

# NHS Shetland

<b>Meeting:</b>	<b>NHS Board Meeting</b>
<b>Meeting date:</b>	<b>20<sup>th</sup> September 2022</b>
<b>Agenda reference:</b>	<b>Board Paper 2022/23/36</b>
<b>Title:</b>	<b>Performance Report Quarter 1: April 2022 – June 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Michael Dickson, Chief Executive</b>
<b>Report Author:</b>	<b>Elizabeth Robinson, Public Health and Planning Principal</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Board is provided with a Quarterly Report on key performance indicators up to end of June 2022.

### 2.2 Background

The Board adopted a Performance Management Framework in 2019, ([Performance Management Framework 2019 - 2024 \(scot.nhs.uk\)](https://www.scot.nhs.uk/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

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

## 2.3 Assessment

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

- 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.* After a period of stability, these numbers have started to creep up, in response to pressures within the Health & Social Care system. A concerted effort is being made to bring the numbers down again, but it is likely that there will be continued pressure during the summer. It should also be noted that no person has waited more than 14 days to be discharged into an appropriate care setting.
- HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%* The rate of absence for staff has crept up over the last few months, which probably reflects ongoing episodes of COVID, but also the fact that staff are very tired and resilience is low. This makes it even more important that we treat our staff with respect and understanding, and support them in getting the rest and recuperation that they need.
- NA-DI-01, NA-DI-02, NA-DI-03, NA-DI-04* - The endoscope washer disinfectant units have now been replaced, which will increase capacity for endoscopy, colonoscopy and cystoscopy procedures.
- NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services) and NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure* – these indicators reflect the pressure that NHS Grampian and other visiting services are under, as part of the continuing response to the pandemic. However, patients are prioritised on the basis of clinical need.

### 2.3.1 Quality/ Patient Care

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

### **2.3.2 Workforce**

A comprehensive programme of staff health and wellbeing support is ongoing, but our teams are often small with wide remits, which creates fragility. During this period there has continued to be a level of disruption caused by COVID.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

Tackling inequalities is a theme which underpins and runs through our remobilisation and annual operational planning; however we plan to undertake more formal processes of impact assessment in the future.

### **2.3.6 Other impacts**

NA.

### **2.3.7 Communication, involvement, engagement and consultations**

No communication and consultation has taken place prior to submission to the Board.

### **2.3.8 Route to the Meeting**

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

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendix is included with this report:



- Appendix 1 : NHS Shetland Performance Report 2022-23 Quarter 1


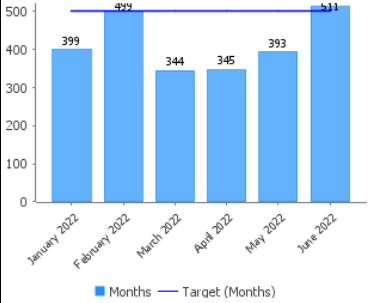
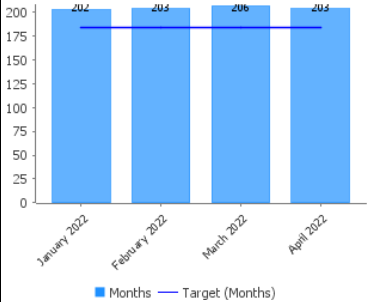

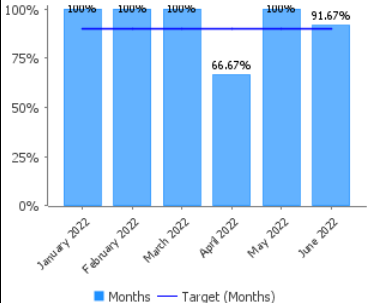
# NHS Shetland Performance Report - Monthly Indicators


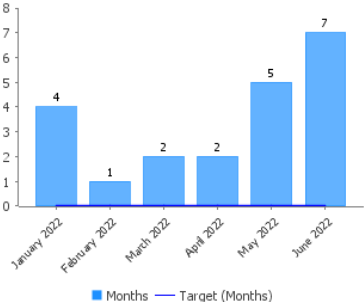

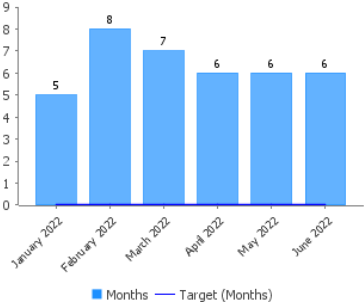

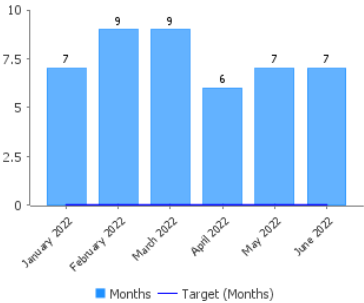
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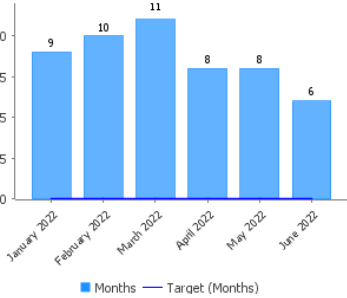

