Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	**1 February 2023**
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	11
Confidential	No

Purpose of the paper

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 during November 2022. This is the latest published data, predominately covering month 8.

Performance against key NHS metrics is not consistently achieved across all our Provider organisations and delivery of year end forecast trajectories continues to be high risk. There are no new deteriorations within the month.

Regrettably the Making Data Count Board workshop scheduled for December 2022 had to be postponed until March 2023. This workshop will give ICB Board members opportunity to consider and design further the ICB Performance framework and to develop an improved Integrated Performance Report with appropriate Balance Scorecards to enable the Board to oversight maintain of progress against the ICBs strategic priorities and enable the Board to respond to identified and emergent risks.

Executive summary

The ICB has statutory responsibilities for NHS commissioned services across Lancashire and South Cumbria. This report summarises key aspects of system performance.

Recommendations

The Board is asked to:

- Consider and note the summary of key performance metrics for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against identified high risk metrics.
- 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

Governance and reporting (list other forums that have discussed this paper)				
Meeting	**Date**			**Outcomes**
ICB executive team	24 January 2023			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		
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

Integrated Care Board – 1 February 2023

Performance Report

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.

1.4 The next steps section of the paper outlines this work, including a workshop facilitated by the NHSE National Lead for Making Data Count, re-scheduled for March 2023, which will enable board members to jointly develop future reports.

2 Key Performance Indicators

2.1 The following narrative outlines current performance against some of the 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.

2.2 Sub-ICB / Provider level detail is provided where appropriate to understand variation within the ICB.

2.3 Learning Disabilities Annual Health Checks (AHCs)

2.3.1 NHS England'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, NHS England 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 by the end of March 2024.

2.3.2 In Lancashire and South Cumbria, this target is **71.6%** by end March 2023 and **75%** by end March 2024.

2.3.3 This metric is a cumulative metric i.e. the percentage of health checks is expected to increase quarter on quarter as more and more people on the Learning Disability register have their annual health check undertaken.

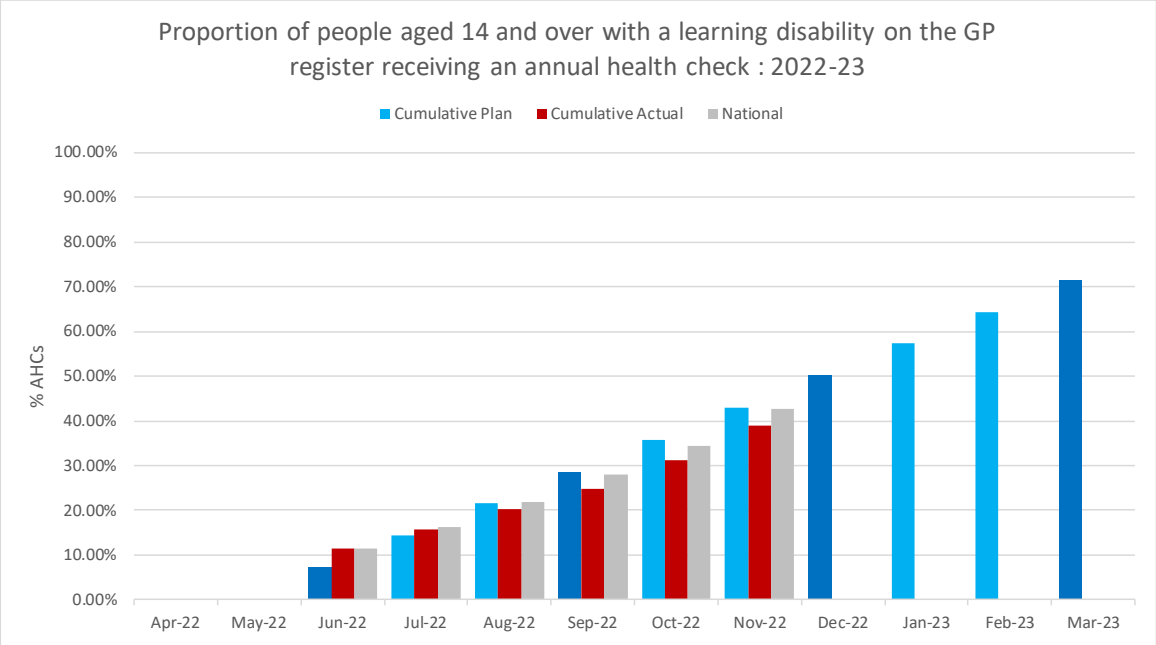
2.3.4 The ICB submitted a quarterly trajectory for 2022-23 which is aiming to deliver a total of **6955** health checks by the end of Q4 2022-23.

