

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	12 December 2023
Agenda reference:	Board Paper 2023/24/44
Title:	Performance Report Quarter 2: July-Sept 2023
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Planning and Performance Officer

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The Board is provided with a Quarterly Report on key performance indicators up to the end of September 2023, where data is available, and additional appendices providing background and context related to performance data.

2.2. Background

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

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

2.2.2. Work is ongoing to refine the content and format of performance reporting and this will continue as the local Strategic Delivery Plan is agreed and developed. Recent changes include:

- More comprehensive narrative
- Inclusion of improvement work
- Presentation of combined targets, where the full data is considered at Finance and Performance Committee (Diagnostics)

2.2.3. Included for noting and comment are:

- NHS Shetland Board Monthly Indicators
- NHS Shetland Board Quarterly Indicators
- Spotlight on:
 - Dietetics Improvement project

2.3. Assessment

2.3.1. RAG reports:

Monthly report has been grouped into sections/system areas to support interpretation. System limitations make combining quarterly/monthly data under sections/headings challenging but clearer reporting formats are being explored and will be linked to strategic priorities going forward.

2.3.2. Inclusion of new indicators:

These are included for interest as better ways to illustrate performance are explored. Note all data is subject to interpretation, local rates are not directly comparable with other areas or national rates in all measures but these are often included as a guide. Many indicators are subject to small number variation where large changes in percentages can represent small numbers of people, or where increased activity overall can result in a lower percentage meeting a target – where possible numbers are included to illustrate.

Emergency Readmissions, 28 days:

This is used as an indicator of quality and effectiveness of discharge and follow up processes. Locally effective multiagency discharge planning between acute and community health and care services helps to minimise avoidable readmissions. Some readmissions are clinically appropriate and unavoidable; therefore a 0% rate is not desirable.

Seasonal Vaccination Programme, COVID-19 and Influenza:

Uptake rates for those eligible for either or both vaccines is shown across a range of key target groups, compared to Scottish average, and as rank among territorial Health Boards. This is an important prevention measure and the vaccine programme is implemented locally in a collaborative programme by Public Health, Vaccine Team, Primary Care, Community Nursing, School Nursing, Occupational Health and Maternity teams.

- 2.3.3. Detailed narrative is included against areas which are not meeting targets – these are due to a few key factors, predominantly operational pressures in partner boards where services are provided or supported off-island, and workforce pressures within key services.
- 2.3.4. Organisational performance and improvement work has been reviewed by Scottish Government recently through the mid-year performance review in October, and the Quarter 1 and Quarter 2 Annual Delivery Plan (ADP) review. Feedback from both was positive, the detail from the ADP has been considered by FPC and has not been replicated here for brevity, key points raised were:
- Positive:
 - Health Inequalities work on custody care forming part of Urgent and Unscheduled Care Review
 - Climate Change section is thorough and progressing, particularly work around medical gases and waste
 - CAMHS – performance against waiting times target and multiagency approach to referral triage
 - Creative approaches to workforce challenges – including “Grow Your Own” work and review of service design to increase sustainability in Community Nursing and Primary Care.
 - Ongoing good work with policy colleagues around Planned Care and Elective provision (covered in separate plan)
 - Challenges:
 - Dentistry provision – the new Oral Health strategy and current recruitment was highlighted
 - Workforce – particularly around Mental Health and Psychological Therapies, noting impact of vacancies or absence within very small teams.

2.3.5. Spotlight section:

Dietetics Improvement Project

This is included to share some of the creative ways teams are working to build sustainability into their service provision, delivering quality services while experiencing resource and workforce challenges. A follow up piece looking at patient/service user outcomes and associated costs is planned for Q2/Q3 of 2024/25 when the Dietetic Assistant post has been in place for a full year – the team are exploring use of Therapy Outcome Measure as per AHP service plans to support this evaluation.

2.3.6. Quality / patient care

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

2.3.7. Workforce

A comprehensive programme of staff health and wellbeing support is ongoing, but our teams are often small with wide remits, which creates fragility. Recruitment remains challenging, both nationally and locally.

2.3.8. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is a significant focus on sustainability of services in Scottish Government guidance for the Annual Delivery Plan.

2.3.9. Risk assessment/management

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

2.3.10. Equality and Diversity, including health inequalities

Tackling inequalities is a theme that underpins and runs through our planning, the Planning team are engaged in a project with SIC colleagues looking at impact assessment and hope to share learning and good practice from this with NHS colleagues in due course. However capacity and training to support effective impact assessment have been limited over recent years and will need to be considered.

