NHS Shetland

Meeting:	**NHS Shetland Board**
Meeting date:	**19 November 2024**
Title:	**Performance update to end September 2024 (Q2 2024-25)**
Agenda reference:	**Board Paper 2024/25/41**
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 September 2024, where published data is available. Data until end July, and related in-depth waiting times data until end August has been considered at Finance and Performance Committee on 1st October. All key information has been checked and verified as per the usual publication process with Public Health Scotland and other national partners before publication.

2.2. Background

The Board adopted a Performance Management Framework in 2019, (Performance Management Framework 2019 - 2024) 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.

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 selected improvement work where appropriate.

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 highlights is included below.

Scheduled Care:

- Elective and Specialist Services are performing well, consistently exceeding the 18-week treatment time guarantee target, with 76.1% of patients seen on time in June 2024, compared to a Scottish average of 68.4%. However, reduced funding

allocations have impacted capacity, leading to a focus on delivering essential services and prioritizing patients based on clinical need.

- Challenges remain in managing waiting times for visiting specialist services, especially Orthopaedics, ENT, Dermatology, and Ophthalmology.
- Performance for Urgent Referral With Suspicion of Cancer to Treatment Under 62 days fell short of the 95% target at 50%, with prostate cancer pathways presenting specific challenges nationally. While referral numbers have increased over recent years, the number of patients being diagnosed and treated remains stable.
- The 31-day target for Decision to treat to first treatment for all patients diagnosed with cancer consistently achieved 100% performance.
- Diagnostics performance is strong, with Shetland achieving the best performance in Scotland in September 2024, with 90.9% of patients seen within six weeks for key diagnostic tests. However, capacity constraints exist for delivering and reporting some key tests, particularly CT and MRI, requiring off-Shetland expertise.

Mental Health:

- CAMHS and Drug and Alcohol services continue to perform well against waiting time targets.
- Psychological Therapies face challenges, despite additional support from NHS Orkney and a decrease in referrals in Q1 (most recent available). Unplanned, unavoidable leave in quarter 2 impacted capacity and the ability to see new and returning patients.
- Performance against the 18-week referral to treatment target for Psychological Therapies remains below the 90% target. Efforts are underway to address capacity challenges, including making a CBT therapist position substantive and analysing resourcing compared to peers.
- Remote delivery of Talking Therapies through “Near Me” video appointments has been successful, offering flexibility and effectiveness for both therapists and patients.

Preventative and Proactive Care:

- The National Dental Inspection Programme demonstrates positive results, with Shetland ranking highly in Scotland for both Primary 1 and Primary 7 pupils' oral health.
- The Oral Health Improvement Team's work, including Childsmile and outreach initiatives, contributes to these positive outcomes.

Urgent and Unscheduled Care:

- The Urgent and Unscheduled Care system is under pressure, impacting flow and discharge planning. Despite performing well in length of stay and admission rates,

challenges exist in managing Emergency Department attendances that could be addressed elsewhere, and community care support.

- Improvement efforts focus on reducing avoidable Emergency Department attendances, preventing unnecessary hospital admissions, and optimizing community care models.
- Delayed Discharges continue to be a concern, influenced by staffing shortages in the social care system.
- Performance against the 4-hour A&E waiting time target remains high compared to the Scottish average but falls short of the 95% target. A significant proportion of attendances are from those aged 65+.
- Emergency Department attendance rates remain high compared to other areas, likely due to limited alternative urgent care options.

Support Systems:

- Workforce data highlights the impact of the Reduction in the Working Week for Agenda for Change staff, resulting in a decrease in available working time.
- Sickness absence remains at or below target. Supplementary staffing spending is being monitored, with details available in the financial monitoring report.
- Freedom of information request response times are below the 90% target, with a notable increase in requests over the past two years.
- Business Continuity Plan updates are in progress, with all areas now having a plan.
- Appraisal completion rates are significantly low compared to other health boards, prompting discussions and efforts to improve.
- Mandatory training compliance is below the 85% target, with efforts underway to prioritize training time for staff.
- Safe Environment data indicates low infection rates and good cleaning specification audit compliance.

