

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of February 2015.

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 91.6% performance, against the target of 90%.

NHSGGC	Dec-14	Jan-15	Feb-15
Combined Performance	91.5%	91.5%	91.6%

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 February 2015. The development of more robust inter Board processes to allow appropriate pathway linkage continues to be facilitated.

NHSGGC	Dec-14	Jan-15	Feb-15
Combined Linkage	88.2%	88.1%	88.3%

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 January 2015 and February 2015 for all patients with the exception of one Orthopaedic patient in January.

In January the Board experienced challenges with winter pressures resulting in some elective patient cancellations. Due to these pressures the Orthopaedic patient was cancelled, however, the patient attended for their treatment later the same month.

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 January 2015 a total of 98,098 out patient appointments were delivered (new and return), and in February 2015 a total of 93,084 out patient appointments were delivered (new and return).

However, at the end of January 2015 there were 123 Neurology patients and 38 Gastroenterology patients waiting over 12 weeks. At the end of February 2015 there were 125 Neurology patients, 41 Gastroenterology patients, 1 Orthopaedic patient and 1 Ophthalmology patient waiting over 12 weeks.

- **Neurology**

The nationally recognised difficulty in filling Consultant Neurologist vacancies remains. The service continues to deploy a range of measures to improve the position, as detailed below:

- Interviews were held for four Consultant Neurologist posts in March 2015, two appointments have been made. One commencing May 2015 and one in July 2015.
- An extension to a locum Consultant has been agreed until July 2015.
- Four GPs With a Special Interest have been appointed – three for headache (GGC, Lanarkshire & Ayrshire) and one for first seizure patients (GGC).
- Additional capacity has been agreed with the use of Medinet.
- Additional WLI clinics remain in place.
- A Consultant has returned from long term sick leave; however this is a phased return with no new patient capacity at present.
- A Consultant Neurologist with a sub-speciality interest in Muscle retired on 1st April 2015, the post will be advertised April 2015.

- **Gastroenterology**

- Challenging demand and capacity pressures are being experienced within the service, resulting in patients waiting longer than 12 weeks for a new outpatient appointment in Western/Gartnavel at Jan-15 and Feb-15 month end.
- One patient was reported waiting longer than 12 weeks for a New Outpatient appointment in Glasgow Royal Infirmary. This was due to an individual error in the administrative process; this was a nurse led appointment but was not entered onto system correctly and therefore, was reported as a breach.
- Additional WLI clinics remain in place.
- The service is currently appointing to 12 weeks.

- **Orthopaedics**

- The Orthopaedic patient was booked into a new outpatient appointment within their waiting time guarantee, unfortunately due to technical difficulties the electronic patient management system was not available for a period of time resulting in some clinic cancellations. The patient was cancelled but subsequently could not be contacted to arrange re-booking. When patient did respond the guarantee had passed, patient then requested an evening appointment and has since attended for their appointment.

- **Ophthalmology**

- The Ophthalmology patient was booked into a new outpatient appointment within their waiting time guarantee; unfortunately the Consultant took ill on the day of the clinic resulting in the patient being cancelled.
- The patient accepted a rescheduled appointment the following week.
- The service continues to book patient appointments as early as possible in their pathway to try and reduce the risk of patients waiting over 12 weeks.

➤ **1.4 Unavailability**

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	Dec-14	Jan-15	Feb 15	<i>Feb-15</i>
Greater Glasgow & Clyde	4,761	4,416	4,494	2,974
RHSC	553	578	599	255
TOTAL	5,314	4,994	5,093	3,229
Outpatients	Dec-14	Jan-15	Feb 15	<i>Feb-15</i>
Greater Glasgow & Clyde	2,963	2,312	2,212	1,410
RHSC	40	27	31	8
TOTAL	3,003	2,339	2,243	1,418

At the end of February 2015, the total number of patients waiting (both available and unavailable) was 18,842 inpatients / day cases and 61,434 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. Inpatients 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 50-70% of the total patient advised unavailability.

Further details current levels of patient unavailability, including a breakdown of reasons for unavailability can be accessed via the following link:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Health%20Information%20Technology/InfoKnowledgeAndHealthRcds/Information%20Services/InfoServTest/IPWL/Pages/IPWL.aspx>

➤ 1.5 Diagnostic Waiting Times

As a milestone towards achieving the 18 weeks referral to treatment guarantee, the Division continues to meet 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.