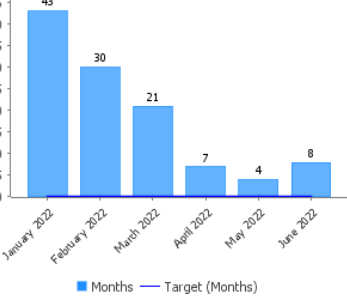
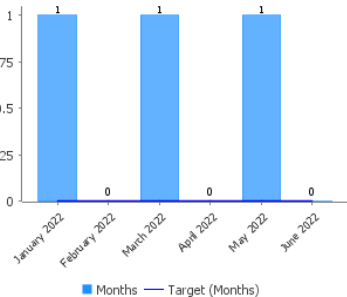


Indicator	Years		Quarters				Months			Target		Graphs	Note																					
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	April 2022	May 2022	June 2022	June 2022																								
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CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	3	3	3	3	5	3	4	5	0		<table border="1"> <caption>CH-DD-01 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>3</td><td>0</td></tr> <tr><td>February 2022</td><td>3</td><td>0</td></tr> <tr><td>March 2022</td><td>3</td><td>0</td></tr> <tr><td>April 2022</td><td>3</td><td>0</td></tr> <tr><td>May 2022</td><td>4</td><td>0</td></tr> <tr><td>June 2022</td><td>5</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2022	3	0	February 2022	3	0	March 2022	3	0	April 2022	3	0	May 2022	4	0	June 2022	5	0	
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CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	2	2	1	2	0	0	0	0	0		<table border="1"> <caption>CH-DD-02 Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>1</td><td>0</td></tr> <tr><td>February 2022</td><td>2</td><td>0</td></tr> <tr><td>March 2022</td><td>2</td><td>0</td></tr> <tr><td>April 2022</td><td>0</td><td>0</td></tr> <tr><td>May 2022</td><td>0</td><td>0</td></tr> <tr><td>June 2022</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2022	1	0	February 2022	2	0	March 2022	2	0	April 2022	0	0	May 2022	0	0	June 2022	0	0	
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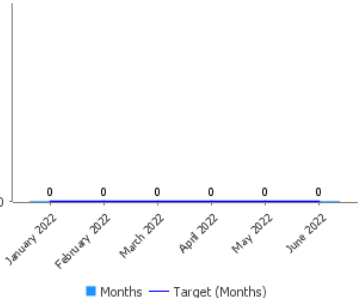

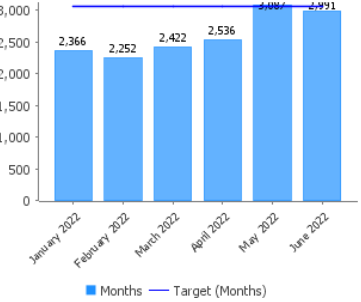

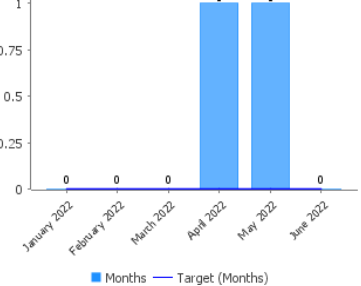
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CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	19%	50%	39.4%	67.9%	52.4%	80%	100%	66.7%	87.5%	90%		<table border="1"> <caption>CH-MH-01 Performance Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>50%</td><td>90%</td></tr> <tr><td>February 2022</td><td>33.3%</td><td>90%</td></tr> <tr><td>March 2022</td><td>90%</td><td>90%</td></tr> <tr><td>April 2022</td><td>100%</td><td>90%</td></tr> <tr><td>May 2022</td><td>66.7%</td><td>90%</td></tr> <tr><td>June 2022</td><td>87.5%</td><td>90%</td></tr> </tbody> </table>	Month	Value	Target	January 2022	50%	90%	February 2022	33.3%	90%	March 2022	90%	90%	April 2022	100%	90%	May 2022	66.7%	90%	June 2022	87.5%	90%	
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CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	47.8%	40.4%	51.4%	35.3%	40.4%	38.4%	37.2%	37.1%	38.4%	90%		<table border="1"> <caption>CH-MH-02 Performance Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>35.3%</td><td>90%</td></tr> <tr><td>February 2022</td><td>38.3%</td><td>90%</td></tr> <tr><td>March 2022</td><td>40.4%</td><td>90%</td></tr> <tr><td>April 2022</td><td>37.2%</td><td>90%</td></tr> <tr><td>May 2022</td><td>37.1%</td><td>90%</td></tr> <tr><td>June 2022</td><td>38.4%</td><td>90%</td></tr> </tbody> </table>	Month	Value	Target	January 2022	35.3%	90%	February 2022	38.3%	90%	March 2022	40.4%	90%	April 2022	37.2%	90%	May 2022	37.1%	90%	June 2022	38.4%	90%	
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HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.39%	4.26%	4.17%	5.27%	4.26%	4.5%	3.71%	4.34%	4.5%	4%		<table border="1"> <caption>HR-HI-01 Performance Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>5.07%</td><td>4%</td></tr> <tr><td>February 2022</td><td>4.17%</td><td>4%</td></tr> <tr><td>March 2022</td><td>4.26%</td><td>4%</td></tr> <tr><td>April 2022</td><td>3.71%</td><td>4%</td></tr> <tr><td>May 2022</td><td>4.34%</td><td>4%</td></tr> <tr><td>June 2022</td><td>4.5%</td><td>4%</td></tr> </tbody> </table> <p>11-Aug-2022 The monthly figure for June 22 shown is well below the Scottish average for the month though missing the 4% target. For the rolling 12 month period 1 Jul 21 to 30 Jun 22 the percentage absence rate is 4.57, which is again is well below the Scottish average and also missing the 4% target. Long term absence is below the Scottish average for the month, short term is slightly above. We are below the Scottish average for long and short term rolling year.</p>	Month	Value	Target	January 2022	5.07%	4%	February 2022	4.17%	4%	March 2022	4.26%	4%	April 2022	3.71%	4%	May 2022	4.34%	4%	June 2022	4.5%	4%	
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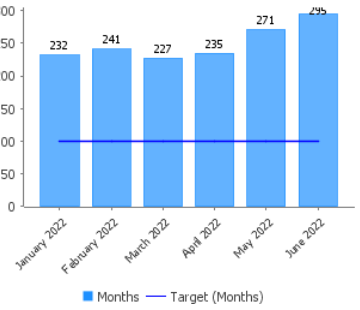

