NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**28 April 2026**
Title:	**Performance update up to end March 2026 (Q4 2025-26)**
Agenda reference:	**Board Paper 2026/27/04**
Responsible Executive/Non-Executive:	**Brian Chittick, Chief Executive**
Report Author:	**Lucy Flaws, Head of Planning, NHS Shetland**

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan
- Strategic Delivery Plan

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The Board is provided with an update on key performance indicators up to the end of March 2026, 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 considered at the Finance and Performance Committee on 28th May 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 2026-27.

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.

Performance indicators have been rearranged to be aligned under the Strategic Delivery Plan objectives of providing excellent services, creating the conditions for a sustainable organisation, and supporting the building blocks of health. This has been done in response to audit recommendations and the transition to a new style of reporting is still in development. A number of additional indicators are in the development process with data gathering and definitions being progressed – it is hoped these will be available for review at the next board meeting in June.

Main Challenges:

Waiting times challenges continue particularly for psychological therapies where performance continues to be challenging and demand outweighs capacity, cancer 62-day waits, and elective services reliant on visiting specialties or where services are provided by other boards, in diagnostics there are challenges around the particularly high demand specialty of non-obstetric ultrasound. Alcohol and drug treatment waiting times have performed less well in this period – this should be interpreted with caution due to small numbers involved.

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. NHS Shetland trajectories against this work have progressed well generally, however challenges in services we do not provide locally, where we rely on services from other boards have meant the target of zero 52 week waits by year end has not been met.

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 for different cancer types. Where people are able to be treated locally performance continues to be high. The team track and monitor every patient with a suspected cancer to expedite their diagnosis and treatment wherever possible.

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

Primary and secondary care psychological therapies continue to experience high demand and the team have engaged with support from HIS and PHS to support a demand and capacity report which is now informing development of a business case working towards a sustainable model of delivery. The team are continuing to look at waiting well and other initiatives to support patients who have to wait to access what they need.

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. Local teams are working hard together to manage flow through the hospital and support discharge at the earliest possible stage. While capacity constraints remain this hard work has helped to mitigate usual winter pressures. The current situation is not sustainable in either acute or community settings.

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.

Support Systems:

Freedom of Information FOI compliance remains unsatisfactory, prompting a Level 1 Intervention from the Scottish Information Commissioner, 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: Imaging service development

NHS Shetland is modernising access to breast imaging in future years by training local staff and working with NHS Grampian to deliver more assessment and diagnostic care safely on-island, reducing patient travel while ensuring high-quality, sustainable services now and in the future.

Spotlight: Frailty Scoring for targeted support

NHS Shetland is using routine health checks to identify frailty earlier, building one of the strongest frailty datasets in Scotland to support person-centred decisions and ensure people receive the right care at the right time across services.

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 – Q4 2025-26

Jan-Mar 2026

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

Contents

Providing excellent services:

Outcome 1-1 Everyone who needs our services can access what they need easily, in good time

Outcome 1-2 You have good health outcomes and experiences, no matter who you are

Outcome 1-3 You experience fewer complications or preventable health conditions

To be considered for inclusion

Diabetes and weight management data across services, in line with Population Health Framework priority. Including access to services and meaningful impact on patients.

Elective care return patient data, to better reflect service activity, pressure and experience of patients with long term conditions.

Primary Care – in line with upcoming Primary Care Strategy, including access, long term conditions, prescribing and targeted reviews.

Frailty review – including activity and patient impact.

Hospital at Home – including activity and patient impact.

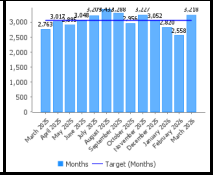
Dental provision and access data.

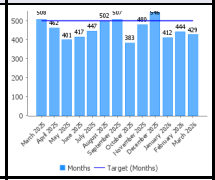
Interaction with Trauma Informed Practice and Realistic Medicine training, and demonstration of these in services.

