

Meeting:	Shetland NHS Board
Date:	14 December 2021
Report Title:	Performance Report Quarter 2: July – Sept 2021
Reference Number:	Board Paper 2021/22/48
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 2nd Quarter of 2021-22 (July to Sept)
- 2.2 As will be clear from the attached report, the COVID-19 pandemic has inevitably impacted on delivery of services; a great deal of progress has been made in several areas either in maintaining delivery or in 'catching up'.
- 2.3 It is becoming clear that there has been delayed or hidden need that is now revealing itself, and this will continue to represent challenges over the coming months.

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:

Appendix 1 shows the detailed Performance Indicators for the three month period from July to September 2021, Quarter 2 of financial year 2021-22.

Some services, although remobilised, continue to operate at lower capacity than they might in pre-pandemic times. The replacement of the endoscope washer in Q1 2022 will have an impact on several hospital based clinical services.

Implications :	
Service Users, Patients and Communities:	<p>The Triple Aim is a framework that describes an approach to optimising health system performance through the simultaneous pursuit of three dimensions:</p> <ul style="list-style-type: none"> • improving the quality of healthcare • improving the health of the population, and • achieving value and financial sustainability. <p>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.</p>
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</p>

	to the contractual arrangement between the IJB and NHS Shetland and Shetland Islands Council to deliver the services which the IJB have commissioned).	
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 (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 (i.e. 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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6th December 2021

Appendices:


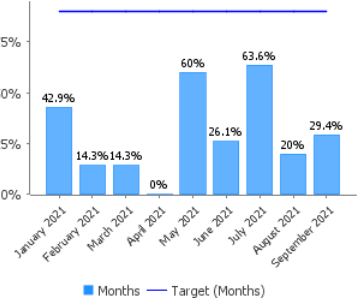

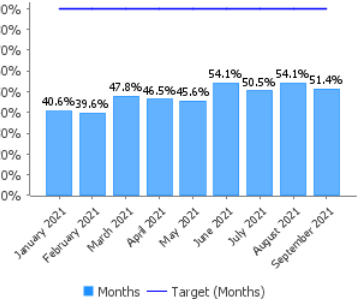

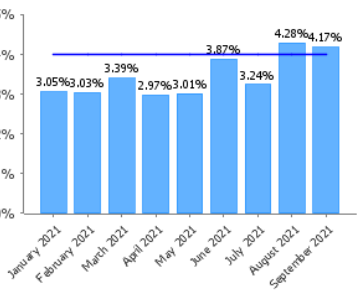
Appendix 1 Performance Report, Detailed, for Quarter 1, April - June 2021


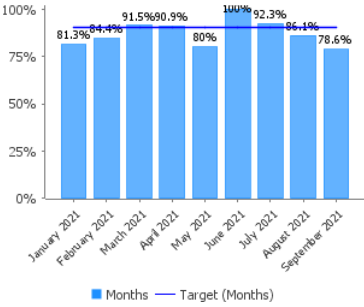

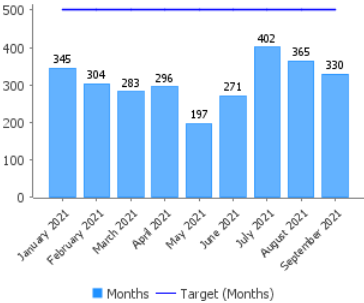

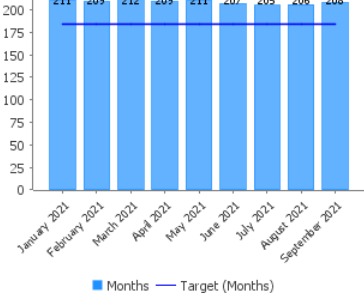
NHS Shetland Performance Report - Monthly Indicators


