NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/2932
Title:	Performance Report up to end June 2026 (Q1 2026/27)
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Head of Planning

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 for Quarter 1 2026-27, where data is available.

More detailed performance information and management data for this period was considered at the Finance and Performance Committee on 8th September 2026.

All statistical reports have been submitted and quality checked as per usual processes with Public Health Scotland and other partners.

The content of this report is under review to improve assurance around performance against the Strategic Delivery Plan and Annual Delivery Plan, in line with audit recommendations. Additional data has been discussed with a number of teams, but is not yet available in a suitable format.

2.2. Background

The Board adopted a Performance Management Framework in 2019, (Performance Management Framework 2019 - 2024 (scot.nhs.uk)) 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

This Performance Management Framework is overdue review.

Committee is asked to note and comment on any issues they see as significant to sustaining and progressing NHS Shetland's performance.

Included for noting and comment are:

- NHS Shetland Performance Report – Monthly and Quarterly Indicators

This report remains under development – a piece of work to identify gaps in reporting between the HSCP and NHS is underway, which will then be developed into reporting that more clearly monitors our Strategic Delivery Plan. This work will be ongoing and informed by a related outcomes framework to be developed nationally.

2.3. Assessment

The monthly and quarterly performance measures have been grouped on a single report, organised by type to support interpretation. Where appropriate and available 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.

A number of indicators – Waiting Times and Diagnostics – are provided to give historical context to the more detailed waiting times report also included on the agenda.

Unscheduled Care

Delayed Discharges continue to add to pressure in the hospital system, with delays likely to cause risk to individuals remaining in hospital longer than required. DD Bed Days are again included for context, with a comparison to the same period last year. The Social Work and Social Care system in Shetland remains under sustained pressure, with only 0-3 residential care beds available at any time over the past 2+years. This ongoing challenge has resulted in initiation of the Sustainable Model of Adult Social Care work underway in the HSCP, though given the level of change required impact from the work will be medium to longer term, and pressure is expected to remain or increase over the short term with a changing population and ongoing workforce availability challenges.

There is a considerable amount of work underway in supporting system "flow" to mitigate these pressures in the shorter term through the focus on frailty programme, however options for improvement are limited with these capacity challenges.

Emergency length of stay has been included as a measure due to this being a focus of the Discharge without Delay programme, it should be noted that in our small system a single long delay can have a significant impact on the mean, and trends should be interpreted with caution.

A+E 4 hour target performance has remained fairly consistent, and remains strong in comparison to Scotland, attendance rates at ED have been consistently above the average for the department over the previous quarter, with 6-20% more attendances per week. ED attendances for non-Shetland residents are included to support understanding of system impact. An indicator showing the 4 hour target for the older cohort of patients (75+) is included to show our performance relating to older people, compared to Scotland. This is an area of action as we recognise we have a notably higher ED attendance rate for older people compared to the Scottish average.

Hospital at Home indicators are included for the first time, as this service has grown and recently core staffing has been made substantive in recognition of the value the team is providing. Work continues to evaluate the non-core elements of this, alongside wider work to impact frailty.

Mental Health

There continue to be significant challenges in meeting the Psychological Therapies waiting times target for those waiting/ongoing waits, however the team have met the target for new patients seen for the first time since 2023/24 (single quarter) or 2015/16 (consistently met).

There is a piece of work underway to test a "Waiting Well" process for patients on the waiting list, which will involve a phone check in from a clinician to review the patient's situation and signpost to appropriate resources and support while they wait. A more

substantial business case outlining the requirements to deliver a sustainable service is expected at Strategic Change Oversight Group for consideration in the coming months.

CAMHS performance remains positive, while Drug and Alcohol waiting times have improved after a slight decline in previous quarters. Note these relate to very small numbers of patients and changes should be interpreted with caution.

Organisational

Sickness absence remains consistent.

FOI compliance remains unsatisfactory, with 42.9% of requests completed within statutory timescales in Q1 2026/27, and NHS Shetland continuing under a Level 1 intervention by the Scottish Information Commissioner. Since the appointment of a dedicated FOI Officer in June 2026, Failures to Respond have reduced from over 60 to 7, with positive feedback received from the Commissioner's Office as work continues to clear the backlog and improve compliance. A fuller report is included within the meeting agenda.

Supplementary staffing spend, as published on the external NHS Shetland website, is included for interest. This is explained in more detail through financial reports.

Diagnostics and Waiting Times

Performance for diagnostics and elective care is considered in detail at a weekly Waiting Times meeting.

Behaviour Change/Public Health

Additional data relating to Health Improvement services is included for interest and this will be streamlined into reports – challenges with reporting systems means this is presented in a slightly different format, the team are working to develop a meaningful approach.

Spotlight: Annual Delivery Plan activity updates

A short narrative summary update against the programme of work outlined in the Annual Delivery Plan is included. This does not include all workstreams and is a test format, specific programme updates having been reviewed at relevant governance groups – feedback is welcomed.

Spotlight: Realistic Medicine and Value Based Health & Care

In June, NHS Shetland hosted a visit from Deputy Chief Medical Officer Professor Graham Ellis to showcase local work on Realistic Medicine and Value Based Health & Care. The visit highlighted innovative, person-centred approaches including Focus on Frailty, Hospital at Home, Fairer Futures and Waiting Well. Feedback recognised Shetland's strong multidisciplinary working, commitment to value-based care, and ability to rapidly test and adapt new models of care.

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.

2.3.2. Workforce

Recruitment to key posts remains challenging, both nationally and locally. A workforce plan to support movement towards more sustainable delivery is in development.

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 progressing work to improve impact assessment within the NHS and IJB, supporting teams to undertake the process effectively and provide assurance to management and committees.

