

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	23 rd June 2022
Agenda Reference:	Board Paper 2022/23/27
Title:	Performance Report Quarter 4: January 2022 –
	March 2022
Responsible Executive/Non-Executive:	Michael Dickson, Chief Executive
Report Author:	Elizabeth Robinson, Public Health and Planning
	Principal

1 Purpose

This is presented to the Board for:

• Awareness

This report relates to:

• Remobilisation Plan/Annual Operating 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 March 2022.

2.2 Background

The Board adopted a Performance Management Framework in 2019, (<u>Performance</u> <u>Management Framework 2019 - 2024 (scot.nhs.uk</u>)) 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

It is recognised that the Quarterly Performance report, in its current form, does not enable this level of scrutiny and assurance, and a Finance and Performance Management Committee is in the process of establishment to address this; meanwhile the Board is asked to note and comment on any issues they see as significant to sustaining and progressing NHS Shetland's performance.

2.3 Assessment

Levels of COVID within the workforce have continued to impact on delivery of services, but there have been some significant achievements despite this:

- a. CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks) – for the first time for many years, the 90% target was achieved in March 2022. There is ongoing work via the Psychological Therapies Improvement Plan to reduce the number of ongoing waits (CH-MH-02) that exceed 18 weeks.
- b. *HR-IT-01 The percentage of freedom of information (FOI) requests due a response in the month which received a response within 20 working days* this is a challenging target to meet, given the quantity of FOI requests received; often the same number for a small Board as a large Board.
- c. *MD-MH-01 People with a diagnosis of dementia on the dementia register* the organisation has continued to exceed the target for the number of people on the dementia register; this target will be reviewed to see if it is still appropriate.
- NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks) – this service has continued to perform at an exceptional level since the 1st quarter of 2021-22.
- e. *NA-DI-01, NA-DI-02, NA-DI-03, NA-DI-04* The endoscope washer disinfector units have now been replaced, which will increase capacity for endoscopy, colonoscopy and cystoscopy procedures.
- f. NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services) and NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure – these indicators reflect the pressure that NHS Grampian and other visiting services are under, as part of the continuing response to the pandemic. However, patients are prioritised on the basis of clinical need.

2.3.1 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.

2.3.2 Workforce

A comprehensive programme of staff health and wellbeing support is ongoing, but our teams are often small with wide remits, which creates fragility. The transmissibility of the Omicron variant of COVID continues to contribute to this fragility.

2.3.3 Financial

Significant funding we received from Scottish Government to support remobilisation up to end March 2022. However, there will still be a need to balance ongoing demand for higher levels of service provision with the ending of this funding.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

A formal impact assessment was not completed on this year's Annual Operational Plan (Remobilisation Plan); however tackling inequalities is a theme which underpins and runs through our remobilisation and annual operational planning.

2.3.6 Other impacts

NA.

2.3.7 Communication, involvement, engagement and consultations No communication and consultation has taken place prior to submission to the Board.

2.3.8 Route to the Meeting

This report was not considered by other committees prior to submission to the Board.

2.4 Recommendation

• Awareness – For Members' information only.

3 List of appendices

The following appendix is included with this report:

• Appendix 1 : NHS Shetland Performance Report 2021-22 Quarter 4

NHS Shetland Performance Report - Monthly Indicators

Generated on: 21 June 2022



	Ye	Years Quarters						Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphis	
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.	0	3	1	3	3	3	3	3	3	0		4 3.5 3 2.5 2.5 1.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 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.	0	2	0	2	1	2	1	2	2	0		3 2.5 2 1.5 1 0.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Ye	ars	Quarters				Months		Tar	get			
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	19%	50%	27.3%	39.4%	67.9%	52.4%	50%	33.3%	90%	90%		90% 83.3% 80% 90% 90% 90% 53.6% 50% 50% 50% 50% 50% 50% 50% 50% 50% 50	
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	47.8%	40.4%	54.1%	51.4%	35.3%	40.4%	35.3%	38.3%	40.4%	90%		90% 80% 70% 60% 90% 41.1% 43% 35.3% 35.3% 36.3% 40.4% 43% 10% 0% 0% 0% 0% 0% 0% 0% 0% 0%	21-Jun-2022 A Psychological Therapies Recovery plan has been submitted and approved by the Board. It sets out different ways of working that will enable the long waits to be addressed. Additional resources have been sought via the remobilisation plan and a new Psychological Therapist has started providing input for the longest waits on the PT waiting list. The first Survive & Thrive course has been completed with some positive feedback from patients. Plans are underway for facilitating a second cycle of the course.

