

Integrated Care Board

Date of meeting	17 July 2024
Title of paper	Integrated Performance Report
Presented by	Asim Patel, Chief Digital Officer
Author	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
Agenda item	12
Confidential	No

Executive summary

The purpose of the paper is to provide the ICB Board with the latest position against a range of published performance metrics.

Summary of key performance metrics

Elective Recovery - Growth in the overall number of patients waiting appears to have slowed and plateaued although the number of patients waiting remains high (242,285). 65+ week waiters increased slightly to the end of April 2024 though we remain ahead of our 2024-25 planning trajectory. Independent Sector and NHS out of area providers account for over 20% of our long (65+ week) waiters.

Diagnostics – The performance in April 2024 shows that performance has continued to deteriorate over the previous 2 months and now stands at 72.5% for the 4 main providers and 73.5% for Lancashire and South Cumbria (L&SC) ICB. Performance is still below the North West and national performance. The increasing waiting list as described in the last Board report has put pressure on performance and remains high for the 4 main providers.

Cancer – In April 2024, the faster diagnosis standard was met across the ICB. Performance against the 31-day standard remained below regional levels, but compared favourably to national levels. The number of patients waiting over 62-days for cancer treatment increased to 599 and exceeds the target threshold of 569.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in May 2024 was 77.86%, which was an improvement on the previous month. The percentage of patients spending more than 12 hours in an emergency department improved during the most recent period. Category 2 response times was achieved in May 2024 at 25 minutes and 54 seconds and continues to compare favourably to the national position.

Mental Health – The number of out of area bed placements was still above plan at year end 2024-25. The dementia prevalence target continues to be met with L&SC ICB being above the national position. The number of people receiving a health check on a Learning Disability (LD) register for L&SC ICB met the full year target for 2023-24. The latest access figure for Talking Therapies shows that L&SC ICB remains in the middle quartile range in March 2024 with continued improved performance.

Children and Young People –The levels of smoking at time of delivery are higher than national levels and significantly above those levels in Blackpool, in line with the smoking prevalence of the population. The population vaccine coverage (MMR) for children under 5 continues to be above both the regional and national figure. The elective recovery for children shows that the number over 65 weeks waiters has risen over the last 2 months.

Primary Care - In April 2024, general practice in L&SC delivered a volume of appointments in line with our planned expectations. However, the rate of general practice appointments per 10,000 population remains below the national average. It is important to note that the general practice doctor workforce FTE per 10,000 weighted patients remains well below regional and national averages.

Recommendations

The Board is asked to:

- Note achievement against key performance indicators for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against metrics in this report.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications				

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
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Finance & Performance Committee	1 July 2024	Committee notes the report.
Executive Team	9 July 2024	Approved.

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed	✓			
Equality impact assessment completed	✓			
Data privacy impact assessment completed				

Report authorised by: Asim Patel, Chief Digital Officer

Integrated Care Board – 17 July 2024

Integrated Performance Report

1.0 Introduction

- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there is a robust performance reporting function in place to provide the ICB with an overview and highlight risks and challenges.
- 1.2 The purpose of the paper is to provide the Board with the latest position against a range of published performance metrics.
- 1.3 Work is ongoing to further develop the ICB Integrated performance framework and to develop an integrated performance report with appropriate balance scorecards to enable the Board to maintain oversight of progress against the ICB's strategic objectives and enable the Board to respond to identified and emergent risks.
- 1.4 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.

2.0 Key Performance Indicators

- 2.1 The system remains subject to significant on-going pressure and increased demand which impacts on performance metrics and one part of the system does not operate in isolation.
- 2.2 The table below provides a timeseries of key indicators:

