

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of August 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 92.0% performance, against the target of 90%.

NHSGGC	June 14	July 14	Aug 14
Combined Performance	92.4%	92.3%	92.0%

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. Ophthalmology continues to be an area of particular pressure and the revised local maximum waiting time of 12 weeks remains in place.

➤ 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 August 2014. Work continues nationally to develop more robust inter Board processes to allow appropriate pathway linkage to be facilitated.

NHSGGC	June 14	July 14	Aug 14
Combined Linkage	88.4%	88.4%	88.5%

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 July 2014 and August 2014 for the majority of patients, with the exception of seven patients in July and two patients in August that breached the guarantee.

- The seven patients that breached the guarantee July were all Orthopaedic Spinal patients. Arrangements had been made for these patients to be treated by a third party hospital provider within the 12 week guarantee time, however, the independent facility was unable to fulfil their commitment and as a result the patients breached. All of these patients have now had their surgery.
- One Orthopaedic patient and one Paediatric Dentistry patient breached the guarantee in August 2014. Both breaches were due to administrative errors whereby the patients' waiting list entries were not progressed correctly. As soon as the errors were highlighted, the patients were dated for admission. Both patients have now attended for their treatment. Administrative processes in each specialty have since been reviewed to ensure this does not happen in future.

Outpatients

NHS GG&C has met the national waiting time target of 12 weeks from GP referral to outpatient consultation for the majority of specialties. During July 2014 a total of 94,952 out patient appointments were delivered (new and return), and in August 2014 a total of 96,608 out patient appointments were delivered (new and return).

However, there were 72 Ophthalmology and 20 Neurology patients waiting over 12 weeks at the end of July 2014. At the end of August 2014, there were 26 Ophthalmology and 106 Neurology patients waiting over 12 weeks.

As previously reported, significant demand and capacity pressures in both of these specialities is a national issue and is not limited to NHS GG&C.

There has been a pronounced increase in referrals to these services which has put pressure on the available capacity. Both services had developed plans to deal with the demand pressures in the immediate and longer term. However, the position was compounded by sick leave and by the lack of suitable available candidates to fill consultant vacancies, or to provide locum cover.

As anticipated, the summer period was found to be particularly difficult, as the existing specialist consultants providing these services have periods of annual leave. As a result both services had further breachers during July and August.

Further background information and details of the specific planned actions taken by the services are detailed below.

- Ophthalmology

- Background

- Ophthalmology referrals are increasing at a rate of 7% per annum.
 - The speciality has 3 Consultants on Maternity Leave (1 is a Glaucoma specialist).
 - The majority of patients waiting over 12 weeks were Glaucoma patients. Once diagnosed with Glaucoma, patients require lifetime follow up, increasing the demand on hospital capacity.
 - The position is anticipated to improve with the return of two of the three Consultants from maternity leave and a full complement of junior doctors in post.

- Actions

- Additional capacity for Cataract surgery at the Golden Jubilee National Hospital has been agreed. These additional sessions will commence 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.

- Efforts to recruit locum staff continue.
- 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.

It is anticipated that the backlog in new patient appointments will be cleared by the end of September, however, the consequent further increase in long-term return caseload will be challenging for the Glaucoma service. With a national shortage of Glaucoma specialists, the sub-specialty is seeking to maximise specialist optometric input in order to meet demand.

- Neurology

- Background

- There is currently a nationally recognised difficulty filling Consultant Neurologist posts.
 - Within NHS GG&C, the specialty currently has 3 WTE vacancies out of a total of 18 Consultants within the specialty.
 - Consultant capacity in NHS GG&C continues to be reduced by a Consultant on long term sickness absence (this Consultant covers MS subspecialty).

- Actions

- Three Consultant Neurologist posts were advertised and interviews took place at the end of August 2014, unfortunately no appointments were made. However, discussions are ongoing with one candidate to explore the potential for a part-time appointment in April 2015.
 - The service is planning to re-advertise the Consultant posts on doctors.net, in the BMJ and internationally within Spain and Greece.
 - A locum Consultant has been appointed (until January 2015) and a second locum post is being advertised.
 - Additional capacity has been agreed with the use of Medinet, with capacity for 300 patients across Oct-Dec 2014.
 - 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.

