

## Integrated Care Board

<b>Date of meeting</b>	11 September 2024
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	Asim Patel, Chief Digital Officer
<b>Author</b>	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
<b>Agenda item</b>	8
<b>Confidential</b>	No

### Executive summary

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

#### Summary of key performance metrics

Elective Recovery – There has been a small reduction in the overall number of patients waiting although the number remains high (241,753). 65+ week waiters have continued to increase and we are behind our planning trajectory to deliver zero 65+ week waiters by the end of September 2024. Independent Sector and NHS out of area providers account for 19.4% of our long (65+ week) waiters. The number of 52 weeks waiters for Adult and Children’s community services is currently above planned levels.

Diagnostics – After an improvement in performance in May 2024 against the 6 weeks diagnostic target (95%), performance has fallen back in June 2024 for both the ICB and for the 4 main providers. The ICB continues to be below the North West and National performance. Latest performance for the ICB shows that 74.4% of people waited less than 6 weeks for a diagnostic test, with 73.1% waiting less than 6 weeks at our 4 main providers. Waiting lists numbers also continue to rise.

Cancer – In June 2024, the faster diagnosis standard was met across the ICB and by all 4 providers. Performance against the 31-day standard improved to above regional levels and compared favourably to national levels. The number of patients waiting over 62-days for cancer treatment increased to 616 and exceeds the target threshold of 569.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in July 2024 was 78.3%, which was an improvement on the previous period and above the 78% target. 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 July 2024 at 27 minutes and 44 seconds and continues to compare favourably to the national position.

Mental Health – The out of area placement target has been revised to people in beds out of area, rather than bed days. No national data flows are presently being reported however, Lancashire and South Cumbria Foundation Trust are presently reporting 13 patients in inappropriate out of area bed placements. The dementia prevalence target continues to be met with L&SC ICB above the national position. The number of people receiving a health check on a Learning Disability (LD) register for the ICB is likely to meet the quarter 1 target. There are currently no national data flows for the revised NHS Talking Therapies indicators, however local data flows suggest performance is strong against the access target.

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 again in June 2024 and is above plan.

Primary Care - There is a significant risk that the current national GP contract dispute and subsequent collective action (CA) will impact on patients' access to general practice services and therefore the ICB's access performance metrics. In June 2024, General Practice in L&SC continues to deliver a volume of appointments in line with the 2024-25 plan. However, L&SC offers fewer general practice appointments per head of population than the National and North West rates. L&SC has a lower general practice workforce per head of population than national averages and this will impact upon the number of appointments able to be provided.

### 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	✓

<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications				
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
Finance & Performance Committee	28 August 2024		Committee notes the report.	
Executive Team	27 August 2024		Approved.	
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed	✓			
Equality impact assessment completed	✓			
Data privacy impact assessment completed				

<b>Report authorised by:</b>	Asim Patel, Chief Digital Officer
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# Integrated Care Board – 11 September 2024

