

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	26 June 2025
Title:	Performance update up to end March 2025 (Q4 2024-25)
Agenda reference:	Board Paper 2025/26/26
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
- Strategic 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 March 2025, where published data is available. More detailed performance information for this period was considered at Finance and Performance Committee on 20th May. 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

The Performance Management Framework is overdue an update, it is hoped this will be progressed in 2025/26.

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, cancer 62-day waits, and elective services reliant on visiting specialties, and where funding for provision of service has not yet been identified.

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.

Smoking Cessation target continues to be challenging, however low levels of smoking among Shetland population noted.

Scheduled Care:

Waiting times Planned Care improvement opportunities were identified and submitted to Scottish Government for funding in March. Where funding was confirmed work to provide increased capacity is underway, this includes ENT, Ophthalmology, Orthopaedics and radiology reporting. A number of schemes did not receive funding, and Shetland patients do not currently have access to a service as a result, these areas are endocrine, rheumatology and dermatology. Capacity is also challenged within Orthopaedics and Ophthalmology following a decision to cease Waiting List Initiative payments for weekend working. There is a significant national focus on people waiting more than 52-weeks, and drive to use capacity differently across boards to support the effort to minimise the number of people waiting over 52 weeks by March 2026. If additional funding or capacity is not identified in the areas highlighted above NHS Shetland will have a growing number of people waiting for than 52 weeks in these specialities as the year progresses.

Cancer Pathways – there are ongoing challenges with pathways provided by other boards, a number of these have capacity challenges across the country – there is work ongoing nationally to consider how best to address these. Our local data is prone to large variations due to small numbers and varying performance across pathways. Where people are able to be treated locally performance continues to be high.

Diagnostics is an important part of the investigation and treatment journey for patients, and NHS Shetland consistently performs better than other areas in Scotland on this indicator.

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. The Substantive Clinical Psychologist commenced in post in March 2025, and prior to this the Head of Mental Health Services had completed a nationally mandated self assessment and improvement planning process, alongside regional colleagues and PHS data support colleagues – this improvement plan will be progressed over the coming year.

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 and work to review current waiting lists and provide support earlier has progressed, improving patient access. The Quit Your Way service also supports people to stop vaping, and this is not reported within national smoking data.

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.

Urgent and Unscheduled Care:

Delayed discharges are significantly impacted by staffing shortages in the social care system, and the system has experienced a period of prolonged pressure through Q4 and beyond.

A&E four-hour wait performance is high compared to other areas in Scotland, no boards met the target in this period, performance against target has declined, as expected, during the period of hospital pressure – this is reflective of a person-centred approach to treatment and admission avoidance.

Focus on Frailty – while social care capacity is not anticipated to improve significantly in the short-medium term, improvement work related to frailty should have some impact on patient outcomes and service pressures – the detail of this is dependent on funding which as yet has not been confirmed.

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.

Effective Partnerships:

The Shetland Partnership – the NHS and HSCP Planning team have been working with SIC Community Planning and Development team to progress our Equality and Diversity work by improving our understanding of our local population, and through a series of engagement sessions with people with protected characteristics. This work has informed Equalities Monitoring Reports, and the next steps include consideration of ongoing involvement in change and improvement work.

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.

Lack of funding for selected specialties within elective care which have no local provision means groups of patients are not currently able to access the support or treatment they need.

2.3.2. Workforce

Recruitment to key posts remains challenging, both nationally and locally. A workforce plan is in the final stages of development, and a workforce planning approach within services will continue to be developed.