➤ **1.4 Unavailability**

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	June 14	July 14	Aug 14	<i>Aug 14</i>
Greater Glasgow & Clyde	3,616	4,051	3,604	2,223
RHSC	552	528	454	190
TOTAL	4,168	4,579	4,058	<i>2,413</i>
Outpatients	June 14	July 14	Aug 14	<i>Aug 14</i>
Greater Glasgow & Clyde	2,787	3,277	3,325	1,955
RHSC	119	153	57	17
TOTAL	2,906	3,430	3,382	<i>1,972</i>

At the end of August 2014, the total number of patients waiting (both available and unavailable) was 17,053 inpatients / day cases and 67,694 new outpatients.

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. This practice has not been adopted in NHS GG&C and the Division has also continued to seek to provide patients with access to their nearest hospital, where at all possible. This has the effect of increasing patient 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 July or August 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 98% of Accident and Emergency patients.

Site	June 14	July 14	Aug 14
Western Infirmary	84%	89%	78%
Glasgow Royal Infirmary	92%	93%	90%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	98%	98%	98%
Southern General Hospital	89%	92%	90%
Victoria Infirmary	88%	91%	86%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	89%	89%	86%
Inverclyde Royal Hospital	94%	93%	94%
Vale of Leven Hospital	97%	97%	97%
Board Average	91%	93%	90%

Overall Position

The NHS GG&C position for the 3 month period from June to August 2014 was 91.3% compliance against the 4 hour waiting time target. This compares favourably to the overall compliance figure of 89.5% compliance for the previous 3 month period from March to May 2014.

There were 38 patients in NHS GG&C who waited over 12 hours to the completion of treatment in the 3 months from June to August 2014. By way of context there were 170 patients who waited over 12 hours to completion of treatment in NHS Scotland over the same period.

The Acute Division has taken a number of steps to provide additional facilities including

- The opening of a surgical assessment area at the Royal Alexandra Hospital
- The opening of a discharge lounge at the Royal Alexandra Hospital
- The opening of additional beds at Glasgow Royal Infirmary and Southern General

Additional clinical staff are also being appointed in the emergency departments and in medicine.

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	July 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	22/26	84.6%	57/60	95.0%
Breast (Screened only)	44/44	100%	32/43	74.4%
Cervical (Screened Excluded)	1/1	100%	7/7	100%

Cervical (Screened Only)	0	n/a	1/1	100%
Colorectal (Screened Excluded)	31/35	88.6%	74/78	94.9%
Colorectal (Screened Only)	9/9	100%	8/9	88.9%
Head & Neck	14/15	93.3%	29/32	90.6%
Lung	58/64	90.6%	108/109	99.1%
Lymphoma	13/15	86.7%	30/30	100%
Melanoma	7/7	100%	18/18	100%
Ovarian	3/3	100%	13/13	100%
Upper GI	20/23	87.0%	55/55	100%
Urological	19/27	70.4%	78/89	87.6%
All Cancer Types	241/269	89.6%	510/544	93.8%

Tumour Type	August 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	43/47	91.5%	76/82	92.7%
Breast (Screened only)	39/46	84.8%	31/39	79.5%
Cervical (Screened Excluded)	1/1	100%	5/5	100%
Cervical (Screened Only)	0	n/a	0	n/a
Colorectal (Screened Excluded)	22/24	91.7%	60/61	98.4%
Colorectal (Screened Only)	17/17	100%	18/18	100%
Head & Neck	10/11	90.9%	29/29	100%
Lung	56/58	96.6%	103/103	100%
Lymphoma	4/5	80.0%	23/23	100%
Melanoma	12/13	92.3%	30/30	100%
Ovarian	4/4	100%	1/1	100%
Upper GI	19/23	82.6%	48/51	94.1%
Urological	39/44	88.6%	93/105	88.6%
All Cancer Types	266/293	90.8%	526/556	94.6%

Overall Position

Performance fell below 31-day target in July. Position improved in August and preliminary September figures indicate that 31-day target has achieved above 95%.