2.3.5 The latest publicly available position reports November data and this is currently reporting **3503** checks to date (**50.4%** of our annual target of 6955)

2.3.6 This means that **38.9%** of patients on the current Learning Disability register (8998 patients) have had an Annual Health Check in the 7 months from APRIL to NOVEMBER. The L&SC performance to date is lower than both the North West (41.6%) and national position (42.8%).

2.3.7 The LSC historic trend shows a greater proportion of AHC completed in Q3 and Q4 with a correlation to vaccination programme

2.3.8 L&SC Health Checks –actuals vs plan (cumulative)

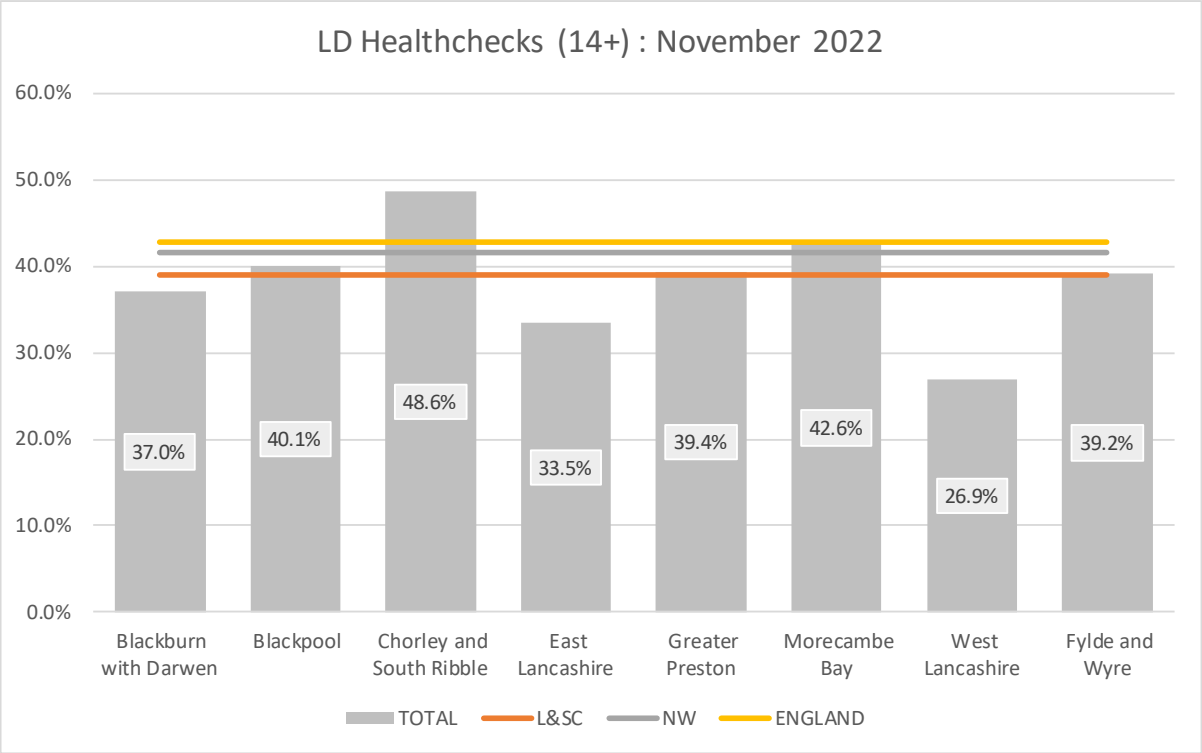


2.3.9 There is significant variation within Lancashire and South Cumbria. A comparison of the previous CCG (sub-ICB areas) footprints highlights :

a) strong performance across the practices within Chorley & South Ribble and Morecambe Bay. In these areas performance to date is in advance of the ICB trajectory.

b) Conversely, West Lancashire, who achieved the target last year, is still reporting **<27%** of AHCs at the end of November 2022, albeit the previous pattern has been for a significant increase the last quarter.
c) There will be further variation at PCN and individual practice level and this will be followed up by the ICB LD team .