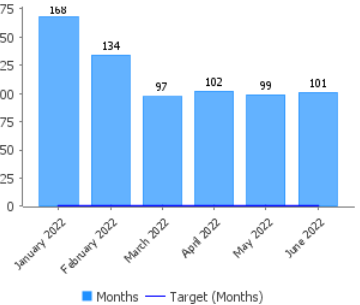
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MD-EC-01 Emergency bed days rates for people aged 75+	3,578	4,165	1,097	1,062	1,242	1,249	345	393	511	500		 <table border="1"> <caption>Emergency bed days rates for people aged 75+</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>399</td></tr> <tr><td>February 2022</td><td>499</td></tr> <tr><td>March 2022</td><td>344</td></tr> <tr><td>April 2022</td><td>345</td></tr> <tr><td>May 2022</td><td>393</td></tr> <tr><td>June 2022</td><td>511</td></tr> </tbody> </table>	Month	Value	January 2022	399	February 2022	499	March 2022	344	April 2022	345	May 2022	393	June 2022	511	
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MD-MH-01 People with a diagnosis of dementia on the dementia register	212	206	208	204	206	203	203			184		 <table border="1"> <caption>People with a diagnosis of dementia on the dementia register</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>202</td></tr> <tr><td>February 2022</td><td>203</td></tr> <tr><td>March 2022</td><td>206</td></tr> <tr><td>April 2022</td><td>203</td></tr> </tbody> </table>	Month	Value	January 2022	202	February 2022	203	March 2022	206	April 2022	203					
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NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	60.29%	96.7%	100%	100%	100%	92.31%	66.67%	100%	91.67%	90%		 <table border="1"> <caption>Percentage of completed waits less than 18 weeks</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>100%</td></tr> <tr><td>February 2022</td><td>100%</td></tr> <tr><td>March 2022</td><td>100%</td></tr> <tr><td>April 2022</td><td>66.67%</td></tr> <tr><td>May 2022</td><td>100%</td></tr> <tr><td>June 2022</td><td>91.67%</td></tr> </tbody> </table>	Month	Value	January 2022	100%	February 2022	100%	March 2022	100%	April 2022	66.67%	May 2022	100%	June 2022	91.67%	
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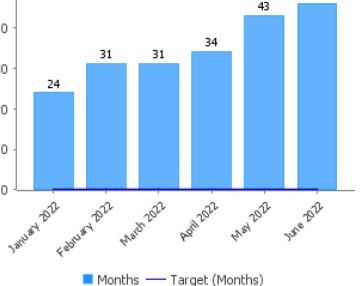



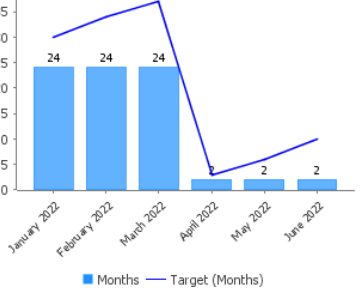
Indicator	Years		Quarters				Months			Target		Graphs	Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	3	2	5	2	2	7	2	5	7	0		 <p>19-Aug-2022 Capacity starting to increase following a period of reduced service with annual leave of surgeons</p>	
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	2	7	1	4	7	6	6	6	6	0		 <p>19-Aug-2022 Capacity increased with additional theatre sessions</p>	
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	5	9	4	6	9	7	6	7	7	0		 <p>19-Aug-2022 Capacity increased with additional theatre sessions</p>	

