

Fylde Coast Clinical Commissioning Groups
Performance Report 2019/20
Month: 6

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Single Oversight Framework in relation to Blackpool Clinical Commissioning Group. The report includes a mid-year summary of all the relevant indicators, as published by NHS England, with an exception narrative for any indicators not meeting the requisite target.

Summary for April - September 2019

| Metric | Mid Year position | Target | Page No. |
|--|-------------------|----------|----------|
| NHS Constitution Measures | | | |
| Referral to Treatment (RTT) Incompletes (c) | | ≥92% | 4 |
| Diagnostic Test Waiting Time (c) | | ≤1% | 4 |
| Referral to Treatment waiting times more than 52 weeks (incomplete) (c) | | 0 | 4 |
| A&E waits (c) | | ≥95% | 4 |
| A&E waits 12 hour trolley waits (p) | | 0 | 4 |
| Patients seen within 2 weeks of a GP referral for suspected cancer | | ≥93% | 4 |
| Patients seen within 2 weeks of a GP referral for breast symptomatic (where Cancer is not suspected) | | ≥93% | 4 |
| Patients receiving definitive treatment within 1 month of a cancer diagnosis (c) | | ≥96% | 4 |
| Patients receiving subsequent treatment for cancer within 31 days (Surgery) (c) | | ≥94% | 4 |
| Patients receiving subsequent treatment for cancer within 31 days (Drugs) (c) | | ≥98% | 4 |
| Patients receiving subsequent treatment for cancer within 31 days (Radiotherapy) (c) | | ≥94% | 4 |
| Patients receiving 1st definitive treatment for cancer within 2 months (c) | | ≥85% | 4 |
| Patients receiving treatment for cancer within 62 days from an NHS Screening Service (c) | | ≥90% | 4 |
| Patients receiving treatment for cancer 62 days upgrading their priority (c) | | ≥85% | 4 |
| Mixed Sex accommodation breaches (c) | | 0 | 5 |
| Category 1 Ambulance Calls | | ≤7 mins | 5 |
| Category 2 Ambulance Calls | | ≤18 mins | 5 |
| Cancelled Operations (p) | | 28 | 5 |
| Mental Health (c) | | 95% | 5 |
| Primary Care Dementia © | | 66.67% | 5 |

Achievements

- The Referral to Treatment incomplete open pathways waiting list is 18,137 in September which is below ;i.e. an improvement on, the planning trajectory of 19,001 and has continued to reduce into October and November 2019.
- Blackpool Teaching Hospital has achieved seven (7) out of eight (8) Cancer waiting time targets in September 2019. The CCGs and the Trust have achieved the two week waiting times and breast symptomatic waiting times in September 2019.
- Blackpool Teaching Hospitals have not reported any mixed sex accommodation breaches between April and September 2019.
- Blackpool CCG has achieved the targets for 6 and 18 week Improving Access to Psychological Therapies (IAPT) waiting times and IAPT recovery time in September 2019.
- Blackpool CCG's performance for dementia prevalence has consistently achieved its target of 67% since April 2018.

Areas for focus/ information

- Blackpool CCG has not met the Referral to Treatment (RTT) target of 92% between April and September 2019; however performance has improved slightly from last year's performance of 81.33% to 82.62%.
- The % of patients waiting 6 weeks or more for diagnostics has not achieved the target of less than 1% for Blackpool CCG between April and September 2019; performance is 1.95% compared to 0.73% in September 2018. Delays are being driven by issues within the Endoscopy service at Blackpool Teaching Hospitals which are also being experienced across Lancashire.
- There have been one hundred and thirty five (135) breaches of the 12 hour A&E standard reported at Blackpool Teaching Hospitals between April and September 2019. Eighty eight (88) of these breaches relate to patients with a Mental Health condition and forty six (46) relate to patients with a Medical condition.
- Performance against the 4 hour A&E waiting time target Improved from the September 2018 position of 84.03% to 85.71% in September 2019 but remains below the target of 95%.
- From April to September 2019 Blackpool CCG has not achieved Cancer waiting time targets for patients being seen within 2 weeks of a GP referral, 2 weeks of a GP referral for breast symptomatic, receiving subsequent surgery within 31 days, and 62 days from a GP referral. In September both the 2 week wait and breast symptomatic targets have been achieved and it is anticipated that this will have a positive effect on the other waiting time targets.
- North West Ambulance Service (NWAS) has not achieved the Category 2 mean performance of 18 minutes between April and September 2019.
- There have been thirty two (32) mixed sex accommodation breaches reported between April and September 2019; the vast majority of these occurred at Lancashire Teaching Hospitals.
- IAPT has not achieved the access targets for Blackpool CCG patients by September 2019 with year to date performance of 8.31% against the target of 9.50%.