Table: 12 Month Timeseries of ICB Key Performance Indicators

Key Performance Indicator	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	TREND	NORTH WEST	NATIONAL	INCLUDE
Total patients waiting more than 104 weeks to start consultant-led treatments	8	6	2	1	1	5	1	3	1	1	4	1	1			24	360	Y
Total patients waiting more than 78 weeks to start consultant-led treatments	278	295	157	168	174	151	175	178	209	141	79	39	21			257	5333	Y
Total patients waiting more than 65 weeks to start consultant-led treatments	2305	2244	2145	2298	2779	2981	2985	2545	2620	2313	1785	745	786			5844	51107	Y
Total patients waiting more than 52 weeks to start consultant-led treatments	9432	9789	9936	10746	11200	11874	12084	11406	10439	9679	9514	9546	9448			50252	304730	Y
Capped Theatre Utilisation		79.00%		75.20%	78.20%	80.40%	82.90%	82.00%	78.80%	78.30%	80.60%	79.80%	82.80%			78.40%	78.70%	Y
BADS Daycase Rates	82.50%	82.10%	82.60%	83.30%	82.90%	82.50%	83.40%	83.50%	83.70%	83.80%	83.50%					79.60%	81.30%	Y
Specialist Advice - Pre-Referral (Rate per 100 OP)	7.61	8.10	7.20	6.49	6.10	5.87	5.83	5.88	6.01	6.25	6.05	7.35	8.28			4.15	6.30	Y
Specialist Advice - Post-Referral (Rate per 100 OP)	42.36	42.24	37.12	33.02	32.12	30.44	29.60	31.89	32.25	32.49	32.84	35.16	42.26			27.83	22.40	Y
Patient Initiated Follow-Ups (PIFU)	4.10%	4.25%	3.97%	3.63%	3.63%	3.59%	4.29%	4.93%	4.97%	4.65%	4.47%	4.27%	4.69%			3.12%	3.40%	Y
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	78.10%	79.39%	79.53%	78.63%	72.92%	75.51%	75.19%	75.51%	69.22%	71.74%	75.94%	75.30%	73.53%			81.16%	77.00%	Y
31 Day First Treatment (96% Standard)	87.06%	87.03%	88.15%	87.48%	87.80%	89.37%	89.96%	90.21%	91.68%	88.45%	90.89%	92.04%	90.42%			91.58%	89.17%	Y
62 Day referral to treatment (85% Standard)	65.51%	62.83%	58.84%	61.63%	64.45%	61.41%	65.29%	66.23%	65.71%	61.55%	65.03%	73.10%	65.94%			68.96%	66.63%	Y
% meeting faster diagnosis standard (75% Standard)	75.69%	75.61%	76.14%	77.68%	74.83%	70.33%	74.13%	75.62%	75.90%	73.56%	80.67%	77.31%	75.24%			73.75%	73.45%	Y
A&E 4 Hour Standard (76% Recovery Target)	76.84%	77.59%	76.83%	77.49%	76.78%	75.94%	74.85%	74.61%	74.81%	74.59%	75.44%	76.05%	77.83%	77.86%		70.82%	73.96%	Y
A&E 4 Hour Standard - Type 1 Only										58.94%	59.37%	60.22%	63.53%	63.72%		55.49%	59.68%	Y
Proportion of patients spending more than 12 hours in an emergency department	6.54%	7.04%	7.66%	7.50%	8.58%	8.19%	9.08%	8.82%	9.45%	10.42%	9.31%	9.98%	8.96%	7.66%		8.68%		Y
Average ambulance response time: Category 2	00:20:36	00:22:02	00:26:30	00:25:22	00:27:19	00:29:07	00:32:12	00:32:04	00:38:33	00:36:06	00:29:00	00:24:22	00:21:48	00:25:54			00:32:44	Y
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.									33.50%	37.89%	35.74%	33.68%	30.85%				28.34%	Y
Number / % of patients with a LOS exceeding 21 days [BCF]	9.21%	8.66%	9.62%	9.06%	8.86%	8.79%	9.04%	9.39%	8.73%	8.94%	9.27%	9.15%					7.18%	Y
Proportion of patients discharged to usual place of residence [BCF]	88.44%	89.03%	86.18%	91.25%	93.32%	93.09%	93.30%	92.43%	92.72%	92.97%	92.98%	93.47%					93.25%	Y
2 Hour Urgent Community Response (70% Target)	94.59%	94.18%	95.08%	93.35%	93.98%	93.81%	94.62%	94.41%	94.06%	94.26%	94.76%	95.50%	93.71%			87.20%	84.59%	Y
Virtual Ward Occupancy (Snapshot)	57.22%	55.97%	50.68%	46.62%	49.25%	52.01%	57.50%	60.50%	58.50%	58.25%	53.60%	54.77%	50.83%	58.63%		56.15%	69.80%	Y
Total Virtual ward capacity per 100k of adult population	23.60	23.53	24.53	27.68	26.61	26.61	26.74	26.74	26.74	26.74	26.94	27.34	22.84	22.84		22.66	19.50	Y
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	2.86%	6.47%	10.14%	15.35%	20.55%	26.20%	32.47%	38.04%	41.45%	54.81%	66.74%	79.82%	3.66%			3.44%	3.44%	Y
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	650	885	715	610	920	640	735	635	590	950	735	830						Y
Estimated diagnosis rate for people with dementia	68.36%	68.37%	68.70%	68.82%	68.99%	69.08%	69.02%	69.25%	68.80%	68.47%	68.38%	68.34%	68.35%			69.52%	64.65%	Y
Number of general practice appointments per 10,000 weighted patients	3383.3	3909.8	4092.9	3894.7	3961.2	4461.2	4763.9	4399.2	3599.0	4555.1	4266.0	4093.8	4137.7			4278.1	4907.8	Y
% Same Day Appointments (ACC-08)			43.10%	43.34%	43.26%	38.27%	38.58%	42.31%	45.78%	44.26%	42.42%	42.55%	43.30%					Y
% of Appointments within 2 weeks of booking (ACC-08)	83.50%	84.90%	86.10%	87.50%	87.20%	85.80%	86.30%	88.30%	89.60%	89.50%	89.10%	88.30%	87.05%					Y
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	54.73%	77.01%	80.56%	84.95%	91.70%	77.58%	84.14%	102.47%	69.12%	89.85%	94.57%	100.89%	91.45%					Y

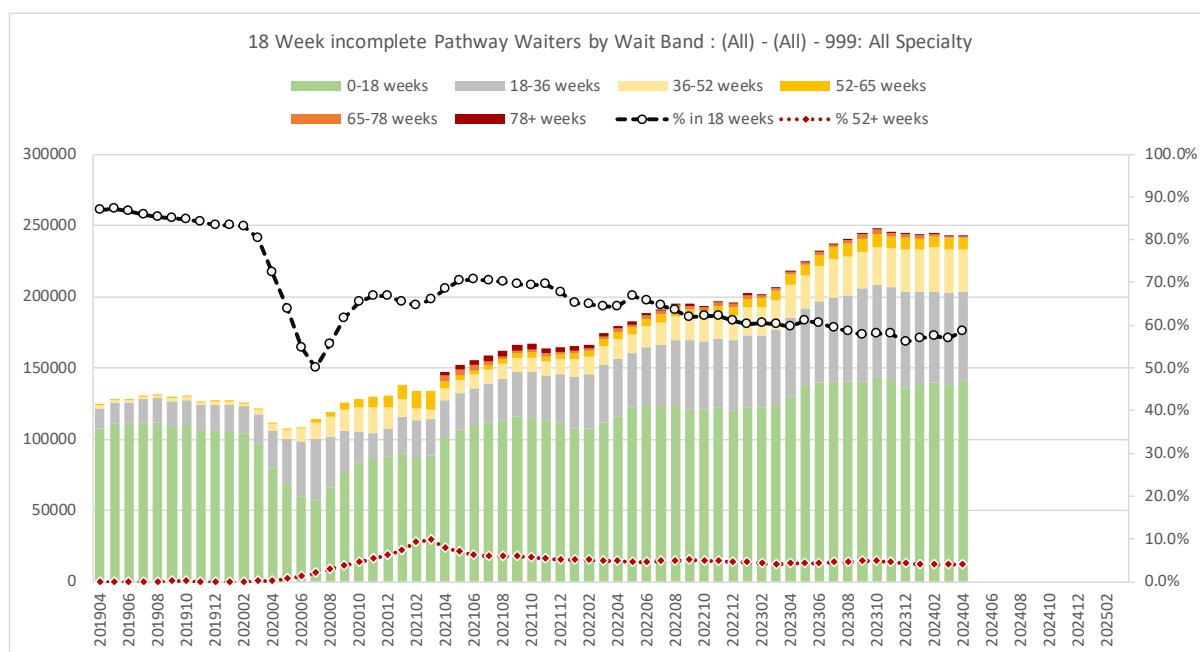
2.3 The following narrative outlines current performance against other key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

