

NHS Shetland

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|---|---|
| Meeting: | NHS Shetland Board |
| Meeting date: | 25 June 2026 |
| Title: | Performance update Q4 2025-26 |
| Agenda reference: | Board Paper 2026/27/12 |
| 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 there is data for April.

More detailed performance information and management data for this period was 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 has not been possible to collate these in time for inclusion in this report, but it is hoped they will be included from September going forward.

Main Challenges:

Waiting times challenges continue particularly for psychological therapies for ongoing waits, while new patients seen has improved significantly in the last quarter – this should be considered over a longer period of time, and in combination with activity levels, before interpreting a trend.

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. Note the nature of this indicator as a “census point” means significant fluctuation is expected and it does not necessarily reflect pressure within acute services depending on timing of “census point”. Bed days due to delays is included as another indicator of pressure, and delay rate per population as a comparison to other health boards is also included. Note this measure does not account for varying hospital bed capacities by population, so also should not be considered in isolation.

Delivering Excellent Services:

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 with the team exceeding their set trajectories for last year, 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, and are awaiting the outcome of funding discussion nationally.

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 – waiting times compliance and activity graphics are included to support understanding of areas of pressure.

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. Quit Your Way service activity, including vaping support, is included for interest – this represents all activity and is not limited by deprivation as the national target is.

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: Adapting “Quit Your Way” to Meet Local Need in Shetland

Healthy Shetland’s Quit Your Way service delivers tailored smoking cessation support, adapted locally to address rising nicotine use, including vaping. It offers person-centred support, prevention work with young people, and multiple referral routes, demonstrating how national programmes can be flexed to meet local need and improve equitable access.

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, but has dipped in the most recent month when there has been an exceptional number of attendances at ED. 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.

Creating the conditions for a sustainable organisation:

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.

Workforce: Staff sickness remains relatively low, though slightly above target; spend on supplementary staffing is broadly similar to the same period last year; mandatory training compliance and appraisal activity remain stable, with room for improvement in both. This information has been considered in detail at the Staff Governance Committee.

Supporting the building blocks of health:

National Dental Inspection Programme: This data relates to a longstanding programme dental inspection for children in Primary 1 and Primary 7, to understand population dental health and the impact of the Childsmile Oral Health Improvement programme nationally and locally; coverage (% of children receiving a dental inspection), and dental health (% showing no obvious signs of decay) are included. Shetland performs well compared to Scotland against both, particularly in relation to the Detailed inspection coverage at P1 and P7. Given the high levels of coverage, the high levels of no decay detected are encouraging.

It is hoped that dental data around access to dentistry for adults, in the Public Dental Service and General Dental Service will be available for the next board report – the current data publications are being considered and quality checked by Directors of Dentistry to ensure they give an accurate picture of local provision across Scotland.

Spotlight: Building workforce capability to support a shift to prevention

Healthy Shetland's training builds workforce capability across partners, supporting evidence-based, person-centred health improvement. Training covers behaviour change, alcohol interventions, mental health, suicide prevention and community activity. Delivered flexibly, it equips frontline staff to have effective conversations, embed prevention and early intervention, and target support—strengthening a system-wide approach to reducing inequalities and improving population health.

Additional Appendices

Health and Care Experience Survey 2026

The Health and Care Experience Survey (HACE) takes place every 2 years nationally, giving data at a Health Board, IJB level (for Shetland these are the same) and at a General Practice/Health Centre level, with comparison to a Scotland average.

The summary report shows generally positive patient experience in NHS Shetland, with strong GP access and care ratings exceeding Scotland averages. Social care outcomes are also favourable. However, carer experience is weaker, particularly in feeling supported and having a say, highlighting areas for targeted improvement and further engagement.

Long term monitoring of health inequalities

This is an update to a dataset shared 2 years ago with committee and board. The set is based on the Scottish Government's monitoring work, but is considered as an average compare dot Scotland, rather than the gap between the most and least deprived portions of the population. This is due to small local numbers and the unreliability of SIMD differentiation at that scale. We are continuing to work with national and local partners to better understand locality and deprivation differences locally.

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, t

2.3.6. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information.

3. List of appendices

The following appendix is included with this report:

| | |
|---------------|---|
| Appendix No 1 | NHS Shetland Performance Report Q4 2025-26 |
| Appendix 2 | Health and Care Experience Survey 2025 summary report |
| Appendix 3 | Long Term Health Inequalities monitoring report |

NHS Shetland

Quarterly Performance Report – Q4 2025-26

Jan-Mar 2026



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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

Urgent and Unscheduled Care

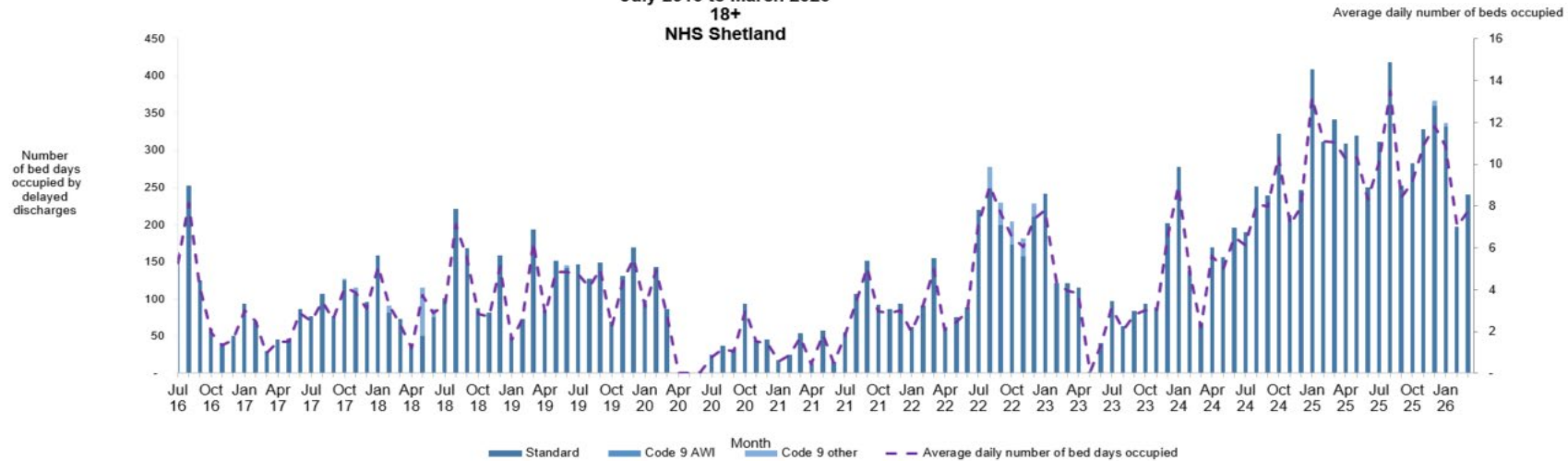
Urgent and Unscheduled Care system data

| 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 | Apr 2026 | March 2026 | | | |
| | 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 complete, excluding complex needs codes. | 7 | 12 | 8 | 8 | 9 | 6 | 9 | 12 | 6 | 9 | 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. |
| 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 | 9 | 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) | 835 (1070) | 363 (417) | 225 (311) | 247 (342) | 363 (249) | | | | 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. |

| 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 | Apr 2026 | March 2026 | | | |
| | Value | Value | Value | Value | Value | Value | Value | Value | Value | | Target | Status | | |
| NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison) | 86.3% | 87% | 83.1% (70%) | 85.2% (68%) | 83.6% (66%) | 85.7% (66%) | 88.8% (64%) | 81.5% (66%) | 87.3% (67%) | 81.7% (67%) | 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 | 3,279 | 3,061 | | | |
| 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 | 516 | 500 | | | |
| Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average) | 9.1% (11%) | 7.6% (11%) | 6.9% (11%) | 7.6% (8%) | 7.1% (10%) | 6.1% (9%) | 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

**Chart 1 - Bed Days Occupied by Delayed Discharges
July 2016 to March 2026
18+
NHS Shetland**



**Chart 4 - Delays at monthly census point per 100,000 18+ population¹,
by Local Authority, March 2026**



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



Scheduled Care

‘Scheduled’ relates to anything that is booked or planned ahead and covers a variety of functions across acute and community services. For this report we include Elective and Specialist Services, Diagnostics and Mental Health Services. We aim to see people in a planned way where possible as this is generally better for the patient, and helps us to plan services to meet demand. However in our small system the people delivering planned or scheduled care may also be involved in delivering urgent or unscheduled care, so when one part of the system is under pressure it can impact on the other.

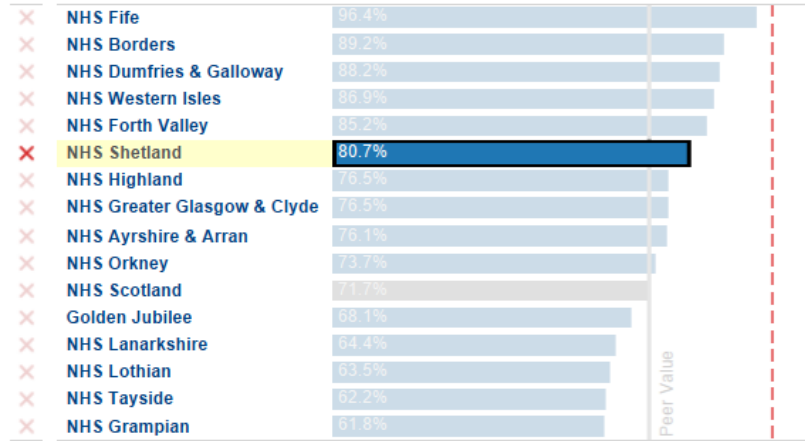
Elective and Specialist Services data

| Indicator | Years | | Quarters | | | | Months | | | | Target | | Spark Chart | Note |
|--|---------------------|---------------------|--------------------------------|-------------------------------|--------------------------------|--------------------|---------------------|---------------------|--------------------|--------------------|----------|--------|--|--|
| | 2023/24 | 2024/25 | Q1 25/26 | Q2 25/26 | Q3 25/26 | Q4 25/26 | Jan 2026 | Feb 2026 | Mar 2026 | Apr 2026 | Mar 2026 | | | |
| | Value | Value | Value | Value | Value | Value | Value | Value | Value | | Target | Status | | |
| 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% | 1340 (9) 68% | 1573 (46) 75% | 1466 (20) 62% | 1340 (9) 68% | 1378 (9) 80% | | na | | People waiting over 52 weeks is a significant focus for the Scottish Government in 2025/26. NHS Shetland exceeded their anticipated trajectories for delivery for the year. NHS Shetland have submitted local planning and trajectories for 2026/27 and are actively engaged in work with both national and subnational colleagues, the local team are awaiting further direction and notice of allocation from the national team. |
| 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% | 465 (35) 66% | 395 (22) 68% | 438 (22) 64% | 465 (35) 64% | 490 (40) 61% | | 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 Treatment Under 62 days NHS Shetland North Region – NCA Scotland (% in bracket) | 71.2% | 65.7% | 82.1% NCA 63.8% (70%) | 60% NCA 64.1% (71%) | 66.7% NCA 65.9% (73%) | na | na | na | na | na | 95% | | Q4 data (to March 2026) will be published 30 June 2026. Note due to small numbers and challenges with particular cancer pathways Shetland data can vary significantly. Generally where treatment can be provided within Shetland, performance is strong and people are seen within target waiting times. | |
| NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days NHS Shetland North Region – NCA Scotland (% in bracket) | 100% | 100% | 100% NCA 93% (95%) | 100% NCA 93.3% (95%) | 100% NCA 93.6% (96%) | na | na | na | na | na | 95% | | 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. | |

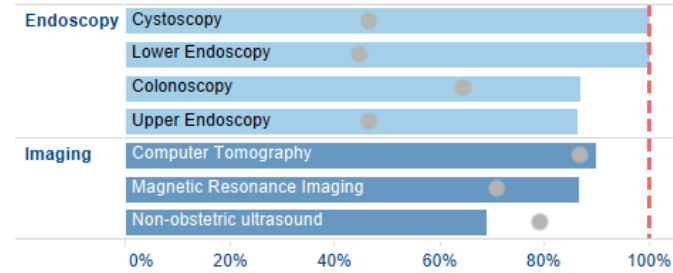
Diagnostics data

| 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 | |
| <p>Combined waiting times for 4 key diagnostic tests in Endoscopy.</p> <p>% represents people waiting less than 6 weeks for key tests at the census point in that month, and the average at census point for the quarter.</p> <p>Scottish average is given as a comparator in BOLD.</p> | 86% | 94% | 95% | 81% | 88.8% | 82.1% | 80% | 78.7% | 87.7% | 100% |  | <p>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.</p> <p>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.</p> |
| <p>Combined waiting times for 4 key diagnostic tests in Imaging.</p> <p>% represents people waiting less than 6 weeks for key tests at the census point in that month, and the average at census point for the quarter.</p> <p>Scottish average is given as a comparator in BOLD.</p> | 86% | 85% | 93% | 73% | 81.7% | 68.7% | 66.2% | 60.8% | 79.1% | 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.</p> <p>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.</p> |

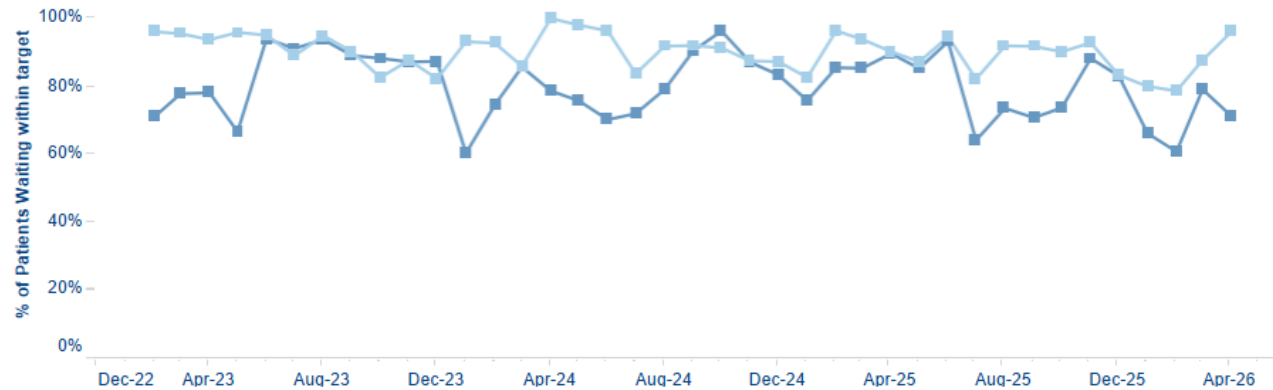
By Health Board
Endoscopy & Imaging tests: All / Multiple tests selected
Select Health Board to filter



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



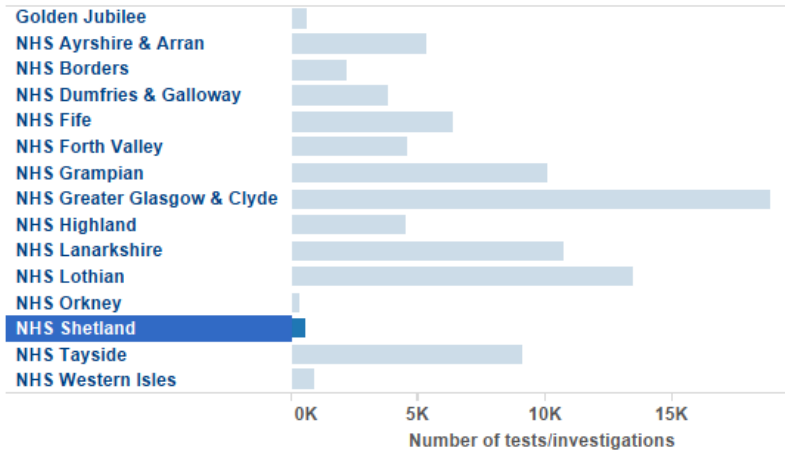
Time trend: NHS Shetland
Endoscopy & Imaging tests : All / Multiple tests selected