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 Q4 2024-25

NHS Shetland

Quarterly Performance Report – Q4 2024-25

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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
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	81.2%	73.2%	78.7%	65.8%	78.4%	70.1%	66.1%	75.2%	na				PHS have suspended the 18 Week RTT Return from March and onwards. Elective Care Waiting times continue to be closely monitored and reported in a variety of ways, an appropriate revised indicator In place of this measure we have included waiting list size, % of people waiting less than 12 weeks, and number of people waiting
New Out Patients (NOP) Waiting list size (individuals waiting >52 weeks) % seen this period within 12 weeks	1386 (31) 73%	1524 (47) 70%	1519 (87) 76%	1570 (36) 62%	1415 (42) 73%	1524 (47) 69%	na	na	na				People waiting over 52 weeks is a significant focus for the Scottish Government in 2025/26. Opportunities for increasing capacity were identified in Planned Care Improvement Planning – some of these have received funding and others have not. Areas where we do not have funding to provide any service include Rheumatology and Dermatology; capacity is also being impacted by the cessation of weekend working under waiting list initiative funding and terms, this is impacting Orthopaedic and Ophthalmology capacity particularly.
In Patient Day Case (IPDC) Waiting list size (individuals waiting >52 weeks) % seen this period within 12 weeks	319 (27) 65%	308 (16) 68%	338 (55) 72%	310 (20) 57%	330 (19) 73%	308 (16) 72%	na	na	na				

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days North Region – NCA Scotland (% in BRACKET)	71.2%		50% NCA 64.4% (73.2%)	82.6% NCA 61.1% (72.1%)	57.1% NCA 64.7% (73.5%)	na	na	na	na				Q4 data (to March 2025) will be published 24 June 2025. Note due to small numbers and challenges with particular cancer pathways Shetland data can vary significantly.
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%		100% NCA 92.6% (95.5%)	100% NCA 90.9% (94.3%)	100% NCA 91.6% (94.7%)	na	na	na	na				

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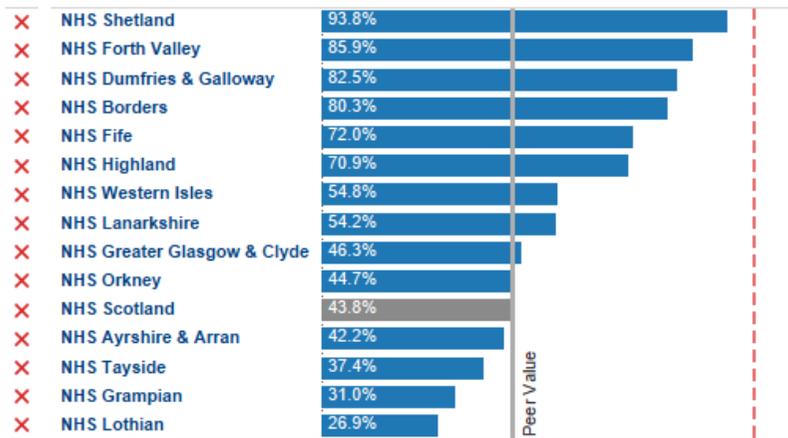


Indicator	Years		Quarters				Months			Target		Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025		
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status	
<p>Combined waiting times for key diagnostic tests in Endoscopy.</p> <p>% represents proportion of people on waiting list who have been waiting 6 weeks or less at end of that period</p> <p>Scottish average is given as a comparator below in BOLD</p>	86%	94%	96%	92%	87%	94%	na	na	na	100%		<p>Note that performance is considered in detail at weekly waiting times meeting and at Finance and Performance Committee. National reporting by Public Health Scotland aggregates all 8 key tests, these are grouped into Endoscopy and Imaging tests here, with a Scottish Average comparator.</p> <p>The 4 key tests combined in this part of the national target are:</p> <p>Upper endoscopy, Lower endoscopy, Colonoscopy, Cystoscopy</p> <p>PHS data published 27th May 2025.</p>
<p>Combined waiting times for key diagnostic tests in Imaging.</p> <p>% represents proportion of people on waiting list who have been waiting 6 weeks or less at end of that period</p> <p>Scottish average is given as a comparator below in BOLD</p>	86%	85%	70%	91%	83%	85%	na	na	na	100%		<p>The 4 key tests combined in this part of the national target are:</p> <p>CT, MRI, Barium Studies, Non-Obstetric Ultrasound</p> <p>Graphs below illustrate NHS Shetland's performance on the Scottish Government waiting time standard (within 6 weeks) for diagnostic tests in endoscopy and imaging</p> <p>PHS data published 27th May 2025.</p>

