

NHS Shetland

Meeting:	NHS Shetland Board
Meeting date:	25 June 2024
Title:	Performance update up to March 2024 (Q4)
Agenda reference:	Board Paper 2024/25/20
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Head of Planning

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 an update on key performance indicators up to the end of March 2024, where data is available.

A local version of the Scottish Government Long Term Monitoring of Health Inequalities data is provided for information and interest. These data vary from annual to 3-year rolling average, trends should be interpreted with caution due to small number variation.

This information has been considered by:

- Finance and Performance Committee: Q4 Performance Data, Long Term Health Inequalities, ABI Spotlight (23 May 2024)
- IJB: Selected performance data, ABI Spotlight, MSK Physiotherapy Spotlight (22 May 2024)

2.2. Background

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

Committee is asked to note and comment on any issues they see as significant to sustaining and progressing NHS Shetland's performance.

Included for noting and comment are:

- NHS Shetland Performance Report – Monthly and Quarterly Indicators
- NHS Shetland – long term health inequalities monitoring with national comparison
- Spotlight – Alcohol Brief Intervention Improvement Work
- Spotlight – Musculoskeletal Physiotherapy Improvement work

Work is underway to develop a new format of reporting to better align with the new Strategic Delivery Plan – improved alignment will support assurance. It is hoped this will be trialled with Q1 2024/25 reporting, for feedback and ongoing development. The contents of this report continue to be reviewed and evolve to support assurance against the Strategic Delivery Plan locally and the Annual Delivery Plan nationally. The draft Annual Delivery Plan for 2024/25, considered at private NHS Shetland Board session on 30 April 2024, has been approved by Scottish Government on 14 May 2024. Scottish Government identified no areas of concern and were content with the plan. A number of

areas for improvement have been identified which will be incorporated into a final version for formal Board approval in August.

2.3. Assessment

The monthly and quarterly performance measures have been grouped on a single report, organised by type to support interpretation. Where appropriate a comparison with the Scottish average is included, and numerical data is included alongside percentages for a number of indicators to give context, for example where activity remains consistent but demand has increased, or where the service relates to very small numbers of people and large percentage changes are likely to occur.

Unscheduled Care

Delayed Discharges continue to add to pressure in the hospital system, however this has decreased significantly over the course of the quarter. Delayed Discharge Bed Days are again included for context, with a comparison to the same period last year.

A+E 4 hour target performance has improved over the previous 3 quarters, and month on month within this most recent quarter. This small but consistent change could be interpreted as a trend having continued over such a period.

A graph showing the actual number of attendances (as opposed to the rate per population at NA-EC-02), by month, from 2007-2024 is included in the pack to give a longer term view of A+E attendance, this shows attendance has been relatively stable over the past 12-14 years. The “standard deviation” is included to support interpretation, based on Shetland data over this period any data point within this bar would be considered normal, while any point outside the bar could be considered exceptional. Notable exceptions are the COVID pandemic period (below normal), and 3 data points last summer (above normal). Work on the Urgent and Unscheduled Care strand of the Strategic Plan will consider these

Mental Health

While activity within the service remains similar it does not match new referrals received and the waiting list is growing. The team remains below capacity meaning people are having to wait for certain assessments and interventions. The team are working with NHS Orkney to review service delivery and add clinical capacity to the Shetland system to support improved patient outcomes, more timely care, and a more robust, sustainable model of provision.

Organisational

Sickness absence remains close to the Scottish target, a recent Workforce Rapid Review has highlighted areas with higher than expected sickness absence and this will continue to be reviewed to understand areas under pressure due to unplanned absence.

Freedom of Information requests number data is included as it is vital to interpretation of “performance” against the target. There have been an increased number of requests, as anticipated by the team. Financial year comparison shows requests have increase by around 90% compared to 4 years ago.

Supplementary staffing spend, as published on the external NHS Shetland website, is included for interest. This is explained in more detail through financial reports. This

section will be developed with more workforce data to reflect current programmes of work, as the data collection develops.

Diagnostics and Waiting Times

These are included to give trend data/context to the waiting times report on the agenda.

Behaviour Change/Public Health

This section will be expanded as the reports develop, to support interpretation.

Successful smoking quits has been a challenging LDP target for a number of years, currently only 2 of 14 NHS Boards are on track to meet their target. NHS Shetland is the lowest performing board compared to the LDP standard. Shetland also has one of the lowest smoking rates in Scotland, 9% compared to 14% of adults are current smokers.

Work to improve data quality around childhood immunisations is ongoing, and work with health teams, and communicating to parents has followed, to improve uptake and data quality.

The Alcohol Brief Intervention data has improved compared to the same periods last year, however this change has not been in the priority settings laid out in the target (A+E, Primary Care, Maternity). A summary of improvement work undertaken to December 2023 is included as a spotlight section.

Long Term Health Inequalities Monitoring

This is an expansion of data shared at the NHS Shetland board meeting in April 2024. The report is built on Scottish Government [Long-Term Health Inequalities Monitoring](#) with equivalent/alternative measures where Shetland level data is not available.

Comparison is provided with Scotland, and data is for most recent period available – this varies from rolling average data of 2018-2022, to financial year data 2022/23. These indicators are not a direct measurement of health services but are indicators of health outcomes for a whole population, influenced by the wider building blocks of health. NHS services do have a role to play in contributing to improvement, however the most significant changes will occur due to changes in social determinants of health for example, wealth, environment, access to housing, employment, etc.

Indicators included are:

- Alcohol related deaths
- Alcohol related admissions
- All cause mortality (15-44 years)
- Appropriate birthweight
- Cancer deaths (under 75 years)
- Cancer incidence
- Coronary Heart Disease deaths (45-64 years)
- Coronary Heart Disease deaths (65-74 years)
- Drug related hospital admissions
- Healthy Life Expectancy – Females and Males

- Heart attack incidence (under 75 years)
- Limiting long-term conditions amongst adults
- Mental wellbeing of adults
- Premature mortality (under 75 years)
- Self assessed health (good/very good)
- Small birthweight

Spotlight

The first spotlight on Alcohol Brief Interventions discusses work undertaken to improve the delivery of ABIs locally, by developing local training to support teams. This has resulted in an increase in the number of ABIs recorded – primarily from the sexual health clinic – the work is ongoing.

The second spotlight covers work to understand the issues around sustainability of Musculoskeletal Physiotherapy services – a brief overview of work undertaken, including a link to an explanatory presentation by the Physiotherapy Manager, is enclosed. This work has supported a reduction in waiting times for Physiotherapy MSK services.

2.3.1. Quality / patient care

Safe, quality 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

Recruitment to key posts remains challenging, both nationally and locally. A workforce plan to support movement towards more sustainable delivery will be developed in 2024/25.

2.3.3. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is work happening nationally, regionally and locally looking at service sustainability, all of which NHS Shetland are engaging with.

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

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.