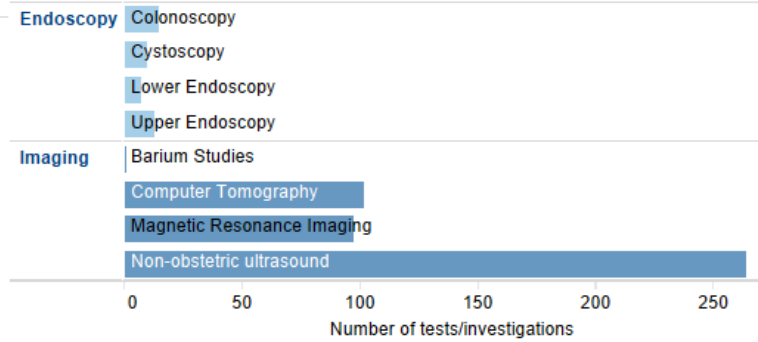
Show

All months

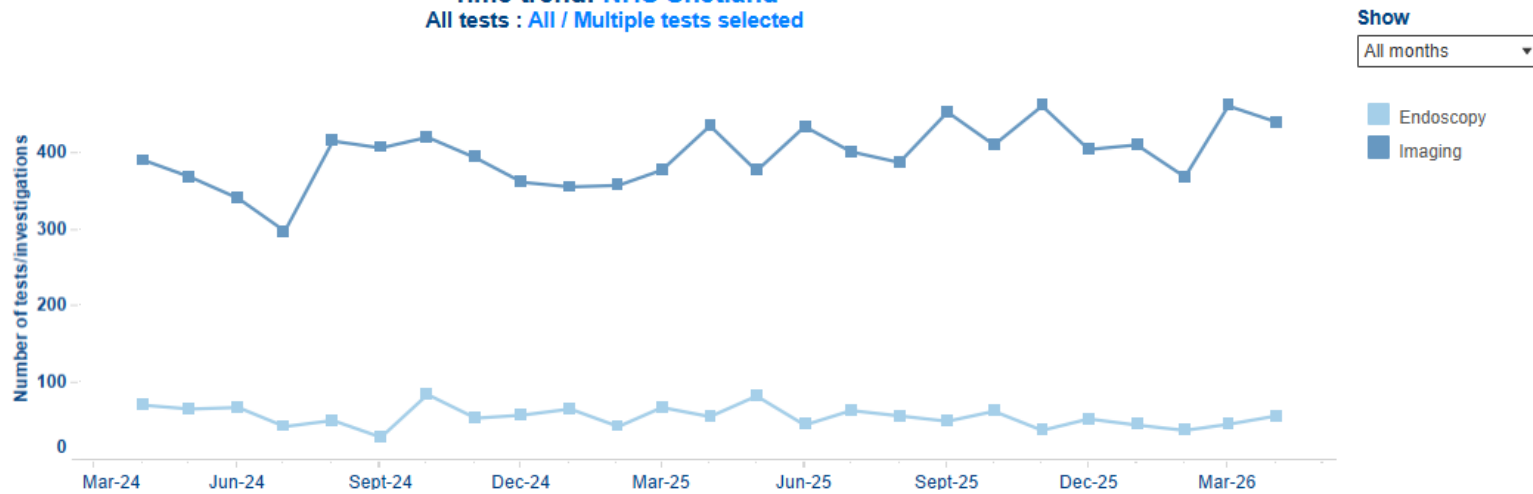
By Health Board
All tests: All / Multiple tests selected March 2026 - March 2026
Select Health Board to filter



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



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




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 | Apr 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% | 85.2% | 90% | | <table border="1"> <caption>CH-MH-01 Monthly Performance</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Mar 2025</td><td>75.9%</td></tr> <tr><td>Apr 2025</td><td>81.5%</td></tr> <tr><td>May 2025</td><td>82.5%</td></tr> <tr><td>Jun 2025</td><td>77.8%</td></tr> <tr><td>Jul 2025</td><td>91.1%</td></tr> <tr><td>Aug 2025</td><td>28%</td></tr> <tr><td>Sep 2025</td><td>55.4%</td></tr> <tr><td>Oct 2025</td><td>56.8%</td></tr> <tr><td>Nov 2025</td><td>52%</td></tr> <tr><td>Dec 2025</td><td>63.2%</td></tr> <tr><td>Jan 2026</td><td>63.2%</td></tr> <tr><td>Feb 2026</td><td>78.6%</td></tr> <tr><td>Mar 2026</td><td>94.8%</td></tr> </tbody> </table> | Month | Value | Mar 2025 | 75.9% | Apr 2025 | 81.5% | May 2025 | 82.5% | Jun 2025 | 77.8% | Jul 2025 | 91.1% | Aug 2025 | 28% | Sep 2025 | 55.4% | Oct 2025 | 56.8% | Nov 2025 | 52% | Dec 2025 | 63.2% | Jan 2026 | 63.2% | Feb 2026 | 78.6% | Mar 2026 | 94.8% | .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. |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar 2025 | 75.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr 2025 | 81.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2025 | 82.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun 2025 | 77.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul 2025 | 91.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug 2025 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep 2025 | 55.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct 2025 | 56.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov 2025 | 52% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec 2025 | 63.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan 2026 | 63.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb 2026 | 78.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar 2026 | 94.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | 40.9% | 90% | | <table border="1"> <caption>CH-MH-02 Quarterly Performance</caption> <thead> <tr><th>Quarter</th><th>Value</th></tr> </thead> <tbody> <tr><td>Q1 2026</td><td>62.2%</td></tr> <tr><td>Q2 2026</td><td>49%</td></tr> <tr><td>Q3 2026</td><td>53.3%</td></tr> <tr><td>Q4 2026</td><td>42.2%</td></tr> </tbody> </table> | Quarter | Value | Q1 2026 | 62.2% | Q2 2026 | 49% | Q3 2026 | 53.3% | Q4 2026 | 42.2% | 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, 99 referrals | | | | | | | | | | | | | | | | | | |
| Quarter | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2026 | 62.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2026 | 49% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2026 | 53.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2026 | 42.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MD-MH-01 People with a diagnosis of dementia on the dementia register | 194 | 195 | 210 | 214 | 212 | 206 | 208 | 206 | 206 | 210 | 184 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | | | This is the most recent published data, published 2 June 2026 on PHS dashboard | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CH-DA-01/02/03 Clients will wait no longer than 3 weeks from referral received to | 100% | 89% | 100% | 85% | 80% | n/a | n/a | n/a | n/a | na | 90% | | | 3 indicators combined for more appropriate reporting of small numbers, note small numbers can result in significant fluctuation in %. Includes alcohol and other drug treatment, and combined treatments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | Apr 2026 | Mar 2026 | | | |
| | Value | Value | Value | Value | | | | | | | Target | Status | | |
| appropriate drug treatment that supports their recovery. | | | | | | | | | | | | | | 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 4 will be available 30 th June 2026. |

Preventative and Proactive Care - services

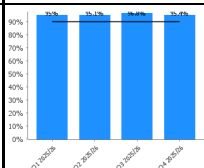
Population Health and Health Behaviours

| 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 | 5 | 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. Q4 data will be available September 2026. |
| QuitYour Way activity (smoking) Referrals New Patients Seen Waiting List | | | | | | R: 21 NP: 10 WL: 29 | | | | | | | Team are working to quality check data – historic data not currently available in this format. |

| 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 | | |
| (vaping) Referrals New Patients Seen Waiting List | | | | | | | | | | | | | |
| 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 | 32 | 74 | 111 | 145 | 124 | 131 | 145 | 261 | | | This figure will increase cumulatively over the year. The figures show an increase in ABIs delivered compared to at the end of 2024/25. |
| PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period) | 552 | 572 | 161 | 332 | 503 | 668 | 554 | 609 | 668 | 480 | | | A FAST screening is a way of finding out if someone is drinking at harmful or hazardous levels and may benefit from an Alcohol Brief Intervention (ABI). These are routinely done in Sexual Health Clinic, Maternity services, and in some A+E and Primary Care consultations. 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 | | | | Q3 data released March 2026, next release 23 June 2026. 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 |

| | 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 | | | | | | Target | Status | | |
| | | | | | | | | | | | | | vaccine uptake information is available here: PHS Vaccination Surveillance |

Safe Environment 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 | | |
| NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA) | 2 | 4 | 2 | 0 | 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 | 0 | ✔ | |
| CE-IC-01 Cleaning Specification Audit Compliance | 95.2% | 96.2% | 95% | 95.1% | 96.8% | 95.4% | na | na | na | 90% | 90% | ✔ |  |

Spotlight: Adapting “Quit Your Way” to Meet Local Need in Shetland

Realistic Medicine and Person-Centred Support in Action

Healthy Shetland’s “**Quit Your Way**” service is part of the national smoking cessation programme, offering free, tailored support to help people stop smoking through specialist advice, one-to-one support and access to nicotine replacement therapies and medications.

While the national ambition remains focused on creating a tobacco-free generation, the local Health Improvement team has recognised a growing and more complex challenge within the Shetland population—particularly the rise in the use of nicotine products such as vapes, including among younger people.

In response, the team has adapted the service model to better reflect local need, ensuring that support is not limited to traditional tobacco smoking but addresses nicotine dependence in all its forms. Local data shows increasing demand for vaping-related support, and the service has evolved to incorporate this, creating a more inclusive and equitable offer for those seeking help. While patients who are smoking are given priority, everyone suitable is offered support as practitioner capacity allows. This has included the development of a “vaping friendly” approach, offering:

- support to use vapes as a smoking cessation aid where appropriate
- dedicated support to quit vaping and reduce nicotine dependence
- a flexible, person-centred 12-week programme mirroring the core Quit Your Way model

Recognising the particular risks of nicotine addiction for younger people, the team has also taken a proactive prevention and early intervention approach. They have worked in partnership with schools, youth services and the NHS school nursing team to deliver targeted awareness sessions and training, helping young people, parents and staff better understand the risks associated with vaping and how to access support. Collaboration has been central to this work. The service operates across a range of access points, including:

- **self-referral via the Healthy Shetland website**
- **referral from health professionals** across primary, community care and school nursing
- **referral from local community pharmacies**, which provide accessible, community-based QYW support for people who are smoking
- **outreach into schools and community settings**, particularly for young people

This flexible, multi-channel approach supports earlier engagement and makes it easier for individuals to access help in a way that suits them. Overall, the development of the Quit Your Way service in Shetland demonstrates how national programmes can be adapted locally to respond to emerging patterns of need. By recognising the wider impact of nicotine—not only tobacco—the team has strengthened its contribution to prevention, reduced harm, and improved access to support across the population.

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

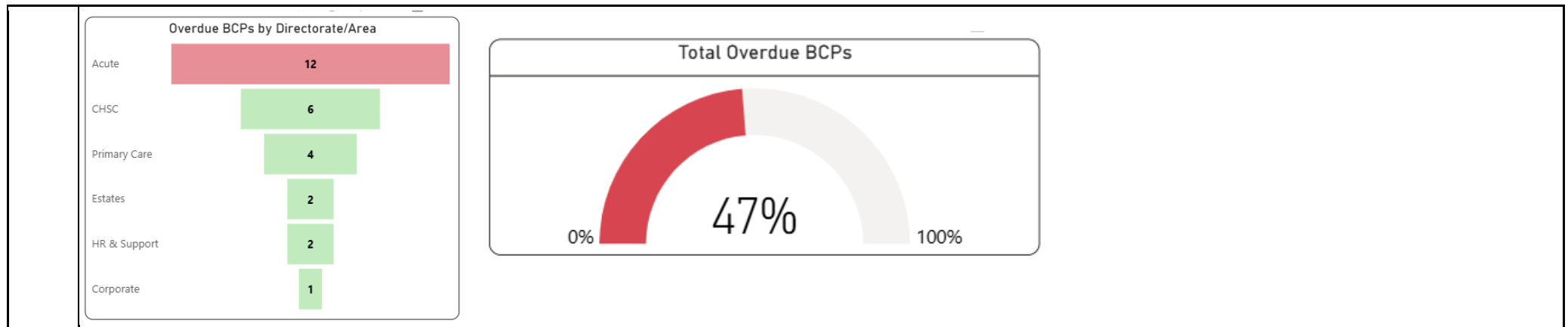
Outcome 2-3 Our buildings and spaces help us to deliver good health and care

Support Systems

Organisational 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 | | |
| HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4% | 4.49% | 4.15% | 4.79% | 4.06% | 5.64% | 4.85% | 5.59% | 4.72% | 4.85% | 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) | £1.48 (£1.5) | £0.55 (£0.47) | £0.43 (£0.50) | £0.51 (£0.52) | na | | | |
| 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% | 47.14% | na | na | na | 90% | | <p>Compliance is still at the 'Unsatisfactory' level (below 50%) and NHS Shetland remains under the Level 1 intervention from the Scottish Information Commissioner. This is the lowest level of intervention, but the lack of improvement in compliance increases the risk that this is escalated to a higher level.</p> <p>The Chief Executive and FOI Lead had a positive meeting with the Commissioner when he visited Shetland in February to discuss NHS Shetland's FOI performance and processes.</p> <p>The sustained high volume of requests continues to create pressure on both services and on the IG Dept in</p> | |

| 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 | | |
| | | | | | | | | | | | | | administering requests. A dedicated FOI Officer post has been approved and recruitment is underway. The FOI Officer role is not intended to take on responsibility for responding to FOI requests on behalf of services, but will provide additional oversight, coordination and support to improve consistency, follow-up and organisational learning. It is important to note that responsibility for responding to FOI requests and achieving compliance remains with services across the wider organisation. |
| Departmental Business Continuity Plans (BCPs) total overdue | 53% | 28% | na | na | 28% | 47% | 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 | 23/24 | 24/25 | Q1 25/26 | Q2 25/26 | Q3 25/26 | Q4 25/26 | Jan 26 | Feb 26 | Mar 26 | | | | | |
|---|-------|-------------------|-------------|------------------|-------------|---------------|-----------|--------|--------|----|--|--|--|--|
| Appraisal completion activity | 13% | 16% | 20% | 23% | 20% | 23% | na | na | na | na | | | | Monthly appraisal data shows steady activity with seasonal dips, reflecting capacity pressures. It measures throughput, not compliance. Data reliability is limited due to system changes and reporting constraints, restricting oversight and meaningful compliance assessment. |
| 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 | Mar 26 70% | na | na | na | na | | | | This is broadly in line with national NHS Scotland performance, there is variation within the organisation in completion of training and this is being addressed through work with managers and teams. |

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.

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 2025/26, is expected in December 2026 | | | | |
| National Dental Inspection Programme (NDIP) % with no obvious decay (BOLD in brackets is Scotland average) | COVID limitations P1 (basic) 83.6% (73.1%) | P7 (detailed) 80.8% (81.9%) P1 (basic) 83.6% (73.8%) | P1 (detailed) 80.4% (73.2%) P7 (basic) 82.9% (76%) | P7 (detailed) 89.4% (81.5%) P1 (basic) 88.1% (76.5%) | The programme focuses on P1 and P7 pupils in Local Authority schools. All Primary 1 (P1, age 5) and Primary 7 (P7, age 11) pupils are offered a Basic Inspection each year. In addition, a Detailed Inspection is conducted on a representative sample, alternating between P1 and P7 pupils. In 2025, the Detailed Inspection was carried out for P7 pupils. The Detailed Inspection is a more comprehensive assessment that focuses solely on permanent teeth and is designed to gather data to support the evaluation of oral health across the wider population. The Next data will be released 20 October 2026, for Detailed inspection of P1 children. | | | | |
| National Dental Inspection Programme (NDIP) % of population inspected (BOLD in brackets is Scotland average) | COVID limitations P1 (basic) 95.2% (76.4%) | P7 (detailed) 81.1% (21.9%) P1 (basic) 63% (80.8%) | P1(detailed) 63% (23%) P7 (basic) 86.6% (83.8%) | P7 (detailed) 76.3% (21.6%) P1 (basic) 75.5% (84%) | | | | | |
| | 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: Healthy Shetland Training – building capability to support a shift to prevention

Alongside direct service delivery, the Healthy Shetland team plays a key role in building capability across the wider system through a comprehensive programme of training and development; and helping to understand our population through evidence gathering. This supports staff and partners to target resources, and to have more confident, informed and effective conversations about health and wellbeing with the people they support.

