

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of October 2014.

This paper reports on progress across the single system towards achieving waiting time and other access targets set by the Scottish Government (commonly known as HEAT Targets).

1. GENERAL WAITING TIMES / 18 WEEKS REFERRAL TO TREATMENT (RTT)

Waiting times for outpatient appointments, inpatient / day case treatment and diagnostic tests have been falling over recent years as the Board has achieved successive Government targets. The Government target is that the total maximum patient journey time will be 18 weeks from referral to treatment, referred to as the 18 weeks RTT target. The national target requires the Board to deliver 90% performance for combined admitted / non admitted performance.

The 18 weeks standard requires all Boards to measure the total period waited by each patient, from referral to treatment (RTT), and to manage each patient's journey in a timely and efficient manner. The clock starts for a RTT period on the date of receipt of a referral to a consultant-led service. The Acute Division reports on the individual stage of treatment targets against the 18 week RTT target, along with the national stage of treatment targets, and information on patient unavailability.

➤ 1.1 Combined admitted / non admitted performance

This measure outlines the Board's performance against the agreed target for both the admitted and non-admitted pathways. As detailed below, the Board is currently achieving 91.7% performance, against the target of 90%.

NHSGGC	Aug 14	Sept-14	Oct-14
Combined Performance	92.0%	91.9%	91.7%

The Division continues to mitigate pressures on services by seeking to improve utilisation and using additional internal capacity where possible. Key performance indicators are closely monitored and managed to ensure all specialties are using their capacity effectively.

➤ 1.2 Linked Pathways

This is a measure of the percentage of patients where their total pathway is being linked. The Board continues to exceed the target of 80% in October 2014. The development of more robust inter Board processes to allow appropriate pathway linkage continues to be facilitated.

NHSGGC	Aug-14	Sept-14	Oct-14
Combined Linkage	88.5%	87.9%	87.9%

An emphasis on the recording of clinic outcomes on the Patient Management System is ongoing to ensure that where treatment has started the patient pathways are closed.

➤ 1.3 Stage of Treatment targets

Inpatients

NHS GG&C met the national Treatment Time Guarantee of 12 weeks from decision to treat in September 2014 and October 2014 for all patients.

Outpatients

NHS GG&C met the national waiting time target of 12 weeks from GP referral to outpatient consultation for the majority of specialties. During September 2014 a total of 103,297 out patient appointments were delivered (new and return), and in October 2014 a total of 108,742 out patient appointments were delivered (new and return).

However, there were 14 Ophthalmology and 243 Neurology patients waiting over 12 weeks at the end of September 2014. At the end of October 2014, there were 2 Ophthalmology, 2 Dermatology and 110 Neurology patients waiting over 12 weeks.

- Ophthalmology

The Ophthalmology service has carried out various actions over recent months to improve performance against the national waiting time target. These actions have included:

- Additional capacity for Cataract surgery at the Golden Jubilee National Hospital was put in place from October 2014 and will support the Ophthalmology service to deliver the access targets.
- Additional clinic capacity has been created by reorganising clinic templates and by existing staff undertaking waiting list initiatives.
- Optometric and othoptic inputs have been increased and the capacity to expand these roles further has been reviewed. The service is at the forefront in developing extended roles for Hospital Optometrists and Orthoptists.

As a result, the numbers waiting over 12 weeks at the end of each month has reduced; the unvalidated position at the end of November 2014 shows that no patients waited over 12 weeks.

- Neurology

There is currently a nationally recognised difficulty in filling Consultant Neurologist vacancies. Within NHS GG&C, the specialty currently has 3 WTE vacancies out of a total of 18 Consultants.

Consultant capacity in NHS GG&C continues to be reduced by a Consultant on long term sickness absence (this Consultant covers MS subspecialty). Further pressure will be added to the service due to the retiral of a Consultant Neurologist with a sub-speciality interest in Muscle, as of 1st April 2015.

The service continues to deploy a range of measures to improve the position, as detailed below:

- Three Consultant Neurologist posts were advertised and interviews took place at the end of August 2014. Unfortunately the posts were not filled; however, one candidate has since accepted a post on a part-time basis to commence in April 2015.
- The December 2014 edition of the BMJ will contain a re-advertisement of the Neurologist posts.
- A locum Consultant has been appointed (until January 2015); a second locum post has been re-advertised, unfortunately with no success to date.
- Additional capacity has been agreed with the use of Medinet from Oct 2014 – Feb 2015.
- Additional clinics remain in place.
- The service is also reviewing return capacity to identify if any can be converted to new capacity and is ensuring, as appropriate, any long term patients are managed by the Clinical Nurse Specialist.

