

**Blackpool CCG Performance Summary April 2021– March 2022 position**

Key	↑	Improving and within target	↑	Improving and below target
	↓	Deteriorating and within target	↓	Deteriorating and below target
	↔	No change and within target	↔	No change and below target
	↓	Deteriorating with no national target		
	↑	Improving with no national target		

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
RTT ©	Patients on incomplete pathways treated within 18 weeks	BCCG	92.0%	58.14%	64.79%	↑	51,311	The Trust and Blackpool CCG did not achieve the 92% RTT open pathway standard in 2021/22 with performance at 64.79% for Blackpool CCG. The number of patients on the waiting list at Blackpool Teaching Hospitals in March 2022 was 24,945; this is an increase of 6,026 patients from 18,919 in April 2021. Work continues to be focused at specialty level to reduce the number of long waiting patients. A continuous programme of audit and validation is supporting the Trust Patient Tracking List (PTL) management. This focuses across outpatient, diagnostic and waiting list elements of the pathway. Full Trust validation of the waiting lists continues to take place on a weekly basis together with ongoing clinical triage at Consultant level to ensure that all patients are treated in order of clinical priority.
		BTH	92.0%	61.74%	71.58%	↑	53,663	<p>The Fylde Coast CCGs have also continued to engage with Independent sector providers across Lancashire throughout 2021/22 to increase capacity and reduce waiting times for patients. This has focussed on equity of access with clinical priorities taking first place, followed by long waiting patients being treated in turn. There has also been a concerted focus on the timely discharge of patients to maximise all available bed stock and improve patient flow within Blackpool Teaching Hospitals.</p> <p>To support this further several schemes are in place to appropriately manage demand for Hospital services including: -</p> <ul style="list-style-type: none"> <li>• Advice and guidance which enables GP's to contact Hospital consultants for advice prior to hospital referral.</li> <li>• Patient Initiated Follow Up (PIFU) which aims to manage out-patient follow up appointments.</li> </ul>

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<ul style="list-style-type: none"> <li>Outpatient telephone or video consultations are now expected to take place at Blackpool Teaching Hospitals as the preferred method of consultation.</li> </ul>
	Patients waiting for more than 52 weeks - Incomplete Pathways	BCCG	0	1,873	925	↑	925	<p>There were nine hundred and twenty five (925) Blackpool patients waiting more than 52 weeks for treatment in March 2022; this has improved from the April 2021 number of one thousand eight hundred and seventy three (1,873) patients. It is important to note not all these patients were being treated at Blackpool Teaching Hospitals but across hospitals throughout the UK.</p> <p>Blackpool Teaching Hospitals had seven hundred and forty two (742) patients waiting more than 52 weeks in March 2022; this has improved from the April 2021 position of one thousand seven hundred and seventeen (1,717) patients waiting in March 2021.</p>
		BTH	0	1,717	742	↑	742	<p>The Lancashire and South Cumbria Integrated Care Board (ICB) is working to recover planned care waiting times by developing and managing plans at an ICB system level. This includes working with CCGs to maximise efficiencies and optimising the equity of access to services for patients by taking advantage of the local transformation priorities in Blackpool.</p>
DT Waiting Times ©	Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more	BCCG	1.0%	37.34%	27.91%	↑	9,342	Performance against the target for less than 1% of patients waiting less than 6 weeks for diagnostic tests has improved in 2021/22 for Blackpool Teaching Hospitals and Blackpool CCG; however, performance remains below the target of less than 1% of patients waiting longer than 6 weeks

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
		BTH	1.0%	32.96%	21.13%	↑	10,275	<p>for a diagnostic test. The longest waiting times were for endoscopic procedures.</p> <p>An insourcing solution for endoscopy is in place and modular endoscopy unit is being progressed after being fully agreed at BTH Board level.</p>
A&E ©	12 Hour DTA waits in A&E	BTH	0	294	4,930	↓	4,930	<p>There has been a total of four thousand nine hundred and thirty (4,930) 12 hour decision to admit breaches at Blackpool Teaching Hospitals in 2021/22; four thousand seven hundred and twenty nine (4,729) of these breaches were Medically related and two hundred and one (201) were Mental Health related.</p> <p>The Trust is working closely with system partners to improve system flow, avoid unnecessary admissions and support hospital discharges.</p> <p>Additional measures include: -</p> <ul style="list-style-type: none"> <li>• An additional fifty eight (58) beds have been commissioned in Fylde Coast care homes which enables patients who no longer require high acuity care to be stepped down to nursing care in preparation for returning home.</li> <li>• Twice weekly tactical command calls take place with all system partners present to discuss pressures and instigate improvement actions.</li> <li>• The Trust is currently running Multi Agency Discharge Events (MADE) on a daily basis focussing on all patients with hospital stays of 7, 14 and 21 days. In addition, patients are also monitored by the Trusts Incident Control Centre (ICC) to mitigate any delays in discharges.</li> <li>• Clifton Hospital is being utilised as a step down facility with the Trust and also the recently commissioned care home beds. As part of the Winter plan evaluation the most effective use of wards at Clifton is being identified.</li> <li>• COVID-19 patient numbers are reducing and continue to be managed by the Trust with a flip and flex approach.</li> <li>• Same day emergency care (SDEC) pathways for patients who enter A&amp;E with surgical and cardiac requirements are now in place at the Trust. This means that patients requiring this</li> </ul>

