

Integrated Care Board

Date of meeting	12 October 2022
Title of paper	Performance Report
Presented by	Maggie Oldham, chief planning, performance and strategy officer and deputy chief executive officer
Author	Roger Parr
Agenda item	8
Confidential	No

Purpose of the paper		
<p>The purpose of this paper is to update the Integrated Care Board (ICB) on the performance of the Lancashire and South Cumbria health care system. 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>Work has commenced to further develop the ICB Performance framework and to develop an Integrated Performance Report with appropriate Balance Scorecards to enable the Board to maintain oversight of progress against the ICBs strategic priorities and enable the Board to respond to identified and emergent risks. The next steps section of the paper outlines this work, including a workshop facilitated by the NHS England National Lead for Making Data Count which will enable Board members to jointly develop future reports.</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 and Integrated Performance Report. • Support the continuation of the Task and Finish Groups work with the input of Non-Executive Members. 		
Governance and reporting (list other forums that have discussed this paper)		
Meeting	Date	Outcomes

ICB executive team	4 October 2022			Supported the paper for the board
Conflicts of interest identified				
not applicable				
Implications				
If yes, please provide a brief risk description and reference number	Yes	No	N/A	Comments
Quality impact assessment completed		x		
Equality impact assessment completed		x		
Data privacy impact assessment completed		x		
Financial impact assessment completed		x		
Associated risks		x		
Are associated risks detailed on the ICB Risk Register?		x		

Report authorised by:	Kevin Lavery chief executive
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Integrated Care Board – 12 October 2022

Performance Reporting

1. Introduction

- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (LSC) 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 this paper is to present the ICB Performance Report. The key performance indicators (KPIs) included have been selected to update the board on identified significant risks in the system.
- 1.3 Work has commenced 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 priorities and enable the Board to respond to identified and emergent risks. The next steps section of the paper outlines this work, including a workshop facilitated by the NHSE National Lead for Making Data Count which will enable board members to jointly develop future reports.

2. Key Performance Indicators

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

Cancer Services

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)	55.0%	Jul-22	s	-	
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)	84.3%	Jul-22	i	-	
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)	77.3%	Jul-22	i	-	
% meeting faster diagnosis standard	70.4%	Jul-22	d	Y	-

National Targets – 62 days has 85% target, 2 weeks are 93% target, FDS has a 75% target

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 408 people by March 2023
- 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
- Lower Gastrointestinal pathways is responsible for almost half of the backlog.
- 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

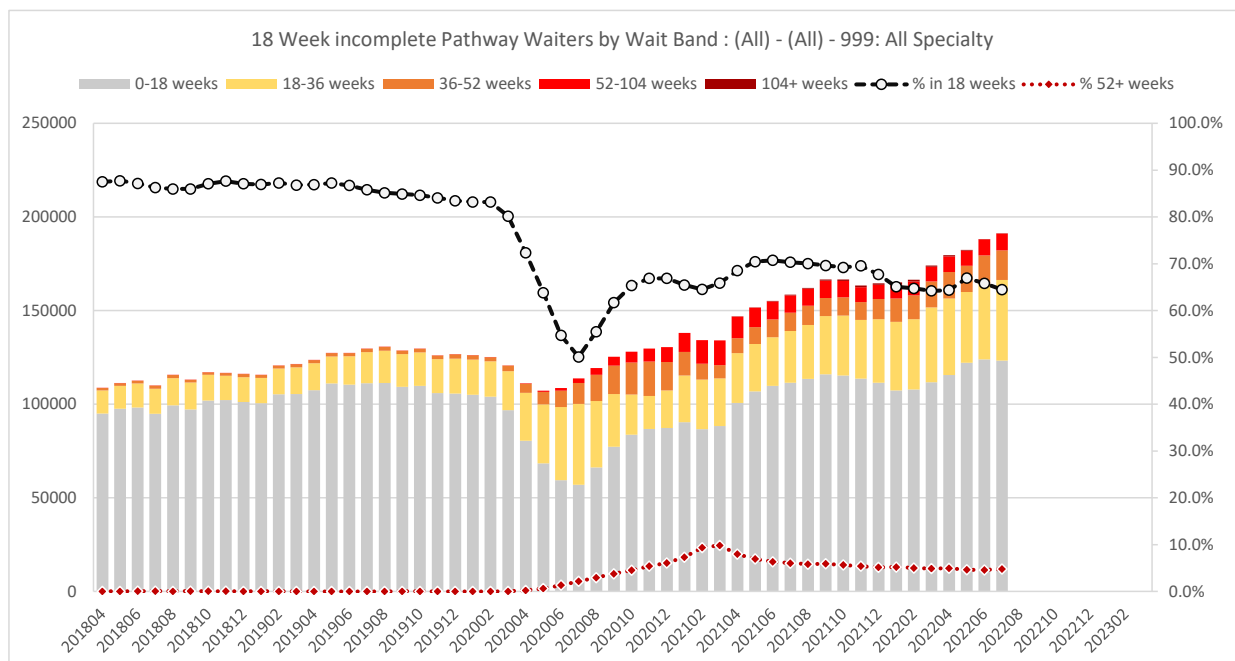
- Redesign of referral pathways for colorectal, skin, and upper gastrointestinal patients and where possible, increases in capacity
- Diagnostic Capacity: Additional lists and independent sector activity, awaiting outcome of community diagnostic centre bids for year 2 and 3
- Surgical Capacity issues-colorectal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