- Dermatology

The Dermatology service is experiencing significant demand and capacity pressures. One long term sickness absence specialty doctor returned to work recently, which should assist in improving service capacity. However despite waiting list initiatives, and other local measures, it was not possible to see both patients within the national waiting times target. Both patients have now been seen.

➤ 1.4 Unavailability

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	Aug 14	Sept-14	Oct-14	<i>Oct-14</i>
Greater Glasgow & Clyde	3,604	3,398	3,736	2442
RHSC	454	462	494	205
TOTAL	4,058	3,860	4,230	2,647
Outpatients	Aug 14	Sept-14	Oct-14	<i>Oct-14</i>
Greater Glasgow & Clyde	3,325	2,879	2,494	1,586
RHSC	57	29	24	10
TOTAL	3,382	2,908	2,518	1,596

At the end of October 2014, the total number of patients waiting (both available and unavailable) was 18,073 inpatients / day cases and 66,414 new outpatients.

National feedback indicates that many NHS Boards are strictly interpreting the access provision and returning patients to the care of their GP if they have declined two reasonable offers. In line with the NHS GG&C Access Policy, this practice has not been adopted in NHS GG&C and patients' preferences of admission date/site are consistently accommodated.

In addition, many NHS Boards do not routinely accept patient requests to wait on a particular hospital site or for a specific Consultant. NHS GG&C continues to seek to provide patients with access to their nearest hospital, where at all possible, and accepts patient requests to wait to be treated at their choice of hospital/by their choice of Consultant. This has the effect of increasing patient unavailability.

Many Boards across NHS Scotland do not have the range of hospital sites NHS GG&C has access to, and certain clinical services may only be provided at one site. With access to nine acute hospital sites, NHS GG&C patients are often eligible to be treated at a range of sites, thus making patient choice an option that may not be available in other Boards. Additionally, NHS GG&C is the tertiary referral Board for the West of Scotland and therefore has more complex sub-specialty services than other Boards.

NHS GG&C closely monitors unavailability rates and ensures patients are contacted regularly to update their availability status where appropriate. Patients are contacted by letter to confirm if any unavailability has been added to their electronic health record.

Patient advised unavailability consistently accounts for more than 90% of all unavailability within NHS GG&C. Patient choice of Consultant or hospital site is consistently the reason for approx 60-70% of the total patient advised unavailability.

➤ 1.5 Diagnostic Waiting Times

As a milestone towards achieving the 18 weeks referral to treatment guarantee, the Division met the target set for March 2010 of no patients waiting over 4 weeks from referral to CT scan, MRI scan, non-obstetric ultrasound, barium studies, upper endoscopy, lower endoscopy, colonoscopy and cystoscopy. No patients waited beyond 4 weeks in September or October 2014.

2. ACCIDENT AND EMERGENCY WAITING TIMES

The Board is required to ensure that the maximum length of time from arrival at A&E to admission, discharge or transfer is 4 hours for 95% of Accident and Emergency patients.

Site	Aug-14	Sep-14	Oct-14
Western Infirmary	78%	85%	79%
Glasgow Royal Infirmary	90%	90%	87%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	98%	99%	99%
Southern General Hospital	90%	92%	89%
Victoria Infirmary	86%	90%	86%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	86%	89%	88%
Inverclyde Royal Hospital	94%	89%	93%
Vale of Leven Hospital	97%	98%	97%
Board Average	90%	92%	89%

Overall Position

The NHS GG&C position for the 3 month period from August to October 2014 was 90.2% compliance against the 4 hour waiting time target. This represents a drop in compliance from 91.2% for the previous 3 month period from May to July 2014.

There were 48 patients in NHS GG&C who waited over 12 hours to the completion of treatment in the 3 months from August to October 2014. By way of context there were 377 patients who waited over 12 hours to completion of treatment in NHS Scotland over the same period. In percentage terms, NHS GG&C accounted for 12.7% of over 12 hour waits in Scotland between August and October 2014, while accounting for 29.1% of total new A&E attenders over the same period.

The number of patients requiring emergency admission continues to rise and a new imitative of increasing the number of acute ambulatory care pathways has started at Glasgow Royal Infirmary. Additional pharmacy and transport services will be made available to increase the availability of beds earlier in the day and a surgical assessment unit is being established at GRI following the success of the RAH unit. A detailed audit has been completed at the RAH looking at all patients in the hospital to consider if there are any internal delays for example with access to a Consultant opinion or to a diagnostic test.

Additional funds have recently been released by Scottish Government to support partnerships in facilitating discharge from hospital and other actions are described in the section below regarding those waiting for discharge.

3. CANCER WAITING TIMES

95% of all eligible patients should wait no longer than 62 days or 31 days. A 5% tolerance level is applied to these targets, as for some patients it may not be clinically appropriate for treatment to begin within target.