Urgent and Unscheduled Care

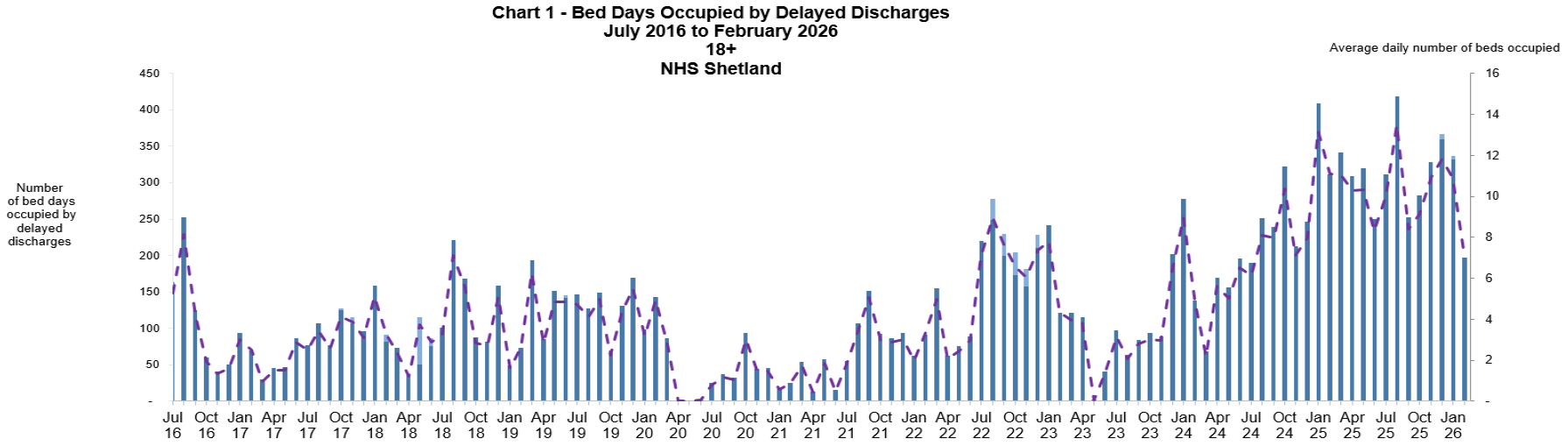
Urgent and Unscheduled Care system data

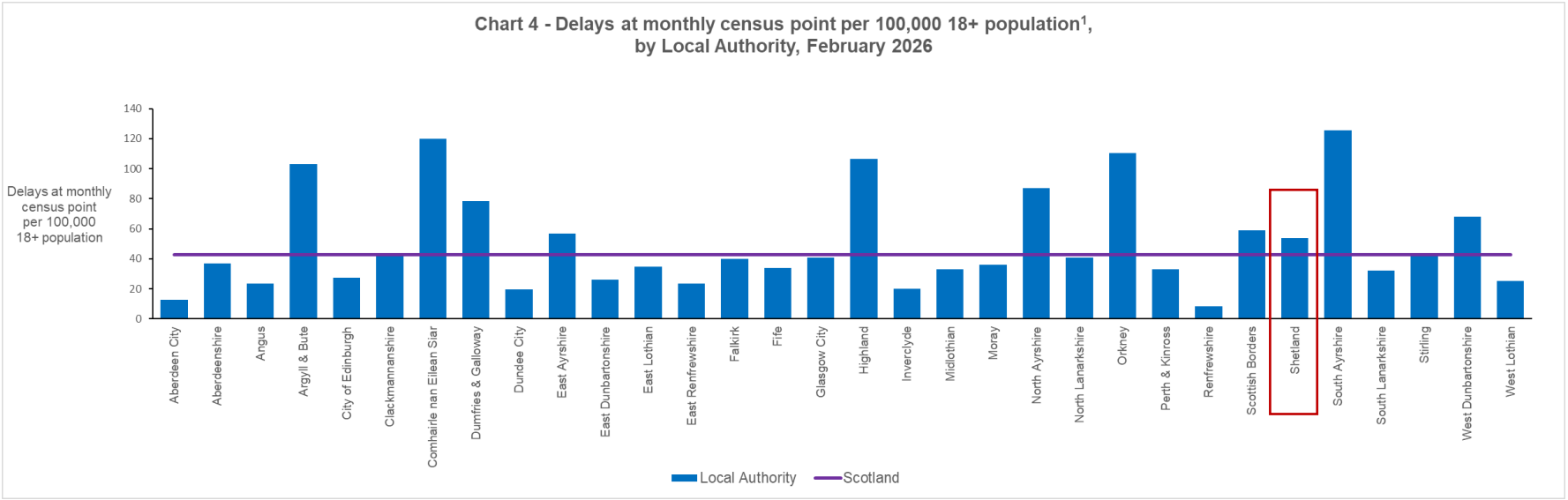
	Years		Quarters				Months			Target			
Indicator	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	March 2026		Chart	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is	7	12	8	8	9	6	9	12	6	0			Delayed discharges remain fairly consistently high with peaks putting significant pressure on acute hospital services, the delays are due to sustained system pressure impacting availability of resources.

