

NHS Shetland

Meeting:	NHS Shetland Board
Meeting date:	27 August 2024
Agenda reference:	Board Paper 2024/25/32
Title:	Performance update up to end June 2024 (Q1 2024-25)
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Head of Planning NHS Shetland

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 June 2024, where published data is available. Due to the timing of the meeting cycle this data has not been considered at formal committee, however all key information has been checked and verified as per the usual publication process with Public Health Scotland and other national partners.

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 is a revised format of quarterly report – this has been drafted to align with the Strategic Delivery Plan and remains in development. The usual suite of performance indicators, monthly, quarterly and where updates are available, annual are included in a similar format but grouped into the Board's strategic priorities. These data are presented alongside a short narrative, and/or contextual data, and/or update on improvement work where appropriate.

Excerpts of the Health and Care Experience survey 2024, published before the summer, are included in appropriate sections – Board members are encouraged to explore the data themselves on the Public Health Scotland dashboard linked within the report, for interest.

Feedback on the content, format and presentation of the report is encouraged and would be very helpful for future development.

2.3. Assessment

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.

Narrative is provided against performance indicators throughout – a short note of what is included is below.

Creating the Conditions for a Sustainable Organisation

Two updates on improvement work are included as examples:

- 'Grow Your Own'- training Mental Health Nurses in Shetland
- Developing alternative ways of delivering services – Advanced Nurse Practitioners covering Out of Hours

Scheduled Care

The usual suite of data is included, with some contextual data and comparison to Scotland for information.

- Elective and Specialist Services data
- Diagnostics data
- Mental Health data

Preventative and Proactive Care

The usual suite of data is included, noting related improvement work which will be reported in more detail in future reports.

- Health and Care Experience Survey – Your General Practice
- Population Health and Health Behaviours

Urgent and Unscheduled Care

The usual suite of data is included, noting related improvement work which will be reported in more detail in future reports.

- Urgent and Unscheduled Care system data
- Health and Care Experience Survey – Out of Hours Healthcare

Support Systems

- Organisational data
- Safe Environment data

Effective Partnerships

A short overview of some of the Partnership work NHS Shetland is involved in – many of these partnerships are in the process of writing annual reports for 2023/24 and details will be shared when available.

Shifting the Balance of Care

Much of the data presented within Urgent, Unscheduled Care, Scheduled Care and Preventative and Proactive Care also relates to Shifting the Balance of Care. Rather than duplicating data a focus has been chosen to illustrate a shift over time relating to how people are supported when they are in Residential Care. This is also a helpful example of how the pressure on some Urgent and Unscheduled Care services can be decreased by activity in another part of the Health and Care system.

- Focus: Residential Care and Emergency Care

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 Q1 2024-25

NHS Shetland

Quarterly Performance Report – Q1 2024-25





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Creating the Conditions for a Sustainable Organisation



One of the main challenges we face as an organisation is workforce availability – this is a challenge to financial sustainability, as it means we often have to use more expensive supplementary staff, and also to service sustainability as our ability to deliver services safely and effectively is impacted by staff availability to deliver those services. We are in the process of developing an organisation wide workforce plan over the coming year. Below are two examples of how teams have approached the workforce availability challenge – one by looking at career development pathways, and one looking at skill mix for service delivery (an initial outline of this project can be seen presented at [IJB on 7th December 2023](#) as part of the Q3 performance report, a presentation to accompany this more recent update will be available to watch at IJB on 3rd September, and available on recording thereafter).

Future reports around creating a sustainable organisation will include a focus on remote delivery of services, through digital solutions such as Near Me/Attend Anywhere, and exploring advanced practice roles to improve patient outcomes – a focus on the Podiatry team.

‘Grow Your Own’- training Mental Health Nurses in Shetland
NHS Shetland's Community Mental Health Team (CMHT) is addressing a shortage of qualified nurses by creating Health Care Support Worker (HCSW) roles. These workers are being trained locally to become Registered Mental Health Nurses (RMN) through the Open University, allowing them to gain qualifications without leaving Shetland. The HCSWs are already providing valuable support to patients in their homes and communities.

This initiative responds to national challenges in recruiting skilled mental health professionals. By offering local training and career progression opportunities, CMHT aims to "grow their own" qualified nurses. The HCSWs are actively involved in patient care, including home visits and community engagement, and their presence has already had a positive impact on the team and the services they provide. This approach not only addresses workforce shortages but also enhances patient care in the Shetland community.