| | | | | | | |
|-----|-----------|-------------------------------------|---|---------------------------------|---|--------------------------------|
| Key | | Failing target | ↑ | Improving and within target | ↑ | Improving and below target |
| | | Target Achieved | ↓ | Deteriorating and within target | ↓ | Deteriorating and below target |
| | (c) / (p) | Commissioner level / Provider level | ↔ | No change and within target | ↔ | No change and below target |

| Area | Indicator | Org. | Target | Reporting Period | Mid Year Position | Performance (compared to September 18) | No. of Excess Breaches |
|----------------------|--|------|--------|-------------------|-------------------|--|------------------------|
| RTT | Patients on incomplete pathways treated within 18 weeks | BCCG | 92% | April - Sept 2019 | 82.62% | ↑ | 7919 |
| | Patients waiting for more than 52 weeks incomplete pathways | BCCG | 0 | April - Sept 2019 | 1 | ↑ | 1 |
| DT waiting times | Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more | BCCG | <1% | April - Sept 2019 | 1.95% | ↓ | 146 |
| UEC | Breaches of the 12 hour standard | BTH | 0 | April - Sept 2019 | 135 | ↓ | 135 |
| | A&E 4 hour waits | BCCG | 95% | April - Sept 2019 | 85.71% | ↑ | 7850 |
| Cancer waiting times | % patients seen within 2 weeks of referral | BCCG | 93% | April - Sept 2019 | 84.42% | ↑ | 333 |
| | % patients seen within 2 weeks of referral – breast symptoms | BCCG | 93% | April - Sept 2019 | 43.57% | ↑ | 228 |
| | % of patients receiving definitive treatment within 31 days | BCCG | 96% | April - Sept 2019 | 96.80% | ↔ | 0 |
| | % of patients receiving waiting no more than 31 days for subsequent treatment - surgery | BCCG | 94% | April - Sept 2019 | 89.36% | ↓ | 4 |
| | % of patients receiving waiting no more than 31 days for subsequent treatment – drug therapy | BCCG | 98% | April - Sept 2019 | 99.26% | ↓ | 0 |
| | % of patients receiving waiting no more than 31 days for subsequent treatment – radiotherapy | BCCG | 94% | April - Sept 2019 | 96.55% | ↓ | 0 |
| | % of patients waiting no more than 62 days from urgent GP referral to first definitive treatment | BCCG | 85% | April - Sept 2019 | 79.45% | ↓ | 16 |
| | % of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment | BCCG | 90% | April - Sept 2019 | 95.92% | ↑ | 0 |
| | % of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade | BCCG | 85% | April - Sept 2019 | 89.47% | ↓ | 0 |

| | | | | | | | |
|-------------------------|---|------|--------|-------------------|--------|---|-----|
| NWAS | Category 1 Mean Performance | BCCG | 07:00 | April - Sept 2019 | 05:45 | ↑ | n/a |
| | Category 2 Mean Performance | BCCG | 18:00 | April - Sept 2019 | 22:31 | ↓ | n/a |
| Mixed sex accommodation | Breaches of same sex accommodation | BTH | 0 | April - Sept 2019 | 0 | ↔ | 0 |
| | | BCCG | 0 | | 32 | ↓ | 32 |
| Cancelled ops | Patients whose operations are cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days. | BTH | | April - Sept 2019 | 28 | ↓ | 28 |
| Mental Health | % of patients with a Mental Health condition on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days | BCCG | 95% | April - Sept 2019 | 96.30% | ↓ | 0 |
| Dementia | CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate | BCCG | 66.67% | April - Sept 2019 | 79.10% | ↓ | 0 |
| Mental Health (IAPT) | IAPT Access roll-out (Local) | BCCG | 9.50% | April - Sept 2019 | 8.31% | ↓ | |
| | IAPT recovery rate (Local) | BCCG | 50% | April - Sept 2019 | 55.74% | ↑ | 0 |
| | The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment (Local) | BCCG | 75% | April - Sept 2019 | 97.05% | ↑ | 0 |
| | The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (Local) | BCCG | 95% | April - Sept 2019 | 99.89% | ↓ | 0 |

Performance and Improvement Exceptions

Referral to Treatment (RTT)

Performance position

Blackpool Teaching Hospitals performance against the 18 week Referral to Treatment (RTT) target is below the nationally set of target of 92% in September 2019 at 82.76%, however this has improved from the September 2018 position of 81.33%. There was one (1) Blackpool CCG patient waiting for more than 52 weeks for a procedure reported by the Trust in June 2019; however this was a reporting error. NHS Digital are unable to correct this reporting error for a period of six (6) months. Between April and September 2018 there had been thirty seven (37) patients waiting more than 52 weeks. It is important to note that the number of patients waiting for procedures at Blackpool Teaching Hospitals has reduced from 19,001 in March 2019 to 18,137 at the end of September and has continued to reduce.