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								specialty care are diverted from A&E into the required specialism rather than waiting in A&E. Development of SDEC pathways continues with a focus on maximising the utilisation of the surgical pathway. SDEC development forms part of the system improvement plan which reports into A&E Delivery Board where all system partners meet to review A&E performance.
	A&E 4 Hour waits	BCCG	95.0%	84.84%	80.67%	↓	29,561	A&E performance for patients to be seen within 4 hours has not achieved the target of 95% in 2021/22 and has slightly deteriorated at 80.67% compared to 84.84% in 2020/21.  The Trust ensures all infection prevention and control (IPC) guidelines are followed for patients entering A&E which clearly does impact upon the time taken between patients. The 111 clinical assessment service diverts patients away from A&E and streaming takes place for all patients entering A&E to ensure their condition requires admission to A&E. If not, there are several schemes in place to treat them appropriately without entering the department.
		BTH	95.0%	84.84%	80.67%	↓	29,561	These include: <ul style="list-style-type: none"> <li>• A minor injuries service co-locate at the Trust whose hours have been extended.</li> <li>• Deflecting unheralded patients from A&amp;E to a pilot community pharmacy consultation service</li> <li>• Attendance at the local urgent treatment centre (UTC) or an alternative if required within a different locality.</li> </ul>
Cancer Waits ©	% seen within 2 weeks of referral	BCCG	93.0%	93.50%	88.19%	↓	420	Performance against the 2 week Cancer waiting times target has deteriorated in 2021/22 for Blackpool CCG and BTH. Blackpool CCG performance has deteriorated from 93.50% in 2020/21 to 88.19% and BTH performance has deteriorated to 88.54% from 96.16% in 2020/21.
		BTH	93.0%	96.16%	88.54%	↓	821	

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<p>It is important to note that previously performance at BTH has been improving since December 2021 with the target being achieved in March 2022 at 94.44%.</p> <p>Across providers in Lancashire and South Cumbria in 2021/22 there has been a significant increase in the number of referrals into the 2ww pathway. In 2020/21 there were fourteen thousand and twenty six patients (14,026) referred to BTH whilst in 2021/22 there were eighteen thousand four hundred and thirty one (18,431) patients referred; this is an increase of 31.4%. A mix of complex factors has also affected waiting times including patient choice, isolation following a positive COVID-19 test and staff sickness due to COVID-19 all of which affect capacity.</p> <p>The Cancer Alliance is working with BTH to review pathways to improve efficiency and reduce waiting times for patients.</p>
	% seen within 2 weeks of referral – breast symptoms	BCCG	93.0%	89.97%	80.60%	↓	99	<p>Performance against the 2 week breast symptomatic target of 93% has not been achieved by either Blackpool CCG or the Trust in 2021/22. Performance has deteriorated for Blackpool CCG from 89.97% in 2020/21 to 80.60% in 2021/22. BTH performance has deteriorated from 89.94% in 2020/21 to 79.93% in 2021/22; however, the Trust has exceeded the 93% target in February and March 2022 with March performance being 98.32%.</p> <p>It is very important to note that referral numbers at BTH have increased from one thousand one hundred and five (1,105) in 2020/21 to one thousand four hundred (1,400) in 2021/22.</p>
		BTH	93.0%	89.94%	79.93%	↓	183	<p>In part, the driver for the breast referral increase can be attributed to breast cancer awareness month in October and also a high profile celebrity death from breast cancer which generated a high level of media attention. Breast symptomatic and suspected cancer pathways have introduced a triage system and have provided additional sessions to catch up. The increase in patient referrals for 2 week waits results in pressures further along the pathways at the 31 day and 62 day treatment pathways.</p>

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
31 Days	% of patients receiving definitive treatment	BCCG	96.0%	94.06%	93.19%	↓	35	Whilst BTH did achieve the 96% target for patients to be treated within 31 days, Blackpool CCG narrowly missed the target with performance at 93.19% which has deteriorated slightly from the 2020/21 performance of 94.06%.  Thirty five (35) patients were not treated within the 31 day target within 2021/22. The reasons for delay vary but include patient choice and delays due to medical reasons.
		BTH	96.0%	86.24%	96.47%	↑	0	
	% of patients waiting no more than 31 days for subsequent treatment – surgery	BCCG	94.0%	85.33%	81.68%	↓	23	Performance against the 31 days for surgery 94% target has not been achieved in 2021/22 by either Blackpool CCG or BTH. Performance has deteriorated for Blackpool CCG from 85.33% in 2020/21 to 81.68% in 2021/22. BTH performance has improved from 86.24% in 2020/21 to 92.31% in 2021/22.  Twenty three (23) patients were not treated within the timeframe in 2021/22 for various reasons including patient choice and complex pathways. Two (2) patients were not treated at BTH due to patient choice.
		BTH	94.0%	86.86%	92.31%	↑	2	
	% of patients waiting no more than 31 days for subsequent treatment – drug therapy	BCCG	98.0%	99.59%	97.91%	↓	1	Achieved.
		BTH	98.0%	99.74%	98.46%	↓	0	
	% of patients waiting no more than 31 days for subsequent treatment – radiotherapy	BCCG	94.0%	97.61%	96.79%	↓	0	Achieved.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
	62 Days  * % of patients waiting no more than 62 days from urgent GP referral to first definitive treatment	BCCG	85.0%	71.23%	65.51%	↓	123	<p>Performance against the 62 day for urgent GP referral to first definitive treatment standard has deteriorated for Blackpool CCG and BTH in 2021/22. Blackpool CCG performance has deteriorated to 65.51% from 71.23% in 2020/21 and BTH performance has deteriorated from 75.26% in 2020/21 to 71.25% in 2021/22. As described earlier in this report an increase in the number of patient referrals affects capacity later in the pathway; particularly at 62 days. This can be seen in the local and national performance reports; BTH has performed second only to University Hospitals of Morecambe Bay in Lancashire and South Cumbria in 2021/22 which achieved 72.28% .</p> <p>One hundred and twenty three (123) Blackpool CCG patients were not treated within the 62 day timeframe between in 2021/22. These patients were being treated across various Hospitals in Lancashire not just BTH. The reasons for the breaches vary but include patient choice, complex diagnostic pathways, and inadequate capacity.</p> <p>One hundred and eighty four (184) patients were not treated in the 62 day timeframe at BTH in 2021/22. Again, the reasons for delay vary but include patient, choice, inadequate capacity and complex treatments.</p> <p>The Lancashire and South Cumbria Cancer Alliance works with all the providers of cancer care and CCGs within the region to improve care and patient outcomes. They work specifically with providers to tailor their improvement work to target the needs of the local population. Recovery and restoration of services is the top priority in Lancashire and South Cumbria Cancer Alliance together with the long term plan ambitions to improve early diagnosis for patients. Currently the following improvement measures are being implemented:</p> <ul style="list-style-type: none"> <li>• All patients have and are continuing to be treated in order of clinical prioritisation as per national guidance.</li> <li>• Continual processes are in place for the clinical review of long waiting patients.</li> </ul>
		BTH	85.0%	75.26%	71.25%	↓	184	