Tumour Type	Provisional Quarter 3 (July – September 2014)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	101/110	91.8	225/235	95.7
Breast (Screened only)	131/136	96.3	97/122	79.5
Cervical (Screened Excluded)	2/2	100.0	18/18	100.0
Cervical (Screened Only)	2/2	100.0	3/3	100.0
Colorectal (Screened Excluded)	78/86	90.7	200/208	96.2
Colorectal (Screened Only)	39/39	100.0	42/43	97.7
Head & Neck	42/44	95.5	117/119	98.3

Lung	159/168	94.6	321/322	99.7
Lymphoma	27/30	90.0	74/74	100.0
Melanoma	33/35	94.3	79/79	100.0
Ovarian	14/14	100.0	41/41	100.0
Upper GI	56/67	83.6	155/159	97.5
Urological	91/110	82.7	272/310	87.7
All Cancer Types	775/843	91.9	1644/1733	94.9

Tumour Type	October 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	36/37	97.3	77/78	98.7
Breast (Screened only)	31/32	96.9	25/28	89.3
Cervical (Screened Excluded)	-/-	-	6/6	100.0
Cervical (Screened Only)	3/3	100.0	5/5	100.0
Colorectal (Screened Excluded)	25/25	100.0	62/65	95.4
Colorectal (Screened Only)	10/10	100.0	11/11	100.0
Head & Neck	17/20	85.0	39/40	97.5
Lung	45/48	93.8	119/119	100.0
Lymphoma	10/10	100.0	25/25	100.0
Melanoma	14/14	100.0	32/32	100.0
Ovarian	7/7	100.0	11/11	100.0
Upper GI	22/24	91.7	50/50	100.0
Urological	40/48	83.3	96/109	88.1
All Cancer Types	260/278	93.5	558/579	96.4

Provisional data submitted for quarter 3 (July – September 2014) shows a performance of 91.9% for the 62 day target and 94.9% for the 31 day target. This is an improvement on the previous quarter (April – June 2014, 62 day - 90.7% / 31 day - 94.1%) albeit the target has not been achieved. Several performance improvement initiatives were underway during the course of quarter 3 included the Rapid Improvement Event for Breast Oncology.

The provisional performance for October 2014 demonstrates that GG&C has exceeded the 31 day target 96.4%, and has increased performance against the 62 day target 93.5%. Significant performance control measures remain in place including weekly reporting. Urology surgical capacity continues to be problematic; however the position has improved overall when compared to previous months.

4. STROKE

NHS GG&C has a target of 55% of suspected stroke patients receiving all appropriate elements of the stroke bundle by March 2015, with an interim target of 50% by September 2014. As at 21st November 2014 the performance for the quarter ending September 2014 is 66%. Performance for the individual month of October 2014 is shown in the table below:

	Monthly Performance October 2014 Target 55%	Individual Elements – Performance October 2014			
		ASU Admission Target 90% day 0/1	Stroke Scan Target 90% within 24hrs	Swallow Screen Target 90% day 0	Give Aspirin Target 100% day 0/1
IRH	53%	88%	94%	65%	94%
RAH	71%	89%	84%	84%	80%
GRI	42%	81%	92%	60%	85%
WIG	65%	81%	98%	81%	88%
SGH	79%	94%	98%	91%	89%

NHS GG&C	63%	87%	94%	78%	87%
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NHS GG&C performance for the stroke bundle remains well above target in October 2014. However performance at the Western Infirmary and Inverclyde Royal Hospital dipped below target this month, driven in the main by poor performance against the swallow screen target.

Following the changes to the Victoria Infirmary stroke admission pathway implemented on 1 September 2014, the Victoria Infirmary is no longer a stroke admission site. Patients from this catchment area are now admitted directly to the Southern General Hospital. The SGH site has coped well with this additional activity and is maintaining high levels of performance with all targets met during October, except for the challenging 100% target for Aspirin delivery.

- **Acute Stroke Unit (ASU) Admission:**

Only the SGH site met the target this month, although IRH and RAH only marginally missed the target with just 2 and 3 fails respectively.

- Performance at the Western Infirmary / Gartnavel General Hospitals campus dipped this month with 7 patients failing the target. All patients had been quickly identified to the WIG stroke team but bed pressures across the site meant the patients were not able to transfer to the ASU in time to meet the target.
- GRI performance for October saw 9 patients failing the target. Of these, 6 occurred over a weekend when there are fewer members of the stroke team available to push for patient transfer to the ASU.

- **Stroke Scanning:**

Scanning performance for NHS GG&C remains above target levels. Performance continues to improve at the Royal Alexandra Hospital but remains just below target. Analysis of fails at the RAH shows these mostly occur over a weekend.