Indicator	Years		Quarters				Months			Target		Graphs	Note																					
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NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	2	11	7	9	11	6	8	8	6	0		 <table border="1"> <caption>NA-DI-04 Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>9</td><td>0</td></tr> <tr><td>February 2022</td><td>10</td><td>0</td></tr> <tr><td>March 2022</td><td>11</td><td>0</td></tr> <tr><td>April 2022</td><td>8</td><td>0</td></tr> <tr><td>May 2022</td><td>8</td><td>0</td></tr> <tr><td>June 2022</td><td>6</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2022	9	0	February 2022	10	0	March 2022	11	0	April 2022	8	0	May 2022	8	0	June 2022	6	0	
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June 2022	6	0																																
NA-DI-05 Number of cases where the non-obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	150	21	82	81	21	8	7	4	8	0		 <table border="1"> <caption>NA-DI-05 Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>43</td><td>0</td></tr> <tr><td>February 2022</td><td>30</td><td>0</td></tr> <tr><td>March 2022</td><td>21</td><td>0</td></tr> <tr><td>April 2022</td><td>7</td><td>0</td></tr> <tr><td>May 2022</td><td>4</td><td>0</td></tr> <tr><td>June 2022</td><td>8</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2022	43	0	February 2022	30	0	March 2022	21	0	April 2022	7	0	May 2022	4	0	June 2022	8	0	
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NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	0	1	0	0	1	0	0	1	0	0		 <table border="1"> <caption>NA-DI-06 Data</caption> <thead> <tr> <th>Month</th> <th>Months</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>January 2022</td><td>1</td><td>0</td></tr> <tr><td>February 2022</td><td>0</td><td>0</td></tr> <tr><td>March 2022</td><td>1</td><td>0</td></tr> <tr><td>April 2022</td><td>0</td><td>0</td></tr> <tr><td>May 2022</td><td>1</td><td>0</td></tr> <tr><td>June 2022</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	January 2022	1	0	February 2022	0	0	March 2022	1	0	April 2022	0	0	May 2022	1	0	June 2022	0	0	
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June 2022	0	0																																



Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	April 2022	May 2022	June 2022	June 2022				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-DI-07 Number of cases where the Barium enema test ongoing waiting time was greater than 6 weeks	0	0	0	0	0	0	0	0	0	0	0			
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,867	2,422	2,322	2,637	2,422	2,991	2,536	3,087	2,991	3,061	3,061			
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	4	5	2	2	0	2	1	1	0	0	0			10-Aug-2022 One MSSA identified in Community (A&E) on 7th.

Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	April 2022	May 2022	June 2022	June 2022				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-IC-29 Number of C Diff Infections	6	5	1	0	2	1	0	1	0	0	0			
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	5,437	3,113	826	627	700	801	235	271	295	100	100			19-Aug-2022 Local and Visiting services from NHS Grampian have been fully remobilised and services continue to use a hybrid model of face to face, NearMe and telephone clinics. The Orthopaedic service from the GJNH has now also restarted. Additional capacity is currently being organised for ENT and Ophthalmology. Efforts concentrating on long waits.
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,702	1,592	380	513	399	302	102	99	101	0	0			19-Aug-2022 All local and visiting services are being delivered locally and building on increasing capacity. Clinical prioritisation ensures that patients are treated based on their clinical need and longer waits. Additional capacity sourced for cataract surgery.


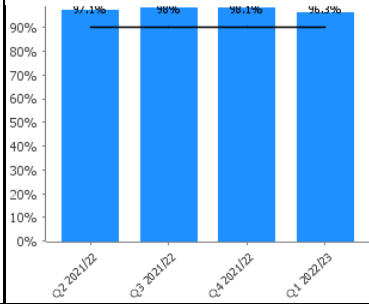

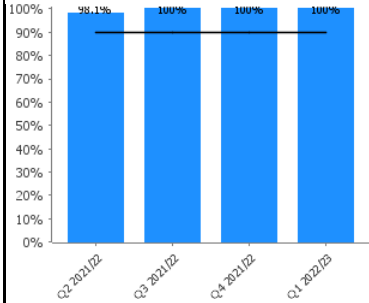

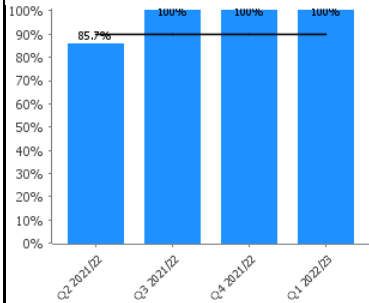
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	April 2022	May 2022	June 2022	June 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	314	230	42	51	86	123	34	43	46	0			19-Aug-2022 Locum run service with remote video appts. Clinical prioritisation utilised to ensure patients seen by clinical need.
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	82.6%	84.4%	87.1%	75.5%	89.0%	88.6%	89.9%	87.8%	90.0%			
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	24	24	17	21	24	2	2	2	2	10			<p>11-Aug-2022 Note data is cumulative across the year, with target split into quarterly milestones.</p> <p>Also note update to Q2/3/4 - one quit was included in error, did not meet criteria. This number has been removed so these figures are one less than previously reported.</p>