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<ul style="list-style-type: none"> <li>Trusts have continued to offer advice and support, co-ordinated through Macmillan Information Centres and by Trust teams for cancer patients.</li> <li>Diagnostic capacity is a major issue, particularly for Endoscopy, CT and MRI with specific work programmes in place to improve capacity including the recently approved modular endoscopy unit at BTH.</li> <li>Targeted work is focussing on addressing inequalities and improving access for those patients who have been slower to come forward.</li> <li>There is a focus on patient backlog reduction with investment in additional measures to increase diagnostic capacity and protect elective activity.</li> <li>A 6 point improvement plan is in place in collaboration with NHSE/I Improvement Support Team which encompasses governance, reporting, escalation, access policies, pathway analyser, capacity and demand.</li> <li>Investment in cancer teams is taking place including patient trackers, improved systems and a comprehensive training package to assist in improvement ambitions.</li> <li>Working closely with Primary care to reduce inappropriate referrals and ensure safety netting.</li> </ul>
	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	BCCG	90.0%	58.06%	52.17%	↓	17	Performance against the 90% target for patients waiting no more than 62 days from referral to a screening service to treatment has deteriorated for both Blackpool CCG and BTH in 2021/22. Blackpool CCG performance has deteriorated to 52.17% from 58.06% in 2020/21 and BTH performance has deteriorated to 29.92% in 2021/22 from 44.66% in 2020/21.
		BTH	90.0%	44.66%	29.92%	↓	79	Seventeen (17) Blackpool CCG patients were not treated within the timeframe in 2021/22 for various reasons including patient choice and inadequate capacity.



Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<p>Seventy nine (79) BTH patients were not treated within the timeframe in 2021/22. The delays were caused by various issues including patient choice and inadequate capacity.</p> <p>BTH hosts the Lancashire Bowel Screening programme which relies upon capacity at other provider Trusts within Lancashire. Due to the capacity issues associated with the increased number of referrals in the system it has further increased pressures upon the bowel screening programme. This has been escalated to the ICB via the cancer alliance which is working with the provider Trusts to improve performance.</p>
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	BCCG	NA	86.67%	78.80%	↓	0	<p>There is no constitutional target for the % of patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade performance in 2021/22 has deteriorated for both the Trust and Blackpool CCG.</p> <p>Patients delays in this pathway are associated with complex diagnostic pathways and patient choice.</p>
		BTH	NA	87.15%	81.49%	↓	0	
North West Paramedic Emergency Service ©	Category 1 Mean Performance	BCCG	07:00	05:45	06:57	↓	Breach numbers are not available	<p>The COVID-19 pandemic has continued to have an unprecedented impact on NWS in terms demand placed on the service, the impacts on its operational delivery and on staff working within the services. The NHS England command and control arrangements that set aside formal contracting and performance management regimes continued throughout 2021/22, however the management of quality has continued throughout the year through the clinical quality assurance committees. NWS has worked with urgent and emergency care systems throughout the ongoing pandemic and its ongoing effects through regional and local gold command arrangements</p> <p>Over the course of 2021/22 NWS have continued to embed alternative ways of working. Whilst this has not delivered the performance levels expected through the Ambulance Response Programme or meeting</p>
		NWAS	07:00	07:29	08:42	↓		

