NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	16 December 2025
Agenda reference:	Board Paper 25/26/52
Title:	Performance update up to end September 2025 (Q2 2025-26)
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive, NHS Shetland
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1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Annual Delivery Plan
- Strategic Delivery Plan

This aligns to the following NHSScotland quality ambitions:

- 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 September 2025, where published data is available. More detailed performance information for this period was considered at the Finance and Performance Committee on 2nd December.

All statistical reports have been submitted and quality checked as per usual processes 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.

The 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 where prioritisation of longer waiting patients has deteriorated performance, 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 - 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. NHS Shetland trajectories against this work are progressing well generally, with some challenges in services we do not provide locally, where we rely on services from other boards.

Local teams are engaged in all appropriate local and national improvement work, focusing on patient outcomes.

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 but does not meet national targets due to capacity constraints.

Mental Health:

We are working with the Mental Health Team to consider additional service performance indicators for other parts of the mental health service.

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

Psychological therapies Waits have increased as the SLA with NHS Orkney has ended – the SLA delivered a number of staff from a range of grades and training tailored to each persons need. The service has begun tackling the patients who have waited the longest for face to face therapy from Psychology and so overall waits will increase due to this. Primary and secondary care psychological therapies experience high demand and so we have engaged with data analyst from HIS to support a demand and capacity report to explore way to reach the 90% treatment target.

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.

Spotlight: MAT Standards

Medication Assisted Treatment (MAT) combines medication with psychological and social support to tackle problematic drug use. Scotland's 10 MAT Standards aim to ensure safe, accessible, person-centred care, reducing drug-related harms in response to Europe's highest drug death rate. NHS Shetland has progressed from red/amber to green across all standards, adapting urban-focused requirements for rural delivery through collaboration with Public Health Scotland and local networks. Implementation involved extensive reporting and innovative feedback methods. Next priorities include shared care with primary care, independent advocacy, and deepening trauma-informed practice. A draft needs assessment will inform a new Alcohol and Drug Partnership strategy.

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. It is anticipated this will cause system pressure challenges over the winter period, and local teams are working together locally and with national colleagues to progress any possible opportunity to make improvements to relieve pressure and support patient outcomes.

A&E four-hour wait performance is high compared to other areas in Scotland. Every local breach is reviewed to understand potential improvements and the team are working across the acute setting to improve flow and management of patients across the system.

Support Systems:

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

Freedom of Information FOI compliance dropped below 50%, reaching an 'Unsatisfactory' level and increasing intervention risk. The new Infreemation system, introduced in Q2, generally works well, though early reminder issues contributed to the decline. These are resolved, but high request volumes remain challenging. Infreemation enables granular reporting; training will support improvement.

Business Continuity Plans (developing PI) This is testing reporting on update status of BCPs. Automated alerts now notify plan owners as deadlines approach, and the system will soon be embedded on the intranet for visibility and accountability.

Spotlight: Transport Review

The transport review identified risks, costs, and opportunities for a sustainable system. Key actions include employing drivers, replacing taxis, and introducing electric vehicles, saving £35,000 and reducing carbon by 21.2 tonnes. Fleet redeployment and a VAS pilot aim to improve efficiency, reliability, and deliver further financial and environmental benefits.

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 1, NHS Shetland Performance Report Q1 2025-26

NHS Shetland

Quarterly Performance Report – Q2 2025-26

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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.

