NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**13 December 2022**
Agenda reference:	**Board Paper 2022/23/47**
Title:	**Performance Report Quarter 2: July 2022 – September 2022**
Responsible Executive/Non-Executive:	**Michael Dickson, Chief Executive**
Report Author:	**Elizabeth Robinson, Public Health and Planning Principal**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- 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 September 2022.

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

It is recognised that the Quarterly Performance report, in its current form, does not enable this level of scrutiny and assurance; we aim to bring a proposal to the next Finance and Performance Committee which aims to present a more rounded view of performance against strategic objectives, national and local performance indicators. We would be keen to hear the views of members on this. Meanwhile the Committee is asked to note and comment on any issues they see as significant to sustaining and progressing NHS Shetland's performance.

2.3 Assessment

Quarter 2 has seen a considerable amount of strain on systems. Recruitment continues to be challenging, particularly within social care and the knock-on effect shows how closely our systems are entwined.

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. Recruitment remains challenging.

2.3.3 Financial

As remobilisation funding from the Scottish Government draws to a close, there is urgent need to redesign services to enable the Board to live within its means.

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

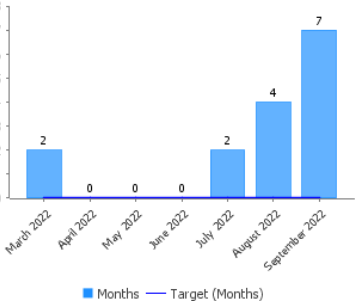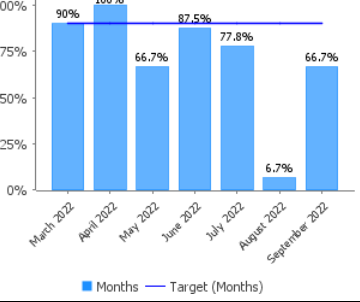The following appendix is included with this report:
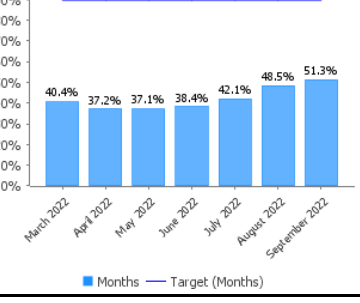
- Appendix 1 : NHS Shetland Performance Report 2022-23 Quarter 2