NHS Shetland Quarterly Performance Report



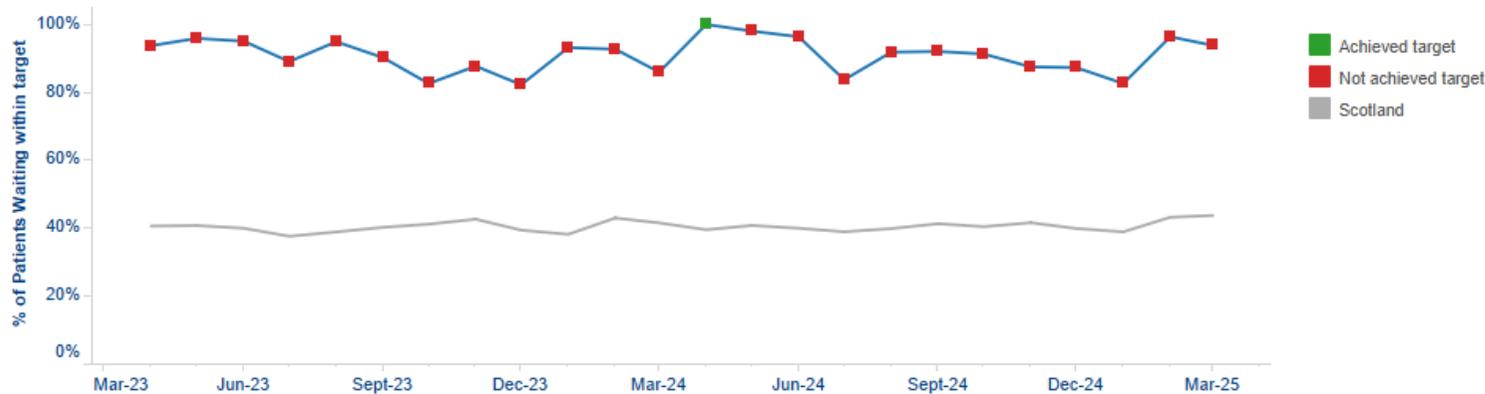
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By Test Type & Name NHS Shetland *Select diagnostic test to filter*



Time trend: NHS Shetland Endoscopy tests : All / Multiple tests selected



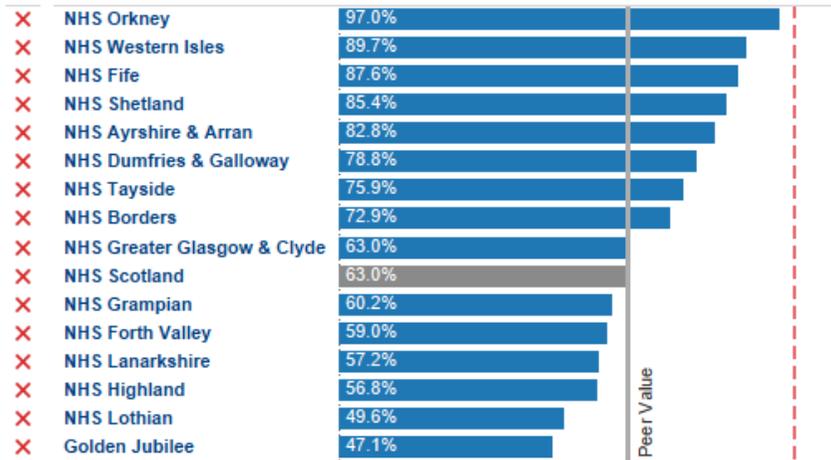
Enabling wellness, and responding to illness – now and in the future.