2.3.6. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information only.
- **Discussion** – Feedback on inclusion of different measures or indicators, or any areas for development would be welcomed.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1 NHS Shetland Performance Report

NHS Shetland

Quarterly Performance Report – Q1 2026/27

April-July 2026

Contents

Providing excellent services:

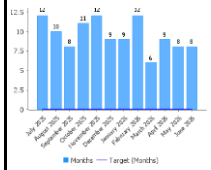
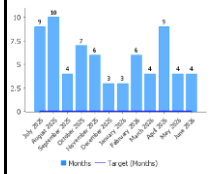
Outcome 1-1 Everyone who needs our services can access what they need easily, in good time

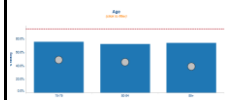
Outcome 1-2 You have good health outcomes and experiences, no matter who you are

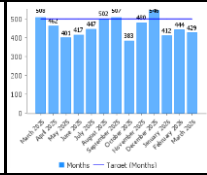
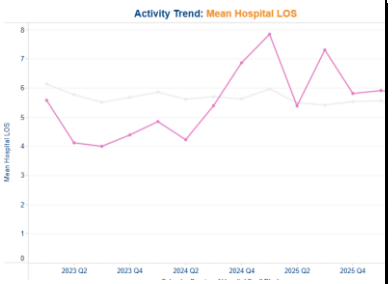
Outcome 1-3 You experience fewer complications or preventable health conditions

Urgent and Unscheduled Care

Urgent and Unscheduled Care system data

	Years		Quarters				Months			Target			
Indicator	2024-25	2025-26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 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 complete, excluding complex needs codes.	12	6	8	9	6	8	9	8	8	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.	73	70	23	16	13	17	9	4	4	0			Delayed discharges LOS longer than 14 days is often due to challenges finding appropriate placements or support for discharge. This is being addressed as part of the “Discharge without Delay” work but continues to be challenged by capacity constraints across the Social Care system.
Delayed Discharge bed days occupied for Health and Social Care Reasons	2592	3336	944 (626)	982 (683)	835 (1070)	751 (750)	333	183	235	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.	

Indicator	Years		Quarters				Months			Target		Chart	Note
	2024-25	2025-26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
(Bracketed number is comparison to same period in previous year)													
NA-EC-01 A&E 4 Hour waits (NIPI03b) (Bracket % is Scotland comparison)	87%	84.4%	85.2% (68.5%)	83.6% (66.1%)	85.7% (65.6%)	83.8% (67.1%)	81.7% (67,2%)	82.9% (66.9%)	86.9% (67.1%)	95%		Although not reaching national target of 95%, A&E performance remains strong compared to other areas. All breaches of the 4 hour target are reviewed locally – these can be for a number of reasons including reliance on diagnostic reporting from other boards, the ED in Shetland also acts as an admission unit to the wards meaning there is considerable documentation to complete, and we often see breaches among those who are to be admitted. 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.	
% A+E attendances who are non-residents of Shetland	11.1%	10.4%	12.6%	8.6%	8%	10.2%	9.1%	10.9%	10.7%			Attendances at ED by non-Shetland residents represent a significant proportion of attendances and can fluctuate throughout the year.	
A+E 4 hour waits for those aged 75+ (Bracket % is Scotland comparison)	na	na	78% (46%)	73% (42%)	79% (40%)	74% (45%)	67% (45%)	78% (44%)	79% (45%)	95%			This comparison for people in an older age group shows we manage our more vulnerable and complex older patients well. The blue bars in the chart represent Shetland, the grey dot represents the Scottish average.
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,763	3,218	3,288	3,052	3,218	3,258	3,279	3,459	3,258	3,061			A+E attendances remained consistently above average for the Q1 period (weekly attendance was 6-20% above the 12 month rolling average).

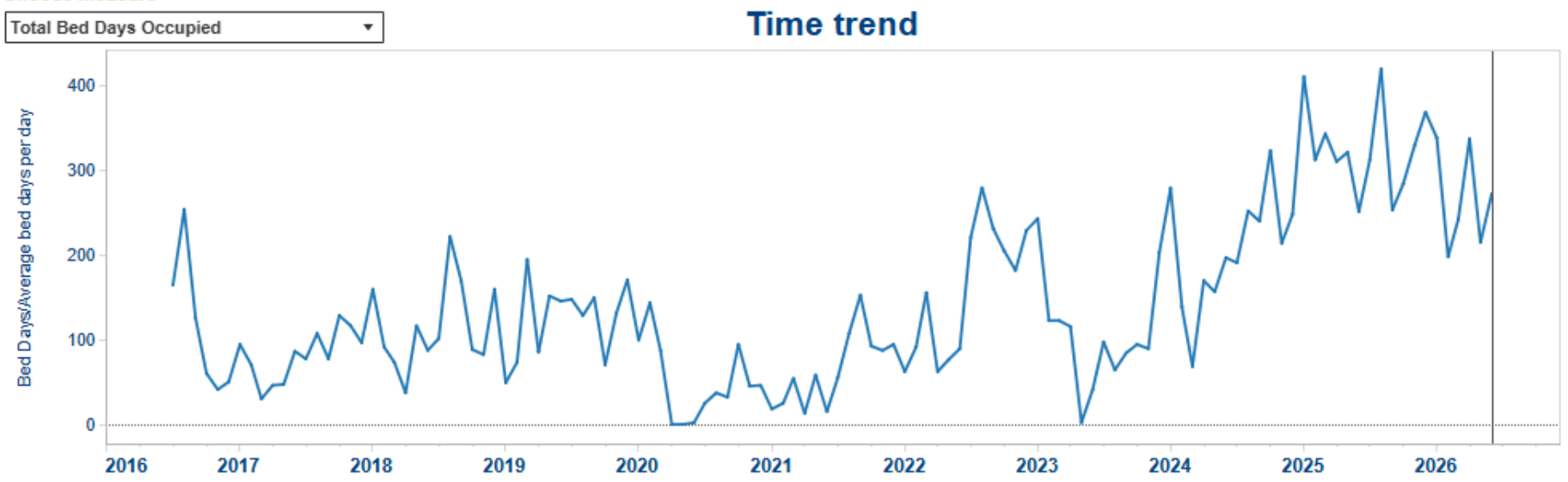
Indicator	Years		Quarters				Months			Target		Chart	Note
	2024-25	2025-26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
MD-EC-01 Emergency bed days rates for people aged 75+	5,826	5,430	1,456	1,409	1,285	1,339	516	487	336	500	✓		
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	7.6% (10.6%)	7.2% (10.7%	7.6% (8.2%)	7.1% (10.1%)	7.8% (10.5%)	7.1% (9.6%)	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.	
Emergency Length of Stay – this is the mean length of stay for people who are admitted to hospital as a 'non-elective' admission, express in number of days (Scotland comparator in brackets) [Hospital spell analysis, non-elective, board of treatment]	5.9 (5.7)	6.1 (5.5)	7.3 (5.4)	5.8 (5.5)	5.9 (5.6)	5.8 (5.3)	na	na	na				Shetland is pink in the chart, showing above the Scottish average from around the end of 2024. This measure will be closely related to the pattern seen in delayed discharges, as the majority of people who are delayed in hospital will have been admitted as an emergency/non-elective. It should also be noted that around the same period (middle/end 2024) there was a sustained decrease in admission rate to hospital, this is likely to have impacted the mean eLoS as patients who would previously have had short admissions were no longer being admitted.