2.3.6. 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

Appendix No 2 Long Term Health Inequalities Monitoring

Appendix No 3 Alcohol Brief Intervention Improvement Work

Appendix No 4 MSK Physiotherapy


NHS Shetland Performance Report - Monthly and Quarterly Indicators

Generated on: 09 May 2024

















Shetland Islands Council













Code & Short Name	Years		Quarters				Months			Target		Spark Chart	Latest Note
	2022/23	2023/24	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	January 2024	February 2024	March 2024	March 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Unscheduled Care													
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.	2	7	1	3	9	7	19	4	7	0			Data represents a snapshot or census point, therefore quarterly data is most recent month rather than average for quarter. Data should be considered alongside long stays and bed days (below).
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.	43	19	5	5	5	4	3	1	0	0			Delayed Discharge performance indicates health of the social care system and ability to support people in a timely, effective way after hospital admission. This continues to be impacted by significant staffing shortages in the social care system
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same month in previous year)	1977	1175	158	242	336	461	255 (242)	138 (122)	68 (122)	na	na		Note this data does not include anyone delayed due to patient/family/carer-related reasons. This does not have a target specified, lower is preferable.
NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison)	91.3%	86.3%	89.7%	82.6%	84.7%	88.6%	85.3% (64.7%)	88% (66.4%)	91.3% (66.7%)	95%			3 sequential quarters of improvement can be considered a positive trend. Person-centred decision continue to be made even where this necessitates breach of target, every breach is reviewed. Retrialling provision of SDEC (Same Day Emergency Care) pathway should






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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													positively influence this target, however the pathway will be provided within the same staffing base so will need to be flexible to demand.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,724	2,956	3,393	3,380	3,223	2,956	2,624	2,488	2,956	3,061	✔		To support interpretation a graph showing actual monthly attendances from mid 2007 to beginning 2024 is included below, the dip in attendances during the COVID period results in a negative trendline, and the lined bar across the chart shows the standard deviation


Code & Short Name	Years		Quarters				Months			Target		Spark Chart	Latest Note
	2022/23	2023/24	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	January 2024	February 2024	March 2024	March 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
<h3>NumberOfAttendancesAll</h3>													
MD-EC-01 Emergency bed days rates for people aged 75+	5,122	4,112	880	1,028	1,181	1,023	419	317	287	500	✓		
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	6.9% vs 10.5%	7.3% vs 10.1%	9.3% vs 10.8%	9.2% vs 10.3%	7% vs 10.4%	6.9%	8.4% vs 8.7%	6.4% vs 6%	5.3%	N/A	✓		Q4 data national comparison not included as full completion and verification has not taken place, local data should also be interpreted with caution.

Code & Short Name	Years		Quarters				Months			Target		Spark Chart	Latest Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													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.
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	58%	48%	55%	47%	50%	48%				50%			Demonstrates success of Shifting the Balance of Care towards supporting people at home when they would prefer this. Indicates greater complexity of care being delivered by health and social care staff in the community.
Mental Health													
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	60.4%	77.1%	75.4%	78.4%	84.7%	71.4%	77.8%	66.7%	60%	90%			There remain staffing challenges within clinical team, however opportunities for team and staffing support is being progressed, in particular the possibility of sharing of expertise between NHS Shetland and Orkney.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	59.8%	65.5%	77.6%	69%	58.3%	65.5%	66.7%	69.1%	65.5%	90%			This should support improved ways of working and waiting list management as well as service delivery.
MD-MH-01 People with a diagnosis of dementia on the dementia register	186	194	181	187	182	194	184	189	194	184			
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services	89.09 %	100%	100%	100%	100%	100%	100%	100%	100%	90%			

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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
(percentage of completed waits less than 18 weeks)													
CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to appropriate treatment that supports their recovery. (alcohol, drug, co-dependency)	97.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%		3 indicators combined for more appropriate reporting of small numbers. Note each treatment 'type' is reported separately to Scottish Government and Public Health Scotland.
Organisational													
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.32%	5.66%	3.41%	4.49%	4.8%	5.66%	4.91%	5.66%	4.49%	4%			Scotland comparison for same period 6.07%
Supplementary staffing spend (Bank and Agency) (£m)		£7.66 m	£2.11 m	£1.89 m	£1.8 m	£1.86 m	£0.54 m	£0.62 m	£0.69 m				Added to support improved visibility of spend on supplementary staffing
HR-IT-02 The percentage of freedom of information requests responded to in the quarter which received a response within 20 working days	85.0%	78%	82.8%	90.2%	69.1%	74.4%	N/A			90%			<p>Numbers provided below for context - note increase in Q3 and Q4 which is a similar pattern to previous years.</p> <p>Q1 154 of 186 Q2 138 of 153 Q3 152 of 220 Q4 171 of 230</p> <p>Past 2 years have seen a significant increase in requests</p> <p>2020-21 = 414 2021-22 = 400 2022-23 = 699 2023-24 = 789</p>

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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Diagnostics													
<p>Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging.</p> <p>% represents people seen within 6 weeks for key tests in that month/quarter</p> <p>Scottish average is given as a comparator in brackets.</p>	82.7%	86.1%	84.8%	89.2%	86.8%	79.9%	70% (47.4%)	80.2% (54.1%)	85.8% (52.7%)	85.8%			<p>Access to diagnostic test is an important step within the 18-week referral to treatment target.</p> <p>There are challenges around capacity to deliver and report on a number of key tests, particularly where this expertise is provided off-Shetland.</p>
Healthcare Associated Infection													
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	9	2	0	1	1	0	0	0	0	0			
NA-IC-29 Number of C Diff Infections	3	2	0	1	0	1	1	0	0	0			
Waiting Times													
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	3,903	5,614	1,058	1,230	1,475	1,851	637	622	592	100			<p>Challenges with access to services provided by regional or visiting partners remain, teams are actively engaged in exploring all other options to improve experience of NHS Shetland patients.</p>
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,278	2,076	440	555	541	540	176	197	167	0			
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient	384	103	17	19	34	33	12	16	5	0			

Code & Short Name	Years		Quarters				Months			Target		Spark Chart	Latest Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
appointment (Orthodontic Service)													
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	87.3%	81.2%	85.2%	78.4%	83.0%	78.2%	81.2%	71.0%	85.1%	90.0%			Provided for time trend - covered in Waiting Times report
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	68.5%		83.3%	69.6%	50% v 71.1%		n/a			95%		This report includes Public Health Scotland verified and published data only - management data is included in the waiting times report.	The 62-day standard was met by 1 of the 15 NHS Boards: NHS Orkney. Compliance with this target is dependent on the types of cancer, and where treatment can take place. Many cancer pathways are significantly affected by capacity pressures in partner boards. NHS Grampian has compliance rate of 54.4% for the same period
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%		100%	100%	100% v 94.1%		n/a			95%			The 31-day standard was met by 8 of the 15 NHS Boards: Golden Jubilee National Hospital, NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Orkney, NHS Shetland, NHS Western Isles.
Behaviour Change / Public Health													
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	9		5 (9.5)	1 (9.5)	NA	NA	N/A						At latest data release (March 2024) indicators show 2 of 14 territorial boards are on track to meet their LDP target. There have been a total of 34 quit attempts in Shetland in this period, of which 13 were from "eligible" postcodes, of these have been successful. The recent local Population Health Survey (2022) showed a smoking rate of 8.7%. The Office for National Statistics Adult Smoking report shows a Shetland rate of 9.1% compared to a Scottish rate of 13.9%.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	89.5%	na	95.1%	93.4%	79.2%	na	N/A						Scottish average for Q3 is 93.1% and Shetland is the lowest performing board. Monthly audit of children with missing or incomplete