The Health Improvement team works across NHS Shetland and with partner organisations, including local authority, third sector and community services to provide professional development and specialist-led training as part of its wider role in improving population health outcomes. Training is grounded in evidence-based approaches to health behaviour change, recognising that some of the drivers of health and inequalities relate to behaviours such as smoking, alcohol use, diet and physical activity. The team equips staff with the knowledge and skills to support individuals to make meaningful, sustained changes to these behaviours through everyday interactions. A wide range of training is available to meet different needs across the workforce, including:

- **Alcohol Brief Intervention (ABI) training**, supporting staff to have short, structured and non-confrontational conversations about alcohol use and to motivate change
- **Motivational Interviewing (MI)** and other behaviour change approaches, helping staff to have more effective conversations that inspire and sustain change
- **Mental health and wellbeing training**, including self-harm and suicide prevention and creating mentally healthy workplaces; with work underway to develop localised modules around an Ask/Tell approach – these will be launched later in the year.
- **Applied Suicide Intervention Skills Training (ASIST)** and other specialist programmes to support early identification and response
- **MAP (Motivation, Action, Prompts) behaviour change learning**, strengthening the ability of staff to apply psychologically informed approaches in practice
- **Walk leader training** providing people with the knowledge and skills to provide community level safe walking groups for all. Aimed at too, community/3rd sector groups; active leaders include community members, health visitors and CLAN.

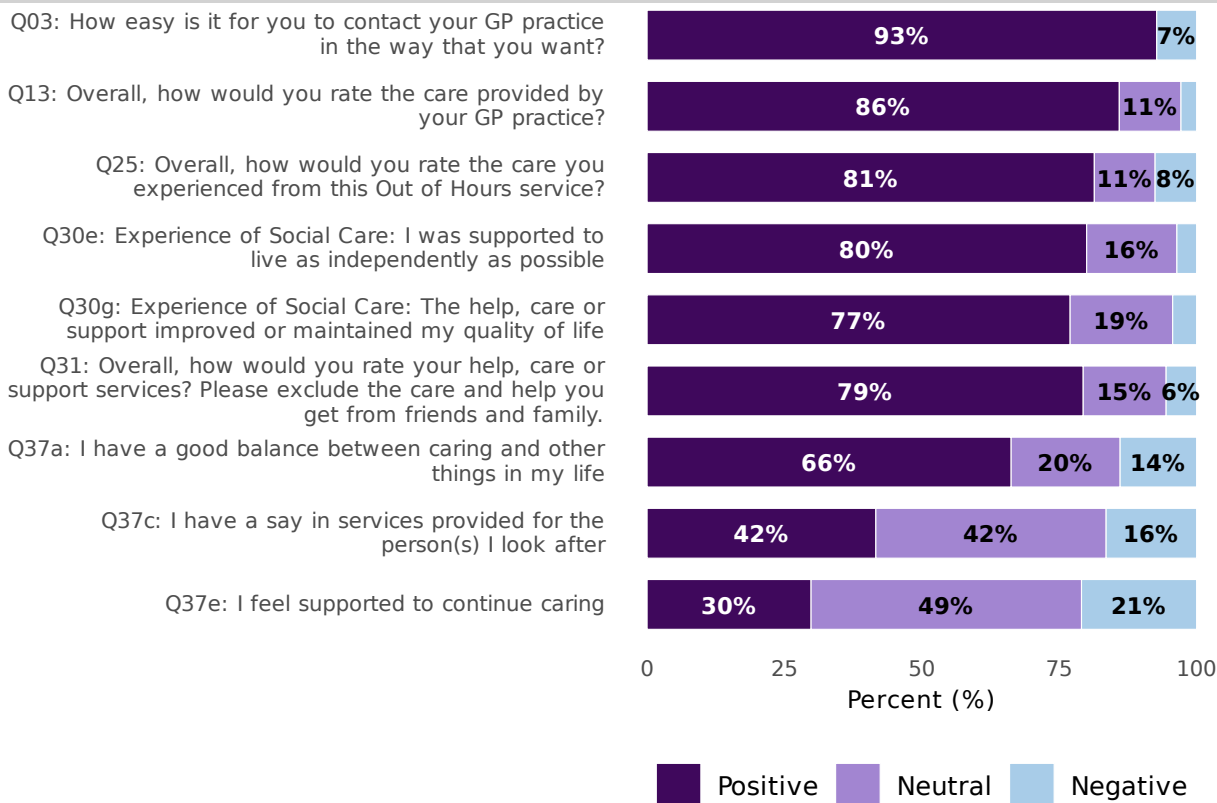
Training is designed to be accessible and flexible, with a mix of online delivery and locally tailored sessions, and is offered to a broad range of frontline staff who have opportunities to influence health outcomes in their day-to-day roles. For example, ABI training is delivered in short, interactive online sessions, enabling staff to build skills quickly and apply them in practice.

Importantly, the approach reflects a shift from delivering health improvement solely through specialist services to embedding prevention and early intervention across the whole system. By increasing confidence and capability in the wider workforce, the Healthy Shetland team is enabling more consistent, person-centred conversations about health at every contact. Overall, the training programme demonstrates how investment in workforce development can amplify the impact of health improvement activity, supporting a shared approach to prevention across Shetland and contributing to improved population health and reduced inequalities over time. See <https://www.healthyshetland.com/> for more information.

Health and Care Experience Survey 2026

This report presents a high-level summary for some of the headline questions from each section of the questionnaire. Results are presented alongside those for Scotland, and across time for all surveys since 2018 where questions are comparable. Further information and access to the data is available on the [Scottish Government website](#).

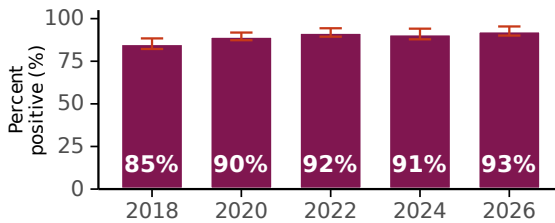
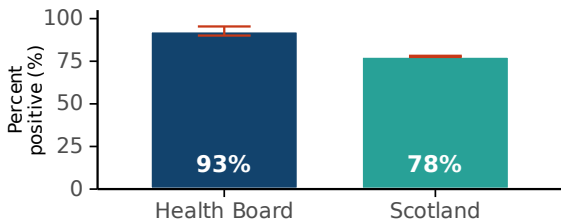
Summary report for NHS Shetland



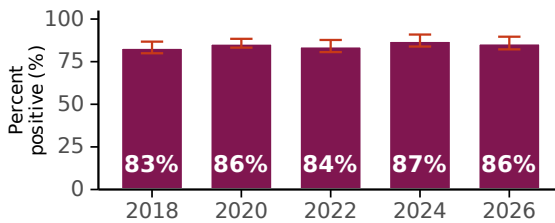
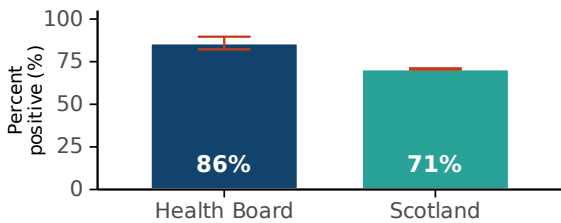
Summary question-specific plots for NHS Shetland compared to Scotland and over time

Health Board: NHS Shetland

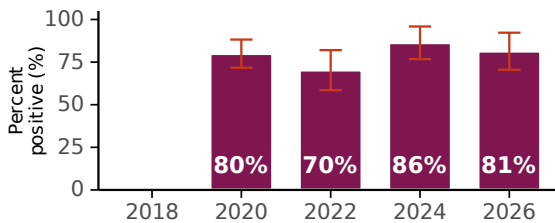
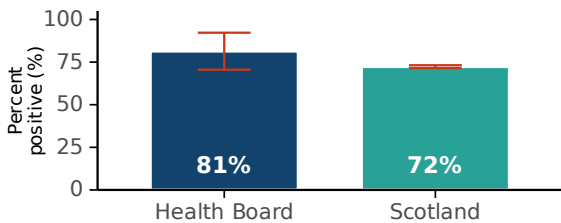
Q03: How easy is it for you to contact your GP practice in the way that you want?



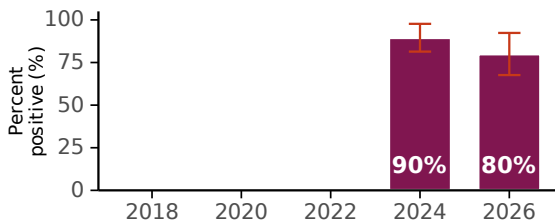
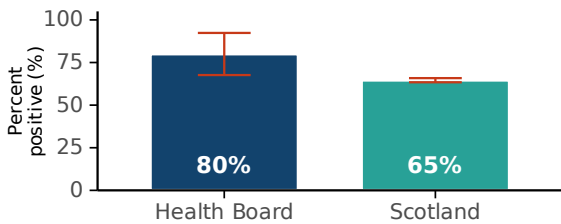
Q13: Overall, how would you rate the care provided by your GP practice?



Q25: Overall, how would you rate the care you experienced from this Out of Hours service?



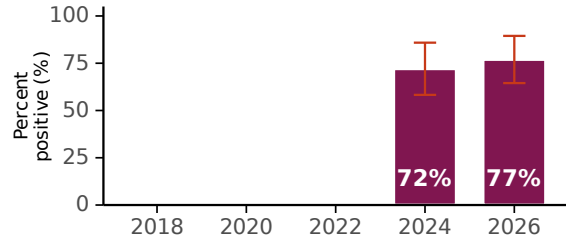
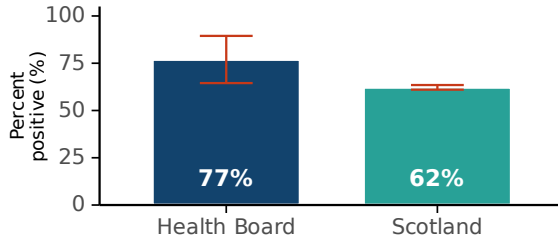
Q30e: Experience of Social Care: I was supported to live as independently as possible



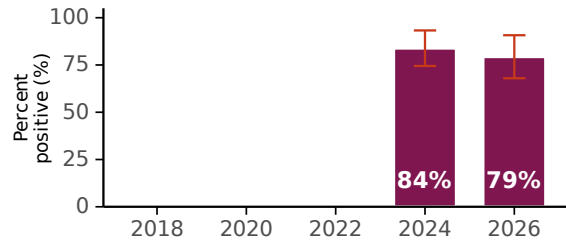
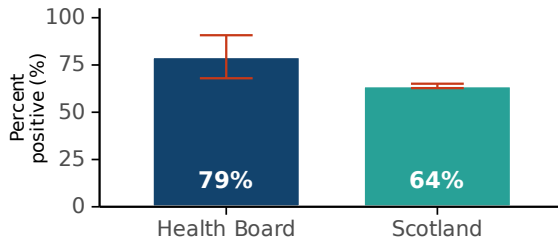
Note: Blank values for years 2019 to 2024 indicate that the question was not asked in that survey or that the quest

Health Board: NHS Shetland

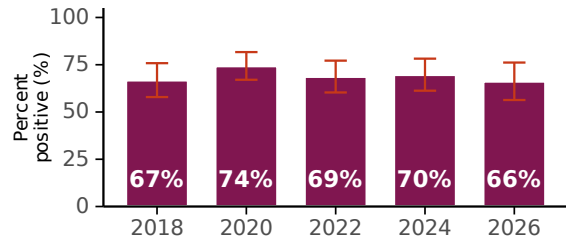
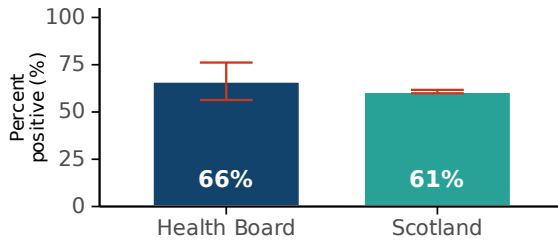
Q30g: Experience of Social Care: The help, care or support improved or maintained my quality of life



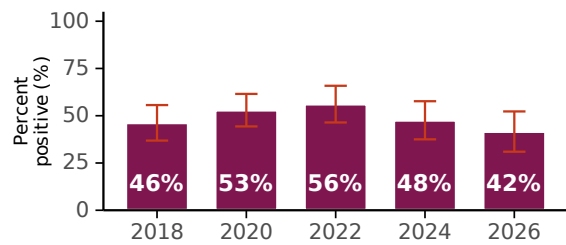
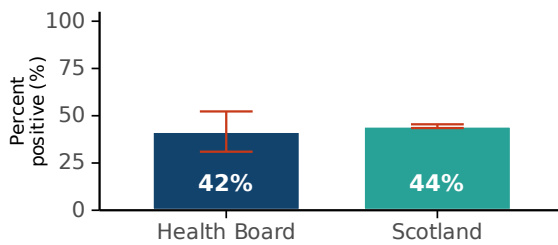
Q31: Overall, how would you rate your help, care or support services? Please exclude the care and help you get friends and family.



Q37a: I have a good balance between caring and other things in my life



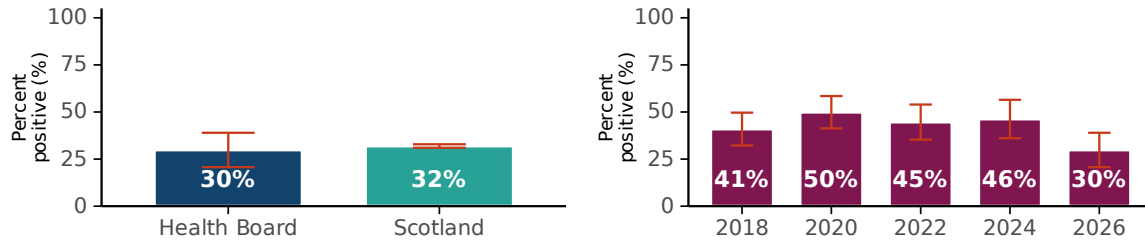
Q37c: I have a say in services provided for the person(s) I look after



Note: Blank values for years 2019 to 2024 indicate that the question was not asked in that survey or that the quest

Health Board: NHS Shetland

Q37e: I feel supported to continue caring



Note: Blank values for years 2019 to 2024 indicate that the question was not asked in that survey or that the quest

More information:

Please visit the [Scottish Government website](#) for the full publication by clicking the link or scanning the QR code. Visit the [Public Health Scotland dashboard](#).