Effective Partnerships:

- Collaborative work within the Children's Services Partnership and efforts to address child poverty are highlighted.
- Partnership work focuses on mitigating the impact of poverty and addressing its root causes, aligning with the Shetland Partnership Plan.
- Initiatives to address money worries and income maximization, including a project with Public Health Scotland, are underway, supporting people to access financial support and benefits.

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.

3. List of appendices

The following appendices are included with this report:

Appendix No 1 NHS Shetland Performance Report Q2 2024-25

NHS Shetland

Quarterly Performance Report – Q2 2024-25

Contents

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 fairly consistent demand, but reduced capacity due to decrease in funding allocations. We have consistently been among the top performing territorial health boards over the past year. In June 2024, 305 patient journeys (76.1%) met the 18 week target compared to a Scottish average of 68.4%. Performance and activity in Shetland can vary month to month due to schedules for visiting clinics, there are a number of practical factors to consider for these clinics including availability of staff to provide clinics and space to run clinics in.

Elective and Specialist Services data

	Years		Quarters				Months			Target			
Indicator	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024		Spark Chart	Note
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	87.3%	81.2%	83.0 %	78.2%	78.7%	67.4%	67.4%			90.0 %			Numbers of patients seen on time, of all patients seen, in previous 4 quarters: Q4 23/24: 951 of 1216 Q3 23/24: 1009 of 1215 Q2 23/24: 876 of 1117 Q1 24/25: 890 of 1131 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.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
													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. 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-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	68.5%	71.2%	50%	77.8%	50%	NA	NA	NA	NA	95%			North Boards 64.4, Scotland 73.2. There are particular challenges (nationally) around provision of prostate cancer pathways – prostate cancers accounted for half of our cases in this quarter and these were all delayed. 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.
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	100%	100%	100%	NA	NA	NA	NA	95%			