Actions to improve the position

- The implementation of 4 thoracic high care beds aims to reduce the level of cancelled operations due to the improvement in Cardiac Intensive Care Capacity. This will improve the RTT and Cancer performance as well as reducing cancellations.
- Progressing potential transfers of long waiting cardiac surgery patients to other providers.
- Discussions are underway with Oral surgeons to improve the utilisation of theatre sessions.
- There is an ongoing recovery plan for theatres and outpatients to improve the Cost Improvement Programme (CIP) position of the Trust, but also improve overall utilisation of outpatient clinics and theatre sessions.
- Robust Patient Tracking List (PTL) management and increased focus on the validation of patient waiting lists.
- Changes to pre-operative pathways to improve the volumes of patients fit and ready for surgery.
- The Integrated Care System (ICS) is undertaking a theatre utilisation project. This programme of work is now progressing and is well established.

Diagnostic Test Waiting Times

Performance position

The diagnostic waiting times target of less than 1% of patients waiting no more than six (6) weeks has not been achieved by Blackpool CCG between April and September 2019 with year to date performance at 1.78% compared to 0.73% in September 2018.

Blackpool Teaching Hospitals achieved the target of less than 1% of patients waiting no more than six (6) weeks in May 2019 at 0.63% but has unfortunately not achieved this since with year to date performance also at 1.78%.

This deterioration is being driven specifically by issues within endoscopy which are being experienced across Lancashire. There has been a considerable increase in demand for endoscopic procedures which has affected the service capacity.

Actions to improve the position

- In-sourcing company contracts agreed at Blackpool Teaching Hospitals with approval of Executives to increase activity and capacity. This has been used to address the urgent/routine waits.
- Recruitment has been ongoing for the necessary staffing to be in place to open the 5th endoscopy room space.
- Discussions on how to improve the issues are taking place at a Lancashire and South Cumbria ICS level led by NHS England and Improvement.

Breaches of the 12 Hour A&E Standard

Performance position

Blackpool Teaching Hospitals have reported 134 breaches of the 12 hour A&E standard between April and September 2019; the majority of 12 hour breaches take place over the weekend period and into the Monday of the following week. The Trust are actively managing the number of 12 hour breaches with the aim to reduce to zero.

Actions to improve the position

- Intentional rounding in the Emergency Department is taking place. Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. Consultant and Band 7 nurses are reviewing patient's plans in the department in a structured way. Patients are being identified with extended length of stays to ascertain whether the plan of care requires updating, the patient can be discharged home or transferred to Clifton Hospital.
- Increased Streaming to the Ambulatory Emergency Care unit (AEC) and Urgent Treatment Centre (UTC) is taking place. Ensuring the patients are in the right place first time is essential to reduce congestion in the Emergency Department.
- Fit2Sit is being managed through the ambulatory areas of the department to maintain cubicle capacity and individual functioning.
- The see in an hour/refer in an hour/move in an hour model is starting to be implemented; however this can be impaired by congestion or sudden influxes in attendances.
- The Integrated Assessment Team (IAT), which consists of Physiotherapists and Occupational Therapists, have also increased their establishment by 2 WTE's to focus on Triage/ambulance handovers and frailty.
- There has been an improvement in specialty responses to escalation of patients; this will continue to be audited and issues identified will be actioned within the division.
- The early escalation of Mental Health patients to Lancashire Care Foundation Trust is helping to reduce the Mental Health 12 hour breaches month on month; although breaches do occur due to bed availability locally and out of area.
- Acute Physicians are in-reaching into the Emergency Department daily to review the medical patients awaiting beds to ensure correct plans are in place and discharge patients where necessary.
- The Acute Medical Unit Consultant numbers and shift times are currently being reviewed to support the increase in flow at the peak times.