Long-term monitoring of health inequalities

Indicator

Alcohol related deaths

12.8

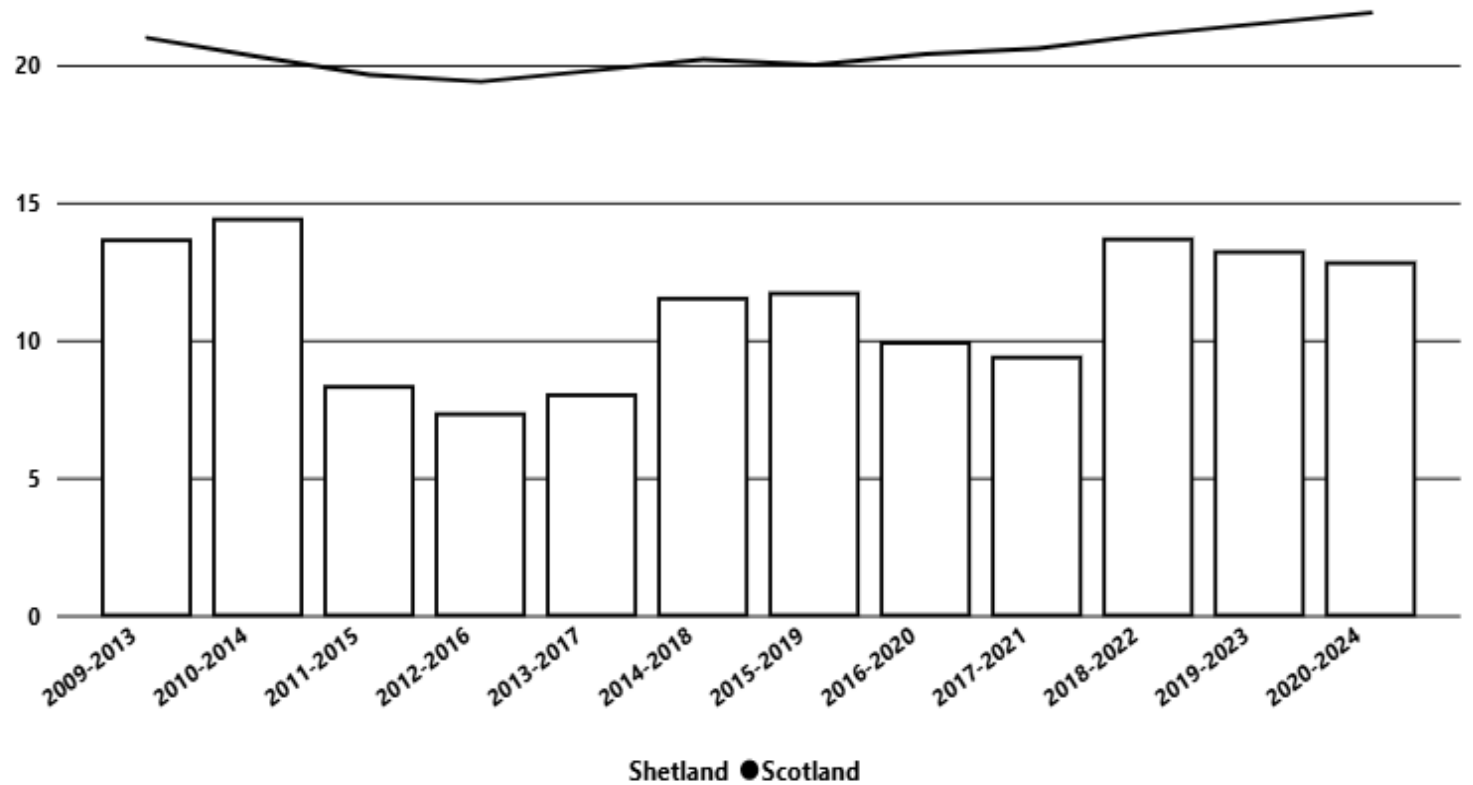
Current Shetland value

21.9

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2009-2013 | 13.6 | 21.0 |
| 2010-2014 | 14.4 | 20.3 |
| 2011-2015 | 8.3 | 19.6 |
| 2012-2016 | 7.3 | 19.4 |
| 2013-2017 | 8.0 | 19.8 |
| 2014-2018 | 11.5 | 20.2 |
| 2015-2019 | 11.7 | 20.0 |
| 2016-2020 | 9.9 | 20.4 |
| 2017-2021 | 9.4 | 20.6 |
| 2018-2022 | 13.7 | 21.1 |
| 2019-2023 | 13.2 | 21.5 |
| 2020-2024 | 12.8 | 21.9 |

Age standardised death rate per 100,000 population



5 year averages of alcohol specific deaths

Indicator

Alcohol related hospital admissions

316.6

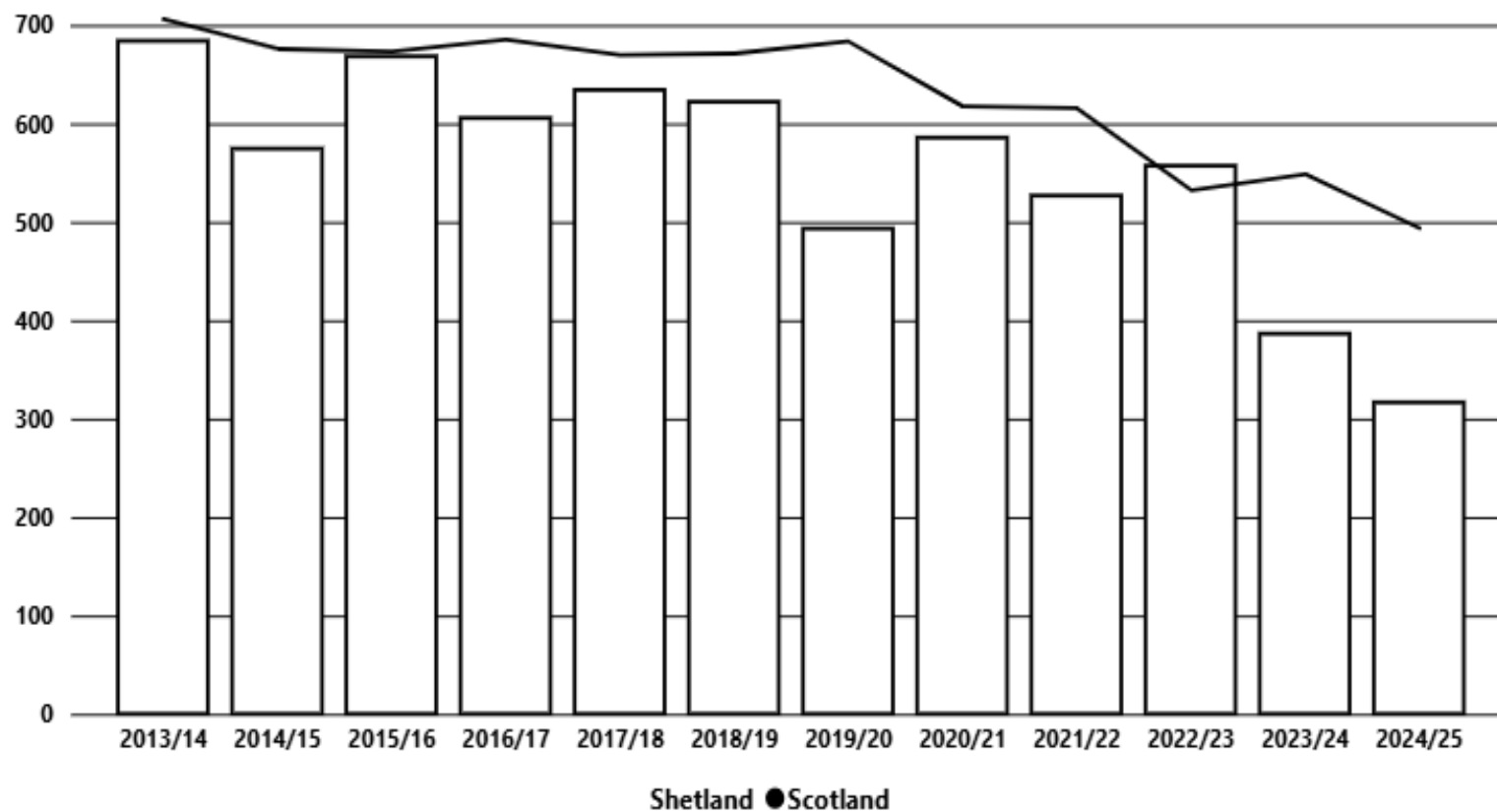
Current Shetland value

493.6

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013/14 | 683.9 | 706.0 |
| 2014/15 | 574.4 | 675.7 |
| 2015/16 | 668.2 | 673.2 |
| 2016/17 | 605.5 | 685.2 |
| 2017/18 | 634.1 | 669.5 |
| 2018/19 | 622.0 | 670.9 |
| 2019/20 | 493.2 | 683.3 |
| 2020/21 | 585.6 | 617.4 |
| 2021/22 | 526.7 | 615.4 |
| 2022/23 | 557.0 | 532.2 |
| 2023/24 | 386.4 | 548.2 |
| 2024/25 | 316.6 | 493.6 |

Standardised rate per 100,000 population



Indicator

All cause mortality (15-44 years)

104.4

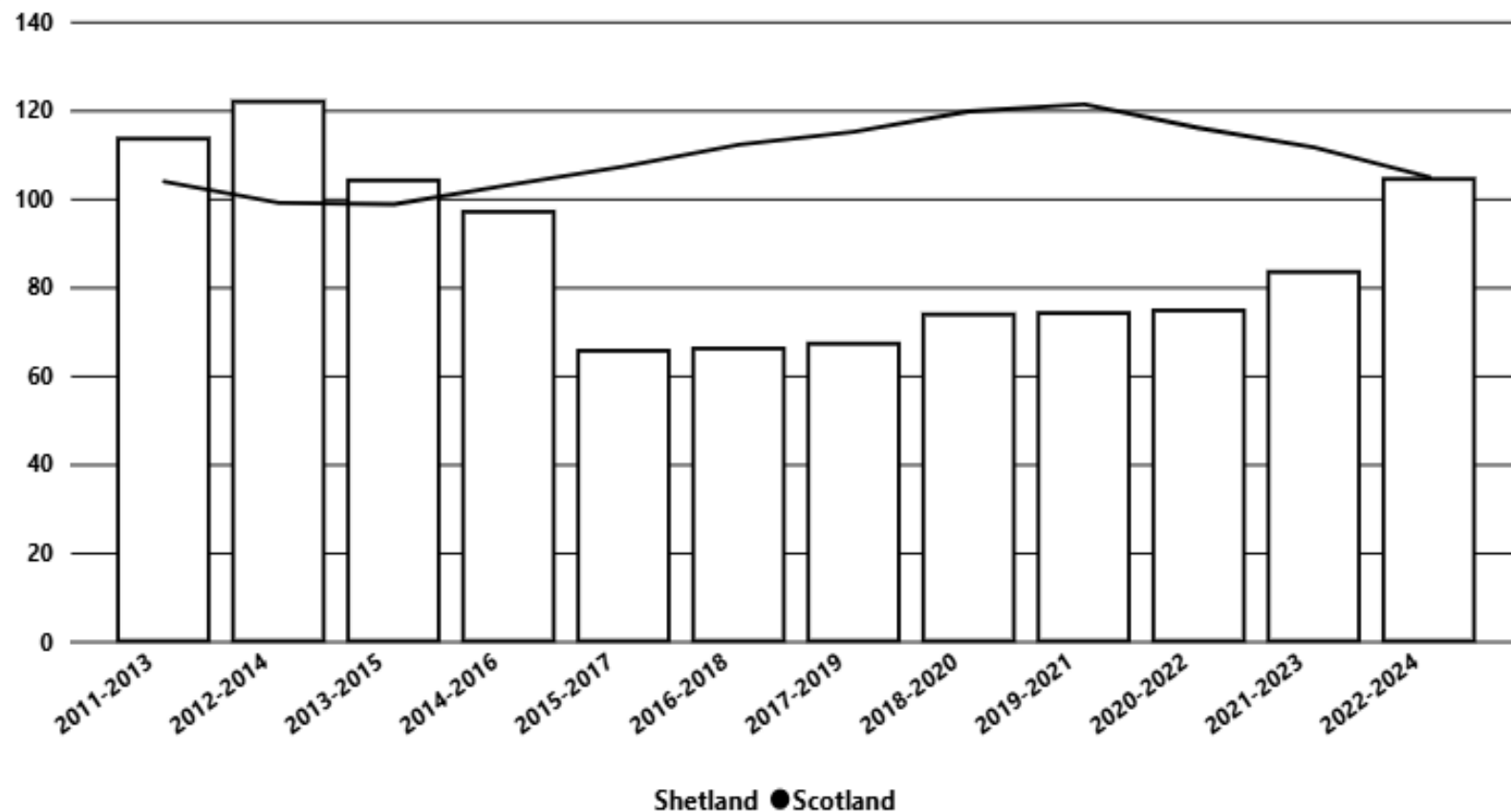
Current Shetland value

104.8

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2011-2013 | 113.5 | 103.8 |
| 2012-2014 | 121.9 | 99.0 |
| 2013-2015 | 104.1 | 98.7 |
| 2014-2016 | 97.0 | 103.1 |
| 2015-2017 | 65.6 | 107.2 |
| 2016-2018 | 66.1 | 112.2 |
| 2017-2019 | 67.2 | 115.1 |
| 2018-2020 | 73.8 | 119.7 |
| 2019-2021 | 74.1 | 121.3 |
| 2020-2022 | 74.7 | 115.9 |
| 2021-2023 | 83.4 | 111.5 |
| 2022-2024 | 104.4 | 104.8 |

Age-sex Standardised rate per 100,000 population



Indicator

Appropriate birthweight

79.5

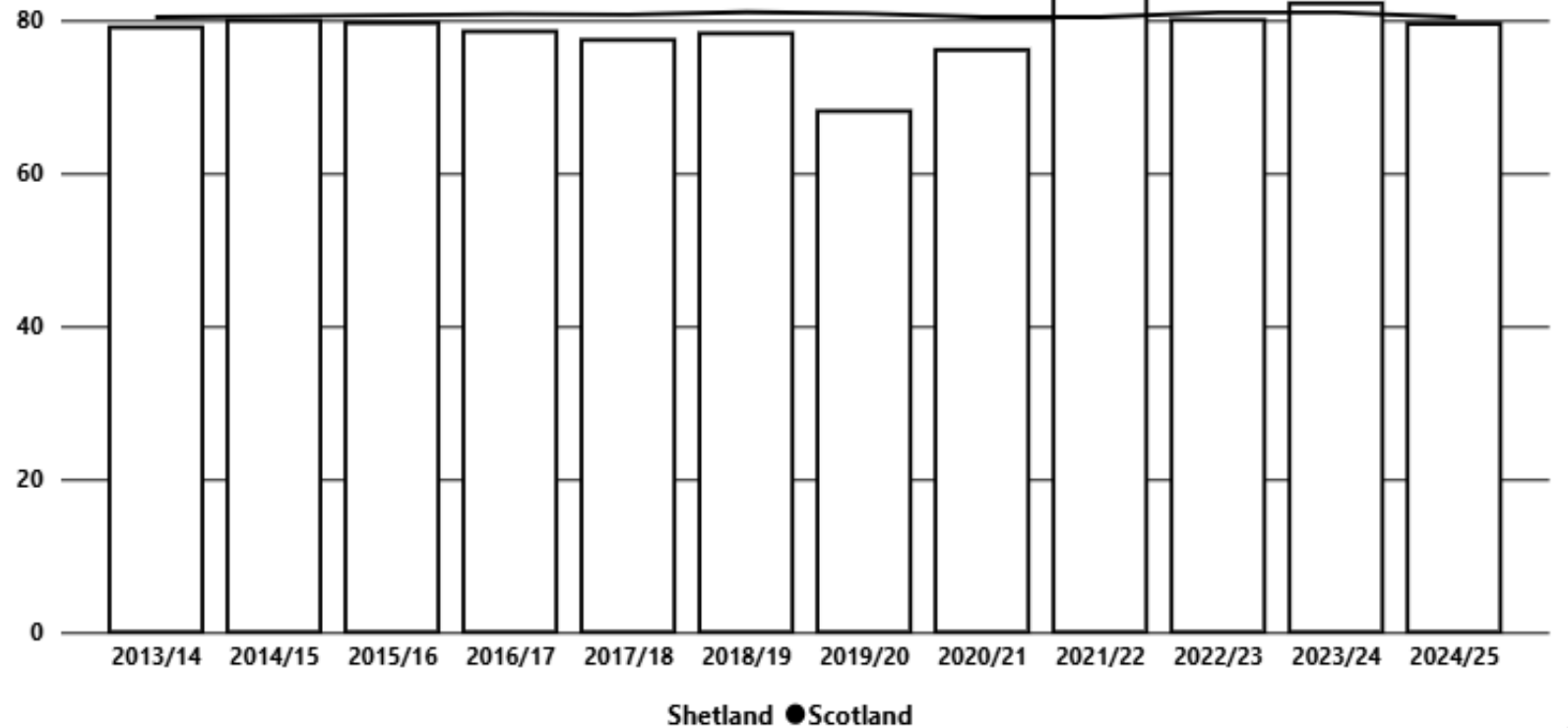
Current Shetland value

80.4

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013/14 | 79.1 | 80.4 |
| 2014/15 | 79.9 | 80.5 |
| 2015/16 | 79.6 | 80.6 |
| 2016/17 | 78.5 | 80.8 |
| 2017/18 | 77.4 | 80.7 |
| 2018/19 | 78.3 | 81.1 |
| 2019/20 | 68.1 | 80.9 |
| 2020/21 | 76.1 | 80.4 |
| 2021/22 | 85.8 | 80.4 |
| 2022/23 | 80.0 | 81.0 |
| 2023/24 | 82.2 | 81.0 |
| 2024/25 | 79.5 | 80.4 |