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments	
	Category 1 90th Centile Performance	BCCG	15:00	09:23	11:19	↓		<p>contractual KPIs it has sought to ensure that the risk to patients is minimised as far as possible.</p> <p>This has continued to include:</p> <ul style="list-style-type: none"> <li>Recruitment of staff for front line and call centre duties</li> <li>Recruitment of additional clinicians to manage some patients without the need to deploy ambulances, and to provide support to Paramedics on front line duties with advice and support.</li> <li>Procuring voluntary and 3<sup>rd</sup> party resource to deploy additional hours to front line duties.</li> <li>Utilisation of Military Aid to Civil Authorities (MACA) arrangements in the early part of 2021.</li> <li>Redeployment of Patient Transport Service (PTS) staff and vehicles to provide additional support to PES, including retraining some clinical staff and has supported rapid, safe discharge from hospital. Social distancing measures have meant that fewer patients can travel together.</li> <li>Retention of vehicles at the end of their leases to supplement frontline responses.</li> <li>Management of attrition rates in the NHS111 service by on-going recruitment and ensuring staff wellbeing in the face of continued demand through 111.</li> <li>On-going work with Acute Trusts across the system to manage Handover &amp; Turnaround of patients at the ED.</li> <li>Provision of additional capacity through Clinical Assessment Services (CAS) to triage and manage appropriate lower acuity patients without the need to attend an Emergency Department or ambulance dispatch.</li> </ul> <p>There has been some additional national non-recurrent funding to support increases in 111 and 999 call handling and for CAS operated by other providers that enable appropriate cases to be managed without Emergency Department attendance or ambulance dispatch.</p>	
		NWAS	15:00	12:26	14:41	↓			
	Category 2	Category 2 Mean Performance	BCCG	18:00	23:58	51:37			↓
			NWAS	18:00	26:49	47:39			↓
		Category 2 90th Centile Performance	BCCG	00:40:00	00:53:39	02:02:14			↓

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
	Category 3 Category 3 90th Centile Performance	NWAS	00:40:00	00:55:42	01:45:02	↓		<p>Commissioners, working in conjunction with NWAS and NHS England / Improvement, developed a focused plan to manage demands and pressures over the winter period. This required collaborative working between NWAS and the wider urgent and emergency care system on the following priority areas:</p> <ul style="list-style-type: none"> <li>Reducing hospital handover &amp; turnaround delays and patient harm</li> <li>Management of patients presenting to NWAS 999 and 111 with mental health needs by ensuring appropriate support and referral from mental health providers</li> <li>Ensuring alternative pathways for appropriate patients away from ED or ambulance dispatch/conveyance focusing on Same Day Emergency Care, 2 hour Urgent Community Response and CAS</li> <li>Increasing the number of blue light trained drivers</li> <li>Reducing conveyance to ED where appropriate</li> <li>Reducing hours lost to the system</li> </ul> <p>The winter improvement plan was reviewed and has been taken forward into 2022/23 as an agreed set of NWAS and system priorities</p>
		BCCG	02:00:00	03:07:59	06:38:44	↓		
		NWAS	02:00:00	03:00:30	07:28:07	↓		
Mental Health ©	% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	BCCG	95.0%	98.12%	96.48%	↓	0	Achieved.
Dementia ©	CCG's estimated prevalence for people over 65 with dementia against the CCG's	BCCG	66.7%	72.97%	68.76%	↓	0	Achieved.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
	actual dementia diagnosis rate							
Mental Health IAPT ©	IAPT Access (Local)	BCCG	439	1.30%	383	n/a	0	Blackpool Healthier Minds IAPT Service (formerly Supporting Minds) did not achieve the access target in 21/22.  This is in line with the current position both locally, regionally and nationally for IAPT providers. This has been confirmed with the NHS England IAPT National Team. Along with other Lancashire and South Cumbria providers, Blackpool Healthier Minds have produced a recovery plan with a trajectory to bring access for the service in line with the national target by Quarter 4 2023-24. Actions to increase access include: -
	IAPT recovery rate (Local)	BCCG	50.0%	54.00%	54.86%	↑	0	<ul style="list-style-type: none"> <li>Ensuring that all GP practices have updated posters and leaflets available as well as digital versions for GPs to distribute electronically.</li> <li>Utilising new Healthier Minds banners at South Shore Primary Care Centre, Whitegate Drive Health Centre, the Stadium, Blackpool Victoria Hospital Mezzanine, Outpatient's Department and the Women's Centre to promote the service.</li> <li>The Trust is creating a facility to allow people to book directly onto Stress Control courses through the Healthier Minds website.</li> <li>Enabling people to book directly onto a welcome call at point of contact at promotional events and taster sessions.</li> <li>Delivering a rolling programme of educative sessions to local groups, organisations, charities and large employers.</li> <li>Keeping in regular contact with the occupational health department and organisational development to ensure early support is available for staff through Blackpool Healthier Minds.</li> <li>Ensuring a regular presence within routine communication mailings and events within BTH.</li> <li>Developing further pathways between occupational health, HR, the employee assistance programme and Healthier Minds to ensure that staff who are struggling with mild to moderate</li> </ul>
	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment (Local)	BCCG	75.0%	94.51%	96.39%	↑	0	
	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (Local)	BCCG	95.0%	99.50%	99.22%	↓		

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<p>mental health problems get timely access to Silver Cloud and Stress Control, where indicated.</p> <ul style="list-style-type: none"> <li>• Making use of all important dates in the mental health calendar to promote the service (such as Mental Health Day/Week, National Stress Awareness Day).</li> <li>• Contacting Blackpool Council and other occupational health Departments such as DWP/NWAS and the Police to discuss staff training and support and facilitating referrals to Supporting Minds.</li> <li>• The roll out of Step 2 Long Term Condition groups in each neighbourhood.</li> <li>• Developing/piloting a programme of new short online workshops including 'Sleep and relaxation', 'Resilience and me', 'Anxiety and worry' and 'Low mood' to supplement the existing provision and make these available to all Trust staff and offer to people on the waiting list for Step 3 where appropriate.</li> <li>• Additional promotional work undertaken relating to service name change/rebranding including promotional stand in Hounds Hill shopping centre and refreshed website to coincide with service rebranding.</li> <li>• Pathways into the service being agreed with all 16+ education providers in Blackpool.</li> <li>• Advertising on the Gladiator Sports website for 12 months to increase access from men.</li> <li>• Piloting a Mindfulness Based Cognitive Therapy (MBCT) refresher workshop to encourage previous course participants to continue with their mindfulness practice (relapse prevention).</li> <li>• Utilising the full mindfulness course as a relapse prevention intervention for people with a diagnosis of depression, in line with the current evidence base.</li> <li>• Increasing access to Mindfulness in a range of Long Term Condition specialities in line with the evidence base.</li> <li>• Utilisation of clinic space within Blackpool Carers Centre and Blackpool Sports Centres.</li> </ul>

