

Integrated Care Board

Date of meeting	7 September 2022
Title of paper	Performance reporting
Presented by	Kevin Lavery, Chief Executive
Author	Andrew Bennett, Sarah O'Brien, members of the Dashboard task/finish group
Agenda item	8a
Confidential	No

Purpose of the paper		
<p>The purpose of this paper is to present an initial Integrated Care Board (ICB) performance report. The key performance indicators (KPIs) included have been selected because they are relevant to the paper received at the 27 July Board which outlined an overview of current system challenges and risks and presented the five Delivery Board priorities.</p> <p>More work is required to further develop the ICB performance framework and to develop a Balance Scorecard which will enable the Board to maintain oversight for the ICBs strategic priorities. The next steps section of the paper outlines this work.</p>		
Executive summary		
<p>The ICB has statutory responsibilities for NHS commissioned services across Lancashire and South Cumbria. This report summarises key aspects of system performance.</p>		
Recommendations		
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the initial summary of key performance metrics for Lancashire and South Cumbria. • Note the ongoing work to further develop the performance framework. • Endorse the development of balanced scorecard to support the ICBs approach to quality and performance reporting. 		
Governance and reporting (list other forums that have discussed this paper)		
Meeting	Date	Outcomes
N/A	N/A	N/A
Conflicts of interest identified		
not applicable		
Implications		

<i>If yes, please provide a brief risk description and reference number</i>	Yes	No	N/A	Comments
Quality impact assessment completed				
Equality impact assessment completed				
Privacy impact assessment completed				
Financial impact assessment completed				
Associated risks				
Are associated risks detailed on the ICS Risk Register?				

Report authorised by:	Kevin Lavery Chief Executive
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Integrated Care Board – 7 September 2022

Performance Reporting












1. Introduction

- 1.1 The ICB has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria and will be held to account by 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 this paper is to present an initial ICB Performance report. The key performance indicators (KPIs) included have been selected because they are relevant to the paper received at the 27 July Board which outlined an overview of current system challenges and risks and presented the five Delivery Board priorities.
- 1.3 More work is required to further develop the ICB performance framework and to develop a Balance Scorecard which will enable the Board to maintain oversight for the ICBs strategic priorities. The next steps section of the paper outlines this work.

2. Key Performance Indicators

- 2.1 The following seven tables outline current performance against these key NHS metrics with supporting commentary regarding actions being taken to improve and mitigate risk.

Cancer Service

Cancer Services	Latest Position	(as at)	Status	SOF	Trend from April21
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)	52.4%	Jun-22	 d	 -	
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)	78.0%	Jun-22	 s	 -	
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)	74.1%	Jun-22	 d	 -	
% meeting faster diagnosis standard	74.6%	Jun-22	 s	 Y	-

Ambitions for 2022/23

- Return the number of people waiting longer than 62 days (the backlog) after urgent suspected cancer referral to pre-pandemic levels. Aim is 407 people by March 2023
- Meet the 28-day faster diagnosis cancer wait times standard in 75% of cases
- Meet a year end position of 69% against the 62-day cancer wait times standard (in line with our peers on model NHS)

Causes

- An unprecedented volume of new urgent suspected cancer referrals, 20% higher for all tumours compared to pre-pandemic levels, sometimes 80% higher for colorectal and skin
- Pressure on diagnostics- brought about by increased demand, workforce shortages and infection prevention and control measures
- Lack of capacity for some complex surgical procedures requiring critical care and all-day theatre sessions, such as urology and gynaecology

Actions being taken

- Redesign of referral pathways for colorectal, skin and upper gastrointestinal patients and where possible increases in capacity
- Diagnostic Capacity: Additional lists and independent sector activity, awaiting outcome of community diagnostic centre bids for year 2 and 3
- Surgical Capacity issues-colorectal and gynaecology mutual aid sought within the region as well as extra lists at weekends and longer weekday

Mental Health Services

Mental Health Services	Latest Position	(as at)	Status	SOF	Trend from April21
Estimated diagnosis rate for people with dementia	68.4%	Jun-22	i	Y	
The number of completed Children & Young People's Eating Disorder urgent referrals within 1 we	100%	Jun-22	s	-	-
IAPT access (total numbers accessing services)	2,755	May-22	i	Y	
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 12 months	15,610	Apr-22	i	Y	-

The mental health long term plan ambitions are monitored in a monthly meeting covering delivery, expenditure against mental health funding and recruitment. In total there are over 30 key performance indicators (KPI) which the ICB are expected to deliver. Overall, the ICB is making good progress against all of the KPIs, however where there are delivery issues, there are specific groups to challenge and support delivery.