Developing alternative ways of delivering services – Advanced Nurse Practitioners covering Out of Hours

NHS Shetland faces challenges in delivering Urgent and Unscheduled Care (UUC) due to scarce resources (staffing and finance), increased demand, and the complexity of providing services across a large, remote, rural area. The existing UUC service lacked a clear structure, clinical leadership, and accountability, leading to fragmented care, increased costs, and reliance on locum GPs for cover. To address these issues, a "Test of Change" (TOC) was initiated to explore the use of Advanced Nurse Practitioners (ANPs) as part of a blended workforce model for the Out of Hours (OOHs) service – first of all trialling weeknight cover, then extending to weekend cover.

Key Aims:

1. **Reduce Reliance on Locum GPs:** The TOC aimed to reduce the use of locum GPs in the OOHs service, which was costly and unsustainable.
2. **Cost Reduction:** The goal was to decrease OOHs service costs by at least 15% per month by April 2024.

Outcomes:

- **Sustainable Workforce Models:** The introduction of ANPs has reduced the dependency on locum GPs and provided a more resilient workforce model.
- **Cost Reduction:** The cost of the OOHs service decreased by 38% per month on average from September 2023 to May 2024, saving an estimated £13,056 per month.
- **Equitable Care Provision:** ANPs handled a higher number of calls than GPs but admitted fewer patients to the hospital. ANPs also spent more time per patient, especially during home visits.
- **Challenges:** There are still concerns about staff fatigue, the current on-call system, and the need for more training in palliative care, pre-hospital emergency care, and custody healthcare.

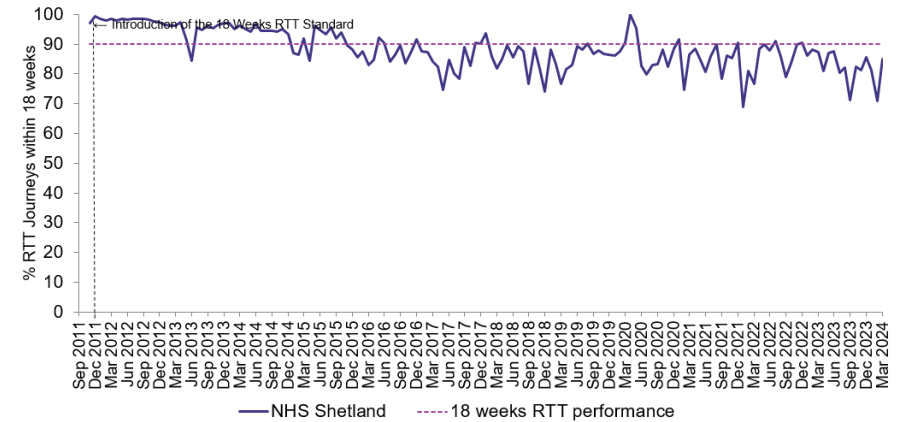
Next Steps:

NHS Shetland now has a more sustainable OOHs service that relies less on locum GPs. However, the service still depends on the goodwill of a small number of salaried GPs and a limited number of trained ANPs. To ensure long-term sustainability, more ANPs need to be trained, and barriers related to staff fatigue with the current system expecting a normal working day following an on-call night, and clinical confidence must be addressed.

Scheduled Care

‘Scheduled’ relates to anything that is booked or planned ahead and covers a variety of functions across acute and community services. For this report we have included – Elective and Specialist Services, Diagnostics, Mental Health. We would prefer to see people in a planned way if possible as this will generally be better for the patient, and helps us to plan services to meet demand. However in our small systems generally the same people who are delivering planned or scheduled care, may be involved in delivering urgent or unscheduled care, so when one part of the system is under pressure it can impact on the other.

Our Elective and Specialist services have had fairly consistent demand, but reduced capacity due to decrease in funding allocations. Graph to the right shows combined performance against the 18 week referral to treatment by month from 2011 to March 2024. We have consistently been among the top performing territorial health boards over the past year.