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	Dec-14	Jan-15	Feb-15
Western Infirmary	69%	69%	65%
Glasgow Royal Infirmary	85%	77%	74%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	99%	99%
Southern General Hospital	86%	79%	77%
Victoria Infirmary	81%	72%	74%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	77%	71%	74%
Inverclyde Royal Hospital	87%	86%	86%
Vale of Leven Hospital	92%	87%	92%
Board Average	84%	80%	80%

Overall Position

The NHS GG&C position for the 3 month period from December 2014 to February 2015 was 81.3% compliance against the 4 hour waiting time target. This represents a drop in compliance from 89.7% for the previous 3 month period from September to November 2014. There were 663 patients in NHS GG&C who waited over 12 hours to the completion of treatment in the 3 months from December 2014 to February 2015. There were 1567 patients in NHS Scotland as a whole who waited over 12 hours to the completion of treatment during the period.

The clinical and managerial staff have been working closely with government colleagues to progress actions intended to reduce the length of time patients spend in our Emergency Departments. These include regular on site meetings of staff from all areas – “ huddles” , ensuring that discharge prescriptions are ready more quickly, ensuring discharge lounges are used to their full capacity and that discharge decisions are made as soon as possible.

Waiting times for the main Emergency Departments are now published weekly, this excludes the Minor Injury Units and the Vale of Leven Hospital and therefore does not represent the Board’s overall performance.

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.

CWT Performance - Validated Quarterly Data Oct – Dec 2014

Tumour Type	October – December 2014 (Validated)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	139/141	98.6%	25/1/254	98.8%
Breast (Screened only)	105/109	96.3%	86/90	95.6%
Cervical (Screened Excluded)	2/2	100%	16/16	100.0%
Cervical (Screened Only)	7/7	100%	10/10	100.0%
Colorectal (Screened Excluded)	55/57	96.5%	169/172	98.3%
Colorectal (Screened Only)	20/21	95.2%	25/25	100.0%
Head & Neck	39/43	90.7%	111/114	97.4%
Lung	110/117	94.0%	294/294	100.0%
Lymphoma	23/23	100.0%	68/68	100.0%
Melanoma	29/29	100.0%	85/85	100.0%
Ovarian	11/11	100.0%	36/36	100.0%
Upper GI	58/68	85.3%	145/148	98.0%
Urological	100/117	85.5%	284/316	89.9%
All Cancer Types	698/745	93.7%	1580/1628	97.1%

CWT Performance – Provisional Monthly Data January 2015

Tumour Type	January 2015 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	27/27	100.0%	55/55	100.0%
Breast (Screened only)	49/49	100.0%	44/48	91.7%
Cervical (Screened Excluded)	0/1	0%	4/4	100.0%
Cervical (Screened Only)	2/2	100%	2/2	100.0%
Colorectal (Screened Excluded)	17/20	85.0%	61/63	96.8%
Colorectal (Screened Only)	6/6	100.0%	6/6	100.0%
Head & Neck	9/10	90.0%	30/31	96.8%
Lung	46/48	95.8%	100/102	98.0%
Lymphoma	7/8	87.5%	22/22	100.0%
Melanoma	6/6	100.0%	20/20	100.0%
Ovarian	0/0	---	12/12	100.0%
Upper GI	16/20	80.0%	40/40	100.0%
Urological	27/36	75.0%	82/95	86.3%
All Cancer Types	212/233	91.0%	479/501	95.6%

CWT Performance – Provisional Monthly Data February 2015

Tumour Type	February 2015 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	40/40	100.0%	77/81	95.1%
Breast (Screened only)	36/38	94.7%	35/39	89.7%
Cervical (Screened Excluded)	1/1	100.0%	7/7	100.0%
Cervical (Screened Only)	0/0	---	0/0	100.0%
Colorectal (Screened Excluded)	24/25	96.0%	53/53	100.0%
Colorectal (Screened Only)	8/9	88.9%	9/9	100.0%
Head & Neck	7/8	87.5%	37/37	100.0%
Lung	46/57	80.7%	96/96	100.0%
Lymphoma	11/11	100.0%	30/30	100.0%
Melanoma	10/10	100.0%	21/21	100.0%
Ovarian	6/6	100.0%	11/11	100.0%
Upper GI	22/27	81.5%	49/49	100.0%
Urological	29/37	78.4%	72/82	87.8%
All Cancer Types	240/269	89.2%	498/516	96.5%

Validated quarterly data for period October – December 2014 showed an improvement in performance in both the 62-day and 31-day targets compared previous validated quarterly data (July – September 2014, 62-day – 91.9% / 31-day - 94.9%) .

