

# NHS Shetland

<b>Meeting:</b>	<b>NHS Shetland Board</b>
<b>Meeting date:</b>	<b>10 February 2026</b>
<b>Title:</b>	<b>Performance update up to end December 2025 (Q3 2025-26)</b>
<b>Agenda reference:</b>	<b>Board Paper 2025/26/61</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Brian Chittick, Chief Executive</b>
<b>Report Author:</b>	<b>Lucy Flaws, Head of Planning, NHS Shetland</b>

## 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 December 2025, where published data is available – note due to proximity of board meeting to end of quarter there are a number of updates not available. More detailed performance information and management data for this period will be considered at the Finance and Performance Committee on 3<sup>rd</sup> March 2026.

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.

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 person's 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.

### **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 remains unsatisfactory, prompting a Level 1 Intervention from the Scottish Information Commissioner, and although overdue requests have reduced slightly, pressure on services and the IG team continues, with additional resources and training now being progressed to improve performance.

**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: Care Experience Improvement Model (CEIM)**

NHS Shetland's 2025–26 Discovery Conversations found that personal, relationship-based care and local access matter most to patients, with CEIM providing rich insight that helps teams understand the lived experience behind performance data and identify practical improvements as the model becomes more routinely embedded.

### **Spotlight: Co-Pilot Proof of Concept**

NHS Shetland has deployed M365 Co-pilot through a structured, transparent assessment process that allocated 137 licences across 38 departments, with early evidence showing significant time savings, strong staff feedback, and clear alignment with the Board's Digital Strategy as the programme moves into its next phase of monitoring, refinement and wider embedding.

## **Spotlight: Shift Up – bridging the gap between young people and organisations**

Shift Up is a young people–professional partnership that challenges stigma, amplifies young people’s voices and strengthens connections with services by co-designing tools, case studies, creative communications and service-improvement projects that make organisations more empathetic, informed and responsive to young people.

### **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 Q3 2025-26

# NHS Shetland

## Quarterly Performance Report – Q3 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

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Target	Status		
	Value	Value	Value	Value	Value	Value	Value	Value	Value				
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	81.2%	73.2%	70.1%	na	na	na	na	na	na	na			PHS suspended the 18 Week RTT Return from March 2025 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%	1524 (47) 69%	1684 (70) 70%	1537 (73) 72%	Na	1557 (80) 71%	1549 (62) 65%		95%		People waiting over 52 weeks is a significant focus for the Scottish Government in 2025/26 so is considered hear for reference.	
In Patient Day Case (IPDC) Waiting list size (individuals waiting >52 weeks) % seen this period within 12 weeks	319 (27) 65%	308 (16) 68%	308 (16) 72%	362 (18) 78%	381 (14) 55%	na	389 (18) 73%	401 (22) 68%		100%		Hospital Waiting Times for Planned Care are published at: <a href="https://scotland.shinyapps.io/phs-sot-waiting-times/">https://scotland.shinyapps.io/phs-sot-waiting-times/</a> - figures for December will be published on 3 <sup>rd</sup> February 2026	
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%	60% NCA 60.2% (68.9%)	82.1% NCA 63.8% (69.9%)	60% NCA 64.1% (70.7%)	na	na	na	na	95%		Q3 data (to Dec 2025) will be published on 31 March. Note due to small numbers and challenges with particular cancer pathways Shetland data can vary significantly. Generally where treatment can be provided	



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Target	Status		
	Value	Value	Value	Value	Value	Value	Value	Value	Value				
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 91.1% (94.1%)	100% NCA 93% (95.3%)	100% NCA 93.3% (95.1%)	na	na	na	na	95%			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.