Percentage (%)



Babies identified as an appropriate weight for gestational age are those with a birthweight between the 10th and 90th percentiles

Indicator

Cancer deaths (under 75 years) ▼

106.3

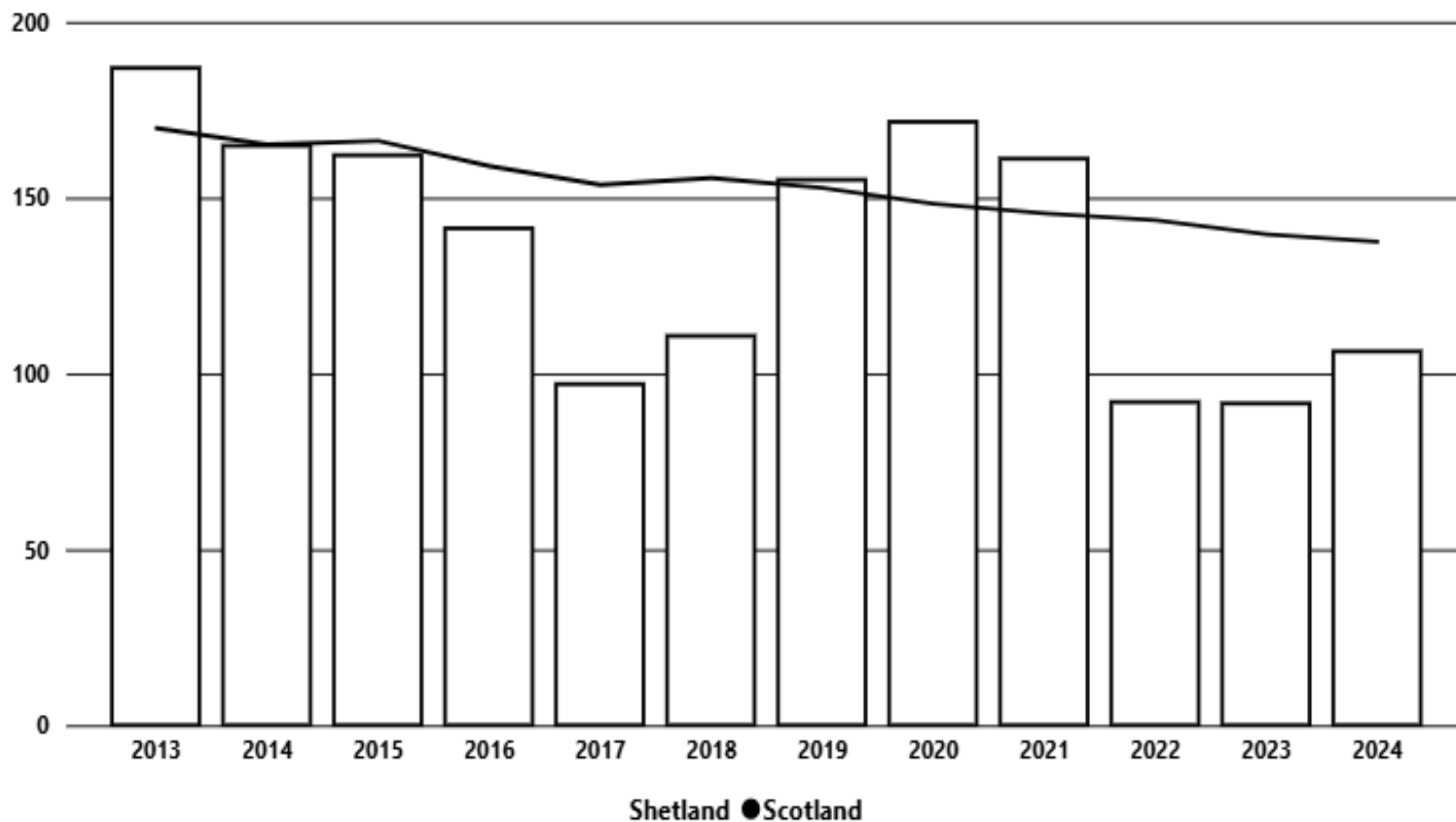
Current Shetland value

137.5

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013 | 186.9 | 169.8 |
| 2014 | 164.8 | 165.1 |
| 2015 | 162.1 | 166.2 |
| 2016 | 141.3 | 159.0 |
| 2017 | 97.0 | 153.7 |
| 2018 | 110.7 | 155.6 |
| 2019 | 155.1 | 152.8 |
| 2020 | 171.6 | 148.3 |
| 2021 | 161.1 | 145.5 |
| 2022 | 91.9 | 143.6 |
| 2023 | 91.5 | 139.6 |
| 2024 | 106.3 | 137.5 |

Standardised death rates per 100,000 population



Indicator

Cancer incidence

501.4

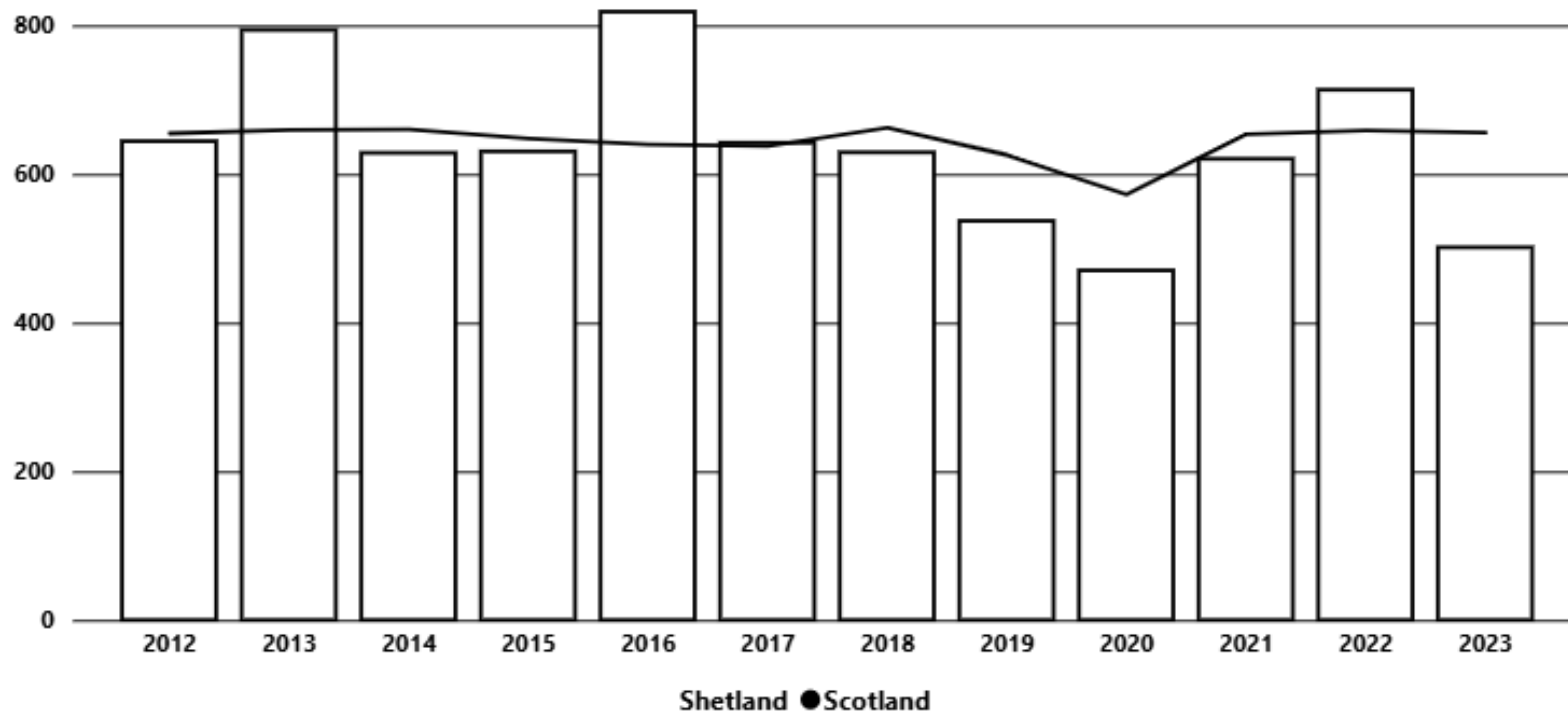
Current Shetland value

655.7

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2012 | 644.2 | 654.5 |
| 2013 | 793.9 | 659.6 |
| 2014 | 628.5 | 660.1 |
| 2015 | 630.5 | 647.8 |
| 2016 | 818.4 | 640.0 |
| 2017 | 642.1 | 637.4 |
| 2018 | 629.2 | 662.3 |
| 2019 | 537.0 | 625.6 |
| 2020 | 470.4 | 572.6 |
| 2021 | 620.5 | 653.8 |
| 2022 | 713.4 | 658.7 |
| 2023 | 501.4 | 655.7 |

Standardised rate per 100,000 population



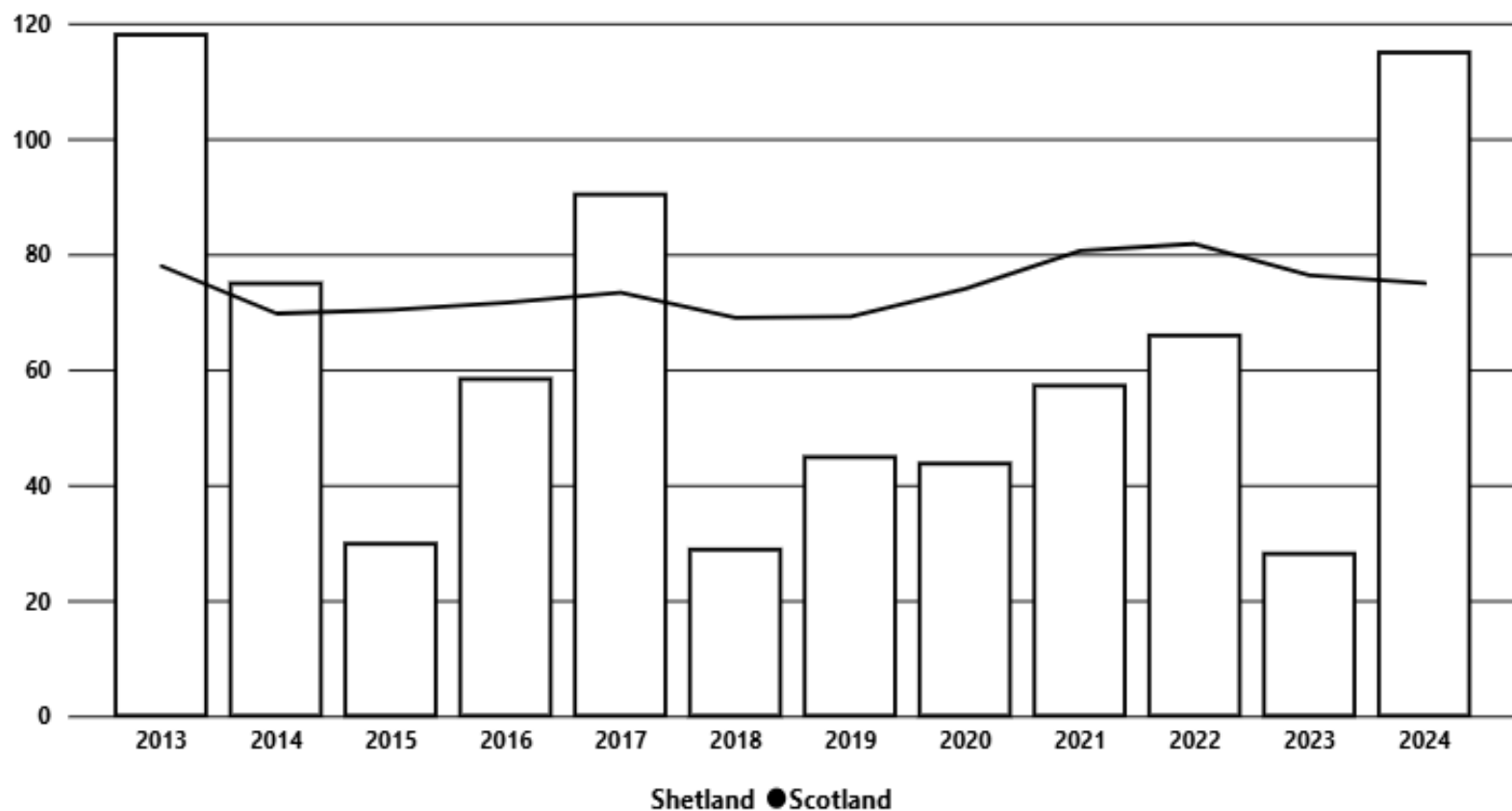
IndicatorCoronary Heart Disease deaths (aged 45-64 years) ▼**114.9**

Current Shetland value

74.9

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013 | 118.0 | 77.9 |
| 2014 | 74.9 | 69.7 |
| 2015 | 29.8 | 70.3 |
| 2016 | 58.3 | 71.6 |
| 2017 | 90.3 | 73.3 |
| 2018 | 28.8 | 69.0 |
| 2019 | 44.8 | 69.2 |
| 2020 | 43.7 | 74.0 |
| 2021 | 57.2 | 80.6 |
| 2022 | 65.9 | 81.8 |
| 2023 | 28.1 | 76.4 |
| 2024 | 114.9 | 74.9 |



Indicator

Coronary Heart Disease deaths (aged 65-74 years)