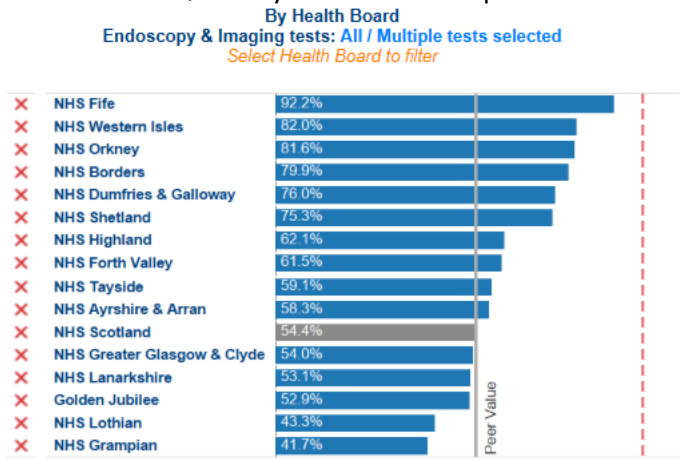
Elective and Specialist Services data

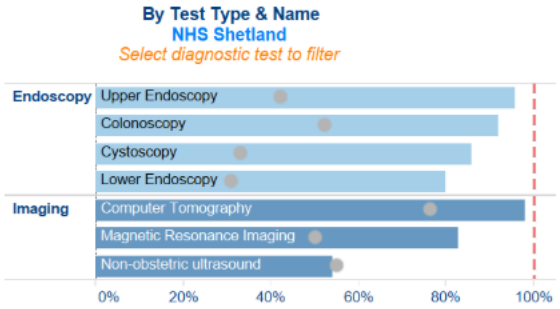
	Years		Quarters				Months			Target			
Indicator	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 2025		Spark Chart	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	81.2%	73.2%	78.4 %	70.1%	na	na	na	na	na	na			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%	1415 (36) 62%	1524 (47) 69%	1684 (70) 70%	1537 (73) (72%)	1589 (72) 75%	1519 (48) 67%	1537 (73) 74%				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 funding was 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%	330 (19) 73%	308 (16) 72%	362 (18) 78%	381 (14) 55%	397 (12) 66%	414 (16) 51%	381 (14) 53%				Hospital Waiting Times for Planned Care are published at: https://scotland.shinyapps.io/phs-sot-waiting-times/

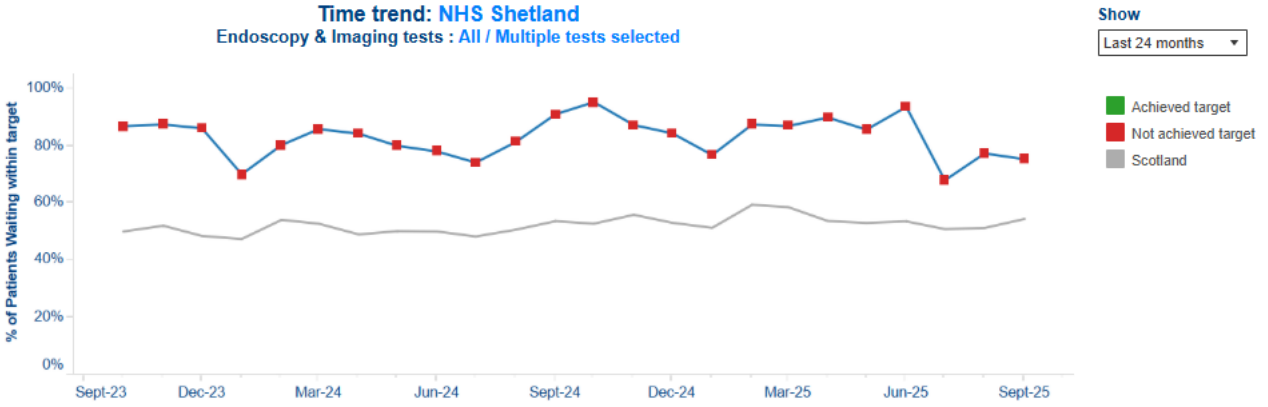
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 2025			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days NHS Shetland North Region – NCA Scotland (% in bracket)	71.2%	65.7%	57.1% NCA 64.7% (73.5%)	60% NCA 60.2% (68.9%)	82.1% NCA 63.8% (69.9%)	na	na	na	na	95%			Q2 data (to Sep 2025) will be published 23 December 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. Management data is considered in detail at weekly waiting times meetings, and has been discussed at Finance and Performance Committee. Only published data is included here.
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 91.6% (94.7%)	100% NCA 91.1% (94.1%)	100% NCA 93% (95.3%)	na	na	na	na	95%			

