

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	22 June 2023
Agenda reference:	Board Paper 2023/24/25
Title:	Performance Report Quarter 4: January-March 2023
Responsible Executive/Non-Executive:	Michael Dickson, Chief Executive
Report Author:	Lucy Flaws, Planning and Performance Office

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 a Quarterly Report on key performance indicators up to the end of March 2023, where data is available.

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

Following discussion with the FPC in early 2023 there has been a move to provide more narrative, and to reorder measures to focus on those not achieving set targets. There is further work to be done to refine and improve on what is reported and discussion around the FPC's comfort regarding agility of reporting to reflect areas requiring improvement or focus, or areas that are of importance to teams would be welcomed.

Further, agreement of how best to translate discussion from FPC to what is presented to NHSS Board regarding performance would be supportive in improving assurance and streamlining processes.

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

Included for noting and comment are:

- NHS Shetland Board Monthly Indicators
- NHS Shetland Board Quarterly Indicators
- NHS Shetland Annual Delivery Plan 2022/23 Summary of Quarterly Updates plus narrative
- Spotlight on:
 - Information Governance Team
 - Quit Your Way Smoking Cessation service
 - Building a Sustainable Service – Skerries HCSW service model

2.3. Assessment

Monthly Indicators:

- CH-MH-01/02 – Psychological Therapies: The impact of increased referrals into the service in Q2 and Q3 is being seen as many of those people referred reached their 18 week wait in Q4. The Psychological Therapies team continue to pursue their improvement programme, and the expanded team following recruitment in December 2022 should begin to have an impact on waiting times and service activity over the coming year.
- NA-CF-01 – Child and Adolescent Mental Health: Note impact of increased referrals, increased complexity of patients, and increased demographic by changing boundaries of services to include those aged 16-18 and not in full-time education. This is a positive step for decreasing inequalities of access for this group, but can also have an impact on service ability to meet demand. The team continue to develop and improve the service in line with national guidance, while working with the wider local system to support a joined-up approach and best outcomes for children, young people and families using services.
- NA-DI-05 – Diagnostics: note improvement in this measure by increasing skills available within the local team, the programme of training for the local Consultant Sonographer has been very successful and decreased the number of people having to wait for visiting services for diagnostic ultrasound.
- NA-PL-01/03: Note pressures on partner boards' impacts service available for Shetland patients where visiting services form part of pathways. Work continues to prioritise access by clinical need and longer waits, while also working with regional and national partners on sustainable solutions.
- PH-HI-05 – See Quit Your Way case study for understanding of service improvement. Numbers of people who smoke in Shetland, and people who attempt to quit smoking have been declining over recent years. This is very positive for population health and is linked to national Public Health measures such as the Smoking Ban. Locally efforts continue to focus services towards those in greatest need, who find it difficult to access services, this approach includes upskilling of the wider system in approaching and supporting people who smoke, connecting them to the smoking cessation service when appropriate.

Quarterly Indicators:

- CH-DA-02 – Substance Misuse Recovery Service – note small numbers concerned, the SMRS team have limited capacity due to staffing changes, however they continue to manage their ongoing caseload to prioritise need and manage risk. Note the complexity of service users means “new patients seen” does not easily illustrate service activity.
- NA-EC-01 – A+E 4 hour wait – this remains significantly higher than the Scottish average, however the downward trend illustrates challenges of increased demand/activity and staffing challenges within the hospital. Improvement work around Urgent and Unscheduled Care within the Acute and Community settings should support medium to longer term change. In the shorter term continuity planning and prioritisation will allow the team to respond appropriately to pressure however the target will remain challenging to achieve.

ADP:

- The Quarter 4 update for the Annual Delivery Plan 2022/23 was submitted to Scottish Government on 3rd May 2023. The update provides a summary of a significant amount of improvement work ongoing across the organisation
- The 2023/24 Annual Delivery Plan is due to be completed by 8th June 2023, with a connected Medium Term Plan 2023-26 to be submitted by 7th July, this work is in progress and there are challenges around planning capacity due to the secondment of the NHS Shetland Planning Lead.

Spotlight On:

This selection of stories has been brought as an example of ways of showcasing service development, providing a deeper understanding of data or targets, and conveying challenges teams are facing. It would be helpful to understand whether this type of reporting is helpful to the Committee, and if so whether there are other areas of focus that would be welcomed in the future. Brought for interest today (note 2 of these have previously been considered at Integrated Joint Board):

- Information Governance: Understanding the team, and some of the challenges they face
- Quit Your Way: Smoking Cessation in Shetland, challenges and successes, a story from Health Improvement
- Building a Sustainable Service: a Healthcare Support Worker model for service delivery on a non-Doctor Island, a story from Community Nursing

Feedback on this approach would be greatly appreciated.

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. Recruitment remains challenging, both nationally and locally.

2.3.3. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is a significant focus on sustainability of services in Scottish Government guidance for the upcoming Annual Delivery Plan and Medium Term Plans.

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

N/A

2.4. Recommendation

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

3. List of appendices

The following appendices are included with this report:

Appendix No 1 NHS Shetland Performance Report – Monthly Indicators

NHS Shetland Performance Report – Quarterly Indicators

Appendix No 2 NHS Shetland Annual Delivery Plan 2022/23 Summary and Q4 Narrative

Appendix No 3 Spotlight on: Information Governance

Appendix No 4 Spotlight on: Quit Your Way


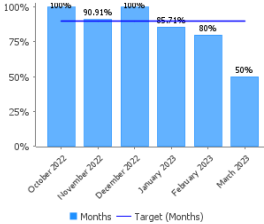
Appendix No 5 Building Sustainable Services – Skerries HCSW model