2.4 Indicators have been aligned to the strategic objectives within the updated balanced scorecard (Appendix B).

2.5 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment has plateaued over the past few months with a total of 242,285 patients waiting for treatment at the end of April 2024 at ICB level. The number of patients waiting in excess of 78 weeks has continued to fall, and although the number of 65+ week waiters increased slightly to the end of April 2024 we are still ahead of our 2024-25 planning trajectory.



3.1 At the end of April 2024, L&SC ICB commissioned activity included:

- 1 x 104+ week waiter was reported against L&SC ICB. [The provider has confirmed that this was a data issue and there were no 104+ week breaches for L&SC patients]
- 21 x 78+ week breaches for L&SC ICB registered patients

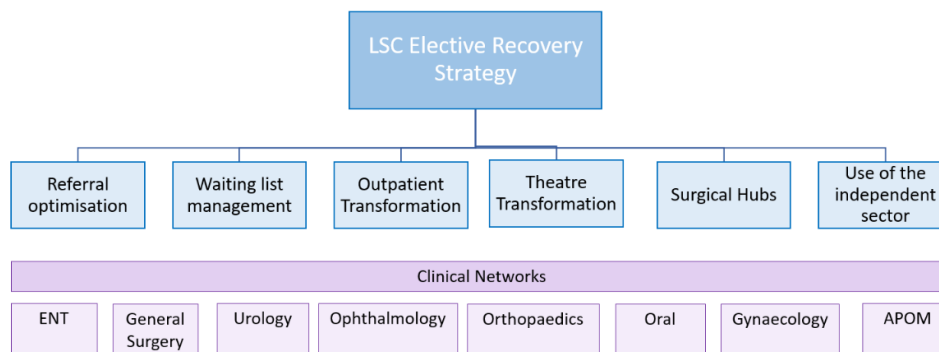
- 786 patients waiting over 65 weeks, 177 of these (22.5%) were waiting at Independent Sector providers or NHS providers outside of the L&SC area.
- 242,285 patients awaiting treatment.

3.2 The end of April 2024 position for the 4 main NHS providers within L&SC reported:

- 0 x 104+ week waiters
- 12 x 78+ week waiters
- 641 patients (0.32%) waiting 65+ weeks
- 198,430 patients awaiting treatment.

3.3 The 2024-2025 planning submissions aim to reduce 65+ week waiters to zero by the end of September 2024.

3.4 The L&SC Elective Recovery Strategy has identified six key areas of focus that will maximise and optimise elective capacity while building on our system-wide approach to the management of waiting times and capacity.



3.5 Model Hospital metrics highlight a subset of circa 200 procedures identified by the British Association of Day Surgery (BADS) as most suited to being undertaken as a day case. Using this measure, L&SC (83.5% Dec23-Feb24) is performing well above national and regional averages though is below the 85% threshold.

3.6 L&SC ICB latest performance (19th May 2024) on theatre capped utilisation is 83.3% which is above the national and regional average.

3.7 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages and our performance is tracking in line with our 2024-2025 planning submission. However, there are wide variations between providers.

3.8 Improvements in reporting of activity for pre-and post-referral specialist advice have increased our utilisation above national and regional levels. Pre-referral

diversion rates for April 2024 were 36.2% which was higher than the national diversion rate. However, post referral diversions (9.2%) were lower than regional and national averages.

- 3.9 The waiting list for Adult Community Service fell further in April 2024. In April 2024, 90.2% of adults on a community service waiting list waited less than 18 weeks in Lancashire and South Cumbria. The 2024-25 NHS plan targeted the number of 52 weeks waiters to zero by financial year end. The number of adults waiting over 52 weeks increased to 72 in April 2024 up on the previous month.

4.0 Domain 2 – Diagnostics

- 4.1 The performance for patients waiting less than 6 weeks has fallen in the last 2 month to 72.5% in April 2024 for the 4 main providers and 73.5% for L&SC ICB. This performance is below both the national and North West performance.
- 4.2 At provider level there remains significant variation in performance. University Hospitals of Morecambe Bay remain the best performing trust and the only one presently meeting the 95% target, which it has met for the whole of the financial year 2023-24, performance for April 2024 remains strong at 97.4%.
- 4.3 Despite the deterioration in the latest month performance there is still relatively strong performance for 6 weeks waiters in diagnostics in both East Lancashire Hospitals 89.3% and Blackpool Teaching Hospitals 91.6%.
- 4.4 Performance at Lancashire Teaching Hospitals remains challenged and has continued to fall to 46.9% with significant numbers waiting over 6 weeks for Non Obstetric Ultrasound and Echocardiography. The recovery plan for Lancashire Teaching Hospital is in 2 parts, a backlog clearance, concentrating on MRI, Non Obstetric Ultrasound, Echocardiography and Endoscopy and a sustainability plan to optimise capacity, improve productivity and transform services.
- 4.5 The waiting list has continued to increase into April 2024 from the previous month and now stands at 47,202 for the 4 main providers and 53,208 for L&SC ICB. The continuing increase on waiting list numbers may add to pressure on future performance, which remains challenged.

5.0 Domain 3 – Children & Young People

- 5.1 The levels of smoking at the time of delivery remains higher than national levels and significantly above national levels at Blackpool. L&SC ICB has several ongoing initiatives to address this including in house smoking cessation services.