2.3.10 Learning Disability Health Checks (14+) – November 2022 by Sub-ICB level



2.3.11 In addition to 22/23 delivery the ICB has been asked to focus on those patients who did not receive a health check in 21/22 (2753 people) At the end of November 22, 1336 (48.5%) have now received an Annual Health Check.

2.3.12 Actions that are being undertake to improve this position are:

- A training programme commenced in November (until May 2023), available to all practices supported by the primary care training hub and delivered by the health facilitation team. Training will focus on awareness raising, register validation, reasonable adjustments and best practice approaches to inviting and delivering for AHCs.
- Communications are ongoing with practices to share best practice approaches to increase consistency across ICB footprint, increase take up and reduce declinations.
- All Practices have now received LD register validation and review process information, to ensure accuracy of LD registers across ICB – available on EMIS. Ongoing support visits for practices is underway for those who require additional support
- Following targeted activity with 32 GP practices that had achieved lower AHCs in 21/22. Focussed activity is now commencing with those practices

with the largest cohort on their LD register, and those with a large number of declinations.

- Monthly monitoring and sharing of 22/23 Annual Health Check data performance via Primary Care Networks (PCNs)
- Monthly monitoring of 21/22 outstanding health checks performance across LSC, available for PCNs has been ongoing since May 2022.
- Ongoing system communications campaign is continuing to promote the benefits of Health Checks and encourage attendance – primarily targeting education and health and social care organisations,
- Annual Health Check workshops have been delivered since October 2022 to audiences with a learning disability, to promote benefits, demonstrate a health check and respond to worries and concerns raised.

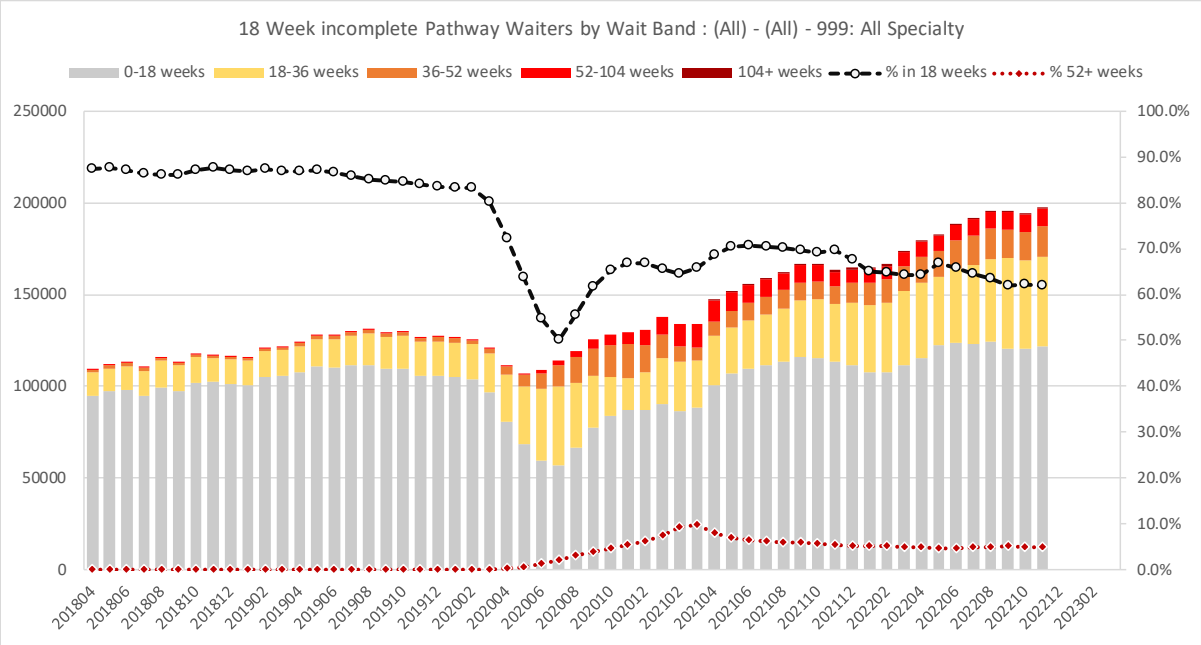
2.4 Waiting Lists with a specific focus on 78+ week waiters

2.4.1 The total waiting list size for patients registered at GP practices across Lancashire and South Cumbria at the end of November 2022 was 196,674 which is an increase of 2,916 on the previous month.