191.0

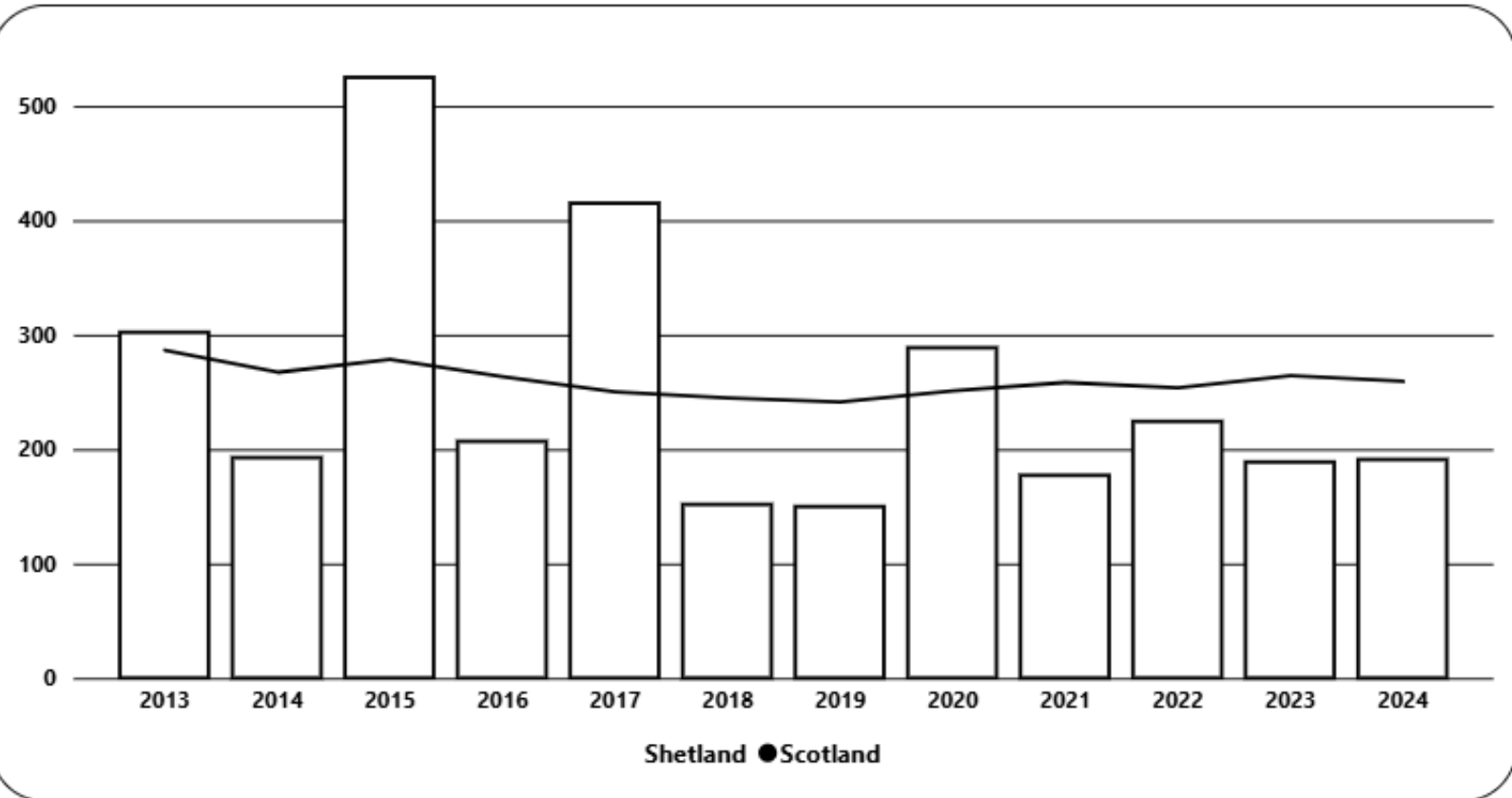
Current Shetland value

259.3

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013 | 302.2 | 286.5 |
| 2014 | 192.6 | 267.2 |
| 2015 | 525.0 | 278.3 |
| 2016 | 206.9 | 263.4 |
| 2017 | 415.0 | 250.2 |
| 2018 | 151.7 | 244.8 |
| 2019 | 149.8 | 241.3 |
| 2020 | 288.6 | 250.9 |
| 2021 | 177.2 | 258.3 |
| 2022 | 224.3 | 253.6 |
| 2023 | 188.8 | 264.4 |
| 2024 | 191.0 | 259.3 |

Standardised death rates per 100,000 population



Indicator

Drug related hospital admissions

54.7

Current Shetland value

192.3

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
|-------------|----------|----------|

| | | |
|---------|-------|-------|
| 2013/14 | 130.1 | 166.5 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2014/15 | 112.1 | 178.4 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2015/16 | 116.8 | 197.5 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2016/17 | 132.3 | 222.8 |
|---------|-------|-------|

| | | |
|---------|------|-------|
| 2017/18 | 90.3 | 239.1 |
|---------|------|-------|

| | | |
|---------|-------|-------|
| 2018/19 | 151.0 | 263.8 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2019/20 | 130.3 | 288.6 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2020/21 | 174.0 | 276.5 |
|---------|-------|-------|

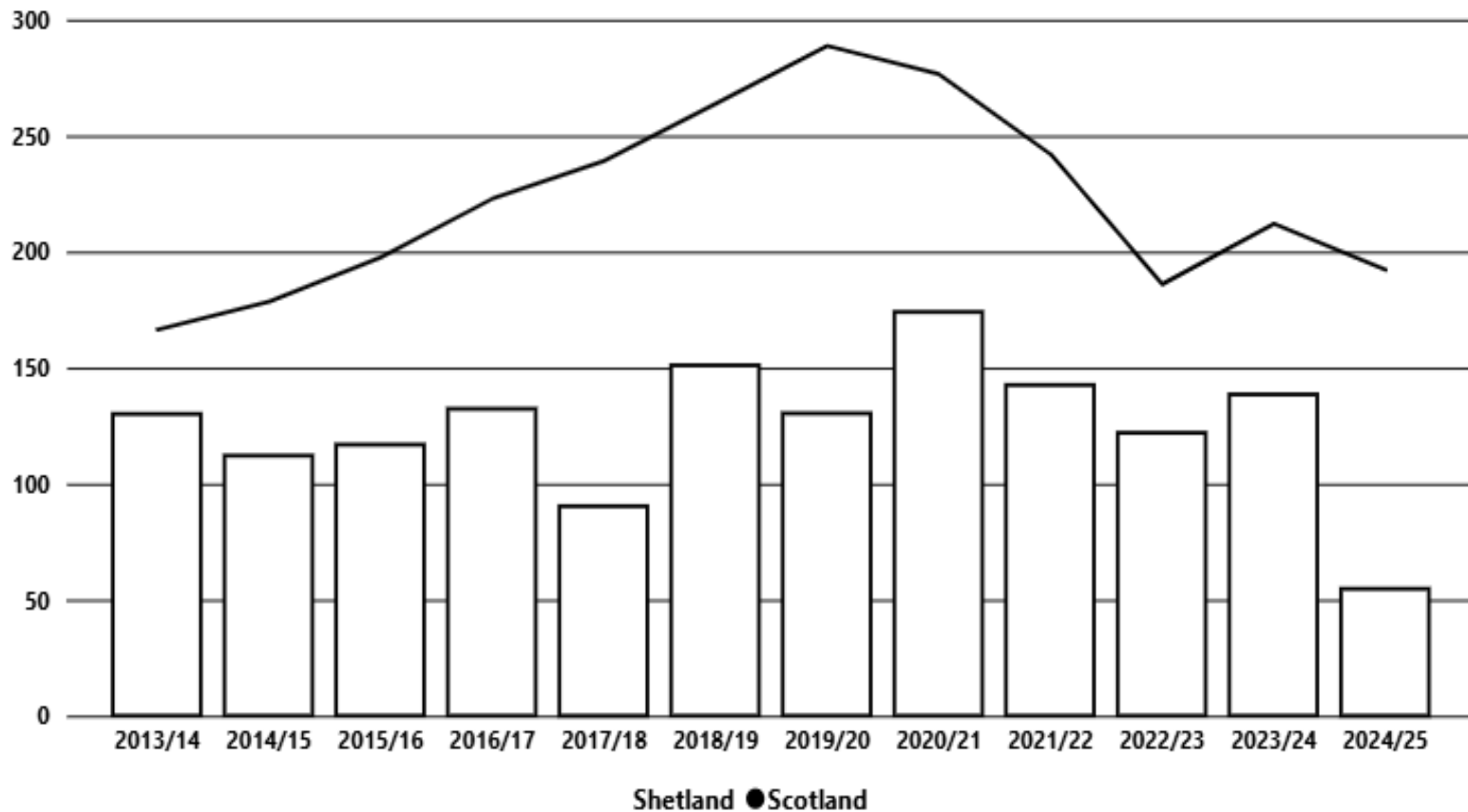
| | | |
|---------|-------|-------|
| 2021/22 | 142.6 | 242.0 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2022/23 | 121.9 | 185.9 |
|---------|-------|-------|

| | | |
|---------|-------|-------|
| 2023/24 | 138.5 | 212.0 |
|---------|-------|-------|

| | | |
|---------|------|-------|
| 2024/25 | 54.7 | 192.3 |
|---------|------|-------|

Standardised death rates per 100,000 population



Indicator

Drug related hospital admissions

54.7

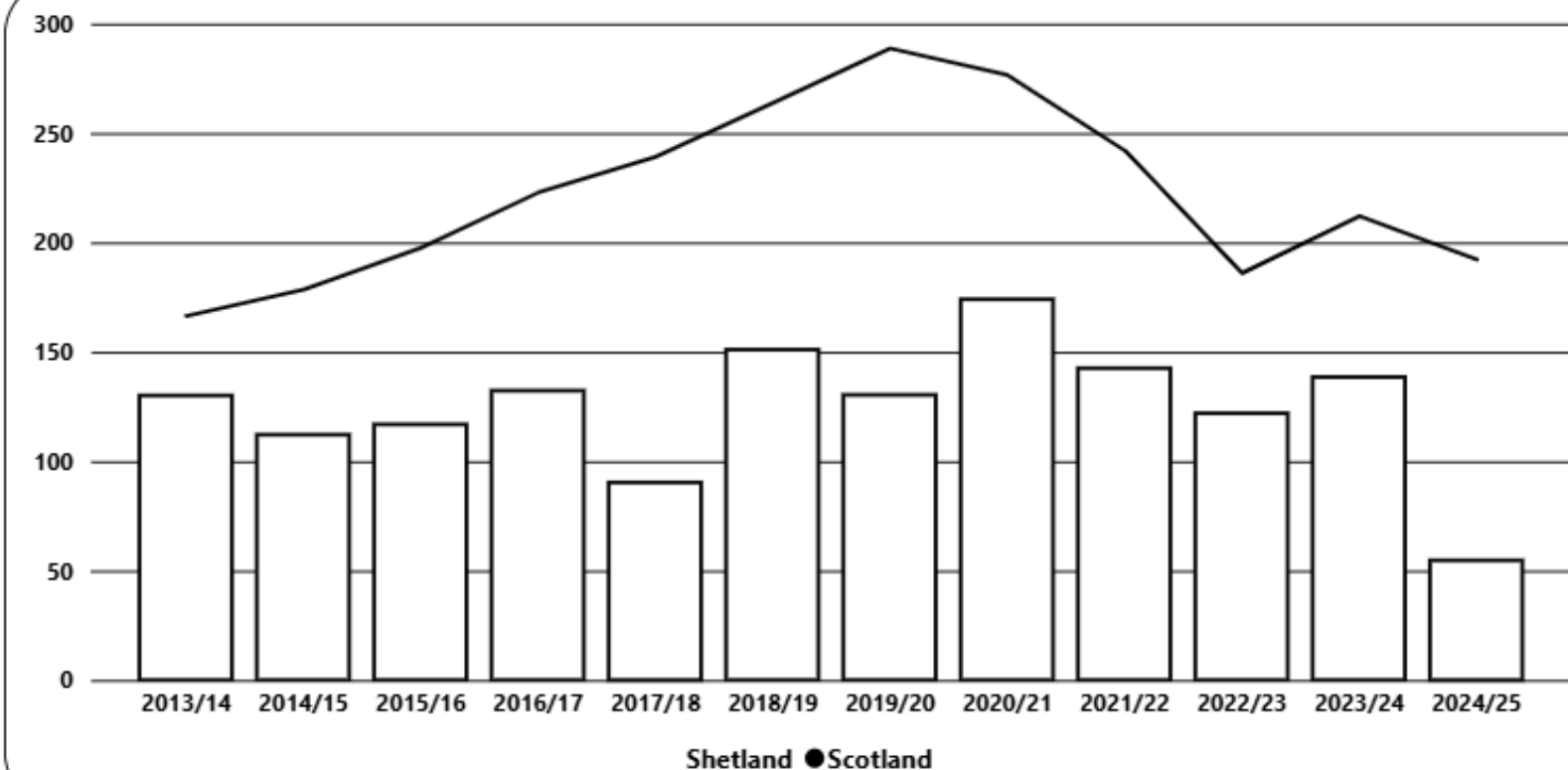
Current Shetland value

192.3

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013/14 | 130.1 | 166.5 |
| 2014/15 | 112.1 | 178.4 |
| 2015/16 | 116.8 | 197.5 |
| 2016/17 | 132.3 | 222.8 |
| 2017/18 | 90.3 | 239.1 |
| 2018/19 | 151.0 | 263.8 |
| 2019/20 | 130.3 | 288.6 |
| 2020/21 | 174.0 | 276.5 |
| 2021/22 | 142.6 | 242.0 |
| 2022/23 | 121.9 | 185.9 |
| 2023/24 | 138.5 | 212.0 |
| 2024/25 | 54.7 | 192.3 |

Standardised rates per 100,000 population



Indicator

Healthy Life Expectancy - Females

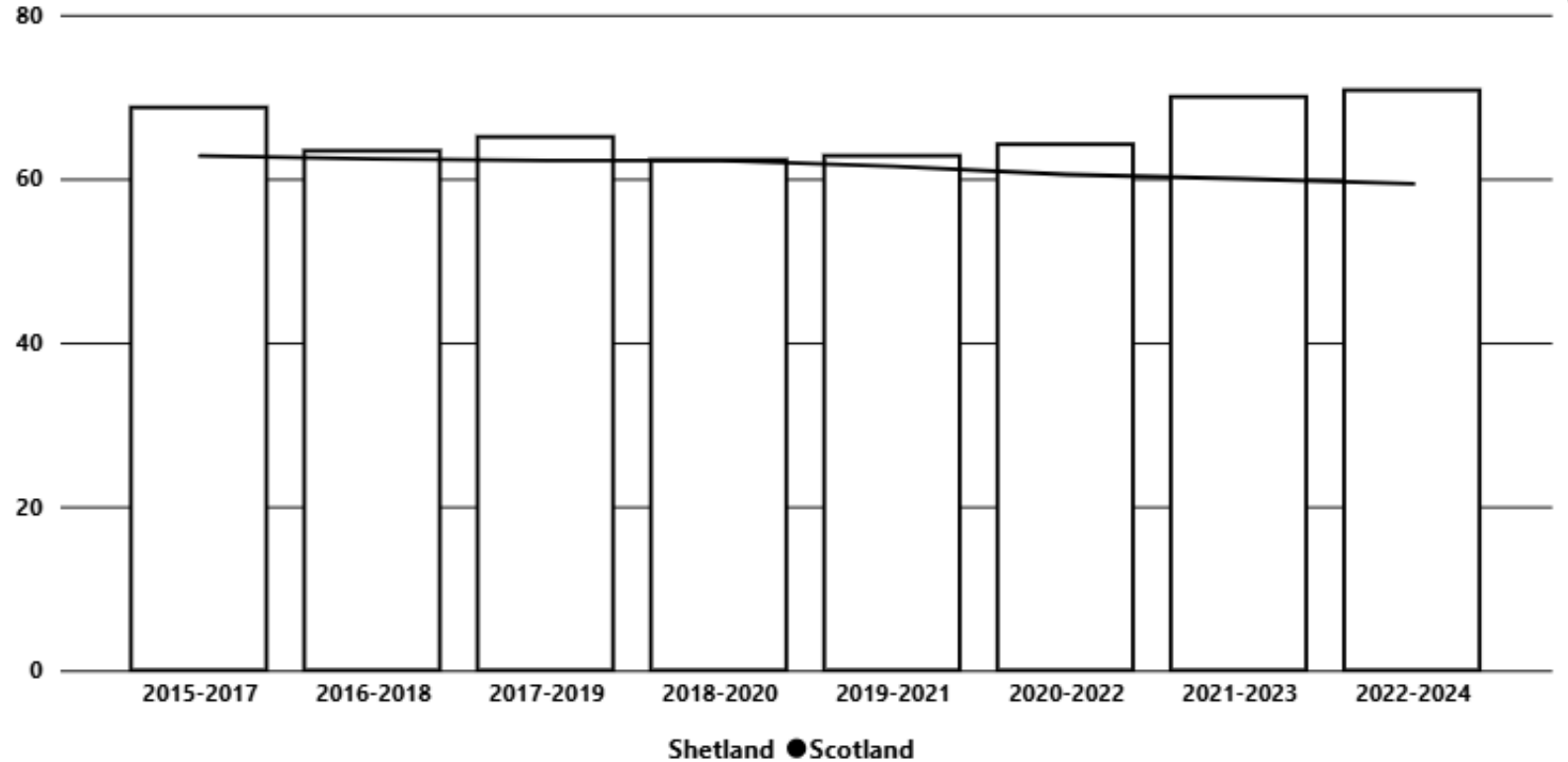
70.8

Current Shetland value

59.4

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2015-2017 | 68.7 | 62.8 |
| 2016-2018 | 63.4 | 62.4 |
| 2017-2019 | 65.1 | 62.2 |
| 2018-2020 | 62.3 | 62.2 |
| 2019-2021 | 62.8 | 61.5 |
| 2020-2022 | 64.2 | 60.5 |
| 2021-2023 | 70.0 | 60.0 |
| 2022-2024 | 70.8 | 59.4 |



Healthy Life Expectancy (HLE) is a population average based on the self reported experiences of a sample of people. It is an indicator of the health of the whole population.