Indicator	Years		Quarters				Months			Target		Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	March 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
complete, excluding complex needs codes.													
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	23	16	25	3	6	4	0			Delayed discharges LOS longer than 14 days is often due to challenges finding appropriate placements or support for discharge.
Delayed Discharge bed days occupied for Health and Social Care Reasons (Bracketed number is comparison to same period in previous year)	894	2592	503 (300)	944 (626)	982 (683)	na	na	na	na				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%	83.1% (70%)	85.2% (68%)	83.6% (66%)	85.7% (66%)	na	na	na	95%			Although not reaching national target of 95%, A&E performance remains strong compared to other areas. Breaches of 4 hour target are looked at. 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.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,956	2,763	3,048	3,288	3,052	3,218	2,820	2,558	3,218	3,061			

Indicator	Years		Quarters				Months			Target		Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	March 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
MD-EC-01 Emergency bed days rates for people aged 75+	4,112	5,826	1,280	1,456	1,409	1,285	412	444	429	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%)	6.9% (10.6%)	7.6% (8.2%)	7.1% (10.1%)	na	na	na	na				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





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.

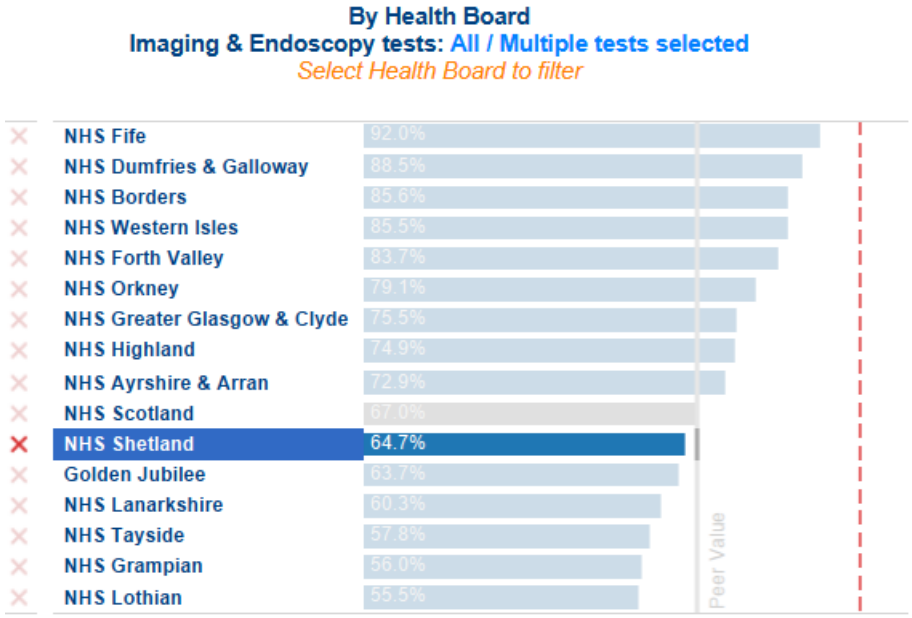
Elective and Specialist Services data

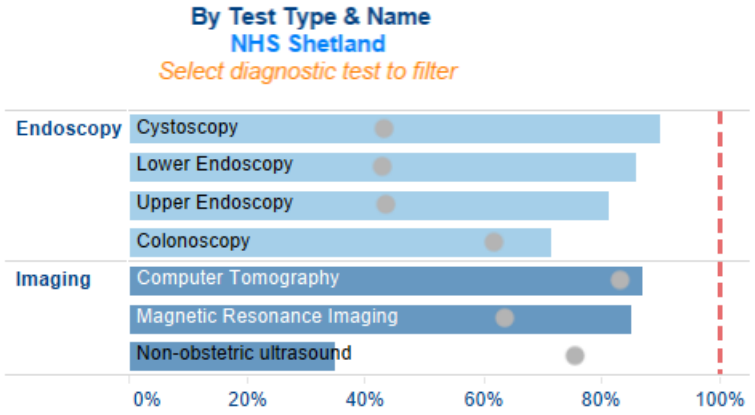
	Years		Quarters				Months			Target			
Indicator	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026		Spark Chart	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-05 18 Weeks Treatment time guarantee: Combined Performance	81.2%	73.2 %	na	na	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%	1684 (70) 70%	1537 (73) (72%)	1505 (41) 65%	na	1573 (46) 75%	1466 (20) 62%					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%	362 (18) 78%	381 (14) 55%	408 (22) 74%	na	395 (22) 68%	438 (22) 64%	na				Hospital Waiting Times for Planned Care are published at: https://scotland.shinyapps.io/phs-sot-waiting-times/
NA-PL-06 Urgent Referral With Suspicion of Cancer to	71.2%	65.7 %	82.1%	60% NCA	66.7%	na	na	na	na	95%			Q4 data (to March 2026) will be published 30 June 2026. Note due to