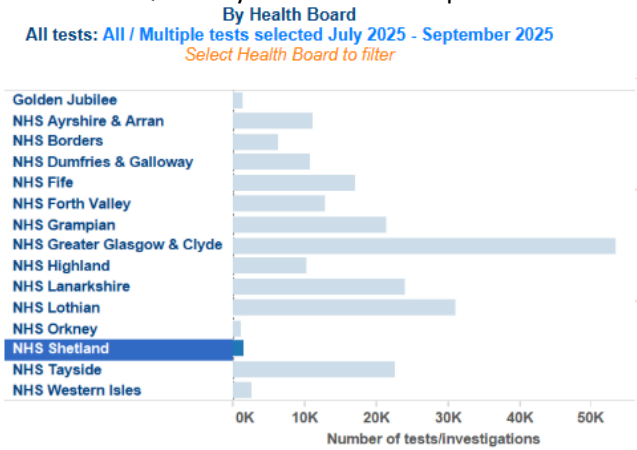
Diagnostics data

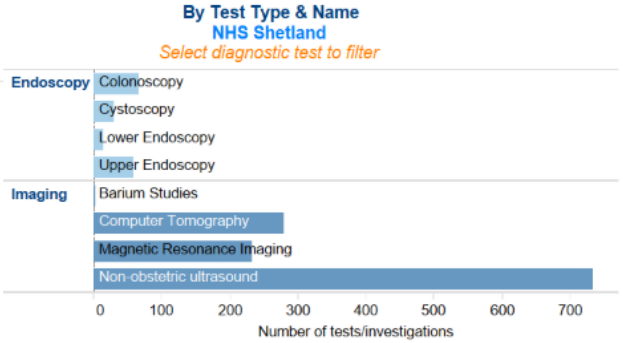
Indicator	Years		Quarters				Months			Target		Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 2025		
	Value	Value	Value	Value	Value		Value	Value	Value	Target	Status	
Combined waiting times for 4 key diagnostic tests in Endoscopy. % represents people seen within 6 weeks for key tests in that month/quarter. **Scottish average** is given as a comparator in BOLD.	86% **42%**	94% **44%**	87% **40%**	94% **44%**	95% **40%**	81% **66%**	92.1% **68.2%**	73.2% **64.6%**	85.7% **65.8%**	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 26th November 2025.
Combined waiting times for 4 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 in BOLD.	86% **56%**	85% **63%**	83% **57%**	85% **63%**	93% **58%**	73% **64%**	80.3% **65.7%**	67% **62.2%**	73.1% **65.1%**	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 26th November 2025.

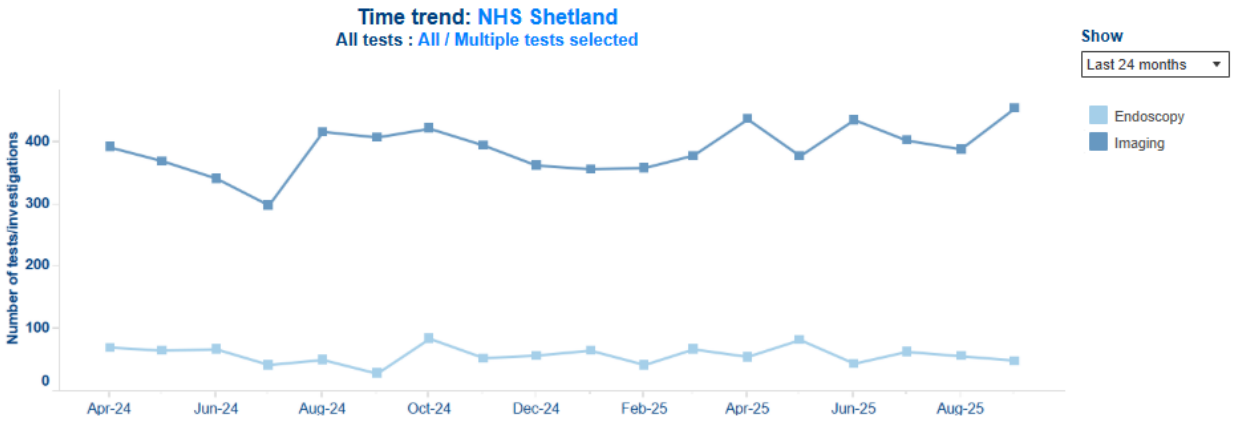

By Health Board
Endoscopy & Imaging tests: All / Multiple tests selected
Select Health Board to filter
NHS Fife 92.2%
NHS Western Isles 82.0%
NHS Orkney 81.6%
NHS Borders 79.9%
NHS Dumfries & Galloway 76.0%
NHS Shetland 75.3%
NHS Highland 62.1%
NHS Forth Valley 61.5%
NHS Tayside 59.1%
NHS Ayrshire & Arran 58.3%
NHS Scotland 54.4%
NHS Greater Glasgow & Clyde 54.0%
NHS Lanarkshire 53.1%
Golden Jubilee 52.9%
NHS Lothian 43.3%
NHS Grampian 41.7%
Peer Value