Elective and Specialist Services data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
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	1,230	1,475	1,851	2,045	653	675	717	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.
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,278	2,076	555	541	540	518	160	172	186	0			Reduction in planned care allocation compared to previous years means delivery of a de minimis service where services not provided locally or via obligate network.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note	
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
														Clinical prioritisation continues to ensure patients are treated based on their clinical need as well as focus on longer waits as capacity allows.
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	384	103	19	34	33	28	10	7	11	0				
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	87.3%	81.2%	78.4 %	83.0%	78.2%	78.7%	80.2%	80.1 %	76.1%	90.0 %			Numbers of patients seen on time, of all patients seen, in previous 4 quarters: Q1 24/25: 890 of 1131 Q4 23/24: 951 of 1216 Q3 23/24: 1009 of 1215 Q2 23/24: 876 of 1117	
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	68.5%	71.2%	69.6 %	50%	77.8%					95%			Q1 24-25 will be published by PHS 24-Sept-2024.	
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	100%	100%	100%	n/a	n/a	n/a	n/a	95%			These waiting times are under constant review by clinical and cancer tracking teams, but only verified published data will be shared publically. While the number of patients being diagnosed and treated remains fairly steady, referrals with suspicion of cancer have increased in recent years.	



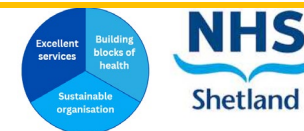
Indicator	Years		Quarters				Months			Target		Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024		
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	
<p>Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging.</p> <p>% 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%	89.2 %	86.8%	79.9%	80.2%	84.2% (49%)	79.9 % (50.1 %)	78% (50%)	100%		<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 – Shetland has particular challenges around CT and MRI.</p> <p>Performance for each test is considered in detail at a weekly Waiting Times meeting and at Finance and Performance Committee.</p>

NHS Shetland Quarterly Performance Report

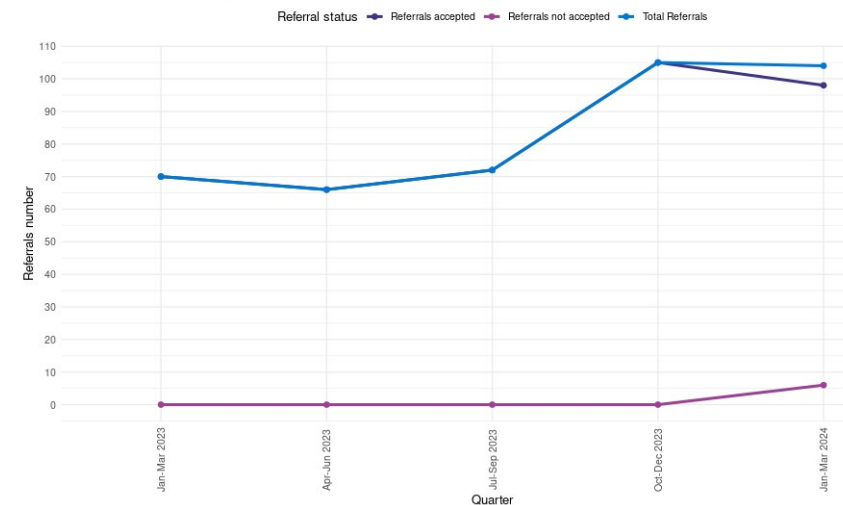
Mental Health data

CAMHS (Child and Adolescent Mental Health Services) and Drug and Alcohol services continue to perform well against waiting times targets, while Psychological therapies continue to have challenges. While some additional support and capacity has been made available by development of an agreement with NHS Orkney, there have also been an increased number of referrals in the second half of 2023/24 –50% extra referrals compared to the previous quarter, so when this extra capacity came into place there were already a number of patients waiting. Q1 2024-25 referral data has not yet been published. The Psychological Therapies waiting times dashboard is available in full at Public Health Scotland:

<https://publichealthscotland.scot/publications/psychological-therapies-waiting-times/psychological-therapies-waiting-times-quarter-ending-march-2023/dashboard/>



Referrals number for Psychological Therapies (PT) in NHS Shetland by quarter



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	60.4%	77.1%	78.4%	84.7%	71.4%	73.2%	65.2%	88.2%	68.8%	90%	🛑		An agreement is now in place with NHS Orkney to support delivery of psychological therapies, particularly 'secondary care' psychological therapies and Psychologist input.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	59.8%	65.5%	69%	58.3%	65.5%	57.1%	55.9%	56%	57.1%	90%	🛑		
MD-MH-01 People with a diagnosis of dementia on the dementia register	186	194	187	182	194	198	194	197	198	184	✅		
NA-CF-01 18 weeks referral to treatment for specialist	89.09%	100%	100%	100%	100%	100%	100%	100%	100%	90%	✅		

Enabling wellness, and responding to illness – now and in the future.



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Child and Adolescent Mental Health Services (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 drug treatment that supports their recovery.	97.5%	100%	100%	100%	100%	92%	n/a	n/a	n/a	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 – Q4 2023–24 and Q1 2024–25 are provisional local data and have not been published by Public Health Scotland.