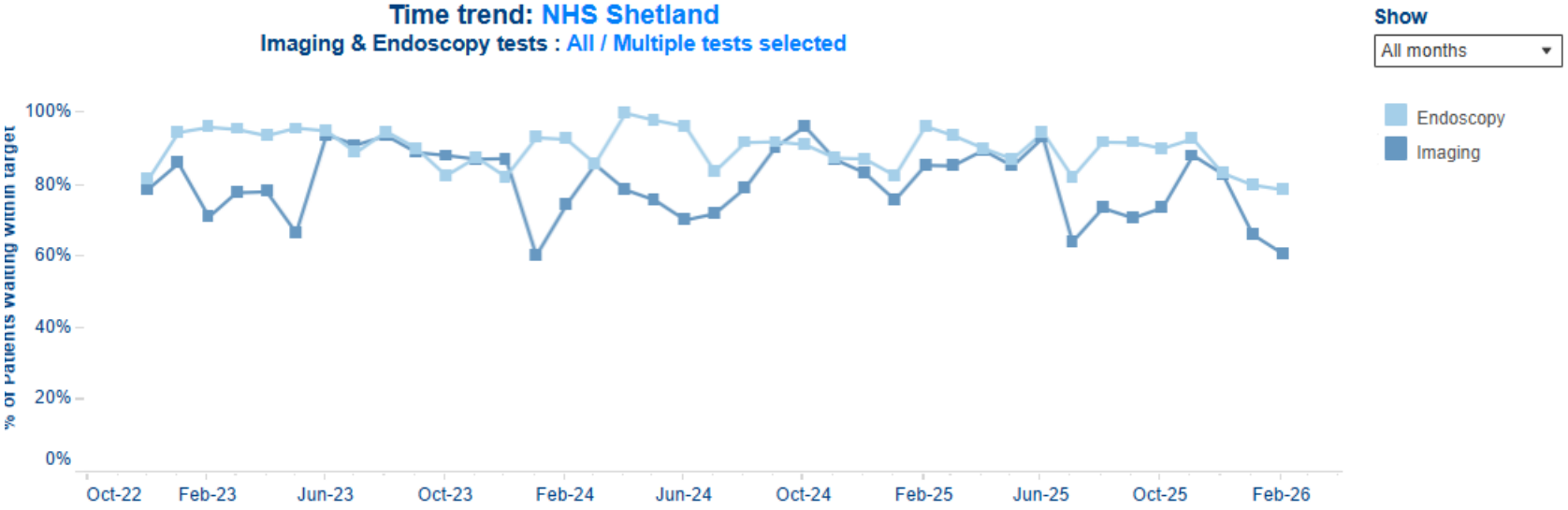
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Treatment Under 62 days NHS Shetland North Region – NCA Scotland (% in bracket)			NCA 63.8% (70%)	64.1% (71%)	NCA 65.9% (73%)								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 93% (95%)	100% NCA 93.3% (95%)	100% NCA 93.6% (96%)	na	na	na	na	95%			

Diagnostics data

Indicator	Years		Quarters				Months			Target		Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026		
	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%**	95% **40%**	81% **66%**	88.8% **43%**	**Na**	80%	78.7%	na	100%		Note that performance is considered in detail at weekly waiting times meeting and at Finance and Performance Committee. Local diagnostic has performed very well against trajectories in their nationally monitored improvement work. 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.
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%**	93% **58%**	73% **64%**	81.7% **61%**	na	66.2%	60.8%	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. Note in imaging there are challenges with data quality in ultrasound imaging due to capacity, there is also substantially more demand than capacity available – there is a plan in place to improve the quality and timeliness of data reporting which will then better reflect performance.