By Test Type & Name
NHS Shetland
Select diagnostic test to filter
Endoscopy
Upper Endoscopy
Colonoscopy
Cystoscopy
Lower Endoscopy
Imaging
Computer Tomography
Magnetic Resonance Imaging
Non-obstetric ultrasound
0%
20%
40%
60%
80%
100%


Time trend: NHS Shetland
Endoscopy & Imaging tests : All / Multiple tests selected
% of Patients Waiting within target
100%
80%
60%
40%
20%
0%
Sept-23
Dec-23
Mar-24
Jun-24
Sept-24
Dec-24
Mar-25
Jun-25
Sept-25
Show
Last 24 months
Achieved target
Not achieved target
Scotland


By Health Board
All tests: All / Multiple tests selected July 2025 - September 2025
Select Health Board to filter
Golden Jubilee
NHS Ayrshire & Arran
NHS Borders
NHS Dumfries & Galloway
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow & Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Orkney
NHS Shetland
NHS Tayside
NHS Western Isles
0K
10K
20K
30K
40K
50K
Number of tests/investigations


By Test Type & Name
NHS Shetland
Select diagnostic test to filter
Endoscopy
Colonoscopy
Cystoscopy
Lower Endoscopy
Upper Endoscopy
Imaging
Barium Studies
Computer Tomography
Magnetic Resonance Imaging
Non-obstetric ultrasound
0
100
200
300
400
500
600
700
Number of tests/investigations


Time trend: NHS Shetland
All tests : All / Multiple tests selected
Show
Last 24 months
Endoscopy
Imaging
Number of tests/investigations
0
100
200
300
400
Apr-24
Jun-24
Aug-24
Oct-24
Dec-24
Feb-25
Apr-25
Jun-25
Aug-25

Mental Health data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 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%	62.9 %	59.7%	62.9%	52.3%	77.8%	59.1 %	28%	90%			Waits have increased as the SLA with NHS Orkney has ended – the SLA delivered a number of staff from a range of grades and training tailored to each persons need. The service has begun tackling the patients who have waited the longest for face to face therapy from Psychology and so overall waits will increase due to this.
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%	56%	54.8%	62.2%	49%	60.1%	52.5 %	49%	90%			Primary and secondary care psychological therapies experience high demand and so we have engaged with data analyst from HIS to support a demand and capacity report to explore way to reach the 90% treatment target. New patients seen within 18 weeks, waiting list and referrals accepted for previous 3 quarters: Q3 24/25= 62 seen, 37 within 18 wks, waiting list 207 people, 99 referrals Q4 24/25= 77 seen, 43 within 18 wks, waiting list 177 people, 76 referrals Q1 25/26 = 62 seen, 39 within 18 wks, waiting list 201 people, 126 referrals.
MD-MH-01 People with a diagnosis of dementia on the dementia register	194	195	198	195	210	215	213	210	215	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%	na	na	na	na	90%			This is the most recent published data, published 2 Sept 2025. Next release scheduled for 2 December 2025 unavailable for board paper deadline.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 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 drug treatment that supports their recovery.	100%	89%	100%	94.4%	100%	n/a	n/a	n/a	n/a	90%			3 indicators combined for more appropriate reporting of small numbers. Includes alcohol and other drug treatment. Data for Quarter 2 will be available 30th December 2025.