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## 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 continues 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 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	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	TREND	NORTH WEST	NATIONAL
Total patients waiting more than 104 weeks to start consultant-led treatments	2	1	1	5	1	3	1	1	4	1	1	0	1			7	212
Total patients waiting more than 78 weeks to start consultant-led treatments	157	168	174	151	175	178	209	141	79	39	21	18	13			137	2969
Total patients waiting more than 65 weeks to start consultant-led treatments	2145	2298	2779	2981	2985	2545	2620	2313	1785	745	786	960	1101			6897	58904
Total patients waiting more than 52 weeks to start consultant-led treatments	9936	10746	11200	11874	12084	11406	10439	9679	9514	9546	9448	9391	9408			48510	305215
Capped Theatre Utilisation		75.20%	78.20%	80.40%	82.90%	82.00%	78.80%	78.30%	80.60%	79.80%	79.70%	83.30%	81.60%	82.35%		77.40%	78.60%
BADS Daycase Rates	82.60%	83.30%	82.90%	82.50%	83.40%	83.50%	83.70%	83.80%	83.50%	83.90%						79.40%	81.50%
Specialist Advice - Pre-Referral (Rate per 100 OP)	7.20	6.49	6.10	5.87	5.83	5.88	6.01	6.25	6.05	7.35	7.57	7.28	7.57			4.40	6.00
Specialist Advice - Post-Referral (Rate per 100 OP)	32.53	32.97	31.42	30.40	29.54	31.85	32.21	32.45	32.79	35.41	31.55	28.55	28.11			25.10	20.90
Patient Initiated Follow-Ups (PIFU)	3.87%	4.04%	4.19%	4.19%	3.92%	4.65%	4.32%	4.06%	3.96%	4.12%	3.84%	3.77%	3.99%			2.70%	3.42%
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	79.53%	78.63%	72.92%	75.51%	75.19%	75.51%	69.22%	71.74%	75.94%	75.30%	73.53%	76.34%	74.36%			81.83%	77.11%
People waiting longer than 62 days to start cancer treatment	570	578	605	631	545	491	528	522	411	358	400	434	531	505			
31 Day First Treatment (96% Standard)	88.15%	87.48%	87.80%	89.37%	89.96%	90.21%	91.68%	88.45%	90.89%	92.04%	90.42%	93.35%	94.19%			94.01%	90.90%
62 Day referral to treatment (85% Standard)	58.84%	61.63%	64.45%	61.41%	65.29%	66.23%	65.71%	61.55%	65.03%	73.10%	65.94%	68.02%	70.87%			70.56%	67.40%
% meeting faster diagnosis standard (75% Standard)	76.14%	77.68%	74.83%	70.33%	74.13%	75.62%	75.90%	73.56%	80.67%	77.31%	75.24%	78.37%	78.29%			76.25%	76.30%
A&E 4 Hour Standard (76% Recovery Target)	76.83%	77.49%	76.78%	75.94%	74.85%	74.61%	74.81%	74.59%	75.44%	76.05%	77.83%	77.86%	78.42%	78.33%		72.13%	74.59%
A&E 4 Hour Standard - Type 1 Only								58.94%	59.37%	60.22%	63.53%	63.72%	64.25%	64.64%		58.25%	61.36%
Proportion of patients spending more than 12 hours in an emergency department	7.66%	7.50%	8.58%	8.19%	9.08%	8.82%	9.45%	10.42%	9.31%	9.98%	8.96%	7.66%	7.66%	7.57%		8.68%	
Average ambulance response time: Category 2	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	00:26:53	00:27:44			00:33:25
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.							33.50%	37.89%	35.74%	33.68%	30.85%	32.90%	31.17%	30.43%			28.10%
Number / % of patients with a LOS exceeding 21 days [BCF]	8.80%	9.07%	8.86%	8.80%	9.03%	9.40%	8.74%	8.92%	9.22%	9.12%	9.25%	8.67%					7.12%
Proportion of patients discharged to usual place of residence [BCF]	88.34%	91.21%	93.32%	93.10%	93.31%	92.40%	92.70%	92.97%	92.96%	93.49%	92.85%	93.62%					93.26%
2 Hour Urgent Community Response (70% Target)	95.08%	93.35%	93.98%	93.81%	94.62%	94.41%	94.06%	94.26%	94.76%	95.50%	95.08%	95.11%	92.73%			88.21%	84.39%
Virtual Ward Occupancy (Snapshot)	50.68%	46.62%	49.25%	52.01%	57.50%	60.50%	58.50%	58.25%	53.60%	54.77%	50.83%	58.63%	46.46%	54.95%		60.10%	74.00%
Total Virtual ward capacity per 100k of adult population	24.53	27.68	26.61	26.61	26.74	26.74	26.74	26.74	26.94	27.34	22.84	22.84	22.89	22.89		22.95	19.60
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	10.14%	15.35%	20.55%	26.20%	32.47%	38.04%	41.45%	54.81%	66.74%	79.82%	3.66%	7.31%	11.41%			12.65%	12.69%
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	715	610	920	640	735	635	590	950	735	830							
Estimated diagnosis rate for people with dementia	68.70%	68.82%	68.99%	69.08%	69.02%	69.25%	68.80%	68.47%	68.38%	68.34%	68.35%	68.48%	68.44%			69.89%	65.01%
Number of general practice appointments per 10,000 weighted patients	4092.9	3894.7	3961.2	4461.2	4763.9	4399.2	3599.0	4555.1	4266.0	4093.8	4137.7	4144.9	3885.5			4278.1	4907.8
% 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%	42.92%	42.89%				
% of Appointments within 2 weeks of booking (ACC-08)	86.10%	87.50%	87.20%	85.80%	86.30%	88.30%	89.60%	89.50%	89.10%	88.30%	87.05%	87.62%	87.31%				
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	80.56%	84.95%	91.70%	77.58%	84.14%	102.47%	69.12%	89.85%	94.57%	100.89%	91.45%						