Generated on: 06 December 2021


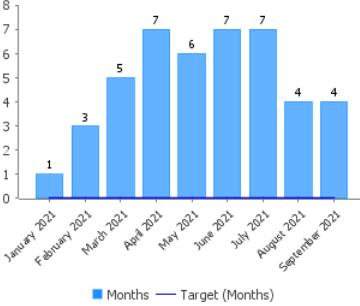

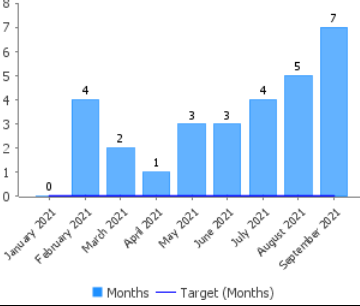

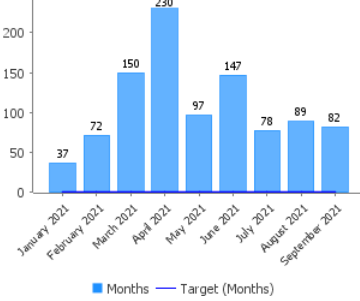



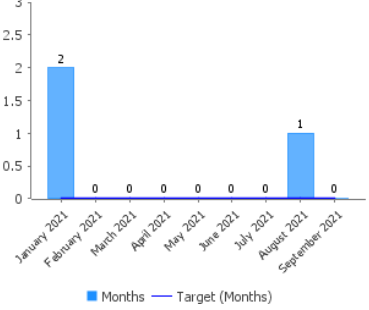

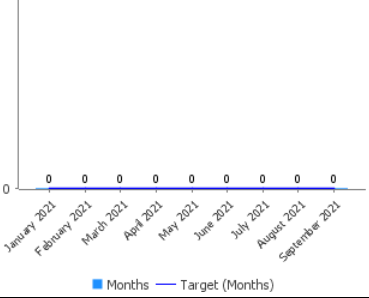

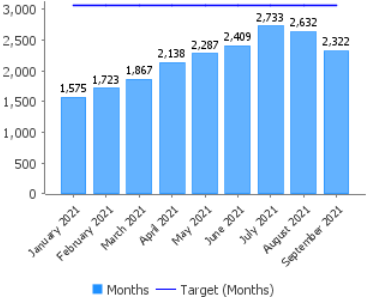
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	July 2021	August 2021	September 2021	September 2021			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	1	0	2	0	1	3	1	2	3	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	2	0	0	2	0			


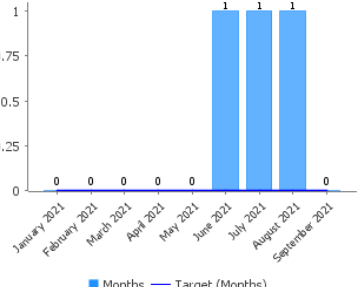

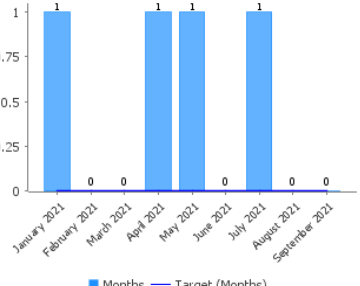

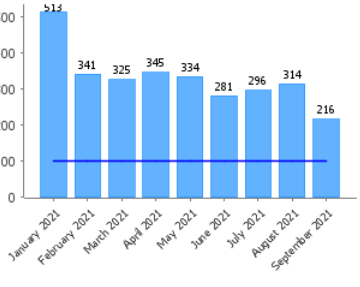
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	29%	19%	23.8%	28.6%	27.3%	39.4%	63.6%	20%	29.4%	90%			19-Oct-2021 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 Remobilisation Plan.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	35.1%	47.8%	34.2%	47.8%	54.1%	51.4%	50.5%	54.1%	51.4%	90%			19-Oct-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 Remobilisation Plan.
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.52%	3.39%	2.43%	3.39%	3.87%	4.17%	3.24%	4.28%	4.17%	4%			06-Dec-2021 The monthly figure for Sept 21 shown is well below the Scottish average for the month but slightly above the 4% target. For the rolling 12 month period 1 Oct 20 to 30 Sept 21 the percentage absence rate is 3.24, 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.