By Health Board
Imaging & Endoscopy tests: All / Multiple tests selected
Select Health Board to filter
NHS Fife 92.0%
NHS Dumfries & Galloway 88.5%
NHS Borders 85.6%
NHS Western Isles 85.5%
NHS Forth Valley 83.7%
NHS Orkney 79.1%
NHS Greater Glasgow & Clyde 75.5%
NHS Highland 74.9%
NHS Ayrshire & Arran 72.9%
NHS Scotland 67.0%
NHS Shetland 64.7%
Golden Jubilee 63.7%
NHS Lanarkshire 60.3%
NHS Tayside 57.8%
NHS Grampian 56.0%
NHS Lothian 55.5%
Peer Value


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


Time trend: NHS Shetland
Imaging & Endoscopy tests : All / Multiple tests selected
Show
All months
Endoscopy
Imaging
% of Patients waiting within target
100%
80%
60%
40%
20%
0%
Oct-22
Feb-23
Jun-23
Oct-23
Feb-24
Jun-24
Oct-24
Feb-25
Jun-25
Oct-25
Feb-26

Spotlight: Imaging Services – developing the team to bring care closer to home

NHS Shetland is progressing work to modernise and strengthen local imaging services, focussing on improving access, providing care closer to home, ensuring sustainable services, maintaining excellent quality, and planning for the future.

Care Closer to Home

One area of development over this next 2 years is around breast imaging. There have been longstanding challenges with capacity to provide breast imaging – for Shetland patients, apart from the 3-yearly screening van visit, this means a trip to Aberdeen for NHS Grampian services. NHS Grampian have explored alternatives to increase their capacity to see patients – including use of advanced technology and equipment to increase capacity in Aberdeen, which would also benefit Shetland patients. Our local team worked together with them to consider other ways of addressing the same problem by upskilling our local team, meaning more patients could stay in Shetland.

Work is now underway to increase the amount of assessment and diagnostic imaging that can safely be provided locally, reducing the need for patients to travel off-island. Rather than investing in additional large-scale equipment at this stage, the focus is on training local sonographers so that more imaging and assessment can be undertaken within existing services in Shetland. Following a period of specialist training sonographers would carry out appropriate breast imaging locally, including for primary care referrals and follow-up assessments. They would be supported through live links with specialist teams in NHS Grampian, ensuring expert input where required, with a follow up visit in Aberdeen only if needed. This model allows patients to receive timely care closer to home while maintaining clinical safety and quality.

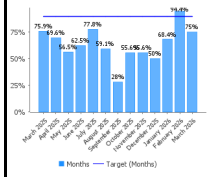
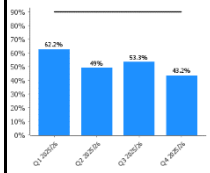
Delivering Excellent Services that are fit for the future

Partnership working with NHS Grampian is a key strength of this approach, with specialist clinical support embedded into local delivery. This ensures that patients benefit from both local accessibility and specialist expertise. Sustainability is being addressed by prioritising local workforce development over regional equipment-led expansion. Training local staff builds long-term resilience, reduces reliance on visiting services, and minimises ongoing costs. The training required for breast imaging is relatively low-cost and is supported through existing arrangements with NHS Grampian.

Physical capacity within current facilities can also be a challenge – as it is for other services delivering within the hospital. The team are working proactively with other stretched services to effectively share space, and explore alternatives for delivery for the future. This includes learning from previous trialling imaging in local health centres – while uptake for this meant continuing the service wasn't sustainable at the time, as technology, skills and capacity develop there are other outreach alternatives that can be explored.

Looking ahead, these developments will help us support more service availability locally, and our NHS Grampian colleagues are looking at the potential for future provision over the coming 5-10 years – this could include the potential for more integrated "one-stop" breast clinics locally.