- 5.2 The population vaccination coverage for 5 year olds compares favourably with the North West and national levels. The Primary Care Networks (PCNs) continue to work with the Improving Immunisation Uptake Team (IIUT) to increase uptake in vaccinations for 0-5 year olds. With this ongoing work, there is now also a huge campaign continuing in Lancashire and South Cumbria at present due to the outbreaks in the West Midlands, to increase the number of children covered by the vaccine.
- 5.3 The four acute trusts are now undertaking a review of their local data on stillbirths and neonatal mortality to identify any trends and themes, which was being presented at the Local Maternity & Neonatal System (LMNS) Quality Assurance panel in May 2024. From this a paper will be presented to L&SC ICB Quality Committee in July 2024 to advise of the work being undertaken from the data published.
- 5.4 At the Quality Assurance Panel in May 2024 the standard operating procedure (SOP) for the utilisation of the LMNS Clinical dashboard was signed off with the agreement to go live. The dashboard will be used to benchmark activity and monitor performance against standards agreed within the system. Chosen parameters were based on maternity safety measures and include measures of clinical activity, clinical outcomes and risk incidents. These will be subject to annual review and agreed at the LMNS Board.
- 5.5 The LMNS Lead Obstetrician and Midwife will review the data on a monthly basis. Outliers will be reviewed and discussed at the Quality Assurance Panel, with the requirement to report to LMNS Board and ICB Quality Committee.
- 5.6 The information on elective waits for children shows that there are 267 children waiting over 65 weeks across the four main acute providers as at 9 June 2024. There has been a gradual increase in the number of over 65 weeks waits over the last 2 months. Lancashire Teaching Hospitals has the biggest number of over 65 week waits with 153 of those children waiting for maxillofacial surgery. The Children and Young People (CYP) elective group are working on reducing waiting times for dental services and general paediatrics.
- 5.7 The number of children waiting on a community list over 52 weeks increased slightly in April 2024, however, the number of over 52 weeks waiters fell to 470 from 526 in the previous month. The plan to reduce the number of 52 weeks waits in Children's Speech and Language Therapy is now reducing the number of long waiters with the expectation that the number of over 52 weeks waits will continue to fall going forwards.
- 5.8 Autism spectrum disorder (ASD) pathways are complex and touch multiple services within a range of providers across the ICB. The demand for ASD assessments continues to increase, with the number accepted increasing,

causing challenged waiting times. However, ICB teams are reviewing pathways and developing robust plans to address the risks and challenges.

6.0 Domain 4 – Cancer

6.1 In April 2024, the faster diagnosis standard was met across the ICB (75.2%), however, not all providers achieved the 75% target. East Lancashire Hospitals Trust and University Hospitals Morecambe Bay both exceeded the target at 78.3% and 77.4% respectively. Although Blackpool Teaching Hospital and Lancashire Teaching Hospital didn't achieve the target, both providers performance were above 72%.

6.2 Performance against the 31-day standard remains below regional levels, but compared favourably to national levels in April 2024. Blackpool Teaching Hospitals and University Hospital Morecambe Bay both achieved the 95% target. Performance relates to surgical capacity within the system with some key areas driving our position, mainly urology, skin, breast and lower gastrointestinal.

Provider Performance against 3 core cancer standards (April 2024)

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	72.9%	96.9%	60.3%
East Lancashire Hospitals NHS Trust	78.3%	92.7%	73.1%
Lancashire Teaching Hospitals NHS Foundation Trust	73.4%	84.8%	55.5%
University Hospitals of Morecambe Bay NHS Foundation Trust	77.4%	97.4%	73.9%
L&SC AGGREGATE (4 x Providers)	75.2%	90.4%	65.9%
TARGET	75.0%	96.0%	85.0%

L&SC Cancer Alliance Performance against 3 core cancer standards (April 2024)

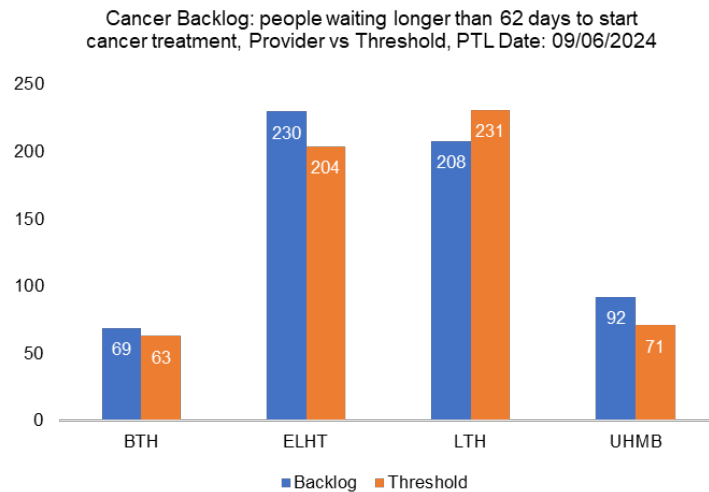
Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	75.4%	90.3%	65.4%
TARGET	75.0%	96.0%	85.0%

6.3 Setting these measures in context:

- 8/21 Alliance nationally for FDS standard
- 8/21 Alliances nationally for 31 day standard
- 13/21 Alliances for 62 day standard.

6.4 Reducing the 62 Day Cancer backlog is a key aim of the NHS. Currently Lancashire Teaching Hospitals is a Tier 1 Trust (for diagnostics and cancer).

6.5 The number of patients waiting over 62-days for cancer treatment increased to 599 against an agreed threshold of 569. Lancashire Teaching Hospitals was the only provider below threshold.



6.6 There is a robust and wide-ranging cancer improvement plan for 2024-2025 with detailed actions aiming to improve performance by:

- Reducing the 62-day backlog
- Improving performance against the faster diagnosis standard
- Reducing diagnostic delays
- Increasing surgical capacity.