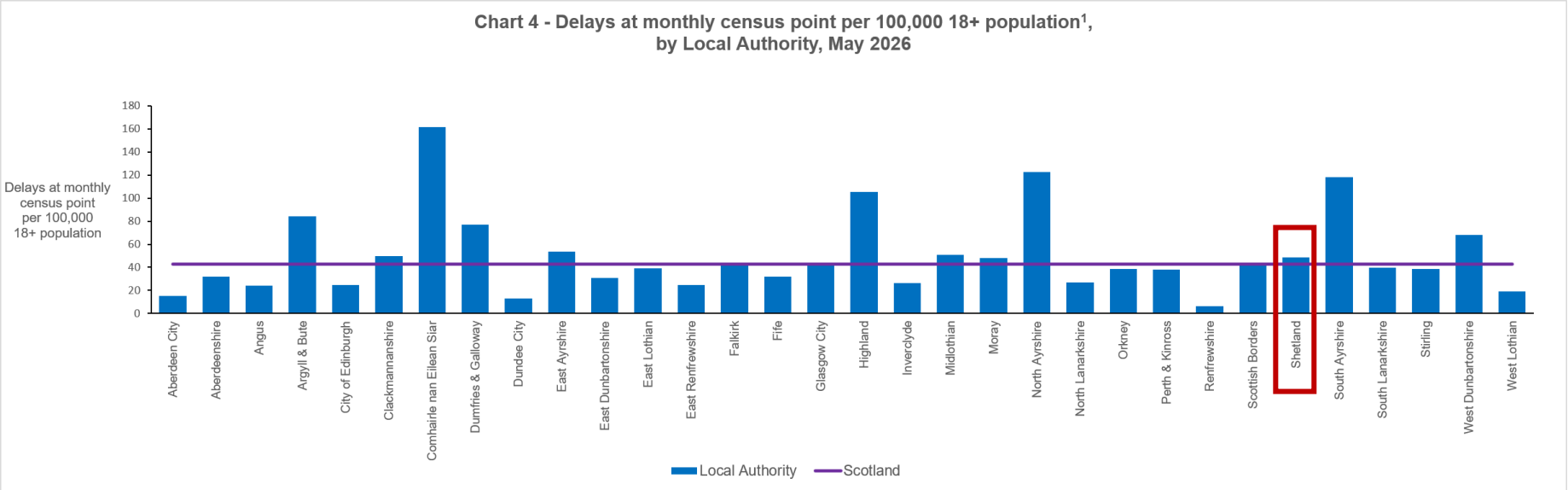
Indicator	Years		Quarters				Months			Target		Chart	Note
	2024-25	2025-26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Hospital at Home: Referrals accepted Early Supported Discharge vs Admission avoidance Referrals (ESD and AA)	27	72	12 (4AA 8ESD)	22 (11 AA 11ESD)	20 (7 AA 13ESD)	25 (8 AA 17ESD)	6 (1AA 5ESD)	12 (5AA 7ESD)	7 (2AA 5ESD)	The Hospital at Home team continue to work closely with Healthcare Improvement Scotland to improve and evaluate their work. The Hospital at Home Service now has 8 beds, and is testing a "Frailty at the Front Door" function, making AHP support available to the Emergency Department and Emergency Respite settings to support admission avoidance, this is in testing and will be evaluated during delivery over the coming months. The team work closely with acute and primary care colleagues to offer Early Supported Discharge and Admission Avoidance.			
Hospital at Home average Length of Stay (days) Bed days delivered	10.9	10.8	12.4 (166)	9.6 (159)	12.2 (253)	16.6 (404)	12.2 (113)	167 (15.8)	14.3 (124)				