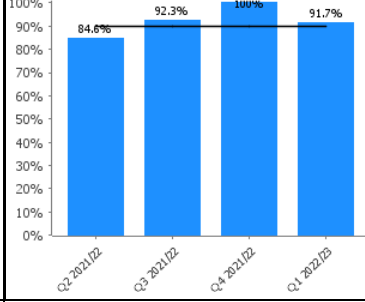

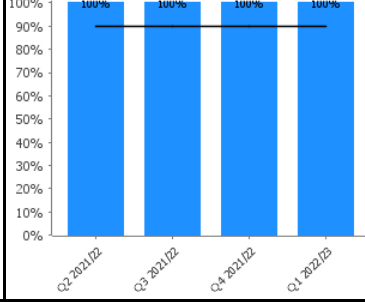

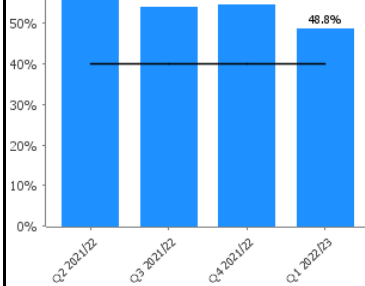
# NHS Shetland Performance Report - Quarterly Indicators


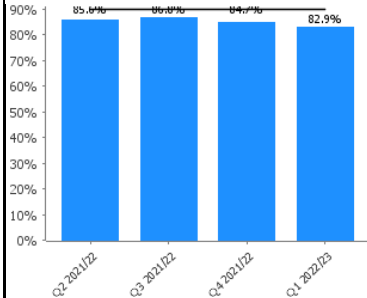
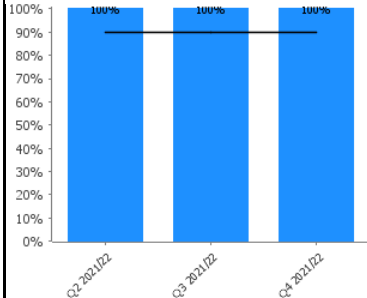

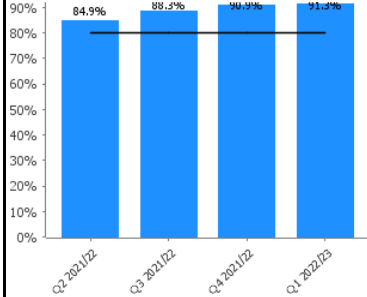
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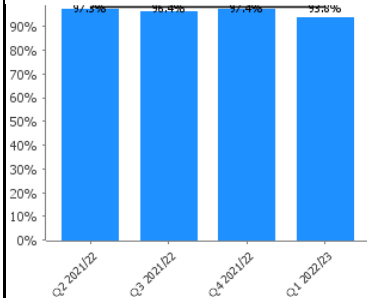
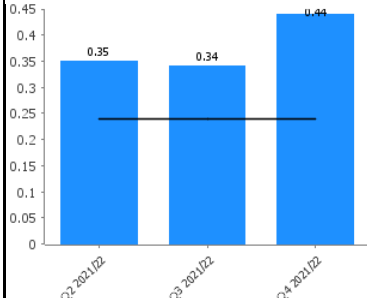
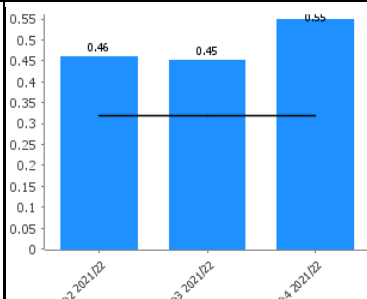


Indicator	Years		Quarters				Target		Graphs	Note	
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23				
	Value	Value	Value	Value	Value	Value	Target	Status			
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	100%			
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	53%	47%	37%	46%	47%	32%	100%	100%			<p>11-Aug-2022 Improvement plan as follows:</p> <ul style="list-style-type: none"> <li>• Creation of a training plan relating to all staff with suitable packages i.e BC for Managers e-learning</li> <li>• Creation of an exercising schedule.</li> <li>• Embedding of the BIA/BCP system via ongoing training and support/awareness raising.</li> <li>• Reminders to all staff of BCP annual requirements/or if operational circumstances have changed.</li> </ul>