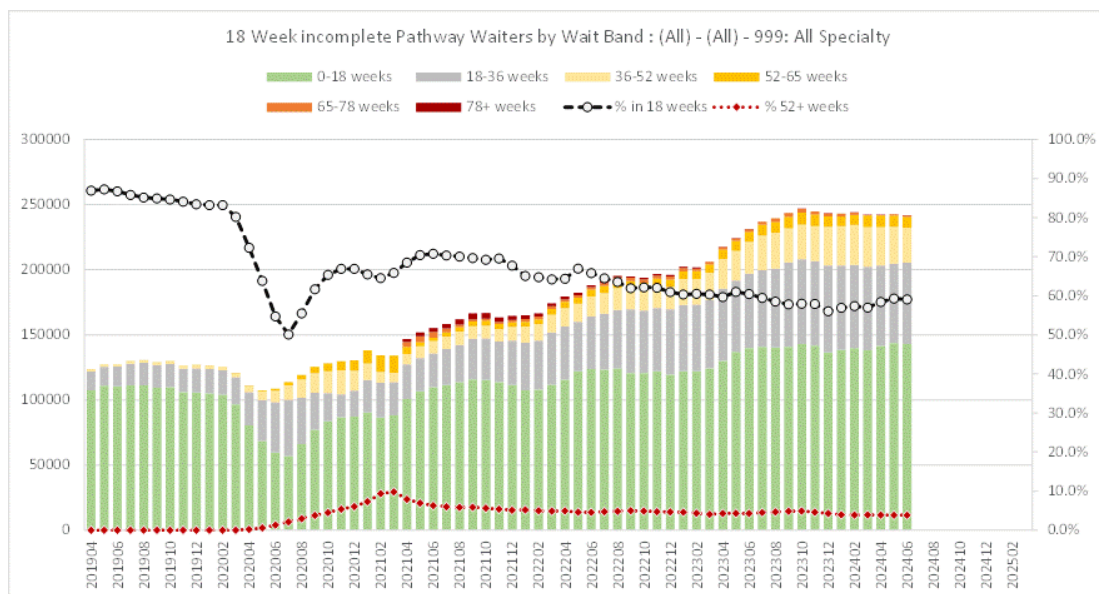
2.3 The following narrative outlines current performance against other key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

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

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 reduced marginally this month to a total of 241,753 patients waiting for treatment at the end of June 2024 at ICB level.



3.2 At the end of June 2024, L&SC ICB commissioned activity included:

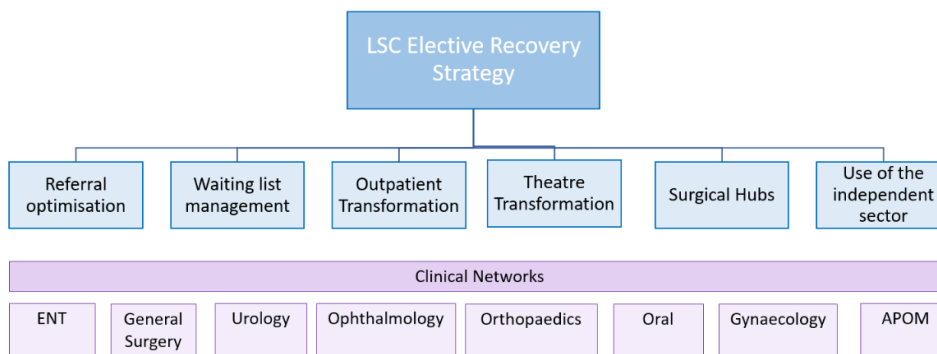
- 1 x 104+ week waiter. The single patient reported to have been waiting in excess of 104 weeks for Neurology at North Cumbria Integrated Care NHS Foundation Trust has subsequently been treated.
- 13 x 78+ week breaches for L&SC ICB registered patients; 9 of which were waiting at either Independent Sector (IS) providers within our area or at NHS providers outside of Lancashire and South Cumbria.
- 65+ week waiters have been increasing and there are 1101 patients waiting over 65 weeks at the end of June 2024. 214 of these ICB patients (19.4%) were waiting at Independent Sector providers or at NHS providers outside

of the Lancashire and South Cumbria area. The current position would suggest that there is a risk in the delivery of zero x 65+ week waiters by the end of September 2024 though all options to manage and mitigate these risks are being taken by providers.