- **Swallow screening:**

Performance for the NHS Board continues to hover around the mid to late 70's percent. Performance of individual sites can vary. Work will be undertaken early in 2015 in conjunction with the Scottish Government team to review in detail the timing of swallow screen assessment. In the meantime weekly exception reporting remains in place and is widely shared across each site to drive service improvement.

- **Aspirin:**

The NHS GG&C Stroke MCN has been notified that the Scottish Government will make changes to the aspirin target from 1 January 2015 by revising the target to 95% and including some additional exclusions. It is expected these changes will further improve the local performance against this target.

5. PATIENTS AWAITING DISCHARGE

Nationally there continues to be an increase in the number of patients reported as delayed over 4 weeks. In the most recently published figures (October 2014) 321 patients were delayed over 4 weeks. This compares with 274 at the July 2014 census, and 156 at the October 2013 census.

Within NHS GG&C current delays over 4 weeks in the November 2014 validated census were reported as 31, a decrease of 8.8% from October when the census reported 34 delays. Of the 31 delays reported, 5 patients were within mental health services.

Of the 31 delays over 4 weeks:-

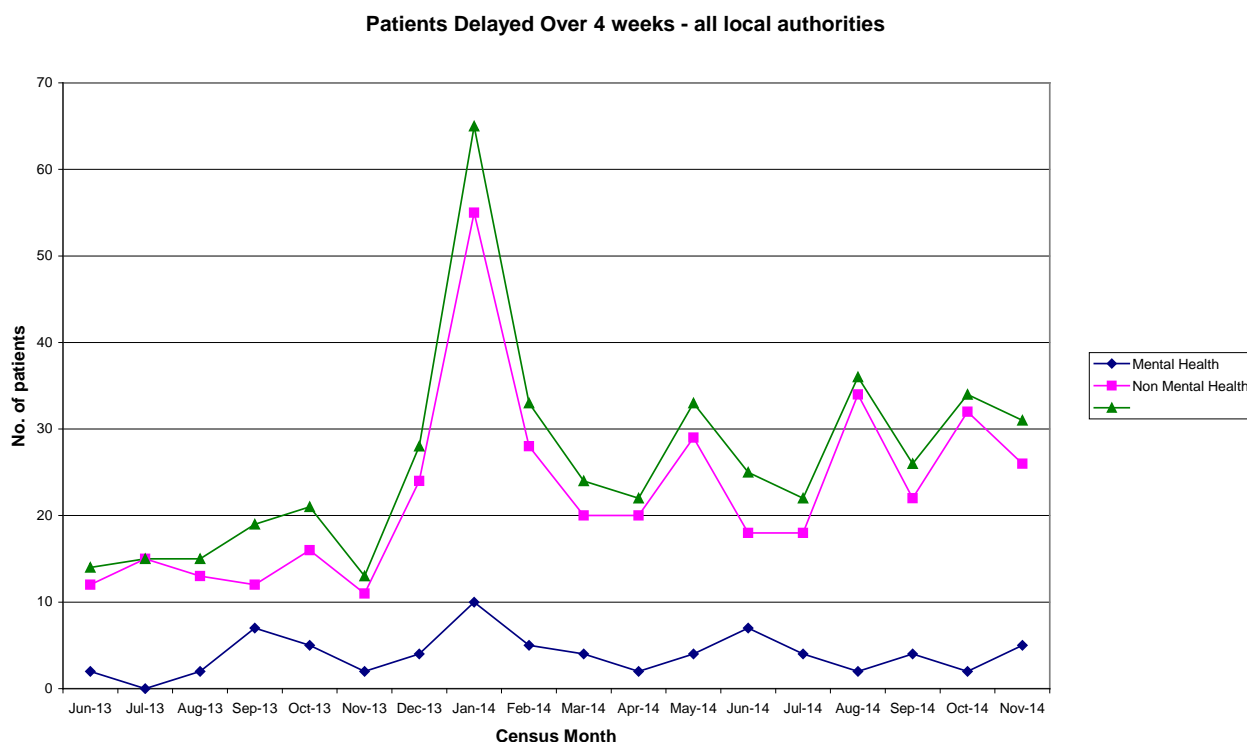
- 13 patients were from Glasgow City; (16 in Oct 14)
- 7 patients were from South Lanarkshire; (9 in Oct 14)
- 1 patient from West Dunbartonshire (3 in Oct 14);
- 4 patients from Inverclyde (2 in Oct 14);
- 3 patients from North Lanarkshire (0 in Oct 14);
- 1 patient from East Dunbartonshire (1 in Oct 14);
- 1 patient from East Renfrewshire (2 in Oct 14);
- 1 patient from North Ayrshire; and
- Argyll & Bute (1 in Oct 14).