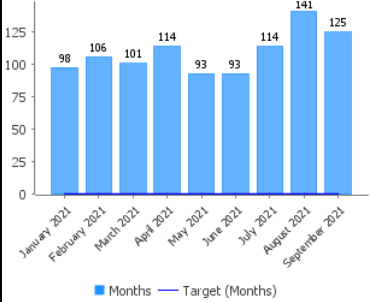

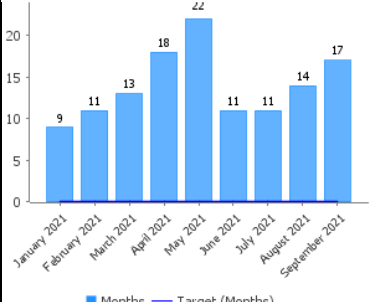

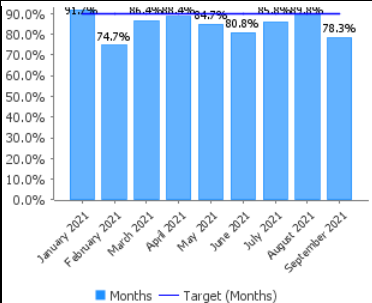
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HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	92.2%	86%	89.2%	87.4%	91.4%	85.6%	92.3%	86.1%	78.6%	90%		 <table border="1"> <caption>HR-IT-01: Percentage of responses within 20 working days</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <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> <tr><td>April 2021</td><td>90.9%</td></tr> <tr><td>May 2021</td><td>80%</td></tr> <tr><td>June 2021</td><td>100%</td></tr> <tr><td>July 2021</td><td>92.3%</td></tr> <tr><td>August 2021</td><td>96.1%</td></tr> <tr><td>September 2021</td><td>78.6%</td></tr> </tbody> </table>	Month	Value	January 2021	81.3%	February 2021	84.4%	March 2021	91.5%	April 2021	90.9%	May 2021	80%	June 2021	100%	July 2021	92.3%	August 2021	96.1%	September 2021	78.6%	06-Dec-2021 There was a 21.4% late response – this is due to 6 requests that weren't answered within the 20 working day deadline. There were fewer requests than normal due a response in September and, therefore, with a smaller denominator, the % of late responses is higher than usual. If we had answered 3 more on time we would have met the target of 90%.
Month	Value																																
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MD-EC-01 Emergency bed days rates for people aged 75+	4,309	3,578	834	932	764	1,097	402	365	330	500		 <table border="1"> <caption>MD-EC-01: Emergency bed days rates for people aged 75+</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <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> <tr><td>April 2021</td><td>296</td></tr> <tr><td>May 2021</td><td>197</td></tr> <tr><td>June 2021</td><td>271</td></tr> <tr><td>July 2021</td><td>402</td></tr> <tr><td>August 2021</td><td>365</td></tr> <tr><td>September 2021</td><td>330</td></tr> </tbody> </table>	Month	Value	January 2021	345	February 2021	304	March 2021	283	April 2021	296	May 2021	197	June 2021	271	July 2021	402	August 2021	365	September 2021	330	
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MD-MH-01 People with a diagnosis of dementia on the dementia register	216	212	214	212	207	208	205	206	208	184		 <table border="1"> <caption>MD-MH-01: People with a diagnosis of dementia on the dementia register</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>January 2021</td><td>211</td></tr> <tr><td>February 2021</td><td>209</td></tr> <tr><td>March 2021</td><td>212</td></tr> <tr><td>April 2021</td><td>209</td></tr> <tr><td>May 2021</td><td>211</td></tr> <tr><td>June 2021</td><td>207</td></tr> <tr><td>July 2021</td><td>205</td></tr> <tr><td>August 2021</td><td>206</td></tr> <tr><td>September 2021</td><td>208</td></tr> </tbody> </table>	Month	Value	January 2021	211	February 2021	209	March 2021	212	April 2021	209	May 2021	211	June 2021	207	July 2021	205	August 2021	206	September 2021	208	
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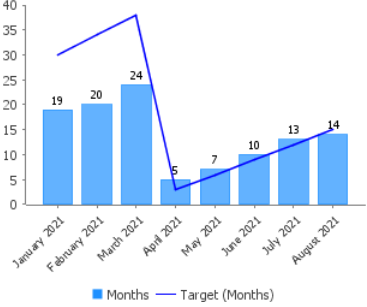
Indicator	Years		Quarters				Months			Target		Graphs	Note		
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status				
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	94.52%	60.29%	93.75%	42.86%	89.29%	100%	100%	100%	100%	100%	100%	90%			
NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	0	3	4	3	4	5	6	8	5	0	0	0			06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Additional reduction in capacity due to ongoing issues with endoscope washer disinfectant, will be resolved in 2022 when the washer is replaced in Q1 2022.
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	1	6	1	1	0	0	0			