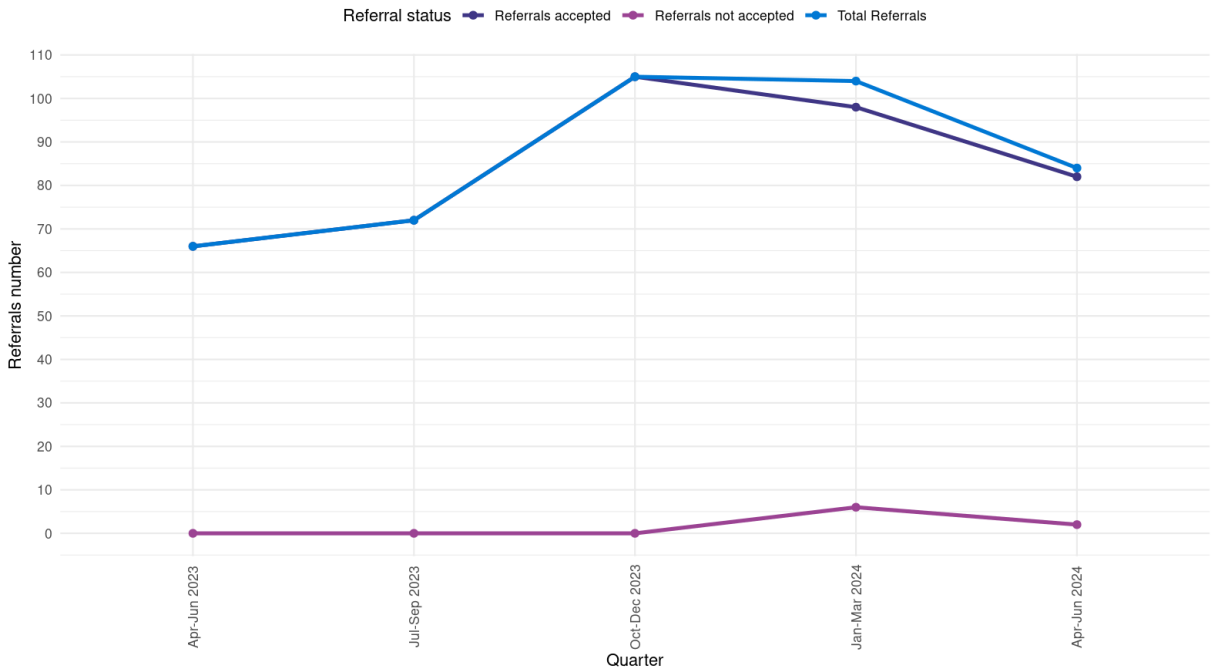
Diagnostics data

Indicator	Years		Quarters				Months			Target			Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging. % represents people seen within 6 weeks for key tests in that month/quarter Scottish average is given as a comparator in brackets.	82.7%	86.1%	86.8 %	79.9%	80.2%	82.1%	74.1% (48.3%)	*81.2%* *(50.6%)*	90.9% (53.6%)	100%		Access to diagnostic test is an important step within the 18-week referral to treatment target. 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 had particular challenges around CT and MRI. Performance for each test is considered in detail at a weekly Waiting Times meeting and at Finance and Performance Committee. Shetland was the best performing board in Scotland on this indicator in September 2024, with 311 out of 342 patients seen within six weeks.	

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, this did decrease again into Quarter 1 of 2024-25 as seen in the graph below, so when this extra capacity came into place there were already a number of patients waiting. Further the capacity of the local team has been impacted by sick leave in quarter 2 which has affected the ability to see new and return patients.

[Psychological therapies waiting times - Quarter ending June 2024 - Psychological therapies waiting times - Publications - Public Health Scotland]



	Years		Quarters				Months			Target			
Indicator	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024		Spark Chart	Note
	Value	Value	Value	Value	Value					Target	Status		
CH-MH-01 18 weeks referral to treatment for	60.4%	77.1%	84.7 %	71.4%	73.2%	61.2%	72.7%	66.7 %	38.9%	90%			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value					Target	Status		
Psychological Therapies (percentage of completed waits less than 18 weeks) This tells us about the number of new patients seen													CBT therapist fixed term post has been made substantive – been working remotely on fixed term basis this will support decreasing waiting list in longer term with more stability. Significant challenges with capacity and provision of face-to-face counselling due to sick leave in August and September which has impacted ability to see new patients. Referrals continue at high rates. New patients seen within 18 weeks, and waiting list previous 4 quarters: Q3 23/24 = 59 seen, 50 within 18 wks Waiting list 151people Q4 23/24 = 70 seen, 50 within 18 wks, waiting list 177 people Q1 24/25= 56 seen, 41 within 18 wks, waiting list 196 people Q2 24/25= 67 seen, 41 within 18 wks, waiting list 208 people Mental Health Services Manager and planning officer working with Public Health Scotland to look at comparisons
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks) This tells us about people on the waiting list	59.8%	65.5%	58.3 %	65.5%	57.1%	62.5%	52.7%	61.8 %	62.5%	90%			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value					Target	Status		
													of activity, referral rates and funding with peers to understand resourcing challenges.
MD-MH-01 People with a diagnosis of dementia on the dementia register	186	194	182	194	198	200	200	199	200	184	✓		
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	89.09%	100%	100%	100%	100%	100%	100%	100%	100%	90%	✓		CAMHS services continue to perform well and work as a multidisciplinary team to manage demand.
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%	92%	NA	NA	NA	NA	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 due to challenges around data submission within a small team experiencing absence..

Spotlight: Success of Remote Delivery of Talking Therapies in Shetland

Our Psychological Therapies Team have been offering therapies by "Nar Me" video appointments since the COVID pandemic, one therapist now works fully remotely due to the nature of their fixed term contract and finds remote delivery flexible and effective both for therapist and patients. Some of their reflections on remote working, and video appointments are shared below:

I was sceptical to begin with during COVID – of how it could work with therapies, even when I was based in Shetland - but I've found it really supports access for patients, it means they are able to choose where to take calls, and some prefer a clinician who is not based in Shetland, for the anonymity.

Many patients who had to move from physical appointments to video were unsure at first and were quite surprised about how well they got on. It is still face-to-face and video definitely makes it easier to build that relationship than telephone appointments although that is an option too and some people prefer phone calls.