2.3.11. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information only.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1 NHS Shetland Performance Report – Monthly Indicators
- Appendix No 2 NHS Shetland Performance Report – Quarterly Indicators
- Appendix No 3 Dietetics Improvement Project

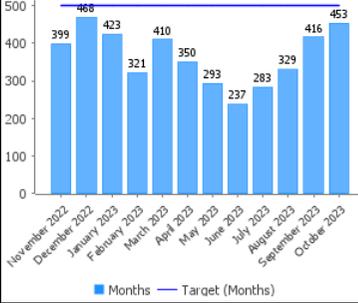
NHS Shetland Performance Report - Monthly Indicators

Generated on: 17 November 2023

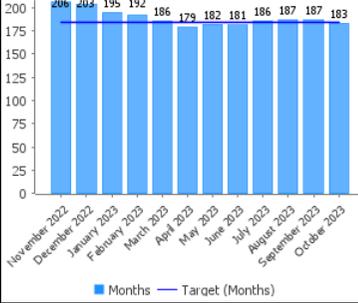
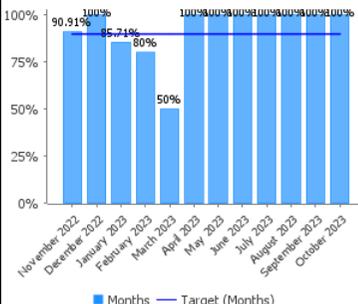


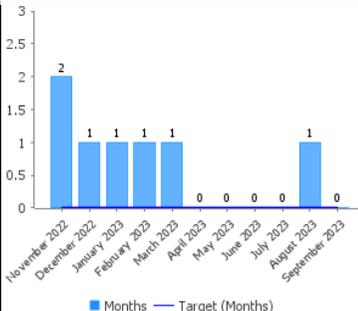
Unscheduled Care

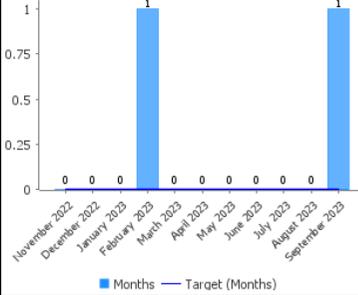
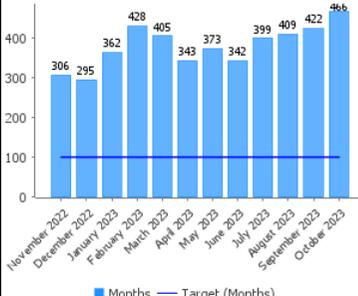
Indicator	Years		Quarters				Months				Target		Graphs	Note	
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	July 2023	August 2023	Sept 2023	Oct 2023	September 2023	Target			Status
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target			Status
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	3	2	11	2	6	3	4	0	3	3	0	0		<p>■ Months — Target (Months)</p>	13-Nov-2023 There has been significant system pressure which have, at times, led to more significant delays however current figures not of serious concern.
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.	8	43	27	3	11	5	2	0	3	1	0	0		<p>■ Months — Target (Months)</p>	13-Nov-2023 There has been significant system pressure which have, at times, led to more significant delays, however current figures are not of serious concern.