Preventative and Proactive Care

Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Q2 2025/6			
	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	7	0	2	4	na	na	na	na	19	🛑		Note indicator has been moved from monthly to quarterly report, and will be 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. Currently the Health Improvement Service are supporting 29 people to quit smoking and 5 to quit vaping.
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	118	86	118	32	74	44	64	74	129	🛑		This figure will increase cumulatively over the year. The figures show an increase in ABIs delivered compared to Q2 of 2024-25. Alcohol Brief Intervention training continues to be delivered online.
PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period)	552	572	398	572	161	332	215	279	332	240	✅		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. Figure increases cumulatively over the year.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Q2 2025/6			
	Value	Value	Value	Value						Target	Status		
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs **Scotland** comparator in bold	87.8%	88.6%	90.2 %	88.6% **92.4%**	89.7% **92.3%**	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

Indicator	2022/23	2023/24	2024/25	Note
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
	2018-22	2019-23	2020-24	
PH-HI-04 Reduce suicide rate (per 100,000 population) - 5 year moving average	11.9	10.4	10.6	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. Work around suicide prevention is progressing locally, with multi-agency collaboration supporting improvements in information sharing and access to training over the past year.

Spotlight: Alcohol and Drugs – MAT Standards

Medication Assisted Treatment (MAT) combines medication with psychological and social support to help people address problematic drug use. Scotland introduced 10 MAT Standards to ensure treatment is safe, accessible, person-centred, and effective, reducing drug-related harms and deaths. They were introduced because Scotland has the highest drug-related death rate in Europe, driven by poverty, trauma, and changes in drug supply. The standards promote trauma-informed care, psychological support, advocacy, and kindness in services.

Local progress
Over four years, NHS Shetland has moved from red and amber ratings to green across all 10 standards. Where assessed as provisional green, this means green status is pending minor delivery or evidence adjustments. Achieving this in a rural context required close collaboration with Public Health Scotland, peer support networks, local innovation, and strong teamwork. PHS has recognised both the challenges and the significant effort involved.

The standards are generic nationally, but sub-standards are prescriptive and urban-focused. Negotiation with PHS ensured a rural/islands lens was applied when assessing progress.

MAT Standards Benchmarking by Reporting Year

ADP	Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
Shetland	2022	Red	Amber	Red	Amber	Amber						
	2023	Provisional Amber	Amber	Provisional Amber	Amber	Provisional Amber	Red		Red	Provisional Amber	Provisional Amber	Red
	2024	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Green		Provisional Amber	Provisional Amber	Provisional Green	Provisional Amber	
	2025	Green	Green	Green	Green	Green		Provisional Green	Provisional Green	Green	Provisional Green	

RAGB colour legend
- Red
- Provisional Amber
- Amber
- Provisional Green
- Green

2022 – MAT 6 to MAT 10 were not assessed
2023 – MAT 6 and MAT 10 were assessed separately
2024 – MAT 6 and MAT 10 were assessed jointly
2025 – MAT 6 and MAT 10 were assessed jointly

MAT Standards

1. Same Day Access
2. Choice
3. Assertive Outreach and Anticipatory Care
4. Harm Reduction
5. Retention
6. Psychological Support
7. Primary Care
8. Independent Advocacy and Social Support
9. Mental Health
10. Trauma-Informed Care

Reporting and challenges
Implementation of the MAT standards required extensive reporting across numerical, process, and experiential data. Experiential data was most challenging due to peer-to-peer interview requirements, raising ethical and logistical issues. We delivered the programme as set out by PHS, supplemented by conversation cafés to broaden feedback. Expanding experiential data collection remains a priority, particularly around trauma-informed practice, psychological support, and mental health.

Next steps
Although green across all standards, work continues to achieve substantive green and then blue status (sustained implementation). Key priorities:

- Shared care with primary care
- Independent advocacy provision
- Deepening trauma-informed and mental health practice

The NHS Substance Support and Recovery Service has worked extremely hard to implement these standards, together with the Shetland Recovery Hub and Community Network, which played a key role in experiential data collection and collaboration with national colleagues.

Looking ahead
A draft needs assessment for the Shetland Alcohol and Drug Partnership (ADP) is complete. A new ADP strategy will be developed in the new year, informed by the assessment and guiding future commissioning.

Key Stats (Q2 2025/26):

- **MAT Standards:** All 10 rated green (some provisional).
- **Alcohol Brief Interventions (ABIs):** 74 delivered this quarter (up from 32 in Q1).
- **FAST Alcohol Screenings:** 332 completed (target: 240).
- **Treatment Access:** 100% of clients started appropriate drug/alcohol treatment within 3 weeks in Q1 (Q2 data due Dec 2025).