Issues with wifi signal are pretty rare – most people have a device and reasonable access to wifi at home, or work. If people can't get online for any reason we offer them a space on NHS property and a device to use if needed, but very few take up that offer. There is some stigma around the age of people who will be able to access – but the system is very straight forward and a lot of older people are using other online services for video calls, shopping and other things and we haven't found many problems in people being able to use the Near Me system.

We give people a quick taster session of a video call in the assessment stage after they have been referred – if they haven't used Near Me before then this is a good opportunity to see what it actually feels like talking to someone over video – most people are pleasantly surprised and after that initial session are happy to go ahead with Near Me sessions. People are always given a choice, but after trying it out not many refuse.

There is good evidence to show that outcomes from therapy delivered by video call will be the same as delivered in physical appointments although there will be some circumstances where it won't work, and people do have the option to have a physical appointment - depending on demand this can mean a longer wait.

Working remotely can be lonely when you are used to being around people, but our team are supportive and we have regular check-ins, meetings and catch-ups to make sure we still work together as a team.

Using remote delivery can save travel time and be more efficient for clinicians, though you need a proper set up to make it reliable – but the main benefit for me is in making it easier for patients to access appointments without disrupting their day having to travel or take a lot of time off work, it is a lot more convenient – they don't have the stress of getting to the appointment, and can usually find somewhere they are more relaxed and comfortable.

(Near Me is sometimes referred to as Attend Anywhere - these both describe the same system, more local information can be found at www.nhsshetland.scot/community-health/nearme-video-consultancy or general support at www.nearme.scot)