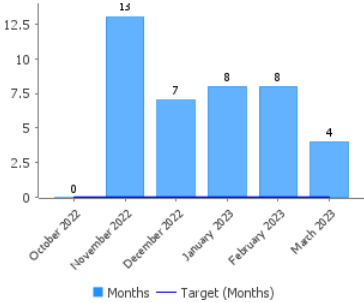

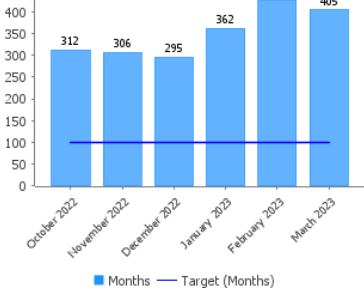

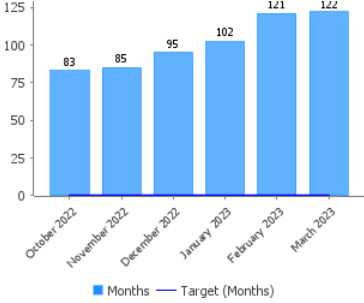
NHS Shetland Performance Report - Monthly Indicators

Generated on: 14 May 2023


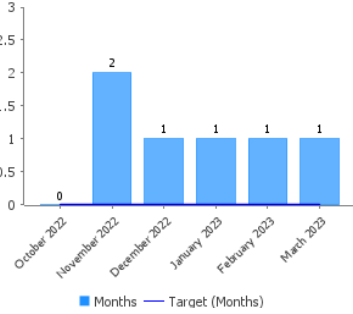

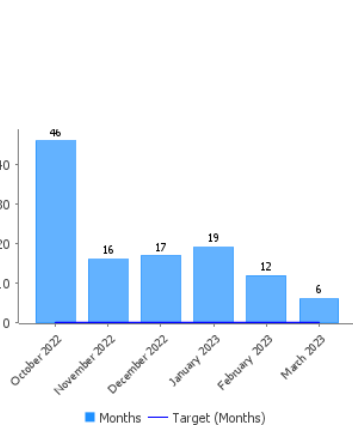



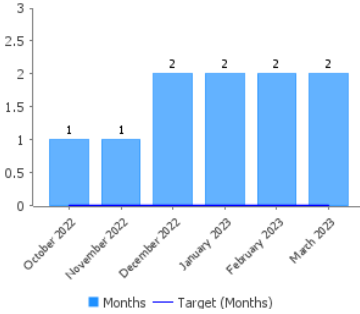

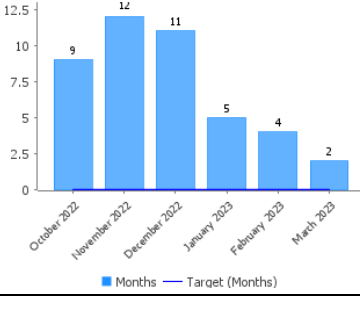

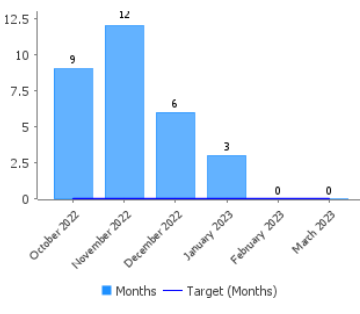
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	January 2023	February 2023	March 2023	March 2023			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	50%	60.4%	80%	50%	66.7%	52.2%	53.8%	46.9%	66.7%	90%		<p>Due to small team capacity activity can vary with leave etc, and this is not helpfully represented by the national % measure. To illustrate: Jan: 26 new people were seen, 14 of those had waited less than 18 wks Feb: 32 new people, 15 less than 18 weeks Mar: 9 new people, 6 less than 18 weeks</p>	
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	40.4%	59.8%	38.4%	51.3%	60.5%	59.8%	63.3%	64.2%	59.8%	90%		<p>This represents a “snapshot” of the waiting list at the end of the month. New patients seen will have come off the waiting list, referrals receive will have joined the waiting list. Jan: 98 on list, 62 <18wks Feb: 81 on list, 52 <18wks Mar: 97 on list, 58 <18wks (data and process being checked with Public Health Scotland for clarity of definitions etc)</p>	

Indicator	Years		Quarters				Months			Target		Graphs	Note
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	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)	96.7%	89.09%	92.31%	100%	95.83%	73.53%	85.71%	80%	50%	90%			<p>12-May-2023 Increase in referrals in Q3 means an increased number of people hitting 18 week wait in Q4. Number of new patients seen per month has been sustained at higher rate since COVID (14/10/10 this quarter, 6/11/7 and 6/10/10 in previous 2 quarters). CAMHS are continuing with their service development in keeping with the national CAMHS specification. We have expanded the service from 0-16 (16-18 only if FTE) to 0-18, this helps tackle inequalities of access to services. We are also providing more specialist input for ND assessment and Learning disability. This increase of specialism relies on visiting Consultants which can impact wait times as they visit monthly, sometimes 12 weekly. CAMHS have also started running groups to support parents of children with ND conditions. With the expansion of the service, our overall caseload has increased as well as the increase in complexity of cases. This can impact on clinicians capacity as cases require more intensive input. CAMHS Team Lead has been reviewing referrals/waiting list/activity and complexity and has initiated an assessment clinic to help reduce waiting times.</p>


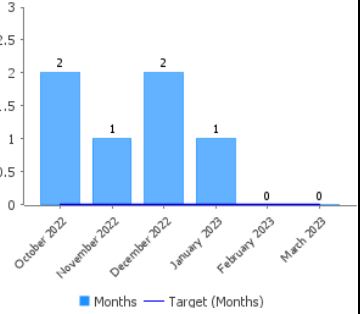

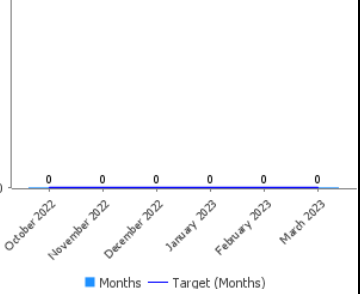

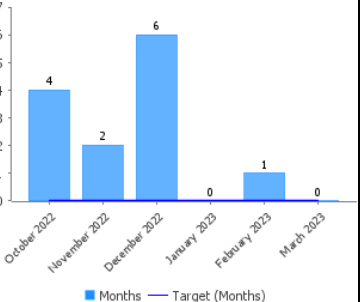
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-DI-05 Number of cases where the non-obstetric ultrasound scan ongoing waiting time was greater than 6 weeks	21	4	8	12	7	4	8	8	4	0			Note improvement with ability to provide greater variety of scans locally since adding Consultant Sonographer to the team.
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	3,113	3,903	801	994	913	1,195	362	428	405	100			<p>12-May-2023 Note copied from Feb 2023 entry to ensure is visible on report:</p> <p>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.</p>
NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,592	1,278	302	368	263	345	102	121	122	0			<p>N.B. February note/comment copied forward for visibility on report.</p> <p>All theatre for local and visiting services continue to be delivered in Shetland. Clinical prioritisation continues to ensure patients are treated based on their clinical need as well as focus on longer waits.</p>

