NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**11 February 2025**
Title:	**Performance update to end December 2024 (Q3 2024-25)**
Agenda reference:	**Board Paper 2024/25/64**
Responsible Executive/Non-Executive:	**Brian Chittick, Chief Executive**
Report Author:	**Lucy Flaws, Head of Planning, NHS Shetland**

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person-centred

2.   Report summary

2.1. Situation

The Board is provided with an update on key performance indicators up to the end of December 2024, where published data is available. More detailed performance information for this period will be considered at Finance and Performance Committee on 25th February. All key information has been checked and verified as per the usual local and national quality checking and publication process with Public Health Scotland and other partners.

2.2. Background

The Board adopted a Performance Management Framework in 2019, (Performance Management Framework 2019 - 2024) which described the following responsibilities; that the Board should:

- Drive a culture of performance
- Ensure performance against Strategic Objectives
- Review performance; challenge and problem solve actions being proposed to address problems
- Address cross-functional issues
- Adjust resource inputs to meet priority targets / measure

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

The usual suite of performance indicators, monthly, quarterly and where updates are available, annual are included in a similar format but grouped into the Board's strategic priorities. These data are presented alongside a short narrative, and/or contextual data, and/or update on selected improvement work where appropriate.

Feedback on the content, format and presentation of the report is encouraged and would be helpful for continued development of the performance reporting process.

2.3. Assessment

Where appropriate a comparison with the Scottish average is included, and numerical data is included alongside percentages for a number of indicators to give context, for example where activity remains consistent but demand has increased, or where the service relates to very small numbers of people and large percentage changes are likely to occur.

Narrative is provided against performance indicators throughout, particularly for areas not meeting local or national targets – a short note of highlights is included below.

Main Challenges:

Waiting times challenges continue particularly for psychological therapies, and some specialties reliant on visiting services or pathways in other boards.

People Delayed in Hospital continue to cause capacity challenges within the hospital, the main reason for delays is challenges with capacity in social care and appropriate accommodation options for people requiring support.

Low appraisal completion rates across the organisation

Scheduled Care:

Waiting times for treatment are still a challenge, particularly for visiting services such as ENT, Dermatology, and Ophthalmology. There have been improvement in Orthopaedics following a visit from the North Treatment Centre (NTC Highland), with patients now waiting for surgery in Inverness. New visiting consultants have been appointed for Rheumatology and ENT to increase capacity and improve waiting times.

Cancer Pathways – there are ongoing challenges with pathways provided by other boards, a number of pathways have capacity challenges across the country – there is work ongoing nationally to consider how best to address these. Local treatment pathways continue to perform well.

Diagnostics is an important part of the 18-week referral to treatment target and NHS Shetland consistently performs better than other areas in Scotland on this indicator. Medical Imaging teams are noting a particular impact on capacity and ability to meet waiting times targets from the reduction in the working week this year.

Mental Health:

Child and Adolescent Mental Health Services (CAMHS) continues to perform well, with all patients seen within 18 weeks of referral.

Psychological therapies are struggling to meet the 18-week target due to high referral rates and staffing issues associated with having a small team.

Primary Care Mental Health Nurse a new trial post has had funding approved through IJB reserves, this post will provide early intervention and support in GP practices

Alcohol and Other Drugs - There is currently a full-time nurse vacancy in the Substance Support and Recovery Service (SSRS) which is impacting waiting times for drug treatment.

Preventative and Proactive Care:

Smoking Cessation - the number of successful smoking quits in deprived areas continues to be well below target, with a low rate of smoking in Shetland this target may not be realistic to achieve. A new lead for the Quit Your Way smoking cessation work has been agreed within the Health Improvement team.

Shetland has lower rates of mothers smoking during pregnancy compared to the national average – Health Care support Workers in the Maternity Team have worked closely with the Health Improvement Team to provide support where required.

Get Started with Healthy Shetland (GSwHS) – following an evaluation in 2024 this healthy lifestyle program, including weight management, is being rolled out long-term.

Urgent and Unscheduled Care:

Delayed discharges are impacted by staffing shortages in the social care system. The number of delayed discharge bed days is at the highest level in recent years, with an average of 10.4 occupied bed days per day, this is around 30% of the beds available.