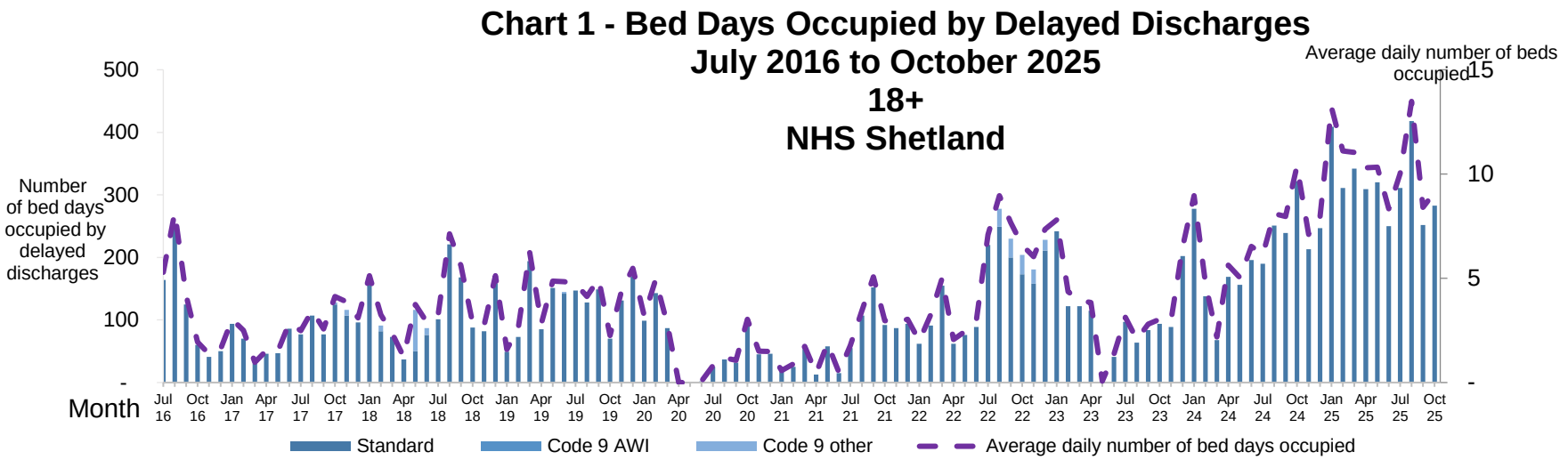
Urgent and Unscheduled Care

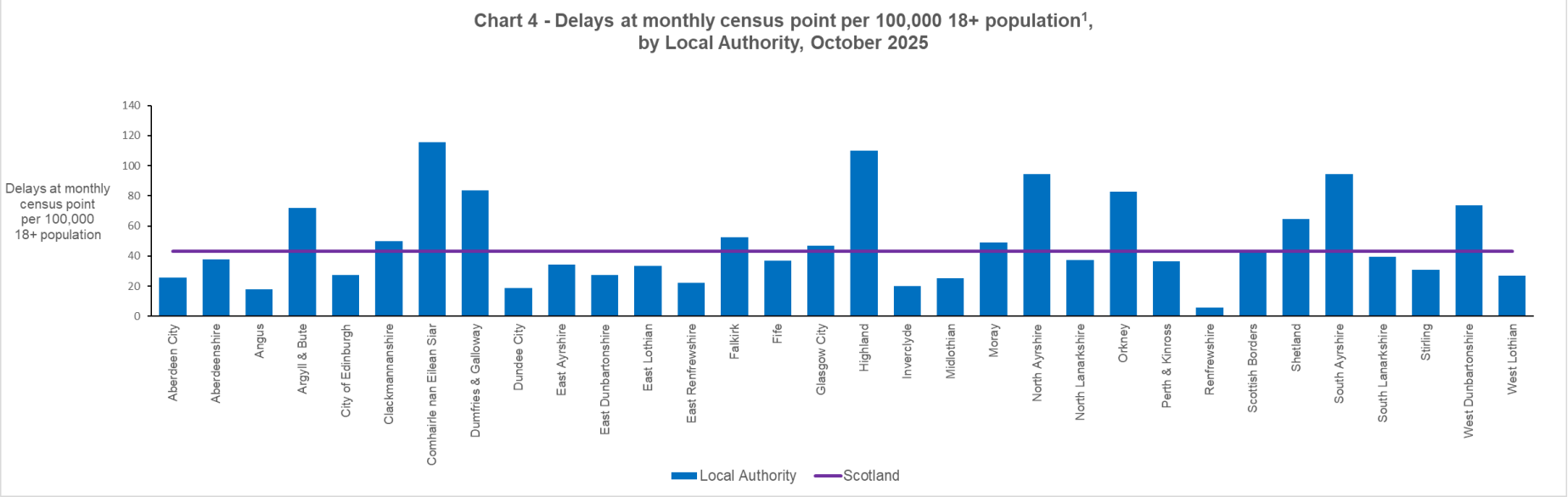
Urgent and Unscheduled Care system data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 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	12	8	8	12	10	8	0			Delayed discharges remain consistent with the last quarter and still higher than we would like again this is owing to sustained system pressure impacting availability of resources.
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	15	30	18	23	9	10	4	0			Delayed discharges LOS longer than 14 days is due to a small number of individuals who were either difficult to place owing to complexity of need or awaiting housing. Small numbers have a large impact in our small system.
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same period in previous year)	894	2592	683 (211)	839 (409)	503 (300)	(626)	213 (185)	324 (267)	252 (239)				Further charts to show trend over time, and comparison by head of population/by local authority are provided at page 16. Delays continue to be driven largely by social care capacity constraints.
NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison)	86.3%	87%	87% (65%)	84.1% (68%)	83.1% (70%)	84.7% (68%)	87%	85.1 %	83.9%	95%			Although not reaching national target of 95%, A&E performance remains high. Breaches of 4 hour target are looked at. In exceptional cases it may be deemed that clinical care is best undertaken in the

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Sep 2025			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
													emergency department (ED) which can take longer than 4 hours.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,956	2,763	2,938	2,763	3,048	3,288	3,209	3,432	3,288	3,061			
MD-EC-01 Emergency bed days rates for people aged 75+	4,112	5,826	1,644	1,510	1,280	1,456	447	502	507	500			
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	9.1% (10.7%)	7.6% (10.6%)	5.4% (10.4%)	5.9% (10.4%)	6.9% (10.6%)	7.6% (8.2%)	6.3% (9.9%)	8.3% (6.8%)	4.3% (3.4%)				This is management information provided for context and is subject to change in subsequent reports as data is quality checked. Comparisons should be interpreted with caution. This measure can give an indication of quality of discharge management and post-admission management. It is also likely to be impacted by the complexity of conditions people accessing services have.

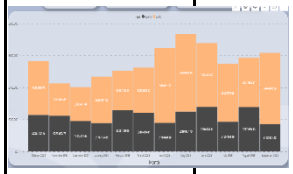
Delayed Discharges – trend over time and local authority comparator