Planned Care

Planned Care

	Latest Position	(as at)	Status	SOF	Trend from April21
Referral to Treatment (RTT) - No of Incomplete Pathways Waiting >78 weeks	1,435	Jul-22	s	Y	
Referral to Treatment (RTT) - No of Incomplete Pathways Waiting >52 weeks	9,132	Jul-22	d	Y	
Total Number of Incomplete Referral to Treatment (RTT) Pathways	191,279	Jul-22	d	-	

Target of 78 week waits is 0 by March 23



Target of 95% patients to be seen within 18 weeks

The total waiting list size for patients registered at GP practices across Lancashire and South Cumbria has continued to increase. At the end of July 2022, the total number of waiters across LSC was 191,279 patients of 1435 (0.75%) had been waiting 78+ weeks and 9132 (4.8%) had been waiting over 52 weeks. [by way of comparison, at the end of Feb 2020 (pre-COVID) the total number of waiters was 125,065 with only 5 x 52+ week waiters].

Ambition for 2022/23

- At the end of July there were 1,435 over 78-week waiters reported for LSC, of which 1,115 were reported at Lancashire Teaching Hospital. The aim is to have zero by the end of March 2023.


Causes

- The restoration of activity has not yet recovered the activity lost during the pandemic.
- Referral levels are close to returning to pre-pandemic levels.

Actions being taken

- The Elective Care Recovery Group on behalf of the Provider Collaborative Board is coordinating recovery actions, and specific recovery plans are underway including productivity and use of independent sector.

Mental Health Services

Mental Health Services	Latest Position	(as at)	Status	SOF	Trend from April21
Estimated diagnosis rate for people with dementia	68.5%	Aug-22	s	Y	
The number of completed Children & Young People's Eating Disorder urgent referrals within 1 wk	100%	Jun-22	s	-	-
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 12 months)	13,885	Jun-22	i	Y	-

Target 66.7% for dementia diagnosis, 95% CYP within 1 week, 0 OAPS by March 23

- 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 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 in diagnosis, provision post diagnosis, support for carers/families and to ensure that pathway

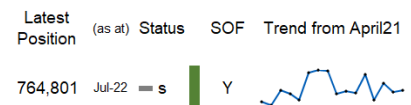
pre and post diagnosis is the same across the system. The group will develop a clear action plan / strategy in order that we as a system can prioritise funding as required. The group is also linking with the frailty network.

- Children and Young People Eating Disorder – The one-week target for urgent referrals is being achieved, and has been for several months, although we are not achieving the four-week target for routine referrals. The current position is 79% which a significant improvement from Q1 position which was 49%. 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.
- 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 several dormitory wards were closed for refurbishment in line with infection, prevention, and control guidance. There is a plan to expand inpatient capacity within Lancashire and South Cumbria Foundation Trust (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 discharges. A newly established ICB In Patient group has been established to provide oversight of all actions associated with this programme.