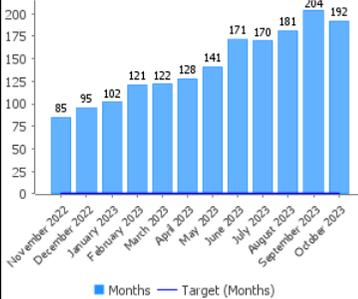
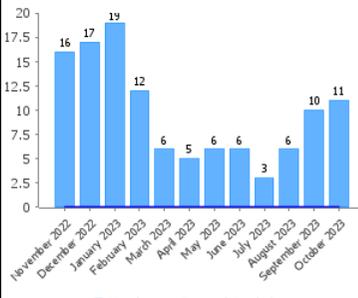
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MD-EC-01 Emergency bed days rates for people aged 75+	4,165	5,122	1,303	1,154	880	1,028	283	329	416	453	500		 <table border="1"> <caption>MD-EC-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>November 2022</td><td>399</td></tr> <tr><td>December 2022</td><td>466</td></tr> <tr><td>January 2023</td><td>423</td></tr> <tr><td>February 2023</td><td>321</td></tr> <tr><td>March 2023</td><td>410</td></tr> <tr><td>April 2023</td><td>350</td></tr> <tr><td>May 2023</td><td>293</td></tr> <tr><td>June 2023</td><td>237</td></tr> <tr><td>July 2023</td><td>283</td></tr> <tr><td>August 2023</td><td>329</td></tr> <tr><td>September 2023</td><td>416</td></tr> <tr><td>October 2023</td><td>453</td></tr> </tbody> </table>	Month	Value	November 2022	399	December 2022	466	January 2023	423	February 2023	321	March 2023	410	April 2023	350	May 2023	293	June 2023	237	July 2023	283	August 2023	329	September 2023	416	October 2023	453	
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NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,422	2,724	2,847	2,724	3,393	3,380	3,201	3,336	3,380	2,882	3,061		 <table border="1"> <caption>NA-EC-02 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>November 2022</td><td>2,663</td></tr> <tr><td>December 2022</td><td>2,847</td></tr> <tr><td>January 2023</td><td>3,030</td></tr> <tr><td>February 2023</td><td>2,724</td></tr> <tr><td>March 2023</td><td>2,724</td></tr> <tr><td>April 2023</td><td>2,698</td></tr> <tr><td>May 2023</td><td>3,052</td></tr> <tr><td>June 2023</td><td>3,030</td></tr> <tr><td>July 2023</td><td>3,030</td></tr> <tr><td>August 2023</td><td>3,030</td></tr> <tr><td>September 2023</td><td>2,882</td></tr> <tr><td>October 2023</td><td>2,882</td></tr> </tbody> </table>	Month	Value	November 2022	2,663	December 2022	2,847	January 2023	3,030	February 2023	2,724	March 2023	2,724	April 2023	2,698	May 2023	3,052	June 2023	3,030	July 2023	3,030	August 2023	3,030	September 2023	2,882	October 2023	2,882	Note quarterly measure is snapshot of last month in quarter – not an average. This has returned to pre-pandemic levels.
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Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	7.3% vs 10.9%	6.9% vs 10.5%	6.5% vs 10.5%	7.1% vs 10.5%	7.3% vs 10.7%	6.9% vs 8.7%	4.7% v 10.5% (13 of 274)	8.5% v 9% (28 of 328)	7.0% v 5.9% (22 of 315)	n/a	n/a		<p>Tester inclusion – no locally set target.</p> <p>Note small number variation, interpret monthly figure with caution – variation is expected.</p> <p>May be moved to quarterly data section.</p>	Some readmissions are unavoidable and clinically appropriate so a zero target is not appropriate. Appropriate discharge planning, post-discharge support and communication across Health and Social Care system should support lower rates of readmission.																										

Indicator	Years		Quarters				Months				Target		Graphs	Note
	2021/2 2	2022/2 3	Q3 2022/2 3	Q4 2022/2 3	Q1 2023/2 4	Q2 2023/2 4	July 2023	August 2023	Sept 2023	Oct 2023	September 2023			
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Mental Health														
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	50%	60.4%	66.7%	52.2%	75.4%	78.4%	54.5%	100%	78.6%	84.6%	90%			Primary care referrals increased dramatically from July 2023, to more than double the average. This increase has carried on through subsequent months and is ongoing. Also affected by staffing absence/gaps and recruitment processes; a CBT therapist started June 2023, and recruitment is underway for vacant psychologist post.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	40.4%	59.8%	60.5%	59.8%	77.6%	69%	63.2%	69.2%	69%	62.3%	90%			