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<ul style="list-style-type: none"> <li>Working with Blackpool Care Homes to increase access by older adults.</li> <li>Expansion for patients with long term conditions.</li> <li>Drop-in sessions/stands at Blackpool Healthier Minds' main bases for people to call in to find out more about what we do and sign up.</li> <li>Involving administrators in more promotional tasks.</li> <li>Podcasts on social media and website</li> </ul>
HCAI	Clostridium Difficile (C.Diff.)	BCCG	82	57	87	↓	5	There were eighty seven (87) cases of C.Diff infections for Blackpool CCG residents in 2021/22. Further investigations into the reasons behind the increase in number in 2021/22 are being undertaken.
		BTH	104	89	101	↓	0	Achieved.
	MRSA	BCCG	0	4	2	↑	2	There were two (2) community associated cases of MRSA in Blackpool patients in 2021/22. Both cases were fully investigated via root cause analyses.
		BTH	0	4	6	↓	6	There were six (6) cases of MRSA at BTH in 2021/22. All cases have been addressed with full root cause analysis investigations.

## Appendix 1: Performance Scorecard

### Performance Dashboard

**Abbreviations Key:**

UHMBT – University Hospitals of Morecambe Bay,  
LTH – Lancashire Teaching Hospitals,  
FWCCG – Fylde and Wyre CCG  
BCCG – Blackpool CCG

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

#### Integrated Primary & Community Care (Out of Hospital)

IAPT access (Local)	Fylde Coast			654	627	563	624	611	621	656	648	469	557	514	674	<b>7218</b>
	FWCCG			264	218	231	298	273	287	295	281	229	282	244	291	<b>3193</b>
	BCCG			390	409	332	326	338	334	361	367	240	275	270	383	<b>4025</b>
IAPT recovery rate (Local)	Fylde Coast	50.0%	50.0%	54.8%	52.7%	55.7%	50.3%	53.7%	52.1%	57.7%	57.3%	52.9%	51.0%	53.5%	53.1%	<b>53.8%</b>
	FWCCG	50.0%	50.0%	53.0%	52.0%	61.3%	49.2%	50.0%	52.0%	52.9%	55.0%	50.5%	48.6%	49.6%	53.5%	<b>52.3%</b>
	BCCG	50.0%	50.0%	56.3%	53.3%	52.1%	51.2%	55.7%	52.3%	61.8%	58.9%	54.3%	53.1%	56.5%	52.8%	<b>54.9%</b>
IAPT 6 wk waits (Local)	Fylde Coast	75.0%	75.0%	91.7%	88.7%	92.8%	95.2%	89.8%	94.6%	90.3%	95.2%	94.6%	92.3%	93.7%	93.0%	<b>92.7%</b>
	FWCCG	75.0%	75.0%	87.4%	88.9%	85.0%	90.3%	76.1%	88.8%	83.8%	90.8%	89.6%	88.2%	89.8%	90.0%	<b>87.5%</b>
	BCCG	75.0%	75.0%	95.3%	88.6%	97.5%	98.9%	97.5%	99.4%	95.6%	98.4%	97.3%	95.9%	96.9%	95.3%	<b>96.4%</b>
IAPT 18 wk waits (Local)	Fylde Coast	95.0%	95.0%	98.4%	99.0%	99.1%	100.0%	99.0%	100.0%	98.8%	99.7%	99.0%	98.8%	99.3%	98.9%	<b>99.2%</b>
	FWCCG	95.0%	95.0%	98.6%	99.2%	98.3%	100.0%	100.0%	100.0%	98.6%	99.3%	98.1%	99.3%	98.4%	98.8%	<b>99.1%</b>
	BCCG	95.0%	95.0%	98.3%	98.9%	99.5%	100.0%	98.5%	100.0%	98.9%	100.0%	99.5%	98.2%	100.0%	99.1%	<b>99.2%</b>

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia Diagnosis Rate	Fylde Coast	66.7%	66.7%	65.3%	65.3%	65.1%	64.7%	64.3%	63.6%	62.7%	62.4%	62.0%	61.6%	61.7%	62.4%	63.4%
	FWCCG	66.7%	66.7%	61.2%	61.5%	61.3%	61.3%	60.8%	60.2%	59.0%	58.6%	58.4%	58.1%	58.4%	59.0%	59.8%
	BCCG	66.7%	66.7%	71.2%	71.0%	70.7%	69.8%	69.3%	68.6%	68.2%	68.0%	67.3%	66.8%	66.7%	67.5%	68.8%

Mental Health Care Programme Approach (CPA) (Local)	Fylde Coast	95.0%	95.0%	98.3%	89.6%	96.9%	100.0%	96.3%	92.5%	96.0%	100.0%	100.0%	94.9%	100.0%	98.2%	96.7%
	FWCCG	95.0%	95.0%	100.0%	87.0%	100.0%	100.0%	100.0%	92.9%	90.9%	100.0%	100.0%	92.3%	100.0%	100.0%	97.0%
	BCCG	95.0%	95.0%	97.4%	90.9%	95.2%	100.0%	94.1%	92.3%	100.0%	100.0%	100.0%	96.2%	100.0%	97.4%	96.5%