Indicator	Years		Quarters				Months			Target		Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Target	Status	
	Value	Value	Value	Value	Value	Value	Value	Value	Value			
<p>Combined waiting times for 4 key diagnostic tests in Endoscopy.</p> <p>% represents people seen within 6 weeks for key tests in that month/quarter.</p> <p><b>Scottish average</b> is given as a comparator in BOLD.</p>	86% <b>42%</b>	94% <b>44%</b>	94% <b>44%</b>	95% <b>40%</b>	81% <b>66%</b>	na	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. The 4 key tests combined in this part of the national target are: Upper endoscopy, Lower endoscopy, Colonoscopy, Cystoscopy. PHS data published November 2025. Q3 data will be published on 24<sup>th</sup> February 2026.</p>
<p>Combined waiting times for 4 key diagnostic tests in Imaging.</p> <p>% represents people seen within 6 weeks for key tests in that month/quarter.</p> <p><b>Scottish average</b> is given as a comparator in BOLD.</p>	86% <b>56%</b>	85% <b>63%</b>	85% <b>63%</b>	93% <b>58%</b>	73% <b>64%</b>	na	na	na	na	100%		<p>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 26<sup>th</sup> November 2025. Q3 data will be published on 24<sup>th</sup> February 2026.</p>

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Target	Status		
	Value	Value	Value	Value	Value	Value	Value	Value	Value				
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%	59.7%	62.9%	52.3%		55.6%	55.6%		90%			<p>Waits increased after the SLA with NHS Orkney ended – the SLA delivered a number of staff from a range of grades and training tailored to each persons need. The service is focusing on the patients who have waited the longest for face to face therapy from Psychology and so overall waits remain high.</p> <p>New patients seen within 18 weeks, waiting list and referrals accepted for previous 3 quarters:                      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.                      Q2 25/26 = 65 seen, 34 within 18 wks, waiting list 202 people, 92 referrals.                      Q3 data will be published on 3<sup>rd</sup> March.</p>
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%	54.8%	62.2%	49%		50.5%	50.7%		90%			<p>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.</p>
MD-MH-01 People with a diagnosis of dementia on the dementia register	194	195	195	210	214	212	215	212		184			
NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental	100%	100%	100%	100%	100%	100%	100%	100%		90%			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Target	Status		
	Value	Value	Value	Value	Value	Value	Value	Value	Value				
Health Services (percentage of completed waits less than 18 weeks)													
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%	94.4%	100%	84.2%	na	na	na	na	90%			3 indicators combined for more appropriate reporting of small numbers. Includes alcohol and other drug treatment. Data for Quarter 3 will be available in March.

## Preventative and Proactive Care

### Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	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	15	8	5	5	na	na	na	na	na	29			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. Q2 data will be published in March 2026.

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	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.	166	118	118	32	74	99	88	99	na	173			This figure will increase cumulatively over the year. Alcohol Brief Intervention training continues to be delivered online. How to effectively manage and monitor Alcohol Brief Intervention activity is under review nationally.
PH-HI-03a Number of FAST alcohol screenings	552	572	572	161	332	448	392	448	na	320			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.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs <b>Scotland</b> comparator in bold	87.8%	88.6%	88.6% <b>92.4%</b>	89.7% <b>92.3%</b>	84.4% <b>95.9%</b> <u>2.5%</u>	na	na	na	na	95%			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: <a href="#">PHS Vaccination Surveillance</a>
<b>Annual measures</b>													

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	Value	Value	Value							Target	Status		
Indicator	2022/23	2023/24	2024/25						Note				
PH-HI-09 Percentage of mothers smoking during pregnancy	5.7%	7.4%	6.4%	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%	24.2%										
	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 - this is the 2020-2024 average, as published September 2025. Next update expected September 2026. Work around suicide prevention is progressing locally, with multi-agency collaboration supporting improvements in information sharing and access to training over the past year.									