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	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	8	2	4	8							<p>09-Feb-2023 Note target and data is cumulative over the year.</p> <p>Despite an overall decrease in quit attempts, the smoking cessation service has seen an increase in "quit rate", i.e. the number of successes per quit attempt. This has increased in the past 2 reporting periods.</p> <p>2017/18 34.8%, 2018/19 24.1%, 2019/20 - 35.5%, 2020/21 46.4%, 2021/22 44.7%</p> <p>Health Improvement are continuing their focus on improving the service through the use of data, and are currently piloting providing smoking cessation as a group service, with positive feedback from service users around peer support and motivation.</p>	


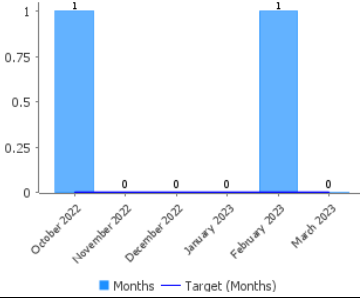

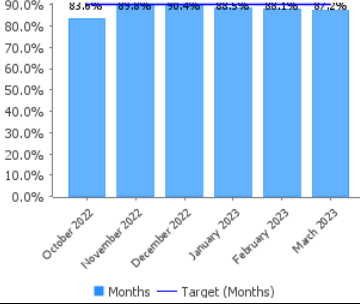
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	5	9	2	1	3	3	1	1	1	0			Note caution of interpreting change in small numbers.
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	230	384	123	145	79	37	19	12	6	0			N.B. February comment copied forward for visibility on report. Primary focus for the service continues to prioritise patients currently undergoing treatment. All new patients seen for initial consultation with the locum orthodontic consultant are clinical prioritised and treatment commenced as capacity allows. Update at May 2023 - SBAR/Business Proposal for Dentistry submitted to Scottish Government for consideration re: finance, to address whole service risks. Proposal includes sustainability of Orthodontic provision.

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	11	2	6	1	2	2	2	2	2	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>October 2022</td><td>1</td><td>0</td></tr> <tr><td>November 2022</td><td>1</td><td>0</td></tr> <tr><td>December 2022</td><td>2</td><td>0</td></tr> <tr><td>January 2023</td><td>2</td><td>0</td></tr> <tr><td>February 2023</td><td>2</td><td>0</td></tr> <tr><td>March 2023</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	1	0	November 2022	1	0	December 2022	2	0	January 2023	2	0	February 2023	2	0	March 2023	2	0	
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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.	3	2	5	7	11	2	5	4	2	0		 <table border="1"> <caption>CH-DD-01 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>9</td><td>0</td></tr> <tr><td>November 2022</td><td>12</td><td>0</td></tr> <tr><td>December 2022</td><td>11</td><td>0</td></tr> <tr><td>January 2023</td><td>5</td><td>0</td></tr> <tr><td>February 2023</td><td>4</td><td>0</td></tr> <tr><td>March 2023</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	9	0	November 2022	12	0	December 2022	11	0	January 2023	5	0	February 2023	4	0	March 2023	2	0	Multiagency discharge group continuing work to streamline processes and support safer discharge. Work to identify reasons for delay in moving on to positive destinations from interim placements has helped flow through the system.
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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.	2	0	0	7	6	0	3	0	0	0		 <table border="1"> <caption>CH-DD-02 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>9</td><td>0</td></tr> <tr><td>November 2022</td><td>12</td><td>0</td></tr> <tr><td>December 2022</td><td>6</td><td>0</td></tr> <tr><td>January 2023</td><td>3</td><td>0</td></tr> <tr><td>February 2023</td><td>0</td><td>0</td></tr> <tr><td>March 2023</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	9	0	November 2022	12	0	December 2022	6	0	January 2023	3	0	February 2023	0	0	March 2023	0	0	Communication between teams and work on Anticipatory Care Planning is also supporting faster flow and better outcomes for people and their carers. N.B. Definition of "Delayed Discharge" make a zero target almost impossible to maintain where there is any need for support to enable discharge home or to another setting, which is frequent given the demographics of hospital admissions.
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HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.26%	4.32%	4.5%	3.85%	4.83%	4.32%	5.51%	6.17%	4.32%	4%	✔	<table border="1"> <caption>Sickness Absence Rates</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>4.64%</td></tr> <tr><td>November 2022</td><td>4.68%</td></tr> <tr><td>December 2022</td><td>4.83%</td></tr> <tr><td>January 2023</td><td>5.51%</td></tr> <tr><td>February 2023</td><td>6.17%</td></tr> <tr><td>March 2023</td><td>4.32%</td></tr> </tbody> </table>	Month	Rate (%)	October 2022	4.64%	November 2022	4.68%	December 2022	4.83%	January 2023	5.51%	February 2023	6.17%	March 2023	4.32%	
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MD-EC-01 Emergency bed days rates for people aged 75+	4,165	5,122	1,249	1,416	1,303	1,154	423	321	410	500	✔	<table border="1"> <caption>Emergency Bed Days Rates</caption> <thead> <tr> <th>Month</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>436</td></tr> <tr><td>November 2022</td><td>399</td></tr> <tr><td>December 2022</td><td>460</td></tr> <tr><td>January 2023</td><td>423</td></tr> <tr><td>February 2023</td><td>321</td></tr> <tr><td>March 2023</td><td>410</td></tr> </tbody> </table>	Month	Rate	October 2022	436	November 2022	399	December 2022	460	January 2023	423	February 2023	321	March 2023	410	
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MD-MH-01 People with a diagnosis of dementia on the dementia register	206	186	207	207	203	186	195	192	186	184	✔	<table border="1"> <caption>Dementia Register Numbers</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>204</td></tr> <tr><td>November 2022</td><td>206</td></tr> <tr><td>December 2022</td><td>204</td></tr> <tr><td>January 2023</td><td>195</td></tr> <tr><td>February 2023</td><td>192</td></tr> <tr><td>March 2023</td><td>186</td></tr> </tbody> </table>	Month	Count	October 2022	204	November 2022	206	December 2022	204	January 2023	195	February 2023	192	March 2023	186	
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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	2	0	7	1	2	0	1	0	0	0	0			
NA-DI-02 Number of cases where the Lower endoscopy (excluding colonoscopy) ongoing waiting time was greater than 6 weeks	7	0	6	2	0	0	0	0	0	0	0			
NA-DI-03 Number of cases where the colonoscopy ongoing waiting time was greater than 6 weeks	9	0	7	3	6	0	0	1	0	0	0			

