th>Target</th></tr> </thead> <tbody> <tr><td>April 2020</td><td>0</td><td>0</td></tr> <tr><td>May 2020</td><td>0</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> <tr><td>October 2020</td><td>0</td><td>0</td></tr> <tr><td>November 2020</td><td>0</td><td>0</td></tr> <tr><td>December 2020</td><td>0</td><td>0</td></tr> <tr><td>January 2021</td><td>0</td><td>0</td></tr> <tr><td>February 2021</td><td>0</td><td>0</td></tr> <tr><td>March 2021</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Value	Target	April 2020	0	0	May 2020	0	0	June 2020	0	0	July 2020	0	0	August 2020	0	0	September 2020	0	0	October 2020	0	0	November 2020	0	0	December 2020	0	0	January 2021	0	0	February 2021	0	0	March 2021	0	0	
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NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,954	1,867	2,051	2,038	1,811	1,867	1,575	1,723	1,867	3,061	✔	<table border="1"> <caption>NA-EC-02 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th><th>Target</th></tr> </thead> <tbody> <tr><td>April 2020</td><td>1,534</td><td>3,061</td></tr> <tr><td>May 2020</td><td>1,619</td><td>3,061</td></tr> <tr><td>June 2020</td><td>2,051</td><td>3,061</td></tr> <tr><td>July 2020</td><td>2,273</td><td>3,061</td></tr> <tr><td>August 2020</td><td>2,278</td><td>3,061</td></tr> <tr><td>September 2020</td><td>2,038</td><td>3,061</td></tr> <tr><td>October 2020</td><td>1,933</td><td>3,061</td></tr> <tr><td>November 2020</td><td>1,933</td><td>3,061</td></tr> <tr><td>December 2020</td><td>1,811</td><td>3,061</td></tr> <tr><td>January 2021</td><td>1,575</td><td>3,061</td></tr> <tr><td>February 2021</td><td>1,723</td><td>3,061</td></tr> <tr><td>March 2021</td><td>1,867</td><td>3,061</td></tr> </tbody> </table>	Month	Value	Target	April 2020	1,534	3,061	May 2020	1,619	3,061	June 2020	2,051	3,061	July 2020	2,273	3,061	August 2020	2,278	3,061	September 2020	2,038	3,061	October 2020	1,933	3,061	November 2020	1,933	3,061	December 2020	1,811	3,061	January 2021	1,575	3,061	February 2021	1,723	3,061	March 2021	1,867	3,061	
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Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	7	4	2	1	1	0	0	0	0	0	0			
NA-IC-29 Number of C Diff Infections	5	6	0	4	1	1	1	0	0	0	0			
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	1,737	5,437	1,284	1,481	1,493	1,179	513	341	325	100	100			08-Jun-2021 As part of the remobilisation plans both local and visiting clinicians are still continuing to use a combination of Attend Anywhere (NearMe) / telephone wherever possible to review those patients suitable to be reviewed by this means. All visiting services have now been remobilised. Face to face appointments are continuing to increase across the specialities, however with a reduced clinic capacity to that of pre COVID 19 levels.

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													Patients have been prioritised and are being seen in accordance to clinical urgency while working through waiting list backlogs. Additional clinic capacity has also been organised for some specialties where possible i.e. ENT, Rheumatology and Ophthalmology.
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	319	1,702	516	544	337	305	98	106	101	0			As above.
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	60	314	112	133	36	33	9	11	13	0			08-Jun-2021 Following remobilisation, the service is currently provided remotely by a long term locum on a reduced capacity.

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	February 2021	March 2021	March 2021			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	86.9%	83.6%	89.3%	81.9%	83.4%	82.8%	91.7%	74.7%	86.4%	90.0%			
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	94.2%	94.6%	88.9%	100%	93.3%	100%	100%	100%	100%	95%			
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	97.1%	98%	100%	92.3%	100%	100%	100%	100%	100%	95%			