Indicator

Healthy Life Expectancy - Males

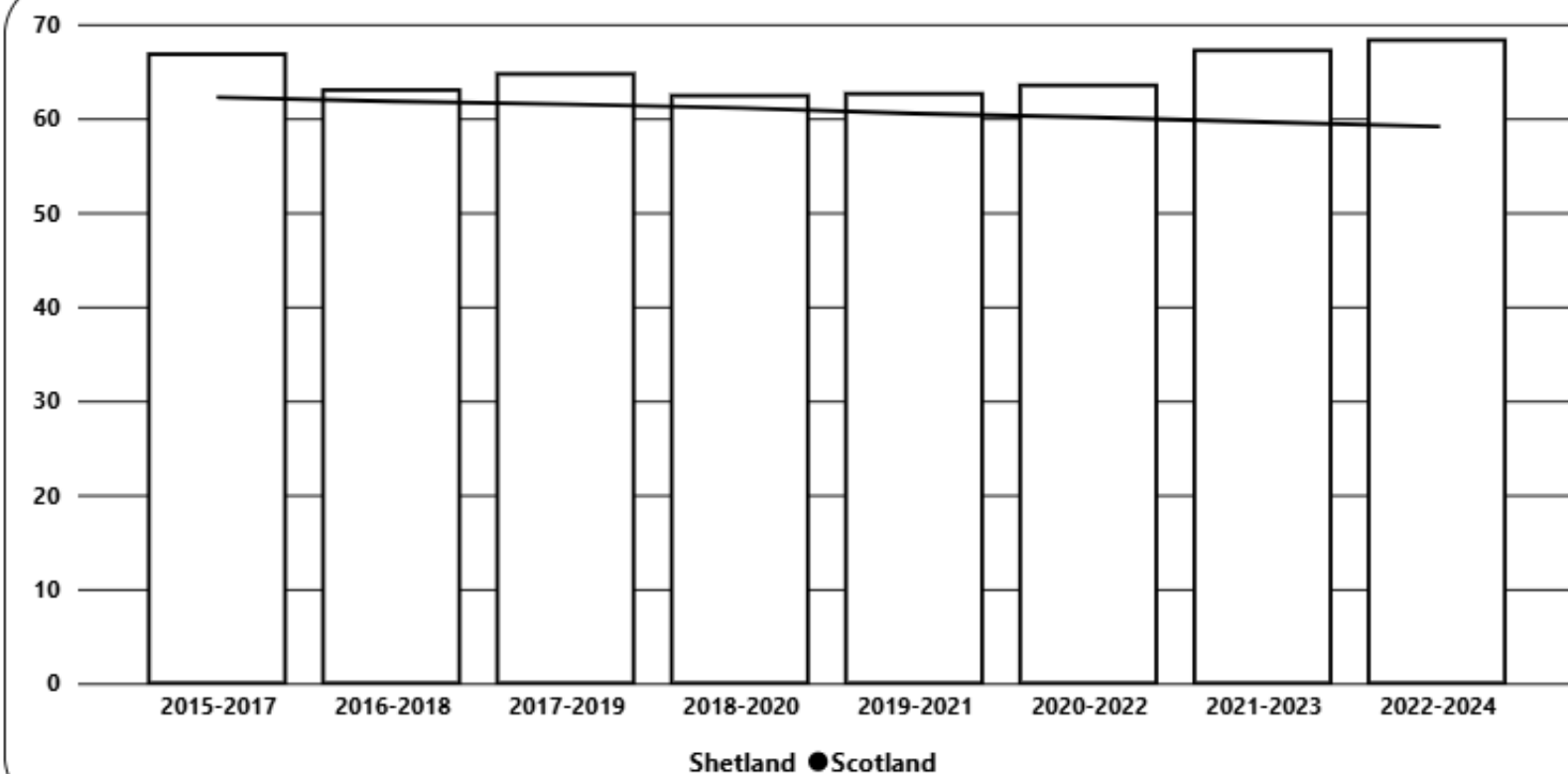
68.3

Current Shetland value

59.1

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2015-2017 | 66.8 | 62.2 |
| 2016-2018 | 63.0 | 61.8 |
| 2017-2019 | 64.7 | 61.5 |
| 2018-2020 | 62.4 | 61.1 |
| 2019-2021 | 62.6 | 60.5 |
| 2020-2022 | 63.5 | 60.1 |
| 2021-2023 | 67.2 | 59.6 |
| 2022-2024 | 68.3 | 59.1 |



Healthy Life Expectancy (HLE) is a population average based on the self reported experiences of a sample of people. It is an indicator of the health of the whole population.

Indicator

Heart attack incidence (under 75 years)

114.4

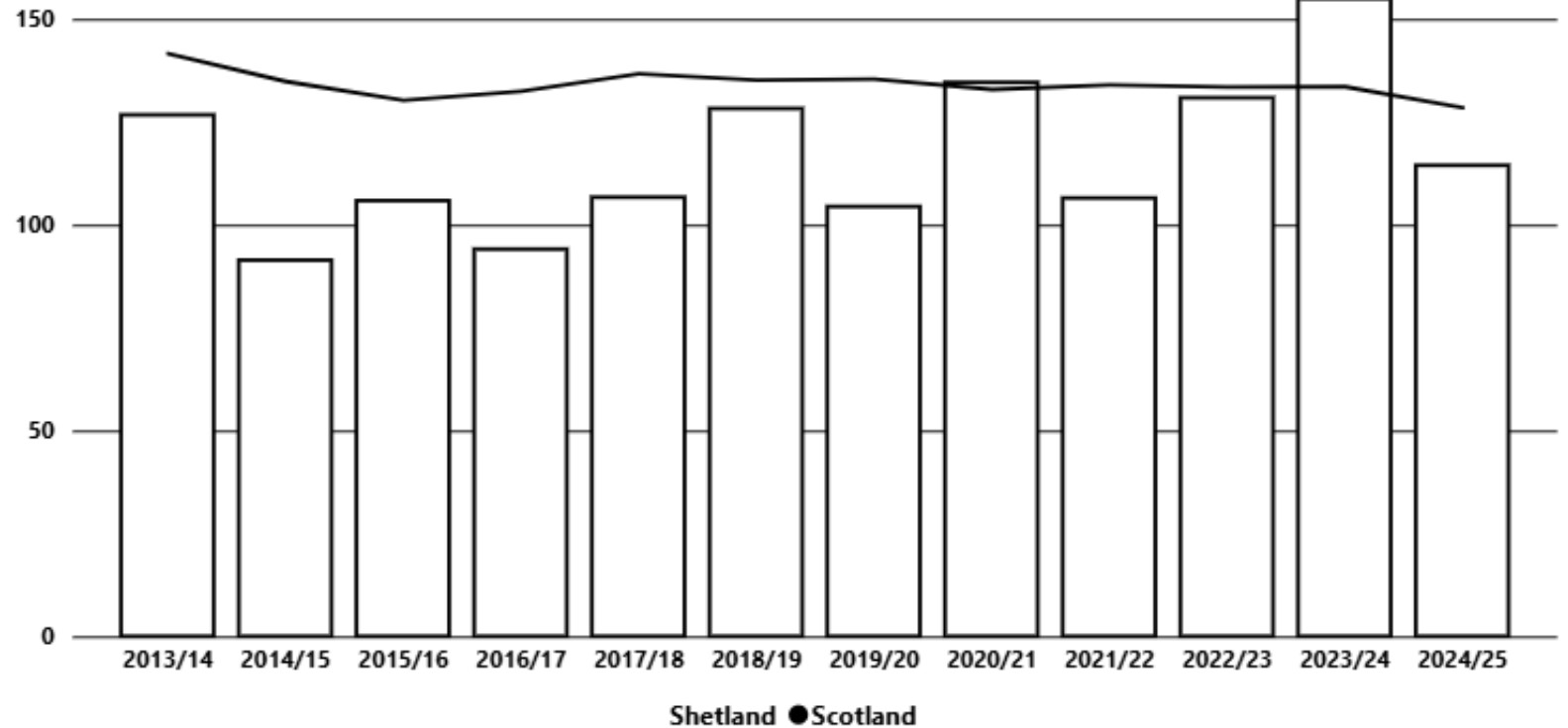
Current Shetland value

128.4

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013/14 | 126.7 | 141.6 |
| 2014/15 | 91.4 | 134.8 |
| 2015/16 | 105.9 | 130.2 |
| 2016/17 | 94.1 | 132.5 |
| 2017/18 | 106.7 | 136.7 |
| 2018/19 | 128.2 | 135.2 |
| 2019/20 | 104.4 | 135.4 |
| 2020/21 | 134.6 | 132.9 |
| 2021/22 | 106.5 | 134.0 |
| 2022/23 | 130.9 | 133.4 |
| 2023/24 | 154.9 | 133.5 |
| 2024/25 | 114.4 | 128.4 |

Standardised rate per 100,000 population



Incidence is the number of new hospital cases plus deaths (screened back to exclude those with similar previous admissions within 10 years)

Indicator

Limiting long-term conditions amongst adults

40.0

Current Shetland value

37.0

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
|-------------|----------|----------|

| | | |
|-----------|------|------|
| 2012-2015 | 30.0 | 32.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2013-2016 | 29.0 | 32.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2014-2017 | 29.0 | 32.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2015-2018 | 31.0 | 32.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2016-2019 | 32.0 | 33.0 |
|-----------|------|------|

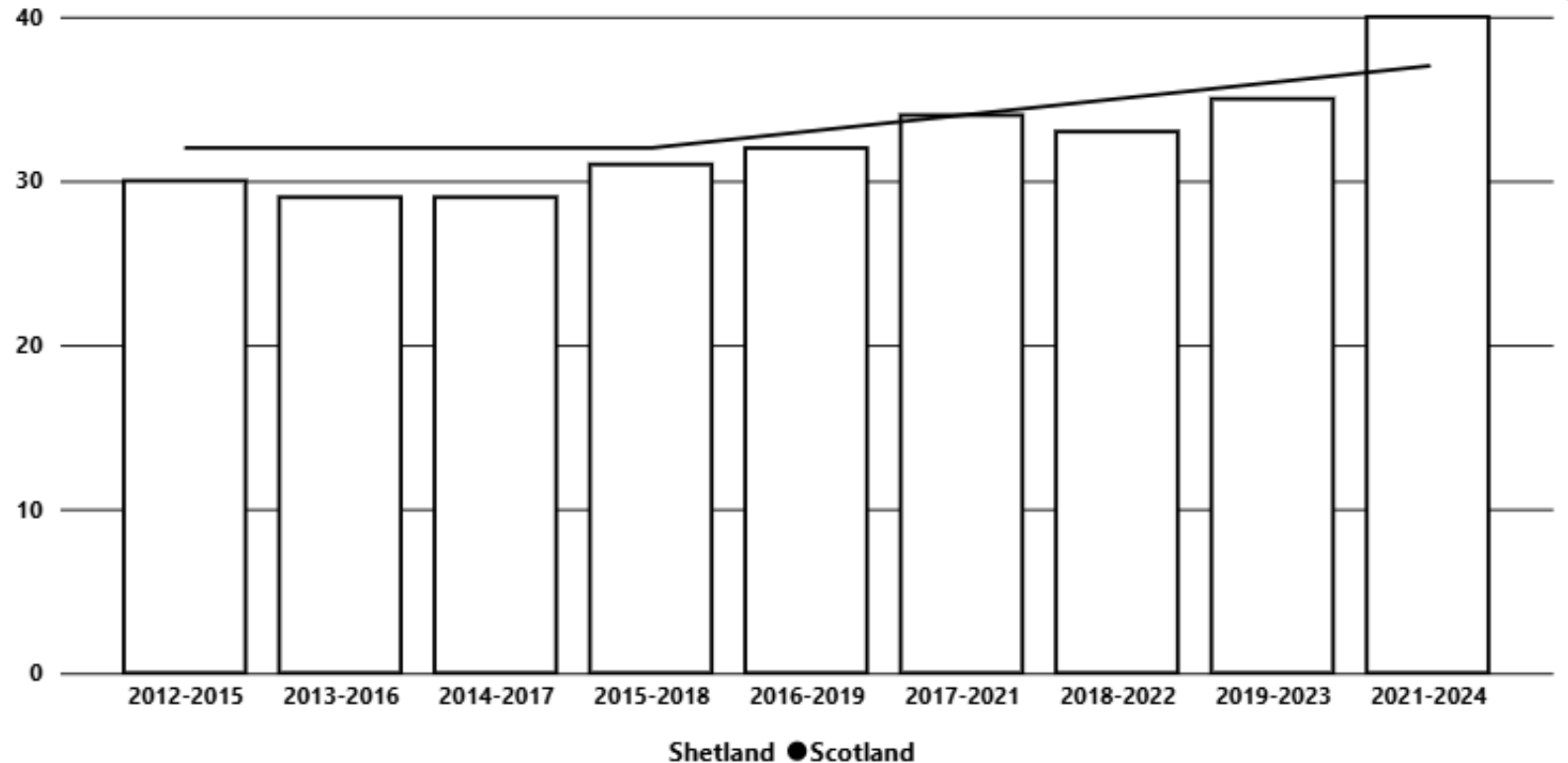
| | | |
|-----------|------|------|
| 2017-2021 | 34.0 | 34.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2018-2022 | 33.0 | 35.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2019-2023 | 35.0 | 36.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2021-2024 | 40.0 | 37.0 |
|-----------|------|------|

Percentage (%)



Long Term Conditions are defined as a physical or mental condition and health condition or illness lasting, or expected to last 12 limiting months or more. A long term condition is defined as limiting if the respondent reported that it limited their activities in any way.