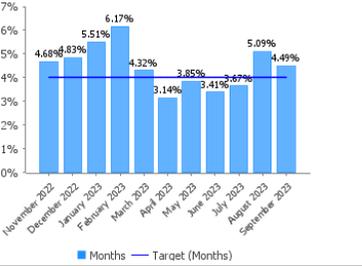
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MD-MH-01 People with a diagnosis of dementia on the dementia register	206	186	203	186	181	187	186	187	187	183	184		 <table border="1"> <caption>MD-MH-01 Monthly Values</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>November 2022</td><td>206</td></tr> <tr><td>December 2022</td><td>204</td></tr> <tr><td>January 2023</td><td>195</td></tr> <tr><td>February 2023</td><td>192</td></tr> <tr><td>March 2023</td><td>186</td></tr> <tr><td>April 2023</td><td>179</td></tr> <tr><td>May 2023</td><td>182</td></tr> <tr><td>June 2023</td><td>181</td></tr> <tr><td>July 2023</td><td>186</td></tr> <tr><td>August 2023</td><td>187</td></tr> <tr><td>September 2023</td><td>187</td></tr> <tr><td>October 2023</td><td>183</td></tr> </tbody> </table>	Month	Value	November 2022	206	December 2022	204	January 2023	195	February 2023	192	March 2023	186	April 2023	179	May 2023	182	June 2023	181	July 2023	186	August 2023	187	September 2023	187	October 2023	183	
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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)	96.7%	89.09 %	95.83 %	73.53 %	100%	100%	100%	100%	100%	100%	90%		 <table border="1"> <caption>NA-CF-01 Monthly Percentages</caption> <thead> <tr> <th>Month</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>November 2022</td><td>90.91%</td></tr> <tr><td>December 2022</td><td>100%</td></tr> <tr><td>January 2023</td><td>85.71%</td></tr> <tr><td>February 2023</td><td>80%</td></tr> <tr><td>March 2023</td><td>50%</td></tr> <tr><td>April 2023</td><td>100%</td></tr> <tr><td>May 2023</td><td>100%</td></tr> <tr><td>June 2023</td><td>100%</td></tr> <tr><td>July 2023</td><td>100%</td></tr> <tr><td>August 2023</td><td>100%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> <tr><td>October 2023</td><td>100%</td></tr> </tbody> </table>	Month	Value (%)	November 2022	90.91%	December 2022	100%	January 2023	85.71%	February 2023	80%	March 2023	50%	April 2023	100%	May 2023	100%	June 2023	100%	July 2023	100%	August 2023	100%	September 2023	100%	October 2023	100%	
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Diagnostics																																																		
Diagnostic Waiting Times: Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging. % represents people waiting 6 weeks or less for key tests in that month/quarter Scottish average is given as a comparator in brackets.			74.2%	82.6%	84.8%	89.2%	90.5% (47.1%)	94% (48.5%)	89.3% (49.8%)	86.8% (50%)	100%			Detailed waiting times, by type of test, are considered at Finance and Performance Committee – this combined measure is used by Scottish Government as a gauge of performance. Access to Diagnostics is an important part of the Referral to Treatment pathway.																																				
Healthcare Associated Infection																																																		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	5	9	3	3	0	1	0	1	0	0	0		 <table border="1"> <caption>NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>November 2022</td><td>2</td><td>0</td></tr> <tr><td>December 2022</td><td>1</td><td>0</td></tr> <tr><td>January 2023</td><td>1</td><td>0</td></tr> <tr><td>February 2023</td><td>1</td><td>0</td></tr> <tr><td>March 2023</td><td>1</td><td>0</td></tr> <tr><td>April 2023</td><td>0</td><td>0</td></tr> <tr><td>May 2023</td><td>0</td><td>0</td></tr> <tr><td>June 2023</td><td>0</td><td>0</td></tr> <tr><td>July 2023</td><td>0</td><td>0</td></tr> <tr><td>August 2023</td><td>1</td><td>0</td></tr> <tr><td>September 2023</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	November 2022	2	0	December 2022	1	0	January 2023	1	0	February 2023	1	0	March 2023	1	0	April 2023	0	0	May 2023	0	0	June 2023	0	0	July 2023	0	0	August 2023	1	0	September 2023	0	0	Most recent data – no cause for concern for Infection Prevention and Control team.
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-29 Number of C Diff Infections	5	3	1	1	0	1	0	0	1		0			Most recent data - no cause for concern for Infection Prevention and Control team.
Waiting Times														
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	3,113	3,903	913	1,195	1,058	1,230	399	409	422	466	100			Pressure remains with visiting services especially the Orthopaedic, ENT, Dermatology and Ophthalmology visiting Services and efforts continue to concentrate on long waits across all specialties. Reduction in planned care allocation compared to 2021/22 means delivery of a de minimis service where services not provided locally or via obligate network.