The 62-day performance is still below target. Individual specialties are monitoring performance on a weekly basis and highlighting at an early stage any potential slippage in patient pathways.

This additional scrutiny, as part of a wider action plan, is aimed at returning the 62-day performance indicator to compliance with the national target.

Urology Service

Urology presents the largest area of challenge out of all cancers again this period. There is limited surgical cover in Urology against a backdrop of increasing referrals and increased diagnosis. Locum Surgical staff have been sought and additional sessions are in place where at all possible. There is a similar pressure for Specialist Oncology, due to the increased diagnosed cancers. Again, additional sessions are in place and the service are trying to recruit additional locum Consultant staff.

Urology Services	Jan–March 2012	Jan–March 2014	No. Increase	% Increase
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SCI GP referrals (all urgencies)	4,923	5,793	870	17.7%
GP Urgent Suspected Cancer Referrals (GP or vetted urgency)	361	423	62	17.1%

Breast Service

Breast services also remain an area of concern. Weekly meetings are in place between Surgical teams and Diagnostic Imaging teams to ensure that all available localisation slots are fully utilised.

The fortnightly Cancer Performance Improvement Meeting remains in place, as does the weekly reporting of cancer waiting times to Acute Division Directors and the SGHD Cancer Performance Support Team, and the monthly Detect Cancer Early meetings.

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.

The Board has already exceeded both the interim and full targets in the quarter ended June 2014. The position for quarter ended September 2014 will not be available until the end of October 2014.

	Monthly Performance August 2014 Target 50%	Individual Elements – Performance August 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	67%	86%	80%	87%	75%
RAH	66%	94%	89%	77%	85%
GRI	58%	80%	94%	69%	86%
WIG	67%	90%	98%	71%	89%
SGH	84%	95%	100%	98%	93%
VIC	13%	71%	100%	38%	86%
NHSGGC	61%	88%	94%	77%	87%

- NHSGGC performance for the stroke bundle remains well above target in August 2014 with only the Victoria site performing below target. Changes to the Victoria stroke admission pathway implemented on 1 September 2014 will mean the Victoria is no longer a stroke admission site. Therefore in future reports this patient activity will be subsumed within the SGH site. In August the SGH site in particular has had a successful month with all targets met except for the challenging 100% target for Aspirin delivery. It is understood discussions are underway at a national level to review the rationale for a target of 100% for Aspirin delivery.
 - Acute Stroke Unit (ASU) Admission
 - Improved performance at the Western Infirmary (WIG) / Gartnavel General Hospitals campus has been maintained with the WIG achieving 90% for admission to a stroke unit for the second month in a row
 - GRI performance in August is just 80% for ASU admission, a drop of 13% on the previous month. Detailed analysis has been undertaken and Glasgow Royal Infirmary staff are currently looking at all opportunities to improve consistency of performance
 - The relatively low admission numbers at Inverclyde Royal Hospital site means performance dips below target when only 2 patients miss a target
 - Stroke Scanning: scanning performance for NHSGGC remains above target levels; of note, performance continues to improve at the Royal Alexandra Hospital (RAH) following installation of the new scanner earlier this year
 - Swallow screening: performance continues to hover around the mid to late 70s. There have been meetings held over the summer in most sites between RAD and ECMS. These discussions involve clinical and management representatives and explore reasons for fails and seek to agree measures to address these. Weekly exception reporting remains in place to drive service improvement. The relatively high volume of

admissions after 18.00hrs is one key factor in the reasons for failing the target. Patients admitted after 18.00hrs have significantly less opportunity to have a swallow screen on day zero than those admitted earlier in the day. However there does not appear to be any indication from the national stroke audit team that this target is likely to change.