Urgent and Unscheduled Care



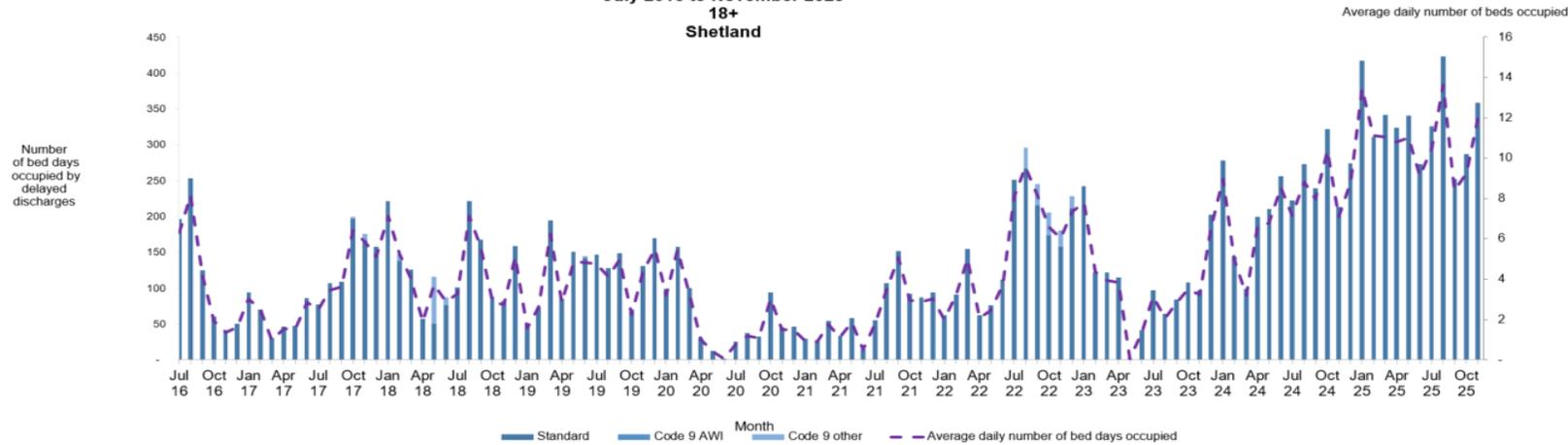
Urgent and Unscheduled Care system data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Dec 2025			
	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	12	8	8	12	11	12		0			Delayed discharges remain 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	30	18	23	13	7	6		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)	1175	2978	1062 (409)	750 (487)	924 (680)	(749)	251 (322)	306 (211)	(216)				Indicator updated to include people aged 18-74 as well as 75+ Further charts to show trend over time, and comparison by head of population/by local authority are provided below. Delays continue to be driven largely by social care capacity constraints.
NA-EC-01 A&E 4 Hour waits (NIPI03b)	86.3%	87%	84.1% (68%)	83.1% (70%)	85.2% (68%)		86% (66%)	81% (66%)		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

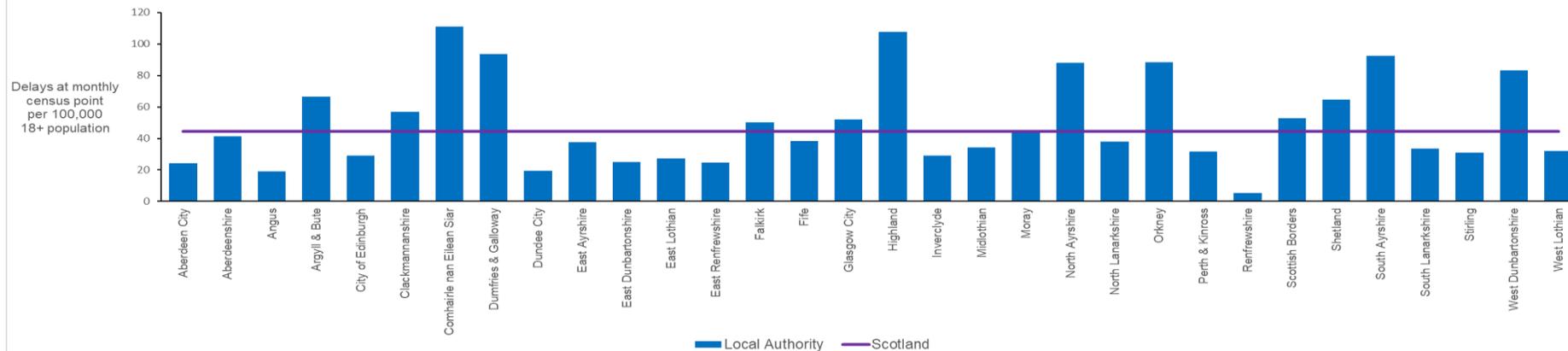
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Dec 2025			
	Value	Value	Value				Value	Value	Value	Target	Status		
(Bracket % is Scotland comparison)													clinical care is best undertaken in the emergency 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	2,763	3,048	3,288	3,227	2,956	3,227	Na	3061	✔		
MD-EC-01 Emergency bed days rates for people aged 75+	4,112	5,826	1,510	1,280	1,456	na	383	480	na	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%)	5.9% (10.4%)	6.9% (10.6%)	7.6% (8.2%)	5.1% (7.6%)	6.0% (8.6%)	5.9% (6.8%)					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.