There has been a reduction in the number of patients over 4 weeks in Glasgow City; however the number of patients delayed between 2 and 4 weeks has increased by 67.8% since October from 28 to 47 at the census point in November. The overall number of Glasgow City patients waiting was 97 in October, and was 116 in November, an increase of 19.5%. Delays over 4 weeks in the North West have reduced from 11 in October to 6 at November, however the North East are reporting 2 delays – the only delays reported in this sector since August of this year. The total number of Glasgow City patients awaiting discharge and delayed due to funding issues has increased from 6 to 13, of which 2 are over 4 weeks.

The total number of patients from South Lanarkshire awaiting discharge reduced to 10 at the July census but has increased steadily to 19 in September, 13 in October and back to 19 in November, 7 of whom were delayed in excess of 4 weeks. 5 of South Lanarkshire’s patients were delayed by funding issues.

The overall number of patients awaiting discharge has increased from 299 at the October census point to 314 at November, an increase of 4%. This is an increase from the same period in 2013 of 20%.

Table 1



Acute Delays

The number of acute patients delayed over 4 weeks peaked in January 2014 (55). This has continued to reduce in recent month but increased to 34 in August, returning to 22 by September, 32 at the October and back to 26 at the November census.

Mental Health

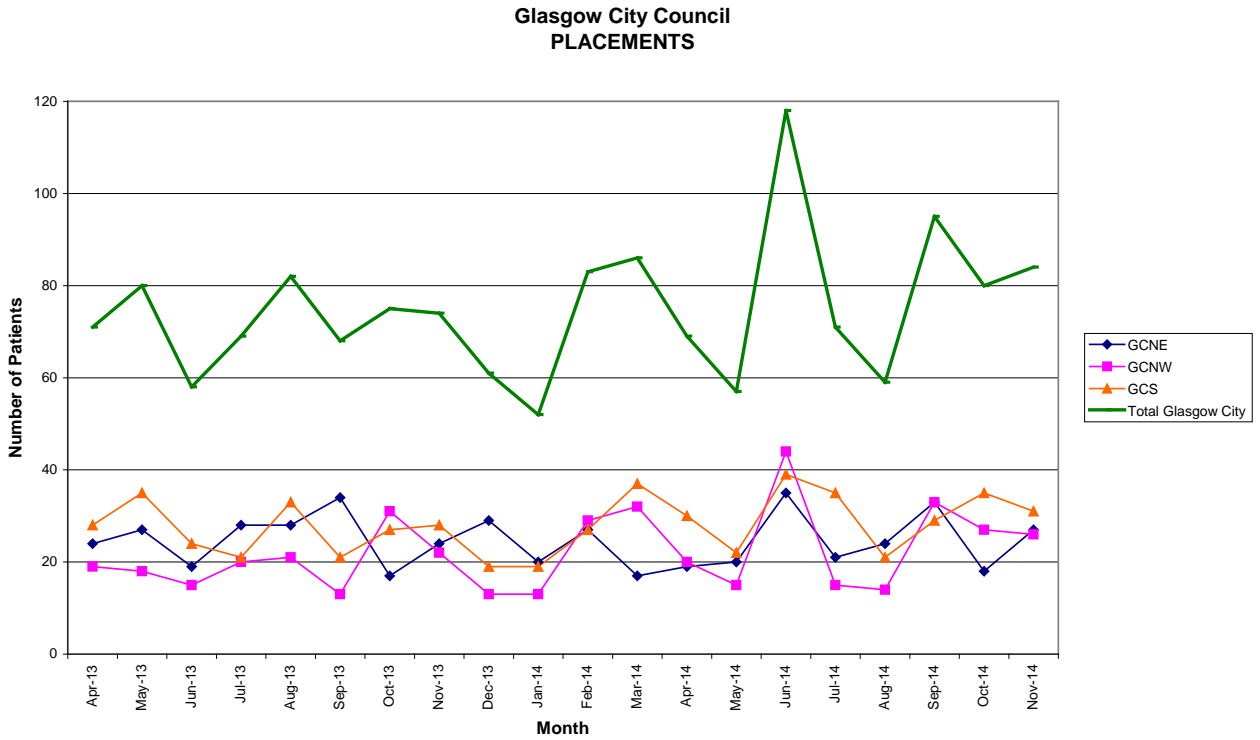
The number of patient delayed in excess of 4 weeks within mental health services has continued to reduce from 10 in January 2014 to 2 in October but back up to 5 in November 2014.

The total number of patients with included codes recorded on Edison as delayed at the time of the November 14 census was 183, this exceeds an annual average of 171 for the period December 13 to November 14.