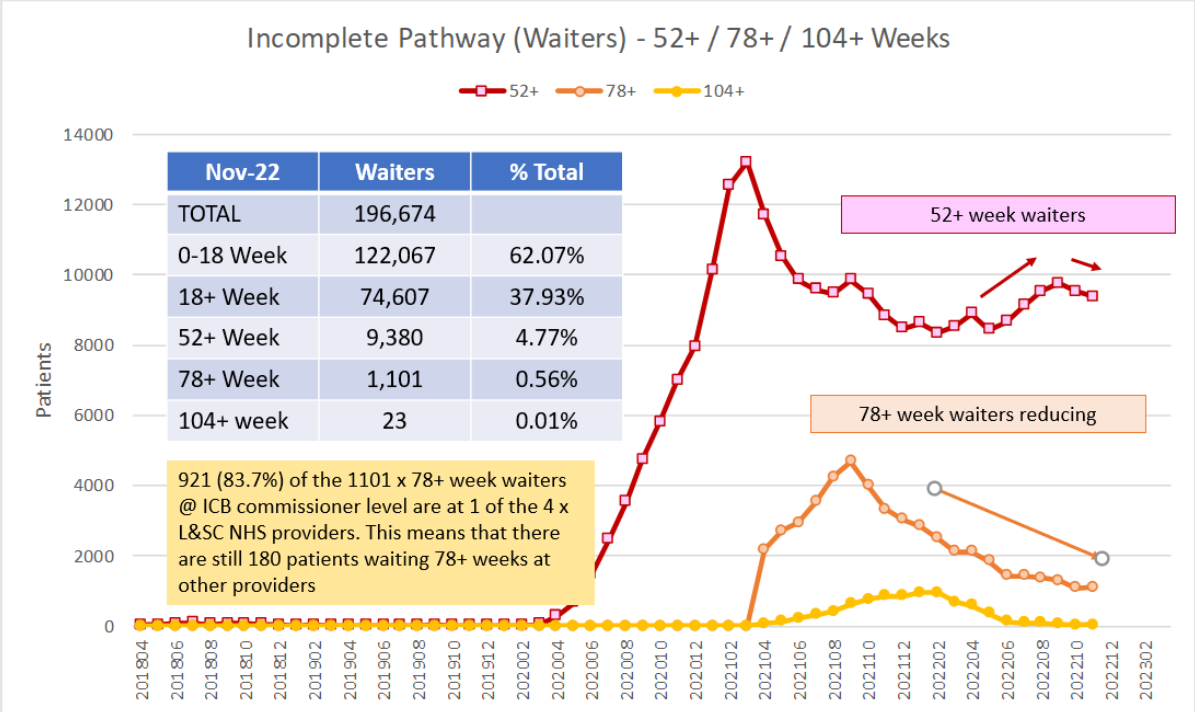
2.4.2 At the end of November 2022, the total number of Lancashire and South Cumbria patients waiting over 104 weeks for treatment was 23, of which 15 were at our 4 LSC NHS Providers due to patients choosing to postpone their surgery, or were unfit or highly complex; i.e. there were no patients waiting over 104 weeks due to capacity issues.

- 1,101 (0.56%) had been waiting over 78+ weeks and
- 9,380 patients had been waiting over 52 weeks. This compares to 5 patients waiting longer than 52 weeks in February 2020.