Improving patient flow

Performance position

Intelligence from across the region and nationally indicates a deteriorating position for super stranded patients (Patients who remain in Hospital after being medically optimised for more than 21 days); therefore, the Trust is maintaining the present work programme to identify more patients with delays that can be resolved by the team.

Actions to improve the position

- The Trust continues to run a weekly "Long Stay Tuesday" with the support of Emergency Care Intensive Support Team (ECIST); actions are reviewed each Thursday.
- The division have had a 'Check and challenge' team consisting of a Consultant, Matron and Manager on the wards daily for the last few weeks to support improvements. The trend has plateaued and it is envisaged that this enhanced support to the teams will improve the position and get us back on the trajectory to achieve 48 Super Stranded patients by March 2020.
- An escalation process is being completed for the escalation of 12 hour breaches to ensure that all actions have been taken to prevent the breach before 11 hours.
- Criteria Led Discharge is being increased across the wards focusing on key wards with higher discharges.

- The Trust has signed up to board rounds taking place before 10am with a structured model for reviewing patients which allows the sick/ unstable patients to be reviewed first, then an early focus on the discharges.
- There is a focus to ensure 1 patient per ward is discharged before 10am and 2 patients per ward before 12pm.
- An escalation model is in place for all delays along with education with regards to 'What is a delay?'
- A renewed focus is planned on respiratory patients as there is a known increase across the winter period.
- Plans to increase patient flow capacity from December 2019 as a result of the "Super Multi Agency Discharge Event (MADE)
- A task & finish programme around non optimised placed patients is in place to improve the allocation of right patient to right bed. Within this the Trust plan to identify "Buddy wards" for any specialty overflow.
- The Trust have commissioned additional support from the Midlands and Lancashire Commissioning Support team improve patient flow throughout the Hospital.
- Increased Medical and Nursing recruitment is taking place following the CQC inspection.

Cancer Waiting Times

Performance Position

In September 2019 Blackpool Teaching Hospitals has achieved 7 out of 8 Cancer waiting times target; the exception being the % of patients waiting no more than 62 days from urgent GP referral. The year to date performance against the nationally set target of 85% was 79.45% in September 2019 compared to 81.58% in September 2018. The Trust are focussing specifically on achieving this target as one of the priorities in 2019/20.

Performance of the 2 week waiting times target and the 2 week breast symptomatic target has been recovered at the Trust by the end of September; however these performance indicators are being closely monitored by the Trust and the CCGs to ensure sustainability.

Actions to improve the position

A detailed recovery plan is in development, supported by the Trust Cancer Board, to improve the position on the 62 day standard performance. The directorate teams continue to progress actions; however there is a current prediction that the standard will be achieved from quarter 4 only. Specific ongoing actions include the following: -

- Implementation of 4 thoracic high care beds. The lung pathway also has a redesigned outpatient provision and has introduced Endobronchial Ultrasound Bronchoscopy (EBUS) sessions to provide additional capacity. An additional thoracic surgeon is commencing in post in early December 2019.
- Changes to the prostrate pathway are being implemented to enable faster diagnosis and biopsies to be performed under local anaesthetic.
- A systems wide summit led by NHS England has taken place to address issues being experienced in bowel screening and wider diagnostic capacity for endoscopy.
- Work is ongoing across the ICS to ensure adequate provision for Head and Neck surgery; currently some transfers of Cancer patients to other providers is underway.
- There is robust patient tracking list (PTL) management of all cancer cases with escalation to Deputy Director of Operations and Executives of all delays in pathways.
- Ongoing review of multi-disciplinary team (MDT) clinics due to report back to the Trust's Cancer board in December 2019.

Risks

Whilst the 2 week performance continues to be achieved there are specific risks to note: -

- Breast capacity is constrained by one Consultant vacancy and another Consultant requiring planned sick leave. Recruitment for the vacancy is underway and a locum has been secured from late December. Colleagues at East Lancashire Hospitals have provided some in-reach outpatient capacity during December.

- Dermatology is pressurised due to Consultant vacancies and sickness. Demand has increased system wide and discussions are taking place at an ICS level as to how to drive improvements. The service has commenced a pilot of teledermoscopy with a view to reducing the requirement for face to face consultations.
- Endoscopy pressures have the potential to impact on the 2 week wait and 62 day standard as well as impacting upon the 28 day diagnostic standard due to be fully implemented from April 2020.