- Aspirin - with a target set at 100%, this will always be a challenging target to meet, however most sites achieve consistent performance around 90% each month. Performance at the RAH site improved significantly this month at 85%, up from 66% in July 2014. Work continues within each site to ensure accuracy of data recording and collection given the complex range of contraindications which apply to this performance standard.

5. PATIENTS AWAITING DISCHARGE

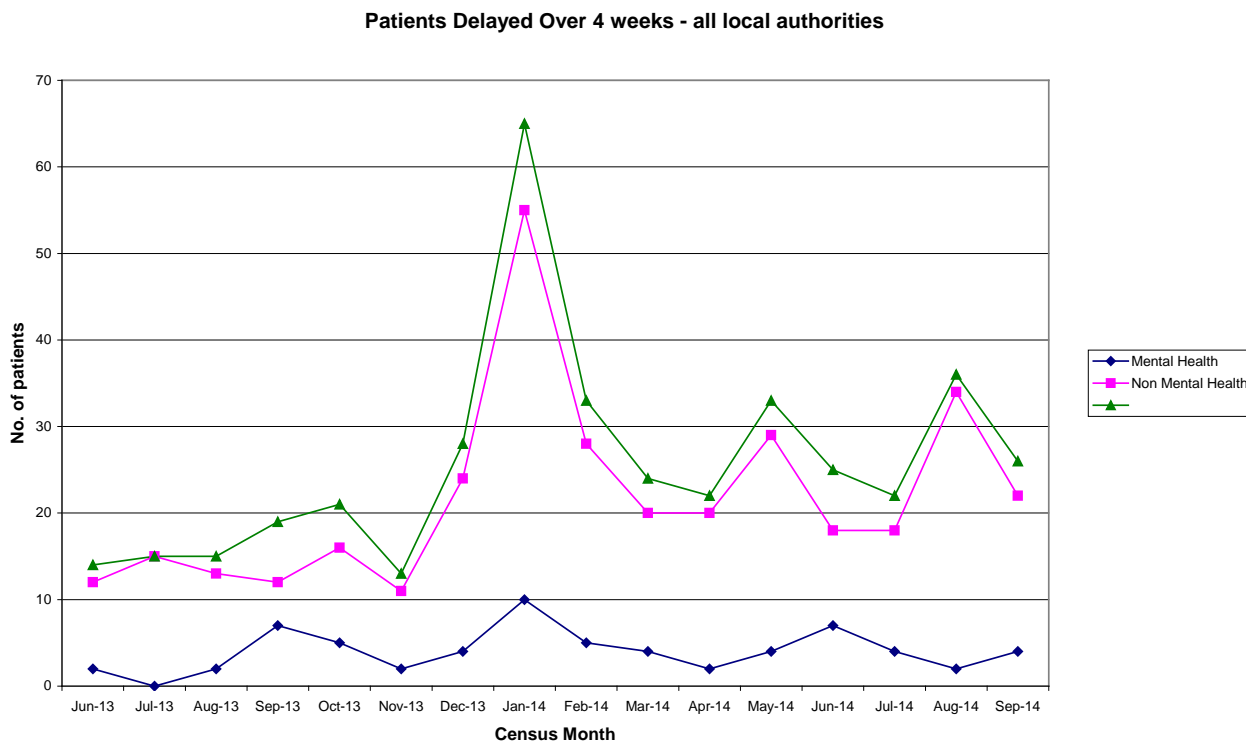
Current delays over 28 days in the September 2014 validated census were reported as 26, a decrease of 28% from August when the census reported 36 delays. Of the 26 delays reported, 4 patients were within mental health services.

Of the 26 delays over 4 weeks

- 13 patients were from Glasgow City; (26 in Aug 14)
- 9 patients were from South Lanarkshire; (6 in Aug 14)
- 2 patient from West Dunbartonshire; and
- 2 patients from Inverclyde.

