NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**23 September 2025**
Title:	**Performance update up to end June 2025 (Q1 2025-26)**
Agenda reference:	**Board Paper 2025/26/35**
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 June 2025, where published data is available. More detailed performance information for this period will be considered at the upcoming Finance and Performance Committee on 7th October. 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.

Board 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 or where services are provided by 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.

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

Scheduled Care:

Waiting times Funding has been secured for Rheumatology and Dermatology, but capacity in Ophthalmology is impacted by the cessation of weekend working. The number of people waiting over 52 weeks is a significant focus for Scottish Government and locally, with improvement plans in place to address this both locally and regionally. Capacity is also challenged within 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 regionally and nationally to support the effort to minimise the number of people waiting over 52 weeks by March 2026.

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 The Substantive Clinical Psychologist commenced in post in March 2025. This has enabled NHS Shetland to supervise Psychology Doctorate students – four students will be offering remote Psychological Therapies for a year to June 2026, which will increase capacity to address longer waits.

Work is also underway to develop cross-Board remote group therapies.

Public Health Scotland continue to work with NHS Shetland on trajectory modelling, which has been used in other areas to support the increased capacity required to meet the 18 week waiting time.

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 remains under significant pressure in the community particularly.

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 – funding has been secured and work is beginning to progress work to improve coordination and integration of community pathways.

Support Systems:

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

Freedom of Information requests remain high – the number of requests responded to on time is consistent, but the high number of requests overall means performance is below target and remains extremely challenging.

Effective Partnerships:

Fairer Futures Partnership:

The Fairer Futures Shetland Partnership is a cross-sector approach to improving how our services support families and individuals, building on learning from the Anchor Project, and delivering on the Shetland Partnership's Person-Centred priorities. Fairer Futures aligns with the Scottish Government's Public Service Reform Strategy and Population Health Framework, both of which call for a shift to preventative, joined-up, and efficient public services that address the root causes of inequality and poor health.

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 Q1 2025-26

NHS Shetland

Quarterly Performance Report – Q1 2025-26

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
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 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%	65.8%	78.4%	70.1%	n/a	n/a	n/a	n/a	90%			PHS have suspended the 18 Week RTT Return from March and onwards. Elective care waiting times continue to be monitored and reported in a variety of ways. 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 >52weeks) % seen this period within 12 weeks	1386 (31) 73%	1524 (47) 70%	1570 (36) 62%	1415 (36) 62%	1524 (47) 69%	1684 (70) 70%	n/a	n/a	n/a	n/a			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, and since last update funding has been agreed for Rheumatology and Dermatology provision. Capacity is also being impacted by the cessation of weekend working under waiting list initiative funding and terms and this is particularly impacting Opthalmology capacity (cataracts).
In Patient Day Case (IPDC) Waiting list size (individuals waiting >52 weeks) % seen this period within 12 weeks	319 (27) 65%	308 (16) 68%	310 (20) 57%	330 (19) 73%	308 (16) 72%	362 (18) 78%	n/a	n/a	n/a	n/a			

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Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 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 **NHS Shetland** North Region – NCA Scotland (% in bracket)	**71.2%**	**65.7%**	**82.6%** NCA 61.1% (72.1%)	**57.1%** NCA 64.7% (73.5%)	**60%** NCA 60.2% (68.9%)	n/a	n/a	n/a	n/a	95%			Q1 data (to Jun 2025) will be published 30 September 2025.

Note due to small numbers and challenges with particular cancer pathways Shetland data can vary significantly. Generally where treatment can be provided within Shetland, performance is strong and people are seen within target waiting times. |
| NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days **NHS Shetland** North Region – NCA Scotland (% in bracket) | **100%** | **100%** | **100%** NCA 90.9% (94.3%) | **100%** NCA 91.6% (94.7%) | **100%** NCA 91.1% (94.1%) | n/a | n/a | n/a | n/a | 95% | | | |

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Indicator	Years		Quarters				Months			Target		Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 2025		
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status	
Combined waiting times for 8 key diagnostic tests in Endoscopy. % represents people seen within 6 weeks for key tests in that month/quarter **Scottish average** is given as a comparator below in BOLD.	86% **42%**	94% **44%**	91% **41%**	87% **40%**	94% **44%**	95% **40%**	na	na	na	100%		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. The 4 key tests combined in this part of the national target are: Upper endoscopy, Lower endoscopy, Colonoscopy, Cystoscopy. PHS data published 29th August 2025.
Combined waiting times for 8 key diagnostic tests in Imaging. % represents people seen within 6 weeks for key tests in that month/quarter **Scottish average** is given as a comparator below in BOLD.	86% **56%**	85% **63%**	91% **57%**	83% **57%**	85% **63%**	93% **58%**	na	na	na	100%		The 4 key tests combined in this part of the national target are: CT, MRI, Barium studies, Non-obstetric ultrasound. Graphs below illustrate NHS Shetland's performance on the Scottish Government waiting time standard (**within 6 weeks**) for diagnostic tests in endoscopy and imaging. PHS data published 29th August 2025.