Preventative and Proactive Care

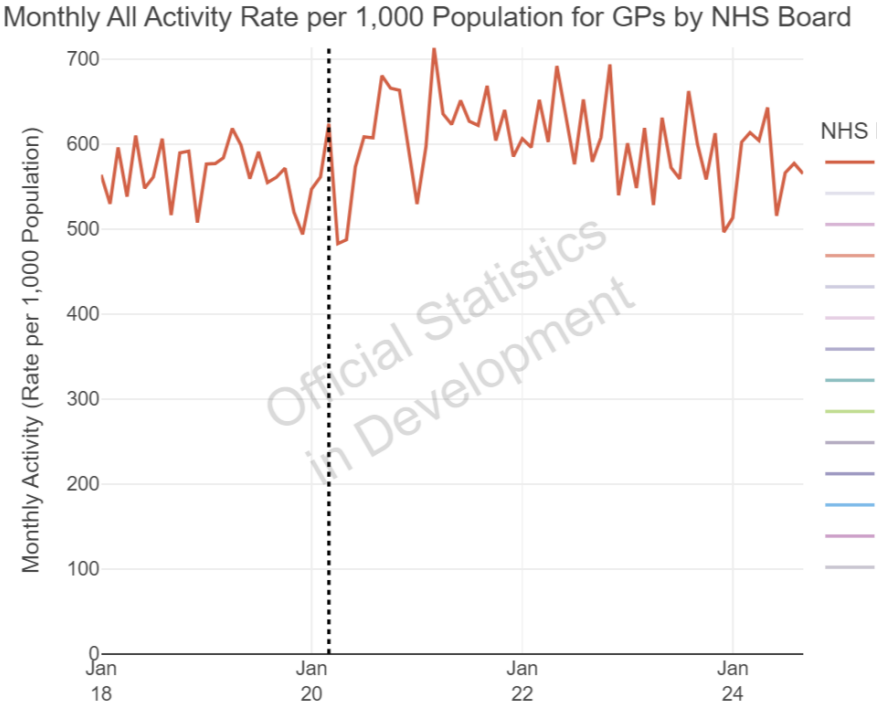
National Dental Inspection Programme

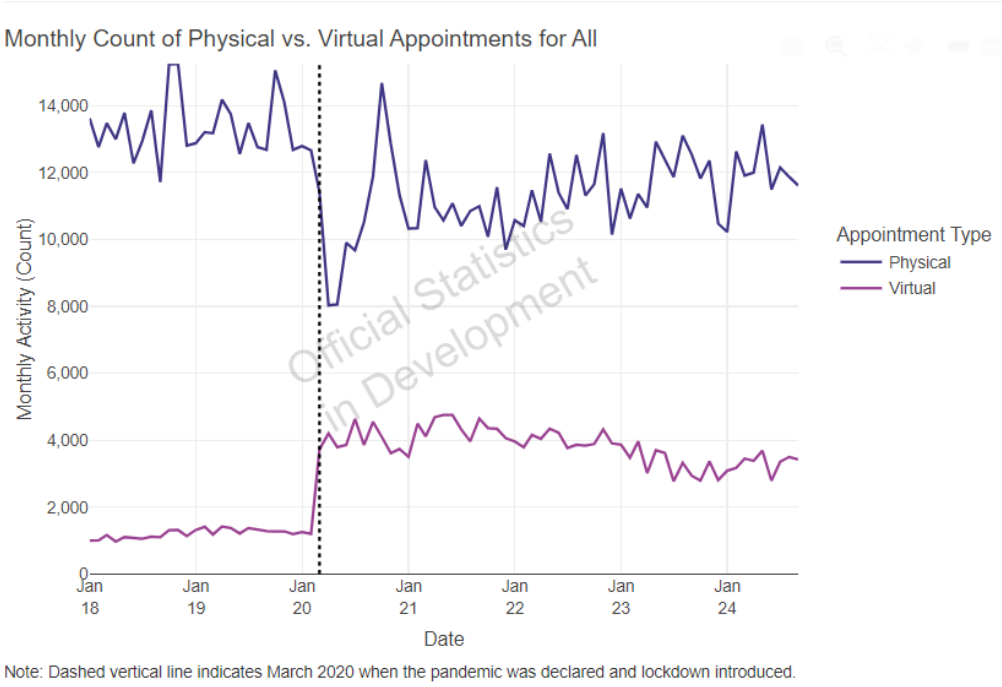
The National Dental Inspection Programme is a programme of work to inspect the teeth of Primary 1 and Primary 7 pupils, a Basic Inspection of each age-group, each year and detailed inspection for either P1 or P7 each year. It is designed to identify any problems with oral health as early as possible, and provide feedback to families about their child's dental health. It also lets us know how our Oral Health Improvement work is going –we aim to have every child born registered and reviewed regularly under the national Childsmile programme, and this is provided by our local Oral Health Improvement Team who are part of the Dental team. The most recent period reported was for the detailed inspection of Primary 1 pupils in the 2023-24 school year. In this report, available online, 63% of Primary 1 pupils received a detailed inspection – this was the 3rd highest coverage in Scotland, after Orkney and Western Isles, and 80.4% of those inspected had no obvious decay, 3rd highest in Scotland after Orkney and Dumfries and Galloway. In the same period 86. 6% of Primary 7 children received a Basic inspection, and 82.9% of these had no obvious decay, 3rd ranked in Scotland after Lothian and Orkney, and better than the Scottish average of 76%. Our Oral Health Improvement Team also work with other people more vulnerable to poorer health outcomes – including providing an Oral Health Advice Clinic at the Recovery Hub and running the "Caring for Smiles" programme with Residential and Care at Home service users and staff.

Primary Care

There is work underway locally in the SHIP (Shetland Health Intelligence Programme) project to improve the quality of data we are able to gather and report from our Primary Care services. These will be included in future reports from 2025/26 onwards when there is more confidence in the data accuracy. There is nationally published data, collated by Public Health Scotland, which is shared below for information. These are experimental statistics and have not been designed to be compared to other areas or a national average due to significant variations in how data is collected in different areas. There is a degree of confidence that we have gathered this data consistently over time and this is therefore provided to support comparison in the pre and post-COVID period. The graph on the left tells us about "activity rate" for GPs in NHS Shetland – this doesn't represent individual appointments, but may also include processing results, following up after appointments and various other tasks. The graph on the right reports a comparison of physical and virtual appointment types. The dotted vertical line on each graph annotates the beginning of COVID pandemic restrictions.

This data is not actively being used to monitor or performance manage Primary Care services locally or nationally due to the variability and challenges in comparisons, however there is currently no agreed alternative bar the Health and Care Experience Survey reported in quarter 1. PHS dashboard of [data is available here] and [Health and Care Experience Survey dashboard] is available here.





Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

Prevention is the focus of the Public Health Annual Report this year- you can read more about public health and prevention here.

Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value					Target	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	14	15	2	4									This is most recent data from PHS, next release is December 2024 for Q1 2024/25. Annual target is 38 quits in most deprived areas. There are currently issues with the national reporting database but it is hoped Q1 data will be available in autumn 2024. The Health Improvement team has internal targets around quit attempts made based on the understanding of likely success that they use for day to day management, the team is currently experiencing issues with capacity which is affecting their ability to see as many people as quickly as they would like.
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)	131 (195) 67%	166 (261) 64%	39 (63) 62%								This is the most recent data collated, 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)	415 (360)	552 (480)	155 (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.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value					Target	Status		
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	89.5%	87.8%	79.2 %	87.8%	89.4% (92.8)					95%			This is the most recent data available as published by Public Health Scotland – Q2 data will be released in December 2024.This represents 618 of 693 children being vaccinated.
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 4th 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 suite of data is provided overleaf. 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 to support 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.

Urgent and Unscheduled Care system data

	Years		Quarters				Months			Target			
Indicator	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024		Spark Chart	Note
	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	9	7	6	7	9	8	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 bed days (below).
CH-DD-02 Delayed Discharges - number of people waiting more than 14	43	19	5	4	10	18	3	8	7	0			Delayed Discharge performance is an indicator of functioning of the whole

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.													health and social care system and our ability to anticipate and avoid admission aswell as 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 locally.
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same month in previous year)	1977	1175	336 (211)	461 (316)	487 (145)	626 (190)	154 (54)	245 (55)	227 (81)	na			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 (NIPI03b) (Bracket % is Scotland comparison)	91.3%	86.3%	84.7 %	88.6%	88.4%	88.4% (68.8%)	87.9% (68.9%)	90.9% (68.7 %)	86.6% (68.7%)	95%			Performance remains high compared to Scotland although not meeting target (in the most recent month published Shetland was 3rd ranked board, and no board met the 95% access target). Person-centred decisions continue to be made even where this necessitates breach of target, every breach is reviewed. Around one quarter of all attendances are for people aged 65+, and around 80% of these people are seen within 4

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
													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	3,223	2,956	3,284	3,108	3,279	3,012	3,108	3,061	✓		Attendance rates at A+E remain high compared to other places – this is a reflection on the scope of our urgent and unscheduled care system – without alternative minor injury units, or other out of hours care that may be accessible in other boards. Despite high rates of attendance we perform consistently well against Emergency Department access time targets.
MD-EC-01 Emergency bed days rates for people aged 75+	5,122	4,112	1,181	1,023	1,190	1,482	492	491	498	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%	7% vs 10.4 %	9% vs 10.4%	10.2% vs 10.4%	6.0% vs 7.8%	7.7% vs 9.2%	4.2% vs 6.1%	NA	NA			September data is incomplete locally and nationally and has been removed to give more accurate reporting. Q2 figure is July/August only at this stage.

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. Data provided here include measures relating to our workforce, and to some aspects of the hospital environment.

A significant change relating to workforce which has been embedded since April 2024 has been the Reduction in the Working Week for Agenda for Change staff, currently in NHS Shetland the first stage of this reduction from 37. 5 to 37 hours for full time staff, pro rata for part-time staff, has been implemented for 95% of our staff. With a Whole Time Equivalent workforce of around 680, this amounts to 340 hours of working time less per week, around 9.2 Whole Time Equivalent Staff. There is due to be a further reduction of 60 minutes per full time member of staff in the next phases of this working week reduction to take a full time working week from 37. 5 to 36 hours per week. This reduction in working time available is having an impact on service provision across both clinical and support services.