Delayed Discharges – trend over time and local authority comparator

Choose measure

Total Bed Days Occupied





Scheduled Care

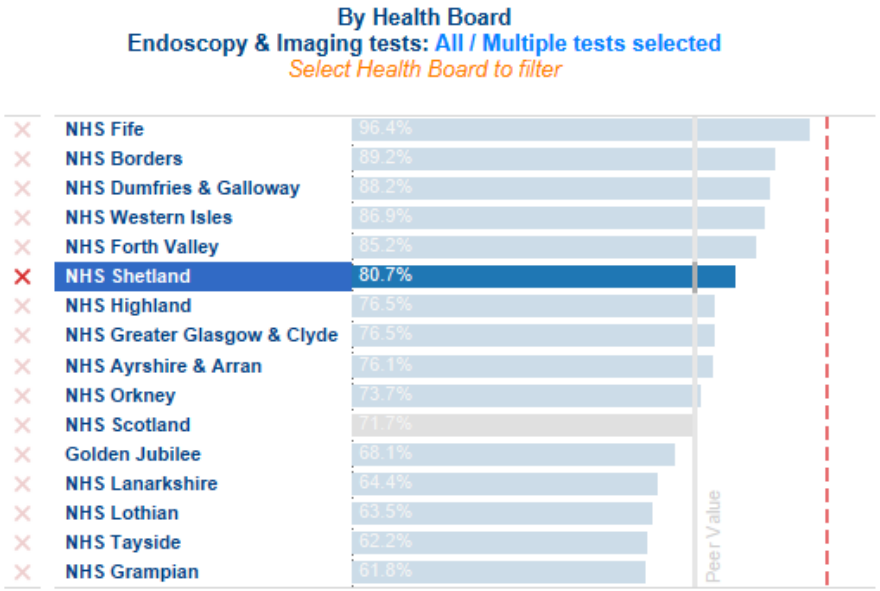
'Scheduled' relates to anything that is booked or planned ahead and covers a variety of functions across acute and community services. For this report we include Elective and Specialist Services, Diagnostics and Mental Health Services. We aim to see people in a planned way where possible as this is generally 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.

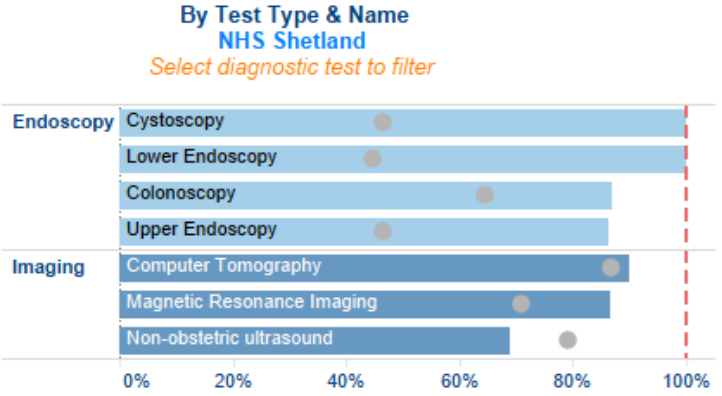
Elective and Specialist Services data

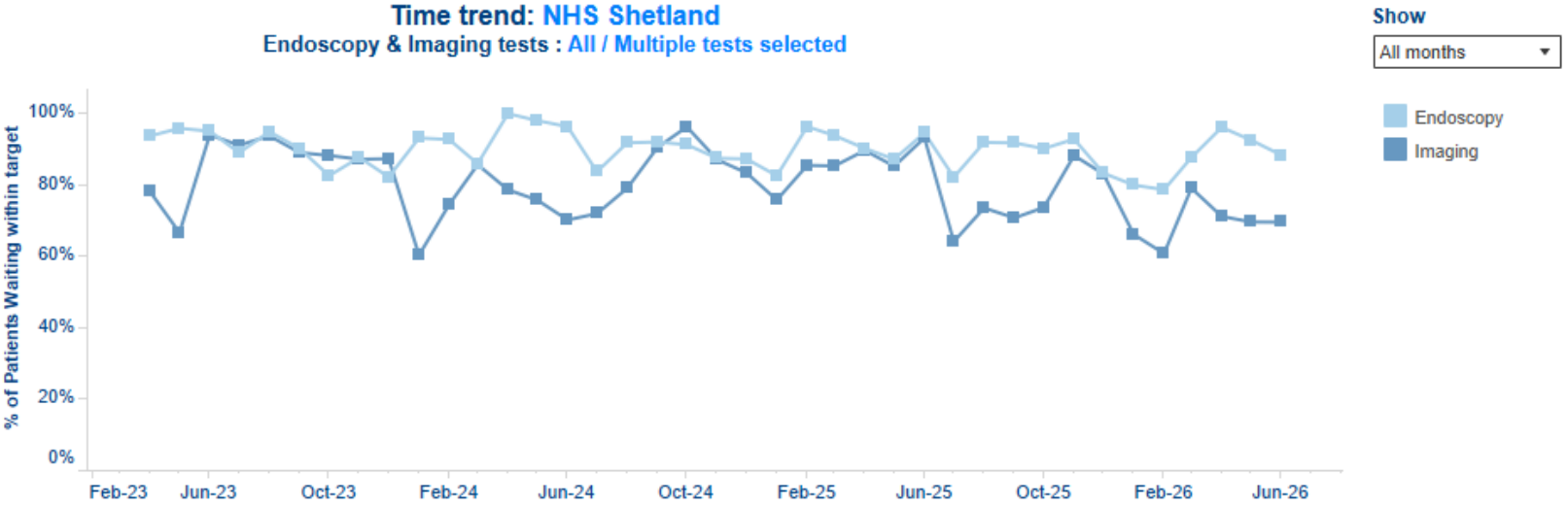
	Years		Quarters				Months				Target			
Indicator	2024-25	2025-26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	July 2026	July 2026		Chart	Note
	Value	Value	Value	Value	Value	Value	Value	Value	Value		Target	Status		
New Out Patients (NOP) Waiting list size (individuals waiting >52weeks) % seen this period within 12 weeks	1524 (47) 70%	1331 (9) 68%	1537 (73) (72%)	1505 (41) 65%	1331 (9) 68%	1514 (14) 75%	1350 (10) 80%	1418 (7) 76%	1514 (14) 70%	1508 (8) 72%				People waiting over 52 weeks remians a significant focus for the Scottish Government in 2026/27. NHS Shetland have submitted local planning and trajectories for 2026/27 and are actively engaged in work with both national and subnational colleagues to monitor these, and tackle any areas of risk.
In Patient Day Case (IPDC) Waiting list size (individuals waiting >52 weeks) % seen this period within 12 weeks	308 (16) 68%	486 (41) 67%	381 (14) 55%	408 (22) 74%	462 (35) 66%	488 (28) 59%	486 (41) 61%	464 (34) 52%	488 (28) 64%	497 (50) 62%				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)	65.7%	74.7% NCA 64.6% (71.3%	60% NCA 64.1% (71%)	66.7 % NCA 65.9 % (73%)	88.2% NCA 64.7% (72.2%)	na	na	na	na	na	95%	🛑		Q4 data released 30 June 2026, Q1 data will be published 29 September 2026. Only published data is included in this report to ensure data quality – internal management meetings review these waiting times on a weekly basis with current data allowing them to act on any areas of challenge. 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 93.3% (95%)	100% NCA 93.6 % (96%)	100% NCA 91.4% (94.5%)	na	na	na	na	na	95%	✅		