The number of patients over 4 weeks in Glasgow City halved from the August census. 9 delays were from the North West of Glasgow City, 7 of which are delayed due to funding, this is a decrease of 50% on the 14 delays reported in the previous census. In the South of Glasgow City, 4 patients breached the 4 week benchmark, 1 of whom were as a result of funding issues. The total number of patients from South Lanarkshire awaiting discharge reduced to 10 at the July census but increase again to 13 in August and 19 in September 9 of whom were delayed in excess of 4 weeks. 7 of South Lanarkshire's breachers were attributable to funding.

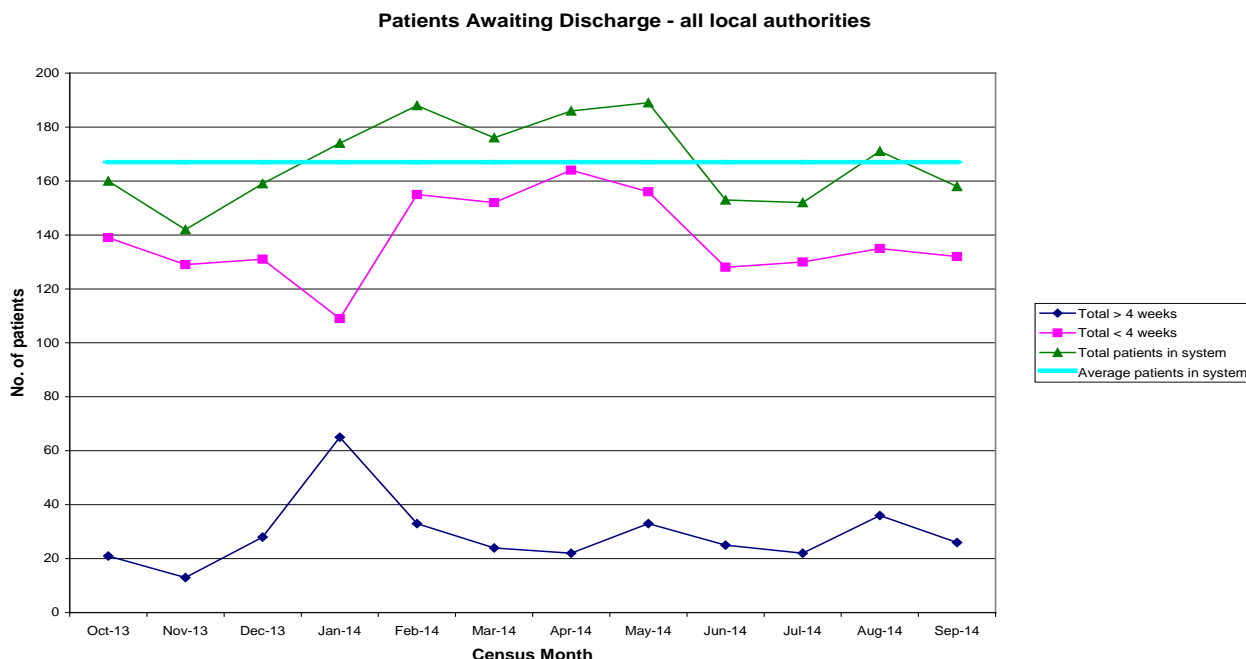
Table 1



The number of acute delays peaked in January 2014 (55). This has continued to reduce in recent month but increased to 34 in August, returning to 22 by the September census. The number of patient delayed within mental health services has reduced from 4 at the time of the July census to 2 reported in the August census