Ambulance Response Times

Performance position

NWAS ARP performance targets are measured against achievement at the North West regional level, however Blackpool CCGs position has been included where available. In the North West Category 2 Mean performance year to date at September 2019 is 22:43 (22:31 for Blackpool CCG). Although this is slower than the target of 18 minutes this is a slight improvement slightly from the September 2018 performance level of 22:46 (18:35 for Blackpool CCG). There have been greater improvements seen when compared against September 2018 year to date performance level of 23:43 (19:37 for Blackpool CCG), where an improvement of 1 minute has been seen.

Category 2 ambulance calls are those that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport. For example, a person may have had a heart attack or stroke, or be suffering from sepsis or major burns. All ambulance trusts should respond to Category 2 calls in 18 minutes on average, and respond to 90% of Category 2 calls in 40 minutes under the new standards.

NWAS' performance in the North West for Category 2 90th Percentile performance year to date at September 2019 is 48:17 (51:51 for Blackpool CCG), although this is below the target of 40 minutes this is an improvement from the September 2018 performance level of 48:33 (45:18 for Blackpool CCG). There have been greater improvements seen when compared against September 2018 year to date performance level of 51:50 (45:23 for Blackpool CCG), where an improvement of 3 minutes 33 seconds has been seen.

NWAS continue to take fewer patients to hospital and are managing significantly more incidents via Hear & Treat, 3.3% over plan YTD (12.8% over plan for Blackpool CCG); and See & Treat, 1.9% over plan YTD (2.7% over plan for Blackpool CCG). It should be noted that all ambulance trusts nationally have seen performance deteriorate in September with some trusts having extended delays in responding to patients in categories 2, 3 and 4.

Actions to improve the position

In delivering the ARP standards, there are a number of key areas that will support performance and NWAS have committed to these pieces of work in year. These key pieces of work include:

- Implementation of a full roster review in year to ensure that staffing profiles are more closely matched to activity demand.
- Further work on increasing the levels of Hear & Treat and See & Treat, thereby safely reducing the levels of conveyance to emergency departments. This also includes increasing the numbers of patients who, if needing to be conveyed, are taken to alternatives to A&E.
- Continuation of the work to improve call pickup performance.
- Implementation of the recommendations from Lord Carter's review reducing unwarranted variation in ambulance trusts.
- Continuing to work with the wider healthcare system to improve Handover & Turnaround times at hospitals.
- Progression of delivering new models of care for managing lower acuity activity (C3 and C4).
- On-going work to continue progressing the transformation agenda that has been in place over the course of the last 2 years.
- Implementation of the Trust's strategies relating to delivery of urgent care and importantly, progression of the Trust's digital strategy, which is underpinned by CQUIN in 2019/20 to implement the Electronic Patient Record.

Mixed Sex Accommodation Breaches

Performance position

There have been thirty two (32) breaches of same sex accommodation (MSA) for Blackpool CCG patients between April and September 2019; the vast majority of these breaches have occurred at Lancashire Teaching Hospitals (LTH).

Mixed sex accommodation breaches at Lancashire Teaching Hospitals (LTH) have reduced from eighty (80) overall in August 2019 to seventy (70) in September 2019. The breaches were mainly within the LTH Critical Care Unit (CCU) which was responsible for 63/70 (90.0%) of MSA breaches in September. In August the CCU were responsible for

78/80 breaches (97.5%). The remaining seven (7) breaches in September and two (2) in August (10%) were in Respiratory High Care.

Lancashire Teaching Hospitals has seen an increase in escalation status and this has been predominantly sustained at high Operations Pressure Escalation Levels (OPEL) level 3 for several months. This is having an impact on the ability to transfer patients out of Critical Care in a timely manner due to the ongoing pressure to accommodate emergency admissions.

The Trust is aware that providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected. However, there are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes. In these cases, all reasonable steps are taken to maintain the privacy and dignity of all patients affected.

Actions to improve the position

- Lancashire Teaching Hospitals Trust flow and capacity issues remain challenging and a number of work streams are in place to ease these pressures
- A new Critical Care facility is under development.
- Work is ongoing to ensure that daily flow meetings focus on critical care trigger prioritisation.
- An MSA breach standard operating procedure (SOP) has been developed. This describes the process of actions and escalations to be taken when an MSA breach is likely and / or has occurred
- Steps are taken to protect patient privacy and dignity when a breach occurs.

Cancelled Operations

Performance position

There have been twenty eight (28) patients whose operations have been cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons who have not been offered another binding date within 28 days between April and September 2019; this compares to eight (8) between April and September 2018. The Trust has advised the reasons for these cancellations were bed capacity, specifically bed availability within Cardiac Intensive Care Unit (CITU). The actions detailed within this report to improve patient flow are also intended to improve bed capacity.