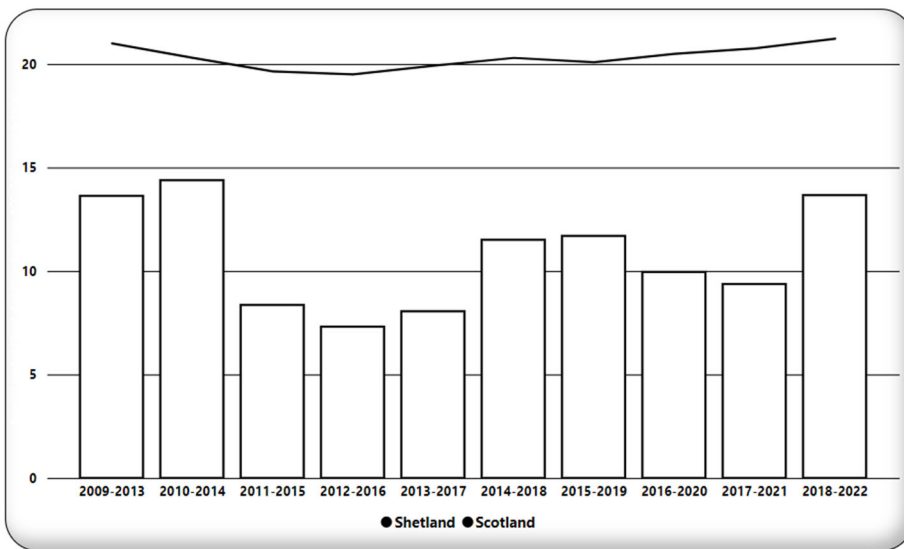
Code & Short Name	Years		Quarters				Months			Target		Spark Chart	Latest Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													doses of vaccination continue to be shared with Practices and are now directed to Practice Nurses. Practices were asked to write to families where childhood vaccinations were missing/incomplete. All schools were asked to share a letter from PHS with families to explain the current situation with Measles in Scotland and advise them to check vaccination history and make an appointment if required.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (bracketed figure is cumulative target for that period)	130 (261)		43 (63) 68%	97 (129) 75%	131 (195) 67%	166 (261) 64%	137 (217)	152 (239)	166 (261)				<p>Target and ABIs completed is cumulative across the year rather than discrete for each period. Comparison to same period previous year: Q1 43 v 7 Q2 97 v 43 Q3 131 v 74 Q4 166 v 130</p> <p>While this is not meeting target it does represent an improvement, A significant amount of this increase has been from an improvement in reporting from the Sexual Health Clinic. Local improvement work is shared in the Spotlight Section.</p>

Indicator
Alcohol related deaths

13.7
Current Shetland value

21.2
Current Scotland value

Year	Shetland	Scotland
2009-2013	13.6	21.0
2010-2014	14.4	20.3
2011-2015	8.4	19.6
2012-2016	7.3	19.5
2013-2017	8.1	19.9
2014-2018	11.5	20.3
2015-2019	11.7	20.1
2016-2020	10.0	20.5
2017-2021	9.4	20.8
2018-2022	13.7	21.2

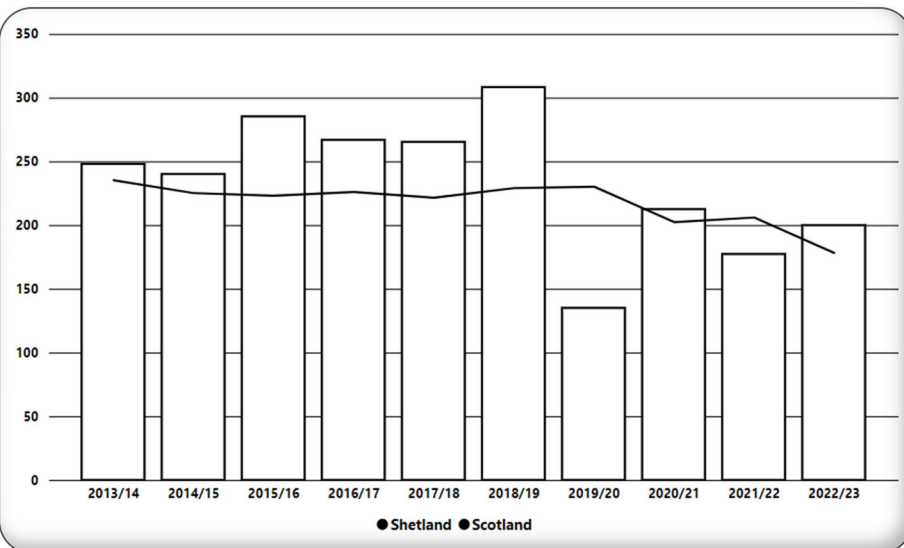


Indicator
Alcohol related hospital admissions

199.9
Current Shetland value

178.1
Current Scotland value

Year	Shetland	Scotland
2013/14	248.0	235.2
2014/15	240.1	225.1
2015/16	285.3	223.1
2016/17	266.9	225.9
2017/18	265.3	221.5
2018/19	308.3	229.0
2019/20	135.0	230.1
2020/21	212.5	202.3
2021/22	177.3	205.9
2022/23	199.9	178.1

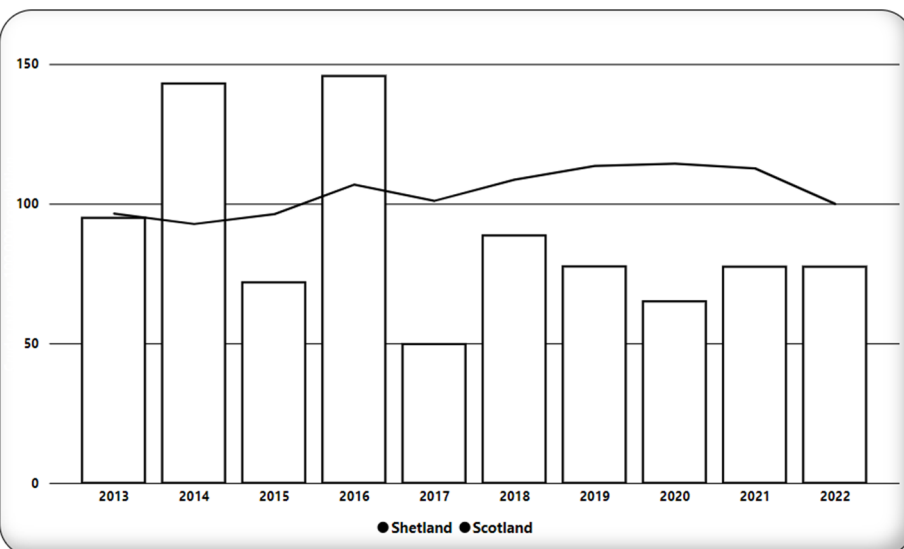


Indicator
All cause mortality (15-44 years)