NHS Shetland Quarterly Performance Report

By Health Board

Imaging tests: All / Multiple tests selected

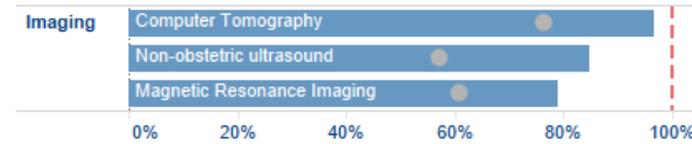
Select Health Board to filter



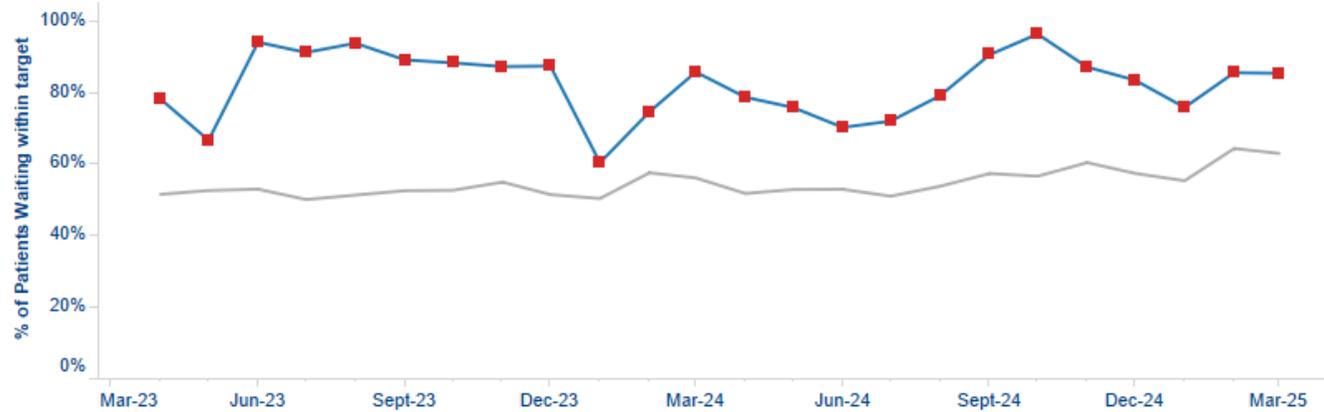
By Test Type & Name

NHS Shetland

Select diagnostic test to filter



Time trend: NHS Shetland
Imaging tests : All / Multiple tests selected



Show

Last 24 months

- Achieved target
- Not achieved target
- Scotland

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



Spotlight: Podiatry

The Podiatry service have contributed to the timely and appropriate care of patients referred to orthopaedics for a number of years. Working alongside Medical Records and the Golden Jubilee hospital, the Podiatry team triages all referrals to the Foot and Ankle Orthopaedic Video Conference clinic. Where it is considered that a surgical consultation may not be needed, a health-literacy informed conversation can take place with the patient. This helps to make sure that patients who need surgical consultations get them as quickly as possible, while those who don't can be offered timely and appropriate support. Between June 2024 and June 2025, there were 39 referrals to the Foot and Ankle Orthopaedic clinic; of those, 22 (56%) were redirected to Podiatry or another suitable service.

Over the past year, one of the Podiatrists has also been working to improve care pathways for patients presenting with non-severe symptoms of Peripheral Arterial Disease (PAD). Patients with symptoms of PAD are usually referred to general surgery. A Podiatrist has now completed advanced training in PAD assessment and is running a small pilot project with a number of GPs where they can refer patients with symptoms of PAD direct to Podiatry for non-invasive lower limb vascular assessment. After completing screening, the Podiatrist reports back to the GP and contributes to a non-surgical management plan. Onward referral to general surgery is then only required where diagnostic imaging is needed or symptoms are severe.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	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	77.1%	63.7%	73.2 %	61.2%	62.9%	59.7%	71.4%	41.2 %	75.9%	90%			Update from R McArthur: Currently no vacancies across primary or Secondary Care Psychology. SLA in place with NHS Orkney for the provision of Consultant services has been continued for a further 6 month from January 2025, with a target of 24 individuals have therapy from this agreement. The Substantive Clinical Psychologist commenced in post in March 2025, as expected, the SLA will cover an overlap in return in order to ensure long waits do not further accrue and to support a transition into post for this new member of staff. Work is underway with PHS and local information teams on trajectory modelling which has been used in other areas to support the increased capacity required in to meet demand and the 18 week waiting time. We have just completed a PT self-assessment and improvement plan for the next 12-24 months.
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	65.5%	54.8%	57.1 %	62.5%	56%	54.8%	57.5%	56.1 %	54.8%	90%			
MD-MH-01 People with a diagnosis of dementia on the dementia register	194	195	198	200	198	195	194	199	195	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)	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%			



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		
CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to appropriate treatment that supports their recovery.	100%	89%	92%	75%	100%	95%	na	na	na	90%	✔		These indicators have been combined due to small numbers, to make data more meaningful. This represents people accessing drug treatment support, alcohol treatment support, and combined alcohol and drug treatment support.