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NHS Shetland

By Health Board
Endoscopy tests: All / Multiple tests selected
Select Health Board to filter

	Health Board	%
✕	NHS Shetland	94.6%
✕	NHS Dumfries & Galloway	85.2%
✕	NHS Forth Valley	80.8%
✕	NHS Borders	65.8%
✕	NHS Highland	63.4%
✕	NHS Western Isles	59.0%
✕	NHS Fife	50.7%
✕	NHS Orkney	50.4%
✕	NHS Greater Glasgow & Clyde	49.0%
✕	NHS Lanarkshire	43.2%
✕	NHS Ayrshire & Arran	40.7%
✕	NHS Scotland	40.1%
✕	NHS Grampian	32.0%
✕	NHS Tayside	30.9%
✕	NHS Lothian	25.7%

Peer Value

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

Endoscopy
- Lower Endoscopy
- Colonoscopy
- Cystoscopy
- Upper Endoscopy

0%   20%   40%   60%   80%   100%
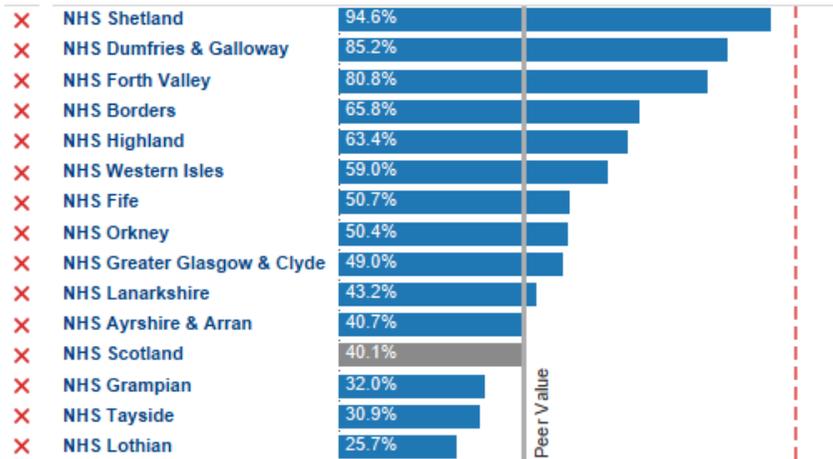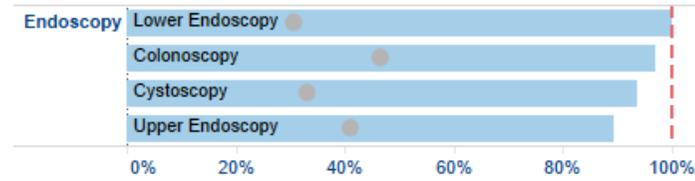
Time trend: NHS Shetland
Endoscopy tests : All / Multiple tests selected