77.4
Current Shetland value

99.9
Current Scotland value

Year	Shetland	Scotland
2013	94.9	96.4
2014	143.0	92.7
2015	71.8	96.2
2016	145.7	106.8
2017	49.7	101.0
2018	88.6	108.6
2019	77.5	113.5
2020	65.0	114.3
2021	77.4	112.6
2022	77.4	99.9

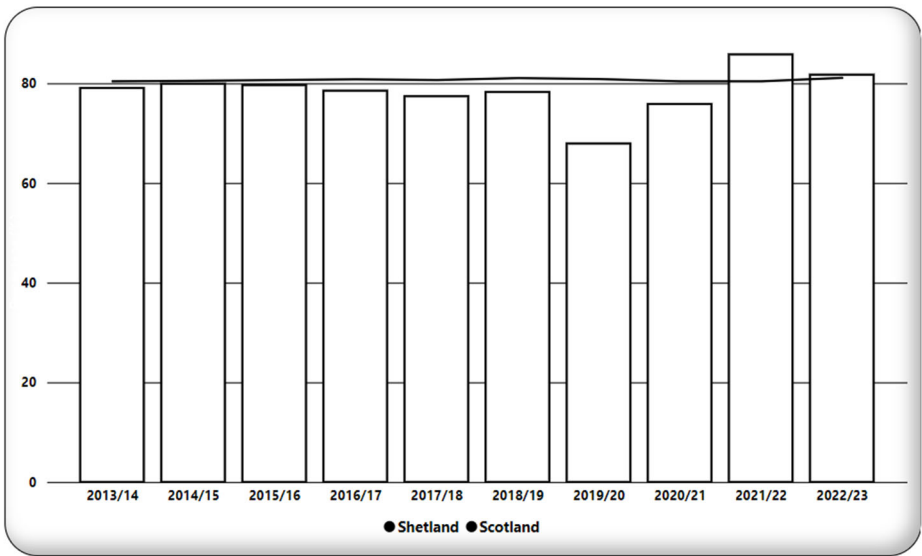


Indicator
Appropriate birthweight

81.7
Current Shetland value

81.1
Current Scotland value

Year	Shetland	Scotland
2013/14	79.1	80.4
2014/15	79.9	80.5
2015/16	79.6	80.6
2016/17	78.5	80.8
2017/18	77.4	80.6
2018/19	78.3	81.1
2019/20	67.9	80.9
2020/21	75.8	80.4
2021/22	85.8	80.4
2022/23	81.7	81.1

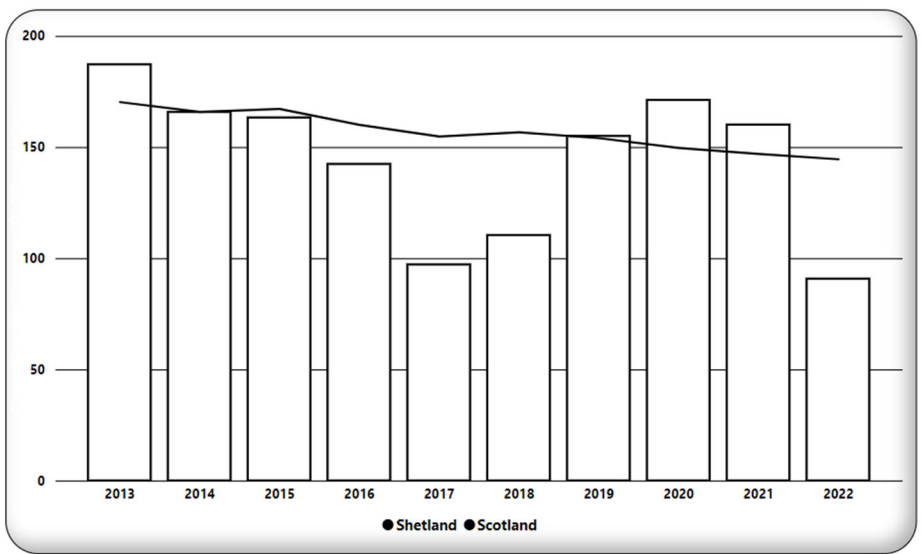


Indicator
Cancer deaths (under 75 years)

90.8
Current Shetland value

144.5
Current Scotland value

Year	Shetland	Scotland
2013	187.2	170.2
2014	165.8	165.8
2015	163.3	167.1
2016	142.4	160.0
2017	97.2	154.7
2018	110.4	156.6
2019	155.0	154.0
2020	171.2	149.6
2021	160.1	146.9
2022	90.8	144.5

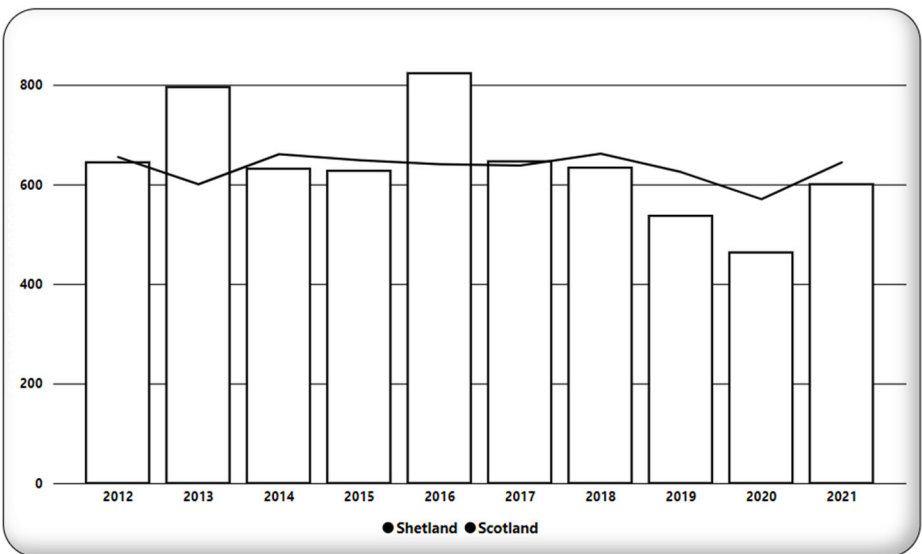


Indicator
Cancer incidence

600.2
Current Shetland value

644.3
Current Scotland value

Year	Shetland	Scotland
2012	644.2	654.7
2013	795.4	600.1
2014	631.4	660.5
2015	627.2	648.6
2016	823.2	640.3
2017	646.2	637.7
2018	633.5	661.6
2019	536.8	624.7
2020	463.2	570.1
2021	600.2	644.3