Primary Care

Primary Care

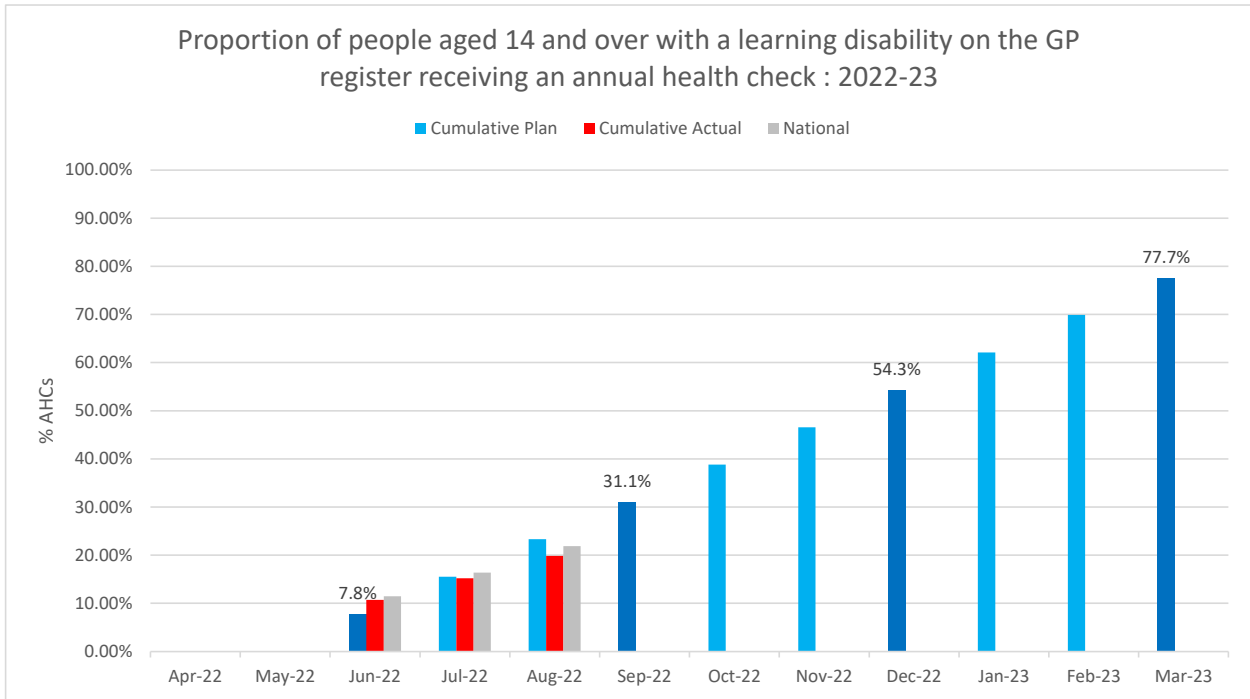
Appointments in General Practice



Primary Care Learning Disabilities Health Checks

NHSE’s Long Term Plan states that action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability. To help do this, NHSE aims to improve uptake of the existing annual health check in primary care for people aged 14 and over with a learning disability, so that at least 75% of those eligible have a health check each year.

The ICB submitted a quarterly trajectory for 2022-23 which is aiming to deliver a total of 6955 health checks by the end of Q4 2022-23 (a target of 77.7%)



The publicly available August data is currently reporting 1777 checks against a Q2 target of 2781. This suggests a current performance of 19.8% of Learning Disability patients on the register have had an annual health check in this year to date. This is lower than the national position (21.9%) and below the Q1 and Q2 planning trajectory

Social Care

	Latest Position	(as at)	Status	SOF	Trend from April21
Number of patients with a hospital length of stay exceeding 21 days	8.52%	Jul-22	s	-	
Proportion of patients discharged to usual place of residence	89.6%	Jul-22	d	Y	
Delayed Transfers of Care / No Medical Criteria to Reside	341	Aug-22	s	-	

- 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.

Workforce	Latest Position	(as at)	Status	SOF	Trend from April21
<i>updates tbc</i>					
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 LSC 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 LSC all contribute to higher levels of sickness absence than the national average
- Vacancies remain high across LSC 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 LSC, with the latest Workforce Race Equality Standard (2022) showing that the proportion of Black and Minority Ethnic staff across the NHS workforce was lower than the national average.

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. KPI's in the oversight framework can be updated monthly, quarterly, or annually.
- 3.2 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 The report also needs adapt to the ICB's strategic priorities, which when complete, will further shape the performance reporting. The Task and Finish Group will continue with this work and would benefit from non-executive insight from the Board.
- 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 LSC ICB and to facilitate this

a Board Workshop is being planned, allowing the board to shape the future reporting.

- 3.5 **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 SOF.

4. Conclusion

- 4.1 There are significant pressures in the system as we move towards an anticipated seasonal surge.
- 4.2 Mitigations to recover performance across the system continue.

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 and reporting, in particular the board workshop.
 - Support the continuation of the Task and Finish Groups work with the input of Non-Executive Members

Maggie Oldham

Chief of Strategy, Planning and Performance

12 October 2022