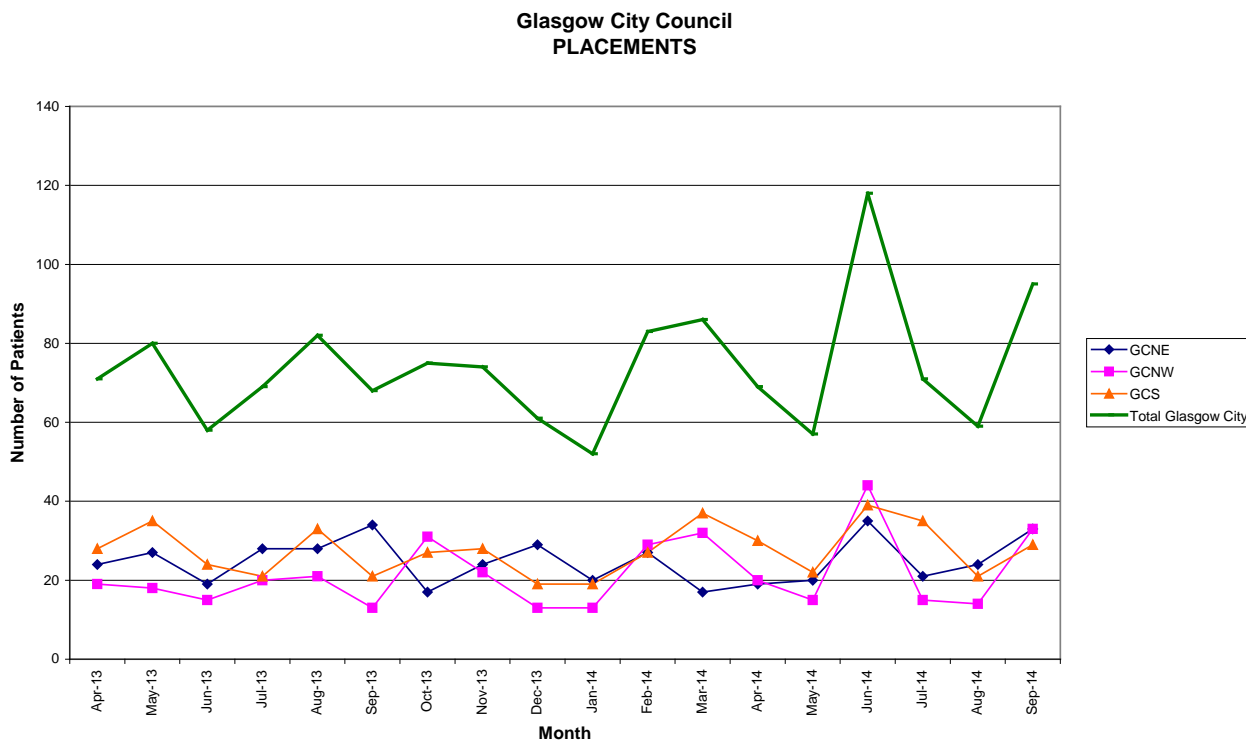
but back up to 4 by September. The total number of patients recorded as delayed at the time of the September census was 158, this is below the average of 167 over the last 12 months (Table 2)

Table 2



Within Glasgow City the number of placements peaked at 118 for the month of June 14 following the allocation of extra funding. This reduced to 59 in August 14 but increased to 95 in September 2014 (Table 3).