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NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,592	1,278	263	345	440	555	170	181	204	192	0		 <table border="1"> <caption>NA-PL-03 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>November 2022</td><td>85</td></tr> <tr><td>December 2022</td><td>95</td></tr> <tr><td>January 2023</td><td>102</td></tr> <tr><td>February 2023</td><td>121</td></tr> <tr><td>March 2023</td><td>122</td></tr> <tr><td>April 2023</td><td>128</td></tr> <tr><td>May 2023</td><td>141</td></tr> <tr><td>June 2023</td><td>171</td></tr> <tr><td>July 2023</td><td>170</td></tr> <tr><td>August 2023</td><td>181</td></tr> <tr><td>September 2023</td><td>204</td></tr> <tr><td>October 2023</td><td>192</td></tr> </tbody> </table>	Month	Value	November 2022	85	December 2022	95	January 2023	102	February 2023	121	March 2023	122	April 2023	128	May 2023	141	June 2023	171	July 2023	170	August 2023	181	September 2023	204	October 2023	192	All theatre for local and visiting services continue to be delivered in Shetland where possible. Clinical prioritisation continues to ensure patients are treated based on their clinical need as well as focus on longer waits as capacity allows.
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NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	230	384	79	37	17	19	3	6	10	11	0		 <table border="1"> <caption>NA-PL-04 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>November 2022</td><td>16</td></tr> <tr><td>December 2022</td><td>17</td></tr> <tr><td>January 2023</td><td>19</td></tr> <tr><td>February 2023</td><td>12</td></tr> <tr><td>March 2023</td><td>6</td></tr> <tr><td>April 2023</td><td>5</td></tr> <tr><td>May 2023</td><td>6</td></tr> <tr><td>June 2023</td><td>6</td></tr> <tr><td>July 2023</td><td>3</td></tr> <tr><td>August 2023</td><td>6</td></tr> <tr><td>September 2023</td><td>10</td></tr> <tr><td>October 2023</td><td>11</td></tr> </tbody> </table>	Month	Value	November 2022	16	December 2022	17	January 2023	19	February 2023	12	March 2023	6	April 2023	5	May 2023	6	June 2023	6	July 2023	3	August 2023	6	September 2023	10	October 2023	11	Clinical prioritisation in place to maximise clinician time and prioritise those already in treatment. Oral Health strategy approved by board includes steps to improve stability and sustainability of local orthodontic provision.
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NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	82.6%	87.3%	87.8%	88.0%	85.2%	78.4%	80.3%	82.1%	71.3%	n/a	90.0%		 <table border="1"> <caption>NA-PL-05 Monthly Performance Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>November 2022</td><td>87.8%</td></tr> <tr><td>December 2022</td><td>88.0%</td></tr> <tr><td>January 2023</td><td>88.0%</td></tr> <tr><td>February 2023</td><td>88.0%</td></tr> <tr><td>March 2023</td><td>88.0%</td></tr> <tr><td>April 2023</td><td>80.9%</td></tr> <tr><td>May 2023</td><td>80.9%</td></tr> <tr><td>June 2023</td><td>80.9%</td></tr> <tr><td>July 2023</td><td>80.3%</td></tr> <tr><td>August 2023</td><td>82.1%</td></tr> <tr><td>September 2023</td><td>71.3%</td></tr> </tbody> </table>	Month	Value	November 2022	87.8%	December 2022	88.0%	January 2023	88.0%	February 2023	88.0%	March 2023	88.0%	April 2023	80.9%	May 2023	80.9%	June 2023	80.9%	July 2023	80.3%	August 2023	82.1%	September 2023	71.3%	*provided for time trend - detail will be provided in waiting times report*		
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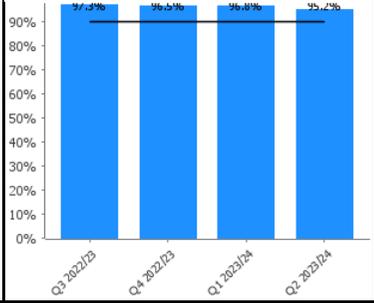
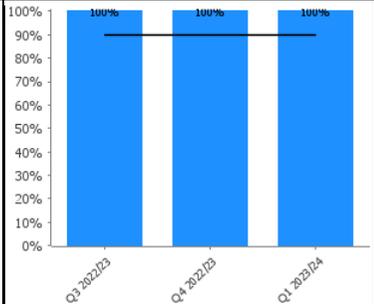
Workforce

HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.26%	4.32%	4.83%	4.32%	3.41%	4.49%	3.67%	5.09%	4.49%	n/a	4%		 <table border="1"> <caption>Monthly Sickness Absence Rates (2022-2023)</caption> <thead> <tr> <th>Month</th> <th>Actual Rate (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>November 2022</td><td>4.68%</td><td>4%</td></tr> <tr><td>December 2022</td><td>4.83%</td><td>4%</td></tr> <tr><td>January 2023</td><td>5.51%</td><td>4%</td></tr> <tr><td>February 2023</td><td>6.17%</td><td>4%</td></tr> <tr><td>March 2023</td><td>4.32%</td><td>4%</td></tr> <tr><td>April 2023</td><td>3.14%</td><td>4%</td></tr> <tr><td>May 2023</td><td>3.85%</td><td>4%</td></tr> <tr><td>June 2023</td><td>3.41%</td><td>4%</td></tr> <tr><td>July 2023</td><td>3.67%</td><td>4%</td></tr> <tr><td>August 2023</td><td>5.09%</td><td>4%</td></tr> <tr><td>September 2023</td><td>4.49%</td><td>4%</td></tr> </tbody> </table>	Month	Actual Rate (%)	Target (%)	November 2022	4.68%	4%	December 2022	4.83%	4%	January 2023	5.51%	4%	February 2023	6.17%	4%	March 2023	4.32%	4%	April 2023	3.14%	4%	May 2023	3.85%	4%	June 2023	3.41%	4%	July 2023	3.67%	4%	August 2023	5.09%	4%	September 2023	4.49%	4%	
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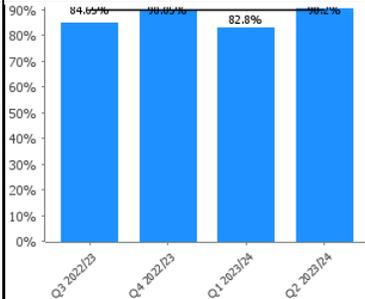
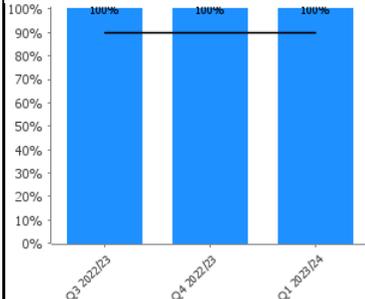
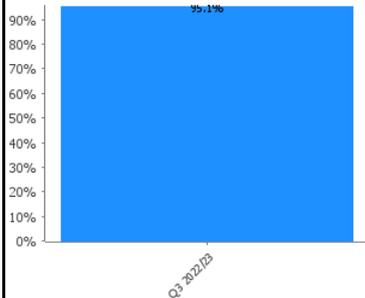
NHS Shetland Performance Report - Quarterly Indicators

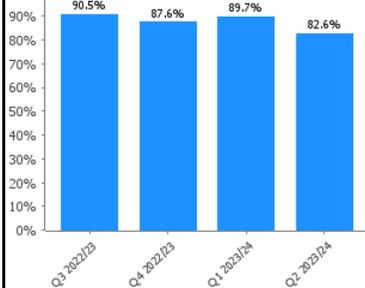
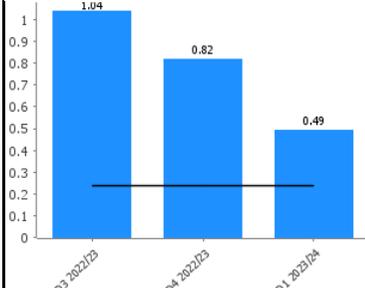
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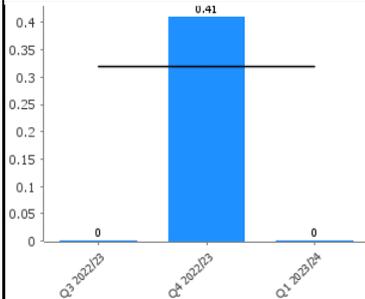
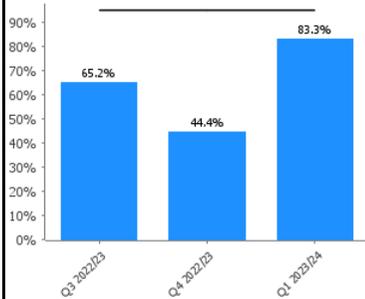
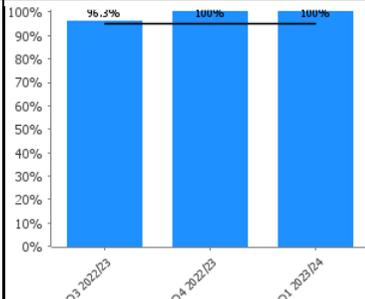


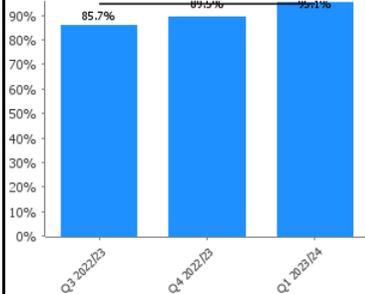
Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Status		
	Value	Value	Value	Value	Value	Value	Target			
CE-IC-01 Cleaning Specification Audit Compliance	98.1%	96.5%	97.3%	96.5%	96.8%	95.2%	90%			
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	93.5%	100%	100%	100%	100%		90%			Note Q2 data has not yet been published by PHS so is not available in the public domain.