- **Dementia Diagnosis** - the ICB is achieving this ambition of 66.7% and been consistent in delivery for some time. A steering group has been set up to monitor delivery and support the identification of gaps in service provision post diagnosis for carers/families.
- **Children and Young People Eating Disorder (ED)** – The one-week target for urgent referrals is being achieved, and has been for a number of months, although we are not achieving the four-week target for routine referrals. Significant investment has been made from mental health funding to support further service development for routine referral waiting time. Recruitment has been underway for some time, and a service review has been undertaken to

ensure that the referral pathway and service model delivery is sustainable, and the ambition will be achieved by Q3 this year. The quality element of non-delivery will be discussed and monitored in the newly established mental health quality meeting which will meet for the first time later this month.

- **Improving Access to Psychological Therapies (IAPT)** –this is one of four targets relating to IAPT. Delivery of the ambition remains a challenge locally, regionally and nationally. Within LSC a member of the national IAPT team has been invited to review all aspects of service delivery to include staffing models, capacity requirements, efficiencies within the service model and delivery. This is monitored through a monthly steering group. Within the 22/23 planning round the ICB submitted a trajectory in line with capacity but did not plan to achieve the national ambition. It is likely that the target will be reviewed in order that systems have another two years to achieve the required capacity in service.
- **Inappropriate adult acute mental health out of area placements (OAP)** – this ambition aims to eradicate inappropriate OAP across each system. This has been a challenge for some time within LSC and was made worse through the pandemic when a number of dormitory wards were closed for refurbishment in line with infection, prevention and control guidance. There is a plan to expand inpatient capacity within LSCFT further to a review which identified that there was a shortfall. The delivery of the ambition not only relies on the expansion of inpatient capacity but also efficiencies within LSCFT. These include reduction in length of stay, admission avoidance and reductions in delayed discharge.

Planned Care

Planned Care	Latest Position	(as at)	Status	SOF	Trend from April21
Total elective activity undertaken % of pre-pandemic baseline	97%	May-22	i	Y	
Referral to Treatment (RTT) - No of Incomplete Pathways Waiting >78 weeks	1,435	Jun-22	i	Y	
Referral to Treatment (RTT) - No of Incomplete Pathways Waiting >52 weeks	8,673	Jun-22	d	Y	
Total Number of Incomplete Referral to Treatment (RTT) Pathways	188,191	Jun-22	d	-	

- The system has achieved the 104 week waits target across the system (other than for a small number of patients who choose to wait and clinically complex cases)
- The number of 78-week waits has fallen from circa 3,500 in January to circa 1,900 at the end of August
- Challenges remain with diagnostics, treatment capacity and urgent care pressures. Action plans are in place to deliver the end of year 78-week target

include additional Waiting List Initiative (WLIs), Insourcing & Outsourcing, enhanced/enlarged Lancashire and South Cumbria Mutual Aid and a continued focus on regional/national Mutual Aid and theatre productivity and efficiency reviews.

Social Care

Social Care	Latest Position	(as at)	Status	SOF	Trend from April21
Total virtual ward capacity per 100,000 population	2.3%	Jul-22	s	Y	
Number of patients with a hospital length of stay exceeding 21 days	9.30%	May-22	d	-	
Proportion of patients discharged to usual place of residence	88.1%	May-22	d	Y	
Delayed Transfers of Care / No Medical Criteria to Reside	349	Jul-22	d	-	

- The ICB Delivery Board is supporting acceleration of actions intended to strengthen care capacity, intermediate care and virtual wards ahead of winter 22/23, linking in with the newly appointed Directors of Health and Care Integration at place.
- System-based trajectories for Virtual Ward implementation are regularly monitored with a focus on actions at a place-based level.
- The Adult Social Care and Health Partnership continues to lead on care market shaping across LSC.

Primary Care

Primary Care	Latest Position	(as at)	Status	SOF	Trend from April21
Appointments in General Practice	752,616	Jun-22	s	Y	

- The number of appointments provided at June 22 is slightly below the number provided at June 21, although the number provided face to face has increased from 55.1% to 66.9%
- More detail is available on primary care performance in the deep dive report.

Urgent & Emergency Care

Urgent & Emergency Care	Latest Position	(as at)	Status	SOF	Trend from April21
4-Hour A&E performance (Monthly Aggregate)	75.2%	Jul-22	i	-	
Proportion of patients spending more than 12 hrs in an emergency department	6.99%	May-22	i	Y	
Percentage of 2-hour Urgent Community Response referrals where care was provided within two I	70.5%	May-22	d	Y	

- We have seen an improvement in 4-hour A&E performance, but demand remains high.
- Fewer patients are now waiting more than 12-hours in emergency departments.
- Urgent Care representatives have been working closely with Primary Care colleagues on the Fuller Review and have commenced a programme of work around Same Day Access for Urgent Care.
- Lancashire and South Cumbria's two-hour Urgent Community Response services are delivering over the 70% target consistently and are performing well by comparison to other ICBs.