Diagnostics data

Indicator	Years		Quarters				Months			Target		Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 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.	94% **44%**	88% **43%**	81% **66%**	89% **43%**	82% **47%**	92% **52%**	96% **50%**	93% **52%**	88% **52%**	100%		Access to diagnostic tests is an important step within the 18-week referral to treatment target. More detail on component tests is included below as trend context to the waiting times report. Graphs below to support understanding of trends over time in % of people seen within six weeks, and the total number of tests administered. Note that performance is considered in detail at weekly waiting times meeting and at Finance and Performance Committee.
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.	85% **63%**	77% **61.2%**	73% **64%**	81.7% **61%**	69% **72%**	70% **78%**	71% **77%**	70% **79%**	70% **79%**	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
Endoscopy & Imaging tests: All / Multiple tests selected
Select Health Board to filter
NHS Fife 96.4%
NHS Borders 89.2%
NHS Dumfries & Galloway 88.2%
NHS Western Isles 86.9%
NHS Forth Valley 85.2%
NHS Shetland 80.7%
NHS Highland 76.5%
NHS Greater Glasgow & Clyde 76.5%
NHS Ayrshire & Arran 76.1%
NHS Orkney 73.7%
NHS Scotland 71.7%
Golden Jubilee 68.1%
NHS Lanarkshire 64.4%
NHS Lothian 63.5%
NHS Tayside 62.2%
NHS Grampian 61.8%
Peer Value


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


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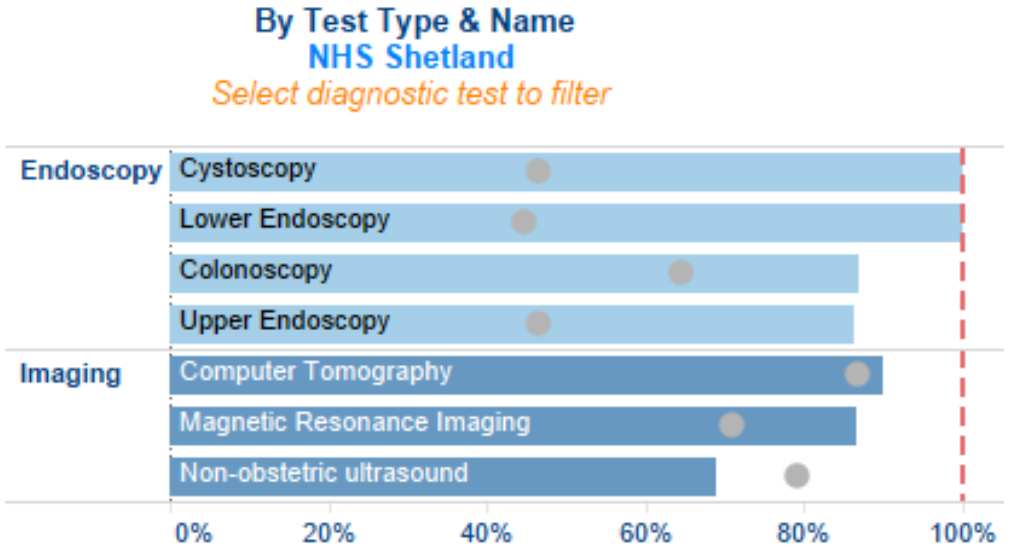
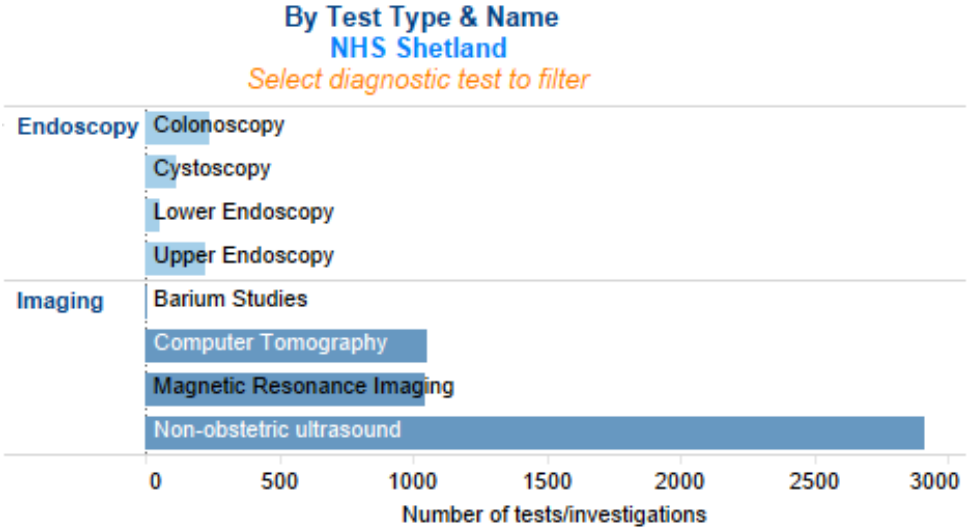
Oct-25
Feb-26
Jun-26