A&E four-hour wait performance is high compared to other areas in Scotland, no boards met the target in this period.

The Hospital at Home pilot has been successful, with 222 bed days delivered between January and December 2024. Capacity is limited by available staffing, and funding to provide this is time limited Scottish Government funding. The aim of the project is to avoid admissions to hospital where appropriate.

Support Systems:

Supplementary staffing spend has decreased compared to the same period last year.

Freedom of Information requests remain high, with an exceptional month in this period – the number of requests responded to on time is consistent, but the high number of requests overall means performance is below target.

Appraisal completion rates are low within the organisation.

Effective Partnerships:

The Shetland Partnership – we are a key partner working on person-centred support and tackling stigma which can be a barrier to accessing support and achieving potential.

Easy-Read – a small project to support local production of Easy Read documents has been awarded IJB Reserves funding – while primarily approved to support production of the IJB Strategic Plan associated training and resources will also be offered to NHS Shetland.

2.3.1. Quality / patient care

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

2.3.2. Workforce

Recruitment to key posts remains challenging, both nationally and locally. A workforce plan to support movement towards more sustainable delivery will be developed in 2024/25.

2.3.3. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is work happening nationally, regionally and locally looking at service sustainability, all of which NHS Shetland are engaging with.

2.3.4. Risk assessment/management

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

2.3.5. Equality and Diversity, including health inequalities

Tackling inequalities is a theme that underpins and runs through our planning, the Planning team are engaged in a project with SIC colleagues looking at impact assessment and hope to share learning and good practice from this with NHS colleagues in due course. However capacity and training to support effective impact assessment have been limited over recent years and will need to be considered.

2.3.6. Other impacts

N/A

2.4. Recommendation

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

3.   List of appendices

The following appendix is included with this report:

Appendix No 1   NHS Shetland Performance Report Q3 2024-25

NHS Shetland

Quarterly Performance Report – Q3 2024-25

We provide excellent services for people

We support the building blocks of healthy communities

We create the conditions for a sustainable organisation

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

Contents

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

Scheduled Care

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

Elective and Specialist Services data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	87.3%	81.2%	78.2%	78.7%	65.8%	78.4%	86.4%	73.1%	76.2%	90.0%	🔴		Numbers of patients seen on time, of all patients seen, in previous quarters: Q4 23/24: 951 of 1216 Q1 24/25: 890 of 1131 Q2 24/24: 879 of 1336 Pressure remains with visiting services especially ENT, Dermatology and Ophthalmology, and efforts continue to reduce long waits across all specialties. Clinical prioritisation continues to ensure patients are treated based on their clinical need. Waiting times are improving for Orthopaedic following a visit from North Treatment Centre; these patients are now waiting for surgery in