2.4.3 The graph below shows that the ICB's overall waiting list is growing steadily.



2.4.4 L&SC Longer waiter trends

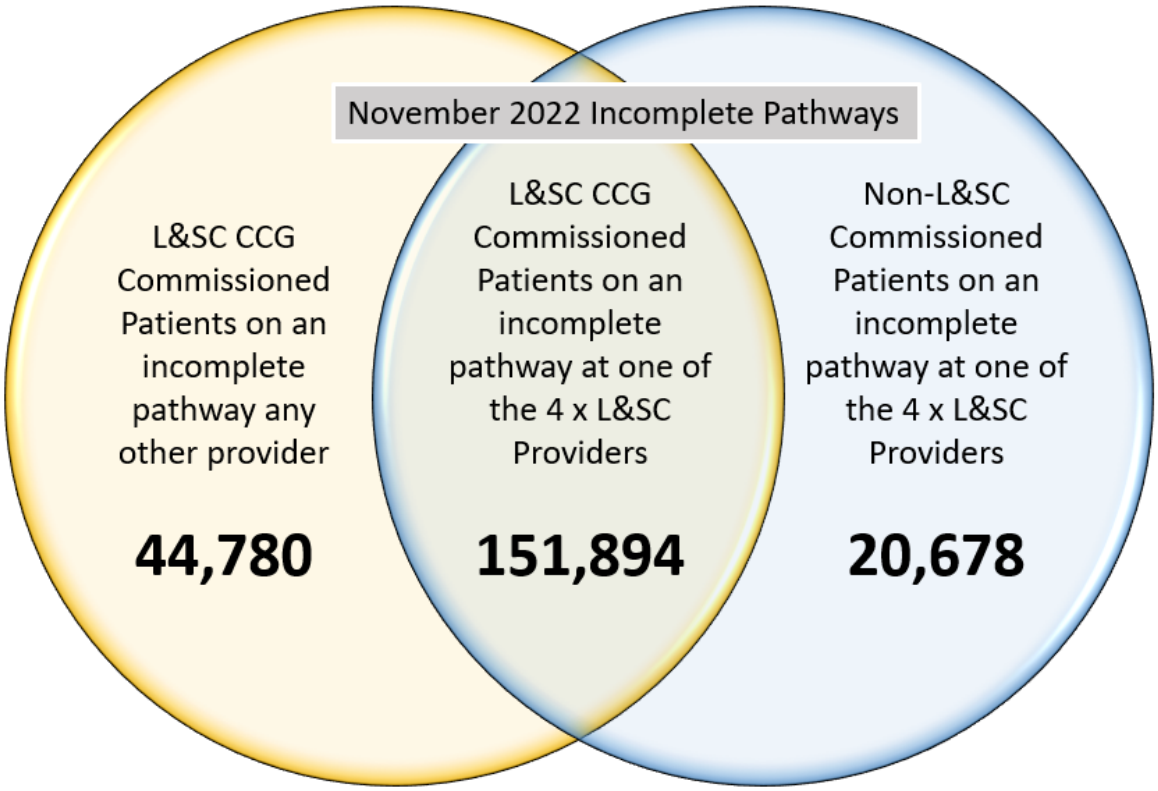


2.4.5 The Lancashire and South Cumbria patients who are waiting are mostly at one of the four NHS Trusts located within the ICB.

- Of the 196,674 patients waiting, 151,894 (77.2%) are at one of the four NHS Trusts within the ICB.
- The remaining 44,780 (22.7%) are waiting across a range of independent sector and 'out of area' NHS providers.