Improving Access to Psychological Therapies (IAPT) Access Standard

Performance Position

The year to date access proportion rate for Blackpool patients between April and September 2019 is 1.39% which is below the monthly target of 1.58% and is below the year to date performance in September 2018 which was 1.49%. The reason for the deterioration in performance is due to a reduction in the number of referrals.

Actions to improve the position

- Vacancies for Fylde Coast Psychological Wellbeing Practitioners (PWP) have gone out to advertisement several times without successful recruitment This is impacting on the capacity to complete telephone assessments and consequently reducing access; the wording is being reviewed to make the prospect of working in the Fylde Coast sound more attractive. If recruitment to these posts remains challenging the next plan is to employ further apprentices and trainee PWPs.
- There is a great deal of meaningful promotional work taking place, particularly around group workshops; group workshops are an effective lower level PWP intervention that can increase access significantly without the staff requirement associated with 1:1 work.
- Minds matter and Supporting Minds have delivered training around the benefits of group workshops at the CCG's GP Clinical Learning Sets training event, including a video developed with the CCG communications team around myth busting, effectiveness and evidence base. This included recordings of patients saying how much they have benefitted and enjoyed the groups. .

Performance Scorecard April 2019 – September 2019

| Metric | Reporting Level | Target | Q1 | | | Q2 | | | YTD |
|--|-----------------|--------|--|---------|---------|---------|---------|---------|--------|
| | | | Apr | May | Jun | Jul | Aug | Sep | |
| | | | Referral to Treatment (RTT) & Diagnostics | | | | | | |
| 1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral | Blackpool CCG | 92% | 82.32% | 81.85% | 82.97% | 83.17% | 82.22% | 83.30% | 82.62% |
| 1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks | Blackpool CCG | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test | Blackpool CCG | 1% | 1.65% | 1.52% | 1.26% | 1.25% | 3.26% | 2.67% | 1.82% |
| Accident & Emergency | | | | | | | | | |
| 2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile) | Blackpool CCG | 95% | 82.61% | 84.89% | 86.18% | 88.24% | 86.93% | 85.16% | 85.48% |
| Cancer Waiting Times | | | | | | | | | |
| 191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer | Blackpool CCG | 93% | 82.12% | 83.56% | 77.97% | 78.67% | 91.17% | 94.76% | 86.00% |
| 17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer | Blackpool CCG | 93% | 9.23% | 2.44% | 1.33% | 27.27% | 97.02% | 93.33% | 43.57% |
| 535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer | Blackpool CCG | 96% | 97.82% | 98.98% | 97.87% | 98.04% | 95.19% | 93.27% | 97.00% |
| 26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery) | Blackpool CCG | 94% | 81.82% | 89.47% | 83.33% | 100.00% | 87.50% | 95.65% | 91.07% |
| 1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments) | Blackpool CCG | 98% | 96.43% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 99.38% |

| | | | | | | | | | |
|--|---------------|-----|--------|--------|---------|---------|--------|--------|--------|
| | | | | | | | | | |
| 25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | Blackpool CCG | 94% | 95.46% | 90.48% | 100.00% | 100.00% | 95.46% | 96.00% | 97.30% |
| 539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer | Blackpool CCG | 85% | 74.42% | 82.00% | 78.50% | 84.91% | 78.85% | 77.36% | 79.60% |

| Metric | Reporting Level | Target | | | | | | | YTD |
|---|-----------------|--------|---------|--------|---------|---------|---------|---------|---------|
| | | | Q1 | | | Q2 | | | |
| | | | Apr | May | Jun | Jul | Aug | Sep | |
| 540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days. | Blackpool CCG | 90% | 100.00% | 75.00% | 100.00% | 92.857% | 100.00% | 100.00% | 92.453% |
| 541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority. | Blackpool CCG | 85% | 88.89% | 90.00% | 89.19% | 100.00% | 88.46% | 83.33% | 89.55% |
| EMSA | | | | | | | | | |
| 1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers | Blackpool CCG | 0 | 3 | 7 | 5 | 1 | 11 | 5 | 32 |
| Mental Health | | | | | | | | | |
| 138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days | Blackpool CCG | 95% | 96.34% | | | 96.26% | | | 96.30% |
| Dementia | | | | | | | | | |
| 2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia | Blackpool CCG | 66.67% | 80.04% | 78.97% | 78.60% | 78.80% | 79.34% | 78.88% | 79.08% |