7.0 Domain 5 – Urgent & Emergency Care

7.1 The Performance against the 4hr target in May 2024 was 77.86%, which was an improvement on the previous month but below the 78% target within the planning guidance for March 2025. L&SC performed better than the North West and national average. The only provider not to achieve the target was Lancashire Teaching Hospitals at 68.1%, which was significantly below the other providers. The ICB is working with the Trust on an improvement plan to recover the position.

7.2 The percentage of patients spending more than 12 hours in an emergency department improved during the most recent period. For the week ending 13 June 2024, the aggregated position across the four L&SC providers was 7.66%. (although there is provider variation from 4.72% at University Hospitals Morecambe Bay to 8.90 % at Blackpool Teaching Hospitals). L&SC performed better than the north west average.

7.3 The transforming access to urgent and emergency care services programme has a number of key actions to support reductions in the time spent within ED including:

- Continue to promote the use of NHS 111 as a primary route into all urgent care services.
- Maximise the use of booked time slots in A&E i.e., 70% of patients referred by NHS 111 receive a time slot.

- Maximise the use of direct referrals from NHS 111 to other hospital services i.e., Same Day Emergency Care (SDEC) and Clinical Assessment Service (CAS), and the implementation of referral pathways from NHS 111 into 2hr Urgent Community Response and mental health services.
- Continue to work collaboratively with LSCFT focussing on mental health patients.

7.4 There is a requirement to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards.

7.5 Category 2* response times in the planning guidance and the national delivery plan for Urgent and Emergency Care was reset in at 30 minutes. During May 2024 this was achieved (24 mins and 22 seconds) and continues to compare favourably to the national achievement of 33 mins and 50 seconds.

*CAT 2 - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport

7.6 Actions that continue to be undertaken to improve performance as follows:

- Maximise the opportunity to “Hear and Treat”, and “See and Treat” patients rather than convey to hospital.
- Integration of 999, 111 and Patient Transport Services (PTS) as part of the urgent care pathways.
- Following the Northwest handover collaborative partners continue to work collaboratively to maximise re-direction of patients to alternative services e.g. Virtual Wards, 2 hour Urgent Care Response, Same Day Emergency Care (SDEC) etc.
- Ambulance Liaison Officers ALO’s/Triage clinicians supporting at front door of ED supporting re-direction where appropriate.

7.7 A summary of year to date ambulance performance information for L&SC ICB is provided at Appendix A. The performance measures included are those which link directly into hospital flow and admission avoidance.

7.8 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) reduced slightly in May 2024 to 95.2%, although above averages across the North West (94.6%) and England (94.7%).

7.9 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a measure has been included in the System Oversight Framework (SOF) that looks at the average number of beds occupied by patients who no longer meeting the criteria to reside (NMC2R) as a percentage of the average number of occupied adult (G&A) beds available during the month.

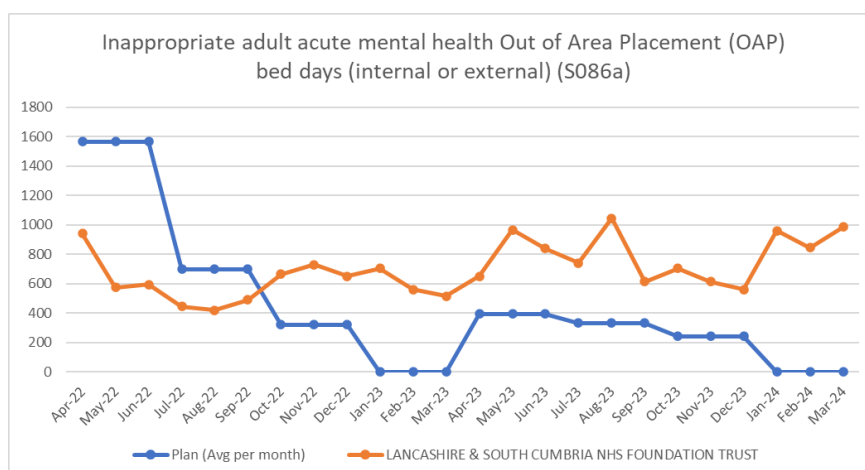
7.10 L&SC ICB is ranked 12/42 ICB for performance nationally, with 11.1% of all adult G&A beds occupied by NMC2R patients. These can fluctuate on a daily basis (and a weekly cycle) while there is variability at provider level. A range of demand and capacity schemes implemented for winter have helped to maintain or improve NMC2R performance across trusts.

7.11 The Virtual Ward Programme across L&SC is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 23 May 2024 reports a capacity of 423 beds which is marginally below the revised bed capacity of 425 beds. Occupancy of 58.6% for the May snapshot is above the revised plan for May 24 (of 50.1%). However, using local daily reporting suggests an average occupancy of across the month of May of 47.7%.

7.12 In L&SC there are five providers of place based 2-hour Urgent Community Response services. All five are currently delivering 8am-8pm, 7 days a week and offer all nine Clinical Conditions covering the full geographic footprint. Responses to referrals within the 2 hour time frame have been consistently above 90% since May 2022 (the national threshold is 70%) putting L&SC within the upper quartile for performance. Furthermore, we are also seeing more patients through 2 Hour UCR services than originally planned.

8.0 Domain 6 – Mental Health and Learning Disabilities

8.1 The number of out of area bed placements continues to be well above plan. There is an ongoing plan for reducing the out of area patients (OAPs) including reviewing inpatient / rehabilitation bed capacity, targeted reductions in length of stay (LOS) and investing in bed capacity. There is continuing pressure on out of area placements due to ward closures.



8.2 The 3 months rolling average for NHS Talking Therapies for Lancashire and South Cumbria measured through the NHS system oversight framework (SOF) has fallen in the last 2 months to 58.9% of expected levels. L&SC remains in the mid range of ICBs, having been in the lowest quartile of performance for

several months. The service is still below target due to the lack of referrals. There are several opportunities to increase the referral rates including targeted training in primary care, links to other services for example older adult, perinatal and via the additional roles reimbursement scheme (ARRS) workers. Lancashire & South Cumbria Foundation Trust continued to do focussed work with primary care, raising the awareness of the service. The service is currently meeting waiting times targets and recovery targets too. The service continues to be concerned regarding vacancies and the ability to recruit.