**Chart 1 - Bed Days Occupied by Delayed Discharges July 2016 to November 2025**  
**18+**  
**Shetland**



**Chart 4 - Delays at monthly census point per 100,000 18+ population<sup>1</sup>, by Local Authority, November 2025**



## Support Systems

### Organisational data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	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%	4.15%	4.79%	4.06%		4.4%			4%			
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£7.66	£6.56	£1.5 (£1.86)	£2.06 (£1.8)	£1.75 (£1.94)	£1.7m (£1.39)	£0.55	£0.54	£0.61				
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total Responses + Outstanding Overdue Requests.	76.7%	61.6%	63%	54.8%	42% 179 66	38.7% 193 50						<p>Compliance remain at the 'Unsatisfactory' level (below 50%) and has resulted in the Scottish Information Commissioner opening an Intervention at Level 1 (the lowest level). The Commissioner is due to visit Shetland in February to meet with Chief Executive and discuss NHS Shetland's FOI performance and processes.</p> <p>The number of outstanding overdue requests has been reduced slightly. This will not improve compliance figures - as it moves from one non-compliant category to another ('late response').</p> <p>The sustained high volume of requests continues to create pressure on both services and on the IG Dept in administering requests. A paper on FOI Resources has been submitted to EMT. Wider training on records management and responding to FOIs will be provided.</p>	
CE-CS-06 Departmental Business Continuity Plans	53%	28%			28%	28%							



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	Value	Value	Value				Value	Value	Value	Target	Status		
(BCPs) have been updated this year													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.
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 Aggression Awareness and Equality and Diversity. These have different timescales for re-completion between annual and 3-yearly		Oct '24 69.5 %			Oct' 25 75.2%		na	na	na				



Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Oct 2025	Nov 2025	Dec 2025	Q3 2025/6			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	2	4	2	2	0		0	0		0	✓		
NA-IC-29 Number of C Diff Infections	2	0	0	0	0		0	0		0	✓		
CE-IC-01 Cleaning Specification Audit Compliance	95.2%	96.2%	96.2%	95%	95.1%					90%	✓		

### Spotlight: Co-Pilot Proof of Concept

NHS Shetland has undertaken a structured assessment and allocation process to deploy M365 Copilot as part of its digital transformation programme. Working with WM Reply, 30 staff participated in an initial Proof of Concept (PoC), with a total allocation of 148 licences available nationally to NHS Shetland. The deployment aims to enhance productivity, reduce workload pressure, and support staff in delivering high-quality work.

A national assessment matrix, combined with local evidence and survey data, was used to evaluate roles against criteria including digital integration, automation potential, strategic value, readiness, security sensitivity, meeting participation, and document production. This produced a transparent and auditable framework for licence allocation. A total of **137 licences** have been assigned across **38 departments**, with **11 licences** held in reserve for accessibility needs, new roles, or further testing.

Early return-on-investment modelling shows substantial time savings, averaging **44 minutes per user per day**. Financially, all staff bands break even within two working days, with senior bands realising net benefit within one day. Staff feedback has been overwhelmingly positive, highlighting improved speed and quality of work, reduced stress, and greater ability to complete tasks within contracted hours. Some limitations remain, particularly where staff rely on shared drives or desktop-only versions of Office, which restrict Copilot functionality.

The PoC highlighted features that were under-explored, including translation, advanced grammar support, accessibility tools, and functions that could support neurodivergent staff or those with cognitive impairments. Continued promotion of these features could unlock further benefit.

The next phase will focus on monitoring licence usage, gathering feedback, refining the assessment matrix, maintaining staff engagement, and reviewing licence allocation by April 2026. WM Reply will continue providing training, support, and analysis. Overall, this work aligns strongly with NHS Shetland’s Digital Strategy and the 2024–29 Delivery Plan, ensuring licences are used strategically to maximise organisational impact, workflow efficiency, and staff wellbeing.

“I found Microsoft Copilot to be extremely helpful, particularly as someone for whom English is a second language.”