Organisational data

	Years		Quarters				Months			Target			
Indicator	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024		Spark Chart	Note
	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 %	4.8%	4.49%	4.93%	3.71%	4.18%	3.71%		4%			Sickness absence remains around or below the target, and below the Scottish average. We would generally expect to see higher levels of sickness absence over the winter period.
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available		£7.66	£1.8 m	£1.86	£1.74 (£2.11)	£1.95 (£1.89)	£0.54 (£0. 61)	£0.84 (£0. 54)	£0. 58 (£0.75)				For more detail see financial monitoring report for this period.
HR-IT-02 The percentage of freedom of information requests responded to in the quarter which received a	85.55 %	77.95 %	69.09% (152 of 220)	74.35% (171 of 230)	68.16% (122 of 179)					90%			Past 2 years have seen a significant increase in requests

	Years		Quarters				Months			Target			
Indicator	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024		Spark Chart	Note
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
response within 20 working days													2020-21 = 414 2021-22 = 400 2022-23 = 699 2023-24 = 789
CE-CS-06 Departmental Business Continuity Plans (BCPs) have been updated this year	8. 6%	53%	53%	%						100%	✅		All areas now have a Business Continuity Plan (BCP) so this indicator has been updated to reflect the annual review status of BCPs. The Business Continuity and Resilience Officer is working with areas to review and update their plans.
Appraisal completion rate	na	13%	12.3%	15%	15.7%	15.3%	16%	15%	15%		🛑		Note there are some challenges around how this data is calculated - some staff will be double counted if they have a bank contract and a substantive contract, for example. However the rate is still exceptionally low compared to our peers across Scotland. Executive Management Team have discussed next steps and appraisal has been a focus of the monthly organisational brief- we hope to see

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
													this increase over the coming months.
Mandatory training compliance, this includes Fire Saftey, Information Governance, Child and Adult Protection, Counter Fraud, Valuing Feedback and Complaints, Load Handling, Preventing hazards in the workplace, Violence and Aggression Awareness and Equality and Diversity. These have different timescales for re-completion between annual and 3-yearly	na	na	May '23 49.3%	Aug '23 53.3%	Oct '23 55.8%	Feb '24 65.8%	Oct '24 69.5%			85%			Completion of mandatory training is an indicator of functioning of the organisation and prioritisation of staff. There are challenges for teams in prioritising time for mandatory training particularly when the system is under pressure. Work is underway, connected to appraisal work and discussions, to improve on this.

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	9	2	1	0	0	2	0	0	2	0			
NA-IC-29 Number of C Diff Infections	3	2	0	1	0	0	0	0	0	0			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Jul 2024	Aug 2024	Sep 2024	Sep 2024			
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status		
CE-IC-01 Cleaning Specification Audit Compliance	96.5%	95.2%	97.1 %	95.2%	96.2%					90%			

Effective Partnerships

NHS Shetland works in partnership both locally with a number of other organisations and regionally and nationally with other NHS Boards and teams.

The Children's Services Partnership Annual Report for 2023-24 is to be published this month, and includes collaborative work between a number of services, and also work related to Child Poverty which is explored in more detail in the Annual Child Poverty Action Report which is published online here. Poverty, and particularly child poverty, and the related inequalities in our communities in Shetland is a main focus of the Shetland Partnership Plan – looking both to mitigate the impacts of poverty, and also to act on the causes of poverty in Shetland.

Money Worries and Income Maximisation

NHS Shetland have been working alongside our local Citizens Advice Bureau, Anchor for Families Team, and Community Planning colleagues, to consider how we tackle poverty as health services for a number of years. There have been ongoing challenges around raising the issue of poverty or money worries, and taking a person-centred approach that allows people to be supported when they have money worries. There is strong evidence tat money worries can significantly impact physical health, there is more information available form the Improvement Service aimed at supporting professionals to discuss money worries, a Child Poverty e-learning hub is available on Public Health Scotland, and local teams have worked with national colleagues to produce this online resource for people in Shetland who are worrying about money – the interactive leaflet directs them to support available in Shetland.

NHS Shetland has recently been working with Public Health Scotland to consider "Income Maximisation Pathways" in Shetland, and how NHS services can mitigate the impacts of poverty by supporting people to access all of the financial support and benefits they are entitled to. The work is focussing on services in Primary Care, Health Visiting and Maternity, and Shetland is one of 4 sites taking part with Public Health Scotland leading the work. The project is considering current practice around asking about money worries and financial concerns, how we support people with money worries, how we measure referrals or impact, and whether there is any need for further training or resources to support staff in mitigating poverty.