Mental Health data

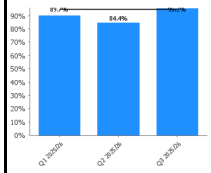
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value						Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks) This tells us about the number of new patients seen	77.1%	63.7%	62.9 %	52.3%	54.5%	79.2%	68.4%	94.4 %	75%	90%			.Primary and secondary care psychological therapies experience high demand that doesn't match the capacity available. Work with PHS and HIS to explore ways to reach the 90% treatment target has progressed and the team is working towards a business case to describe staffing required and additional improvements to support patients while they wait. New patients seen within 18 weeks, waiting list and referrals accepted for previous 3 quarters: Q1 25/26 = 62 seen, 39 within 18 wks, waiting list 201 people, 128 referrals. Q2 25/26 = 65 seen, 34 within 18 weeks, waiting list 202, 92 referrals Q3 25/26 = 77 seen, 42 within 18 weeks, waiting list 199, 104 referrals Q4 25/26 = 53 seen, 42 within 18 weeks, waiting list 234
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%	62.2 %	49%	53.3%	43.2%	52.1%	44.7 %	43.2%	90%			
MD-MH-01 People with a diagnosis of dementia on the dementia register	194	195	210	214	212	206	208	206	206	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%			This is the most recent published data, published 2 Sept 2025. Next release scheduled for 2 December 2025 unavailable for board paper deadline.
CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to	100%	89%	100%	85%	77%	n/a	n/a	n/a	n/a	90%			3 indicators combined for more appropriate reporting of small numbers, note small numbers can result in significant fluctuation

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value						Target	Status		
appropriate drug treatment that supports their recovery.													in %. Includes alcohol and other drug treatment, and combined treatments. The service will have decreased capacity from May for approximately a year due to a period of leave, the team are planning to mitigate impact as far as possible. Data for Quarter 2 will be available 30th June 2026.

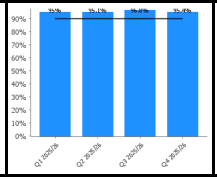
Preventative and Proactive Care - services

Population Health and Health Behaviours

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	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	11	2	na	na	na	na	na				Note indicator 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. Only quite from certain postcodes are included in this data. The Health Improvement Service supports people to stop smoking or vaping.
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary	166	118	32	74	111	na	na	na	na	195			This figure will increase cumulatively over the year. The figures show an increase in ABIs delivered compared to Q3 of 2024-

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value						Target	Status		
care, A&E, antenatal) and broaden delivery in wider settings. (bracketed figure is cumulative target for that period)													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	161	332	503					360	✅		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 **Scotland** comparator in bold	87.8%	88.6 %	89.7% **92.3%**	84.4% **92.5%**	95.3% **91.8%**	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

Safe Environment data

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	2	4	2	0	0	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%	95%	95.1%	96.8%	95.4%	na	na	na	90%	✓		

Creating the conditions for a sustainable organisation:

Outcome 2-1 Services are delivered within the financial resources we have

Outcome 2-2 We have the right workforce to deliver the functions we need

Outcome 2-3 Our buildings and spaces help us to deliver good health and care

To be considered for inclusion

Primary Care Long Term Conditions and Community Frailty Work – proactive work to decrease system demand.

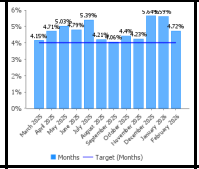
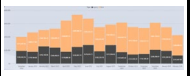
Pharmacy indicators delivering best value.

iMatter staff experience data.

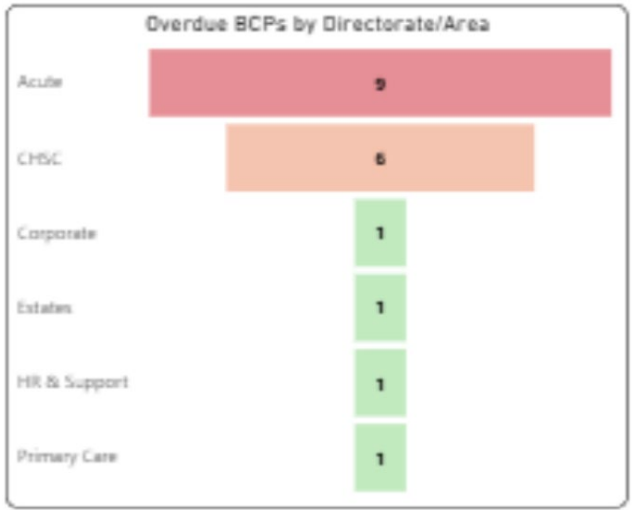
Integration indicators, demonstrating strong partnership working aligned to public service reform.