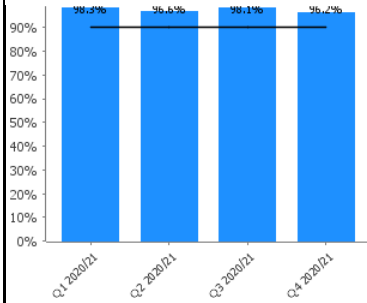

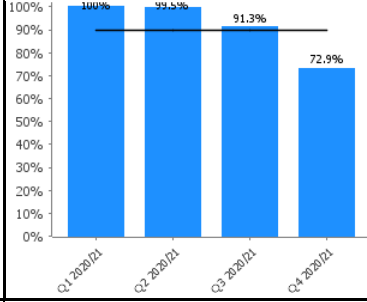

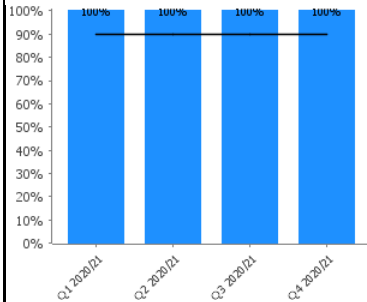
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	January 2021	Februar y 2021	March 2021	March 2021			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	21	22	10	15	16	22	19	20	22	38		 <p>17-Jun-2021 Provisional data. Some 12 week follow ups will not have been completed.</p>	


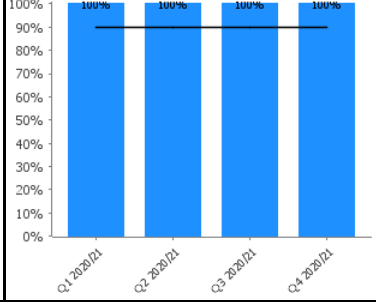

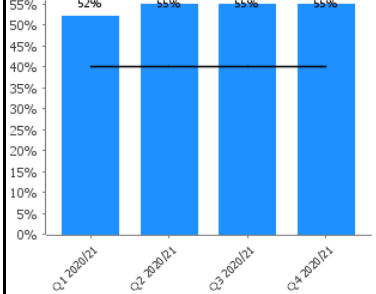

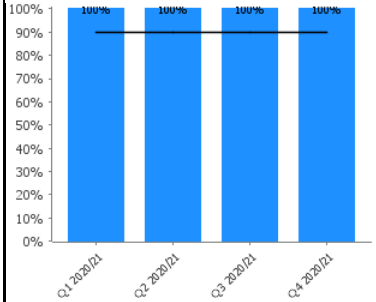
NHS Shetland Performance Report - Quarterly Indicators


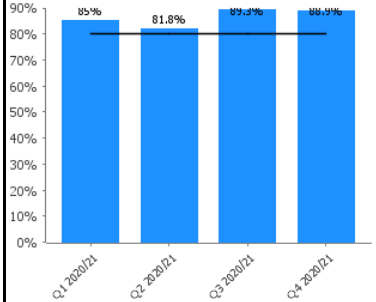

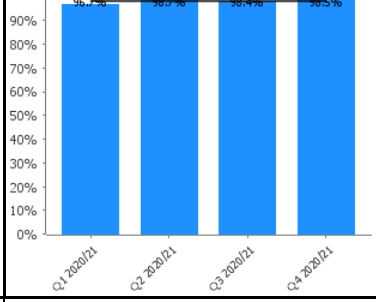

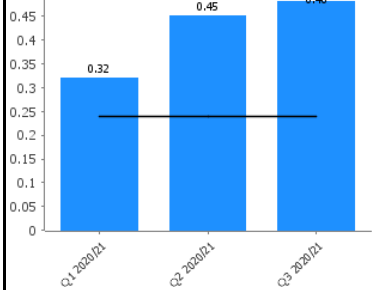
Generated on: 17 June 2021


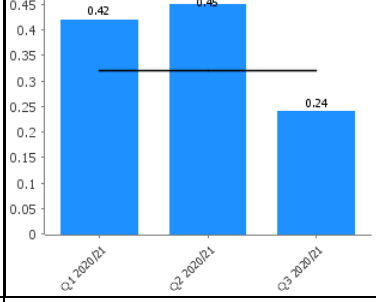

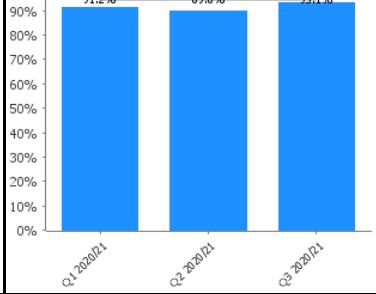


Indicator	Years		Quarters				Target		Graphs	Note	
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21				
	Value	Value	Value	Value	Value	Value	Target	Status			
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	100%			
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	78%	53%	54%	56%	56%	53%	100%	100%			11-Jun-2021 There is a rolling programme of updates for the Business Continuity Plans. Out of 59 Business Continuity Plans, 28 have not been subject to a formal review within a one year timescale.