	Ye	Years Quarters						Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.39%	4.26%	3.87%	4.17%	5.27%	4.26%	5.07%	4.17%	4.26%	4%	>	5% 5.27% 5.07% 4.17% 4.17% 4.26% 4.17% 4.17% 4.26% 4.17% 4.17% 4.26% 4.17% 4.17% 4.26% 4.17% 4.17% 4.26% 4.17%	21-Jun-2022 The monthly figure for Apr 22 shown is well below the Scottish average for the month and back below the 4% target. For the rolling 12 month period 1 May 21 to 30 Apr 22 the percentage absence rate is 4.39, which is below the Scottish average and just missing the 4% target. Long term absence is below the Scottish average for the month, short term is slightly above. We are also below the Scottish average for long and short term rolling year.
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	86%	86.8%	91.4%	85.6%	86.8%	84.7%	74.1%	90.7%	85.2%	90%		88.7% 99.9% 90.7% 05.2% 75% 79.2% 74.1% 65.2% 50% 74.1% 74.1% 65.2% 0% 74.1% 74.1% 65.2% 0% 74.1% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 65.2% 0% 79.2% 74.1% 74.1% 0% 79.2% 74.1% 74.1% <td>09-May-2022 In quarter four, 13 were completed late, 5 are still open and 1 closed/withdrawn.</td>	09-May-2022 In quarter four, 13 were completed late, 5 are still open and 1 closed/withdrawn.
MD-EC-01 Emergency bed days rates for people aged 75+	3,578	4,197	764	1,097	1,062	1,274	376	399	499	500	٢	500 400 316 316 316 316 316 316 316 316	

	Ye	ars		Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
MD-MH-01 People with a diagnosis of dementia on the dementia register	212	206	207	208	204	206	202	203	206	184	>	200 175 150 125 0 0 0 0 0 0 0 0 0 0 0 0 0	
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	60.29%	96.7%	89.29%	100%	100%	100%	100%	100%	100%	90%	>	100% 75% - 50% - 25% - 0%	
NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	3	2	4	5	2	2	4	1	2	0		5 4 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Ye	ars		Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	2	7	2	1	4	7	5	8	7	0	•	9 7 6 5 4 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	5	9	7	4	6	9	7	9	9	0	•	10 7.5 5 2.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	2	11	3	7	9	11	9	10	11	0	•	10 7.5 5 2.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Ye	ars		Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-DI-05 Number of cases where the non- obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	150	21	147	82	81	21	43	30	21	0		80 78 81 70 60 50 47 43 30 21 10 50 50 50 50 50 50 50 50 50 5	
NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	0	1	0	0	0	1	1	0	1	0	>	4 3.5 3 2.5 1.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Ye	ars	1	Qua	rters			Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,867	2,422	2,409	2,322	2,637	2,422	2,366	2,252	2,422	3,061		3,000 2,500 2,500 1,500 1,500 0 0 0 0 0 0 0 0 0 0 0 0	
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	4	5	1	2	2	0	0	0	0	0	>	0.75 0.55 0.25 0.25 0.25 0.25 0.25 0.25 0.2	21-Jun-2022 One MSSA identified in Ward 1 on 4th.
NA-IC-29 Number of C Diff Infections	6	5	2	1	0	2	0	0	2	0		3 2.5 2 1.5 1 0.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Ye	ars	Quarters					Months		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	5,437	3,097	960	826	627	684	235	235	214	100		200 203 198 255 255 214 200 203 198 255 254 214 150 - 100 - 50 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,702	1,579	300	380	513	386	165	127	94	0	•	250 - 2/1 200 - 114 128 165 127 100 - 114 128 165 127 0 - 114 178 165 178 165 178 178 178 178 178 178 178 178 178 178	21-Jun-2022 All local and visiting services are being delivered locally and building on increasing capacity. 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)	314	230	51	42	51	86	24	31	31	0		30 25 20 15 11 5 0 10 10 10 10 10 10 10 10 10	21-Jun-2022 Appointments are still being provided by a long term locum, and capacity is still reduced. Clinical prioritisation utilised to ensure patients seen by clinical need.

	Ye	ars	Quarters				Months		Tar	get			
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	January 2022	Februar y 2022	March 2022	March	2022	Graphs	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	82.6%	84.6%	84.4%	87.1%	75.5%	68.9%	81.0%	76.8%	90.0%		90.0% 80.0% 70.0% 60.0% 50.0% 40.0% 10.0% 0.0%	
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	24	25	11	18	22	25	25	25	N/A	38		35 30 25 20 25 20 25 25 25 20 15 10 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 0 5 0	4 th Quarter data not yet complete.