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24			
	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.	92.6%	92.5%	100%	66.7%	100%		90%			Note Q2 data has not yet been published by PHS so is not available in the public domain
CH-DA-03 Clients will wait no longer than 3 weeks from referral received to appropriate co-dependency treatment that supports their recovery.	100%	100%	100%	DIV/0	100%		90%	 	Note Q2 data has not yet been published by PHS so is not available in the public domain	
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	54.5%	58%	55%	58%	55%	47%	50%	 	Indicator of complexity of care delivered by health and care team in community. This will vary depending on individual needs.	

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24			
	Value	Value	Value	Value	Value	Value	Target	Status		
HR-IT-02 The percentage of freedom of information requests responded to in the quarter which received a response within 20 working days	87%	85.55%	84.65%	90.05%	82.8%	90.2%	90%		 <p>Previous 4 quarters:</p> <p>Q2 = 138 of 153 requests Q1 = 154 of 186 Q4 = 199 of 221 Q3 = 171 of 202</p>	
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%	n/a	n/a		 <p>19-Sep-2023 Note - no Shetland patients commenced treatment this quarter (PHS publication 29 August 2023)</p> <p>17-Nov-2023 – note 29 August PHS publication is most recent available.</p>	
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.	90.9%	95.1%	95.1%	94.9%	94.1%	90.2%	80%		 <p>17-Nov-2023</p> <p>Provisional data, this Represents all bookings, not separated by SIMD due to small number variation and data availability–SIMD rate may be appropriate on annual or greater measure.</p>	

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b)	97.5%	91.3%	90.5%	87.6%	89.7%	82.6%	98%			
<p>13-Nov-2023 There has been a marked increase in patients whom fall outside the usual target because they present to the Emergency Department (ED) with complex clinical problems, in these exceptional cases it is deemed that clinical care is best undertaken in the emergency department (ED) which in many cases takes longer than 4 hours. In addition to this, we have stood down the Same Day Emergency Care (SDEC) pathway so patients who need urgent ambulatory care also have to be cared for in ED, similarly their care plan takes more than 4 hours to complete. A decision was made to undertake more Multidisciplinary Team planning (MDT) in ED, than admit people to hospital in order to make better plans, and put alternatives to admission to hospital in place – this may in some cases take more than 4 hours but it is a better pathway for the patient. These are three of the main factors which have impacted on our 4 hour access performance over the last 6 months.</p>										
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.44	0.82	1.04	0.82	0.49	N/a	0.24			<p>This is most recent data published. No concerns raised by IPC team.</p>

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24			
	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	0.55	0.41	0	0.41	0	n/a	0.32			This is most recent data published No concerns raised by IPC team.
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	85.1%	68.5%	65.2%	44.4%	83.3%		95%			System pressures within partner boards continue to impact on performance where investigation and/or treatment take place off-island. Where treatment can be provided locally the board performs well against this target. Note Q1 is the most recent data publicly available (26 September publication by Public Health Scotland). Current data is used internally with breaches of waiting times examined and actively managed.
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	96.3%	100%	100%		95%			Note Q1 is the most recent data publicly available (26 September publication by Public Health Scotland).

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q2 2023/24	Target		
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	83%	89.5%	85.7%	89.5%	95.1%	n/a	95%			This is most recent data available Public Health have been working with teams to improve data quality and opportunities for vaccine uptake.
Seasonal Vaccination Programme: COVID-19									Total 57.9% Scottish average 41.3% Ranked 3 rd among territorial HBs	
Seasonal Vaccination Programme: Influenza - Adult									Total 48.9% Scottish average 40.3% Ranked 4 th among territorial HBs	

CARE HOME PROJECT

UK data

INTRODUCTION

Background – 2022 work

- Treating malnutrition costs 15% of total healthcare costs per year
- Decreasing the incidence by 1% will save £70 million per year
- Incidence of malnutrition increases with age and as Shetland has an increasing elderly population, it is prevalent in this area

WHAT WAS CARRIED OUT?