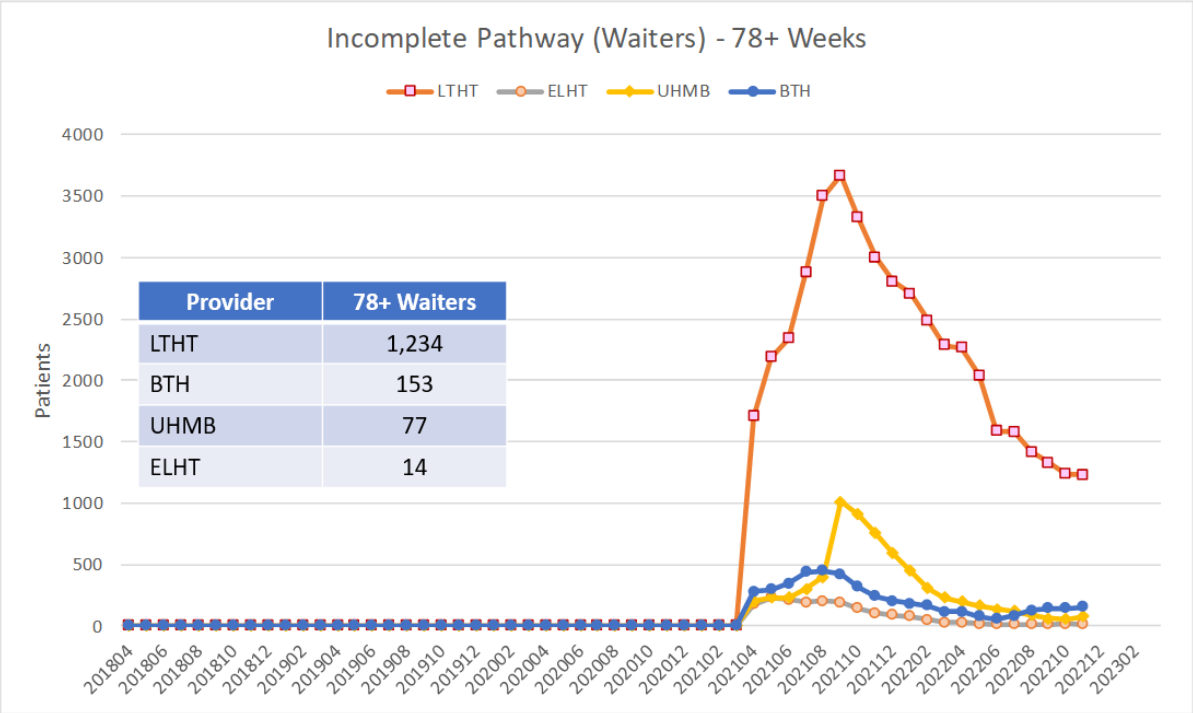
2.4.6 From a provider perspective, a total of 172,572 waiters are reported at the end of November 2022 of which 151,894 of their waiters are for patients for ICB commissioned services, with the remaining 20,678 (12.0%) waiting for non-ICB commissioned services (including Maxillo-Facial / Oral Surgery which is currently NHSE commissioned and accounts for 10,922 of these waiters).

2.4.7 RTT Incomplete Pathway Waiters – November 2022



2.4.8 Of the 1101 over 78 week waiters reported for L&SC at the end of November 2022, 921 (83.7%) are waiting at one of the 4 main L&SC acute providers. This means there were 180 patients at Independent Sector providers or providers outside of Lancashire and South Cumbria. We will need to seek assurance from providers regarding their plans for the management of these long waiting patients and when it is anticipated they will have zero 78+ week waiters at the end of March 2023.

2.4.9 The majority of these 78+ week long waiter patients **(83.5%)** are waiting at Lancashire Teaching Hospitals NHS Trust



2.4.10 Weekly reporting by providers shared with the Elective Care Recovery Group (ECRG) highlights that the 78+ week planned waiting list reduction trajectory is not currently being met.

2.4.11 The waiting list position is intrinsically linked to the relative balance between new demand into providers and treatment activity undertaken on patients.

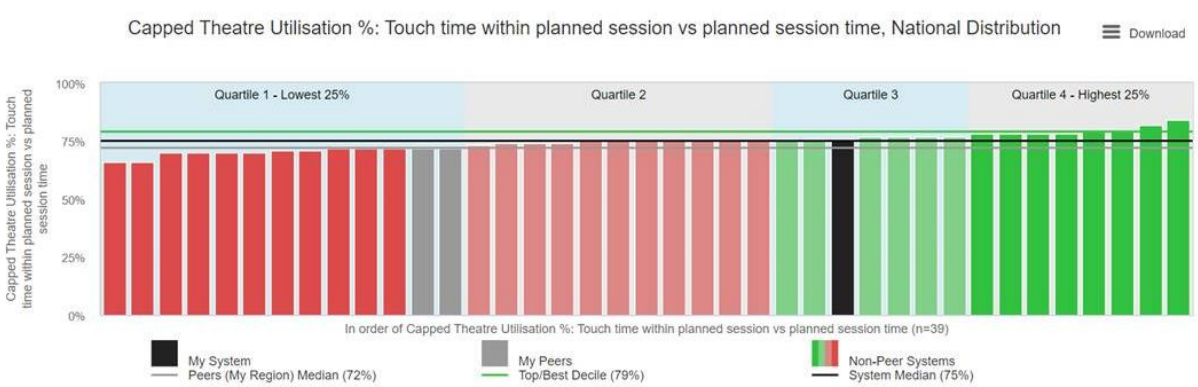
2.4.12 Plans were submitted earlier in the year to recover the volumes of activity undertaken to surpass pre-pandemic levels to support reductions in waiting lists.