NHS Shetland Performance Report - Quarterly Indicators

Generated on: 21 June 2022



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Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20)21/22	Cronha	Note
maicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	0	100% 90% - 80% - 70% - 60% - 50% - 100% - 10	
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	53%	47%	61%	37%	46%	47%	100%	•	100% 90% 80% 70% 53% 40% 30% 20% 10% 0% 20% 10% 0% 20% 20% 10% 0% 20% 20% 20% 20% 20% 20% 20% 20% 20	21-Jun-2022 There is ongoing support for managers in the use of the new Business Impact Analysis tool, before we move into the design phase, which will hopefully lead to the creation of qualitatively better BCPs and an improvement in the update completion rate.

	Ye	ars		Qua	rters		Tar	rget		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20)21/22	C	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
CE-IC-01 Cleaning Specification Audit Compliance	96.2%	98.1%	98.5%	97.1%	98%	98.1%	90%	0	90% 90% 90% 90% 90% 90% 90% 90% 90% 90%	
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	98.2%	100%	100%	98.1%	100%	100%	90%	8	100% 90% 80% 70% 60% 50% 40% 20% 10% 0% cc ² CC ^{RT} cc ² CC ^{RT}	
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	91.7%	90.9%	85.7%	100%	100%	90%		100% 90% 80% 70% 60% 50% 40% 20% 10% 0% cch ^{50^{III}} cc ^{50^{III}} cc ^{50^{IIII}} cc ^{50^{IIII}}	

	Years Quarters				Tar	get				
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20	21/22	C	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	100%	92%	90.9%	84.6%	92.3%	100%	90%	۲	100% 90% 80% 60% 50% 40% 20% 20% 10% cch ^{DD} ^{II} cc ^{DD} ^{II} cc ^{DD} ^{III} cc ^{DD} ^{III}	
CH-DA-03 Clients will wait no longer than 3 weeks from referral received to appropriate co-dependency treatment that supports their recovery.		91.7%	87.5%	100%	100%	100%	90%	S	100% 90% 80% 70% 60% 50% 40% 20% 10% 0% 20% 10% 0%	
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	55%	54.5%	57%	57%	54%	54.5%	40%		50% - 5/% 5/% 5/% 5/% 5/%	20-May-2022 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.

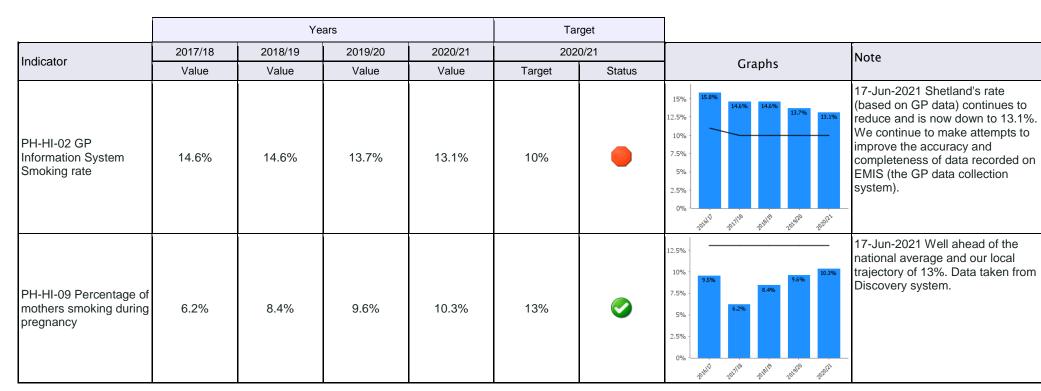
	Ye	ars	Quarters				Target			
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20	21/22	C I.	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%	100%	90%	۲	90%	21-Jun-2022 Note: no Shetland patients commencing treatment in this quarter. Q1 data to be published in Aug 22.
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.	88.9%	88.9%	91.9%	90%	90.5%	88.9%	80%		90% 88.9% 99.9% 99.9% 90.5% 80% 6 70% 6 60% 6 50% 6	21-Jun-2022 Provisional figures from NSS Discovery for the year ending March 22 show the rate for our lowest SIMD quintile is 88.9% meeting the 80% target. Our overall rate is 94.8%.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	98.1%	97.5%	99%	97.3%	96.4%	97.4%	98%		100% 90% - 80% - 70% - 60% - 50% - 40% - 20% - 10% - 20% - 10% - 0% - 20% - 10% - 20% - 10% - 20% - 10% - 20% - 20	