Indicator

Mental wellbeing of adults

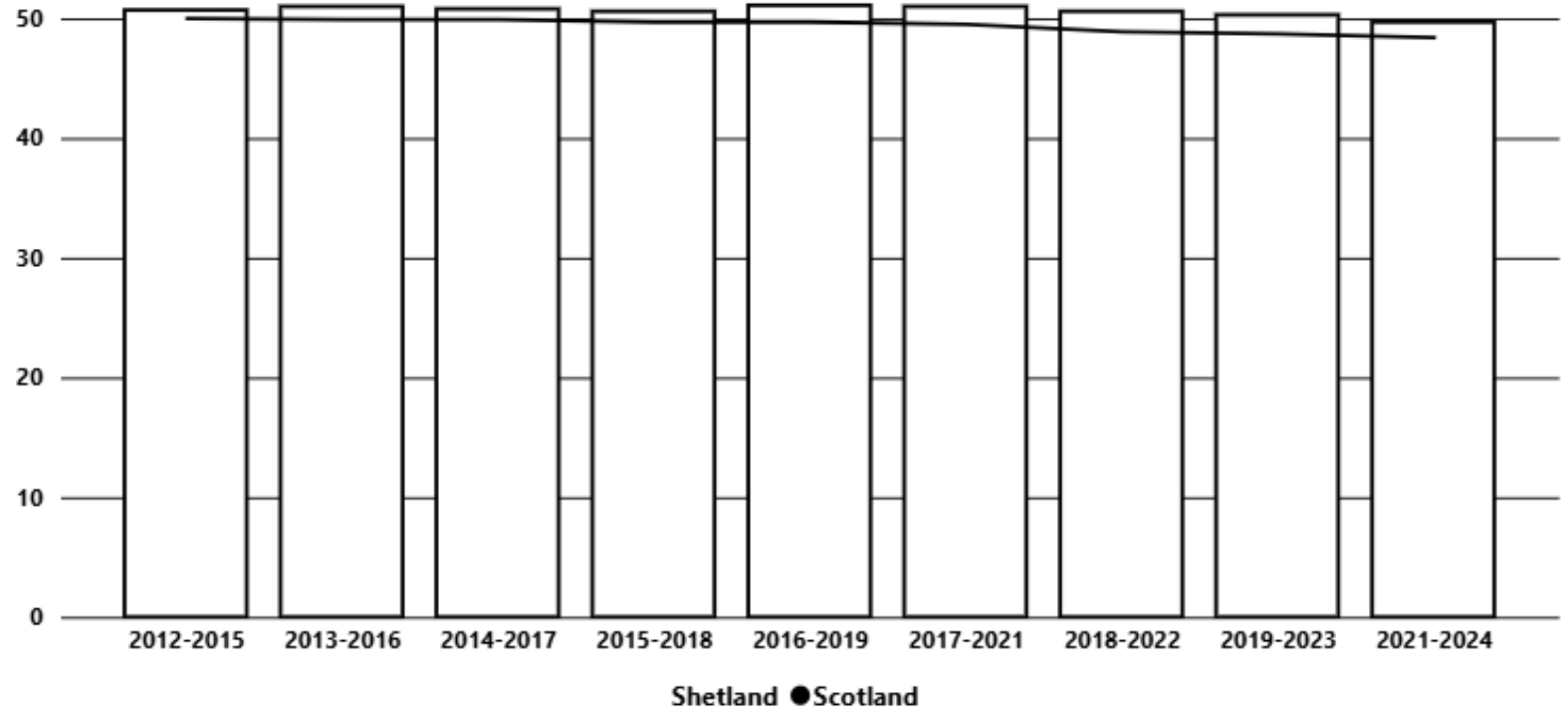
49.7

Current Shetland value

48.4

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2012-2015 | 50.7 | 50.0 |
| 2013-2016 | 51.0 | 49.9 |
| 2014-2017 | 50.8 | 49.9 |
| 2015-2018 | 50.6 | 49.7 |
| 2016-2019 | 51.1 | 49.7 |
| 2017-2021 | 51.0 | 49.5 |
| 2018-2022 | 50.6 | 48.9 |
| 2019-2023 | 50.3 | 48.7 |
| 2021-2024 | 49.7 | 48.4 |



The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population's mental wellbeing. WEMWBS has a mean score of 51.0 in general population in the UK. A higher score indicates greater wellbeing.

Indicator

Premature mortality (under 75 years) ▼

305.5

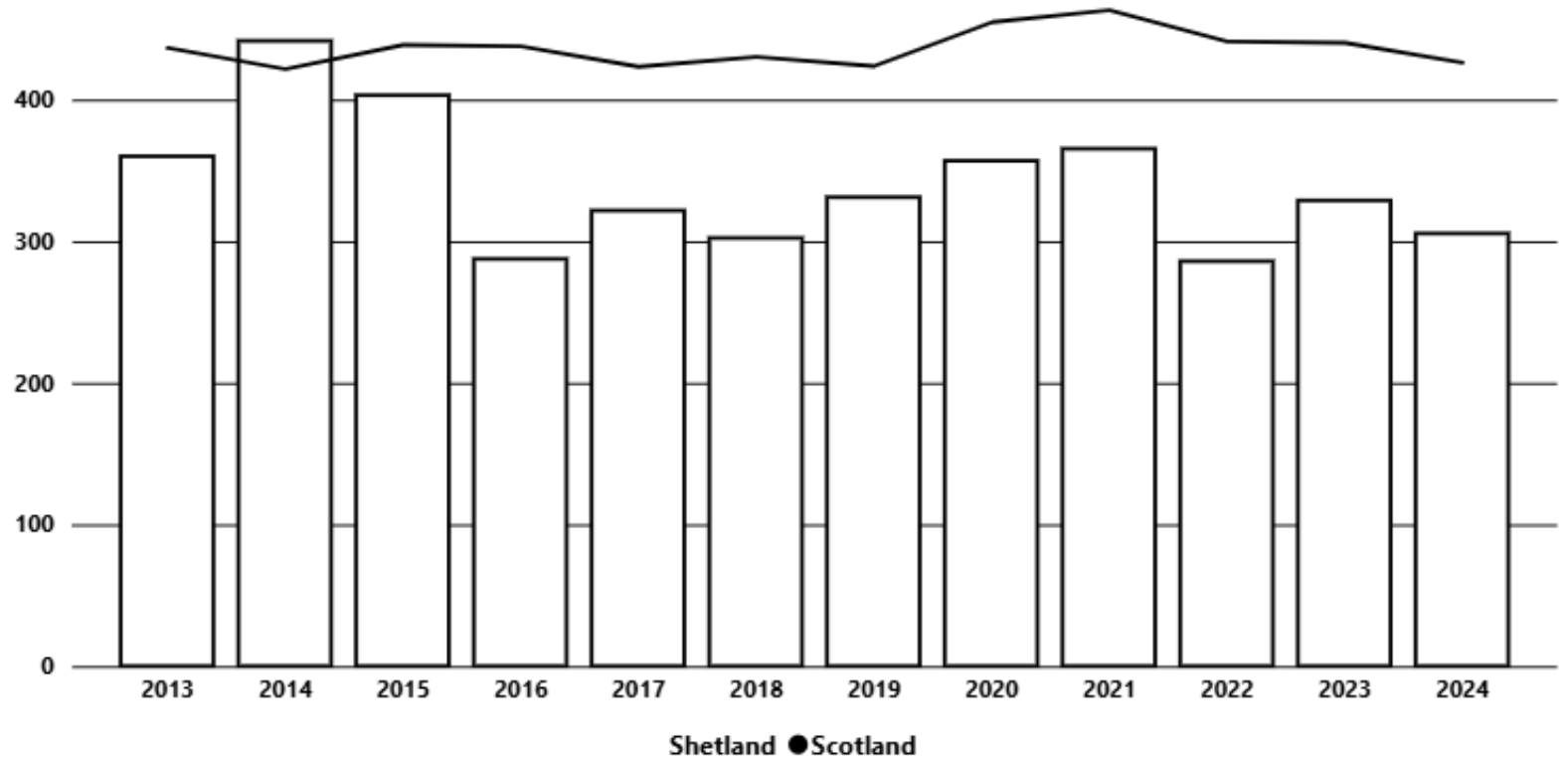
Current Shetland value

426.1

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013 | 360.0 | 436.6 |
| 2014 | 441.5 | 421.7 |
| 2015 | 403.1 | 438.6 |
| 2016 | 287.5 | 437.7 |
| 2017 | 321.7 | 423.2 |
| 2018 | 302.3 | 430.2 |
| 2019 | 331.1 | 423.6 |
| 2020 | 356.8 | 454.7 |
| 2021 | 365.3 | 463.2 |
| 2022 | 285.9 | 440.9 |
| 2023 | 328.8 | 440.1 |
| 2024 | 305.5 | 426.1 |

Standardised death rate per 100,000 population



Premature mortality is defined as deaths occurring before the age of 75.

Indicator

Self assessed health (good/very good)

72.0

Current Shetland value

72.0

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
|-------------|----------|----------|

| | | |
|-----------|------|------|
| 2012-2015 | 74.0 | 74.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2013-2016 | 76.0 | 74.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2014-2017 | 76.0 | 74.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2015-2018 | 75.0 | 73.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2016-2019 | 75.0 | 72.0 |
|-----------|------|------|

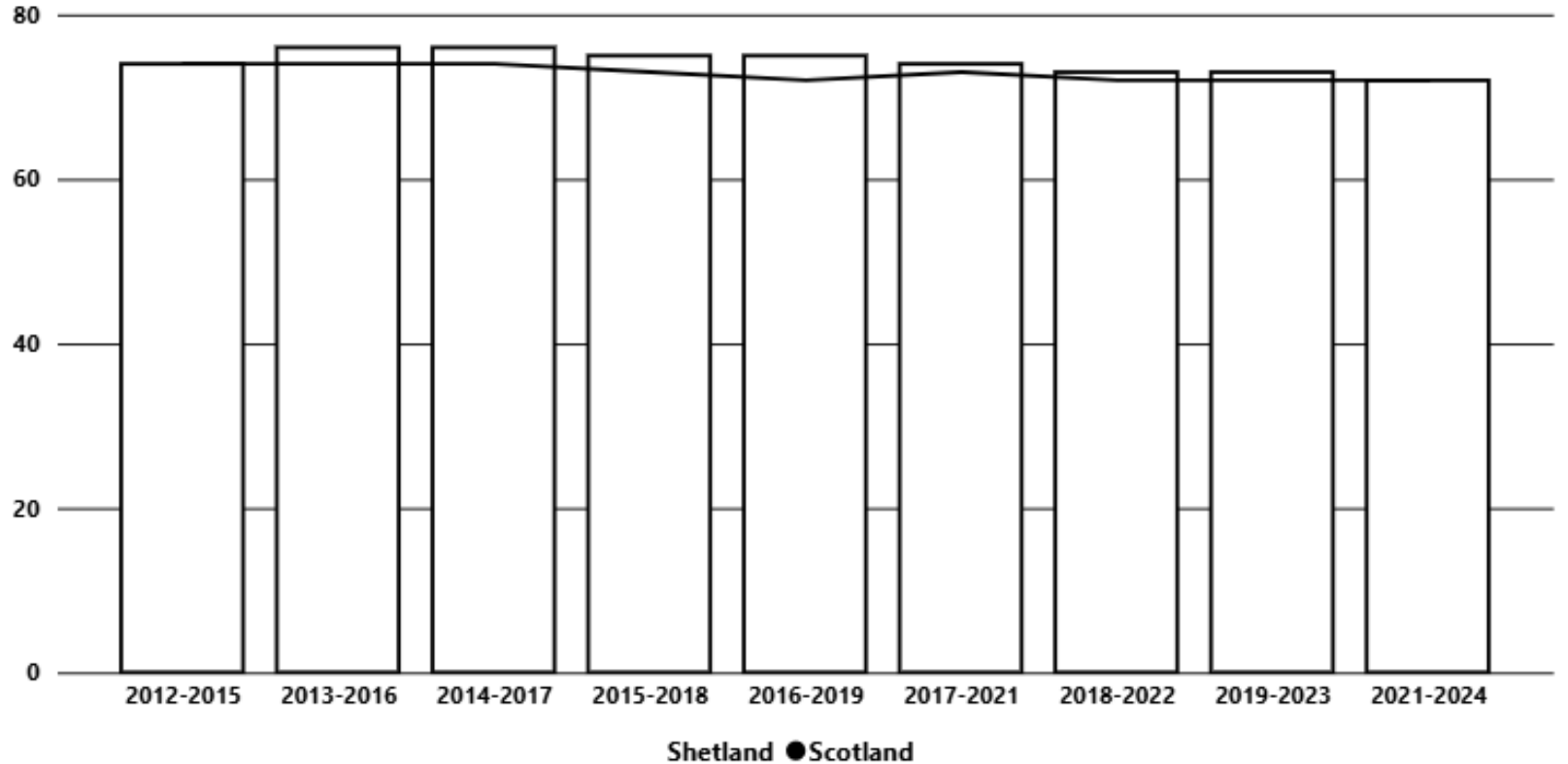
| | | |
|-----------|------|------|
| 2017-2021 | 74.0 | 73.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2018-2022 | 73.0 | 72.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2019-2023 | 73.0 | 72.0 |
|-----------|------|------|

| | | |
|-----------|------|------|
| 2021-2024 | 72.0 | 72.0 |
|-----------|------|------|

Percentage (%)



Scottish health survey participants ranked their health in general from “very good” to “very bad”.

Indicator

Small birthweight

2.7

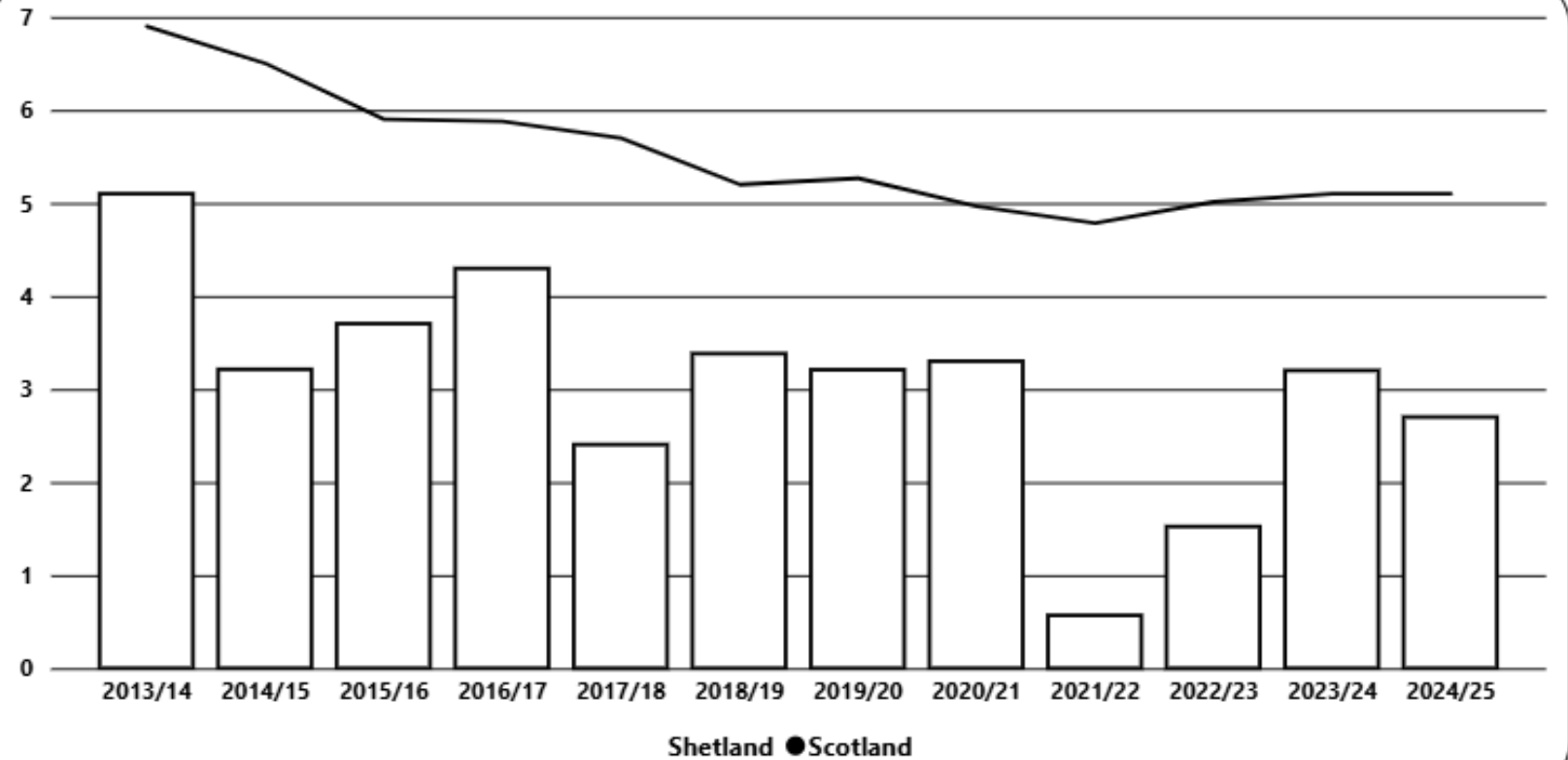
Current Shetland value

5.1

Current Scotland value

| Time period | Shetland | Scotland |
|-------------|----------|----------|
| 2013/14 | 5.1 | 6.9 |
| 2014/15 | 3.2 | 6.5 |
| 2015/16 | 3.7 | 5.9 |
| 2016/17 | 4.3 | 5.9 |
| 2017/18 | 2.4 | 5.7 |
| 2018/19 | 3.4 | 5.2 |
| 2019/20 | 3.2 | 5.3 |
| 2020/21 | 3.3 | 5.0 |
| 2021/22 | 0.6 | 4.8 |
| 2022/23 | 1.5 | 5.0 |
| 2023/24 | 3.2 | 5.1 |
| 2024/25 | 2.7 | 5.1 |

Percentage (%)



Babies identified as small for gestational age are those whose birthweight is under the 10th percentile.