Indicator	Years		Quarters				Target		Graphs	Note												
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21															
	Value	Value	Value	Value	Value	Value	Target	Status														
CE-IC-01 Cleaning Specification Audit Compliance	98.1%	96.2%	98.3%	96.6%	98.1%	96.2%	90%		 <table border="1"> <caption>Cleaning Specification Audit Compliance</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2020/21</td> <td>98.3%</td> </tr> <tr> <td>Q2 2020/21</td> <td>96.6%</td> </tr> <tr> <td>Q3 2020/21</td> <td>98.1%</td> </tr> <tr> <td>Q4 2020/21</td> <td>96.2%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2020/21	98.3%	Q2 2020/21	96.6%	Q3 2020/21	98.1%	Q4 2020/21	96.2%	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	99.6%	72.9%	100%	99.5%	91.3%	72.9%	90%		 <table border="1"> <caption>Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2020/21</td> <td>100%</td> </tr> <tr> <td>Q2 2020/21</td> <td>99.5%</td> </tr> <tr> <td>Q3 2020/21</td> <td>91.3%</td> </tr> <tr> <td>Q4 2020/21</td> <td>72.9%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2020/21	100%	Q2 2020/21	99.5%	Q3 2020/21	91.3%	Q4 2020/21	72.9%	Target	90%	
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Q4 2020/21	72.9%																					
Target	90%																					
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	96.7%	100%	100%	100%	100%	100%	90%		 <table border="1"> <caption>Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2020/21</td> <td>100%</td> </tr> <tr> <td>Q2 2020/21</td> <td>100%</td> </tr> <tr> <td>Q3 2020/21</td> <td>100%</td> </tr> <tr> <td>Q4 2020/21</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q1 2020/21	100%	Q2 2020/21	100%	Q3 2020/21	100%	Q4 2020/21	100%	Target	90%	
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Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 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.	94%	100%	100%	100%	100%	100%	90%			
CH-SC-01 Percentage of people 65 and over receiving intensive care package (over 10 hours per week) in their own home	53%	55%	52%	55%	55%	55%	40%			19-May-2021 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%			


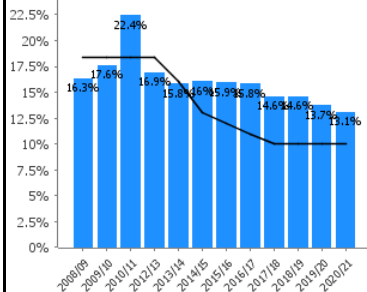

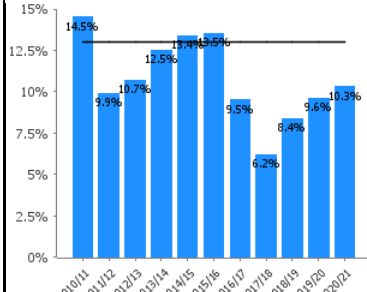
Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-CF-05 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.	89.3%	88.9%	85%	81.8%	89.3%	88.9%	80%			11-Jun-2021 Provisional figures from NSS Discovery for the year ending Mar 2021 show the rate for our lowest SIMD quintile is 88.9% meeting the 80% target. Our overall rate is 96%, which equates to 168 of 175 pregnant women having booked by the 12th week of gestation.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	95%	98.1%	96.7%	98.7%	98.4%	98.5%	98%			
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.19	0.48	0.32	0.45	0.48	N/A	0.24			21-Apr-2021 These are the latest figures reported nationally (Quarter ending Dec 20). There was one SAB in this quarter. The overall rate for the preceding 12 months increased to 0.48 per 1000 AOB (4 SAB infections), missing the target of 0.24 but still well within expected range. Next data available Jul 21.