Indicator	Years		Quarters				Months			Target		Graphs	Note																														
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	July 2021	August 2021	September 2021	September 2021																																	
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NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	1	5	2	5	7	4	7	4	4	0		 <table border="1"> <caption>NA-DI-03 Monthly Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>January 2021</td><td>1</td><td>0</td></tr> <tr><td>February 2021</td><td>3</td><td>0</td></tr> <tr><td>March 2021</td><td>5</td><td>0</td></tr> <tr><td>April 2021</td><td>7</td><td>0</td></tr> <tr><td>May 2021</td><td>6</td><td>0</td></tr> <tr><td>June 2021</td><td>7</td><td>0</td></tr> <tr><td>July 2021</td><td>7</td><td>0</td></tr> <tr><td>August 2021</td><td>4</td><td>0</td></tr> <tr><td>September 2021</td><td>4</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	1	0	February 2021	3	0	March 2021	5	0	April 2021	7	0	May 2021	6	0	June 2021	7	0	July 2021	7	0	August 2021	4	0	September 2021	4	0	06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Additional reduction in capacity due to ongoing issues with endoscope washer disinfectant, will be resolved in 2022 when the washer is replaced in Q1 2022.
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August 2021	4	0																																									
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NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	0	2	0	2	3	7	4	5	7	0		 <table border="1"> <caption>NA-DI-04 Monthly Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>January 2021</td><td>0</td><td>0</td></tr> <tr><td>February 2021</td><td>4</td><td>0</td></tr> <tr><td>March 2021</td><td>2</td><td>0</td></tr> <tr><td>April 2021</td><td>1</td><td>0</td></tr> <tr><td>May 2021</td><td>3</td><td>0</td></tr> <tr><td>June 2021</td><td>3</td><td>0</td></tr> <tr><td>July 2021</td><td>4</td><td>0</td></tr> <tr><td>August 2021</td><td>5</td><td>0</td></tr> <tr><td>September 2021</td><td>7</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	0	0	February 2021	4	0	March 2021	2	0	April 2021	1	0	May 2021	3	0	June 2021	3	0	July 2021	4	0	August 2021	5	0	September 2021	7	0	06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Additional reduction in capacity due to ongoing issues with endoscope washer disinfectant, will be resolved in 2022 when the washer is replaced in Q1 2022.
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NA-DI-05 Number of cases where the non-obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	14	150	12	150	147	82	78	89	82	0		 <table border="1"> <caption>NA-DI-05 Monthly Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>January 2021</td><td>37</td><td>0</td></tr> <tr><td>February 2021</td><td>72</td><td>0</td></tr> <tr><td>March 2021</td><td>150</td><td>0</td></tr> <tr><td>April 2021</td><td>230</td><td>0</td></tr> <tr><td>May 2021</td><td>97</td><td>0</td></tr> <tr><td>June 2021</td><td>147</td><td>0</td></tr> <tr><td>July 2021</td><td>78</td><td>0</td></tr> <tr><td>August 2021</td><td>89</td><td>0</td></tr> <tr><td>September 2021</td><td>82</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	37	0	February 2021	72	0	March 2021	150	0	April 2021	230	0	May 2021	97	0	June 2021	147	0	July 2021	78	0	August 2021	89	0	September 2021	82	0	06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Staffing challenges which further reduced capacity have been overcome with new staff having started in September 2021 and the numbers of patients waiting has reduced since this date.