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

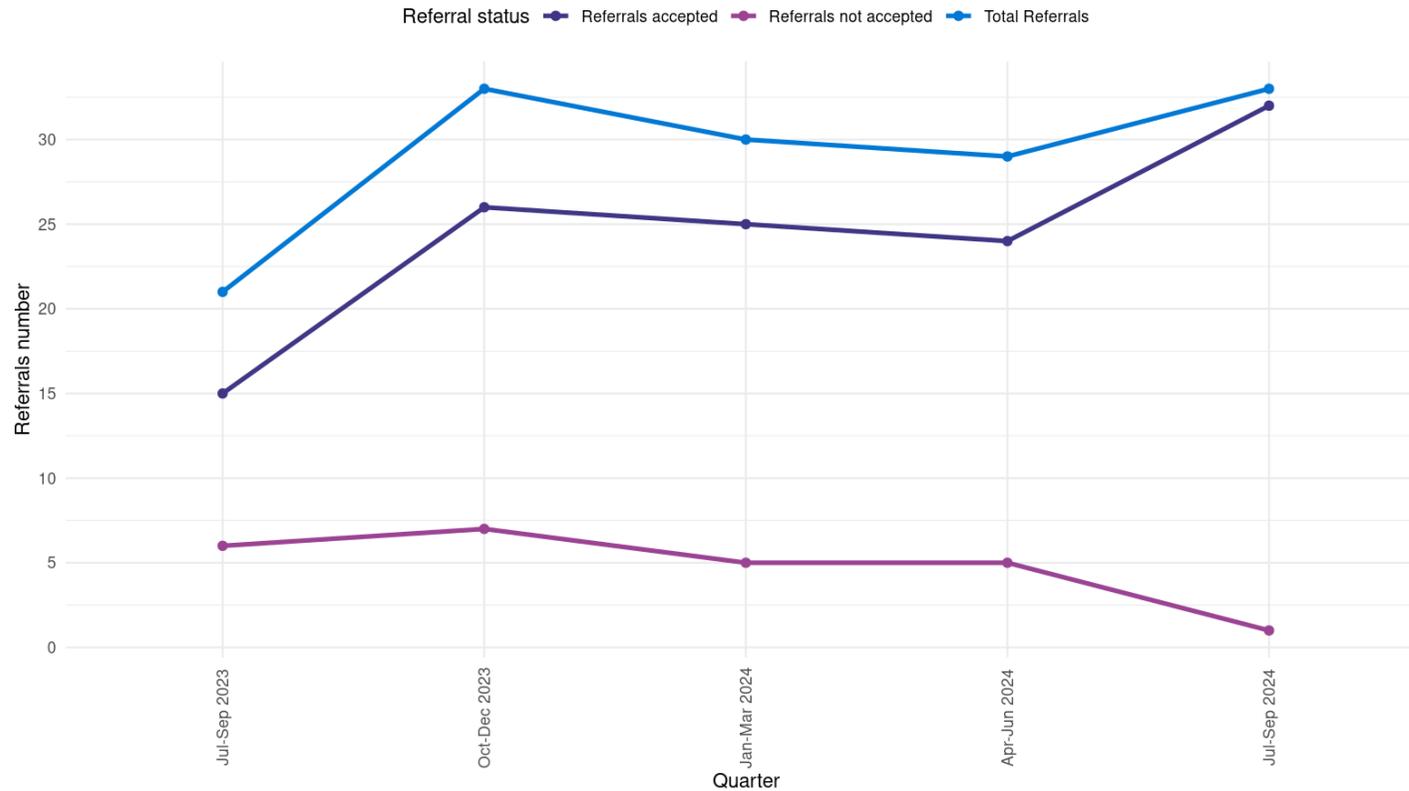| Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
													Inverness. New visiting consultants have been appointed for rheumatology and ENT which will increase capacity to meet the Treatment Time Guarantee in those areas.
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	68.5%	71.2%	77.8%	50%	82.6%					95%	🛑		Q3 data has not yet been published. There are particular challenges (nationally) around provision of particular cancer pathways – with our small numbers of patients this can have a big impact on the % seen on time, if they are on those particular challenged pathways.
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	100%	100%	100%					95%	✅		These waiting times are under constant review by clinical and cancer tracking teams, but only verified published data will be shared publically. While the number of patients being diagnosed and treated remains fairly steady, referrals with suspicion of cancer have increased in recent years.

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

Diagnostics data

Indicator	Years		Quarters				Months			Target		Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024		
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status	
Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging. % represents people seen within 6 weeks for key tests in that month/quarter Scottish average is given as a comparator in brackets.	82.7%	86.1%	79.9 %	80.2%	82.1%	88.9%	95.2% (52.8%)	87.2% (55.9%)	84.3% (53.1%)	100%	🔴	Access to diagnostic tests is an important step within the 18-week referral to treatment target. Performance for each test is considered in detail at a weekly Waiting Times meeting and at Finance and Performance Committee. Shetland consistently performs better than other areas in Scotland on this indicator. In December 2024, 231 out of 274 patients were seen within six weeks. Waiting times for non-obstetric ultrasound increased in Q3 due to an increase in referrals alongside the slight reduction in the working week. In this area 22 patients had an ongoing wait of more than six weeks. This may be further affected by the impact of building works with temporary relocation of treatment rooms.

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

Mental Health data

CAMHS (Child and Adolescent Mental Health Services) continues to perform well against waiting times targets, with all patients being seen within 18 weeks of referral even as the number of new referrals has risen. In Q2, 50% of Psychological Therapies patients (combined Primary and Secondary Care Psychological Therapies) were seen within three weeks. Psychological therapies are still some way off meeting the 18-week target due to the number of new referrals alongside staffing challenges. However, over each of the last four quarters, 50% of patients were seen within ten weeks.