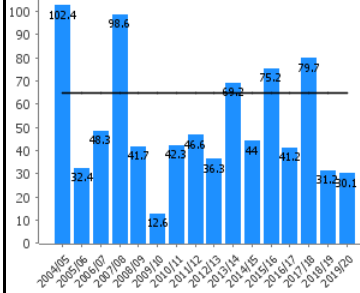

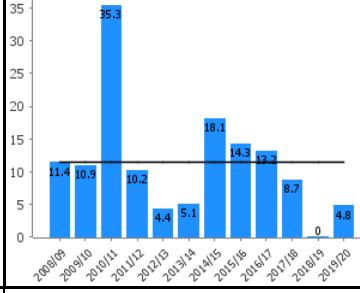

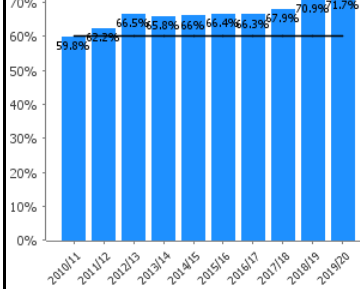
Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2020/21			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.48	0.24	0.42	0.45	0.24	N/A	0.32		 <p>21-Apr-2021 These are the latest figures published nationally (Quarter ending Dec 20). There were no C Diff infections in this quarter. The overall rate for the preceding 12 months fell to 0.24 per 1000 OBD (2 C Diff infections), meeting the target of 0.32. Next data available Jul 21.</p>	
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	90.9%	93.1%	91.2%	89.8%	93.1%	N/A	95%		 <p>11-Jun-2021 Q4 to be published July 21.</p>	


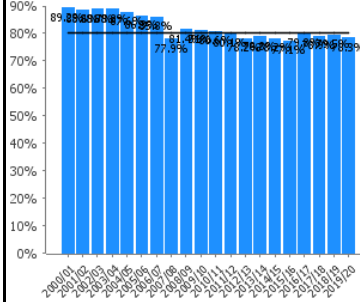

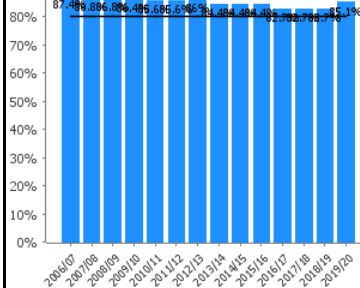
NHS Shetland Performance Report - Annual Indicators

Generated on: 17 June 2021



Indicator	Years			Target		Graphs	Note
	2018/19	2019/20	2020/21	2020/21			
	Value	Value	Value	Target	Status		
PH-HI-02 GP Information System Smoking rate	14.6%	13.7%	13.1%	10%		 <p>2008/09: 16.3%, 2009/10: 17.6%, 2010/11: 22.4%, 2011/12: 15.9%, 2012/13: 15.8%, 2013/14: 16%, 2014/15: 15.9%, 2015/16: 15.8%, 2016/17: 14.6%, 2017/18: 14.6%, 2018/19: 13.7%, 2019/20: 13.1%, 2020/21: 13.1%</p>	17-Jun-2021 Shetland's rate (based on GP data) continues to reduce and is now down to 13.1%. We continue to make attempts to improve the accuracy and completeness of data recorded on EMIS (the GP data collection system).
PH-HI-09 Percentage of mothers smoking during pregnancy	8.4%	9.6%	10.3%	13%		 <p>2010/11: 14.5%, 2011/12: 9.9%, 2012/13: 10.7%, 2013/14: 12.5%, 2014/15: 13.4%, 2015/16: 13.5%, 2016/17: 9.5%, 2017/18: 6.2%, 2018/19: 8.4%, 2019/20: 9.6%, 2020/21: 10.3%</p>	17-Jun-2021 Well ahead of the national average and our local trajectory of 13%. Data taken from Discovery system.