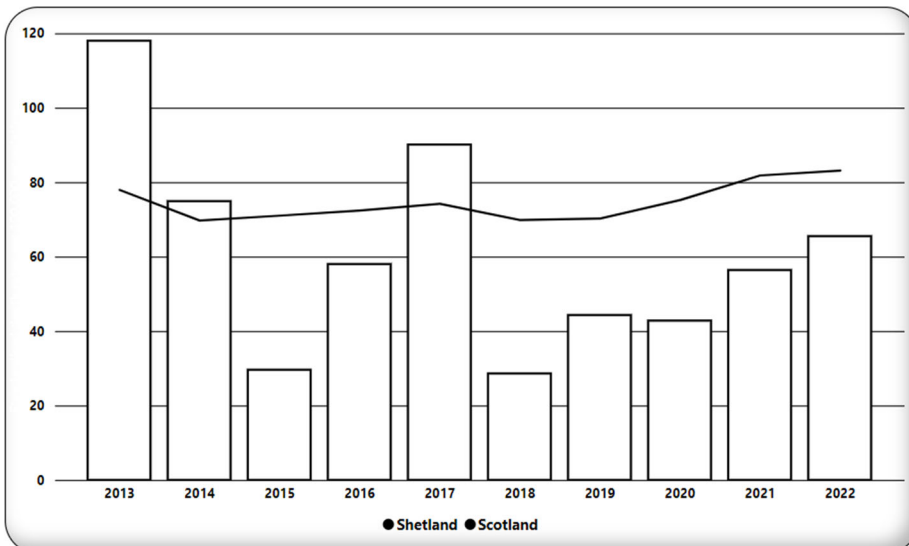


Indicator
Coronary Heart Disease deaths (aged 45-64 years)

65.5
Current Shetland value

83.1
Current Scotland value

Year	Shetland	Scotland
2013	118.0	77.9
2014	74.9	69.7
2015	29.6	71.0
2016	58.0	72.4
2017	90.1	74.2
2018	28.6	69.8
2019	44.3	70.2
2020	42.8	75.2
2021	56.4	81.8
2022	65.5	83.1

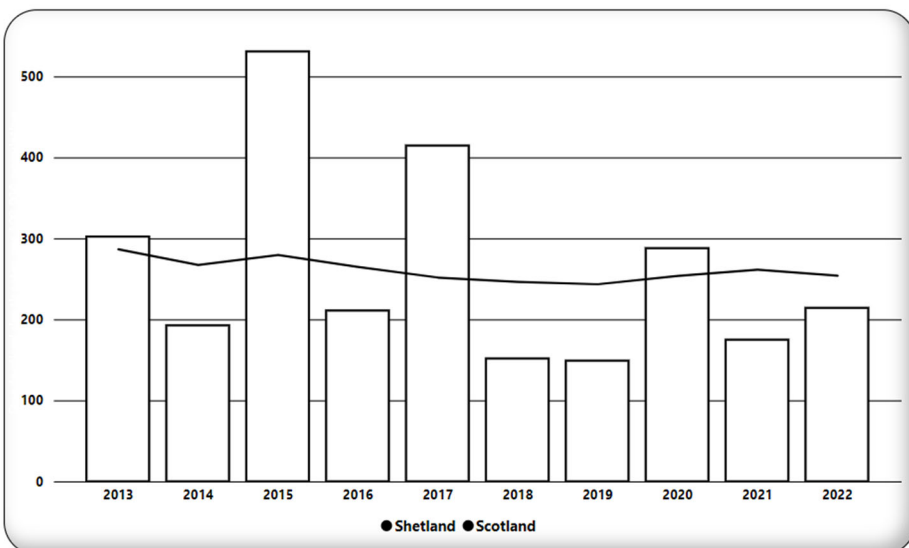


Indicator
Coronary Heart Disease deaths (aged 65-74 years)

214.2
Current Shetland value

253.9
Current Scotland value

Year	Shetland	Scotland
2013	302.2	286.5
2014	192.6	267.2
2015	530.8	279.5
2016	210.9	264.8
2017	414.6	251.6
2018	151.7	246.2
2019	149.0	243.3
2020	287.9	253.6
2021	174.9	261.4
2022	214.2	253.9

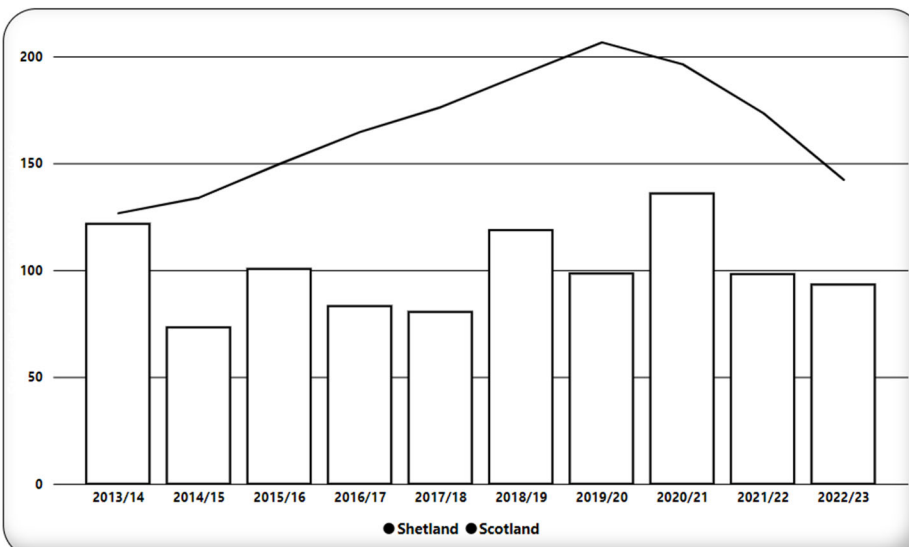


Indicator
Drug related hospital admissions

93.2
Current Shetland value

142.3
Current Scotland value

Year	Shetland	Scotland
2013/14	121.7	126.6
2014/15	73.2	133.8
2015/16	100.6	149.7
2016/17	83.2	164.6
2017/18	80.4	176.2
2018/19	118.7	191.5
2019/20	98.4	206.6
2020/21	135.9	196.3
2021/22	98.1	173.5
2022/23	93.2	142.3

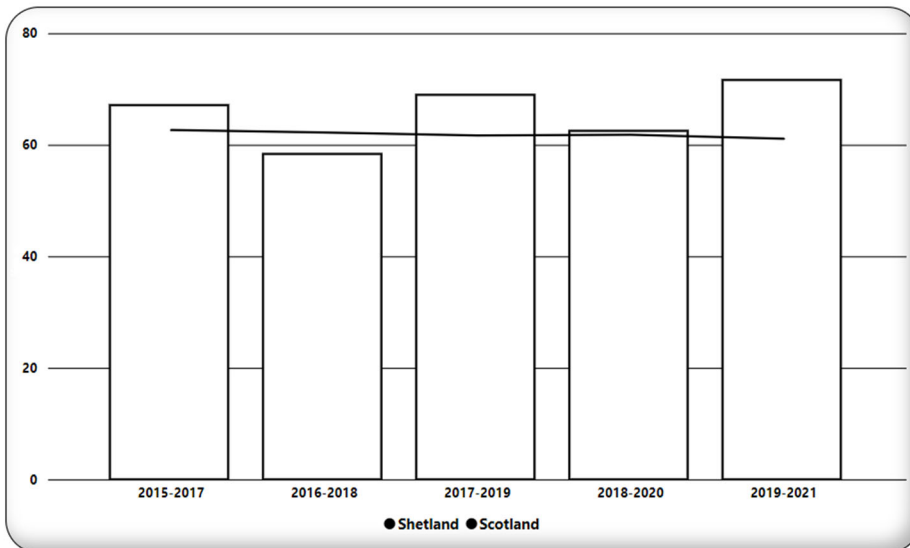


Indicator
Healthy Life Expectancy - Females

71.6
Current Shetland value

61.1
Current Scotland value

Year	Shetland	Scotland
2015-2017	67.1	62.6
2016-2018	58.4	62.2
2017-2019	69.0	61.7
2018-2020	62.5	61.8
2019-2021	71.6	61.1