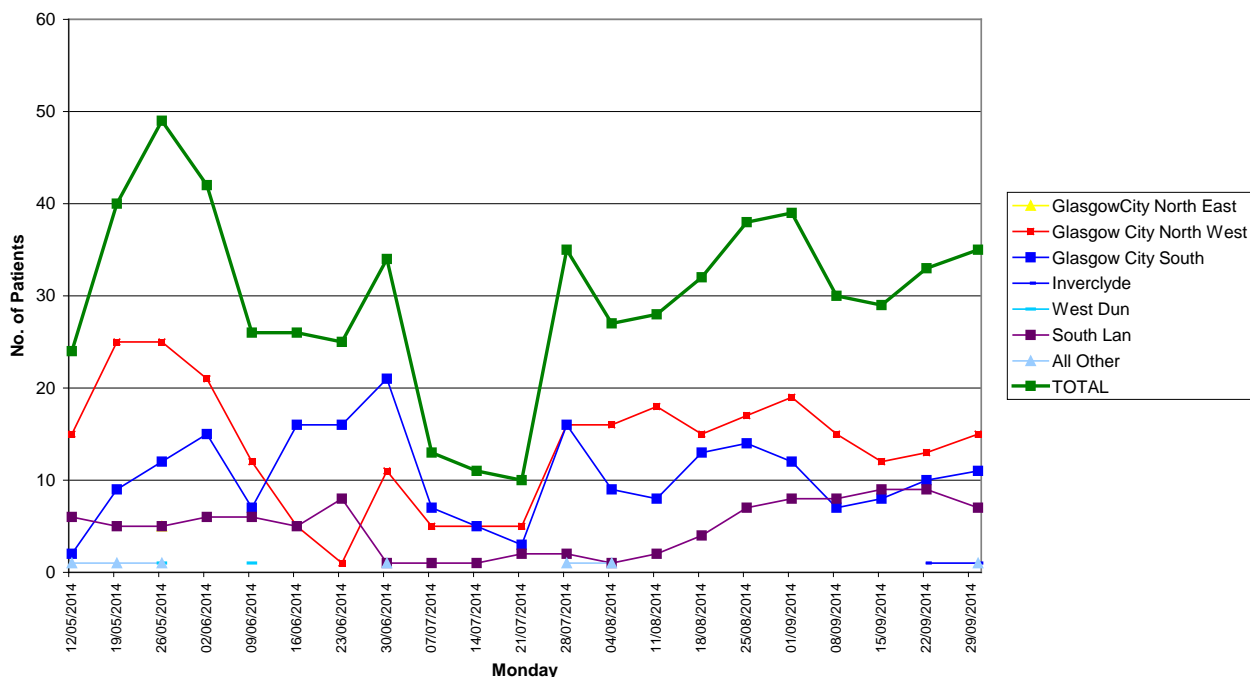
Table 3



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 only to 35 by the end of the month.

Table 4

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 being referred on day RFD increased to 9.7% in August but reduced to 5.6% in September. The number of patients being referred in excess of 1 week was 58.1% in September which is an improvement on the 53.5% in the previous month. This has been a trend across all local authorities with the exception of Glasgow City West, Glasgow City South, South Lanarkshire and Inverclyde who have slipped from previous months performance.

BEDS DAYS LOST

The table below show an overall increase of 2.2% in the number of bed days lost being reported on a weekly basis between June and September, this was an improvement of 4.1% at August 2014.

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	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014	25/08/2014	01/09/2014	08/09/2014	15/09/2014	22/09/2014	30/09/2014	% increase since 2/6/14
East Dunbartonshire	231	240	143	141	180	194	205	171	195	283	487	466	527	496	322	399	461	461	99.6%
East Renfrewshire	314	267	321	347	320	382	371	351	268	260	264	338	361	421	491	421	458	458	45.9%
Glasgow City	7320	6461	6335	5809	6118	5861	6230	6538	7153	8015	8009	7497	7920	7869	7487	6568	7526	7526	2.8%
Glasgow City East	1193	1287	1221	1184	928	942	995	1082	1339	1339	1272	1472	1603	1631	1538	1013	1026	1026	-14.0%
Glasgow City West	3529	3043	3134	2515	2711	2606	2909	3079	3158	3889	3863	3615	3810	3883	3484	3296	3840	3840	8.8%
Glasgow City South	2598	2131	1980	2110	2479	2313	2326	2377	2656	2787	2874	2410	2507	2355	2465	2259	2660	2660	2.4%
Inverclyde	267	279	249	179	179	262	368	415	474	530	428	411	470	520	596	351	408	408	52.8%
North Lanarkshire	216	254	256	265	111	5	31	28	58	82	62	83	90	59	76	42	79	79	-63.4%
Renfrewshire	1365	1478	1517	1640	1656	1778	1625	1320	1305	1278	1416	1339	1251	1314	1396	1503	1634	1634	19.7%
South Lanarkshire	1383	1488	1274	1333	1471	1402	1083	977	833	959	740	841	1006	1149	1063	1148	1191	1191	-13.9%
West Dunbartonshire	1300	1375	1361	1233	1174	1234	979	872	915	1002	782	857	869	739	753	842	1016	1016	-21.8%
Argyll & Bute	165	220	287	248	290	350	305	225	232	284	166	199	198	209	250	53	81	81	-50.9%
North Ayrshire	83	104	133	114	76	90	82	40	47	78	131	60	84	105	88	51	61	61	-26.5%
Others	4	0	0	0	5	12	24	26	5	12	29	33	40	47	0	0	5	5	25.0%
TOTAL	12648	12166	11876	11309	11580	11570	11303	10963	11485	12783	12514	12124	12816	12928	12522	11378	12920	12920	2.2%