Referrals number for CAMHS in NHS Shetland by quarter

Referral status — Referrals accepted — Referrals not accepted — Total Referrals

[Psychological therapies waiting times - Quarter ending September 2024 - Psychological therapies waiting times - Publications - Public Health Scotland](#)

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

6

NHS Shetland

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	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) This tells us about the number of new patients seen	60.4%	77.1%	71.4 %	73.2%	61.2%	62.9%	64.3%	66.7 %	50%	90%	🛑		CBT therapist fixed term post now substantive – this will support decreasing waiting list in longer term with more stability.
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks) This tells us about people on the waiting list	59.8%	65.5%	65.5 %	57.1%	62.5%	56%	63.2%	64.4 %	56%	90%	🛑		Significant challenges with capacity and provision of face-to-face counselling due to staff absence in Q2 which has impacted ability to see new patients. Referrals continue at high rates, with over 100 new referrals per quarter in three of the last four quarters. Team has reviewed waiting list, particularly focussed on long waits to check for accuracy and ensure everyone has been offered appropriate support. Longest waits are ongoing due to patient preference for face-to-face therapy which has more limited capacity. Anticipate increased capacity with return of Consultant Psychologist in Q1 2025/26

7

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value						Target	Status		
													New patients seen within 18 weeks, and waiting list previous 4 quarters: Q4 23/24 = 70 seen, 50 within 18 wks, waiting list 177 people Q1 24/25= 56 seen, 41 within 18 wks, waiting list 196 people Q2 24/25= 67 seen, 41 within 18 wks, waiting list 208 people Q3 24/25 = 62 seen, 39 within 18 wks, waiting list 207 people
MD-MH-01 People with a diagnosis of dementia on the dementia register	186	194	194	198	200	198	201	201	198	184	✅		
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	89.09%	100%	100%	100%	100%	100%	100%	100%	na	90%	✅		CAMHS services continue to perform well and work as a multidisciplinary team to manage demand.
CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	97.5%	100%	100%	92%	78.9%	na	na	na	na	90%	🛑		3 indicators combined for more appropriate reporting of small numbers. Only published data is shared in this report. NHS Shetland was consistently performing well on this target until Q2 of 2024–25 – there is currently a full–

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value						Target	Status		
													time nurse vacancy in the Substance Support and Recovery Service (SSRS) which remains unfilled after repeated rounds of recruitment. In response to this, SSRS are upskilling general nurses and considering how to restructure. Benchmarking on Medication Assisted Treatment Standards and local needs assessment will be updated in a future Board report.

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

Spotlight: Primary Care Mental Health Nurse

In December 2024, Shetland's Integration Joint Board approved a proposal for a 12-month pilot of a Primary Care Mental Health Nurse post, to be based across mainland GP practices. Sessions will be allocated based on GP population size, and remote working will allow support for practices across Shetland.

Primary Care Mental Health Nurses offer an accessible single point of contact to enable early intervention for people experiencing mental health difficulties and potentially prevent escalation to more serious issues. They can also work collaboratively with other professionals, e.g. GPs, social work and third sector to provide learning and support a more integrated approach to mental health care.

Evidence from other regions demonstrates that embedding mental health nurses in primary care can reduce GP workload and enable GPs to focus on complex cases. Skilled early assessment and intervention can improve non-pharmacological mental health management, reducing unnecessary prescriptions. Co-location in GP practices fosters a collaborative, person-centred approach to care, enabling shared learning and stronger relationships.

The pilot project aims to:

- Improve access to mental health support by providing a first-contact practitioner mental health nurse in GP surgeries in Shetland.
- Improve the quality and responsiveness of mental health support within primary care settings, thereby improving patient outcomes and reducing pressure on secondary care.
- Inform planning for the ongoing delivery of sustainable mental health care at the end of the pilot.

The PCMHN will balance clinical assessment with education and support roles, and will work closely with other professionals and agencies to facilitate timely onward referral, signposting and multidisciplinary support. They will be supported by a 0.5WTE Administrator.