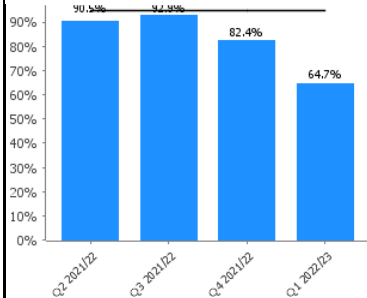

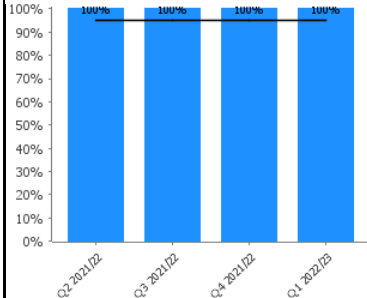
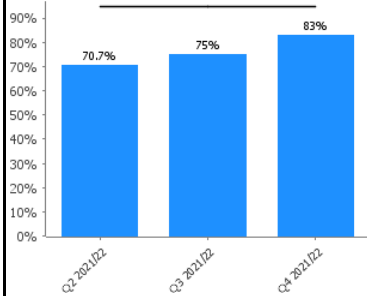
Indicator	Years		Quarters				Target		Graphs	Note												
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23															
	Value	Value	Value	Value	Value	Value	Target	Status														
										• BC responsible managers to be asked to update their plans so they can be uploaded to the new Teams platform.												
CE-IC-01 Cleaning Specification Audit Compliance	96.2%	98.1%	97.1%	98%	98.1%	96.3%	90%		 <table border="1"> <caption>Cleaning Specification Audit Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>97.1%</td> </tr> <tr> <td>Q3 2021/22</td> <td>98%</td> </tr> <tr> <td>Q4 2021/22</td> <td>98.1%</td> </tr> <tr> <td>Q1 2022/23</td> <td>96.3%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q2 2021/22	97.1%	Q3 2021/22	98%	Q4 2021/22	98.1%	Q1 2022/23	96.3%	Target	90%	
Quarter	Value																					
Q2 2021/22	97.1%																					
Q3 2021/22	98%																					
Q4 2021/22	98.1%																					
Q1 2022/23	96.3%																					
Target	90%																					
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	98.2%	100%	98.1%	100%	100%	100%	90%		 <table border="1"> <caption>Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>98.1%</td> </tr> <tr> <td>Q3 2021/22</td> <td>100%</td> </tr> <tr> <td>Q4 2021/22</td> <td>100%</td> </tr> <tr> <td>Q1 2022/23</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q2 2021/22	98.1%	Q3 2021/22	100%	Q4 2021/22	100%	Q1 2022/23	100%	Target	90%	26-Aug-2022 All AHP KPIs are currently under review
Quarter	Value																					
Q2 2021/22	98.1%																					
Q3 2021/22	100%																					
Q4 2021/22	100%																					
Q1 2022/23	100%																					
Target	90%																					
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	92%	85.7%	100%	100%	100%	90%		 <table border="1"> <caption>Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>85.7%</td> </tr> <tr> <td>Q3 2021/22</td> <td>100%</td> </tr> <tr> <td>Q4 2021/22</td> <td>100%</td> </tr> <tr> <td>Q1 2022/23</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Value	Q2 2021/22	85.7%	Q3 2021/22	100%	Q4 2021/22	100%	Q1 2022/23	100%	Target	90%	
Quarter	Value																					
Q2 2021/22	85.7%																					
Q3 2021/22	100%																					
Q4 2021/22	100%																					
Q1 2022/23	100%																					
Target	90%																					

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	100%	92.2%	84.6%	92.3%	100%	91.7%	90%			
CH-DA-03 Clients will wait no longer than 3 weeks from referral received to appropriate co-dependency treatment that supports their recovery.		91.7%	100%	100%	100%	100%	90%			
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	55%	54.5%	57%	54%	54.5%	48.8%	40%			26-Aug-2022 Target under review - links with shifting the balance of care

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
HR-IT-01 The percentage of freedom of information requests due a response in the month which received a response within 20 working days	86%	86.8%	85.6%	86.8%	84.7%	82.9%	90%			11-Aug-2022 13 were completed late, 4 are still open and 1 was withdrawn.
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%					11-Aug-2022 Note: no Shetland patients commencing treatment in this quarter. Q1 data to be published in Sept 22.
NA-CF-05 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.	87.8%	90.9%	84.9%	88.3%	90.9%	91.3%	80%			11-Aug-2022 Provisional figures from NSS Discovery for the year ending June 22 show the rate for our lowest SIMD quintile is 91.3% meeting the 80% target. Our overall rate is 93.3%.

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b)	98.1%	97.5%	97.3%	96.4%	97.4%	93.8%	98%			
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.44	0.35	0.34	0.44					10-Aug-2022 These are the latest figures reported nationally (Quarter ending Mar 22). There was one SAB in this quarter. The overall rate for the preceding 12 months increased to 0.44 per 1000 AOB (4 SAB infections), missing the target of 0.24. Next data available Oct 22.
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.38	0.55	0.46	0.45	0.55					10-Aug-2022 These are the latest figures published nationally (Quarter ending Mar 22). There were two C Diff infections in this quarter. The overall rate for the preceding 12 months increased to 0.55 per 1000 OBD (5 C Diff infections), missing the target of 0.32 but still well within our expected rate. Next data available Oct 22.



Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q1 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	94.6%	85.1%	90.5%	92.9%	82.4%	64.7%	95%			
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	98%	100%	100%	100%	100%	100%	95%			
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	94.3%	83%	70.7%	75%	83%					11-Aug-2022 Q1 to be published Oct 22.