NHS Shetland Performance Report - Monthly Indicators
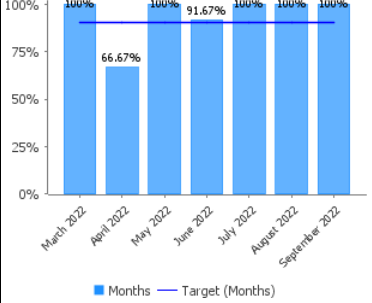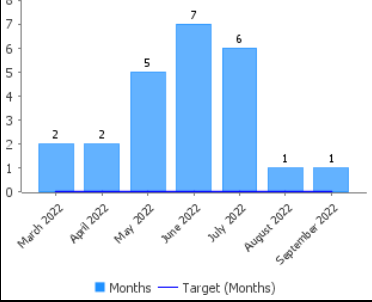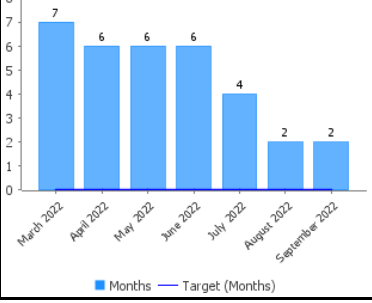
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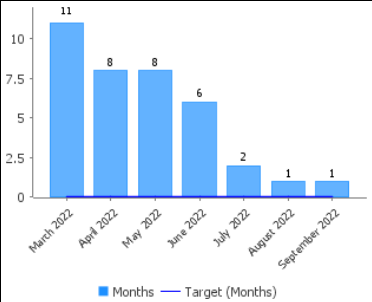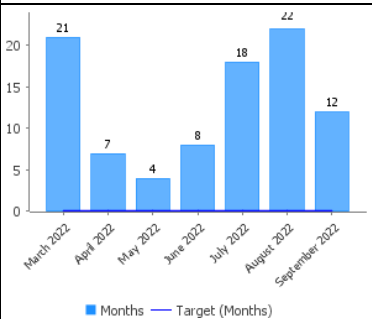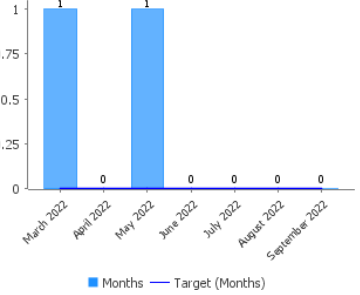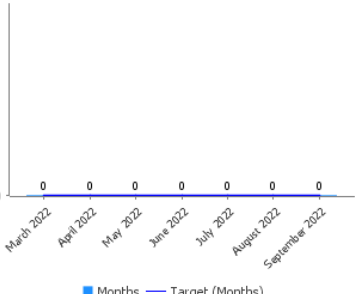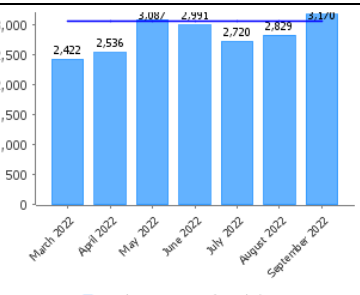
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	3	3	3	5	7	11	11	7	0	🔴		11-Nov-2022 Increased numbers of people requiring placement and care packages, concurrent pressures on staffing with sickness absence and planned leave has caused delays in the system. HSCP went to business continuity measures mid quarter to manage the situation, and now seeing recovery in bed availability and improved flow, which will be visible in next quarter's data. Mitigating measures put in place include improving communications across acute and community to better anticipate and plan for patient flow, improved real time data around care side of system to understand locality pressures and potential cross support, and release bedspace previously unavailable due to COVID measures, maintenance etc. Recruitment measures put in place with HR beginning to result in gaps in teams being covered.
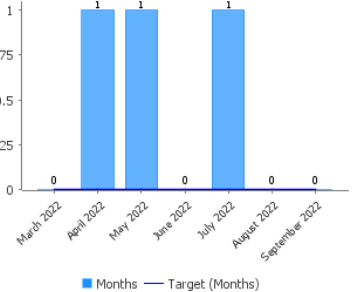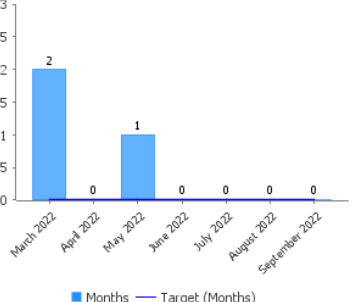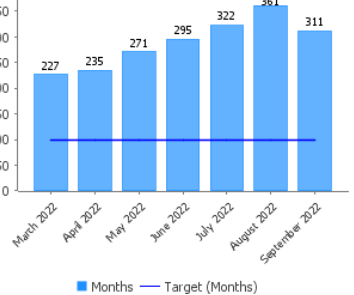
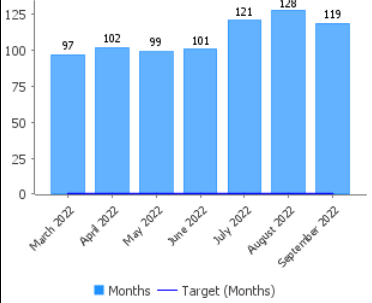| Indicator	Years		Quarters				Months			Target		Graphs	Note
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	0	2	1	2	0	7	2	4	7	0	🛑		11-Nov-2022 Represents patients requiring more complex care or support, limited spaces and staffing support within community resources means options for these more complex packages are even further limited.
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	19%	50%	67.9%	52.4%	80%	50%	77.8%	6.7%	66.7%	90%	🛑		
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	47.8%	40.4%	35.3%	40.4%	38.4%	51.3%	42.1%	48.5%	51.3%	90%	🛑		
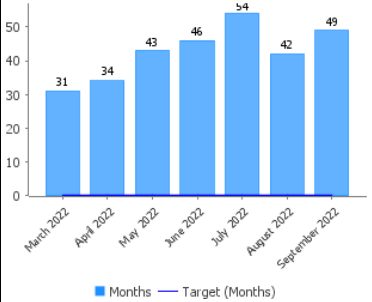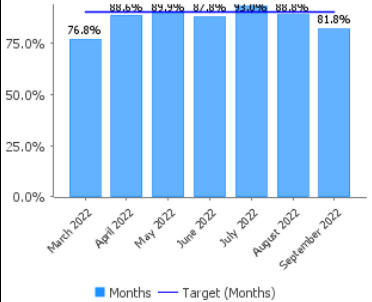
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	3.39%	4.26%	5.27%	4.26%	4.5%	3.85%	3.91%	3.17%	3.85%	4%	✓		
MD-EC-01 Emergency bed days rates for people aged 75+	3,578	4,165	1,062	1,242	1,249	1,416	575	456	385	500	✓		
MD-MH-01 People with a diagnosis of dementia on the dementia register	212	206	204	206	208	209	206	208	209	184	✓		