Placements

There was a significant increase in the number of placements within Glasgow for the month of June 14 (118) following the allocation of extra funding. This reduced to 59 in August 14, increased to 95 in September, 80 in October and 84 in November 2014 (Table 2).

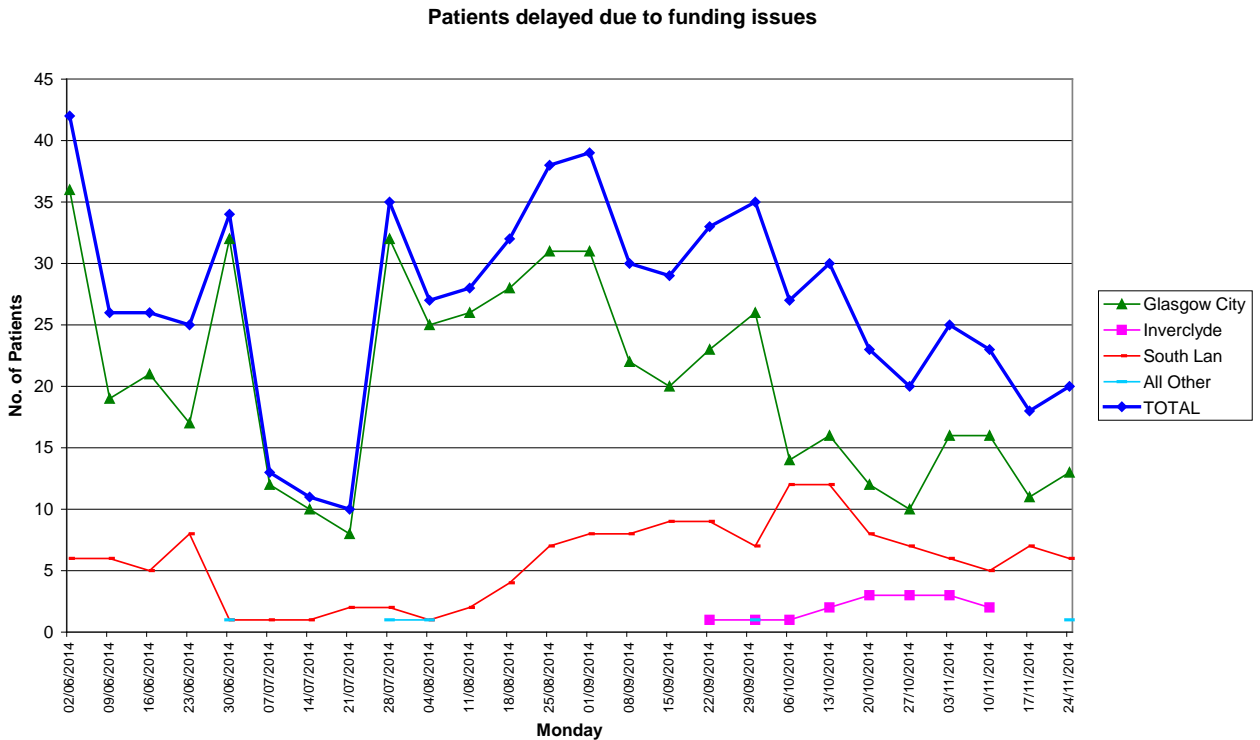
Table 2



Funding Delays

The number of patients delayed due to funding issues has continued to be monitored monthly since the peak of 49 in May. Following the additional funding made available to Glasgow City and within South Lanarkshire in June there was a significant reduction however the numbers continue to increase reaching 39 at the 1st of September reducing to 25 by 3rd November and to 20 by the 24th November 2014 (Table 3).

Table 3



EARLY REFERRAL TO SOCIAL WORK

Local Target - 0 % of patients to be referred on the day designated ready for discharge (RFD).

Current performance

The number of patients being referred on day RFD increased to 9.7% in August, 5.6% in September, 7.8% in October and 6.5% for the month of November 2014 with the improvement being in the North Sector.

- North Sector 10.3% (12.7% Oct 14)
- South Sector 5.2 (5.2% Oct 14)
- Clyde Sector 1.4% (1.4% Oct 14)

The locations achieving 0% referred on day RFD are Fourhills, Greenfield Park, SGH, Inverclyde, Larkfield Unit and the RAH

The number of patients being referred within 1 week of the RFD date was 53.2% in October and improved to 55.1% in November.

BEDS DAYS LOST

Beds days lost have been recorded on a weekly basis since early June for all patients recorded on Edison on Monday of each week. The first table below show an overall increase of 16.5% in the number of bed days lost being reported on a weekly basis between June and November. This increasing trend has been ongoing since October 2014.