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

- 0 x 104+ week waiters
- 4 x 78+ week waiters
- 916 patients (0.47%) waiting 65+ weeks
- 195,128 patients awaiting treatment.

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. Latest information shows L&SC was performing at 83.9% (Jan-Mar24), well above national and regional averages though below the 85% threshold.

3.6 L&SC ICB latest performance (14<sup>th</sup> July 2024) on theatre capped utilisation is 82.4% which is above the national and regional average. L&SC continues to be consistently in the top eight ICBs in the country.

3.7 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages although our performance is tracking below our 2024-25 planning trajectory. 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 June 2024 were 34.3% which was higher than the national diversion rate. However, post referral diversions (9.4%) were lower than

regional and national averages. There is a risk that the GP collective action on specialist advice might lead to a reduction in utilisation.

- 3.9 Across community services the number of 52 weeks waiters has increased in June 2024 compared to May 2024. At the end of quarter 1 the number of waiters was 127 against a plan of 73. This is mainly due to an increase in the number of waiters for Musculoskeletal (MSK) and Weight Management services in Blackpool Teaching Hospitals. The ICB has forecast that there will be no 52 weeks waiters in Adult Community Services by the end of this financial year.

#### **4.0 Domain 2 – Diagnostics**

- 4.1 The performance for patients waiting less than 6 weeks has fallen back in June 2024 after an improvement in the position in May 2024. Latest performance for the ICB shows that 74.4% of people waited less than 6 weeks for a diagnostic test, with 73.1% waiting less than 6 weeks at our 4 main providers. 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.
- 4.3 Blackpool Teaching Hospitals performance improved in June 2024 to 92.5%. The performance at East Lancashire Hospitals fell further in June and is now at 86.1%.
- 4.4 Performance at Lancashire Teaching Hospitals remains challenged and has fallen back to 49.3% after an improvement in May, with significant numbers waiting over 6 weeks for Non Obstetric Ultrasound, Echocardiography and increasingly in Endoscopy. 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 June 2024 from the previous month and now stands at 47,206 for the 4 main providers and 53,310 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 in 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 information on elective waits for children shows that there are 131 children waiting over 65 weeks across the four main acute providers as at 4 August 2024. This is a significant reduction from the last reported figure and shows improvements in the number of long waiters in Maxillofacial Surgery and Orthodontics. The Children and Young People (CYP) elective group are working on reducing waiting times for dental services and general paediatrics.
- 5.4 The number of children waiting on a community list over 52 weeks increased in June 2024 to 499 from 457 in the previous month. The plan to reduce the number of 52 weeks waits in Children's Speech and Language Therapy is continuing to reduce the number of long waiters in LSCFT, however a further 92 children waiting over 52 weeks has just been reported at Blackpool Teaching Hospitals.
- 5.5 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 June 2024, the faster diagnosis standard was met across the ICB (78.3%) with all providers achieving the 75% target. This is an improvement on the previous period, with performance better than both the North West and National position.
- 6.2 Performance against the 31-day standard improved to above regional levels and compared favourably to national levels in June 2024. Only University Hospital Morecambe Bay achieved the 95% target. Performance relates to surgical capacity within the system with some key areas driving our position, mainly urology, skin, colorectal and gynaecology.

**Provider Performance against 3 core cancer standards (June 2024)**

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	75.2%	95.0%	70.4%
East Lancashire Hospitals NHS Trust	80.2%	93.8%	70.5%
Lancashire Teaching Hospitals NHS Foundation Trust	77.0%	92.6%	68.3%
University Hospitals of Morecambe Bay NHS Foundation Trust	77.4%	97.5%	76.5%
L&SC AGGREGATE (4 x Providers)	83.1%	94.1%	71.3%
TARGET	75.0%	96.0%	85.0%