2.4.13 Weekly updates provided through the ECRG also report that elective and daycase activity is below planned levels.

2.4.14 The Elective Recovery Programme has many transformation programmes supporting its aim of eliminating long waits and reducing waiting times. Below are key highlights in month:

Theatre Transformation:

- Capped theatre utilisation remains the priority for this transformation programme and significant progress has been made.
- The most recent available data on theatre utilisation (4th December 2022) has a capped utilisation rate for L&SC of 76%. Three of the four providers reported 79%.
- The graph below shows L&SC in the second top quartile, performing above the regional and system median.



- All our Trusts are aiming to deliver the national target of 85%, with improvement plans and trajectories in place for this to be achieved by the end of March 2023.

Chatbot: This is our system-wide programme to roll out an automated call system supporting at scale the clinical validation of LSC patients waiting 30+ weeks. This continues to be a success and has recently been shortlisted as a finalist in the HSJ Awards 2023 within the Best Elective Care Recovery Initiative category.

- The programme is being rolled out to all hospitals and clinical specialities in LSC and has been expanded further for LTH and ELHT who as Tier 1 Trusts have specific waiting list validation requirements to be achieved by the end of the calendar year and throughout Q4 of 2022/23.
- Originally aiming to validate circa **32,000** patients, this could increase to as many as 100,000 patients being contacted by the end of March 2023. Out of the 26,500 contacted to date and a response rate of 79%, the number of patients indicating they could be removed from the waiting list remains at 9%. This demonstrates the potential impact of this programme in managing and reducing the waiting list during Q4.

Mutual Aid: Ensure patients across the system are treated in date order to eliminate the 78+ and 104+ week waits. Based on good clinical engagement:

- It is increasingly evident that the mutual aid process that has been in place since April 2022 is both critical and being successful in supporting the system to achieve the waiting time targets and address inequity of waits across the system.
- To date a total of 1,910 mutual aid requests have been accepted by Trusts, with 1,526 patients subsequently accepting the opportunity to transfer to another Provider. Out of this cohort of patients, 1,138 have been treated.
- A targeted piece of work has recently been undertaken to proactively identify clinical specialities at a Provider level where there is greater opportunity to utilise mutual aid to manage any risk to the 78 week target being achieved by the end of the financial year.

Outpatient Transformation:

This programme has a broad remit, looking at the transformation of pathways to reduce the requirement for follow up outpatient attendances, optimising referrals into secondary care, therefore reducing demand and ensuring outpatients are run in the most effective way possible.

- LSC continue to over-perform against the national target (16%) with 35% of specialist advice contacts per 100,000 OP attends.
- Lancashire Teaching Hospitals are a pilot site for the national outpatient programme Action On event in January, to undertake some focused work with regards to identifying any association with deprivation and did not attend (DNA) rates, informing targeted actions to be taken to encourage attendance.

2.5 Cancer Metrics : Constitutional standards with a specific focus on reducing the cancer backlog

2.5.1 There are a number of long-standing cancer metrics that are aligned to NHS Constitutional standards. The overarching core metrics are :

- Two Week Wait From Urgent Referral to First Consultant Appointment (2 Week) [93% Standard]
- Maximum four weeks (28 days) from receipt of urgent GP (GMP, GDP or Optometrist) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to point at which patient is told they have cancer, or cancer is definitively excluded. [75% Operational Standard]
- One Month Wait from a Decision to Treat to a First Treatment for Cancer (31 Day) [96% Standard]
- Two Month Wait from Urgent Referral to a First Treatment for Cancer (62 Day) [85% Standard]

2.5.2 National reporting against these 4 metrics for November 2022 is shown below:

- UHMB continues to meet the 28-day faster diagnosis standard and has also met the 2 week standard this month.
- BTH is reported to have achieved the 2 week urgent referral standard in November 2022.
- The Cancer Alliance system performance (based on the 8 x CCG position) is not achieving any of these 4 x standards