Inverclyde has seen a notable increase in the number of patients recorded as delayed from 9 to 20 which accounts for the significant increase (52.8%) in days lost. Within Glasgow City East there has been an improvement from the previous month in the number of bed days lost however Glasgow City as a whole has increased in the last 4 months by 2.8%. East Dunbartonshire's and East Renfrewshire's number of bed days

continues to increase correspondingly with the increase in the number of patients recorded as delayed. Renfrewshire's days delayed has increased 19.7% from June due in part to the number of lengthy delayed attributable to complex cases with an AWI code.

AWI PATIENTS

The 26% increase in June in the number of patients (72) reported as AWI cases (as shown in the table extracted from the monthly census report) reduced by 15% in July and remained at 61 in August. The number of AWI cases has increased slightly in September to 65. Glasgow City is the main contributor to this increase particularly in the North West when the number of patients has increased from 17 to 24. Renfrewshire's AWI delays had begun to reduce but have increased again in September.

AWI codes only	Jun-14					Jul-14					Aug-14					Sep-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	<2 wk	2-4 wks	total <4 wks	total > 4 wks	Tot	<2 wk	2-4 wks	total <4 wks	total > 4 wks	Tot	
Local Authority																					
West Dunbartonshire			0	8	8			0	4	4			0	3	3			2	2	3	5
East Dunbartonshire	1		1	1	2			0	1	1		1	1	2	3			0	2	2	
East Renfrewshire			0	1	1			0	1	1			0	1	1			0	1	1	
GC North East	3		3	7	10			0	6	6	1	2	3	7	10			0	7	7	
GC North West	1	1	2	15	17	1	1	2	14	16	1	1	2	16	18	2	1	3	21	24	
GC South		1	1	8	9		2	2	13	15		3	3	12	15			0	12	12	
Glasgow City	4	2	6	30	36	1	3	4	33	37	2	6	8	35	43	2	1	3	40	43	
Inverclyde			0		0			0		0			0		0			0		0	
North Lanarkshire			0		0			0		0			0		0			0		0	
Renfrewshire	2	3	5	10	15	1		1	10	11	1		1	7	8	3	2	5	7	12	
South Lanarkshire			0	7	7			0	5	5			0	2	2			0	2	2	
Argyll & Bute			0	2	2			0	2	2			0	1	1			0		0	
Others			0	1	1			0		0			0		0			0		0	
Sub total	7	5	12	60	72	2	3	5	56	61	3	7	10	51	61	5	5	10	55	65	

Management Actions

1. Fortnightly meetings in South Glasgow continue to focused on delays and issues with allocation and funding
2. Monthly meetings continue with South Lanarkshire focused on delays and funding issues.
3. Weekly monitoring and reporting continues between the Acute Division, Glasgow CHP and Glasgow City Council. This information is being used to identify where significant pressures points are and reasons for delay which can differ across the Board area
4. The proposal for 10 patients to move to a care home while awaiting guardianship has yet to come to fruition.
5. Additional funding has been agreed for Glasgow City Council and work is ongoing on a monthly basis to assure maximum impact.

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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 GG&C	90.6%	91.8%	92.4%	92.3%	92.0%							
National Target	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.

2015 /15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual GG&C	87.3%	86.3%	88.4%	88.4%	88.5%							
National Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%