Support Systems

Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Q2 2025/6			
	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 %	4.73%	4.15%	4.79%	4.21%	5.39%	4.21%		4%			
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£7.66	£6.56	£1.37 (£1.8)	£1.5 (£1.86)	£2.06 (£1.8)	£1.75 (£1.94)	£0.55	£0.59	£0.62				
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total Responses + Outstanding Overdue Requests.	76.7%	61.6 %	65.3%	63%	54.8%	42% 179 66	na	na	na	90%			Compliance rates have fallen again and now sit at the 'Unsatisfactory' level (below 50%), increasing the risk of an intervention from the Scottish Information Commissioner. The new FOI management system (Infreemation) was introduced in Q2 and is generally working well. There have been some issues with the system's automated reminders and this may account for some of the drop in compliance. The issues have been identified and resolved and should not be a factor in subsequent quarters. Issues with compliance predate the new system - the sustained high volume of requests will be a factor. Infreemation allows for more granular reporting – e.g. for Directors to see performance at Directorate/Department level – we will look to set up training to enable this. There were 200 new requests in Q2.
CE-CS-06 Departmental Business Continuity Plans (BCPs) have been updated this year	53%	28%				28%	na	na		Business Continuity Management System (BCMS) is now automated using Microsoft Lists, with a live dashboard providing directorate-level insight into BCP compliance. Automated alerts now notify plan owners as deadlines approach, and the system will soon be embedded on the intranet for visibility and accountability.			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
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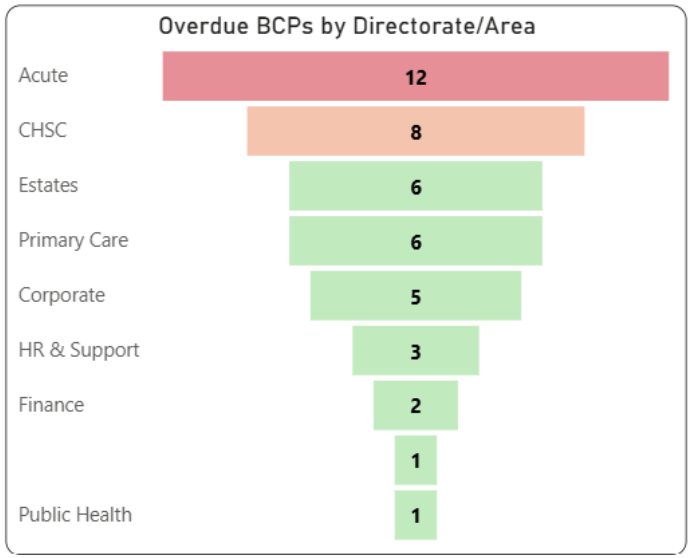
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
													
Appraisal completion rate	13%	16%				27% (239 staff)	na	na	na				A new national PDPR policy was launched in Aug 2025.
Mandatory training compliance, this includes Fire Safety, Information Governance, Child and Adult Protection, Counter Fraud, Valuing Feedback and Complaints, Load Handling, Preventing hazards in the workplace, Violence and			Oct '24 69.5%			Oct' 25 75.2%	na	na	na				

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Q2 2025/6			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
Aggression Awareness and Equality and Diversity. These have different timescales for re-completion between annual and 3-yearly													

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Jul 2025	Aug 2025	Sep 2025	Q2 2025/6			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	2	4	0	2	2	0	0	0	0	0	✓		
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%	97.4%	96.2%	95%	95.1%	na	na	na	90%	✓		

Spotlight: Transport Review

Purpose
The review assessed how staff, patients, equipment, and lab samples are transported across NHS Shetland, identifying risks, costs, and opportunities for a sustainable, whole-system solution. A “seek first to understand” approach mapped movements before implementing improvements, aiming for efficiencies, cost savings, resilience, and reduced risk.

Transport of samples and medication
Two Patient Transport drivers have been employed (£22,800 p.a.), replacing taxis for Scalloway Health Centre samples and other routine collections. NHS drivers now handle lab samples freighted south from Sumburgh, morning blood collections, and afternoon chemotherapy runs. Estates’ use of in-house drivers avoided £1,430 in taxi costs.

Predicted taxi savings total £58,200, delivering a net saving of £35,000 after driver costs. Crown Fleet electric vehicles have been allocated, saving an estimated 21.2 tonnes of carbon annually. Feedback from Loganair staff highlights professionalism, and teamwork has enhanced timely lab sample delivery.

Fleet and service changes
A Crown Fleet audit identified underutilised vehicles for redeployment, with potential savings of £2,540 (Adult Mental Health) and £21,091 (Primary Care).

A test of change with Voluntary Action Scotland (VAS) is underway to transport Unst and Yell patients to Gilbert Bain Hospital (GBH) eye clinics, saving approx. £4,000 annually. Plans are in place to replace the Highlands and Islands Transport Scheme (HITS) (£26,000 p.a.) with the VAS model.

Impact Summary

- **Financial**: £35,000 net savings achieved; further savings identified
- **Environmental**: 21.2 tonnes carbon reduction
- **Service quality**: Improved reliability and positive feedback.

Next Steps

- Complete Crown Fleet redeployment
- Expand VAS model to replace HITS
- Coordinate ad hoc clinician travel between Sumburgh and GBH – target saving £10,000 p.a.