Preventative and Proactive Care

Preventing ill health and supporting people to manage their health and wellbeing as well as they can leads to better health outcomes. To support people appropriately we need to understand their needs, and target our services to those who are most likely to benefit – two important pieces of work supporting this are local adoption of the national [‘Waiting Well’](#) work, we have identified a local lead and are exploring how best to implement this locally, and the work in Primary Care on the SHIP project (Shetland Health Intelligence Platform) which will help us identify and target support for long term conditions to optimise management of these and improve outcomes for patients.

Prevention will be the focus of the Public Health Annual Report to be published in autumn.

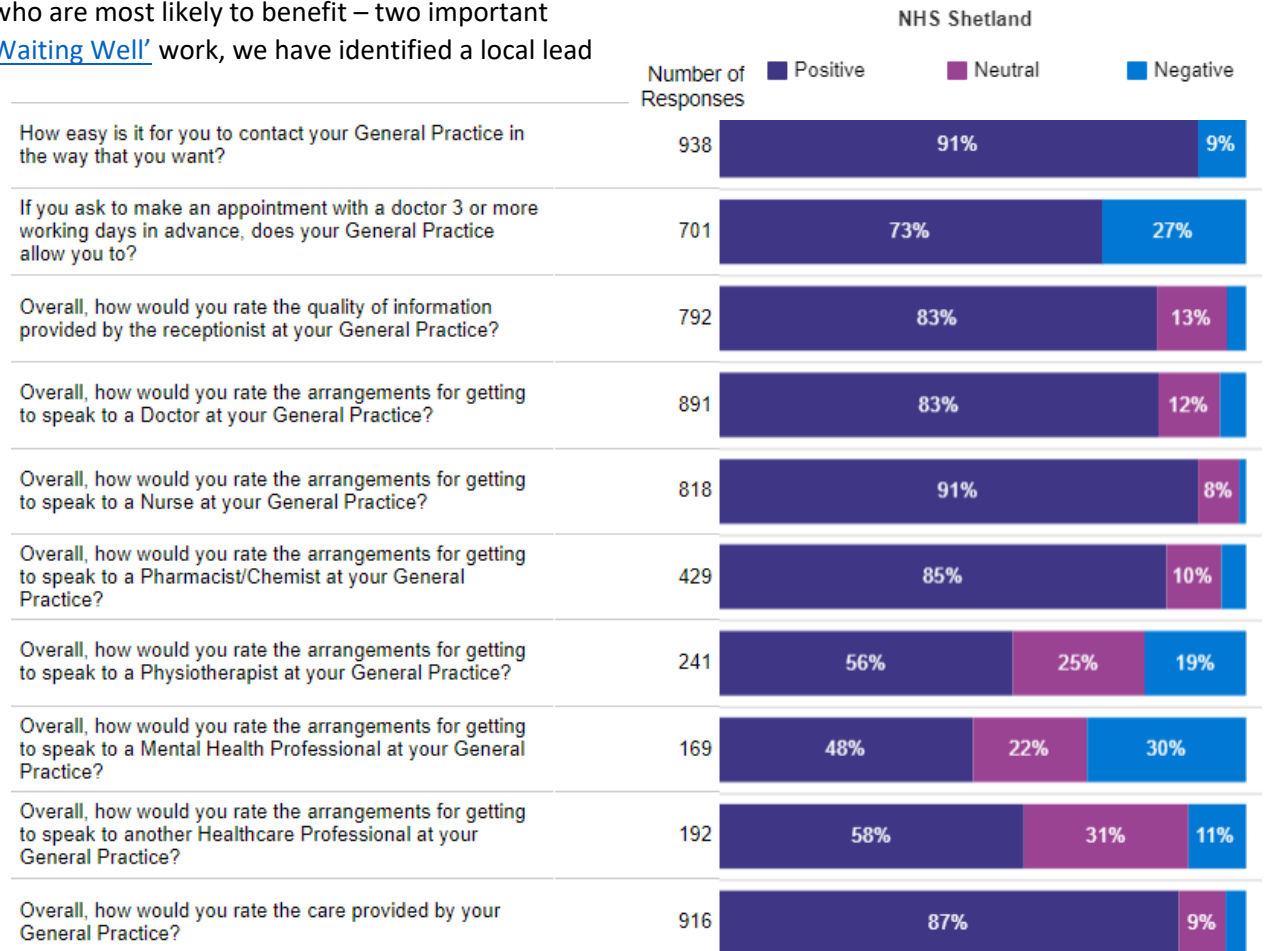
Health and Care Experience Survey – Your General Practice
Having access to Primary Care is an important part of identifying and treating any problems early, and preventing them from getting worse where possible.