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NA-DI-06 Number of cases where the CT scan ongoing waiting time was greater than 6 weeks	1	1	0	0	0	1	1	1	1	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>October 2022</td><td>0</td><td>0</td></tr> <tr><td>November 2022</td><td>2</td><td>0</td></tr> <tr><td>December 2022</td><td>0</td><td>0</td></tr> <tr><td>January 2023</td><td>1</td><td>0</td></tr> <tr><td>February 2023</td><td>1</td><td>0</td></tr> <tr><td>March 2023</td><td>1</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	0	0	November 2022	2	0	December 2022	0	0	January 2023	1	0	February 2023	1	0	March 2023	1	0	
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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	✔	<table border="1"> <caption>NA-DI-07 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>0</td><td>0</td></tr> <tr><td>November 2022</td><td>0</td><td>0</td></tr> <tr><td>December 2022</td><td>0</td><td>0</td></tr> <tr><td>January 2023</td><td>0</td><td>0</td></tr> <tr><td>February 2023</td><td>0</td><td>0</td></tr> <tr><td>March 2023</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	0	0	November 2022	0	0	December 2022	0	0	January 2023	0	0	February 2023	0	0	March 2023	0	0	
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NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,422	2,724	2,991	3,170	2,847	2,724	3,030	2,729	2,724	3,061	✔	<table border="1"> <caption>NA-EC-02 Data</caption> <thead> <tr><th>Month</th><th>Months</th><th>Target (Months)</th></tr> </thead> <tbody> <tr><td>October 2022</td><td>2,422</td><td>3,061</td></tr> <tr><td>November 2022</td><td>2,663</td><td>3,061</td></tr> <tr><td>December 2022</td><td>2,847</td><td>3,061</td></tr> <tr><td>January 2023</td><td>3,030</td><td>3,061</td></tr> <tr><td>February 2023</td><td>2,729</td><td>3,061</td></tr> <tr><td>March 2023</td><td>2,724</td><td>3,061</td></tr> </tbody> </table>	Month	Months	Target (Months)	October 2022	2,422	3,061	November 2022	2,663	3,061	December 2022	2,847	3,061	January 2023	3,030	3,061	February 2023	2,729	3,061	March 2023	2,724	3,061	
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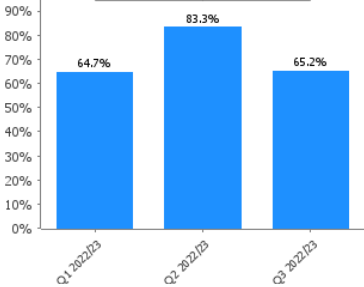

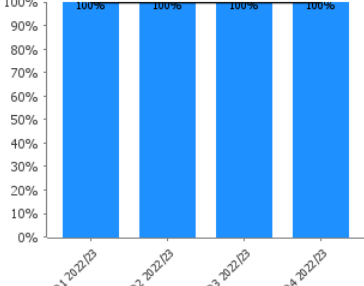

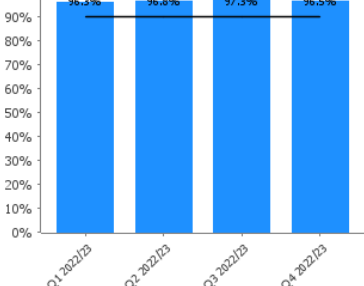
Indicator	Years		Quarters				Months			Target		Graphs	Note	
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	January 2023	February 2023	March 2023	March 2023				
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status			
NA-IC-29 Number of C Diff Infections	5	3	1	0	1	1	0	1	0	0	0			
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	82.6%	87.3%	89.0%	84.5%	87.8%	88.0%	88.5%	88.1%	87.2%	90.0%	90.0%			


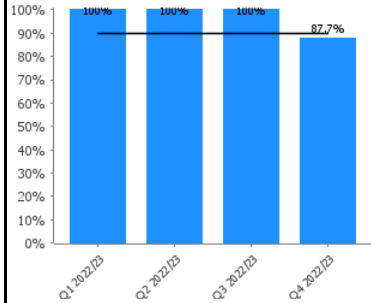

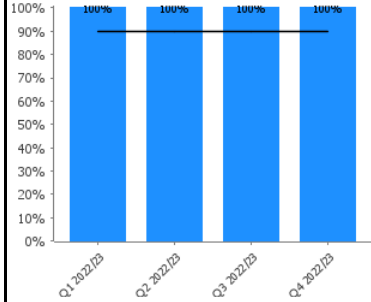

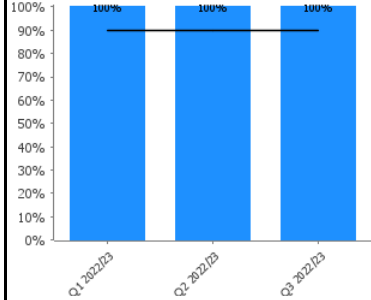
NHS Shetland Performance Report - Quarterly Indicators