Spotlight: Remote working in dementia initial assessment

Since July 2024, a Dementia Advanced Clinical Nurse Specialist has carried out initial dementia assessments remotely. Dual diagnosis patients and others with complex needs are still seen in-person, and overall staffing has remained the same. Positive impacts on efficiency and waiting times have been demonstrated during this time – in the six months prior to the introduction of remote assessment, 24 initial assessments were completed, with a median waiting time of 55 days. In the six months after moving from in-person to remote, 30 initial assessments were completed, with a median waiting time of 37.5 days.

Number of assessments	
Jan-Jun 2024 (all in person)	24
Jul-Dec 2024 (remote assessment introduced)	30
Change	↑ 25%

Median waiting time	
Before	55 days
After	37.5 days
Change	↓ 31.8%

Population Health and Health Behaviours

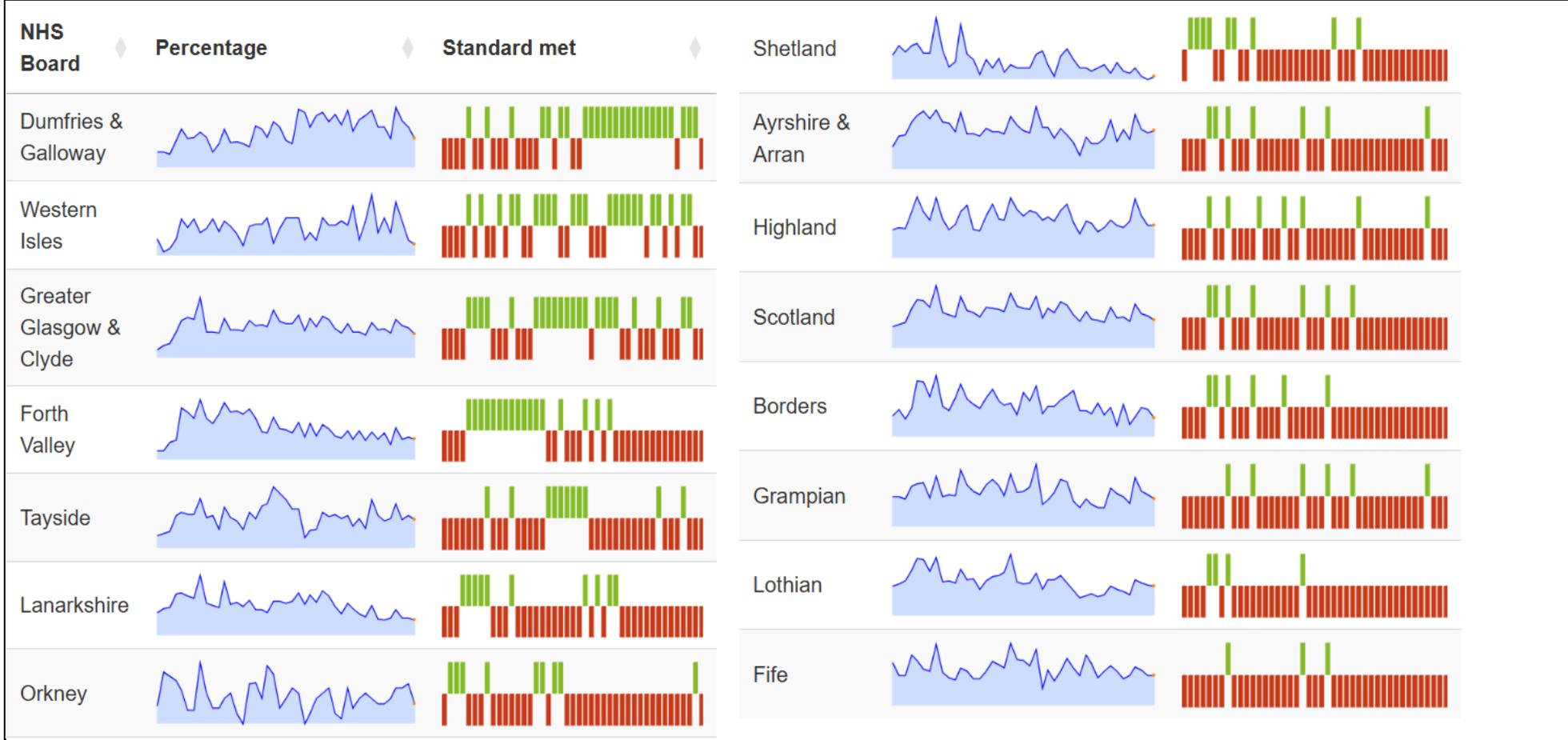
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	11	na	1	0	1	na	na	na	na			<p>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.</p> <p>Data to end December 2024 was released on 10 June 2025. Shetland continue to perform poorly against the national target, no health board area met their target in Quarter 3 of 2024/25. Snipped below is performance against target by quarter since 2014 – green bars (above the line) mean target met, red bars (below the line) mean target was not met. These data are available on a dashboard from Public Health Scotland.</p> <p>The Health Improvement team is currently operating at a reduced capacity due to multiple maternity leave. The QYW lead has been undertaking a focused project with those currently on the Health Improvement waiting list. This has been successful in significantly reducing patient waiting times whilst increasing patient engagement.</p> <p>Identified are areas of improvement for data collection which are ongoing, this includes maternity services to ensure that support being offered as part of maternity services is also captured and reported via the NHS Smoking Cessation System. The QWY lead has proactively been re-engaging with our community pharmacy teams to review service demands and training needs to increase access to services throughout Shetland. This is a key area of focus for the service over the next year.</p>	