For February the lowest performance levels were demonstrated in Urology, Upper GI and Lung and below is a summary of issues and actions.

1. Urology

The main reason for cases waiting in this tumour group continues to be surgical capacity shortfall. There remains a capacity issue with laparoscopic prostatectomy; there is only one consultant performing this procedure. As with the majority of Boards across Scotland, the issue of urology oncology capacity remains a key challenge.

In terms of the TRUS position, Surgery and Anaesthetics are looking at options for the transfer of the service to GRI – this may facilitate increased TRUS access. A business case has been developed for an additional TRUS machine and Urology Consultant, the request has been put forward to the Cancer Performance Support Team.

There are pressures within the clinical oncology aspects of the service. This is a relatively new issue as a result of a sickness absence issue. Locum support has been sought on several occasions without success. It is anticipated that the service will be back up to full establishment from June onwards.

2. Upper GI

The main issue with Upper GI remains the number of steps on the pathway to ensure that optimal treatment is established. Delays, no matter how short in any part of the pathway will cause an issue. Therefore, the pathways across the festive period can regrettably cause delays which cascade into the January and February reporting periods. This is a component of the adverse February performance.

The number of steps in the pathway has been reviewed and the outcome is that there can be no reduction in the number of steps. It is likely that standardisation will occur across the region bringing all pathways closer to the ones followed in GG&C. This is being considered by West Of Scotland Cancer Network.

We have mapped solutions to this issue at all points across the patient pathway. The solution is based around reductions in the pathway to 7 day intervals across all specialties. This however creates resource challenges. Bids for modernisation funding in financial year 15/16 could be targeted towards achieving this objective.

3. Lung

There has been a significant improvement in lung performance within NHS GG&C over the previous two years. However, we have experienced an unusually high number of longer waits in this reporting period. Having reviewed each case individually, all patients commenced their diagnostic pathways pre-Christmas. The festive period delays across all departments had been the key source of the delays in the February reporting period.

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. Performance for the most recent reported month, February 2015, is shown in the table below:

	Monthly Bundle Performance Feb 2015 Target 55%	Individual Elements – Performance February 2015			
		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	85%	100%	92%	92%	100%
RAH	42%	71%	83%	54%	81%
GRI	44%	64%	76%	68%	82%
WIG	47%	70%	94%	65%	100%
SGH	66%	98%	89%	88%	74%
NHSGGC	54%	87%	86%	73%	84%

Performance reporting at this present time shows that NHSGGC performance for the stroke bundle has dipped just below target in February 2015 for the second month in a row, only the IRH and SGH sites achieved above target in February. The aspirin target at the SGH site was unusually low during January and February 2015 and as such further checks are underway to re-validate this data which may have a slight impact on the overall NHS Board performance.

Acute Stroke Unit (ASU) Admission:

- IRH and SGH met the target this month.
- GRI had 16 people failing to be admitted within a day. This is unusually high. 3 people were too unwell for transfer over to the ASU; in 3 other cases there was no ASU bed available; in the other 10 cases there were a complex range of reasons
- At the RAH all 7 patients could not be admitted because of lack of bed availability due to a slower than normal turnover of patients within the unit.
- At the WIG there were 9 patients could not be admitted due to lack of bed availability in the ASU.

Stroke Scanning:

Scanning performance for NHS GGC dropped slightly below target in February 2015. Both the RAH and GRI failed the target. At GRI pressures across the whole site in February led to the poor performance. Analysis of fails at the RAH continues to show these mostly occur over a weekend.

Swallow screening:

Performance for the NHS Board dipped slightly again to 73% this month. Only the IRH site met the target, however the SGH site only marginally missed reaching 90%. Weekly exception reporting remains in place and is widely shared across each site to drive service improvement. Staff on all sites are aware of the need to improve performance.

Aspirin:

Aspirin performance rose slightly this month to 84%. The IRH and the WIG achieved 100% for the first time. However the SGH site shows unusually low levels of performance. As such further work is being

undertaken to review and re-validate data during January and February at the SGH site. Exception reporting is in place and is shared with clinical teams.

5. PATIENTS AWAITING DISCHARGE

Nationally the number of patients reported as waiting over 4 weeks reduced by 19% between Jan 2015 and Feb 2015. This corresponds to a similar decrease at the same period in 2014. The overall trend year on year for delays over 4 weeks however continues to increase.