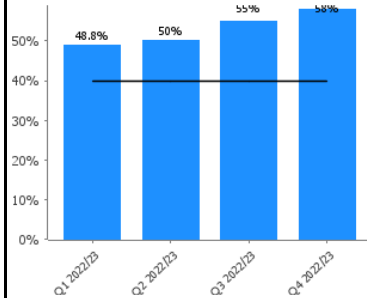
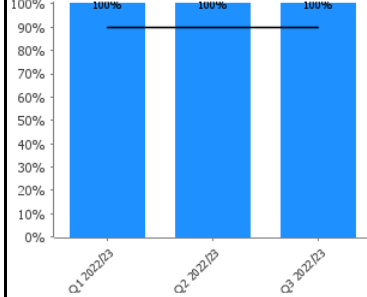
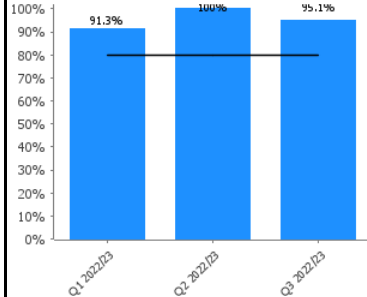
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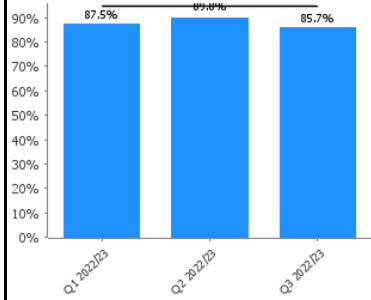
Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23	Target		
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	92.2%	92%	91.7%	100%	100%	50%	90%			<p>Represent 1 of 2 new clients seen in this month. This is lower than usual quarterly activity (prev 4 quarters 14/12/7/4). SMRS team will be looking at service improvements where required based on insight from lived and living experience panel being set up by the Recovery Hub.</p>
NA-EC-01 A&E 4 Hour waits (NIP103b)	97.5%	91.3%	93.8%	93.1%	90.5%	87.6%	98%			<p>Scottish average is 68%. When comparing A+E attendance and 4 hour target: 21/22 Q3: 1713/96.4% 21/22 Q4: 1610/97.4% 22/23 Q1: 1970/93.8% 22/23 Q2: 1994/93.1% 22/23 Q3: 1946/90.5% 22/23 Q4: 1940/87.6% Further A+E data available at www.nhsperforms.scot/</p>

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	85.1%	71.9%	64.7%	83.3%	65.2%	44.4%	95%			System pressure within partner boards are impacting on performance where investigation and/or treatment take place off-island.
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%			
CE-IC-01 Cleaning Specification Audit Compliance	98.1%	96.5%	96.3%	96.8%	97.3%	96.5%	90%			

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	100%	87.7%	100%	100%	100%	87.7%	90%			
CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	92%	100%	100%	100%	100%	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%	DIV/0	90%			No clients appropriate for co-dependency treatment in this quarter.

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23			
	Value	Value	Value	Value	Value	Value	Target	Status		
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	54.5%	58%	48.8%	50%	55%	58%	40%			04-May-2023 Target under review - links with shifting the balance of care.
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%					14-Mar-2023 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.	90.9%	95.1%	91.3%	100%	95.1%					07-Feb-2023 Provisional data from NSS Discovery - SIMD detail will be available in next PHS publication, April 2023

Indicator	Years		Quarters				Target		Graphs	Note								
	2021/22	2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q4 2022/23											
	Value	Value	Value	Value	Value	Value	Target	Status										
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.44	1.04	0.42	0	1.04				<table border="1"> <caption>NA-IC-26 Data</caption> <thead> <tr><th>Quarter</th><th>Value</th></tr> </thead> <tbody> <tr><td>Q1 2022/23</td><td>0.42</td></tr> <tr><td>Q2 2022/23</td><td>0</td></tr> <tr><td>Q3 2022/23</td><td>1.04</td></tr> </tbody> </table>	Quarter	Value	Q1 2022/23	0.42	Q2 2022/23	0	Q3 2022/23	1.04	Q4 data not yet available
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NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.55	0	0.42	0	0				<table border="1"> <caption>NA-IC-27 Data</caption> <thead> <tr><th>Quarter</th><th>Value</th></tr> </thead> <tbody> <tr><td>Q1 2022/23</td><td>0.42</td></tr> <tr><td>Q2 2022/23</td><td>0</td></tr> <tr><td>Q3 2022/23</td><td>0</td></tr> </tbody> </table>	Quarter	Value	Q1 2022/23	0.42	Q2 2022/23	0	Q3 2022/23	0	Q4 data not yet available.
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NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	100%	100%	96.3%	100%	100%	<table border="1"> <caption>NA-PL-07 Data</caption> <thead> <tr><th>Quarter</th><th>Value</th></tr> </thead> <tbody> <tr><td>Q1 2022/23</td><td>100%</td></tr> <tr><td>Q2 2022/23</td><td>100%</td></tr> <tr><td>Q3 2022/23</td><td>96.3%</td></tr> </tbody> </table>	Quarter	Value	Q1 2022/23	100%	Q2 2022/23	100%	Q3 2022/23	96.3%		
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PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	83%	85.7%	87.5%	89.8%	85.7%		95%		 <p>Q4 data not yet released, note copied from Feb 2023 for visibility on reporting: Update from Public Health and Health Visiting: Uptake remains below Scottish average. Recent audit work around childhood immunisations to improve recording across systems where immunisations have taken place has resulted in increased numbers due to data completeness. Because of small numbers amendments following audit can have a big impact. Child Health team continue to discuss and encourage immunisation, and there has been more activity on social media around this recently.</p>	

NHS SHETLAND: 2022/23 ANNUAL DELIVERY PLAN

Quarter 4 Narrative (Jan-March 2023)

1. Staff wellbeing

Progress at March 2023

- The HSE management standards questionnaire results have been discussed and analysed at relevant governance committees with a view to creating an appropriate action plan.
- Staff Wellbeing Group continues to meet and the forum is actively gathering and sharing learning from wellbeing focussed activity across organisations (NHS and HSCP)
- We continue to work closely with the local authority and other partners to implement mitigations against the cost of living crisis. This includes ongoing delivery of training on 'Money Matters', promotion of sources of help and information.