Show
Last 24 months ▾

- 🟩 Achieved target
- 🟥 Not achieved target
- ⬜ Scotland

% of Patients Waiting within target

100%, 80%, 60%, 40%, 20%, 0%

Jun-23   Sept-23   Dec-23   Mar-24   Jun-24   Sept-24   Dec-24   Mar-25   Jun-25

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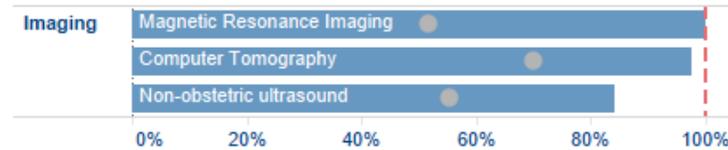
6
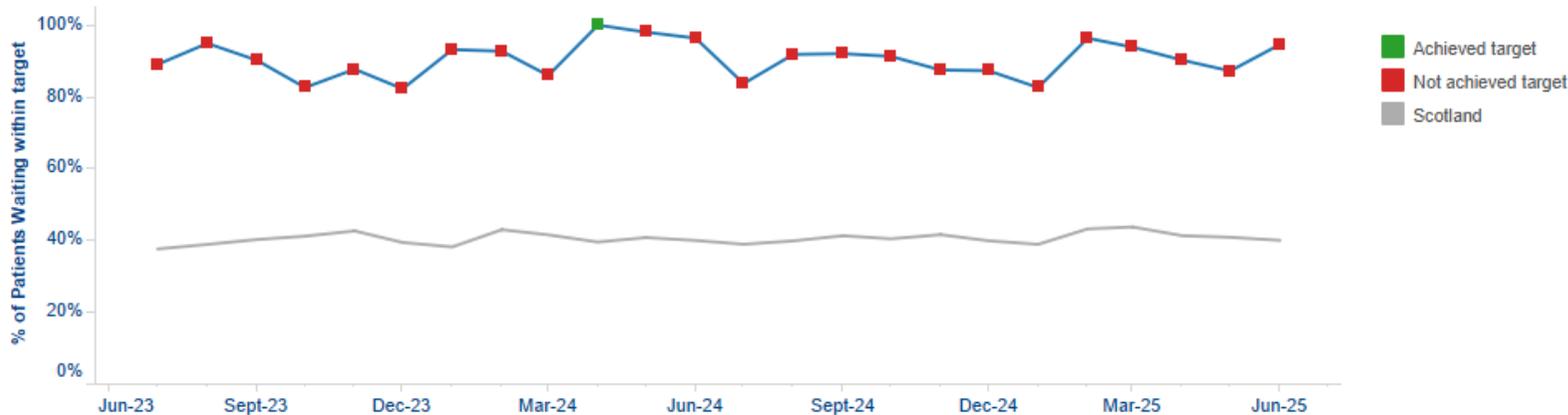
By Health Board
Imaging tests: All / Multiple tests selected
Select Health Board to filter

✗	NHS Shetland	93.2%
✗	NHS Fife	87.8%
✗	NHS Western Isles	83.1%
✗	NHS Dumfries & Galloway	75.6%
✗	NHS Borders	71.1%
✗	NHS Orkney	68.2%
✗	NHS Tayside	65.9%
✗	NHS Forth Valley	59.2%
✗	NHS Ayrshire & Arran	58.8%
✗	NHS Scotland	57.5%
✗	NHS Highland	56.6%
✗	NHS Greater Glasgow & Clyde	56.1%
✗	NHS Lanarkshire	54.1%
✗	NHS Grampian	53.1%
✗	NHS Lothian	49.0%
✗	Golden Jubilee	43.7%

Peer Value

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

Imaging
- Magnetic Resonance Imaging
- Computer Tomography
- Non-obstetric ultrasound

(axis: 0%, 20%, 40%, 60%, 80%, 100%)

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

% of Patients Waiting within target

(axis: Jun-23, Sept-23, Dec-23, Mar-24, Jun-24, Sept-24, Dec-24, Mar-25, Jun-25)

Show
Last 24 months ▼

- 🟩 Achieved target
- 🟥 Not achieved target
- ⬜ Scotland

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Mental Health data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 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%	61.2%	62.9%	59.7%	62.9%	69.6%	56.5%	62.5%	90%	🔴		Substantive Clinical Psychologist in post since March 2025. This has enabled NHS Shetland to supervise Psychology Doctorate students – four students will be offering remote Psychological Therapies for a year to June 2026, which will increase capacity to address longer waits.
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%	62.5%	56%	54.8%	62.2%	56.7%	58.3%	62.2%	90%	🔴		Work is also underway to develop cross-Board remote group therapies. Public Health Scotland continue to work with NHS Shetland on trajectory modelling, which has been used in other areas to support the increased capacity required to meet the 18 week waiting time.
MD-MH-01 People with a diagnosis of dementia on the dementia register	194	195	200	198	195	210	200	203	210	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%	✅		
CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	100%	89%	75%	100%	95%	na	na	na	na	90%			These indicators have been combined due to small numbers. This represents people accessing drug treatment support, alcohol treatment support, and combined drug and alcohol treatment support. Data for Quarter 1 will be available 30th September 2025.

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Preventative and Proactive Care

Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Q1 25/26			
	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	n/a	0	1	n/a	n/a	n/a	n/a	n/a	30 (Q3)			There is a lag in reporting of successful quits due to the structure of the Quit Your Way programme. Quarterly figures for Q4 will be published in September. Although the Health Improvement team is operating at reduced capacity, targeted efforts have reduced waiting times and improved engagement. Key areas of focus include improving data capture - particularly in maternity services - and expanding access through community pharmacy engagement, with vaping cessation support offered separately and tracked internally.
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)	53 (129)	86 (195)	118 (261)	n/a	n/a	n/a	n/a	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.