# .NHS Shetland Performance Report - Annual Indicators

Generated on: 12 September 2022

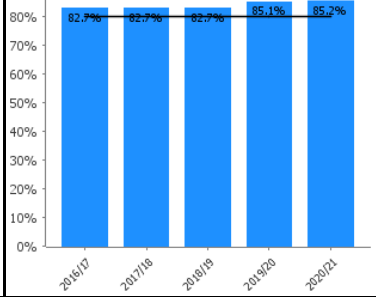


Indicator	Years				Target		Graphs	Note										
	2018/19	2019/20	2020/21	2021/22	2021/22													
	Value	Value	Value	Value	Target	Status												
CH-PC-01 48 hour Access - GP Practice Team		92%		97%	90%		<table border="1"> <caption>48-hour Access Performance</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>93.6%</td> </tr> <tr> <td>2017/18</td> <td>90%</td> </tr> <tr> <td>2019/20</td> <td>92%</td> </tr> <tr> <td>2021/22</td> <td>97%</td> </tr> </tbody> </table>	Year	Value	2016/17	93.6%	2017/18	90%	2019/20	92%	2021/22	97%	05-Jul-2022 Q: The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently, how long did you wait? National data only produced every 2 years.
Year	Value																	
2016/17	93.6%																	
2017/18	90%																	
2019/20	92%																	
2021/22	97%																	
CH-PC-02 Advance booking - GP Practice Team		70%		75%	90%		<table border="1"> <caption>Advance Booking Performance</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>76.4%</td> </tr> <tr> <td>2017/18</td> <td>61%</td> </tr> <tr> <td>2019/20</td> <td>70%</td> </tr> <tr> <td>2021/22</td> <td>75%</td> </tr> </tbody> </table>	Year	Value	2016/17	76.4%	2017/18	61%	2019/20	70%	2021/22	75%	05-Jul-2022 Q: If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to? Scottish rate - 48%. National data only produced every 2 years.
Year	Value																	
2016/17	76.4%																	
2017/18	61%																	
2019/20	70%																	
2021/22	75%																	

Indicator	Years				Target		Graphs	Note														
	2018/19	2019/20	2020/21	2021/22	2021/22																	
	Value	Value	Value	Value	Target	Status																
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	6.1	7	9.5				<table border="1"> <caption>PH-HI-04 Suicide Rate (per 100,000 population)</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>7.6</td></tr> <tr><td>2017/18</td><td>6</td></tr> <tr><td>2018/19</td><td>6.1</td></tr> <tr><td>2019/20</td><td>7</td></tr> <tr><td>2020/21</td><td>9.5</td></tr> </tbody> </table>	Year	Value	2016/17	7.6	2017/18	6	2018/19	6.1	2019/20	7	2020/21	9.5	11-Aug-2022 Due to small number variation and the difficulty in interpreting this data, we have decided to publish our five year, age-standardised rate per 100,000 for monitoring purposes. Note: This figure is for the period 2017-21. Next data publication - August 23.		
Year	Value																					
2016/17	7.6																					
2017/18	6																					
2018/19	6.1																					
2019/20	7																					
2020/21	9.5																					
PH-HI-09 Percentage of mothers smoking during pregnancy	8.4%	9.6%	10.3%	8.9%	13%		<table border="1"> <caption>PH-HI-09 Percentage of mothers smoking during pregnancy</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>9.5%</td></tr> <tr><td>2017/18</td><td>6.2%</td></tr> <tr><td>2018/19</td><td>8.4%</td></tr> <tr><td>2019/20</td><td>9.6%</td></tr> <tr><td>2020/21</td><td>10.3%</td></tr> <tr><td>2021/22</td><td>8.9%</td></tr> </tbody> </table>	Year	Value	2016/17	9.5%	2017/18	6.2%	2018/19	8.4%	2019/20	9.6%	2020/21	10.3%	2021/22	8.9%	16-Aug-2022 Well ahead of the national average (11.7%) and our local trajectory of 13%.
Year	Value																					
2016/17	9.5%																					
2017/18	6.2%																					
2018/19	8.4%																					
2019/20	9.6%																					
2020/21	10.3%																					
2021/22	8.9%																					
PH-HI-10 Reduce the proportion of children with their Body Mass Index outwith a healthy range (>=85th centile)	19.8	23.9	28.8			<table border="1"> <caption>PH-HI-10 Proportion of children with BMI outwith a healthy range</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>26.1</td></tr> <tr><td>2017/18</td><td>25.3</td></tr> <tr><td>2018/19</td><td>19.8</td></tr> <tr><td>2019/20</td><td>23.9</td></tr> <tr><td>2020/21</td><td>28.8</td></tr> </tbody> </table>	Year	Value	2016/17	26.1	2017/18	25.3	2018/19	19.8	2019/20	23.9	2020/21	28.8	04-Feb-2022 Next data available Dec 22.			
Year	Value																					
2016/17	26.1																					
2017/18	25.3																					
2018/19	19.8																					
2019/20	23.9																					
2020/21	28.8																					