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

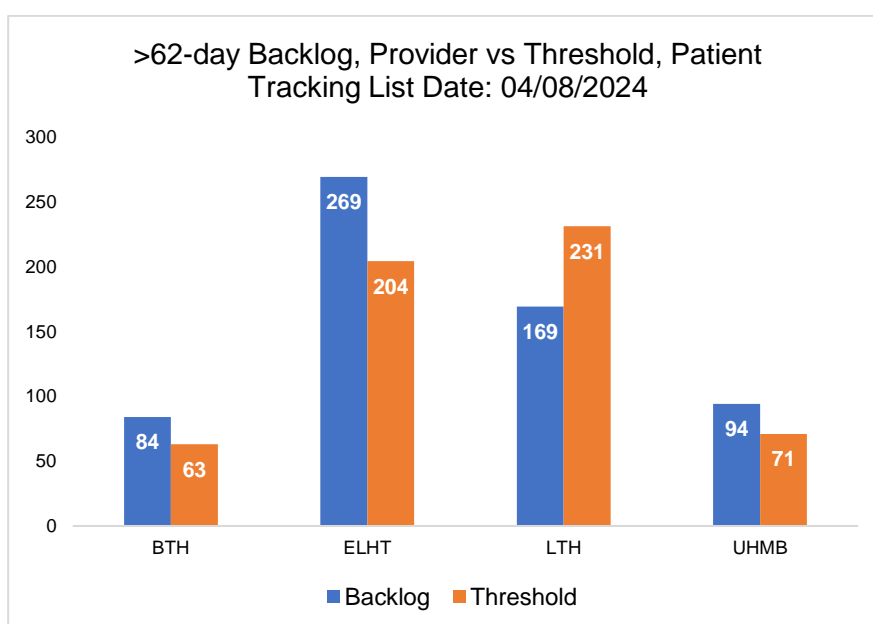
Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	78.3%	94.2%	70.9%
TARGET	75.0%	96.0%	85.0%

6.3 Setting these measures in context:

- 5/21 Alliance nationally for FDS standard (improved position).
- 5/21 Alliances nationally for 31 day standard (improved position).
- 6/21 Alliances for 62 day standard (improved position).

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 616 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 Performance against the 4hr target in July 2024 was 78.3%, which was an improvement on the previous period and above the 78% target within the planning guidance for March 2025. L&SC performed better than the North West and National average. Both East Lancashire Hospitals and University Hospitals Morecambe Bay achieved the target with Blackpool Teaching Hospitals narrowly missing. Lancashire Teaching Hospitals at 71.2% was significantly below the other providers, although had shown improvement from the previous month.

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 11 August 2024, the aggregated position across the four L&SC providers was 6.79%. (although there is provider variation from 3.12% at University Hospitals Morecambe Bay to 9.16 % at Blackpool Teaching Hospitals). L&SC performed better than the North West average.

7.3 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.

7.4 Category 2\* response times in the planning guidance is an average of 30 minutes across the year. This was achieved in July 2024 at 27 minutes and 44 seconds and continues to compare favourably to the national achievement of 33 mins and 25 seconds, although a deteriorating position from the previous period.

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

7.5 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) reduced slightly in May 2024 to 94.5%, although above averages across the North West (94.3%) and England (94.2%).

7.6 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 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.

- 7.7 L&SC ICB is ranked 10/42 ICB for performance nationally, with 10.3% 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.
- 7.8 The Virtual Ward Programme across L&SC is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 18 July 2024 reports a capacity of 424 beds which is marginally below the revised bed capacity of 425 beds. Occupancy of 55.0% for the July snapshot is below the plan for July 24 of 64.0%.
- 7.9 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.
- 7.10 The Place-based Urgent and Emergency Care (UEC) improvement plans have been developed through the local UEC delivery boards, with oversight provided through the system-wide UEC Collaborative Improvement Board. The headlines of the latest position on the development of the UEC improvement plans are:
- All UEC delivery boards submitted improvement plans to the ICB on 19 July 2024. Following that, further work has been completed to produce granular improvement plans to set out what will be done by when and who, and to quantify the operational and financial impacts. The detail of the granular improvement plans is currently being reviewed to determine what further work may be required, particularly around strengthening trajectories for the removal of escalation capacity and costs in our hospitals.
  - The ICB, providers and place-based teams have been asked to nominate resources to provide more capacity and capability to accelerate delivery of the plans across our places and system.
  - A mapping exercise is being undertaken to fully understand what wider work is underway across commissioning teams and system programmes that may contribute to the delivery of the UEC improvement plans and the de-escalation of capacity and costs.