This PI will be updated to reflect new measure once this is available.

ABI training will continue to support staff in the coming year. |
| PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period) | 552 (480) | 572 (480) | 255 (240) | 398 (360) | 572 (480) | n/a | n/a | n/a | n/a | 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, |

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Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Q1 25/26			
	Value	Value	Value	Value						Target	Status		
													Maternity services, and in some A+E and Primary Care consultations.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	87.8%	90.2%	84.6%	90.2%	88.6%	na	na	na	na	na	na		The European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control. These include diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), measles, mumps and rubella. More vaccine uptake information is available here: PHS Vaccination Surveillance

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 a healthy range (>=85th centile)	18.6%	25.8%		Next update, for 2024/25, is expected in December 2025.

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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 - this is the 2019-2023 average, as published August 2024. Next update expected September 2025. Work around suicide prevention is progressing locally, with multi-agency collaboration supporting improvements in information sharing and access to training over the past year.

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Urgent and Unscheduled Care

Urgent and Unscheduled Care system data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 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	7	7	12	8	12	10	8	0	🔴		Data represents a snapshot or census point, so quarterly figure is most recent month rather than average for the 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.
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	18	15	30	18	6	6	6	0	🔴		
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same period in previous year)	1175	2978	626 (190)	749 (314)	1062 (461)	750 (487)	249 (169)	281 (156)	220 (162)				This does not include anyone delayed due to patient/family/carer-related reasons. No target set, lower is better. The year-on-year increase in Q1 is much lower than previous quarters, but bed days are still more than 50% higher than the same period last year, reflecting pressures on staffing and capacity throughout the social care system. Work is underway to progress frailty improvement work, but this pressure is expected to continue with surges in demand in the short to medium term.

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Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison)	86.3%	87%	88.1%	87%	84.1%	83.4%	82.6% (71%)	85.8% (71.8 %)	81.7% (70.8%)	95%			The national target of 95%, although we have not met this target our A&E performance remains high. Breaches of 4 hour target are analysed. In exceptional cases it may be deemed that clinical care is best undertaken in the emergency department (ED) which can take longer than 4 hours, this may mean a person is able to be discharged home, rather than admitted and this decision will be made depending on clinical presentation.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,956	2,763	3,108	2,938	2,763	3,048	3,017	2,895	3,048	3,061	✅		ED attendance rate remains higher than the national average, particularly so for those aged 75+
MD-EC-01 Emergency bed days rates for people aged 75+	4,112	5,826	1,482	1,644	1,510	1,280	462	401	417	500	✅		
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	7.3% (10.1%)	7.5% (10.5%)	7.2% (10.6 %)	5.3% (10.4%)	5.6% (10.3%)	6.1% (9.2%)	n/a	n/a	n/a		✅		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 are updated after checking for certainty around readmission reason, so most recent quarter should be interpreted with caution.

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Spotlight: Focus on Frailty

NHS Shetland is taking a proactive and integrated approach to frailty, recognising it as a key driver of healthcare demand and a priority area for improvement in Shetland. 'Frailty' is a term that is often used, but sometimes misunderstood. It describes someone's overall resilience to physical and mental stressors, and in turn their chances of recovering quickly following health problems. Frailty affects around 10% of people over age 65, and 50% of people over age 85.

Frailty typically presents as one or more of five syndromes: falls, immobility, delirium, incontinence or medication-related harm. Although frailty isn't inevitable as we age, Shetland's changing population - with an ever increasing proportion of older people – means taking a population health approach to prevention, early intervention and reducing the progression of frailty is particularly important here. With the over-75 growing locally—outpacing the national average—frailty-related pressures on urgent and unscheduled care are expected to intensify.

To address this, NHS Shetland has aligned its frailty work with national programmes and funding streams, including bidding for funding through the Scottish Government's "Urgent and Unscheduled Care - Whole System Improving Flow" initiative and Healthcare Improvement Scotland's (HIS) 2025–26 Focus on Frailty cohort – offering improvement support, access to resources, and peer support and learning opportunities.

This has enabled the Health and Social Care Partnership to secure targeted funding for both Hospital at Home expansion and broader frailty pathway development – working to improve and integrate support for people living with frailty. This collaborative approach aims to reduce fragmentation, improve engagement, and support learning across the health and social care system to improve efficiency and outcomes. There are known challenges in our system, particularly around social care capacity where availability of workforce is limited, and while we may not be able to directly change this with more workforce it is hoped that the work will release some pressure on services as well as improving outcomes for individuals and their carers and families.