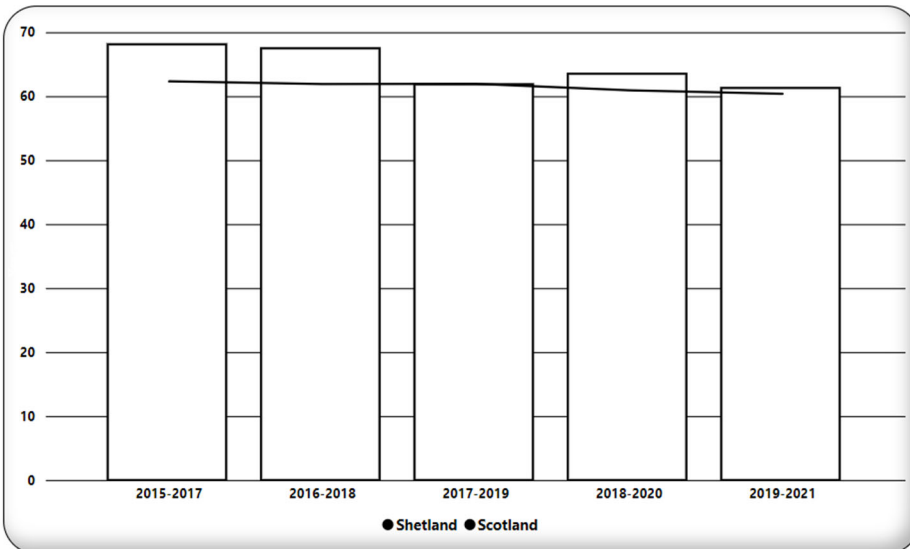


Indicator
Healthy Life Expectancy - Males

61.3
Current Shetland value

60.4
Current Scotland value

Year	Shetland	Scotland
2015-2017	68.1	62.3
2016-2018	67.5	61.9
2017-2019	61.9	61.9
2018-2020	63.5	60.9
2019-2021	61.3	60.4

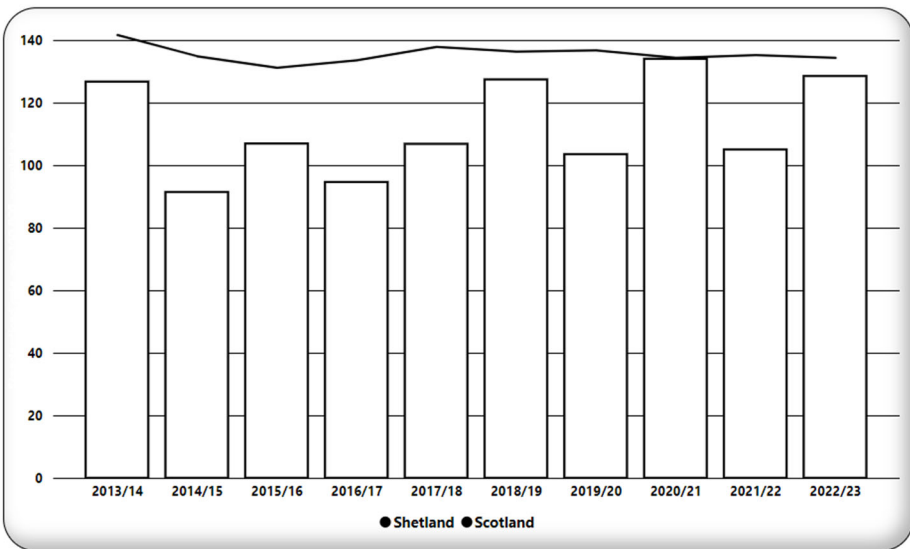


Indicator
Heart attack incidence (under 75 years)

128.5
Current Shetland value

134.3
Current Scotland value

Year	Shetland	Scotland
2013/14	126.7	141.6
2014/15	91.4	134.8
2015/16	106.9	131.1
2016/17	94.6	133.5
2017/18	106.8	137.8
2018/19	127.4	136.3
2019/20	103.5	136.7
2020/21	134.0	134.3
2021/22	105.0	135.2
2022/23	128.5	134.3

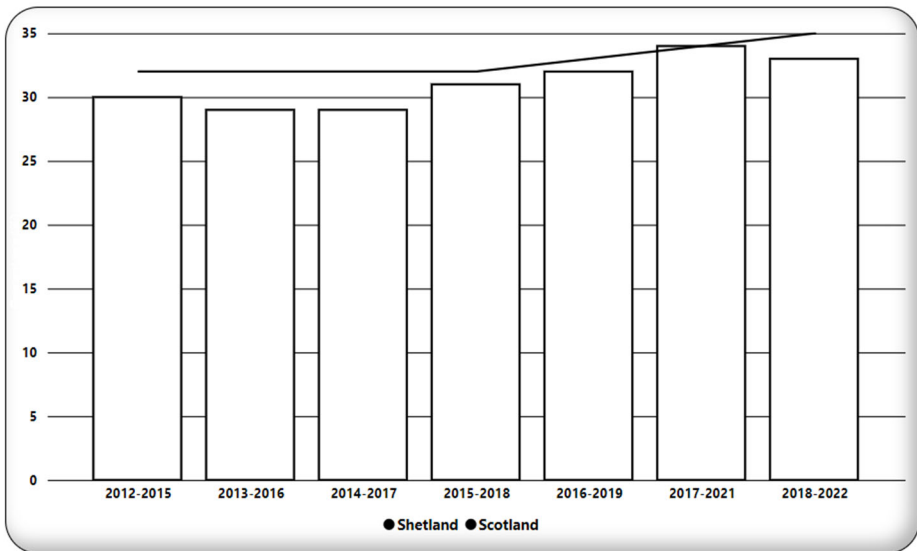


Indicator
Limiting long-term conditions amongst adults

33.0
Current Shetland value

35.0
Current Scotland value

Year	Shetland	Scotland
2012-2015	30.0	32.0
2013-2016	29.0	32.0
2014-2017	29.0	32.0
2015-2018	31.0	32.0
2016-2019	32.0	33.0
2017-2021	34.0	34.0
2018-2022	33.0	35.0