- Clinical reviews of care home patients already on the dietetic caseload
- Menu information, observation of mealtime service & discussions with residents and families regarding opinions of food service
- Clarifying training needs of care home staff
- 13 MUST training sessions were delivered to staff across 9 care homes in Shetland. Staff involved:
 - Senior and social care workers
 - Care home cooks
 - Care at home staff in the community
- From July-August 2022



RESULTS: MUST TRAINING PRE & POST FEEDBACK



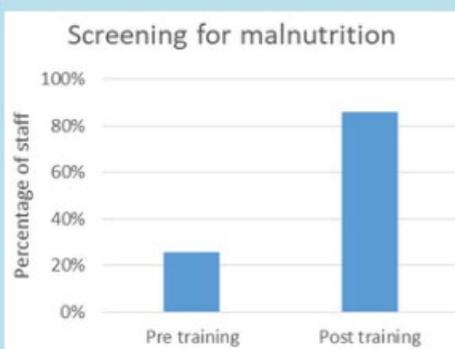
Pre training, 58% were not at all/lacking in confidence when **screening for malnutrition using the MUST tool** whereas 88% were reasonably/very confident post training



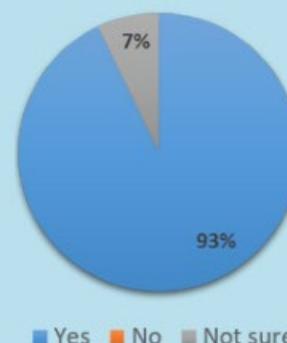
Pre training, 46% were not at all/lacking confidence in **actioning a nutritional care plan**, whereas post training 90% were reasonably/very confident

The top 3 comments staff were hoping to gain from the session were:

- improve knowledge/understanding and confidence using MUST
- Being able to identify signs of malnutrition and assess in high-risk clients
- Provide better nutrition advice and care for clients



Staff were asked what they would do if they were concerned about someone's nutritional status pre & post training, and the results showed a big shift in screening for malnutrition from 26% to 86%



After the training, 93% felt they had gained what they had hoped from the session, while 7% were unsure

2023: Dietetics team led, linking with Community Care Resources, Primary Care and Community Nursing

Improvement Work

- MUST training – ongoing delivery, simplification of training and collection form in response to staff feedback
- Training delivery in community – not restricted to residential settings, recognising how we care for people in Shetland
- 68% of initially identified caseload on Oral Nutritional Supplements had care plans amended – increasing, decreasing, or ceasing prescriptions
- Review of skillmix in Dietetics team to allow continuation of this review work and relationship building by Healthcare Support Worker, protecting clinician time and mitigating recruitment challenges
- Work with regional partners to understand drivers of change in ONS prescription and review
- Confidence building in health and care staff in use of Dietetic team for expertise and input at earlier stage to prevent complications of malnutrition and frailty
- Links with Frailty MCN to support collaborative approach

Staff story: Dietetic Assistant Practitioner

Throughout the ONS project, I gained a great deal of experience working alongside the project lead. I gained clinical knowledge, skills and confidence to support patients in various care settings or at home.

As part of my role, following this project I now have my own appropriate caseload, providing ongoing review to patients requiring nutrition support as led by the dietitians.

I am currently supporting 17% of the department's clinical case reviews, with hopes to expand on this as I continue to develop with my role.

I will also be continuing to deliver ongoing training to care staff.

I've thoroughly enjoyed taking on a patient caseload following the project and find it very rewarding."

Training feedback:

"I feel I'm now more equipped to recognise and act on signs of malnutrition and feel confident using the tool to provide the best support I can to our clients."

"Warm and welcoming trainers, found the online MUST tool very helpful and easy to use, I feel more confident knowing when to refer to the Dietitian"

Impact and outcomes

- Increased engagement and quality of MUST scoring tool to identify concerns earlier
- Increased uptake of informal support and appropriate referral into Dietetic team through recognised point of contact and clear guidance around point of referral
- Active review of people using Oral Nutritional Supplements leading to better quality of care, appropriate use of supplementation, and relatively decreased prescribing costs
- Earlier identification of need, or decline in MUST score is supporting earlier intervention which will reduce negative outcomes associated with malnutrition (national evidence – not evaluated locally yet due to complexity and capacity)
- Introduction of digital MUST tool and availability of training has supported continuity of approach across different teams – helpful where there are challenges with staff turnover

Sustainable Impact

Prioritising maintenance and review work is challenging in a service that also has a significant element of urgent referrals. There have also been challenges across the organisation previously in embedding quality improvement work past the "test of change" stage.

Reviewing the skill mix and roles and responsibilities within the team to create the Dietetic Assistant post has created value, freed up Dietitian time, and delivered better outcomes for patients. This also positions the department well in a climate of workforce scarcity and increasing demand due to an increasing ageing population.