Indicator	Years				Target		Graphs	Note												
	2018/19	2019/20	2020/21	2021/22	2021/22															
	Value	Value	Value	Value	Target	Status														
PH-HI-11 Reduce mortality from Coronary Heart Disease among the under 75s	31.2	30.1	51.2				<table border="1"> <caption>PH-HI-11 Mortality Rates</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>41.2</td></tr> <tr><td>2017/18</td><td>79.7</td></tr> <tr><td>2018/19</td><td>31.2</td></tr> <tr><td>2019/20</td><td>30.1</td></tr> <tr><td>2020/21</td><td>51.2</td></tr> </tbody> </table>	Year	Value	2016/17	41.2	2017/18	79.7	2018/19	31.2	2019/20	30.1	2020/21	51.2	04-Feb-2022 Small numbers mean we do fluctuate year on year. Next data available - Jan 23.
Year	Value																			
2016/17	41.2																			
2017/18	79.7																			
2018/19	31.2																			
2019/20	30.1																			
2020/21	51.2																			
PH-HI-13 Reduce alcohol related acute inpatient hospital discharges (European Age Standardised Rate per 100,000 pop.)	618.4	486.6	574.2				<table border="1"> <caption>PH-HI-13 Discharge Rates</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>604.4</td></tr> <tr><td>2017/18</td><td>631.1</td></tr> <tr><td>2018/19</td><td>618.4</td></tr> <tr><td>2019/20</td><td>486.6</td></tr> <tr><td>2020/21</td><td>574.2</td></tr> </tbody> </table>	Year	Value	2016/17	604.4	2017/18	631.1	2018/19	618.4	2019/20	486.6	2020/21	574.2	21-Jun-2022 Latest national data. We remain below the Scottish average. Small numbers mean there can be wide variation year on year for this indicator. Next national data release Feb 23.
Year	Value																			
2016/17	604.4																			
2017/18	631.1																			
2018/19	618.4																			
2019/20	486.6																			
2020/21	574.2																			
PH-HI-18 Reduce mortality from Cancer among the under 75s	156.6						<table border="1"> <caption>PH-HI-18 Mortality Rates</caption> <thead> <tr><th>Year</th><th>Value</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>97.1</td></tr> <tr><td>2017/18</td><td>109.8</td></tr> <tr><td>2018/19</td><td>156.6</td></tr> </tbody> </table>	Year	Value	2016/17	97.1	2017/18	109.8	2018/19	156.6	06-Dec-2021 Small numbers mean we do fluctuate year on year. Next data available - Oct 22.				
Year	Value																			
2016/17	97.1																			
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Indicator	Years				Target		Graphs	Note												
	2018/19	2019/20	2020/21	2021/22	2021/22															
	Value	Value	Value	Value	Target	Status														
PH-HI-19 Reduce mortality from Stroke among the under 75s	0	4.8	4.5				<table border="1"> <caption>PH-HI-19 Mortality Rates</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>13.2</td> </tr> <tr> <td>2017/18</td> <td>8.7</td> </tr> <tr> <td>2018/19</td> <td>0</td> </tr> <tr> <td>2019/20</td> <td>4.8</td> </tr> <tr> <td>2020/21</td> <td>4.5</td> </tr> </tbody> </table>	Year	Value	2016/17	13.2	2017/18	8.7	2018/19	0	2019/20	4.8	2020/21	4.5	04-Feb-2022 Very small numbers mean we do fluctuate widely year on year. Next data available - Jan 23.
Year	Value																			
2016/17	13.2																			
2017/18	8.7																			
2018/19	0																			
2019/20	4.8																			
2020/21	4.5																			
PH-SC-01 Bowel Screening Uptake (rolling 2 year invitation period)	70.9%	71.7%	73.3%				<table border="1"> <caption>PH-SC-01 Bowel Screening Uptake</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>66.3%</td> </tr> <tr> <td>2017/18</td> <td>67.9%</td> </tr> <tr> <td>2018/19</td> <td>70.9%</td> </tr> <tr> <td>2019/20</td> <td>71.7%</td> </tr> <tr> <td>2020/21</td> <td>73.3%</td> </tr> </tbody> </table>	Year	Value	2016/17	66.3%	2017/18	67.9%	2018/19	70.9%	2019/20	71.7%	2020/21	73.3%	08-Feb-2022 Highest rate in Scotland. Two-year reporting period is from 1st of May 2019 to 31st of March 2021.
Year	Value																			
2016/17	66.3%																			
2017/18	67.9%																			
2018/19	70.9%																			
2019/20	71.7%																			
2020/21	73.3%																			
PH-SC-02 Cervical Screening Uptake (3.5 years)	79.5%	78.3%	78.5%				<table border="1"> <caption>PH-SC-02 Cervical Screening Uptake</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>79.8%</td> </tr> <tr> <td>2017/18</td> <td>78.9%</td> </tr> <tr> <td>2018/19</td> <td>79.5%</td> </tr> <tr> <td>2019/20</td> <td>78.3%</td> </tr> <tr> <td>2020/21</td> <td>78.5%</td> </tr> </tbody> </table>	Year	Value	2016/17	79.8%	2017/18	78.9%	2018/19	79.5%	2019/20	78.3%	2020/21	78.5%	20-Oct-2021 Slight increase in 2020-21 bucking the national trend. Again narrowly missing the 80% target but still the highest uptake in Scotland. Next data available in September 2022.
Year	Value																			
2016/17	79.8%																			
2017/18	78.9%																			
2018/19	79.5%																			
2019/20	78.3%																			
2020/21	78.5%																			

Indicator	Years				Target		Graphs	Note
	2018/19	2019/20	2020/21	2021/22	2021/22			
	Value	Value	Value	Value	Target	Status		
PH-SC-03 Breast Screening Uptake (3 year rolling period)	82.7%	85.1%	85.2%				 <p>21-Jun-2022 3 year rolling average April 2018 - March 2021. Highest rate in Scotland by some margin. Next data available May 23.</p>	