**Planned Care**

18 Wk RTT Incomplete	Fylde Coast	92.0%	92.0%	64.0%	66.0%	65.8%	65.1%	65.3%	65.0%	65.6%	66.9%	65.1%	64.5%	63.2%	63.7%	65.0%
	FWCCG	92.0%	92.0%	64.6%	66.7%	66.5%	65.4%	65.5%	65.5%	65.8%	67.2%	64.9%	64.3%	63.1%	63.4%	65.2%
	BCCG	92.0%	92.0%	63.4%	65.2%	65.2%	64.9%	65.2%	64.6%	65.3%	66.6%	65.4%	64.7%	63.3%	63.9%	64.8%
	BTH	92.0%	92.0%	69.8%	72.4%	73.4%	73.3%	72.7%	71.5%	71.5%	73.0%	71.4%	71.2%	70.1%	69.4%	71.6%
	LTH	92.0%	92.0%	55.5%	56.6%	56.8%	56.8%	55.1%	54.2%	54.2%	53.3%	51.3%	49.9%	48.7%	48.2%	53.3%
	UHMB	92.0%	92.0%	63.6%	67.7%	69.9%	71.1%	71.5%	69.9%	70.4%	70.9%	70.2%	69.3%	69.5%	69.4%	69.4%
	SPIRE	92.0%	92.0%	52.6%	54.5%	50.9%	45.2%	48.0%	49.9%	54.1%	60.2%	58.4%	58.6%	55.7%	64.5%	53.4%

Number of patients on a 18 wk incomplete pathway	Fylde Coast			30054	29986	30775	31413	32431	34059	34456	33436	33465	33766	33784	37052	NA
	FWCCG			15579	15597	16060	16381	16979	17500	17676	17622	17684	17674	17778	19557	NA
	BCCG			14475	14389	14715	15032	15452	16559	16780	15814	15781	16092	16006	17495	NA
	BTH			18830	18906	19420	19788	21226	22482	23037	22939	23005	23927	24251	24945	NA
	LTH			48968	49179	51003	52537	54126	54964	55677	55590	56728	56412	56706	57707	NA
	UHMB			24542	25066	25033	24049	24033	25155	24862	24738	24996	25263	25680	26315	NA
	SPIRE	NA	NA	3916	3832	3866	3873	3155	2916	2706	2324	2213	2250	2208	2085	NA

	Fylde Coast	0	0	3388	3015	2947	2902	2875	2702	2426	2027	1846	1854	1861	1978	29821
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Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
RTT 52 wk waits	FWCCG	0	0	1694	1507	1449	1439	1434	1335	1207	1061	970	967	995	1053	15111
	BCCG	0	0	1694	1508	1498	1463	1441	1367	1219	966	876	887	866	925	14710
	BTH	0	0	1471	1243	1199	1214	1184	1164	1046	916	798	775	777	742	12529
	LTH	0	0	7204	6761	6561	6601	6860	6948	6961	6929	6868	7047	6990	7181	82911
	UHMB	0	0	2027	1645	1369	1255	1188	1878	1775	1646	1424	1259	1091	959	17516
	SPIRE	0	0	1079	983	935	874	827	580	430	202	111	104	110	81	6316
Diagnostic test waiting times	Fylde Coast	1.0%	1.0%	27.1%	25.4%	28.6%	29.6%	32.1%	31.3%	26.5%	23.3%	22.0%	24.7%	18.7%	22.3%	25.7%
	FWCCG	1.0%	1.0%	25.7%	23.2%	27.0%	27.3%	30.1%	28.1%	23.8%	22.3%	20.8%	21.1%	16.4%	20.1%	23.5%
	BCCG	1.0%	1.0%	28.5%	27.6%	30.2%	32.1%	34.3%	34.4%	29.3%	24.5%	23.3%	28.5%	21.1%	24.6%	27.9%
	BTH	1.0%	1.0%	20.6%	18.8%	23.5%	25.3%	29.5%	27.4%	20.9%	18.6%	17.8%	21.1%	16.1%	19.5%	21.1%
	LTH	1.0%	1.0%	39.4%	39.2%	39.1%	39.1%	46.6%	50.8%	46.2%	45.5%	48.0%	50.0%	45.9%	47.2%	45.1%
	UHMB	1.0%	1.0%	3.0%	2.5%	2.7%	3.5%	3.6%	3.3%	3.2%	2.9%	4.8%	5.5%	3.6%	4.2%	3.5%
Cancer 2 wk waits	Fylde Coast	93.0%	93.0%	85.6%	92.2%	96.2%	94.5%	92.6%	90.3%	87.3%	80.6%	71.1%	84.9%	89.5%	92.3%	88.0%
	FWCCG	93.0%	93.0%	87.2%	91.2%	96.7%	94.0%	93.3%	91.7%	87.0%	79.2%	71.2%	84.9%	89.0%	90.7%	87.9%
	BCCG	93.0%	93.0%	83.2%	93.6%	95.6%	95.1%	91.6%	88.4%	87.7%	82.5%	71.0%	85.1%	90.3%	94.4%	88.2%
	BTH	93.0%	93.0%	85.1%	92.0%	96.6%	94.8%	92.5%	90.1%	88.2%	80.6%	71.0%	86.2%	91.9%	94.4%	88.5%
	LTH	93.0%	93.0%	92.3%	97.6%	95.8%	95.1%	93.6%	92.9%	79.4%	66.5%	55.4%	45.8%	53.9%	63.5%	77.6%
	UHMB	93.0%	93.0%	81.9%	92.4%	91.0%	92.0%	91.7%	91.9%	82.0%	77.4%	71.0%	72.4%	82.1%	80.4%	83.9%
Cancer 2 wk waits - breast	Fylde Coast	93.0%	93.0%	40.0%	51.7%	96.0%	95.9%	97.4%	97.1%	86.2%	56.9%	72.8%	67.4%	87.0%	88.8%	77.3%
	FWCCG	93.0%	93.0%	38.0%	50.8%	94.7%	96.6%	95.3%	98.4%	79.6%	52.2%	66.0%	57.1%	76.4%	80.3%	73.5%
	BCCG	93.0%	93.0%	41.4%	52.5%	97.1%	95.2%	100.0%	96.1%	90.8%	61.3%	80.0%	74.7%	100.0%	97.1%	80.6%
	BTH	93.0%	93.0%	40.5%	49.6%	96.6%	95.5%	97.2%	97.7%	90.2%	60.3%	77.3%	72.0%	94.3%	98.3%	79.9%
	LTH	93.0%	93.0%	57.3%	95.7%	96.4%	100.0%	92.7%	76.8%	21.3%	9.1%	10.7%	13.5%	32.8%	52.0%	54.7%
	UHMB	93.0%	93.0%	20.3%	87.0%	66.7%	83.7%	87.0%	93.4%	55.0%	3.6%	3.3%	8.7%	3.9%	17.4%	44.2%