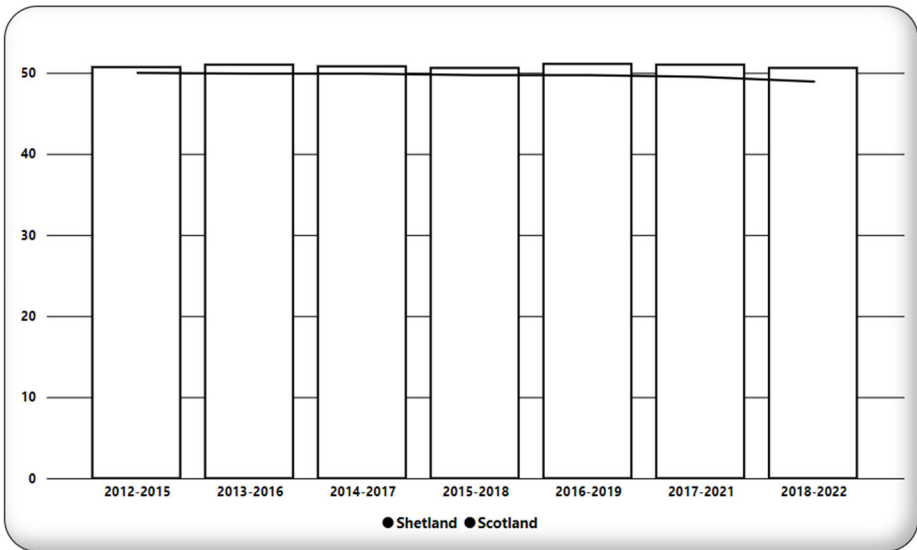


Indicator
Mental wellbeing of adults

50.6
Current Shetland value

48.9
Current Scotland value

Year	Shetland	Scotland
2012-2015	50.7	50.0
2013-2016	51.0	49.9
2014-2017	50.8	49.9
2015-2018	50.6	49.7
2016-2019	51.1	49.7
2017-2021	51.0	49.5
2018-2022	50.6	48.9

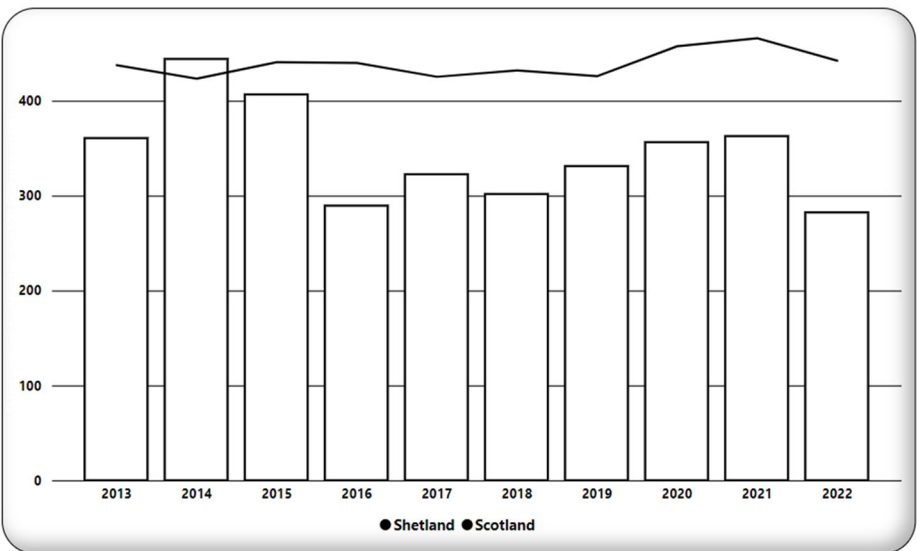


Indicator
Premature mortality (under 75 years)

282.3
Current Shetland value

442.1
Current Scotland value

Year	Shetland	Scotland
2013	360.6	437.5
2014	444.0	423.2
2015	406.6	440.5
2016	289.4	439.7
2017	322.5	425.2
2018	301.7	432.0
2019	331.1	425.8
2020	356.3	457.4
2021	362.7	465.9
2022	282.3	442.1

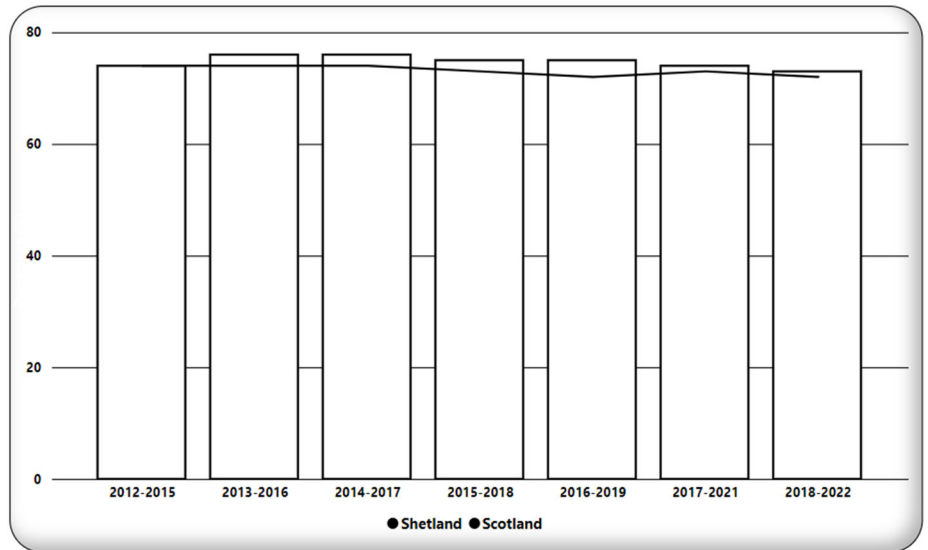


Indicator
Self assessed health (good/very good) ▾

73.0
Current Shetland value

72.0
Current Scotland value

Year	Shetland	Scotland
2012-2015	74.0	74.0
2013-2016	76.0	74.0
2014-2017	76.0	74.0
2015-2018	75.0	73.0
2016-2019	75.0	72.0
2017-2021	74.0	73.0
2018-2022	73.0	72.0