Challenges/Barriers:

- Capacity to engage and lead on work in Staff Wellbeing, "Champion" model working for sharing but embedding change can be challenging with other pressures.
- Ongoing concern about impact of system pressure and workforce challenges on wellbeing of existing teams – work with HR and managers around Managing sickness absence and supporting staff ongoing with NHS Orkney.

2. Recruitment and retention of our health and social care workforce

Progress at March 2023

- Work continues to reduce reliance on locums; however this is likely to be a medium term programme as it relies on further development of MDTs and training/recruitment of Advanced Nurse practitioners. Active monitoring of risks associated with non-substantive service provision, and mitigation through effective induction, handover, etc continues.
- Short term funding remains a key risk and makes long term planning more difficult.
- The social care service is under considerable pressure due to inability to recruit – discussions around international recruitment initiatives have begun, in collaboration with planning and development recognising the wider system needed to make recruitment from off-island successful.

3. Recovering planned care and looking to what can be done to better protect planned care in the future

Progress at March 2023

- Continued to meet 22/23 forecast activity despite various pressures (including COVID absence, adverse weather and increased vacancy factor)
- Close working with NHSG and national Planned Care team continues to understand and manage the various factors impacting NHSS as an island-board – these have been developed into a comprehensive Planned Care Plan for 23-24 (submitted March 23)
- Work to maintain, develop and explore options for investigations and treatment in Shetland to support improved quality, experience and choice for patients continues, including nurse led chemotherapy, AMD and non-obstetric ultrasound.
- Continue to improve use of digital tools and patient management initiatives, including in collaboration with NHSG, to support best use of resources and outcomes for patients waiting.
- Roll out of House of Care approach in Primary Care continues - final cohorts scheduled for training in Q1, work to embed in others ongoing. Some staffing/resource challenges to delivery.

Challenges/Barriers:

- Continue to perform well and meet forecast however staffing remains fragile with very little contingency for cover in event of vacancy or unexpected absence. Planning to mitigate impact of such situations is in place and well tested.

4. Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative

Progress at March 2023

- MCN coordinator in place since Jan '23. Steering groups established and clinical leads identified for Frailty and Respiratory MCNs with good engagement across the organisation and wider HSCP and Shetland Partnership for whole system approach.
- Mental Health Nursing team redesign and business case developed by team, however staffing challenges remain. Positive discussions with Western Isles

around feasible Psychiatry on-call models for remote/rural island boards (further scoping work planned)

- ED 4-hour target maintained at 90% though dip in performance indicative of system and staffing pressures.
- Work on OOHs in Community continues with ANP/GP cover test of change, and improvement work around Anticipatory Care Planning to minimise OOH presentations.

Challenges/Barriers

- Lack of project support resource to take forward system wide work has seen more difficulty in progressing collaborative urgent and unscheduled care redesign work

5. Supporting and improving social care

Progress at March 2023

- Ongoing work between Social Work and Acute colleagues to actively manage Delayed Discharges to deliver optimum outcomes for patients continues
- Exploratory work with information team to better understand patient conversion rates from ED, to support Anticipatory Care Planning project work
- Better use of real-time data across HSCP is supporting targeted improvement work – particular focus on Interim Placements in Q3 and Q4, and understanding the impact of these on the person and the system
- Review of local situation in relation to national “My Health, My Care, My Home” outcomes framework for adults living in residential care is underway between social care and community nursing team
- Locality meetings including social work, primary care, community nursing, social care-residential, social care- support@ home, AHPs, Mental Health and pharmacy with escalation into HSCP management team continue.

Challenges/Barriers:

- Staffing remains a significant challenge which is impacting on bed availability in residential care, and waiting lists for assessment within Social Work and Social Care (recruitment/retention being managed with support from HR however national picture is similar and success of recruitment campaigns has been limited)
- Lack of appropriate supported housing options is causing increased waiting lists, increased untenable living situations, and instances of emergency or

unplanned, longer term respite. Impact across system of pressure on carers and families is difficult to quantify.

6. Sustainability and value

Progress at March 2023

- CGI recommendations re: sustainability under discussion by EMT to agree best way forward for Shetland.
- Development of Network Enabled Care model within HSCP - risk around ANP workforce capacity and reliance on ad-hoc provision, mitigated by targeted scoping/roll-out of Network Enabled Care.

Challenges/Barriers

- Staffing challenges as described, management continue to make informed decisions on use of locums to deliver core services only where necessary, balancing with need to protect existing staff

7. Population Health

Progress at March 2023

- Joint Strategic Needs Assessment scoping and Development underway, will be informed by Population Health survey
- Work with Community Planning colleagues to develop locality profiles to inform future service planning, and support evidence based for Whole System Capital Investment Programme (previously IA Programme)
- Type II Diabetes prevention, Early years programmes, smoking cessation, weight management, alcohol brief interventions, health literacy and learning disabilities work continues, but all are threatened by short-term funding and lack of capacity to scale up/spread learning
- Shifting the Balance of Care programme continues in HSCP, with workstreams: Developing Our Ways of Working, Enhancing our Person-Centred Approach, and Strengthening our Community Ethos
- The Health Protection Team continues to deliver, but is fragile, despite good partnership working across the three island boards, with funding available for only one Competent Person as specified under the Public Health etc (Scotland) Act 2008, which is not sustainable on an ongoing basis and leads to reliance on locums to cover annual leave and sickness.

- Continued engagement as key organisation in local Shetland Partnership actively developing LOIP.

Challenges/Barriers

- Capacity across Public Health to take effective leadership role will be further limited by secondment of Public Health and Planning Principal
- Short-term funding and savings requirements continue to make sustainable, meaningful approaches to prevention challenging.