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

Preventative and Proactive Care

Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Q3 24/25			
	Value	Value	Value	Value						Target	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	14	15	4	1	na	na	na	na	na				This indicator is reported with a quarter lag due to type of data - i.e. successful quits are recorded against the month in which the quit attempt started, and is not considered a success until 12 weeks has been completed. This is the most recently published data. The annual target for NHS Shetland is 38 quits in most deprived areas. For comparison, at the end of Q1, 3 out of 14 NHS Boards were on target to meet their target. The Health Improvement team has internal targets around quit attempts that they use for day to day management. These emphasise offering the right support at the right time – triaging referrals based on medical need and readiness to change rather than just on postcode. There is a new Health Improvement Practitioner in post for Quit Your Way after a gap and this should enable an increase in successful quits in future quarters.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and	130 (261)	166 (261)	166 (261)	32 (63)	53 (129)	68 (173)	na	na	na	173			There is no longer a national target or reporting requirement for Alcohol Brief Interventions, but the Health Improvement team continues to offer training.

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

NHS Shetland

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Q3 24/25			Note
	Value	Value	Value	Value						Target	Status		
broaden delivery in wider settings. (bracketed figure is cumulative target for that period)													
PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period)	528 (480)	552 (480)	552 (480)	133 (120)	255 (240)	na	293 (280)	333 (320)	na		✅		A FAST screening is a way of finding out if someone is drinking at harmful or hazardous levels and may benefit from an Alcohol Brief Intervention (ABI). These are routinely done in Sexual Health Clinic, Maternity services, and in some A+E and Primary Care consultations.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	89.5%	87.8%	87.8%	89.4%	84.6%					95%	⚠️		This is the most recent data available as published by Public Health Scotland. This represents 280 of 325 children being vaccinated.

Annual measures

	2020-21	2021-22	2022-23	2023-24					
PH-HI-09 Percentage of mothers smoking during pregnancy(Scotland comparison in brackets)	10.3%	8.6% (11.7%)	7.0% (12%)	5.2% (11%)			Shetland is consistently below the national average, as we are with population wide smoking rates. Due to small numbers it is not appropriate to report any shorter time period as these can result in large changes in percentage that may not be representative of trends.		

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Q3 24/25			
	Value	Value	Value	Value						Target	Status		
PH-HI-10 Reduce the proportion of children with their Body Mass Index outwith a healthy range (>=85th centile)	28.7%	24.2%	18.6 %	25.8%									Most recent available for P1 – note coverage or uptake of P1 BMI measure has increased from 79% of children being included in 2022/23 to 94% of children being included in 2023/24.
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	2017-2021 10.2	2018-2022 11.9	2019-2023 10.4											Due to small number variation and difficulty in interpreting this data in a small population we publish our 5-year, age-standardised rate per 100,000 people, as published by National Records for Scotland – this is the 2019-2023 average, as published August 2024. Next update expected August 2025. L A loca action plan and communications plan for suicide prevention and post-vention is in development as a collaboration between multiple organisations.

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

Spotlight: Get Started with Healthy Shetland (GSwHS) – Evaluation and delivery

The GSwHS programme is the locally developed Tier 2 adult weight management service which forms part of the Shetland Adult healthy Weight pathway and meets the National Weight Standards. The aim of GSwHS is to offer a holistic healthy lifestyle and exercise programme to individuals with a BMI between 25-40kg/m2. It combines behaviour change support from Health Improvement practitioners with physical activity education and delivery in a community non-health environment.

GSwHS was written and developed by the Health Improvement team at NHS Shetland and is delivered in leisure centres in partnership with Shetland Recreational Trust. The development of the programme included writing bespoke content, training staff in Health Improvement and SRT in content and delivery using a motivational interviewing approach, piloting delivery with patients and evaluation of the whole GSwHS service. An interim evaluation was compiled in 2024 with the outcomes and feedback from participants within cohort 1 due to having complete data and feedback from this cohort. A final full evaluation will be released in the coming months and will include the final pilot cohorts 2 & 3. Using the feedback the resources have been refined and will be part of a continuous cycle of renewal to ensure accuracy and suitability.