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
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%	92.31%	100%	100%	100%	100%	90%	✅		
NA-DI-01 Number of cases where the Upper GI endoscopy ongoing waiting time was greater than 6 weeks	3	2	2	2	7	1	6	1	1	0	✅		
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	2	7	4	7	6	2	4	2	2	0	⚠️		

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	5	9	6	9	7	3	6	4	3	0	⚠		
NA-DI-04 Number of cases where the cystoscopy ongoing waiting time was greater than 6 weeks	2	11	9	11	6	1	2	1	1	0	✅		
NA-DI-05 Number of cases where the non-obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	150	21	81	21	8	12	18	22	12	0	⛔		

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	0	1	0	1	0	0	0	0	0	0	✅		
NA-DI-07 Number of cases where the Barium enema test ongoing waiting time was greater than 6 weeks	0	0	0	0	0	0	0	0	0	0	✅		
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	1,867	2,422	2,637	2,422	2,991	3,170	2,720	2,829	3,170	3,061	✅		

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	4	5	2	0	2	1	1	0	0	0			
NA-IC-29 Number of C Diff Infections	6	5	0	2	1	0	0	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	627	700	801	994	322	361	311	100			

Indicator	Years		Quarters				Months			Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022	September 2022			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Graphs	
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,702	1,592	513	399	302	368	121	128	119	0	🛑		
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	314	230	51	86	123	145	54	42	49	0	🛑		
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	83.6%	82.6%	87.1%	75.5%	89.0%	87.3%	93.0%	88.8%	81.8%	90.0%	⚠️		