- February 2013 = 184
- February 2014 = 226
- February 2015 = 267

Within NHS GG&C current waits over 28 days in the March 2015 census was reported as 41 an increase of 71% from February (24) and 141% from December when the census reported 17.

The 41 patients waiting over 4 weeks were from 2 local authorities as follows:-

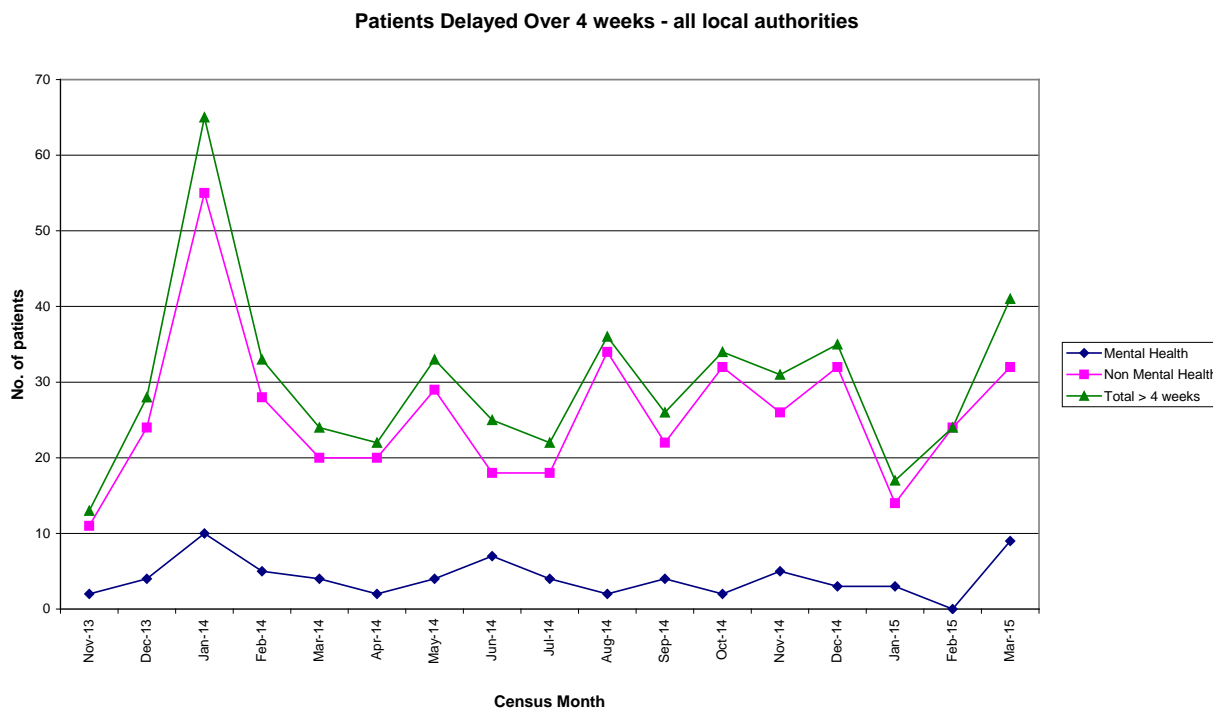
- 1 patients were from Glasgow City East; (2 in Feb 15)
- 18 patients were from Glasgow City West; (10 in Feb 15)
- 16 patients were from Glasgow City South; (3 in Feb 15)
- 6 patients were from South Lanarkshire; (6 in Feb 15)

The number of patients over 4 weeks in Glasgow City has continued to increase since January as has the total number of Glasgow City patients reported on the census (Jan 15 = 70, Feb 15 = 87 and March 15 102).

Non Complex Codes

The total number of patients at the March 15 census was 159, although an increase this is still below the annual average of 162.

Table 1



Patients in Acute Hospitals

Following the peak of 55 in January 2014 the number of acute patients waiting over 4 weeks has fluctuated but has risen again in March 2015 to 41.