Individuals are referred to the programme through either self or professional referral, both can be found at https://www.healthyshetland.com/get-started-programme/. A screening is carried out by a member of the Health Improvement Team and, if suitable, the individual is placed in a group which is either nearest to their locality or best option for them at a leisure centre. Some may opt to attend one nearer their workplace rather as closest to home. They then take part in a 12-month programme that consists of 8 fortnightly sessions followed by 4 check-in sessions for the remainder of the year.

The GSwHS programme is now being rolled out on a long-term basis due to the positive feedback received and its effectiveness seen from the pilot. The programme will continue to be led by Health Improvement with support from SRT staff. The initial scope to upskill SRT to become lead facilitators over time has been reviewed with ongoing agreement of a Memorandum of Understanding of delivery agreed yearly with SRT. Where staff and capacity allows progression to lead with SRT will be considered to increase delivery capacity in the future.

Renewed training and recruitment into groups starting January is now completed with all those on Health Improvement's weight management waiting lists contacted and offered support. It's important to note that we recognise that group sessions are not suitable for everyone, where this is not an option for the individual the Health Improvement Team deliver a 1:1 tier 2 alternative to suit their needs.

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

Urgent and Unscheduled Care

There has been ongoing pressure within the Urgent and Unscheduled Care system, which includes both acute and community health and social care. Full usual suite of data is provided overleaf. Within Urgent and Unscheduled Care a few different factors affect how easily people can move or "flow" through the system – this includes space available within the hospital, space to be discharged to (home or somewhere else), and health and care support being available to support discharge.

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

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

Urgent and Unscheduled Care system data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	2	7	7	6	7	7	11	6	7	0	🛑		Data represents a snapshot or census point, therefore quarterly data is most recent month rather than average for quarter. Data should be considered alongside bed days (below).
CH-DD-02 Delayed Discharges - number of people waiting more than 14	43	19	4	10	18	15	7	3	5	0	🛑		Delayed Discharge performance is an indicator of functioning of the whole

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.													health and social care system and our ability to anticipate and avoid admission as well as to support people in a timely, effective way after hospital admission. This continues to be impacted by significant staffing shortages in the social care system locally.
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same period in previous year)	1977	1175	461 (316)	487 (145)	626 (190)	na	322 (56)	211 (71)	na				This does not include anyone delayed due to patient/ family/carer–related reasons. No target set, lower is better. At 10.4 average occupied bed days per day in October 2024, delayed discharge bed days occupied for health and social care reasons were at the highest level seen in recent years, though the level fluctuates month to month. This average represents 30% of our routinely available beds being occupied by people delayed in hospital.
NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison)	91.3%	86.3%	88.6 %	88.4%	88.4% (68.8%)	87.8% (64.2%)	85.3%	90.4%	86.6%	95%	🛑		Performance remains high compared to Scotland although not meeting target (in the most recent month published Shetland was 3ʳᵈ ranked board, and no