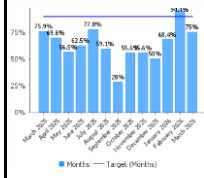
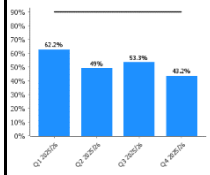


Waiting Times compliance to standard at census point March 2026



Diagnostics Activity (number of tests/investigation) April 2025-March 2026, showing demand in non-obstetric ultrasound is significantly greater than other tests

Mental Health data

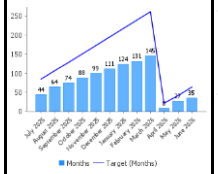
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026				
	Value	Value	Value	Value						Target	Status		
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks) This tells us about the number of new patients seen	63.7%	61.1%	52.3 %	54.5%	79.2%	89.8%	85.2%	92.9 %	94.4%	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 finalising a business case to describe staffing required to sustainably meet demand. Work to obtain additional resource form local Strategic Change fund to progress a "Waiting Well" project to actively review patients waiting was successful and is being implemented.
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	54.8%	43.2%	49%	53.3%	43.2%	43.2%	40.9%	42.7 %	43.2%	90%	●		
New patients seen within 18 weeks, waiting list and referrals accepted: New patients seen (Number within 18 weeks) Waiting list **Referrals received**	262 (167) 177	257 (157) 234 **423**	65 (34) 202 **92**	77 (42) 199 **104**	53 (42) 234 **98**	59 (53) 257	27 (23) 235	14 (13) 239	18 (17) 257	n/a			
MD-MH-01 People with a diagnosis of dementia on the dementia register	195	206	214	212	206	211	210	211	211	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	89%	91%	85%	80%	94.7%	na	100%	na	na	90%	✓	3 indicators combined for more appropriate reporting of small numbers, note small numbers can result in	

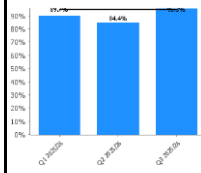
Indicator	Years		Quarters				Months			Target		Spark Chart	Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026				
	Value	Value	Value	Value						Target	Status		
from referral received to appropriate alcohol and/or drug treatment that supports their recovery.												significant fluctuation 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 1 will be available 29th September 2026.	

Preventative and Proactive Care - services

Population Health and Health Behaviours

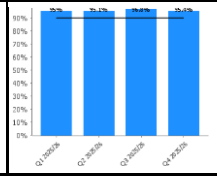
Indicator	Years		Quarters				Months				Target		Spark Chart	Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	Jul 2026	Jul 2026			
	Value	Value	Value	Value							Target	Status		
PH-HI-05 Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland	7	na	2	na	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.
Quit Your Way smoking and vaping support	Quarter 1 activity: Smoking: New Referrals: 14; New Patients seen: 13; Discharges: 21 Vaping: New Referrals: 3; New Patients seen: 2; Discharges 2 Waiting List (combined): 31													Staffing returned to full complement through Q1, anticipate increase in patient activity from Q1 onwards with this capacity back.

Indicator	Years		Quarters				Months				Target		Spark Chart	Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	Jul 2026	Jul 2026			
	Value	Value	Value	Value							Target	Status		
PH-HI-03 Sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (bracketed figure is cumulative target for that period)	118	145	74	111	145	35	8	27	35		195			This figure will increase cumulatively over the year. The figures show an increase in ABIs delivered compared to Q3 of 2024-25. Alcohol Brief Intervention training continues to be delivered online.
PH-HI-03a Number of FAST alcohol screenings (bracketed figure is cumulative target for that period)	572	668	332	503	668	156	39	112	156		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.
Get Started with Healthy Shetland (Tier 2 weight management support)	Q1 Activity Referrals: 23; Waiting list: 12; New starts in programmes: 10; Active in 12 month programme: 36													Staffing returned to full complement through Q1, anticipate increase in patient activity from Q1 onwards with this capacity back.
HENRY (Healthy Families starting solids workshop)	Q1 activity Referrals: 9; Booked for workshop: 13; attended workshop: 15													Staffing returned to full complement through Q1 anticipate increase in patient activity from Q1 onwards with this capacity back.
OTAGO falls prevention programme	Q1 activity Referrals: 39; Completed Programme: 8; Active in Programme: 13													OTAGO: staffing challenges at SRT impacting on the delivery of some sessions, return of full complement of

Indicator	Years		Quarters				Months				Target		Spark Chart	Note
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	Jul 2026	Jul 2026			
	Value	Value	Value	Value							Target	Status		
														Health Improvement staff is allowing this work to progress
Community Link Worker	Q1 new referrals/activity (service only available in certain health centres): Brae: 3 clients; Whalsay 11 clients; Levenwick 18 clients 47% aged 80+ Existing clients: 130 interacions; new clients 61 interactions													Learning being used to inform system change work, and to be supported by upcoming national CLW guidance.
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs **Scotland** comparator in bold	88.6%	95.3 %	84.4% **92.5%**	95.3% **91.8%**	84.6% **91.7%**	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
	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	Jul 2026	Jul 2026			
	Value	Value	Value	Value			Value	Value	Value		Target	Status		
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	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			

	Years		Quarters				Months				Target			
Indicator	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	Jul 2026	Jul 2026		Spark Chart	Note
	Value	Value	Value	Value			Value	Value	Value		Target	Status		
CE-IC-01 Cleaning Specification Audit Compliance	96.2%	95.4%	95.1 %	96.8%	95.4%	95.3%	na	na	na		90%			

Spotlight: Realistic Medicine – Deputy Chief Medical Officer visit

In June NHS Shetland welcomed the Deputy Chief Medical Officer (DCMO), Professor Graham Ellis, to Shetland for a day focused on the work we're doing around Realistic Medicine and Value Based Health & Care.