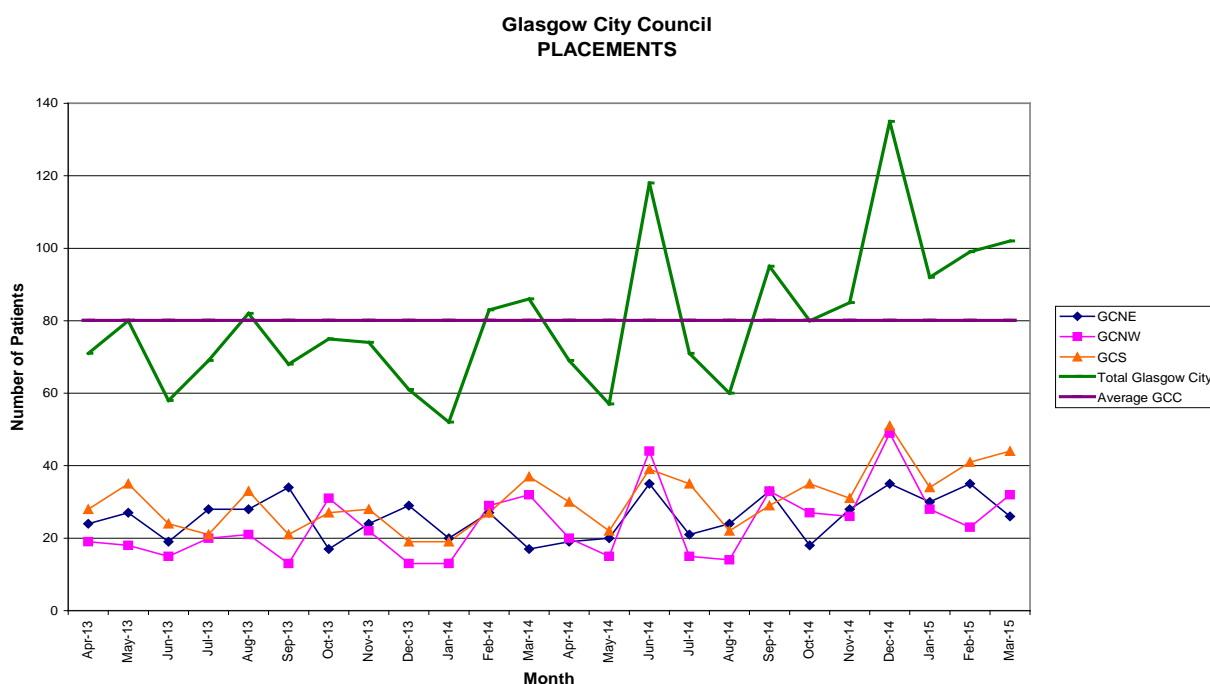
Mental Health

The number of patient waiting over 4 weeks within mental health services was zero at the 15th February 2014 but increased significantly to 9 at the March census.

Placements

The number of placements within Glasgow City peaked in the month of June 2014 (118) following the allocation of extra funding and has fluctuated over the following months. December saw an increase to 135 which reduced to 99 in February and 102 in March. The average number of placements per month for Glasgow City between April 2013 and February 2015 has been 80 (Table 2).