Indicator	Years			Target		Graphs	Note																																		
	2018/19	2019/20	2020/21	2020/21																																					
	Value	Value	Value	Target	Status																																				
PH-HI-11 Reduce mortality from Coronary Heart Disease among the under 75s	31.2	30.1	N/A	64.7		 <table border="1"> <caption>PH-HI-11 Mortality Rates (2004/05 - 2019/20)</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2004/05</td><td>102.4</td></tr> <tr><td>2005/06</td><td>32.4</td></tr> <tr><td>2006/07</td><td>48.3</td></tr> <tr><td>2007/08</td><td>98.6</td></tr> <tr><td>2008/09</td><td>41.7</td></tr> <tr><td>2009/10</td><td>12.6</td></tr> <tr><td>2010/11</td><td>42.3</td></tr> <tr><td>2011/12</td><td>46.6</td></tr> <tr><td>2012/13</td><td>36.3</td></tr> <tr><td>2013/14</td><td>69.2</td></tr> <tr><td>2014/15</td><td>44</td></tr> <tr><td>2015/16</td><td>75.2</td></tr> <tr><td>2016/17</td><td>41.2</td></tr> <tr><td>2017/18</td><td>79.7</td></tr> <tr><td>2018/19</td><td>31.2</td></tr> <tr><td>2019/20</td><td>30.1</td></tr> </tbody> </table>	Year	Value	2004/05	102.4	2005/06	32.4	2006/07	48.3	2007/08	98.6	2008/09	41.7	2009/10	12.6	2010/11	42.3	2011/12	46.6	2012/13	36.3	2013/14	69.2	2014/15	44	2015/16	75.2	2016/17	41.2	2017/18	79.7	2018/19	31.2	2019/20	30.1	17-Jun-2021 Small numbers mean we do fluctuate year on year. Next data available - Feb 22.
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PH-HI-19 Reduce mortality from Stroke among the under 75s	0	4.8	N/A	11.4		 <table border="1"> <caption>PH-HI-19 Mortality Rates (2008/09 - 2019/20)</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2008/09</td><td>11.4</td></tr> <tr><td>2009/10</td><td>10.9</td></tr> <tr><td>2010/11</td><td>35.3</td></tr> <tr><td>2011/12</td><td>10.2</td></tr> <tr><td>2012/13</td><td>4.4</td></tr> <tr><td>2013/14</td><td>5.1</td></tr> <tr><td>2014/15</td><td>18.1</td></tr> <tr><td>2015/16</td><td>14.3</td></tr> <tr><td>2016/17</td><td>13.3</td></tr> <tr><td>2017/18</td><td>8.7</td></tr> <tr><td>2018/19</td><td>0</td></tr> <tr><td>2019/20</td><td>4.8</td></tr> </tbody> </table>	Year	Value	2008/09	11.4	2009/10	10.9	2010/11	35.3	2011/12	10.2	2012/13	4.4	2013/14	5.1	2014/15	18.1	2015/16	14.3	2016/17	13.3	2017/18	8.7	2018/19	0	2019/20	4.8	17-Jun-2021 Very small numbers mean we do fluctuate widely year on year. Next data available - Jan 22.								
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PH-SC-01 Bowel Screening Uptake (rolling 2 year invitation period)	70.9%	71.7%	N/A	60%		 <table border="1"> <caption>PH-SC-01 Bowel Screening Uptake (2010/11 - 2019/20)</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2010/11</td><td>59.8%</td></tr> <tr><td>2011/12</td><td>62.3%</td></tr> <tr><td>2012/13</td><td>66.5%</td></tr> <tr><td>2013/14</td><td>65.8%</td></tr> <tr><td>2014/15</td><td>66%</td></tr> <tr><td>2015/16</td><td>66.4%</td></tr> <tr><td>2016/17</td><td>66.3%</td></tr> <tr><td>2017/18</td><td>67.9%</td></tr> <tr><td>2018/19</td><td>70.9%</td></tr> <tr><td>2019/20</td><td>71.7%</td></tr> </tbody> </table>	Year	Value	2010/11	59.8%	2011/12	62.3%	2012/13	66.5%	2013/14	65.8%	2014/15	66%	2015/16	66.4%	2016/17	66.3%	2017/18	67.9%	2018/19	70.9%	2019/20	71.7%	17-Jun-2021 Highest rate in Scotland. Two-year reporting period is from 1st of May 2018 to 31st of March 2020 when the programme was paused due to Covid outbreak.												
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Indicator	Years			Target		Graphs	Note
	2018/19	2019/20	2020/21	2020/21			
	Value	Value	Value	Target	Status		
PH-SC-02 Cervical Screening Uptake (3.5 years)	79.5%	78.3%	N/A	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.
PH-SC-03 Breast Screening Uptake (3 year rolling period)	82.7%	85.1%	N/A	80%			17-Jun-2021 3 year rolling average April 2017 - March 2020. Highest rate in Scotland by some margin. Next data available May 22.