Workforce

Workforce	Latest Position	(as at)	Status	SOF	Trend from April21
Vacancies (12 month rolling rate)	5.7%		d	-	-
Turnover (12 month rolling rate)	9.8%	Jun-22		Y	-
BAME Staff (Average)	16.1%	Jan-22	i	-	-
Sickness (12 month rolling rate)	6.7%	May-22	d	Y	-

Ambitions for 2022/23

Re-launch the refreshed ICS People Board in September 2022 which will review progress made to date in respect of the 10 People Functions, agree priorities for the remainder of 2022/23 and ahead into 2023/24

Challenges

- Sickness levels across L&SC have been on an increasing trend over the past 12 months, with mental health and musculoskeletal problems accounting for the highest reasons for absence. The ageing workforce, deprivation, latent effects of Covid-19 and cost of living challenges across L&SC all contribute to higher levels of sickness absence than the national average
- Vacancies remain high across L&SC due to current domestic workforce supply challenges however retention levels are higher than the national average
- Equality, Diversity and Inclusion represents a major challenge for L&SC, with the latest Workforce Race Equality Standard (2022) showing that the proportion of BAME staff across the NHS workforce was lower than the national average

Key

Notes:

Trendlines are shown where consistent data since April 2021 is available.

Key:

Direction of trend since previous position

[s] stable, [i] improving, [d] deteriorating

above standard, or plan

below standard, or plan

n/a

3. Next Steps

- 3.1 The report included in this paper does not present all the KPIs the ICB has to deliver. Further work is needed to determine which KPIs need reporting to Board and those that can be monitored by Executive Directors and or through sub committees of the Board.
- 3.2 The Chief of Planning, Performance and Strategy commences in post in September and will lead the work to further develop a robust reporting framework and mechanism. It will be important that the ICB Performance Report covers national guidance, locally identified priorities and has a strong correlation to the national NHS Oversight Framework (SOF) for 2022/23 and the work of the ICBs statutory committees.
- 3.3 In addition, the ICB has yet to define its strategic priorities and once this work is complete it will further drive the performance reporting required.
- 3.4 Balance Scorecards are used by many boards to support performance reporting and are an effective mechanism for summarising the key targets a board needs to monitor. The aim is to use this approach to support Lancashire and South Cumbria ICB and work has already commenced.
- 3.5 The Balanced Scorecard will include both national and local priorities in a simplified format to enable strategic discussions at Board. In addition, there will be a rolling programme of 'deep dives' to provide an opportunity for a more detailed review of particularly timely and/or pertinent topics from a quality and performance perspective. The deep dives may include a comprehensive overview of the current position, key challenges, established mitigations and actions, and the identification of any wider system support that might be required. Examples of deep dives include elective recovery, staff vacancy and absence rates, forecast financial out-turn.
- 3.6 A task and finish group has been established to develop the Balance Scorecard, they will continue this work and will incorporate the following in the work:
 - Alignment to the six NHSE Urgent and Emergency Care metrics which NHSE and ICBs will use to monitor performance.
 - Work with NHSE to develop local performance trajectories to sit alongside the six UEC measures.
 - Incorporate expected guidance from NHSE when published, which is predicted to outline a process of annual assessment of quality, performance and outcomes achieved by the Integrated Care Board.
 - Outputs from the development session held with the ICB Board members to set the Boards strategic objectives and approach to risk management, which will be used to develop the LSC Board Assurance Framework.
- 3.7 The Chief of Planning and Performance will lead the development of the Balance Scorecard and bring to the Board for approval once the work is complete.

3.8 **Appendix A** provides the initial set of data developed across six domains, using the latest information where this is available, together with a high-level commentary. The illustration also confirms those metrics which are also contained in the national System Oversight Framework (SOF).

4. Conclusion

- 4.1 Robust performance reporting and monitoring is essential for the ICB.
- 4.2 The ICB has responsibility for a vast number of KPIs and it is important that work is completed to determine which KPIs need reporting to the ICB on a regular basis and which require monitoring via executives and sub committees. This work will be led by the Chief of Planning, Performance and Strategy.
- 4.3 The current challenges in the system are evident from the metrics reported to board in this paper and ICB Executives and system partners continue to work to mitigate the risks and improve service delivery.
- 4.4 The work on a Balance Scorecard will support performance reporting and will come back to a future Board for approval.

5. Recommendations

- 5.1 The Board is asked to:
- Note the initial summary of key performance metrics for Lancashire and South Cumbria.
 - Note the ongoing work to further develop the performance framework.
 - Endorse the development of balanced scorecard to support the ICBs approach to quality and performance reporting.

Kevin Lavery
Chief Executive
26 August 2022