Table 2

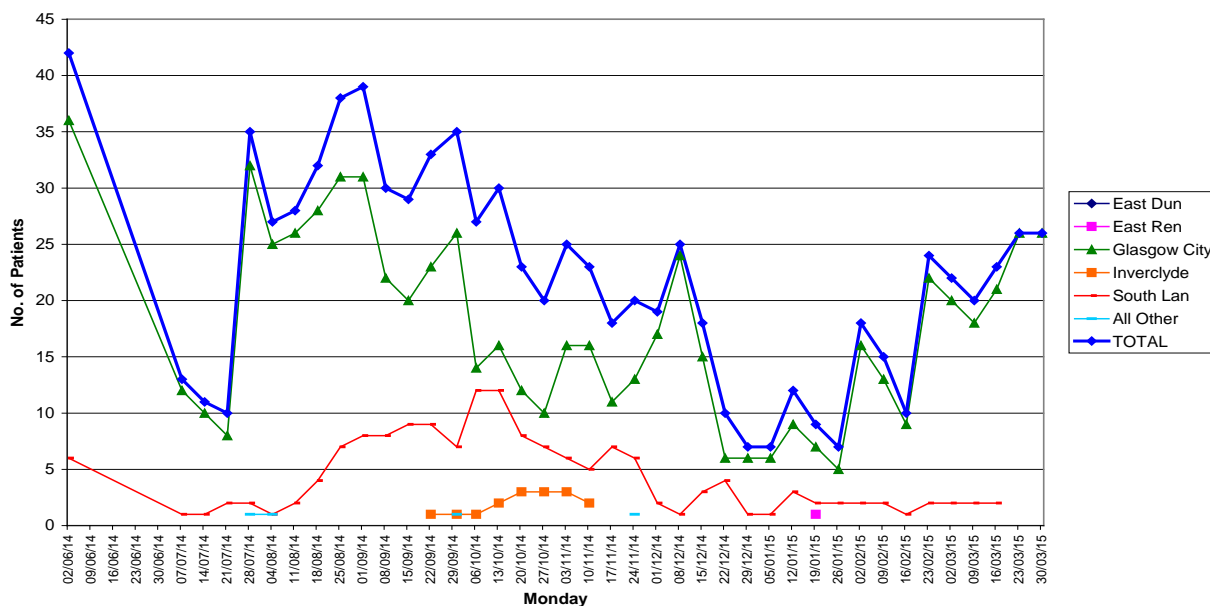


Funding Delays

The number of patients delayed due to funding issues continues to be monitored regularly since the peak of 49 in May 2014. In March, 26 patients were recorded as financial delays of which 14 were from the West sector and 12 from the South Sector. Of the 26 patients, 20 breached the 4 weeks target.

Table 3

Patients delayed due to funding issues



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 referred to social work has remained reasonably static at around 300 per calendar month, 312 in March 2015. The percentage of patients referred on the day ready for discharge reduced significantly to 2% for the month February 2015 but increased to 7.4% by March 2015.

% referred on day Ready for Discharge

2014	% Referred on RFD	2015	% Referred on RFD
Jan	7.5%	Jan	7.8%
Feb	9.5%	Feb	2.0%
Mar	3.4%	Mar	7.4%
Apr	12.1%		
May	6.1%		
June	7.1%		
Jul	4.6%		
Aug	9.7%		
Sept	5.6%		
Oct	7.8%		
Nov	6.5%		
Dec	6.0%		

The % of patients being referred in excess of 1 week reduced correspondingly in March to 56.7% from 60.9% in the previous month.

Patient referred on date RFD by Health Board sector is as follows:-

- North Sector 12.9% (2.8% Feb 15)

- South Sector 1.9% (1.1% Feb 15)
- Clyde Sector 1.9% (1.6% Feb 15)

Local authorities achieving 0% referred on day RFD in February are:-

- North Lanarkshire
- East Renfrewshire
- Inverclyde
- Renfrewshire and
- Argyll & Bute

BEDS DAYS LOST

Beds days lost continue to be monitored on a weekly basis (from June '14) for all patients recorded on Edison at the beginning of each week. The table below show an overall increase of 16% in the number of bed days lost being reported on a weekly basis between June 2014 and the end of March 2015. The increasing trend has been ongoing since October 2014 and is mainly attributable to 40 complex cases delayed in excess of 100 days as indicated in the list of the local authorities below.

- East Dunbartonshire – 3 patients over 100 days
- Glasgow City East – 1 patient over 100 days
- Glasgow City West – 6 patients over 200 days plus 3 patients over 100 days
- Glasgow City South – 2 patients over 200 days plus 4 patients over 100 days
- North Lanarkshire – 1 patients over 100 days
- Renfrewshire – 2 patients over 300 days plus 9 patients over 100 days
- South Lanarkshire – 2 patients over 200 days plus 2 patients over 100 days
- West Dunbartonshire – 4 patients over 200 days
- Argyll & Bute – 1 patient over 100 days

Many local authorities have shown a decrease over the same period although may also have patients waiting for more than 100 days.

As of April 2015 the national target for will change from 4 weeks (waiting from Ready for Discharge) to 2 weeks.