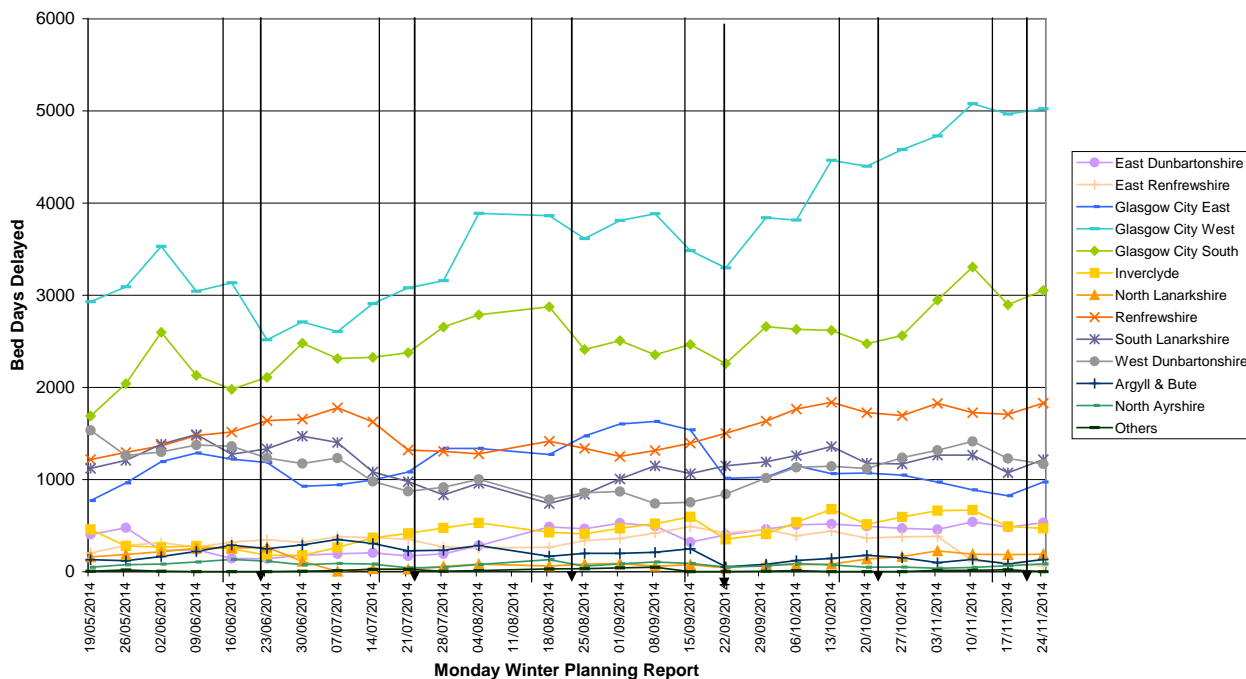
ALL NHS GG&C - Delayed Discharges - ALL PATIENTS

Includes all patients (including complex codes and mental health patients) with social work involvement on Edison as at:-

Bed Days Lost at	#####	#####	#####	#####	#####	#####	Increase from 2/6/14	#####	#####	#####	#####	Increase from 2/6/14	#####	#####	#####	#####	Increase from 2/6/14
East Dunbartonshire	231	527	496	322	399	461	99.6%	509	519	494	470	103.5%	459	542	484	531	129.9%
East Renfrewshire	314	361	421	491	421	458	45.9%	391	441	365	380	21.0%	384	117	100	62	-80.3%
Glasgow City	7320	7920	7869	7487	6568	7526	2.8%	7593	8147	7944	8187	11.8%	8650	9269	8688	9047	23.6%
Glasgow City East	1193	1603	1631	1538	1013	1026	-14.0%	1150	1065	1071	1047	-12.2%	973	887	825	973	-18.4%
Glasgow City West	3529	3810	3883	3484	3296	3840	8.8%	3814	4463	4399	4579	29.8%	4729	5077	4965	5022	42.3%
Glasgow City South	2598	2507	2355	2465	2259	2660	2.4%	2629	2619	2474	2561	-1.4%	2948	3305	2898	3052	17.5%
Inverclyde	267	470	520	596	351	408	52.8%	537	679	513	594	122.5%	661	669	492	470	76.0%
North Lanarkshire	216	90	59	76	42	79	-63.4%	76	82	138	165	-23.6%	225	190	185	189	-12.5%
Renfrewshire	1365	1251	1314	1396	1503	1634	19.7%	1765	1839	1725	1693	24.0%	1827	1726	1708	1828	33.9%
South Lanarkshire	1383	1006	1149	1063	1148	1191	-13.9%	1260	1359	1175	1168	-15.5%	1264	1265	1072	1216	-12.1%
West Dunbartonshire	1300	869	739	753	842	1016	-21.8%	1132	1144	1118	1237	-4.8%	1318	1413	1229	1169	-10.1%
Argyll & Bute	165	198	209	250	53	81	-50.9%	120	144	178	150	-9.1%	98	132	85	132	-20.0%
North Ayrshire	83	84	105	88	51	61	-26.5%	87	74	49	50	-39.8%	37	45	64	85	2.4%
Others	4	40	47	0	0	5	25.0%	11	0	0	0	-100.0%	14	14	21	0	-100.0%
TOTAL	12648	12816	12928	12522	11378	12920	2.2%	13481	14428	13699	14094	11.4%	14937	15382	14128	14729	16.5%