- 8.3 Dementia diagnosis rates remain above target and also above national levels, although in the latest month it is below the North West level. There are concerns over long waits in Memory Assessments Services which may affect the level of coverage.
- 8.4 The number of patients who are 14 years of age and over with a learning disability, who are receiving an annual health check met the year end target for 2023-24.

9 Domain 7 – Primary Care

- 9.1 There are a number of key metrics pertaining to primary care identified in the System Oversight Framework (SOF) and highlighted within the 2024-2025 operating priorities.
- 9.2 In April 2024, General Practice in L&SC delivered a volume of appointments in line with the 2024-25 plan (plan*= 832,707, actual= 834,346, variance +1,639). However, L&SC still remains well below the national average in terms of appointments per 10,000 weighted population. L&SC has a lower general practice workforce per head of population than national averages and this will directly impact upon the number of appointments practices are able to be provide. (* excluding NHS Immunisation Management Service [NIMS])
- 9.3 87.0% of General Practice appointments were offered within 2 weeks of booking in April 2024 (for the 8 specific appointment types) and 53.4% of these appointments were offered on the same day. Although performance is broadly in line with the regional and national averages, there remain variations at sub-ICB (and lower) levels.
- 9.4 There is the potential impact for national general practice contract dispute action to affect the delivery of the access programme. The ICB has undertaken an initial risk assessment of the potential impact of the likely actions on the system and is working with system partners to put in place mitigations wherever possible.
- 9.5 The NHS Long Term Plan (NHSLTP) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. To

complement the NHSLTP, the National Cardiovascular Disease Prevention System Leadership Forum (CVDPSLF) has agreed specific ambition for management of high blood pressure.

- 9.6 The most recent hypertension prevalence figures (Quality Outcomes Framework 2022-23) suggest that across L&SC, 76.4% of the expected number of people with high blood pressure are diagnosed and recorded on practice registers. This is in line with the position nationally.
- 9.7 The latest data for December 2023 from the CVDPrevent system reported that 67.87% of L&SC hypertension patients were treated to target as per NICE guidance. This is in line with the North West and national position. However, further progress will need to be made to achieve the revised target of 80% by March 2025. Local data for April indicates that we have reached 72.6% of patients treated to target.
- 9.8 The risk of serious illness from flu and consequent hospitalisation is higher among those aged 65 years and older as they are more likely to have an underlying health problem. The uptake of seasonal influenza vaccination among those aged 65 and over is therefore a critical measure. The 2023-2024 Flu campaign reports that in the Sep 23 – Feb 24 period, 77.52% of patients aged 65+ already immunised (compared with 77.82% nationally and 77.2% across the North West).
- 9.9 The latest Units of Dental Activity (UDA) information reports that the delivery is currently at 91.5% of contracted levels in April 2024 which is above the 87.0% seen nationally. Additional plans were submitted in 2024-25 identifying the number of unique adults and children that would be seen by NHS dentists as a proportion of the resident population.

10 Domain 8 – Palliative Care

- 10.1 L&SC has a practice population of 1,851,555 in April 2024. Of those patients registered with a GP as of April 2024, 13,499 (0.7%) are included on a Quality Outcomes Framework palliative care register.
- 10.2 The aim is to have an ongoing 0.6% of the total population on the palliative care register, 60% of these identified as being in the last year of life by the time they have died and 60% to have had a care plan/end of life discussion by the time they have died.
- 10.3 L&SC performance is at 46% of patients being registered as being in their last year of life in April 2024, with Central Lancashire place achieving the highest performance at 48.3. The total number of people that have died and had a form of care planning was 36% (aim 60%) in April 2024 with Morecambe Bay place achieving the highest performance at 44% and West Lancs the lowest at 19.8%.

11.0 Conclusion

11.1 Performance remained consistent during the last reporting period with key national initiatives being met. However, there remain a number of statutory performance metrics that are not being met regularly by the ICB on the whole or by providers within the system. On the whole, performance across the ICB continues to compare well with that of the North West and nationally. For each domain area, specialist leads provide details of action and mitigation plans to improve performance.

12.0 Recommendations

12.1 The Board is asked to:

- Note performance against key performance indicators for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against metrics in this report.

Asim Patel
Chief Digital Officer

July 2024

Ambulance Commissioning Performance Report – May 2024

Introduction

Below is a summary of year to date ambulance performance information for Lancashire and South Cumbria ICB. The performance measures included within this report are those which link directly into hospital flow and admission avoidance. A glossary is included to explain the terminology used within this report.

North West ICBs Summary

Performance Key Performance Indicator	North West					Cumbria & Lancashire Sub Region				C&M ICB	GM ICB
	May	Apr	Direction	Target	Year to Date	May	Apr	Direction	Year to Date	YTD	YTD
Hear & Treat %	13.88%	13.70%	▲	-	YTD 13.79%	13.47%	12.86%	▲	13.18%	13.18%	14.67%
See & Treat %	27.58%	28.29%	▼	-	YTD 27.98%	29.51%	30.13%	▼	29.92%	26.33%	27.94%
See & Convey %	58.53%	58.01%	▼	-	YTD 58.23%	57.02%	57.01%	▼	56.91%	60.49%	57.39%
See & Convey to non Incidents	6.61%	6.45%	▲	-	YTD 6.49%	8.09%	7.85%	▲	7.91%	7.02%	4.94%
C2 Mean	92,528	96,740	▲	-	YTD 198,489	26,316	27,891	▲	56,926	61,972	79,398
Delayed Admissions	00:21:42	00:25:49	▲	18 m	YTD 00:23:55	00:21:41	00:24:27	▲	00:23:11	00:28:35	00:20:47
	1,579	1,062	▼	-	YTD 2,687	368	295	▼	689	947	1,049
						Lancashire and South Cumbria ICB					
Hospital Ambulance Attendances	50,241	48,302	▼	-	YTD 101,819	10,601	10,022	▼	21,321	33,669	41,960
Turnaround	00:40:49	00:39:39	▼	30 m	YTD 00:40:06	00:38:27	00:38:40	▲	00:38:35	00:48:34	00:34:24
Handover	00:34:02	00:32:49	▼	15 m	YTD 00:33:15	00:35:08	00:36:02	▲	00:35:33	00:41:09	00:26:07

NWAS internal reporting is at Cumbria and Lancashire sub region which includes North Cumbria data.