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NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	3	0	4	0	0	0	0	1	0	0		 <table border="1"> <caption>NA-DI-06 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>January 2021</td><td>2</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> <tr><td>April 2021</td><td>0</td><td>0</td></tr> <tr><td>May 2021</td><td>0</td><td>0</td></tr> <tr><td>June 2021</td><td>0</td><td>0</td></tr> <tr><td>July 2021</td><td>0</td><td>0</td></tr> <tr><td>August 2021</td><td>1</td><td>0</td></tr> <tr><td>September 2021</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	2	0	February 2021	0	0	March 2021	0	0	April 2021	0	0	May 2021	0	0	June 2021	0	0	July 2021	0	0	August 2021	1	0	September 2021	0	0	
Month	Months	Target (Months)																																									
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September 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 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <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> <tr><td>April 2021</td><td>0</td><td>0</td></tr> <tr><td>May 2021</td><td>0</td><td>0</td></tr> <tr><td>June 2021</td><td>0</td><td>0</td></tr> <tr><td>July 2021</td><td>0</td><td>0</td></tr> <tr><td>August 2021</td><td>0</td><td>0</td></tr> <tr><td>September 2021</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	0	0	February 2021	0	0	March 2021	0	0	April 2021	0	0	May 2021	0	0	June 2021	0	0	July 2021	0	0	August 2021	0	0	September 2021	0	0	
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August 2021	0	0																																									
September 2021	0	0																																									
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,954	1,867	1,811	1,867	2,409	2,322	2,733	2,632	2,322	3,061		 <table border="1"> <caption>NA-EC-02 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <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> <tr><td>April 2021</td><td>2,138</td><td>3,061</td></tr> <tr><td>May 2021</td><td>2,287</td><td>3,061</td></tr> <tr><td>June 2021</td><td>2,409</td><td>3,061</td></tr> <tr><td>July 2021</td><td>2,733</td><td>3,061</td></tr> <tr><td>August 2021</td><td>2,632</td><td>3,061</td></tr> <tr><td>September 2021</td><td>2,322</td><td>3,061</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	1,575	3,061	February 2021	1,723	3,061	March 2021	1,867	3,061	April 2021	2,138	3,061	May 2021	2,287	3,061	June 2021	2,409	3,061	July 2021	2,733	3,061	August 2021	2,632	3,061	September 2021	2,322	3,061	
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Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	July 2021	August 2021	September 2021	September 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	1	0	1	2	1	1	0	0	0			
NA-IC-29 Number of C Diff Infections	5	6	1	1	2	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	1,493	1,179	960	826	296	314	216	100	100			06-Dec-2021 Remobilisation of local and visiting services from NHS Grampian now see services delivered in a hybrid model of face to face, NearMe and telephone clinics. Numbers of patients waiting has continued to reduce as services from NHS Grampian have restarted.