“The test period has been great. It's so good at helping with report writing and to manage ongoing meetings from agenda creation right through to the minutes and actions. This is what saves me the most time at this stage. Still looking forward to learning more of its capabilities over the coming months.”

## Spotlight: Care Experience Improvement Model

During 2025–26, as part of the Primary Care Phased Investment Programme, NHS Shetland’s Planning team completed Care Experience Discovery Conversations with patients across four health centres - Brae, Lerwick, Bixter and Walls. This person-centred approach captures people’s experiences in their own words, offering rich qualitative insights that can sit alongside our quantitative performance indicators. The CEIM method provides a routine, light-touch way for teams to hear what matters to patients and to use this insight to inform service reflection and improvement planning.

### Key Themes from Patient Experience

- People value personal, relationship-based care - particularly where they feel known, listened to and supported throughout their appointment journey.
- Local access matters: smaller, community-based practices offer flexibility and predictability that patients appreciate, especially for routine or ongoing care.
- Delays in appointments, referrals or follow-up create uncertainty; people express concern when they lack clarity about next steps or expected timeframes.
- Digital and communication interfaces sometimes create barriers, especially when systems feel hard to navigate.
- Patients distinguish between pressures in the wider system and the quality of interpersonal care they receive - highlighting how system constraints can shape their overall experience.

### How CEIM Supports Understanding of Performance

CEIM helps teams to understand the lived experience behind our performance indicators. While the data shows where waits, delays or pressures occur, the Discovery Conversations can help explain how these pressures affect people directly - clarifying what aspects of care matter most, what causes worry or frustration, and what supports confidence and trust. Because feedback is shared directly with practices, teams can reflect together, sense-check whether the experience aligns with their intentions, and identify workable ideas for local improvement.

### Next Steps in Embedding This Approach

During 2026, there is the potential to embed CEIM into routine improvement cycles, with interest in using this model in mental health projects and Hospital at Home. However this is resource-intensive. Full implementation of the model includes supporting teams to hold regular reflective discussions, enabling more staff to undertake Discovery Conversations, and ensuring insights are systematically surfaced for performance monitoring and planning. Used well, CEIM can help bridge the gap between feedback and improvement - combining quantitative indicators with real patient stories to build a fuller, more person-centred understanding of service quality.

## Effective Partnerships

### Spotlight: Shift Up – working together to bridge the gap between young people and organisations

Shift Up is a group that brings together young people and professionals to challenge stigma, empower youth voices, and build stronger connections between young people and the organisations that serve them. We’re creating a more empathetic, inclusive and informed community where young people are genuinely heard, valued and supported.

#### Shift Up

Shift Up have come together as a group to produce a Project Charter which describes the purpose of the group, priorities and work streams, communication and benefits of working together for change.

#### Shift Up - Projects we are working on:

**Trusted Adult Exercise** – a tool, designed by young people, to support professional reflections on their own ability to be a trusted adult, and their workplaces ability to support them to be a trusted adult.

**Composite case studies/personas** – to support professionals to build understanding and empathy about people in our community who are likely to be more vulnerable. This supports voice of lived experience being heard without exacerbating vulnerability.

**TikTok service walkround** – exploring different ways of improving access to services, and reducing barriers to access by making services more visible. Collaboration between OPEN and NHS/SIC/Third Sector.

**Podcasting from Live Working Group** – exploring different ways of sharing work to increase engagement and interest.

### The Story so Far...

#### OPEN Alcohol and Other Drugs Peer Research Project October 2023

The research highlighted 14-25 year olds ideas for change to improve how they perceive and experience Shetland’s culture. The findings influenced leaders to come together with young people from OPEN to set up a live working group (SHIFT UP) to create actions from the young people’s ideas for change.

- Change is needed to normalise asking for help and to reduce stigma
- More access to diverse ranges of support and education to reduce the appeal of alcohol and other drugs.
- The need for diverse opportunities to provide more choices for young people and the need for positive mentors to model these lifestyle choices
- Open and honest conversations in families, relationships and communities

#### **Shetland Public Protection Development Day, September 2024**

OPEN presented the peer research findings and ran a workshop with 40 members at their development day. The young people’s ideas for change were shared with members to improve their understanding, create discussion and gather decision-makers views and ideas for improving young people’s access to support and services.