North West Ambulance Service (NWAS) aim to maximise the opportunity to “Hear and Treat”, and “See and Treat” patients and conveying patients when appropriate to alternatives to A&E rather than conveying patients to hospital.

- The number of patients triaged by hear and treat has increased to 13.47% in May from 12.86% in April.
- The number of patients triaged by see and treat, therefore avoiding admission to hospital, has reduced slightly in May to 29.51% from 30.13% in April.
- The number of patients conveyed to Accident and Emergency Department A&E has increased very slightly in May to 57.02% from 57.01% in April.
- The number of patients conveyed to non-A&E in May has increased to 8.09% from 7.85% in April.
- The number of incidents has reduced to 26,316 from 27,891 in May.
- CAT 2 mean response times have reduced to 21 minutes 41 seconds in May from 24 minutes 27 in April. This is achieving the current 30 minute target set by NHSE but it is not achieving the 18 minute official target.
- Delayed admissions have increased to 368 in May from 295 in April.
- The number of hospital conveyances have increased to 10,601 in May from 10,022 in April.
- Hospital Turnaround times have reduced slightly in May to 38 minutes 27 seconds from 38 minutes 40 seconds in April and remains above the 30 minute target.
- Hospital handover times have improved to 35 minutes 8 seconds in May from 36 minutes 2 seconds in April and remains above the target of 15 minutes.

Hospital Handover

The table below shows hospital attendances, handover and turnaround times and the number of delayed admissions by hospital site within Lancashire and South Cumbria ICB.

- East Lancashire Hospital Trust (ELHT) has the highest number of hospital attendances in May.
- Blackpool Teaching Hospital (BTH) has the highest number of delayed admissions in May and also has the longest handover and turnaround times in May.

Lancashire and South Cumbria Summary							
Monthly Average							
	Financial Year	May	YTD	May	YTD	May	YTD
NHS Lancashire and South Cumbria ICB							
		BTH		C&SR		FGH	
Hospital Attendances 2024/2025		2,504 ▲	4,884	415 ▲	839	374 ▲	761
Hospital Turnaround 2024/2025		00:44:57 ▲	00:42:25	00:29:33 ▲	00:30:32	00:28:50 ▼	00:26:47
Hospital Handover 2024/2025		00:41:41 ▲	00:38:46	00:22:02 ▲	00:23:01	00:19:32 ▼	00:17:13
Delayed Admissions 2024/2025		114 ▲	212	0 ▲	1	3 ▼	4
		ODGH		ELHT		RLI	
Hospital Attendances 2024/2025		33 ▲	78	3,146 ▼	6,101	1,578 ▼	3,058
Hospital Turnaround 2024/2025		00:28:31 ▲	00:28:59	00:38:19 ▲	00:40:15	00:37:07 ▼	00:36:19
Hospital Handover 2024/2025		00:20:17 ▼	00:19:12	00:36:35 ▲	00:39:25	00:28:45 ▲	00:28:54
Delayed Admissions 2024/2025		0 ■	0	2 ▼	2	67 ▼	106
		LTH					
Hospital Attendances 2024/2025		2,093 ▼	4,094				
Hospital Turnaround 2024/2025		00:37:38 ▲	00:39:26				
Hospital Handover 2024/2025		00:38:41 ▲	00:40:55				
Delayed Admissions 2024/2025		104 ▼	191				

Glossary

C2 Mean

The mean average response time for Ambulance Response Programme (ARP) Category 2 incidents. (A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport).

Delayed Admissions

Delayed admissions' is the term used for occurrences when patients wait on ambulances prior to gaining access to the department for handover due to a lack of capacity within the hospital.

Handover

Handover time (The time between Ambulance Arrival at Hospital and the patient being handed over to the hospital).

Hear and Treat %

The percentage of incidents managed without a face-to-face resource, where full triage was undertaken, and resolved by a designated health care practitioner (HCP) providing telephone advice, decisions supported by clinical decision support software or approved triage tool, or referred to another organisation.

Hospital Ambulance Attendances

The count of attendances by NWS Ambulances at hospital sites.

Incidents

The count of single incidents, even if there is more than one call to 999, and / or more than one patient conveyed.

See and Convey %

The percentage of incidents with face-to-face response, where the patients was conveyed.

See and Convey to non-A&E %

The percentage of conveyed incidents, where the patients was not conveyed to Accident and Emergency.

See and Treat %

The percentage of incidents with face-to-face response, but where no patients were conveyed, including:

- patient(s) refused treatment, deceased, or could not be found, or
- ambulance service staff arranged an appointment for the patient, or a follow-up home visit;
- ambulance service staff attended an incident and gave advice, without clinical intervention

Turnaround

Turnaround time (The time between Ambulance Arrival at Hospital and it being clear to attend other incidents).