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	July 2021	August 2021	September 2021	September 2021			
	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	319	1,702	337	305	300	380	114	141	125	0			06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Clinical prioritisation ensures that patients are treated based on their clinical need.
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	60	314	36	33	51	42	11	14	17	0			06-Dec-2021 As part of remobilisation this service is being provided by a long term locum meaning the service has a limited capacity. Clinical prioritisation utilised to ensure patients seen by clinical need.
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	86.9%	83.6%	83.4%	82.8%	84.6%	84.4%	85.8%	89.8%	78.3%	90.0%			06-Dec-2021 Remobilisation of services has seen this service fully delivered locally, albeit with reduced throughput due to covid precautions. Clinical prioritisation ensures that patients are treated based on their clinical need.


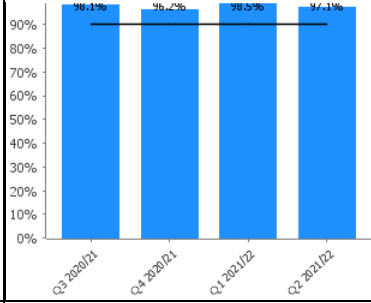

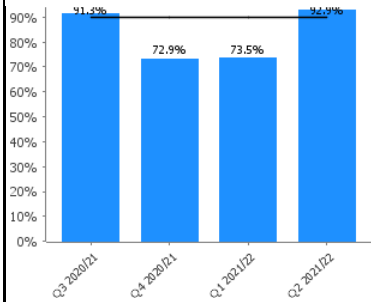

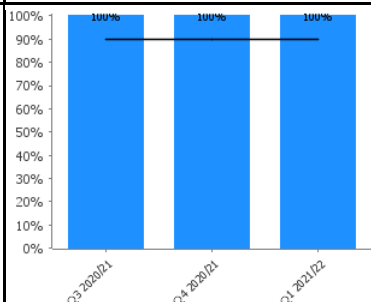
Indicator	Years		Quarters				Months			Target		Graphs	Note																											
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	July 2021	August 2021	Septem ber 2021	September 2021																														
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status																													
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	24	16	24	10	14	13	14	N/A	15		 <table border="1"> <caption>Monthly Data for PH-HI-05</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2021</td><td>19</td><td>30</td></tr> <tr><td>February 2021</td><td>20</td><td>32</td></tr> <tr><td>March 2021</td><td>24</td><td>35</td></tr> <tr><td>April 2021</td><td>5</td><td>5</td></tr> <tr><td>May 2021</td><td>7</td><td>7</td></tr> <tr><td>June 2021</td><td>10</td><td>10</td></tr> <tr><td>July 2021</td><td>13</td><td>13</td></tr> <tr><td>August 2021</td><td>14</td><td>14</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2021	19	30	February 2021	20	32	March 2021	24	35	April 2021	5	5	May 2021	7	7	June 2021	10	10	July 2021	13	13	August 2021	14	14	
Month	Months	Target (Months)																																						
January 2021	19	30																																						
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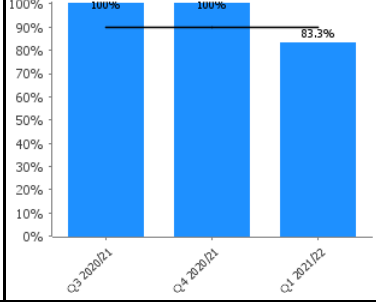

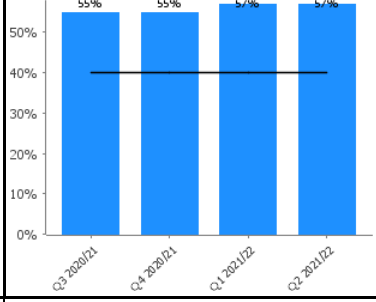

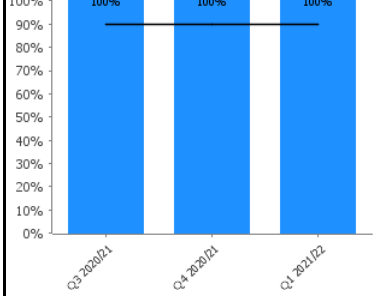
NHS Shetland Performance Report - Quarterly Indicators


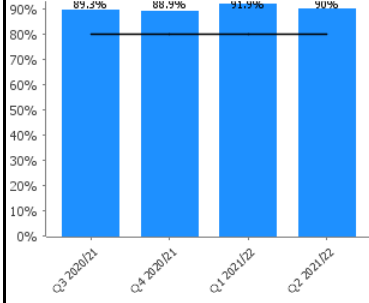

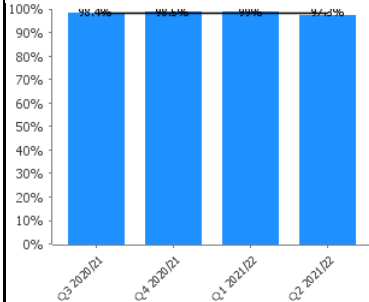

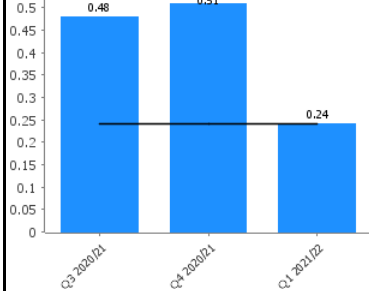
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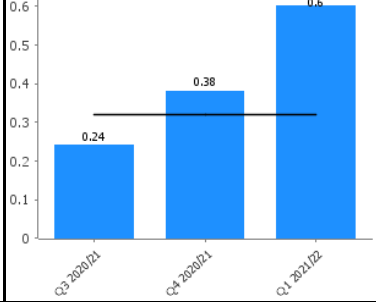