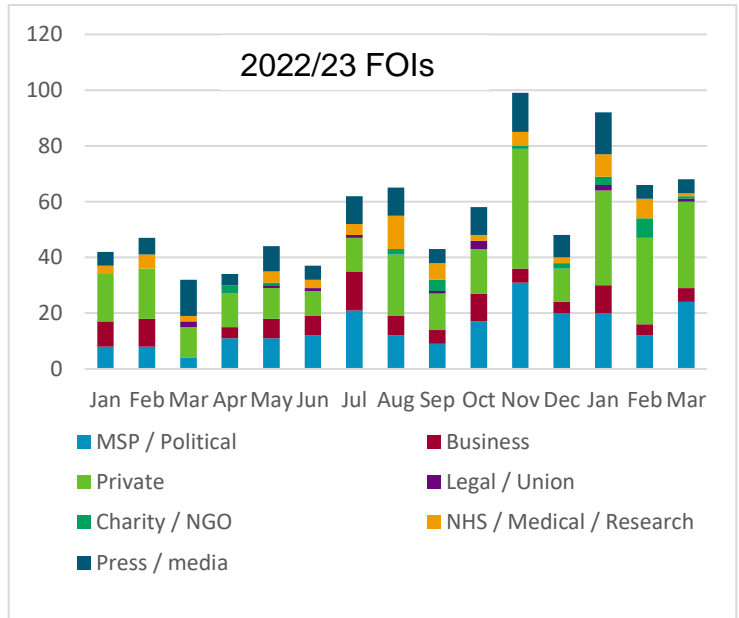
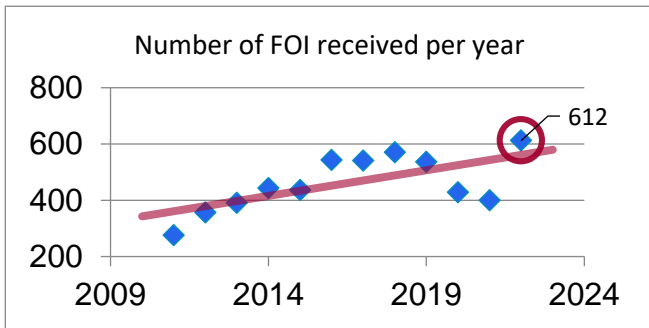
Information Governance (IG) is all about how we hold, manage and use information safely to help us deliver the best possible care and services.

IG is everyone’s business – everybody in our organisation uses information in some way in their day-to-day job, so it is important that everybody understands how to keep that information safe and secure, how to share it properly, and use it effectively.

Our IG team have some important roles including:

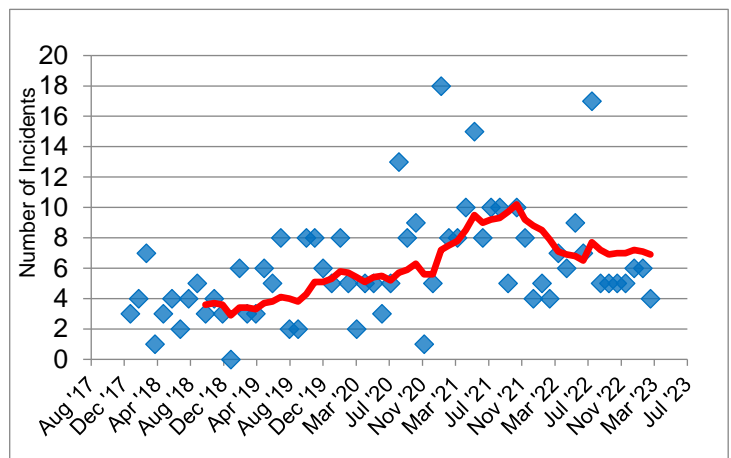
Managing requests for information we hold.

Freedom of Information (FOI) requests, are **one type** they manage. These come from a variety of sources, and have increased over the course of this year and over the past 15 years. Despite the increases, the team have supported the hard work of staff in providing responses in a timely way.



Monitoring ‘data incidents’

Making sure any incidents are handled and reported appropriately. The increase over time reflects improvements in understanding of what should be reported, and how to report incidents in the Datix system, due to changes made and support offered by the IG team. These reporting and monitoring roles have tight timescales which the team have largely managed to meet, despite the pressure of increased demand.



Supporting Good IG

Good IG relies on everyone playing their part and being confident about handling information appropriately. The IG team support coordination of complex requests, help individuals and teams to report and respond to any incidents or risks appropriately, and are always happy to support learning and development. IG is considered so important that it is included as mandatory training for all staff to complete. The ‘**NES Safe Information Handling**’ e-learning is a ‘must-do’ for everybody, but our compliance rates are poor. The team are concerned this could put patients and staff at risk.

593staff ✓

559staff ✗



51.5% of staff have completed the module.

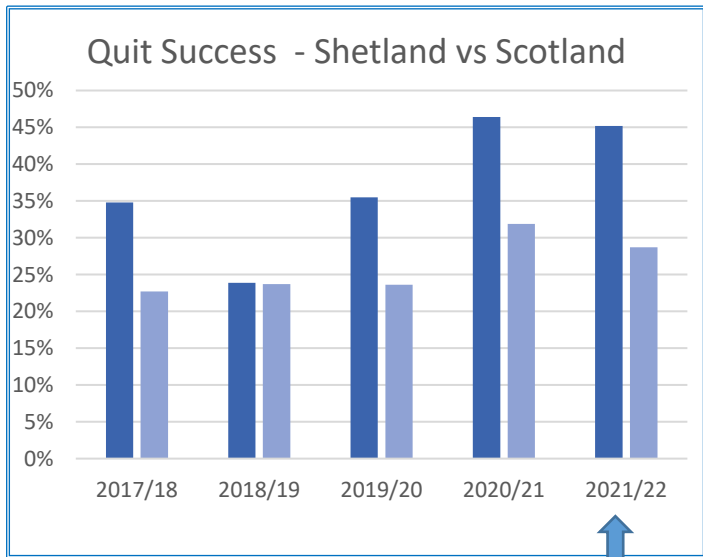
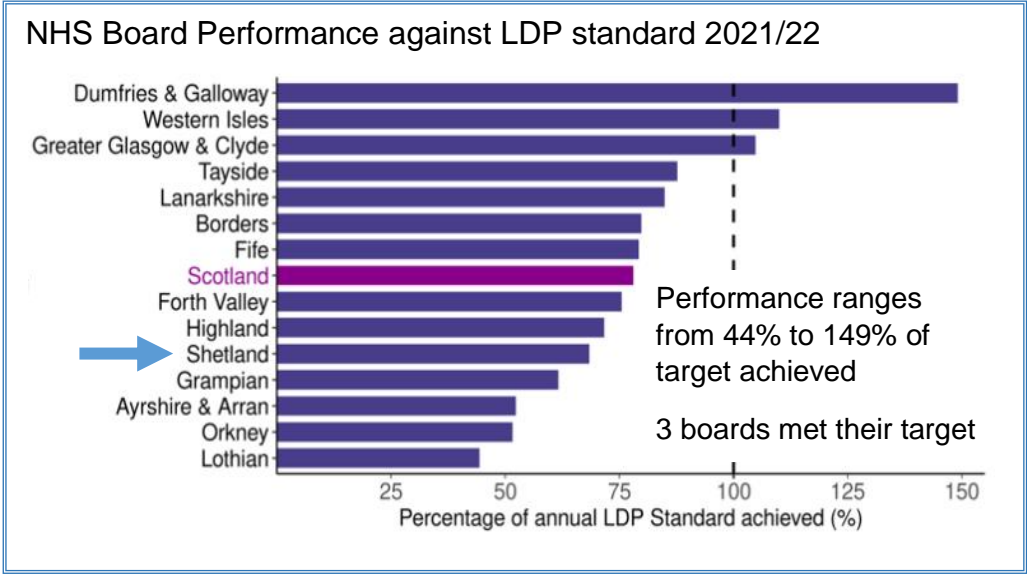
The team are also working to make sure all NHS Shetland documents are up-to-date, accessible, and reviewed on time, and helping the organisation use data and information more effectively to plan and improve services and outcomes.