Indicator	Years		Quarters				Months			Target September 2022		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	July 2022	August 2022	September 2022				
	Value	Value	Value	Value	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	24	24	21	24	2	4	4	4	4	19	🛑		
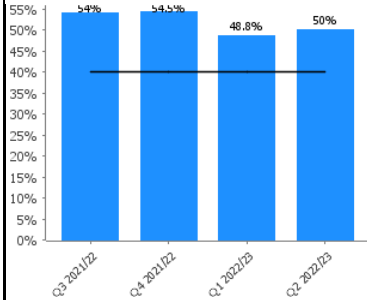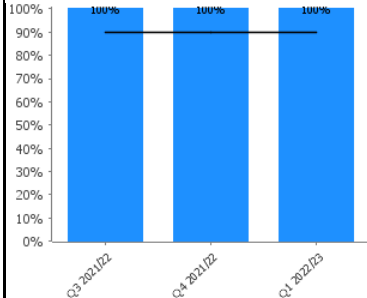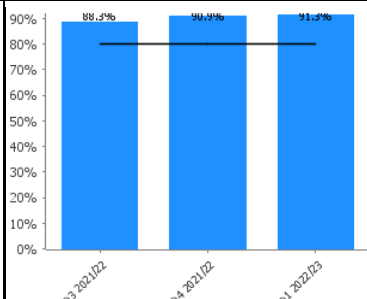
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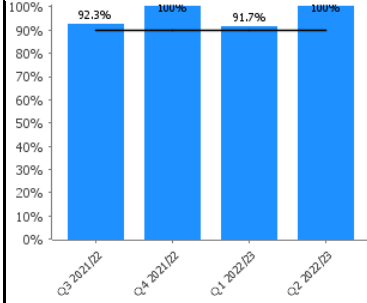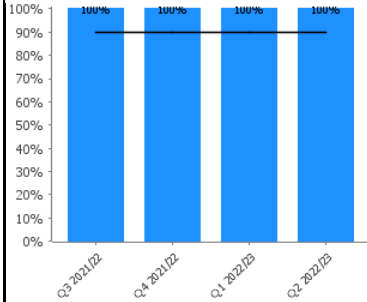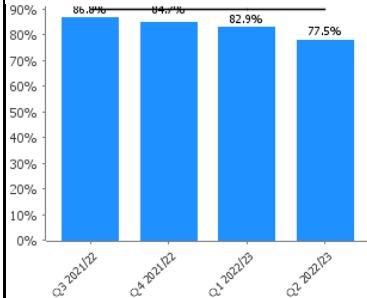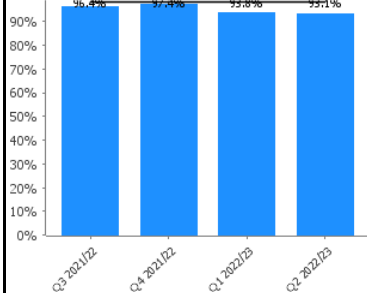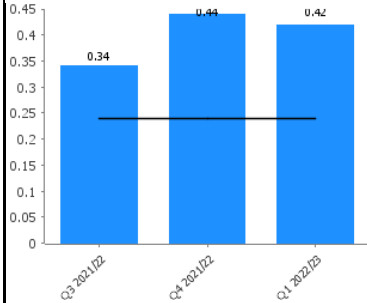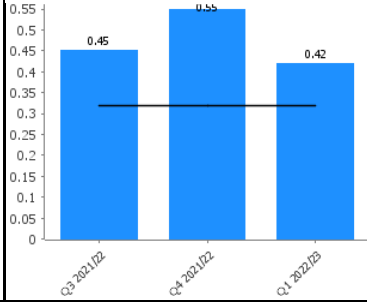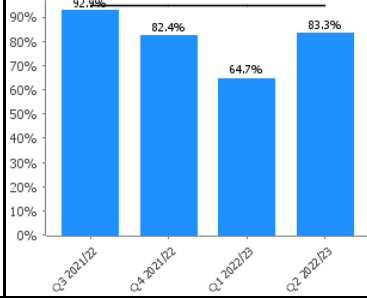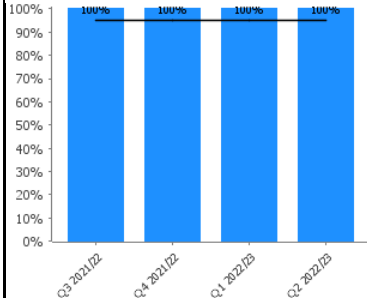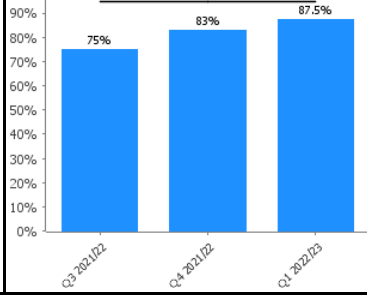| Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%	✅		
CE-CS-06 Departmental Business Continuity Plans (BCPs) to be updated annually	53%	47%	46%	47%	32%	23.7%	100%	🛑		31-Oct-2022 From James McConnachie: The new BC Policy goes to the Finance and Performance Committee in November for sign-off. Also, during November a new BCP template will be circulated to managers, alongside a BIA (previously circulated) and they will be required to update their plans. This is particularly pressing in the aftermath of the comms BC incident.

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
CE-IC-01 Cleaning Specification Audit Compliance	96.2%	98.1%	98%	98.1%	96.3%	96.8%	90%	✅		
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	98.2%	100%	100%	100%	100%					26-Aug-2022 All AHP KPIs are currently under review
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	92%	100%	100%	100%	100%	90%	✅		

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 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%	92.3%	100%	91.7%	100%	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%	54%	54.5%	48.8%	50%	40%	✅		

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 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%	86.8%	84.7%	82.9%	77.5%	90%	🛑		
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%					10-Oct-2022 Note: no Shetland patients commencing treatment in this quarter.
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%	88.3%	90.9%	91.3%					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	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b)	98.1%	97.5%	96.4%	97.4%	93.8%	93.1%	98%			11-Nov-2022 Increased numbers of patients over all (4 last quarters 1713/1610/1970/1994). People attending are more unwell. Pressures in other areas of the system creating bed pressures for admission.
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.51	0.44	0.34	0.44	0.42					11-Nov-2022 Represents 1 case. No concerns flagged by ARHAI in reporting.
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.38	0.55	0.45	0.55	0.42					11-Nov-2022 Apr-June 1 case, data not flagged as an issue by ARHAI.