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer 31 day waits	Fylde Coast	96.0%	96.0%	94.3%	94.7%	96.5%	93.8%	93.8%	94.4%	95.4%	89.3%	93.4%	88.6%	89.7%	89.9%	92.9%
	FWCCG	96.0%	96.0%	93.5%	93.0%	96.3%	92.6%	94.9%	95.6%	94.2%	90.2%	92.9%	87.1%	91.0%	89.4%	92.7%
	BCCG	96.0%	96.0%	95.2%	97.0%	96.8%	95.5%	92.2%	92.9%	96.7%	88.0%	94.1%	90.8%	88.0%	90.6%	93.2%
	BTH	96.0%	96.0%	98.4%	98.9%	99.6%	97.4%	99.0%	99.1%	98.2%	93.4%	97.1%	91.3%	91.5%	93.0%	96.5%
	LTH	96.0%	96.0%	85.5%	87.8%	84.3%	85.6%	86.3%	88.8%	91.4%	83.7%	87.1%	86.5%	92.3%	88.4%	87.1%
	UHMB	96.0%	96.0%	91.0%	97.8%	92.3%	95.8%	89.9%	91.2%	93.0%	92.2%	95.5%	84.4%	90.1%	98.7%	92.6%
Cancer 31 day waits - Surgery	Fylde Coast	94.0%	94.0%	80.0%	90.0%	77.1%	71.1%	88.9%	67.9%	77.8%	79.5%	94.3%	71.4%	83.9%	84.0%	80.0%
	FWCCG	94.0%	94.0%	80.0%	88.9%	68.4%	65.2%	84.6%	67.9%	86.4%	74.1%	94.7%	77.3%	85.7%	78.9%	78.8%
	BCCG	94.0%	94.0%	80.0%	90.9%	87.5%	80.0%	94.7%	67.9%	64.3%	88.2%	93.8%	61.5%	80.0%	100.0%	81.7%
	BTH	94.0%	94.0%	88.2%	95.5%	100.0%	100.0%	100.0%	76.9%	94.4%	89.5%	100.0%	82.4%	85.7%	100.0%	92.3%
	LTH	94.0%	94.0%	69.9%	78.7%	73.0%	63.7%	71.8%	71.4%	76.2%	69.8%	75.3%	74.2%	74.6%	73.7%	72.3%
	UHMB	94.0%	94.0%	100.0%	100.0%	88.9%	100.0%	76.9%	50.0%	80.0%	100.0%	87.5%	100.0%	100.0%	100.0%	88.5%
Cancer 31 day waits - Drugs	Fylde Coast	98.0%	98.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	96.9%	98.0%	98.6%
	FWCCG	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.9%	100.0%	97.1%	99.1%
	BCCG	98.0%	98.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	92.0%	100.0%	97.9%
	BTH	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	94.4%	97.1%	98.5%
	LTH	98.0%	98.0%	100.0%	99.1%	100.0%	99.1%	100.0%	100.0%	96.2%	100.0%	98.9%	99.1%	99.2%	100.0%	99.3%
	UHMB	98.0%	98.0%	100.0%	100.0%	98.9%	98.7%	98.6%	99.1%	97.3%	99.0%	97.5%	92.8%	100.0%	99.0%	98.4%
Cancer 31 day waits - Radiotherapy	Fylde Coast	94.0%	94.0%	100.0%	97.8%	100.0%	100.0%	100.0%	100.0%	98.2%	84.4%	100.0%	95.8%	96.4%	100.0%	97.5%
	FWCCG	94.0%	94.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	88.1%	100.0%	94.9%	100.0%	100.0%	98.0%
	BCCG	94.0%	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	77.3%	100.0%	96.9%	91.3%	100.0%	96.8%
	BTH	94.0%	94.0%	Service not provided at BTH												
	LTH	94.0%	94.0%	99.5%	99.5%	98.6%	99.6%	100.0%	100.0%	98.5%	87.2%	99.5%	96.2%	96.9%	99.3%	97.8%
	UHMB	94.0%	94.0%	Service not provided at UHMB												