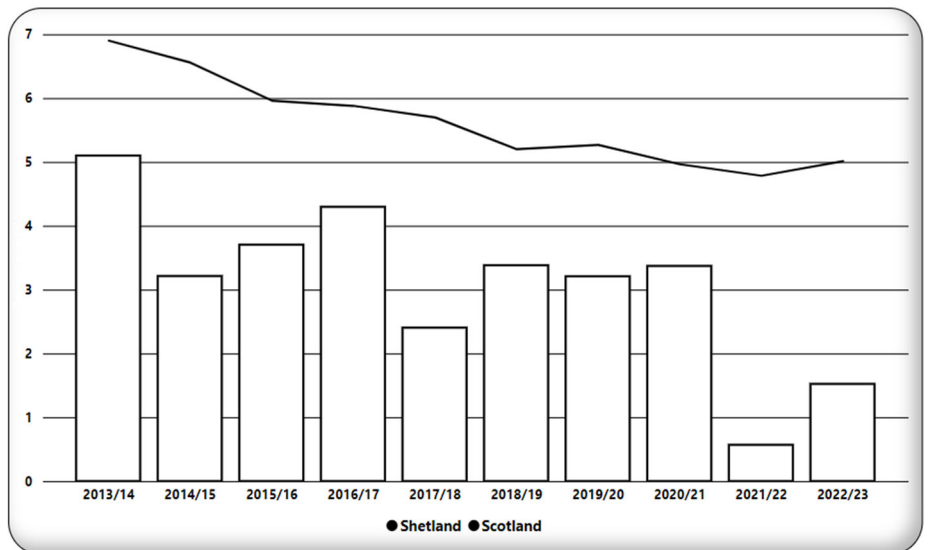


Indicator
Small birthweight ▾

1.5
Current Shetland value

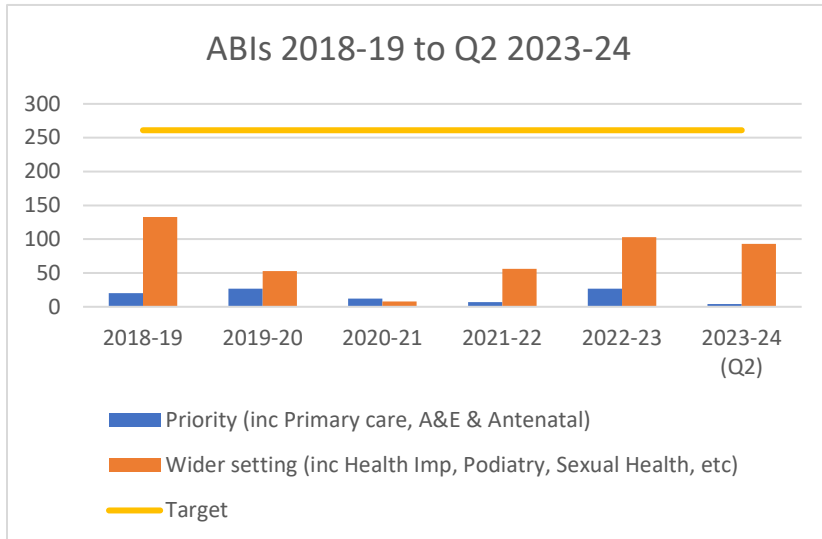
5.0
Current Scotland value

Year	Shetland	Scotland
2013/14	5.1	6.9
2014/15	3.2	6.6
2015/16	3.7	6.0
2016/17	4.3	5.9
2017/18	2.4	5.7
2018/19	3.4	5.2
2019/20	3.2	5.3
2020/21	3.4	5.0
2021/22	0.6	4.8
2022/23	1.5	5.0



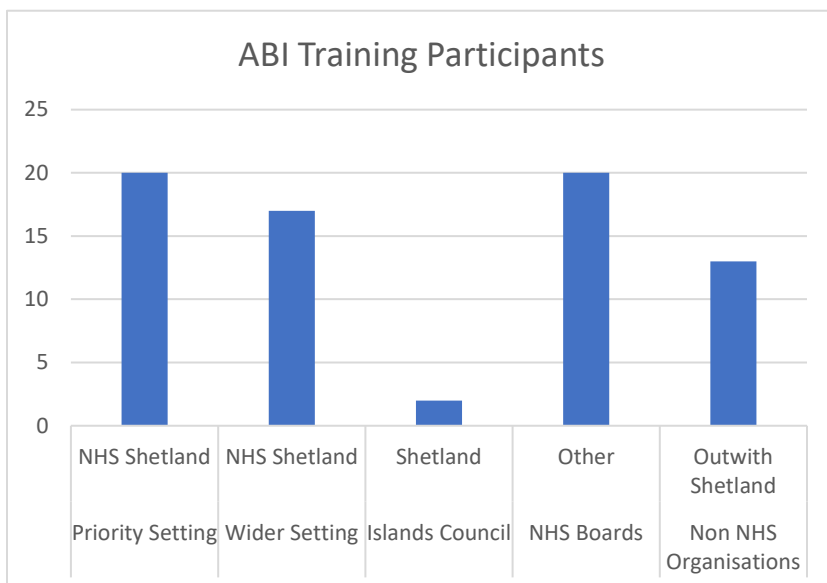
Case Study - Alcohol Brief Interventions

NHS Shetland has missed their target for Alcohol Brief Interventions (ABIs) in the past five years. 80% of ABI's are expected to be conducted in priority settings like primary care, maternity clinics and A&E.



- Most ABIs were done through specific programs, not during regular appointments.
- COVID-19 further reduced the number of ABIs completed.
- A lack of recent training was hindering the number of Alcohol Brief Interventions (ABIs) completed.

ABI Training



A new, concise online ABI training program was developed.

Online (Teams) training makes it easier for busy staff to attend (approx. 1.5 hours).

Training covers key areas:

- Strategies for ABIs
- Benefits of reduced alcohol consumption
- Discussing alcohol with patients
- Recommended alcohol intake
- Behavioral techniques for ABIs
- ABI delivery

Participation

- Launched in December 2022 for NHS Shetland staff.
- 85% of A&E staff participated.
- Opened to non-NHS staff in May 2023.

Feedback

- *“Really informative, content, pace and tone were all excellent. Videos were great and provided a change/break from the main presentation, with practical useful insights into the theory.”*
- *“Seeing the tools and how to use them in a consultation”*
- *“I think the course was well set out and delivered, the topics build nicely on from one another to form a thorough explanation. The video examples were useful too”*
- *“Really informative session with practical advice that I feel I will be able to use in my role”*

Next Steps

- Further training dates in 2024, and promoted widely among NHS-Shetland staff, particularly in priority settings.
- Promotion of the training with SIC, police, fire services and 3rd sector organisations within Shetland.
- Completion of an evaluation of the ABI training in 2024.

Case Study – MSK Service sustainability initiatives

Physiotherapy Service

[View the slides presentation with narration, presented by Gillian Ironside, Professional Lead for Physiotherapy](#)

The initiatives were undertaken in the Musculoskeletal (MSK) aspect of the Physiotherapy service, which had a 52 week wait for MSK exceeding the national target.

Service improvements involved:

- Working with staff, taking leadership and embedding regular supervisions
- Triaged waiting list to define as 'urgent' or 'routine' – complex presentations reviews by all staff grades
- Established safety in process change: additional clinical supervision
- Waiting list validation – support from NECU to validate waiting times
- Completed with good success rate, 11% reduction

Continuing to work on:

- Self-referral process – making the process more simplified, accessible online and in paper format; 1 form for children and young people, and 1 form for adults. This will provide equitable ease of access for all and increase GP capacity.
- FCP posts structure and responsibility clearer
- Embedding weekly staff meetings

Other areas still in progress and being considered are:

- Vacancy management and recruitment
- PHIO self-management product

In summary:

- In a better position
- Staff are feeling heard
- Waiting times for MSK have had a substantial change, from 52 week wait to 21 week wait, a reduction of 31 weeks