Smoking Cessation in Shetland – Health Improvement Team

2021/22 LDP Standard review - the Local Delivery Plan standard is a target given by NHS Scotland to NHS boards. NHS Shetland's target in 2021/22 was to achieve 38 successful quits (that means stopping smoking for at least 12 weeks), in the 60% most-deprived areas. Areas of deprivation are based on SIMD, using a person's postcode to decide whether they are within the 60% most-deprived areas.

Quit Your Way is a national Stop Smoking service, which is delivered locally by the Health Improvement Team, in partnership with community pharmacy. The number of people smoking in Shetland has continued to reduce over the past 10 years - from 22% in 2010/11 to 13% in 2020/21. Whilst it is encouraging to have reduced smoking rates across our population, we must be mindful that improvements in data collection may also be affecting these statistics.

With fewer people smoking, Shetland has struggled to meet the "LDP Standard" in recent years, placing 10th out of 14 boards in 2021/22. It is widely agreed that the SIMD areas of deprivation does not accurately reflect inequalities in Shetland, and the team are mindful of this when considering their performance.



3rd highest quit rate in Scotland

Despite an overall decrease in the number of people trying to stop smoking, Health Improvement has seen an increase in "quit rate", i.e. the number of successes per quit attempt. This has increased in the past 2 reported periods.

We know death and illness associated with smoking affects some people in our communities more than others simply because of who they are. It is important that our services don't increase these inequalities. Success rates for those in more deprived areas are the same in Shetland as for those in less deprived areas.

Health Improvement are continuing their focus on improving the stop smoking service through the use of data, and are currently piloting providing smoking cessation as a group service, with positive feedback from service users around peer support and motivation.

The team can also provide training for professionals to increase awareness of the services offered and to build their skills and confidence in raising the issue of smoking cessation, which can help support people to take the first steps in considering stopping smoking.

Skerries Healthcare Support Worker Model – staff story:

I've been living and working in Skerries for about 6 months now as the Healthcare Support Worker, working as part of the Community Nursing and Whalsay Health Centre teams. I've always wanted to live on an island – I have worked in rural places for a long time, and was also a first responder in my community where I lived before I started this job, I think all that experience has really helped me to settle in here.

A typical day for me means checking in on any emails, or anything I have to follow up for the Health Centre (although getting connected to the system can be slow, and quite difficult at times!). Then I'll arrange to see whoever I need to – they can come to the surgery here, or I'll visit if needed. I collect and deliver any pharmacy items

people are needing, and can speak to the pharmacy team if there are any questions about that too. I also do safe and well checks around the island when needed to check in and make sure people are ok – that was obviously a lot bigger part of the job during recent poor weather and power cuts!

The work can be quite varied – I'm the first port of call if anyone needs anything health or care wise, then I can help to problem solve over the phone with the wider team, or with the Health Centre in Whalsay, and arrange whatever help they're needing if it isn't something I can do. The GP visits from Whalsay every 6 weeks to see anyone who needs them, and one of the nurses comes over if they need to. It is a new kind of role, so it is still developing as things come up and change, but I'm really enjoying it.

I am used to working on my own from previous work I've done, but I really feel like part of a bigger team here – with the Community Nurses, and with all the team in Whalsay – I've not felt isolated at all. One of the nurses will come across to support me building up different skills so I'm able to do more on-island myself, and I'm spending time in Whalsay working with the community team there every 3-4 weeks to stay connected and develop different skills too.

The most challenging part of the job has to be the IT problems – the connection is slow and intermittent and it makes it harder to connect on to the GP IT systems to get all the information I need, when I need it. It can really slow things down, and make that problem solving more difficult.

Now I've settled in I really feel like part of the community outside of work too - living in Skerries, and feeling like a useful, valued part of the community really has definitely been the best part of the job.

Working together to build sustainable services

Following the resignation of the Skerries Nurse in late 2020, and a series of unsuccessful recruitment efforts, Community Nursing worked with the community, SIC Community Planning and Development, Scottish Fire and Rescue and Scottish Ambulance Services to develop a new model of working to support the community now and in the future. Changes to models in Skerries and Fetlar save around £80k per year, while improving access to services.

This 'Healthcare Support Worker model is a 'Hub' approach, meaning a trained HCSW based on island is supported by a wider team throughout Shetland. The HCSW works with people in Skerries using effective triage, remote supervision and telehealth approaches to offer the health and social care provision they need. There are some issues with digital connectivity, but a new 4G mast will help in the future.