For all of these measures in “Your General Practice” Shetland is rated higher than Scotland, and where they can be compared all scores are similar to results in 2022.

Areas highlighted that could be improved on – being able to speak to a Physiotherapist, Mental Health Professional, or other Healthcare Professional – are all part of ongoing improvement work in the “Primary Care Redesign” programme which is aiming to maintain people’s positive experiences and outcomes, and improve the fairness of access to different services in Primary Care across Shetland.

Full results of the Health and Care Experience survey, undertaken every 2 years, can be viewed on an interactive dashboard here:

<https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2024/>



Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	9	n/a	9	11	n/a	n/a	n/a	n/a	n/a				This is most recent data from PHS, next release is Autumn 2024 for Q4 2023/24. Annual target is 38 quits in most deprived areas
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)	166 (261)	97 (129) 75%	131 (195) 67%	166 (261) 64%	39 (63) 62%	8 (21)	24 (42)	39 (63)	63			This figure will increase cumulatively over the year and work is progressing with the engagement work to support staff to attend training.
PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period)	528 (480)	552 (480)	289 (240)	415 (360)	552 (480)	155 (120)	39 (40)	90 (80)	155 (120)	120			A FAST screening is a way of finding out if someone is drinking at harmful or hazardous levels and may benefit from an Alcohol Brief Intervention (ABI). These are routinely done in Sexual Health Clinic, Maternity services, and in some A+E and Primary Care consultations.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	89.5%	87.8%	93.4 %	79.2%	87.8%	n/a	n/a	n/a	n/a	95%			This is the most recent data available as published by Public Health Scotland - Q1 data will be released September 2024



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Annual measures													
	2020-21	2021-22	2022-23	2023-24									
PH-HI-09 Percentage of mothers smoking during pregnancy	10.3%	8.9%	5.7%	8.7%									19-Aug-2024 Below the national average of 11%. Shetland 4 th board in Scotland after NHS Orkney, NHS Western Isles, and NHS Greater Glasgow and Clyde.
PH-HI-10 Reduce the proportion of children with their Body Mass Index outwith a healthy range (>=85th centile)	28.8	24.2	19.1										Most recent available for P1 - note coverage or uptake of P1 BMI measure is second lowest in Scotland at 78.3%, with NHS Western Isles lowest uptake at 68.6 %
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	2017-2021 10.2	2018-2022 11.9	2019-2023 10.4										Due to small number variation and difficulty in interpreting this data in a small population we publish our 5-year, age-standardised rate per 100,000 people, as published by National Records for Scotland - this is the 2019-2023 average, as published August 2024. Next update expected August 2025.