## **8.0 Domain 6 – Mental Health and Learning Disabilities**

- 8.1 The new target for the 2024-25 NHS plan assesses the ICB against the number of patients with inappropriate out of area bed placements rather than bed days. At this point there are no national data flows to report on this revised target. Lancashire and South Cumbria Foundation Trust are reporting 13 patients in inappropriate out of area placements as at June 2024. This is presently over plan due to wards closures due to fires. The expectation is that the plan will be met at year end.
- 8.2 There are revised indicators for NHS Talking Therapies for 2024-25 NHS plan which will measure the ICBs performance against Reliable Improvement (target 67%) and Reliable Recovery (target 48%). There are presently no national data flows for these indicators, however there are now local data flows. The local data flows show that all providers are meeting the Reliable Improvement target for June 2024, and those providers reporting are also meeting the Reliable Recovery target too (Lancashire and South Cumbria NHS Foundation Trust are not currently reporting against this target). For the supporting access measure the ICB is presently at 98.4% of revised target to June 24.
- 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 is projected to meet the quarter 1 target.

## **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 June 2024, General Practice in L&SC continues to deliver a volume of appointments in line with the 2024-25 plan. However, L&SC offers fewer general practice appointments per head of population than the national (-16%) and North West (-2%) rates. L&SC has a lower general practice workforce per head of population than national averages and this will impact upon the number of appointments able to be provided.
- 9.3 87.3% of General Practice appointments were offered within 2 weeks of booking in June 2024 (for the 8 specific appointment types) and 53.0% 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 levels with same day appointments ranging from 43.4% to 61.0%.

- 9.4 There is a significant risk that the current national GP contract dispute and subsequent collective action (CA) will impact on patients' access to general practice services and therefore the ICB's access performance metrics. System-wide shadow Emergency Preparedness, Resilience and Response (EPRR) arrangements are in place for the GP Collective Action with 20 high impact mitigations being actioned and ICB and Place level risk assessments are under constant review as intelligence is gained on what Practices are taking which actions and when.
- 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 latest data for March 2024 from CVDPrevent reported that 71.83% of L&SC hypertension patients were treated to target as per NICE guidance. This is above 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 July indicates that 71.6% of patients are treated to target.
- 9.7 The responsibility to recover units of dental activity (UDAs) towards pre-pandemic levels moved to ICBs from April 2023 onwards. The latest 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.
- 9.8 Additional plans were submitted in 2024-25 identifying the number of unique adults and children that we anticipate would be seen by NHS dentists as a proportion of the resident population. The latest position for 'unique adults' (seen within 24 months) is 34.8% with an end of June 2024 milestone of 38.5%. For 'unique children' (seen within 12 months) the April position is 57.7% against the June 2024 milestone of 59.9%. There has been a steady increase in dental access, with some areas now back at pre-covid levels of access.

## **10 Domain 8 – Palliative Care**

- 10.1 L&SC had a practice population of 1,854,741 in May 2024. Of those patients registered with a GP as of April 2024, 13,431 (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 May 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 37.6% (the aim is 60%) in May 2024 with Morecambe Bay place achieving the highest performance at 48.3% and West Lancashire the lowest at 22.9%.

## **11.0 Conclusion**

11.1 Performance remained consistent during the last reporting period with key national initiatives being met. However, there are pressures areas across 65 week waits for Elective Care, diagnostic performance, increases in community waits and potential pressure from the GP contract dispute. Performance across the ICB continues to compare well across many indicators 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**

**August 2024**

## Appendix A – 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								
							Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER											
Key Performance Indicator	Date	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	Plan	Actual	In month	Direction			
Smoking at time of delivery	Apr 23-Mar 24	6.00%	10.04%	*	↑	7.6%	17.5%	11.4%	8.0%	7.8%	9.7%	9.5%	8.5%													
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q4 23-24	95%	88.35%	*	↑	86.3%	87.5%	88.4%																		
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	Q3 23-24		66.06%		↓	59.7%	59.7%	63.9%	67.4%	66.8%	68.6%	71.0%	69.0%													
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q3 23-24		66.79%		↓																					
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 +	Sep 23-Feb 24	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	Mar-24	77%	71.30%	*	↑	69.6%	72.1%	70.2%	71.8%	71.6%	74.1%	74.3%	69.5%													
Proportion of diabetes patients that have received all eight diabetes care processes	Jan 23-Mar 24		60.70%			69.5%	64.0%	56.3%	54.4%	56.8%	52.0%	70.0%	61.4%													
Percentage of resident population seen by an NHS dentist - ADULT	Apr-24		34.84%		↔																					
Percentage of resident population seen by an NHS dentist - CHILD	Apr-24		57.74%		↔																					
MRSA Infections	Jun-24	0	1	*		0	0	0	0	1	0	0	0	0	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						
							Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER									
Key Performance Indicator	Date	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	Plan	Actual	In month	Direction	
FTE doctors in General Practice per 10,000 weighted patients	Jun-24		5.00			4.24	4.06	4.76	5.14	5.89	5.53	4.35	5.90											
Direct Patient Care staff in GP practices and PCNs per 10,000 weighted patient population	Q4 23 24		8.39																					
FTE Direct Patient Care staff in GP practices per 10,000 weighted patient population	Jun-24		5.84			3.59	6.05	5.56	4.94	5.67	4.54	7.53	7.24											
Vacancies (Latest)	Mar-24													0.00%	0.00%	0%	0.00%	0.00%	0.00%			0.00%		
Turnover (Latest)	Mar-24													0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%		
% Staff BAME	Mar-24													0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%		
Sickness (Latest)	Mar-24		3.29%											6.02%	5.09%	6.32%	5.09%	4.41%	7.25%			5.66%		