Support Systems

Organisational data

	Years		Quarters				Months			Target			
Indicator	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026		Spark Chart	Note
	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 %	4.79%	4.06%	5.64%	4.72%	5.59%	4.72%	na	4%			
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£7.66	£6.56	£2.06 (£1.8)	£1.75 (£1.94)	£1.7 (£1.37)	na	£0.55 (£0.47)	£0.43 (£0.50)	na	na			

Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2023/24	2024/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Jan 2026	Feb 2026	Mar 2026	Mar 2026			
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total Responses + Outstanding Overdue Requests.	76.68 %	61.6 %	59.5%	41.42%	38.68%	na	na	na	na	90%		Compliance rates have fallen again and now sit at the 'Unsatisfactory' level (below 50%).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. Recruitment is underway for an FOI officer and this should support compliance from the wider organisation.	
Departmental Business Continuity Plans (BCPs) total overdue	53%	28%	na	na	28%	32%	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.			



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				

Spotlight "Rockwood Scoring" in Primary Care and ED to support the right care at the right time – Clinical Frailty Scoring

Frailty is a term used in healthcare that is often misunderstood. It describes a reduced ability to recover from illness or injury, meaning recovery can take longer or be more difficult. Frailty becomes more common as people age, although younger people can also live with frailty. Importantly, there are steps that individuals and healthcare teams can take to reduce the impact of frailty and help people be more resilient to illness or injury. Recognising frailty early allows services to focus support where it will make the greatest difference.

A simple and widely used way of identifying frailty is through the Clinical Frailty Scale (CFS), also known as the Rockwood Scale. In 2025, NHS Shetland strengthened how frailty is identified in Primary Care by including frailty scoring within routine Long Term Condition (LTC) checks carried out by General Practice Nursing teams. This meant frailty assessment became part of a familiar, high-coverage process rather than a separate activity. Staff were supported with training and visual prompts to ensure scoring was consistent and meaningful. Frailty is more common among people living with long-term conditions and can affect how well individuals benefit from treatments or interventions, so assessing frailty as part of these checks helps inform decisions about care.

As a result, NHS Shetland now has a recorded frailty score for around **50% of people aged over 65**, rising to **nearly 60% of those aged over 75**. This level of coverage is unusual in Scotland, where national work on frailty is currently aiming for 10% of people aged 65 and over to have a recorded score. Frailty scores will be updated annually, creating a growing and reliable dataset.

Having this information available within the local Health Intelligence Platform (SHIP) means clinicians can access it, while service leads can better understand the needs of the population. This supports more person-centred conversations aligned with **Realistic Medicine**, helping people weigh up potential benefits and risks of treatments, investigations, or medications as their needs change.

Frailty scoring is now also available in the Emergency Department following a clinical systems upgrade, and work is underway to use frailty information more effectively within hospital care.

Looking ahead, this data provides a strong foundation for ensuring people identified as frail, or at risk of frailty, are offered the right support at the right time. It will inform equitable targeting of specialist services, and support changes needed to support people with frailty in non-specialist services – we know our population is changing, and it is likely that we will have more people at risk of frailty in the coming years – people living with frailty will access support across a whole range of services we provide

Long Term Condition checks were part of the Primary Care Phased Investment Programme and are now embedded. The wider frailty scoring work is part of the "Focus on Frailty" Programme in Urgent and Unscheduled Care, involving multiple teams across the NHS and Health and Social Care Partnership working together, and there is more information about Frailty Scoring in the Healthy Ageing section of the NHS Scotland "Right Decision Service" website.

Supporting the building blocks of health:

Outcome 3-1 Our services respond to meet the needs of our changing population

Outcome 3-2 We understand our communities and influence decisions that impact them

Outcome 3-3 Our staff are supported to stay well and connected; we are a good employer and a strong part of our community.

To be considered for inclusion

Health Inequalities Outcomes: Long-term trends in inequalities as reported in the Shetland Partnership Outcomes Dashboard and PHS Child Poverty Prevention Dashboard.

Anchor Organisation Metrics: Procurement spend with local suppliers; recruitment and training pathways for local people; climate indicators

Partnership Effectiveness: Qualitative assessment of NHS Shetland's contribution to multi-agency groups (measurement approach to be developed).

Health Improvement training

Systems Change work progress

Understanding our population data – including trends in disease prevalence

Population Health

	Annual measures								
Indicator	2022/23	2023/24	2024/25	2025/26					Note
PH-HI-09 Percentage of mothers smoking during pregnancy	5.7%	7.3%	7.4%	5.7%	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%		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.				