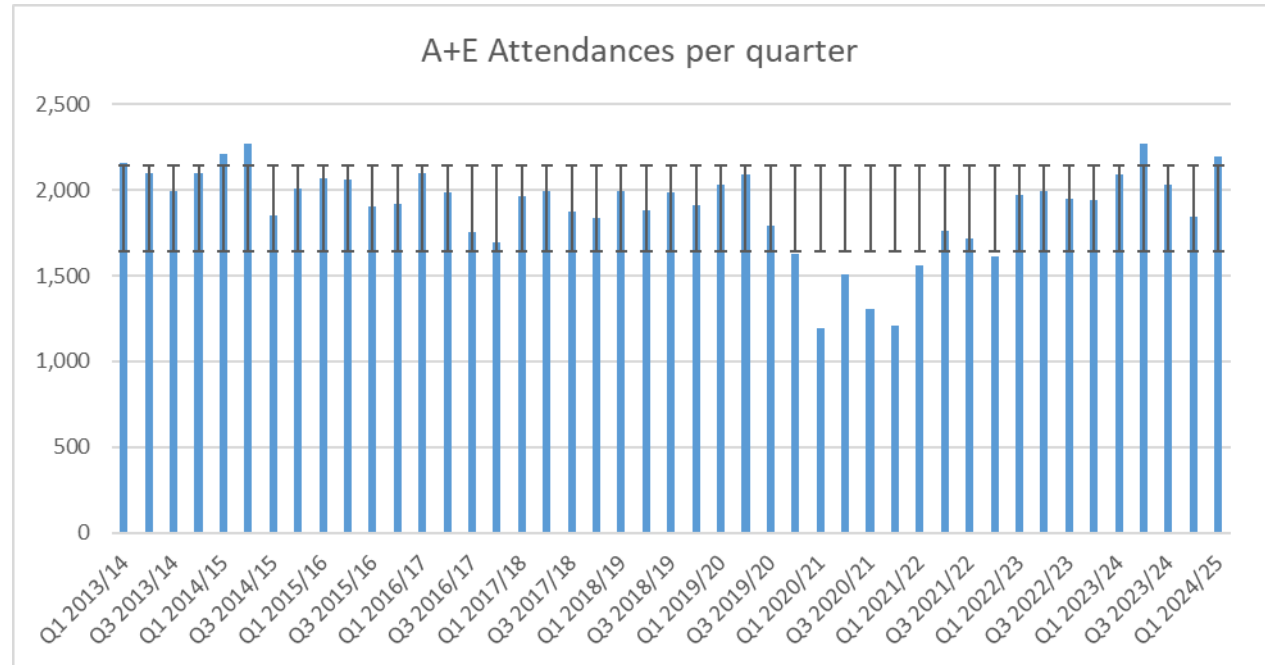
Urgent and Unscheduled Care

There has been ongoing pressure within the Urgent and Unscheduled Care system, which includes both acute and community health and social care. Full usual suits of data is provided overleaf with a graph of actual quarterly attendances at A+E provided for context – “standard deviation” bars are included on this graph to show what normal change would be expected, any thing within these bars would be considered “normal” however in our small system a small change in people using a service can make a difference to the capacity available.

Within Urgent and Unscheduled Care a few different factors affect how easily people can move or “flow” through the system – this includes space available within the hospital, space to be discharged to (home or somewhere else), and health and care support being available on discharge.

A lot of national work is focussed on flow through hospital, trying to decrease the amount of time people stay for, and improve discharge planning. These are things we already do fairly well with a relatively low length of stay, a relatively low admission rate into hospital, and with consistent joint working on discharge planning. The biggest challenges in our system are in the number of people attending the Emergency Department who could be seen elsewhere, or whose problem could have been prevented, and challenges around care, support, and appropriate accommodation in the community (this can be residential care, but is more often safe home accommodation) – we also know that being admitted to hospital comes with risks particularly for older people or people who are frail, an admission to hospital and being out of your usual home environment can lead to ‘deconditioning’ and more difficulty in doing things independently.



Locally our improvement work in Urgent and Unscheduled Care over this next year is focussed on these things – decreasing attendances at Emergency Department which could have been better dealt with elsewhere particularly focussing on people who attend a few times in the year, so we can improve their outcomes, Avoiding Admissions where possible, and work in the Health and Social Care Partnership with wider colleagues around models of care to optimise resources, and how we support people in our communities.



NHS Shetland Quarterly Performance Report
Urgent and Unscheduled Care system data



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	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.	2	7	3	9	7	6	4	7	6	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	4	10	4	4	2	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	242	336	461	487	169 (115)	156 (2)	162 (41)				This does not include anyone delayed due to patient/ family/carer-related reasons. No target set, lower is better.
NA-EC-01 A&E 4 Hour waits (NIP103b) (Bracket % is Scotland comparison)	91.3%	86.3%	82.6%	84.7%	88.6%	88.4%	89.4% (66.7%)	90.5% (70.1%)	87.9% (68.2%)	95%			3 sequential quarters of improvement/maintenance can be considered a positive trend. Person-centred decision continue to be made even where this necessitates breach of target, every breach is reviewed.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													Around one quarter of all attendances are for people aged 65+, and around 80% of these people are seen within 4 hours compared to a Scottish average of around 50%.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,724	2,956	3,380	3,223	2,956	3,284	2,917	3,415	3,284	3,061	✔		
MD-EC-01 Emergency bed days rates for people aged 75+	5,122	4,112	1,028	1,181	1,023	1,190	331	433	426	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%	9.2% vs 10.3%	7% vs 10.4%	9% vs 10.4%	10.2%	n/a	n/a	n/a				Scottish data incomplete so comparison not provided for Q1.

NHS Shetland Quarterly Performance Report
Health and Care Experience Survey – Out of Hours Healthcare



The Health and Care Experience Survey takes place every 2 years. The number of people who complete the survey in Shetland is a lot better, for the size of the population, than Scotland – this means the findings are more reliable for Shetland. A total of 1063 people responded to the survey – 30% of those invited, compare to 20% in Scotland on average.