S04 - Meet financial targets and deliver improved productivity		ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area											ICB PROVIDER AGGREGATE					
							Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER								
Key Performance Indicator	Date	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	Plan	Actual	In month	Direction
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 14/07/2024													79.90%	86.20%	80.50%	81.10%					82.4%	↓
RTT completed pathway activity as a percentage of 2019/20 baseline plus A&G diversions uplift	Jun-24		113.6%											116.12%	88.29%	115.63%	129.77%						

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area														
		Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER					
Key Performance Indicator							BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTH	UHMB	LSCFT	NWAS
Total patients waiting more than 104 weeks to start consultant-led treatments		Jun-24	0	1	*	↓	0	0	0	0	0	0	0	1	0	0	0	0		
Total patients waiting more than 78 weeks to start consultant-led treatments		Jun-24	0	13	*	↑	1	2	0	1	2	2	2	3	3	0	0	1		
Total patients waiting more than 65 weeks to start consultant-led treatments		Jun-24	608	1101	*	↓	109	131	260	133	151	90	145	82	268	290	338	20		
Total patients waiting more than 52 weeks to start consultant-led treatments		Jun-24	8515	9408	*	↓	1255	957	3033	826	1098	496	877	866	1559	3850	2492	430		
BADS Daycase Rates		Jan-Mar24													85.40%	89.90%	81.80%	82.40%		
Specialist Advice - Pre-Referral (Rate per 100 OP)		Jun-24		7.57		↑									5.26		29.23	7.81	29.23	
Specialist Advice - Post-Referral (Rate per 100 OP)		Jun-24		28.11		↓									43.89		2.83	28.18		
Patient Initiated Follow-Ups (PIFU)		Jun-24	4.72%	3.99%	*	↓									1.35%	1.93%	1.55%	10.31%		
Number of Adults on Community Waiting Lists		Jun-24		15855		↓									5269	4208		3851	2527	
Number of Children on Community Waiting Lists		Jun-24		6527		↓									1298	1462		306	3461	
Number of Adults on Community Waiting Lists waiting 52+ weeks		Jun-24		72		↓									117	0		10	0	
Number of Children on Community Waiting Lists waiting 52+ weeks		Jun-24		470		↓									142	19		2	336	
Diagnostic Tests - Magnetic Resonance Imaging		Jun-24	33,460	34,782	✓										6026	7172	7984	6508		
Diagnostic Tests - Computed Tomography		Jun-24	57,310	59,447	✓										13953	14186	12754	12272		
Diagnostic Tests - Non-Obstetric Ultrasound		Jun-24	67,799	70,008	✓										11452	20360	19132	11290		
Diagnostic Tests - Colonoscopy		Jun-24	7,399	6,954	*										1460	2299	937	1605		
Diagnostic Tests - Flexi Sigmoidoscopy		Jun-24	1,904	1,736	*										322	430	257	438		
Diagnostic Tests - Gastroscopy		Jun-24	6,917	6,710	*										1232	2457	554	1360		
Diagnostic Tests - Cardiology - Echocardiography		Jun-24	16,125	16,241	✓										3242	3360	4800	2830		
Diagnostic Tests - DEXA Scan		Jun-24	4,125	4,497	✓										864	987	869	1052		
Diagnostics Tests - Audiology		Jun-24	11,432	14,791	✓										2133	1845	1877	2902		
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)		Jun-24	95%	74.4%	*	↓	84.3%	89.4%	85.6%	53.8%	48.1%	87.3%	82.1%	93.3%	92.49%	86.07%	49.32%	96.04%		
People waiting longer than 62 days to start cancer treatment		Jul-24		505	*	↑									65	235	133	72		
31 Day First Treatment (96% Standard)		Jun-24	96%	94.2%	*	↑	97.83%	96.03%	92.37%	92.96%	94.30%	94.03%	94.82%	94.44%	95.0%	93.8%	92.6%	97.5%		
62 Day referral to treatment (85% Standard)		Jun-24	85%	70.9%	*	↑	68.12%	73.08%	70.66%	70.41%	67.01%	65.71%	73.68%	73.33%	70.4%	70.5%	68.3%	76.5%		
% meeting faster diagnosis standard		Jun-24	75%	78.29%	✓	↔	78.96%	76.46%	78.86%	77.45%	74.92%	71.43%	79.86%	82.91%	75.2%	80.2%	77.0%	83.1%		
% of people aged 14 and over with a learning disability on the GP register receiving an AHC		Jun-24		11.4%			9.5%	11.7%	10.5%	17.4%	13.8%	4.6%	10.3%	10.8%						
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days		Mar-24	0	830		↑	105	60	185	30	240	25	95	90					*	
Estimated diagnosis rate for people with dementia		Jun-24	66.7%	68.44%	✓	↔	65.1%	68.7%	67.0%	68.8%	74.7%	69.2%	64.5%	69.9%						
Talking Therapies : % accessing Services		Mar-24		58.91%	*	↓	40.2%	89.5%	70.1%	57.1%	59.8%	70.8%	52.0%	37.3%						
Number of general practice appointments per 10,000 weighted patients		Jun-24	3933	3885	*	↓	3491	3392	3793	4026	4008	4338	4403	3929						
% Same Day Appointments (ACC-08)		Jun-24		53.04%			58.5%	43.4%	52.6%	50.5%	61.0%	51.9%	56.1%	51.8%						
% of Appointments within 2 weeks of booking (ACC-08)		Jun-24		87.31%		↑	89.2%	84.0%	87.5%	89.2%	92.9%	88.4%	85.7%	84.3%						
Recover Dental Activity - Increase in Units of Dental Activity (UDA)		Apr-24		91.45%		↑														