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		
												Important note that these figures do not include vaping cessation, Health Improvement Team are also offering this support in addition to QWY tobacco cessation with data collected internally and not part of the national database.	

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Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings (bracketed figure is cumulative target for that period)	166 (261)	118 (261)	32 (63)	53 (129)	86 (195)	118 (261)	100 (217)	105 (239)	118 (261)	261			PHS have suspended reporting of ABI numbers, with a view to replacing with an appropriate outcome based measure following publication of their "Review of Strategy and Recommendations for Policy" report.
PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period)	552 (480)	572 (480)	133 (120)	255 (240)	398 (360)	572 (480)	480 (400)	522 (440)	572 (480)	480			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	87.8%	90.2%	89.4%	84.6%	90.2%					95%			Scotland average for Q3 was 92.8%, this data was released in March, next publication is expected June 2025.
Annual measures													
		2022/23	2023/24	2024/25									
PH-HI-09 Percentage of mothers smoking during pregnancy		5.7%	6.0%	5.8%	Scotland average for 2023/24 was 11%, for 2024/25 was 9.3%								
PH-HI-10 Reduce the proportion of children with their Body Mass Index outwith healthy range (>=85th centile)		18.6	25.8		Next update, for 2024/25, is expected in December 2025								
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average		10.4			Due to small number variation and difficulty in interpreting this data we publish our 5-year, age-standardised rate per 100,000 people, as published by National Records for Scotland -								



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value						Target	Status		
													this is the 2019-2023 average, as published August 2024. Next update expected August 2025.

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Spotlight: Realistic Medicine

Building our Approach to Realistic Medicine in Shetland: Educational Symposium

The *Building our Approach to Realistic Medicine in Shetland* symposium, held on 26th February 2025 at Mareel, was designed to raise awareness and staff understanding of [Realistic Medicine](#) and Value Based Health and Care, encourage networking, and explore local application of Realistic Medicine principles. Organised by the NHS Shetland Realistic Medicine Steering Group, the event attracted strong cross-sector attendance, with over 60 participants engaging in presentations and workshops. Evaluation findings indicate the event was well-received, effectively met its learning objectives, and enhanced participants' awareness and enthusiasm for Realistic Medicine. Opportunities for improvement include enhancing workshop facilities, adjusting scheduling to increase accessibility, and involving a broader range of staff and patients in future events.

- 92% of attendees reported increased understanding of Realistic Medicine and Value Based Health and Care.
- Participants valued the opportunity to connect across disciplines and gain insight into organisational initiatives.
- Improvements needed in workshop spaces, event timing, and broader stakeholder involvement including patients.

Realistic Medicine in action

Shetland's Hospital at Home (H@H) service was recently highlighted in the [NHS Scotland Realistic Medicine Casebook](#). H@H provides short-term hospital level care in people's homes, and has been shown to be a safe, personalised alternative to hospital admission. Following a successful pilot stage, recruitment of a dedicated Hospital at Home team, including a Consultant Geriatrician, Team Leader, Nurse, Pharmacist and Physiotherapist, has enabled an increase in patient referrals and bed days delivered.