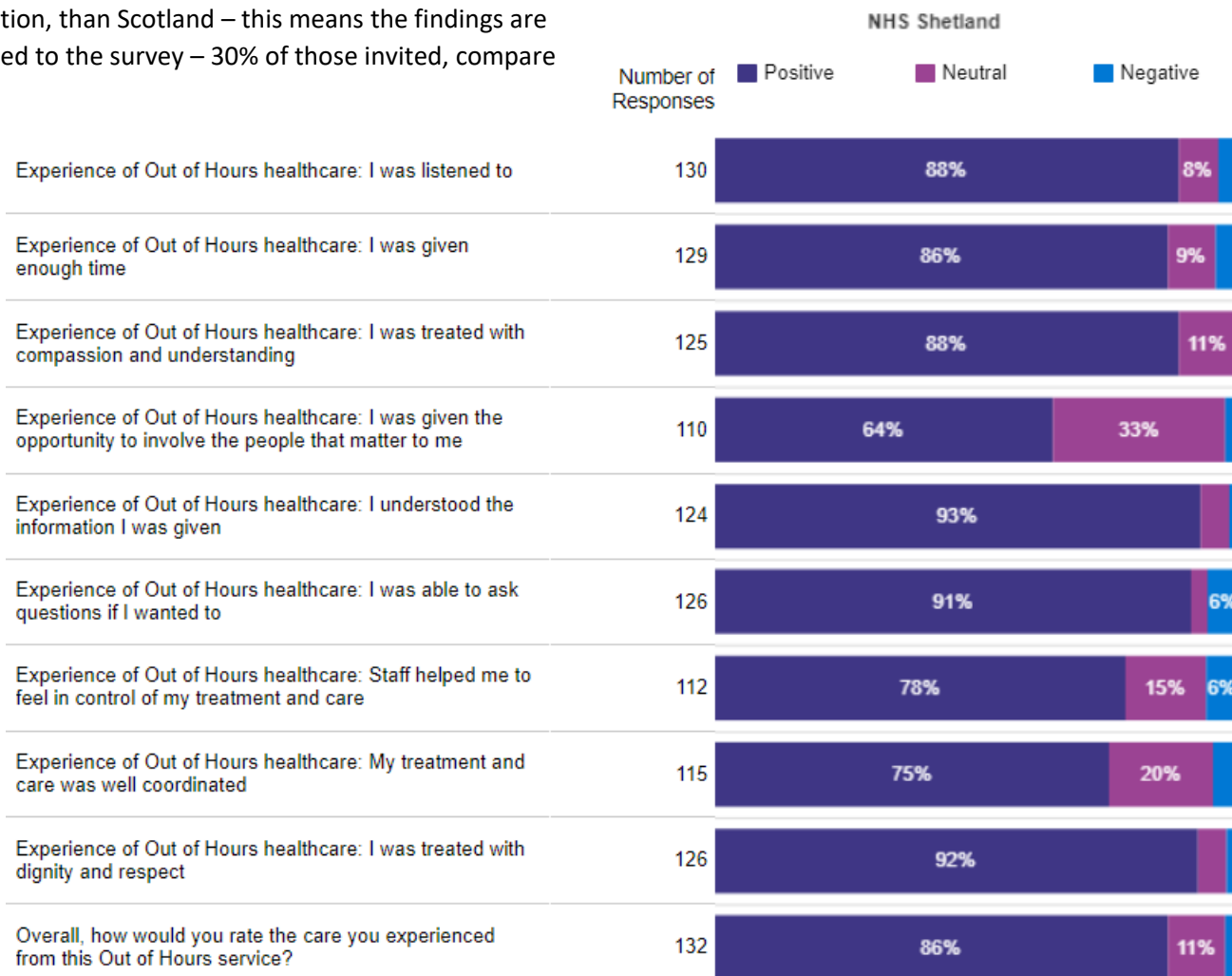
The survey asks about 5 different areas, people only answer about services they have used.

The ratings and responses shown here are about Out of Hours healthcare provided in the community.

All responses except the final one are similar to Scotland, and broadly the same as the 2022 results. The final question “Overall, how would you rate the care you experienced from this Out of Hours service?” is better than Scotland (86% positive compared to 73% positive), and significantly better than the Shetland in 2022 (86% positive compared to 70% positive).

The full results of the survey are published in a dashboard by Public Health Scotland, available at:

<https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2024/>






Support Systems

There are a number of different teams and people in NHS Shetland who support delivery of excellent services, creating the conditions for a sustainable organisation, and supporting the building blocks of health through the work they do. Their skills and expertise ensure the smooth running of our organisations, these teams include: Estates and Facilities, Human Resources, Staff Development, Information Services, Digital and IT, Finance and Procurement, Patient Travel, Corporate Services, Clinical Governance and Health and Safety, among others. The information we have to report about these functions is limited, however they all play an important part in making all of our other performance possible.

Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.32%	4.49%	4.49%	4.8%	4.49%	5.18%	4.72%	5.18%	4.93%				
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available		£7.66	£1.89	£1.8 m	£1.86	£1.74 (£2.11)	£0.54 (£0.75)	£0.6 (£0.8)	£0.6 (£0.57)				
HR-IT-02 The percentage of freedom of information requests responded to in the quarter which received a response within 20 working days	85.55%	77.95%	90.2% (138 of 153)	69.09% (152 of 220)	74.35% (171 of 230)	68.16% (122 of 179)	n/a	n/a	n/a	90%			Past 2 years have seen a significant increase in requests 2020-21 = 414 2021-22 = 400 2022-23 = 699 2023-24 = 789
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%				100%			

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	April 2024	May 2024	June 2024	June 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	9	2	1	1	0	0	0	0	0	0	✓		
NA-IC-29 Number of C Diff Infections	3	2	1	0	1	0	0	0	0	0	✓		
CE-IC-01 Cleaning Specification Audit Compliance	96.5%	95.2%	95.2%	97.1%	95.2%	96.2%				90%	✓		



Effective Partnerships

NHS Shetland continues to play a key role in a number of partnerships including the Health and Social Care Partnership, Shetland Partnership which is our Community Planning Partnership, the Children’s Services Partnership, the Alcohol and Drug Partnership among others. This collaborative working across organisations and with communities in Shetland is what will support long term health and wellbeing and impact the ‘building blocks of health’ in our communities – these are things like housing, money, transport, education, inclusion in communities – things that NHS cannot provide, but can support development of. The NHs was never meant to go it alone – to support good health we need to work with our partners. This is the activity that we would expect to have the most significant impact on our long term health inequalities data presented to [Board in June 2024](#) – this will be updated in due course.

Our work with the Shetland Partnership includes leadership of the Climate Change project by Dr Susan Laidlaw, Director of Public Health, which is being delivered by the Shetland Islands Council Climate team; and leadership of the Person-Centred Support project by Brian Chittick, Chief Executive, which is being delivered by the NHS Shetland Planning Team alongside partners across frontline services. The five key projects in the Shetland Partnership Plan are:

1. Inclusive growth
2. Reducing stigma across our communities
3. Person-centred support
4. Climate Change – Adaptation and Mitigation
5. Place Based approach

The Shetland Partnership Plan Annual Report for 2023/24 will be published in the autumn.

Work with the Shetland Children’s Services Partnership includes the following priorities, with NHS Shetland inputting into all points as a contributor:

1. All our children have the best start in life in a nurturing, safe and stable home environment
2. We improve attainment and achievement for all children and young people
3. We reduce the impact of poverty on children and families
4. Children and young people’s mental health and wellbeing is improved
5. We Keep the Promise for our Care Experienced children and young people (Corporate Parenting)
6. We place the human rights and needs of every child and young person at the centre of our work
7. Our most vulnerable children and young people are protected
8. Our workforce are nurtured and have opportunities to develop

The Children’s Services Partnership Annual Report for 2023/24 will be published in the autumn.

Shifting the Balance of Care

‘Shifting the Balance of Care’ has been a priority in Shetland and across Scotland for a number of years. Shifting the Balance of Care has a few different elements – for each the shift isn’t from one thing completely to another, but is about finding the balance that is right for people accessing our services. This makes things particularly challenging because it means continuing to provide many different things in varying amounts.

- Shifting Place** providing more care closer to home where safe and appropriate, this could mean from hospital to community, from community care to home, or from Scottish mainland to Shetland
- Shifting Power** from being more professional-led, or service focussed to being more person-centred, supporting people to have more say in what support they receive and how that is delivered
- Towards Prevention** moving towards preventing health problems or identifying them earlier

Focus: Residential Care and Emergency Care

The data below shows, over time, how people in Residential Care have accessed Emergency care in Shetland (blue line) and Scotland (orange line). We have seen decreasing rate of A+E attendances, a decreasing rate of Emergency Admissions, and a decreasing rate of emergency bed days. We also know people are not moving to residential care until nearer the end of their life, so we would expect the need for health intervention to increase. This change shows we are supporting people better with their health needs in Residential Care, we are likely to be anticipating or preventing needs better, and our teams across health and social care are working together to achieve this.