The last national quarterly delayed discharge data for bed days lost between July to September 2014 (October 14 census) reported that nationally, 154,588 bed days were occupied by delayed discharge patients This compares with 149,226 during the quarter April to June and 126,531 during the quarter July to September 2013.

ALL Patients on EDISON at Monday



Within Glasgow City East there continues to be an improvement from the previous months in the number of bed days lost however Glasgow City West and Glasgow City South continue to increase. South Lanarkshire days continue to increase partly due to funding issues. Within East Dunbartonshire there has also been a significant increase in days with the average delay increasing from 17.7 days to 39.5. Renfrewshire's days delayed has increased 33.9% from June due mostly to the number of lengthy delays attributable to complex cases with an AWI code.

AWI PATIENTS

The number of patients delayed as a result of incapacity has increased by 29% from the point of census November 2013 to 2014. There has been a slight reduction between October and November from 74 patients to 71 patients.

EXCLUDED CODES

AWI codes only	Nov-13				
	<2 wk	2-4 wks	total <4 wks	total >4 wks	Tot
Local Authority					
West Dunbartonshire			0	5	5
East Dunbartonshire			0		0
East Renfrewshire			0		0
GC North East		1	1	8	9
GC North West			0	16	16
GC South	1	1	2	9	11
Glasgow City	1	2	3	33	36
Inverclyde			0		0
North Lanarkshire			0		0
Renfrewshire		2	2	7	9
South Lanarkshire	1		1	3	4
Argyll & Bute			0	1	1
Others			0		0
Sub total	2	4	6	49	55

Oct-14					Nov-14				
<2 wk	2-4 wks	total <4 wks	total >4 wks	Tot	<2 wk	2-4 wks	total <4 wks	total >4 wks	Tot
		0	8	8			0	6	6
	2	2	2	4		1	1	5	6
		0	1	1			0		0
1		1	4	5			0	3	3
1	1	2	22	24	1		1	23	24
1		1	12	13			0	13	13
3	1	4	38	42	1	0	1	39	40
		0		0			0	1	1
		0		0			0		0
3	5	8	9	17	2		2	13	15
		0	2	2			0	3	3
		0		0			0		0
		0		0			0		0
6	8	14	60	74	3	1	4	67	71

Variance increase - Number of patients in the 'system' since previous					
Month on			Year on Year		
<4 wks	>4 wks	Tot	<4 wks	>4 wks	Tot
0	-2	-2	0	1	1
-1	3	2	1	5	6
0	-1	-1	0	0	0
-1	-1	-2	-1	-5	-6
-1	1	0	1	7	8
-1	1	0	-2	4	2
-3	1	-2	-2	6	4
0	1	1	0	1	1
0	0	0	0	0	0
0	0	0	0	0	0
-6	4	-2	0	6	6
0	1	1	-1	0	-1
0	0	0	0	-1	-1
0	0	0	0	0	0
-71%	12%	-4%	-33%	37%	29%

Management Actions

1. Glasgow City Council and the Glasgow CHP have started the implementation of discharge from acute beds within 72 hours of being coded as RFD. The roll out has started in NE and coincides with an increase in the number of intermediate care beds. It is anticipated that the roll out will be completed by 31 March 2015 and that the intermediate care capacity will have been increased to 102 beds.

2. Glasgow City Council and Glasgow CHP have invested additional funding from Scottish Executive to purchase 30 extra care home places until the end of March 2015. These placements will have a focus on AWI.
3. Monthly meetings continue with all Local Authorities focussing on delays and funding issues in particular for those local authorities where there is an increase in numbers of delays and bed days lost.

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Acute Services Division

APPENDIX

➤ Combined admitted / non admitted performance

This measure outlines the Board’s performance against the agreed target for both the admitted and non-admitted pathways.

2014 / 15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	90.6%	91.8%	92.4%	92.3%	92.0%	91.9%	91.7%					
Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

➤ 1.2 Linked Pathways

This is a measure of the percentage of patients where their total pathway is being linked.

2014 /15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	87.3%	86.3%	88.4%	88.4%	88.5%	87.9%	87.9%					
Trajectory	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%