BTH	Blackpool Teaching Hospital
C&SR	Chorley and South Ribble Hospital
ELHT	East Lancashire Hospital Trust
FGH	Furness General Hospital
LTH	Lancashire Teaching Hospitals
ODGH	Ormskirk District General Hospital
RLI	Royal Lancaster Infirmary

Appendix B – Performance Scorecard

S01 - Improve quality, including safety, clinical outcomes, and patient experience		ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
							PROVIDER																	
							BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction								
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction	
Smoking at time of delivery	Apr-Dec23	6.00%	10.61%	*	↑	8.0%	18.2%	12.0%	9.0%	7.6%	11.5%	9.3%	9.3%											
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q3 23-24	95%	87.30%	*	↑																			
Reduce stillbirth	2022		2.90		↑										1.96	3.25	4.12	1.11						
Reduce neonatal mortality	2022		2.18		↓										3.53	2.40	1.95	1.11						
Bowel screening coverage, aged 60-74, screened in last 30 months	Q2 23-24		66.98%		↓	59.5%	60.8%	66.0%	68.4%	66.0%	66.7%	70.7%	71.6%											
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q2 23-24		69.51%		↓																			
Cervical screening coverage - females aged 25 - 64 attending screening within the target period	Q3 23-24		70.15%		↓	63.6%	65.9%	69.3%	75.4%	69.6%	74.2%	75.3%	70.3%											
% of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028)	2021	75%	51.80%	*	↑																			
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep23-Feb24	85%	77.52%	*	↑	71.5%	74.0%	74.8%	80.9%	75.6%	79.4%	79.6%	80.8%											
Hypertension case-finding	2022-23	80%	76.43%		↑	97.5%	97.5%	73.4%	80.5%	75.0%	74.7%	68.6%	70.6%											
% of hypertension patients who are treated to target : CVD Prevent	Dec-23	77%	67.84%	*	↔	65.4%	69.3%	67.7%	66.9%	68.3%	70.9%	71.2%	65.4%											
Proportion of diabetes patients that have received all eight diabetes care processes	Jan-Dec 23		49.85%			58.1%	55.7%	44.5%	43.4%	44.3%	40.9%	59.2%	52.0%											
Percentage of resident population seen by an NHS dentist - ADULT	Feb-24		34.52%		↑																			
Percentage of resident population seen by an NHS dentist - CHILD	Feb-24		57.28%		↑																			
MRSA Infections	Apr-24	0	2	*		0	0	0	1	0	0	1	0	0	0	0	0	0			0	0	✓	

S03 - Make working in L&SC an attractive and desirable option for existing and potential employees		ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
							PROVIDER																	
							BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction								
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction	
FTE doctors in General Practice per 10,000 weighted patients	Apr-24		5.06			4.28	4.09	4.89	5.20	5.87	5.53	4.36	5.98											
Direct Patient Care staff in GP practices and PCNs per 10,000 weighted patient population	Q3 23/24		7.70																					
FTE Direct Patient Care staff in GP practices per 10,000 weighted patient population	Apr-24		5.81			3.53	5.91	5.59	4.68	5.78	4.47	7.51	7.26											
Vacancies (Latest)	Oct-23													7.90%	4.30%	5%	4.20%	13.20%	5.20%			5.40%		
Turnover (Latest)	Oct-23		0.20%											10.30%	10.70%	10.90%	9.70%	11.50%	10.70%			10.50%		
% Staff BAME	Oct-23		5.40%											17.00%	24.40%	26.40%	15.00%	14.00%	5.60%			21.30%		
Sickness (Latest)	Oct-23		1.80%											6.90%	6.50%	7.00%	5.60%	7.70%	8.40%			6.60%		

S04 - Meet financial targets and deliver improved productivity		ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
							PROVIDER																	
							BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction								
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction	
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 10/05/2024													79.00%	87.50%	82.50%	81.70%					83.3%		↑
Cumulative position against plan	Month 2																							
Forecast position against plan	Month 2																							
Deliver of efficiency target (S119a) £m	Month 2																							
Agency spend against plan	Month 2																							

S05 - Meet national and locally determined performance standards and targets						S02 - Equalise opportunities and clinical outcomes across the area											ICB PROVIDER AGGREGATE						
Key Performance Indicator	Date	ICB COMMISSIONER				Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER						Plan	Actual	In month	Direction
		Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS				
Hour Standard (76% Recovery Target)	May-24	76%	77.86%	✓	↑								79.7%	80.0%	68.1%	77.9%			76%	76.96%	✓	↑	
Hour Standard - Type 1 Only	May-24		63.72%										56.2%	67.1%	60.6%	69.7%				63.53%			
Proportion of patients spending more than 12 hours in an emergency department	w/e 13 June 2024	2%											8.9%	8.3%	7.5%	4.7%			2%	7.66%	✗	↔	
Emergency ambulance response time: Category 2	May-24	00:30:00	00:25:54	✓	↓													00:25:54	00:30:00	00:25:54	✓	↓	
Emergency ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	May-24	5%	32.90%										31.2%	32.5%	27.6%	19.0%		32.9%	5%	27.96%			
Emergency Transfers of Care / No Medical Criteria to Reside	May-24												12.0%	0.9%	9.1%	27.5%				11.50%			
Emergency & A&E Bed Occupancy	May-24	92%											96.63%	97.68%	97.03%	88.03%			92%	95.16%	✗		
Emergency Bed Capacity	May-24												785	744	871	651				3051			
Emergency number / % of patients with a LOS exceeding 21 days [BCF]	Mar-24		9.15%			9.07%	10.95%	8.85%				9.42%											
Emergency proportion of patients discharged to usual place of residence [BCF]	Mar-24		93.47%			92.26%	94.77%	93.09%				95.26%											
Emergency HOSPITAL ADMISSIONS : Indirectly standardised rate (ISR) of admissions per 100,000 population [BCF]	Apr23-Mar24					0.64	1.73	1.03				0.96											
Emergency frequency hospital admissions due to falls in people aged 65 and over (DSR per 100,000) [BCF]	2023-24					772.12	1757.25	1462.69				1814.05											
Emergency 24-hour Urgent Community Response (70% Target)	Apr-24	70%	93.71%	✓	↔								92.50%	96.85%		#DIV/0!	83.13%						
Emergency 24-hour I Ward Bed Capacity vs Plan	May-24	425	423	✗	↔														425	423	✗		
Emergency 24-hour I Ward Occupancy (Snapshot)	May-24	50%	58.63%		↑								34.09%	91.88%	35.00%	42.47%			50%	58.63%			
Emergency Virtual ward capacity per 100k of adult population	May-24	22.95	22.84	✗	↔																		

KEY

DATA UPDATED WITHIN THIS REPORT
NO UPDATE AVAILABLE FOR THIS REPORT
UPDATE TO BE CONFIRMED