S05 - Meet national and locally determined performance standards and targets	ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area											ICB PROVIDER AGGREGATE														
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER																	
						Bwd (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT					UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction				
Key Performance Indicator	Date	Plan	Actual	In month	Direction																										
A&E 4 Hour Standard (76% Recovery Target)	Jul-24	76%	78.42%	✓	↑																										
A&E 4 Hour Standard - Type 1 Only	Jul-24		64.64%																												
Proportion of patients spending more than 12 hours in an emergency department	w/e 11 August 2024	2%																													
Average ambulance response time: Category 2	Jul-24	00:30:00	00:27:44	✓	↓																										
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	Jul-24	5%	30.43%		↑																										
Delayed Transfers of Care / No Medical Criteria to Reside	Jul-24																														
Adult G&A Bed Occupancy	Jul-24	92%																													
G&A Bed Capacity	Jul-24																														
% G&A Beds Occupied by Patients patients with a length of stay of 7+ Days	Jul-24		46.8%																												
% G&A Beds Occupied by Patients patients with a length of stay of 14+ Days	Jul-24		25.9%																												
% G&A Beds Occupied by Patients patients with a length of stay of 21+ Days	Jul-24		16.2%																												
Number / % of patients with a LOS exceeding 21 days [BCF]	May-24		8.7%																												
Proportion of patients discharged to usual place of residence [BCF]	May-24		93.62%																												
AVOIDABLE ADMISSIONS : Indirectly standardised rate (ISR) of admissions per 100,000 population [BCF]	Apr-23-Mar-24																														
Emergency hospital admissions due to falls in people aged 65 and over (DSR per 100,000) [BCF]	2023-24																														
Reducing length of stay for patients in hospital for 21 days and over - Variance to Plan	Jul-24																														
2 Hour Urgent Community Response (70% Target)	Jun-24	70%	92.73%	✓	↔																										
Virtual Ward Bed Capacity vs Plan	Jul-24	425	424	*	↔																										
Virtual Ward Occupancy (Snapshot)	Jul-24	64%	54.95%	*	↑																										
Total Virtual ward capacity per 100k of adult population	Jul-24	22.95	22.89	*	↔																										

## KEY

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