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

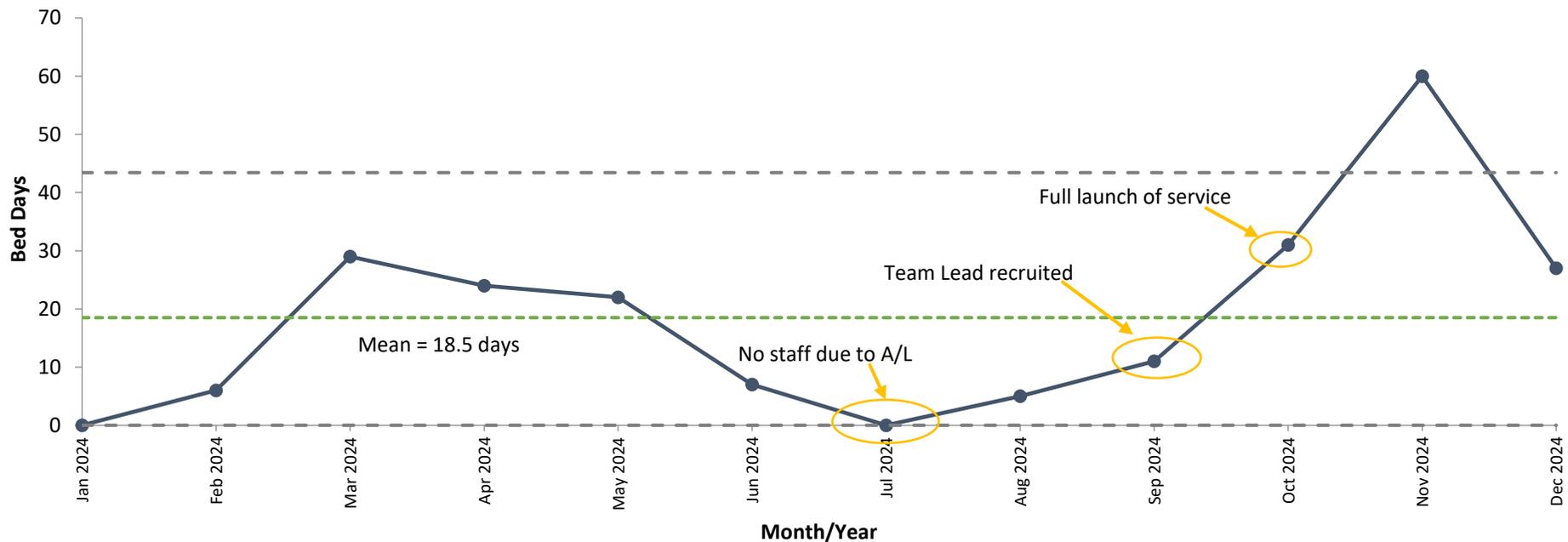| Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
													board met the 95% access target). Person–centred decisions continue to be made even where this necessitates breach of target, every breach is reviewed. Around one quarter of all attendances are for people aged 65+, and around 80% of these people are seen within 4 hours compared to a Scottish average of around 50%.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,724	2,956	2,956	3,284	3,108	2,938	2,882	2,514	2,938	3,061	✅		Attendance rates at A+E remain high compared to other places – this is a reflection on the scope of our urgent and unscheduled care system – without alternative minor injury units, or other out of hours care that may be accessible in other boards. Despite high rates of attendance we perform consistently well against Emergency Department access time targets.
MD-EC-01 Emergency bed days rates for people aged 75+	5,122	4,112	1,023	1,190	1,482	1,644	624	517	503	500	✅		

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
Emergency readmissions within 28-days (by board of treatment, expressed as a percentage of total emergency admissions, vs Scottish average)	6.9% vs 10.5%	7.3% vs 10.1%	9% vs 10.4%	9.3% vs 10.7%	5.4% vs 10.5%	na	na	na	na	NA			Data for Q3 incomplete and not appropriate for sharing in current state – note figures for previous quarters are updated as data quality is checked for the greatest degree of certainty around readmission status. There is no associated target, low readmission rates can be considered an indicator of a strong and effective discharge process, and effective health and care support in the community following discharge.

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

Spotlight: Hospital at Home

A small-scale Hospital at Home pilot was initiated in December 2023. Hospital at Home is a short-term, targeted intervention that provides a level of acute hospital care in an individual's own home, or homely setting that is equivalent to that provided within a hospital. Between January and December 2024, a total of 222 bed days were delivered (average length of 'stay' was 9 days). Additional funding was obtained to continue the service in Quarter 2 and a Team Lead was recruited in September 2024. The graph below illustrates the number of monthly bed days delivered during the pilot phase and since full launch of the service in October 2024.

Monthly Bed days delivered H@H

Mean = 18.5 days

No staff due to A/L

Team Lead recruited

Full launch of service

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

Support Systems

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

The Estates and Facilities teams have been working hard alongside clinical teams to support the temporary adjustments and relocations within the hospital to allow essential planning and investigative works to take place while keeping services running. The Patient Flow and Patient Focussed Bookings teams have also had an essential role in ensuring patients are kept up to date with details for their appointments.

Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.32%	4.49%	4.49%	4.93%	4.49%	4.2%	5.15%	4.2%		4%			Sickness absence remains around or below the target, and below the Scottish average. We generally expect to see higher levels of sickness absence over the winter period.
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	na	£7.66	£1.86	£1.74 (£2.11)	£1.95 (£1.89)	£1.37 (£1.8)	£0.53 (£0.48)	£0.47 (£0.84)	£0.37 (£0.48)				For more detail see financial monitoring report for this period.
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total Responses + Outstanding Overdue Requests.	85.55%	76.68%	70.37%	55.66%	61.71%	65.5%	na	na	na	90%	🛑		While the quarter-on-quarter percentage increase is small, it should be noted that there was a significant increase in requests received; more requests were responded to on time in Q3 than

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
													were received in the whole of Q2. The 234 requests in Q3 2024/25 was the second highest ever, with the 115 requests in October being the highest monthly number on record.
Appraisal completion rate	na	13%	15%	15.7%	15.3%	17.7%	16%	18%	19%		🟥		Note there are some challenges around how this data is calculated – some staff will be double counted if they have a bank contract and a substantive contract, for example. However the rate is still exceptionally low compared to our peers across Scotland.

Executive Management Team have discussed next steps and appraisal has been a focus of the monthly organisational brief– we hope to see this increase over the coming months. |
| Mandatory training compliance, this includes Fire Saftey, Information Governance, Child and Adult Protection, Counter Fraud, Valuing Feedback and | na | na | May '23 49.3% | Aug '23 53.3% | Oct '23 55.8% | Feb '24 65.8% | Oct '24 69.5% | Jan '25 72.9% | | 85% | 🟥 | | Completion of mandatory training is an indicator of functioning of the organisation and prioritisation of staff. There are challenges for teams |

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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
Complaints, Load Handling, Preventing hazards in the workplace, Violence and Aggression Awareness and Equality and Diversity. These have different timescales for re-completion between annual and 3-yearly													in prioritising time for mandatory training particularly when the system is under pressure. Work is underway, connected to appraisal work and discussions, to improve on this.

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2022/23	2023/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Oct 2024	Nov 2024	Dec 2024	Dec 2024			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	9	2	0	0	2	0	0	0	0	0	✅		
NA-IC-29 Number of C Diff Infections	3	2	1	0	0	0	0	0	0	0	✅		
CE-IC-01 Cleaning Specification Audit Compliance	96.5%	95.2%	95.2%	96.2%	97.1%	97.6%				90%	✅		

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

Effective Partnerships

Person Centred Support and Stigma

These are two big pieces of work that the Shetland Partnership (which includes NHS Shetland) are working on.

Working together in the Shetland Partnership we see that sometimes there is duplication in our work, and sometimes while we work to keep the person at the centre of our own service, there are improvements to be made in how we work together as services to keep the person at the centre of **our system.** For patients this should look like not having to tell your story over and over, being supported to get the help that you need, and working together with professionals to come up with a plan for your overall care and treatment – not just planning for each challenge or problem in isolation.

We also hear from our communities and patients that stigma about getting or needing help can get in the way of people getting what they need – that can be stigma about particular conditions or challenges, like not having enough money, mental health conditions, use of alcohol and other drugs, and obesity; or it can be stigma about who you are, for example for young people, or people with a particular characteristic or background.

Some work underway includes a session by the Shetland Partnership in collaboration with the Human Library, titled "Unjudge Someone" to help the group consider how stigma and judgement affects people in our communities and services, and think about how we might tackle this. There is also work ongoing with the OPEN project, considering stigma particularly in relation to young people who often have particular barriers around accessing help and support in ways that work for them. The OPEN project have worked on a number of pieces of research in recent years, gathering feedback, input and ideas from young people in Shetland about various challenges – these pieces of work are being used to support improvement and development of public services across Shetland – reports can be accessed on openshetland.co.uk.

Easy Read – shared solutions across organisations

The IJB recently approved a reserves funding bid to support local production of easy-read versions of local plans and strategies.

The funding for the project is for £4050 and will support training of local staff, as well as purchase or appropriate software and icons or photosymbols.

Being able to produce easy-read documents in-house is an alternative to outsourcing for translation of individual pieces of work, this approach was chosen because we want to make the information we develop accessible and relevant to our whole population.

The project is being progressed by the NHS Planning Team working together with others in the NHS, SIC and IJB.

The NHS has an obligation under the Equality Act and the Public Sector Equality Duties (PSED) to make information and reports accessible.

This is part of a wider piece of work reviewing the accessibility of language used, and information presented in performance reports to the IJB and NHS Board.

Feedback on reports is always welcomed by the Planning Team.

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