Key areas of focus for this work are:

- o Focus 1 - identifying and responding to worsening frailty and averting crisis, focussed on people most at risk of poorer outcomes and requiring hospital care

- o Focus 2 – optimising outcomes for those who are admitted to hospital by quickly identifying and assessing frailty, and responding to improve function and independence, decrease care needs and support earlier discharge where possible

- o Focus 3 – releasing care capacity by testing use of technology and working with social care colleagues to identify opportunities for reablement/improving function and independence for individuals receiving support

Recent site visits and learning events with HIS have reinforced the importance of embedding frailty work within everyday practice, and highlighted the risks of over-specialisation. The strategic direction is clear: frailty must be everyone's business, with timely, person-centred support delivered across the system.

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Support Systems

Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 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%	4.49%	4.73%	4.15%	4.79%	4.71%	5.03%	4.79%	4%	⚠️		
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£7.66	£6.56	£1.95 (£1.89)	£1.37 (£1.8)	£1.5 (£1.86)	£2.06 (£1.8)	£0.65	£0.73	£0.68				
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total Responses + (Outstanding Overdue Requests).	76.68%	61.6%	61.71%	65.28%	63%	54.8% 226 (46)	n/a	n/a	n/a	90%	🛑		Compliance rates remain well below targets set by the Board and Scottish Information Commissioner, increasing the risk of intervention. Current rates are lower than those that triggered a Level 1 Intervention in 2021. The new FOI system (Infreemation) is still bedding in and may eventually streamline FOI administration, though admin is only a small component of overall workflow. Records management improvements should aid information retrieval and response times. The newly established Information Governance Guidance Group (IG3) will support staff with FOI and records management processes.
CE-CS-06 Departmental Business Continuity Plans (BCPs) have been updated this year	53%												The Business Continuity Management System has recently been automated using Microsoft Lists to store plans. A live dashboard will provide directorate-level

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Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
													insight into BCP compliance and send automated alerts to plan owners. The dashboard will be embedded on the Intranet as a clear compliance indicator. Managers can use it to support departments and encourage ownership. Making compliance visible and trackable is expected to strengthen the resilience culture and increase the number of plans that are updated on time.

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Apr 2025	May 2025	Jun 2025	Jun 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-IC-28 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1000 acute occupied bed days)	1.27	0	0.76	0	1.34	na	na	na	na				Data published 1st July 2025
NA-IC-29 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	1.27	0.78	0.76	0.78	0	na	na	na	na				Data published 1st July 2025
CE-IC-01 Cleaning Specification Audit Compliance	95.2%	96.2%	97.1%	97.4%	96.2%	na	na	na	na	90%	✅		

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Effective Partnerships

Spotlight: Fairer Futures – System Change for a Person-Centred Shetland

The Fairer Futures Shetland Partnership is a cross-sector approach to improving how our services support families and individuals, building on learning from the Anchor Project, and delivering on the Shetland Partnership's Person-Centred priorities. Fairer Futures aligns with the Scottish Government's Public Service Reform Strategy and Population Health Framework, both of which call for a shift to preventative, joined-up, and efficient public services that address the root causes of inequality and poor health.

Why it matters
Shetland faces persistent challenges, for example:
- Around 1 in 10 children live in low-income households.
- Fuel poverty affects over 30% of our population, impacting health and wellbeing.
- Our population demographics are changing, and more people are living with complex health issues.

What we are doing
We're establishing a System Change Board and a learning network to drive a system-wide shift towards person-centred, preventative, and integrated support for Shetland residents. The Board will provide strategic oversight, aligning local and national priorities, and enabling collaborative leadership across NHS, Council, Police, and Third Sector partners. The learning network will support practitioners to share learning and solve problems, addressing barriers to applying person-centred approaches and improving outcomes equitably. Together, these structures aim to create the conditions for long-term system change, informed by data, lived experience, and continuous learning.

Progress to June 2025
A Fairer Futures Shetland System Change Board was set up, based on the membership of the Anchor Programme Board.
Interviews and workshops were held with Board members to inform next steps.
A practitioner survey was circulated to inform the development of the learning network.

Next Steps
- Mapping to better understand the current local system.
- Developing a monitoring framework using existing data.
- Developing the learning network.
- Testing and adapting change ideas to reduce the impact of inequalities and child poverty in Shetland.
- Sharing learning locally and nationally through case studies and evaluation.

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