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer 62 day waits	Fylde Coast	85.0%	85.0%	75.5%	75.2%	77.9%	67.7%	73.1%	71.3%	67.0%	66.9%	62.1%	54.3%	60.5%	66.1%	68.4%
	FWCCG	85.0%	85.0%	73.7%	73.6%	79.6%	68.7%	77.2%	68.8%	75.4%	71.4%	61.1%	60.6%	66.2%	68.2%	70.6%
	BCCG	85.0%	85.0%	77.8%	77.6%	75.0%	66.0%	67.3%	74.6%	57.7%	61.3%	63.5%	43.6%	52.1%	63.9%	65.5%
	BTH	85.0%	85.0%	80.3%	79.2%	82.7%	72.3%	77.3%	71.1%	70.9%	66.4%	65.3%	57.0%	63.9%	65.4%	71.2%
	LTH	85.0%	85.0%	61.4%	60.0%	58.2%	63.0%	58.7%	63.4%	66.6%	51.6%	51.4%	42.5%	43.7%	52.2%	56.2%
	UHMB	85.0%	85.0%	56.0%	56.1%	62.0%	60.1%	59.4%	71.3%	51.6%	71.3%	68.1%	57.8%	57.0%	72.3%	62.1%
Cancer 62 day waits - screening	Fylde Coast	90.0%	90.0%	66.7%	62.5%	77.8%	38.5%	66.7%	41.7%	20.0%	46.7%	42.1%	60.0%	69.2%	56.5%	54.0%
	FWCCG	90.0%	90.0%	50.0%	66.7%	75.0%	50.0%	50.0%	44.4%	20.0%	44.4%	50.0%	53.8%	75.0%	61.9%	54.8%
	BCCG	90.0%	90.0%	80.0%	60.0%	80.0%	33.3%	100.0%	33.3%	No data	50.0%	20.0%	100.0%	0.0%	0.0%	52.2%
	BTH	90.0%	90.0%	37.5%	33.3%	23.5%	16.7%	40.0%	29.2%	9.1%	31.0%	26.7%	50.0%	38.5%	25.0%	29.9%
	LTH	90.0%	90.0%	75.0%	66.7%	35.7%	71.4%	83.3%	45.5%	50.0%	33.3%	0.0%	45.5%	0.0%	31.3%	39.3%
	UHMB	90.0%	90.0%	79.5%	67.5%	79.0%	74.5%	60.0%	45.5%	50.0%	44.2%	59.6%	51.9%	55.6%	83.6%	63.9%
Cancer 62 day waits - upgrade	Fylde Coast	NA	NA	84.2%	87.3%	86.8%	88.6%	85.9%	86.3%	76.4%	71.0%	78.6%	65.6%	74.3%	77.0%	80.4%
	FWCCG	NA	NA	77.8%	83.8%	83.9%	92.3%	88.6%	87.8%	72.7%	74.3%	88.0%	63.3%	81.8%	78.6%	81.9%
	BCCG	NA	NA	90.0%	92.3%	89.2%	83.9%	81.5%	84.4%	78.8%	67.6%	71.0%	67.7%	67.6%	75.8%	78.8%
	BTH	NA	NA	86.8%	91.2%	89.5%	86.8%	88.3%	87.3%	71.4%	66.1%	78.4%	75.8%	74.2%	78.4%	81.5%
	LTH	NA	NA	76.0%	88.6%	75.8%	84.9%	74.2%	82.4%	81.9%	82.0%	84.9%	69.4%	80.6%	78.0%	80.1%
	UHMB	NA	NA	90.2%	90.5%	78.9%	81.1%	84.3%	83.3%	83.0%	85.7%	89.5%	87.0%	86.8%	87.5%	85.6%

### Urgent & Emergency Care

A&E 4hr waits	Fylde Coast	95.0%	95.0%	83.4%	83.68%	86.6%	82.7%	80.4%	79.2%	79.1%	79.9%	78.6%	77.9%	77.8%	76.8%	80.5%
	FWCCG	95.0%	95.0%	83.5%	83.47%	86.1%	82.5%	80.2%	79.1%	78.8%	79.6%	78.3%	77.6%	77.6%	76.5%	80.3%
	BCCG	95.0%	95.0%	83.4%	83.84%	87.0%	82.9%	80.5%	79.3%	79.3%	80.2%	78.9%	78.2%	78.0%	77.0%	80.7%
	BTH	95.0%	95.0%	83.4%	83.84%	87.0%	82.9%	80.5%	79.3%	79.3%	80.2%	78.9%	78.2%	78.0%	77.0%	80.7%
	LTH	95.0%	95.0%	83.3%	81.90%	79.8%	79.2%	79.5%	77.8%	77.2%	75.7%	76.3%	74.7%	76.6%	73.9%	78.1%

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	UHMB	95.0%	95.0%	86.5%	80.03%	82.8%	81.4%	76.4%	78.4%	72.6%	75.0%	71.2%	72.5%	70.9%	70.1%	76.7%
Trolley Waits Over 12 Hours (National)	BTH	0	0	36	32	29	13	61	297	487	715	717	837	735	971	4930
	LTH	0	0	30	24	53	45	57	90	69	103	100	118	45	128	862
	UHMB	0	0	4	9	10	33	96	111	173	202	273	239	268	389	1807
Trolley Waits Over 12 Hours - Medical (Local)	BTH	0	0	24	17	12	4	46	281	468	687	704	818	716	950	4729
Trolley Waits Over 12 Hours - Mental Health (Local)	BTH	0	0	8	15	17	9	15	17	19	27	15	19	19	21	201