	Ye	ars		Qua	rters		Tar	get		
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20	21/22	C	Note
muicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.34	0.24	0.35	0.34	N/A	0.24		0.5 0.45 0.45 0.3 0.35 0.34 0.35 0.34 0.35 0.34 0.25 0.25 0.25 0.24 0.15 0.	03-May-2022 These are the latest figures reported nationally (Quarter ending Dec 21). There was one SAB in this quarter. The overall rate for the preceding 12 months decreased to 0.34 per 1000 AOBD (3 SAB infections), missing the target of 0.24. Next data available Jul 22.
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.38	0.45	0.6	0.46	0.45	N/A	0.32		0.6 0.5 0.4 0.38 0.2 0.1 0 0 0 0 0 0 0 0 0 0 0 0 0	03-May-2022 These are the latest figures published nationally (Quarter ending Dec 21). There were no C Diff infections in this quarter. The overall rate for the preceding 12 months reduced to 0.45 per 1000 OBD (4 C Diff infections), missing the target of 0.32 but still well within our expected rate. Next data available Jul 22.
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	94.6%	85.1%	73.3%	90.5%	92.9%	82.4%	95%		100%	

	Ye	ars	Quarters			Target				
Indicator	2020/21	2021/22	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q4 20)21/22	C	Note
Indicator	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	98%	100%	100%	100%	100%	100%	95%		100% 90% 80% 70% 50% 40% 30% 20% 10% 0% 20% 10% 20% 20% 10% 20% 20% 10% 20% 20% 20% 20% 20% 20% 20% 20% 20% 2	
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	94.3%	75%	90.7%	70.7%	75%	N/A	95%	•	90% - 90% - 70.7% 75% 75% 75% 75% 75% 70% - 70% - 70.7% 75% 75% 75% 75% 70% - 70% - 70.7% 75% 75% 75% 75% 75% 75% 75% 75% 75% 7	21-Jun-2022 Q4 to be published Jul 22.

NHS Shetland Performance Report - Annual Indicators

Generated on: 21 June 2022



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		Ye	ars		Та	rget		
Indicator	2017/18	2018/19	2019/20	2020/21	202	20/21	Curle	Note
mulcator	Value	Value	Value	Value	Target	Status	Graphs	
PH-HI-11 Reduce mortality from Coronary Heart Disease among the under 75s	79.7	31.2	30.1	51.2	64.7		80 79.7 70 41.2 30 41.2 31.2 31.2 31.2 30.1 51.2 51.	04-Feb-2022 Small numbers mean we do fluctuate year on year. Next data available - Jan 23.
PH-HI-13 Reduce alcohol related acute inpatient hospital discharges (European Age Standardised Rate per 100,000 pop.)	631.1	618.4	486.6	574.2	500	<u> </u>	600 - 604.4 631.1 618.4 574.2 500 - 400 - 486.6 486.6 574.2 400 - 486.6 18.4 574.2	21-Jun-2022 Latest national data. We remain below the Scottish average. Small numbers mean there can be wide variation year on year for this indicator. Next national data release Feb 23.
PH-HI-19 Reduce mortality from Stroke among the under 75s	8.7	0	4.8	4.5	11.4		12.5 - 13.2 10	04-Feb-2022 Very small numbers mean we do fluctuate widely year on year. Next data available - Jan 23.

		Ye	ars		Та	rget		
Indicator	2017/18	2018/19	2019/20	2020/21	202	0/21	C	Note
Indicator	Value	Value	Value	Value	Target	Status	Graphs	
PH-SC-01 Bowel Screening Uptake (rolling 2 year invitation period)	67.9%	70.9%	71.7%	73.3%	60%	②	70% 66.3% 67.9% 70.9% 71.7% 73.3% 60% 66.3% 67.9% 70.9% 71.7% 73.3% 50% 6 6 6 6 70.9% 71.7% 73.3% 50% 6 6 6 6 6 6 70.9% 71.7% 73.3% 50% 6 6 6 6 6 6 6 70.9% 70.9% 71.7% 70.9% 71.7% 70.9% 7	08-Feb-2022 Highest rate in Scotland. Two-year reporting period is from 1st of May 2019 to 31st of March 2021.
PH-SC-02 Cervical Screening Uptake (3.5 years)	78.9%	79.5%	78.3%	78.5%	80%		80% 79.8% 78.9% 79.5% 78.3% 78.5% 70% - <td>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 September 2022.</td>	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 September 2022.
PH-SC-03 Breast Screening Uptake (3 year rolling period)	82.7%	82.7%	85.1%	85.2%	80%		80% - 82.7% 82.7% 85.1% 85.2% 70%	21-Jun-2022 3 year rolling average April 2018 - March 2021. Highest rate in Scotland by some margin. Next data available May 23.