Indicator	Years		Quarters				Target		Graphs	Note
	2020/21	2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q2 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%	92.9%	82.4%	64.7%	83.3%	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%	75%	83%	87.5%					11-Nov-2022 11th Nov 2022 - Q1 22/23 is most recent data available

.NHS Shetland Performance Report - Annual Indicators

Generated on: 11 November 2022

Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
CE-EF-01 Reduce Fossil Fuel Consumption by 0.25% by 2020-21	5,204,865					20-Nov-2019 Note: target to be confirmed.
CE-EF-02 Reduce Electricity Consumption by 7.37% by 2020-21.	1,995,425					

Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
CE-EF-03 Reduce Greenhouse Gas (CO2) Emissions by 2.23% by 2020-21.	2,236					
CE-EF-04 Improve our Statutory Compliance Audit and Risk Tool (SCART) score to 95 by 2021	86					
CH-PC-01 48 hour Access - GP Practice Team		92%		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.
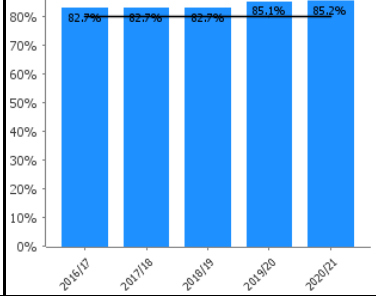
Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
CH-PC-02 Advance booking - GP Practice Team		70%		75%		05-Jul-2022 Q: If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to? Scottish rate - 48%. National data only produced every 2 years.
NA-HC-70 To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%.	21.1%	22.5%	15.2%			
PH-CF-01 Reduce teenage pregnancy rate (13-15 year olds) Rate per 1,000 population (3 year rolling average)	0	0				13-Aug-2021 Three year rolling average rate (2017-19) which smooths out the effect of very small numbers. We have had no pregnancies in 13-15 year olds in the past 5 years. Next data available Aug 2022.

	Years				Graphs	Note
Indicator	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
PH-HI-02 GP Information System Smoking rate	14.6%	13.7%	13.1%			17-Jun-2021 Shetland's rate (based on GP data) continues to reduce and is now down to 13.1%. We continue to make attempts to improve the accuracy and completeness of data recorded on EMIS (the GP data collection system).
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	6.1	7	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.
PH-HI-09 Percentage of mothers smoking during pregnancy	8.4%	9.6%	10.3%	8.9%		16-Aug-2022 Well ahead of the national average (11.7%) and our local trajectory of 13%.

Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
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			04-Feb-2022 Next data available Dec 22.
PH-HI-11 Reduce mortality from Coronary Heart Disease among the under 75s	31.2	30.1	51.2			04-Feb-2022 Small numbers mean we do fluctuate year on year. Next data available - Jan 23.
PH-HI-12 Reduce the percentage of the adult (16+) population who smoke						25-Sep-2018 From 2015-16 this indicator has been monitored nationally via the Scottish Health Survey. The latest published data for this is for 4 years of combined survey data 2014-2017. This is based on a sample of 506 people over this 4 year period, so the results are not as reliable for our small area and are not comparable with previous data for this indicator. More regular local monitoring being done through GP data - see PH-HI-02.

Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
PH-HI-13 Reduce alcohol related acute inpatient hospital discharges (European Age Standardised Rate per 100,000 pop.)	618.4	486.6	574.2			21-Jun-2022 Latest national data. We remain below the Scottish average. Small numbers mean there can be wide variation year on year for this indicator. Next national data release Feb 23.
PH-HI-14 Proportion of adults meeting moderate/vigorous physical activity (MVPA) guidelines						25-Sep-2018 Note: Scottish Health Survey 2014-17 data combined. Total sample of 500 people over this 4 year period.
PH-HI-18 Reduce mortality from Cancer among the under 75s	156.6					06-Dec-2021 Small numbers mean we do fluctuate year on year. Next data available - Oct 22.

Indicator	Years				Graphs	Note
	2018/19	2019/20	2020/21	2021/22		
	Value	Value	Value	Value		
PH-HI-19 Reduce mortality from Stroke among the under 75s	0	4.8	4.5			04-Feb-2022 Very small numbers mean we do fluctuate widely year on year. Next data available - Jan 23.
PH-SC-01 Bowel Screening Uptake (rolling 2 year invitation period)	70.9%	71.7%	73.3%			08-Feb-2022 Highest rate in Scotland. Two-year reporting period is from 1st of May 2019 to 31st of March 2021.
PH-SC-02 Cervical Screening Uptake (3.5 years)	79.5%	78.3%	78.5%			11-Nov-2022 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. 11 Nov 2022 no further publication nationally since Oct 2021.

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