The visit was about sharing what's happening across the organisation, particularly how we're redesigning services, testing new approaches, and focusing on delivering care that really matters to people. It also gave us the chance to talk openly about the realities of working in a remote and rural system, and where national support could help.

The morning session at Lerwick Town Hall brought together teams from across the system to showcase key areas of work. This included:

- Focus on Frailty
- Hospital @ Home
- ANP Outreach
- Fairer Futures
- Waiting Well - Psychological Therapies
- Polypharmacy and medicines optimisation in Primary Care

Across all of these, the common theme was a move towards more proactive, person-centred care - supporting people to stay well at home, improving access, and making better use of our resources.

In the afternoon, the visit moved out into the community, with site visits to Health Improvement and the Montfield polytunnels, Clickimin to discuss the partnership with the SRT for the Get Started with Healthy Shetland programme, and finally the Lerwick Health Centre gardens.

The overall feedback was really positive. There was clear recognition of the range of work happening across Shetland, and the way teams are working together across services to improve care. A few things that stood out in particular:

- The strength of innovation and willingness to try new approaches
- Strong multidisciplinary working across community, primary and acute care
- A clear focus on person-centred, value-based care
- The ability of a small system to adapt quickly and test solutions

What is Value Based Health and Care? VBHC is about achieving the best possible outcomes for people by making the best use of available resources. It focuses on ensuring the right care is provided to the right person at the right time, reducing unnecessary tests, treatments and harm. By avoiding interventions that offer little or no benefit, resources can be redirected towards services and support that improve outcomes and deliver the greatest value for patients and communities.

Creating the conditions for a sustainable organisation:

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

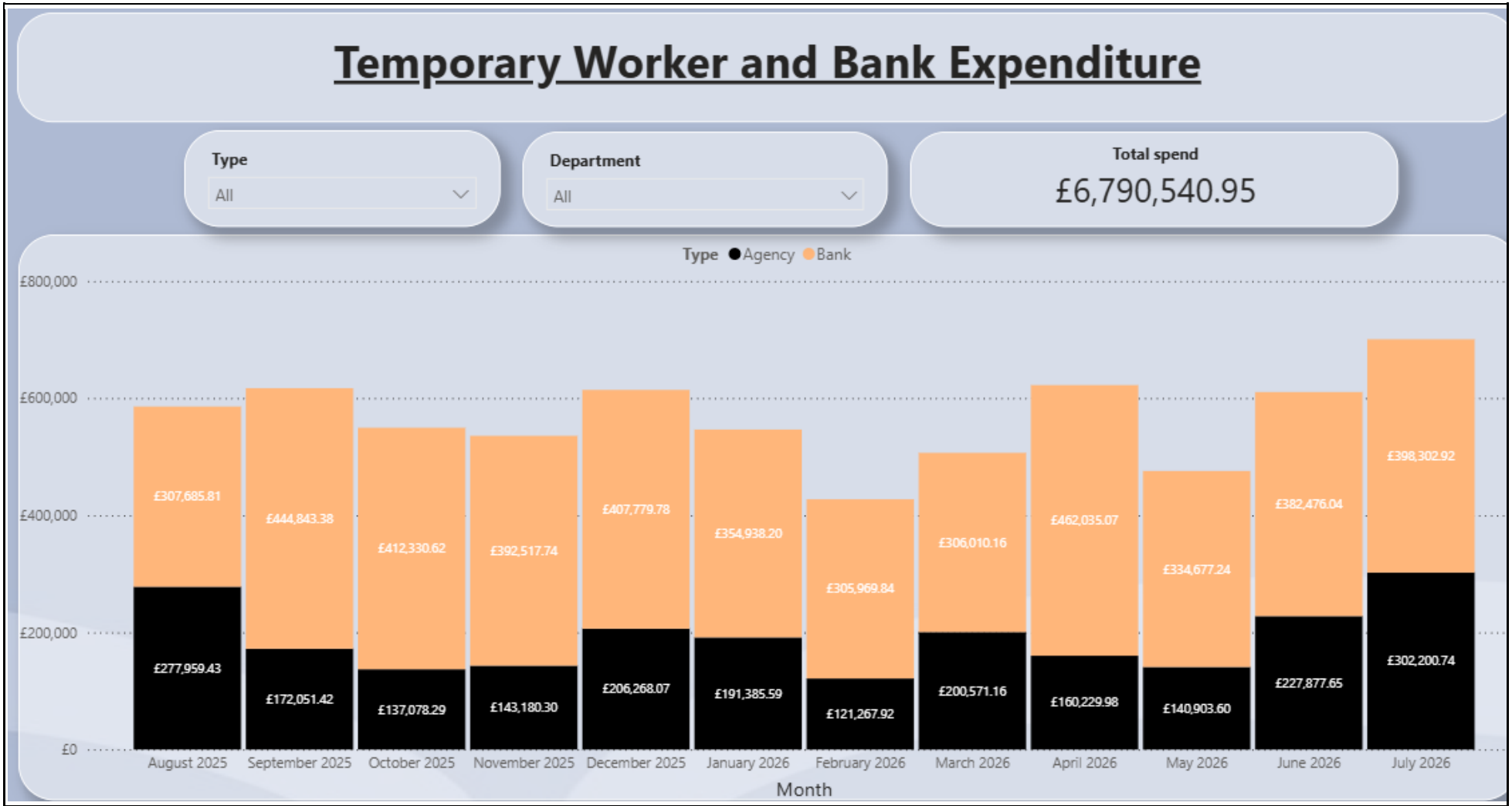
Outcome 2-2 We have the right workforce to deliver the functions we need