H@H is Realistic Medicine in action. It promotes a personalised approach to care. By listening to what matters to the people we care for and those closest to them, we now have clear referral pathways that have been developed and are continuously improving and refining processes.

H@H also improves risk management and ensures timely, appropriate care in the right place for the people in our care. Furthermore, the emphasis on shared decision making empowers people, the H@H team and the health and care professionals to collaborate and support the people we care for to choose the care that is right for them. Through these efforts, the H@H service is not only achieving the outcomes that matter to people, but also fostering a more sustainable health and care system by ensuring those who don't want or do not need to go to hospital are cared for at home.

Urgent and Unscheduled Care

The health and social care system in Shetland experienced a period of sustained pressure during Q4 and into Q1 2025/26, this is reflected in ED performance against 4hour wait target and in delayed discharge data. Capacity within the local social care system is a significant factor in these challenges, and while pressure within the acute hospital setting has reduced, high demand and lack of capacity persists within the social care system.

Urgent and Unscheduled Care system data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	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.	7	12	6	7	7	12	22	7	12	0			Data represents a snapshot or census point, so quarterly figure is most recent month rather than average for quarter. Data should be considered alongside bed days (below). Delayed discharge performance is an indicator of functioning of the whole 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 admission.
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.	19	73	10	18	15	30	15	6	9	0			
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same period in previous year)	1175	2978	487 (145)	626 (190)	749 (314)	1062 (461)	409	311	342				This does not include anyone delayed due to patient/ family /carer-related reasons. No target set, lower is better. This has considerably increased compared to the same periods last year and is reflective of significant pressures on staffing and capacity throughout the social care system locally. Work is underway to progress Frailty improvement work, but this pressure is expected to continue with surges in demand in the short-medium term.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	86.3%	87%	88.4%	88.1%	87%	84.1%	86.3% (66.3%)	85.3% (67.7%)	82.2% (70.6%)	95%			Decline in performance has coincided with period of pressure within hospital – bed availability is a significant factor in ED

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
(Bracket % is Scotland comparison)													Waiting Times. A drop in performance here represents people being seen, treated and discharged from ED to avoid admission – this can take slightly longer but is done based on patient needs.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,956	2,763	3,284	3,108	2,938	2,763	2,864	2,580	2,763	3,061	✔		
MD-EC-01 Emergency bed days rates for people aged 75+	4,112	5,826	1,190	1,482	1,644	1,510	496	506	508	500	✔		
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	7.3% (10.1%)	7.1% (10%)	10.2% (10.4%)	7.2% (10.6%)	4.9% (10.2%)	4.3% (7.7%)	na	na	na				There is no associated target, low readmission rates can be considered an indicator of strong and effective discharge process and effective health and care support in the community following discharge; they could also indicate a low tolerance for risk in the discharge process. Note that figures for previous quarters may be updated after checking for certainty around readmission reason, so most recent quarter should be interpreted with caution.

Focus on Frailty

NHS Shetland and Shetland HSCP have successfully secured a place on the Focus on Frailty improvement programme supported by Healthcare Improvement Scotland. Urgent and Unscheduled Care Improvement work will this year be focussed on people living with frailty and how we can work better and more collaboratively to support them. The scale of improvement work will be dependent on external funding available, and is likely to include work related to identification and assessment of frailty, expansion of Hospital at Home and frailty escalation support, and frailty prevention work. Information about the programme and examples of learning from previous HIS Focus on Frailty cohorts can be found here:

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

Support Systems

Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.49%	4.15%	4.93%	4.49%	4.73%	4.15%	4.47%	3.78%	4.15%	4%			
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£7.66	£6.56	£1.74 (£2.11)	£1.95 (£1.89)	£1.37 (£1.8)	£1.5 (£1.86)	£0.47	£0.50	£0.52				
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days.	76.7%	61.6%	55.7%	61.7%	65.3%	63%	na	na	na	90%			During Q4, 241 FOI requests were received – the second highest quarter total on record. The compliance rate for the organisation is well below the target levels set by the organisation and the regulator. The IGD is currently in the final testing and configuration stages of Infreemation - the FOI management platform we hope will streamline FOI admin processes. Also, the Information Governance Guidance Group (IG3) is being established and will support staff with FOI processes and RM improvements that should enable more efficient information organisation and retrieval.
CE-CS-06 Departmental Business Continuity Plans (BCPs) have been updated this year	53%												Business Continuity Management System will be operational in June 2025 and will be able to provide detailed, accurate reports regarding outstanding plan updates.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Jan 2025	Feb 2025	Mar 2025	Mar 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	2	4	0	2	0	2	1	1	0	0	✓		See HAI report
NA-IC-29 Number of C Diff Infections	2	0	0	0	0	0	0	0	0	0	✓		
CE-IC-01 Cleaning Specification Audit Compliance	95.2%	96.2%	96.2%	97.1%	97.4%	96.2%	na	na	na	90%	✓		

Workforce Planning

Significant progress has been made in shaping NHS Shetland’s Integrated Workforce Plan for 2025–2028, marking a coordinated system-wide effort to address workforce sustainability, resilience, and redesign. Building on the joint SIC–NHS Shetland submission to the Scottish Government regarding hard-to-fill posts and critical workforce risks, further Director-led assessments have now provided a fuller, cross-system view of our emerging challenges and strategic priorities. All directorates – including Corporate Services, Acute, Medical, HROD, Public Health, and Community Health & Social Care – have completed structured returns. These used a consistent framework covering workforce sustainability, service redesign, future skills, and areas with significant reliance on supplementary staffing. Insights from targeted reviews of administrative functions (notably Primary Care workflows and Medical Records) have also informed early thinking on productivity, sustainable models, and the reduced working hours agenda.

This work has followed the Rapid Workforce Review undertaken by the Finance and Sustainability Group in early 2024/25, to begin the process of aligning financial and workforce data, and understanding the persistent gaps in workforce. This review considered workforce growth over the period 2018-2023, across job family and by directorate, related gaps in workforce, changes in funding patterns to increased fixed term funding, and comparisons with peer boards (by remote, rural, island factors). This, combined with local financial planning and monitoring has provided key considerations for future decision making around workforce, which are explored in more detail in the Integrated Workforce Plan.

Spotlight: Equality & Diversity

Across Shetland local organisations are working together to ensure equal access to health, education, and opportunity for all. The Shetland Community Planning Partnership, including the Shetland Integration Joint Board (IJB), Shetland Islands Council, NHS Shetland, Shetland College, Schools Service, ZetTrans, and the Shetland Licensing Board are working together, to tackle inequality, and ensure fairness and inclusion.

Through focus groups and community engagement, these partners have identified barriers faced by specific groups, including people with disabilities. The feedback received from these focus groups and events have helped to create actions and outcomes to break down barriers and improve lives. These outcomes align with key local strategies, including the Joint Strategic Plan and the Shetland's Partnership Plan.

Shetland in statistics

Shetland's population is just under 23,000, with a unique demographic profile that presents both opportunities and challenges:

- Around 22% of the population is aged 65 or over—higher than the Scottish average.
- Around 18% of residents report having a long-term health condition or disability.
- Around 2% of the population identifies as belonging to a minority ethnic group.
- 51% of the population is female, and 49% male.
- The number of people identifying as LGBTQ+ is low at about 3%, but this number looks likely to increase over the years, particularly as stigma reduces.

Nine Protected Characteristic Profiles for Shetland have been developed – covering age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation. These offer a detailed snapshot of the community, and compare local and national data. You can find these profiles here: [Protected Characteristics Profiles – Shetland Partnership](#)

Equality and Lived Experience

The IJB, with NHS Shetland as a core partner, is committed to embedding equality into every decision it makes, to ensure everyone has opportunities and access to support. By working collaboratively, the partners are not just meeting legal obligations, but working to ensure Shetland is a place where everyone, regardless of who they are, has the chance to live well and be heard.

This work includes making things more accessible, more inclusive, taking a trauma informed approach and listening to lived experience. Staff within the Health and Social Care Partnership have taken part in trauma-informed lens training, this helps our staff to better understand and support people who've experienced trauma and adversity. The IJB has also sought ways to improve its communication, such as developing awareness of BSL and supportive tools, making more use of Plain English, using less jargon and providing Easy Read formats to make information more accessible.