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

Bed Days Lost at	02/06/2014														% increase from 2/6/15		
		05/01/2015	12/01/2015	19/01/2015	26/01/2015	02/02/2015	09/02/2015	16/02/2015	23/02/2015	02/03/2015	09/03/2015	16/03/2015	23/03/2015	30/03/2015			
All Patients																	
East Dunbartonshire	231	728	868	765	854	959	960	817	872	763	645	736	784	891	286%		
East Renfrewshire	314	84	139	140	171	117	102	54	113	119	112	183	133	186	-41%		
Glasgow City	7320	7541	7143	7055	7090	7253	7231	6929	6860	7004	7440	7344	7257	7561	3%		
Glasgow City East	1193	850	943	869	947	1045	1038	999	920	684	804	948	763	847	-29%		
Glasgow City West	3529	4393	3819	3671	3642	3692	3578	3618	3466	3723	3877	3824	3759	4090	16%		
Glasgow City South	2598	2298	2381	2515	2501	2516	2615	2312	2474	2597	2759	2572	2735	2624	1%		
Inverclyde	267	510	534	625	555	669	487	317	136	162	136	155	113	51	-81%		
North Lanarkshire	216	78	110	168	159	161	119	86	110	103	117	103	110	134	-38%		
Renfrewshire	1365	2565	2610	2005	2133	2307	2436	2450	2582	2671	2842	2884	2661	2639	93%		
South Lanarkshire	1383	1252	1246	1236	1206	1348	1450	1531	1553	1599	1469	1605	1090	1117	-19%		
West Dunbartonshire	1300	1466	1498	1490	1535	1700	1711	1707	1691	1719	1813	1924	1748	1637	26%		
Argyll & Bute	165	403	409	467	394	393	348	358	400	435	459	522	489	396	140%		
North Ayrshire	83	14	40	56	89	54	112	43	25	43	76	39	44	21	-75%		
Others	4	32	39	46	53	0	5	0	0	5	3	10	24	38	850%		
TOTAL	12648	14673	14636	14053	14239	14961	14961	14292	14342	14623	15112	15505	14453	14671	16%		

AWI PATIENTS

The number of patients waiting as a result of incapacity is 47% higher, than the same period in 2014 notably within East and West Dunbartonshire, Glasgow City and Renfrewshire. There has been a 1% decrease from February (82 patients).

AWI codes only	Jan-15					Feb-15					Mar-15					Variance increase - Number of patients in the 'system' since previous								
	Jan-15		Jan-15			Feb-15		Feb-15			Mar-15		Mar-15			Mar 15 v Feb 15			Mar 15 v Mar 14					
	<2 wks	2-4 wks	total <4 wks	total >4 wks	Tot	<2 wks	2-4 wks	total <4 wks	total >4 wks	Tot	<2 wks	2-4 wks	total <4 wks	total >4 wks	Tot	<4 wks	>4 wks	Tot	<4 wks	>4 wks	Tot			
Local Authority																								
West Dunbartonshire	2		2	6	8	2	1	3	8	11	2	1	3	8	11	0	0	0	3	1	4			
East Dunbartonshire	1		1	5	6			0	4	4			2	2	3	2	-1	1	2	3	5			
East Renfrewshire			0		0			0		0			0		0	0	0	0	0	0	0			
GC North East	3		3	4	7		2	2	3	5	1	7	8	2	10	6	-1	5	7	-4	3			
GC North West	2		2	17	19		2	2	14	16	1		1	15	16	-1	1	0	-1	3	2			
GC South	1	1	2	11	13	1	1	2	11	13	1		1	8	9	-1	-3	-4	-1	-1	-2			
Glasgow City	6	1	7	32	39	1	5	6	28	34	3	7	10	25	35	4	-3	1	5	-2	3			
Inverclyde			0	1	1			0		0			0		0	0	0	0	0	-1	-1			
North Lanarkshire			0		0			0	1	1			0	1	1	0	0	0	0	1	1			
Renfrewshire	2		2	16	18	3	1	4	18	22	2	2	4	17	21	0	-1	-1	1	11	12			
South Lanarkshire			0	7	7			0	6	6			0	4	4	0	-2	-2	0	-1	-1			
Argyll & Bute			0	4	4			0	4	4		1	1	3	4	1	-1	0	1	2	3			
Others			0		0			0		0			0		0	0	0	0	0	0	0			
Sub total	11	1	12	71	83	6	7	13	69	82	7	13	20	61	81	54%	-12%	-1%	150%	30%	47%			

Management Actions

1. Glasgow City Council and Glasgow CHP invested additional funding from Scottish Executive to purchase 30 extra care home places until the end of March 2015, this has now been extended to September 2015. These placements will have a focus on AWI. On top of this the further 20 care home beds have been opened in the North West with a similar focus on AWI and those awaiting discharge will also be funded for a further 6 months.
2. This will be the last report against the 4 week target as the national target for patients awaiting discharge will change to 2 weeks as of April 2015. All reporting templates will be changed accordingly

Grant R Archibald
 Chief Officer
 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%	91.1%	91.5%	91.5%	91.6%	
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%	87.8%	88.2%	88.1%	88.3%	
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%