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

Support Systems

Organisational data

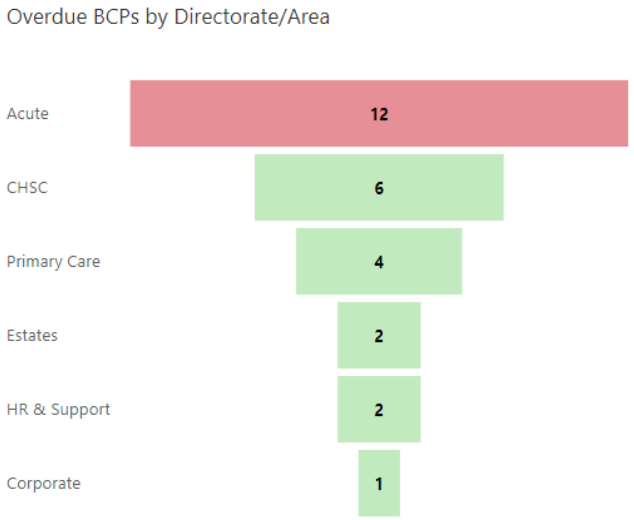
	Years		Quarters				Months			Target			
Indicator	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026		Spark Chart	Note
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
HR-HI-01 NHS Boards to Achieve a Sickness Absence Rate of 4%	4.15%	4.85 %	4.06%	5.64%	4.85%	4.48%	4.05%	4.69%	4.48%	4%			
Supplementary staffing spend (Bank and Agency) (£m) Number in brackets is comparison to same period last year where available	£6.56	£4.38	£1.75 (£1.94)	£1.7 (£1.37)	£1.48 (£1.5)	£1.71 (£2.06)	£0.62	£0.48	£0.61	na		A number of services continue to really on supplementary staffing for day-to-day delivery, and can be required to cover essential leave etc. Work with regional and national colleagues is ongoing to explore opportunities for staffing services or functions where workforce supply is challenged.	



HR-IT-02 Freedom of Information Timeliness. Responses Within 20 Working Days / Total	61.6%	46.69 %	41.42%	38.68%	47.14%	42.93%	na	na	na	90%	FOI compliance remains at the 'Unsatisfactory' level, with 42.9% of requests completed within statutory timescales during 2026/27 Q1. NHS Shetland remains subject to a Level 1 intervention

	Years		Quarters				Months			Target			
Indicator	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026		Spark Chart	Note
	Value	Value	Value	Value			Value	Value	Value	Target	Status		
Responses + Outstanding Overdue Requests.												by the Scottish Information Commissioner. The dedicated FOI Officer appointed in June 2026 has worked closely with services to address long-outstanding requests, resulting in a substantial reduction in Failures to Respond (FTRs) – from over 60 to 7, at the time of writing. While this improvement is not yet reflected in the quarterly performance figures, feedback from the Commissioner's Office on progress has been positive and work is continuing to clear the remaining backlog and improve long-term compliance	
Departmental Business Continuity Plans (BCPs) total overdue	53%	28%	na	28%	32%	46%	na	na	na	The PowerBI dashboard is embedded in the intranet and can be accessed via the new Resilience Sharepoint site. Alongside the automation aspect, which gives plan holders 3 months notice and then overdue notification, and the visibility of the information, any overdue plans are a departmental/directorate risk with the associated liability.			

	Years		Quarters				Months			Target				
Indicator	2024/25	2025/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Apr 2026	May 2026	Jun 2026	June 2026		Spark Chart	Note
	Value	Value	Value	Value			Value	Value	Value	Target	Status		



Annual Delivery Plan – narrative update on improvement work

A broad programme of improvement work is underway across the organisation – this update includes urgent and unscheduled care, primary care, prevention, mental health and digital transformation.

The Focus on Frailty programme continues to learn and progress, with Hospital at Home now operating eight beds and evaluation informing future workforce planning. New approaches to front door (supporting those at crisis attending the Emergency Department, or Emergency Respite) and community frailty support are being tested to identify people earlier and provide proactive intervention, while discharge improvement work is strengthening multidisciplinary coordination in an effort to reduce delays within the context of an increasingly challenging situation for local social care provision with increasing demand, complexity of care and challenges with workforce availability and suitable accommodation.

Within Primary Care Redesign, the Bixter and Walls network model is now established and informing future network-enabled care. Development of the Shetland Health Intelligence Platform (SHIP) is progressing, supporting more integrated, person-centred care through improved use of information and data, multidisciplinary decision-making and coordination. Work is also underway to optimise workflows, support digital transformation and evaluate the expanding walk-in clinic pilot.

Prevention and population health remain key priorities. Through Fairer Futures, partners are progressing the Person-Centred Shetland agenda, translating ambitions for prevention, early intervention and whole-family support into practical system change. This work is increasingly aligned with the Shetland Partnership Plan, population health priorities and wider public service reform. Additional work is underway to strengthen population health governance and improve approaches to healthy weight and cardiovascular risk management.

In mental health services, implementation of the Waiting Well approach is progressing within Psychological Therapies alongside ongoing redesign of ADHD and neurodevelopmental pathways. Learning from evaluation and collaboration with regional and national partners is informing future service development, while work continues to improve access to routine health checks to support long term conditions and prevent future ill-health. These programmes are supported by wider digital transformation, including Microsoft 365 implementation and a Digital First approach to information management, helping create more integrated, person-centred and sustainable services.

Our teams continue to work hard on these improvement projects while delivering usual services.