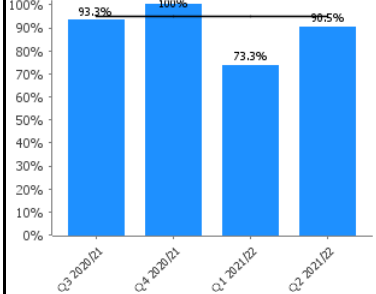



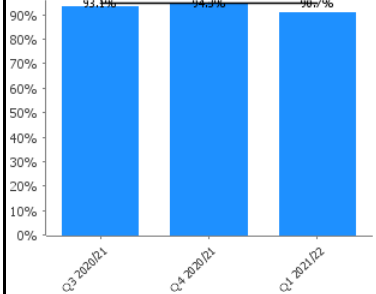
Indicator	Years		Quarters				Target		Graphs	Note	
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22				
	Value	Value	Value	Value	Value	Value	Target	Status			
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	100%			
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	78%	53%	56%	53%	61%	37%	100%	100%			20-Oct-2021 New BCP system ready for ratification. Have not pursued refreshed BCPs as it would involve duplication in some cases. Once the launch occurs then we will be active in pushing for compliance.

Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22			
	Value	Value	Value	Value	Value	Value	Target	Status		
CE-IC-01 Cleaning Specification Audit Compliance	98.1%	96.2%	98.1%	96.2%	98.5%	97.1%	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%	91.3%	72.9%	73.5%	92.9%	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%	N/A	90%			06-Dec-2021 The National Drug and Alcohol Treatment Waiting Times series has been temporarily paused to evaluate the consistency and reliability of the waiting times information submitted by specialist drug and alcohol treatment services following the introduction of a new information system.

Indicator	Years		Quarters				Target		Graphs	Note												
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22															
	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%	83.3%	N/A	90%		 <table border="1"> <caption>CH-DA-02 Waiting Times Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2020/21</td> <td>100%</td> </tr> <tr> <td>Q4 2020/21</td> <td>100%</td> </tr> <tr> <td>Q1 2021/22</td> <td>83.3%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q3 2020/21	100%	Q4 2020/21	100%	Q1 2021/22	83.3%	Target	90%	06-Dec-2021 The National Drug and Alcohol Treatment Waiting Times series has been temporarily paused to evaluate the consistency and reliability of the waiting times information submitted by specialist drug and alcohol treatment services following the introduction of a new information system.		
Quarter	Value																					
Q3 2020/21	100%																					
Q4 2020/21	100%																					
Q1 2021/22	83.3%																					
Target	90%																					
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	53%	55%	55%	55%	57%	57%	40%		 <table border="1"> <caption>CH-SC-01 Intensive Care in Own Home Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2020/21</td> <td>55%</td> </tr> <tr> <td>Q4 2020/21</td> <td>55%</td> </tr> <tr> <td>Q1 2021/22</td> <td>57%</td> </tr> <tr> <td>Q2 2021/22</td> <td>57%</td> </tr> <tr> <td>Target</td> <td>40%</td> </tr> </tbody> </table>	Quarter	Value	Q3 2020/21	55%	Q4 2020/21	55%	Q1 2021/22	57%	Q2 2021/22	57%	Target	40%	22-Oct-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.
Quarter	Value																					
Q3 2020/21	55%																					
Q4 2020/21	55%																					
Q1 2021/22	57%																					
Q2 2021/22	57%																					
Target	40%																					
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%	N/A	90%		 <table border="1"> <caption>NA-CF-02 IVF Treatment Commencement Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q3 2020/21</td> <td>100%</td> </tr> <tr> <td>Q4 2020/21</td> <td>100%</td> </tr> <tr> <td>Q1 2021/22</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q3 2020/21	100%	Q4 2020/21	100%	Q1 2021/22	100%	Target	90%	19-Oct-2021 Q2 data to be published in Dec 21.		
Quarter	Value																					
Q3 2020/21	100%																					
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Q1 2021/22	100%																					
Target	90%																					

Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22			
	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%	89.3%	88.9%	91.9%	90%	80%			19-Oct-2021 Provisional figures from NSS Discovery for the year ending Sept 2021 show the rate for our lowest SIMD quintile is 90% meeting the 80% target. Our overall rate is 97.0%, which equates to 164 of 169 pregnant women having booked by the 12th week of gestation.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	95%	98.1%	98.4%	98.5%	99%	97.3%	98%			
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.19	0.51	0.48	0.51	0.24	N/A	0.24			19-Oct-2021 These are the latest figures reported nationally (Quarter ending Jun 21). There were no SABs in this quarter. The overall rate for the preceding 12 months decreased to 0.24 per 1000 AOB (2 SAB infections), meeting the target of 0.24. Next data available Jan 22.

Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22			
	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	0.38	0.24	0.38	0.6	N/A	0.32		 <p>19-Oct-2021 These are the latest figures published nationally (Quarter ending Jun 21). There were two C Diff infections in this quarter. The overall rate for the preceding 12 months rose to 0.6 per 1000 OBD (5 C Diff infections), missing the target of 0.32 but still well within our expected rate. Next data available Jan 22.</p>	
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	94.2%	94.6%	93.3%	100%	73.3%	90.5%	95%			
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	97.1%	98%	100%	100%	100%	100%	95%			


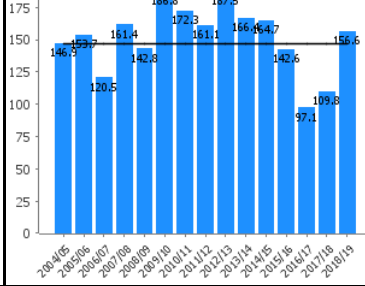

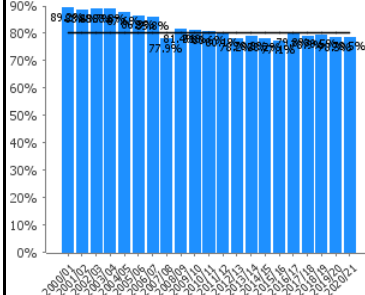
Indicator	Years		Quarters				Target		Graphs	Note
	2019/20	2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q2 2021/22			
	Value	Value	Value	Value	Value	Value	Target	Status		
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	90.9%	94.3%	93.1%	94.3%	90.7%	N/A	95%		 <p>06-Dec-2021 Q2 to be published Jan 22.</p>	

NHS Shetland Performance Report - Annual Indicators

Generated on: 06 December 2021



Indicator	Years			Target		Graphs	Note
	2018/19	2019/20	2020/21	2020/21			
	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	2.0			13-Aug-2021 Three year rolling average rate (2017-19) which smooths out the effect of very small numbers. We have had no pregnancies in 13-15 year olds in the past 5 years. Next data available Aug 2022.
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	6.1	7	N/A	20.7			20-Oct-2021 Due to small number variation and the difficulty in interpreting this data, we have decided to publish our five year, age-standardised rate per 100,000 for monitoring purposes. Note: This figure is for the period 2016-20. Next data publication - Sept 22.

Indicator	Years			Target		Graphs	Note
	2018/19	2019/20	2020/21	2020/21			
	Value	Value	Value	Target	Status		
PH-HI-18 Reduce mortality from Cancer among the under 75s	156.6	N/A	N/A	146.9			06-Dec-2021 Small numbers mean we do fluctuate year on year. Next data available - Oct 22.
PH-SC-02 Cervical Screening Uptake (3.5 years)	79.5%	78.3%	78.5%	80%			20-Oct-2021 Slight increase in 2020-21 bucking the national trend. Again narrowly missing the 80% target but still the highest uptake in Scotland. Next data available in Sept 2022.