2.5.3 Summary Table of Provider Performance against 4 core cancer standards (November 2022)

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	93.92%	80.59%	62.38%	78.52%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	95.43%	93.46%	80.16%	69.10%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	50.23%	85.38%	42.77%	46.54%
EAST LANCASHIRE HOSPITALS NHS TRUST	89.80%	92.34%	57.34%	71.86%
L&SC AGGREGATE (4 x Providers)	**79.92%**	**87.91%**	**59.25%**	**65.50%**
TARGET	93.00%	96.00%	85.00%	75.00%

2.5.4 Lancashire and South Cumbria Cancer Alliance Performance against 4 core cancer standards (November 2022)

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	80.39%	88.54%	59.80%	65.75%
TARGET	93.00%	96.00%	85.00%	75.00%

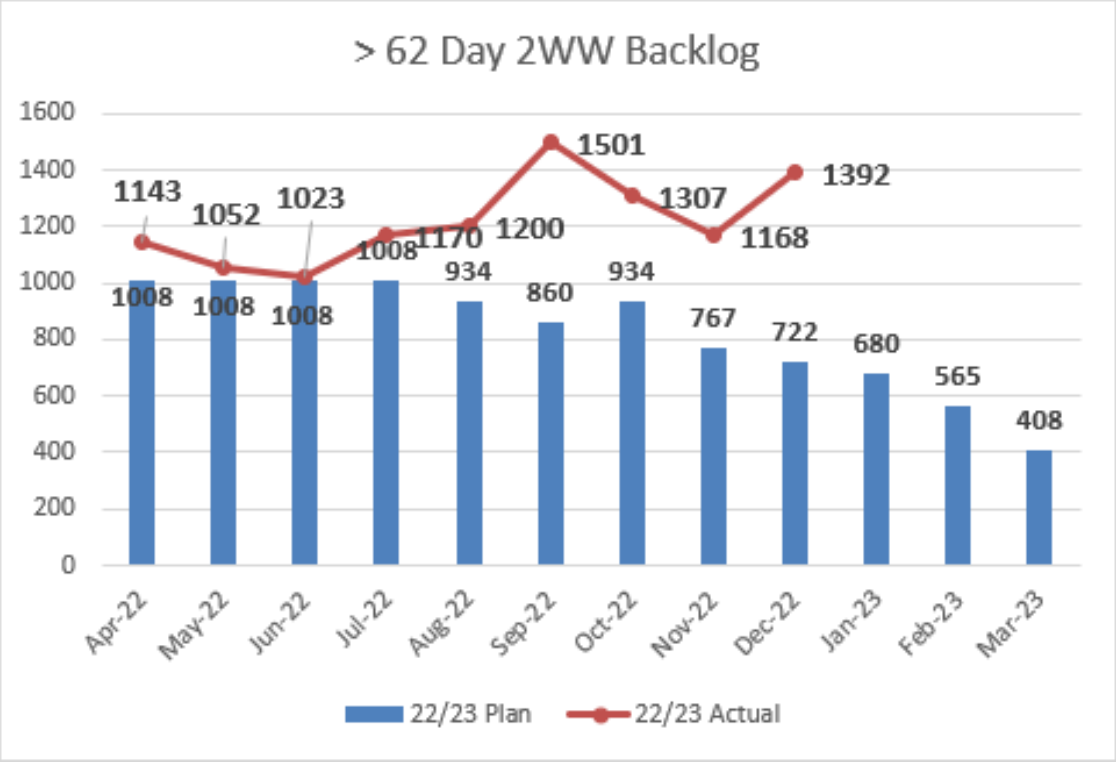
2.5.5 Reducing the Cancer backlog is a key aim of the NHS, as outlined in the 22/23 NHS Planning guidance.

- This measure is concerned with understanding the total number of people who have waited over 62 days and is tracked by individual providers against the reduction trajectories submitted in the 2022-23 planning submission.
- Trajectories were revised across three trusts for H2 (Oct22-Mar23) - though the target for March 23 remains.

2.5.6 Weekly Patient Tracking List (PTL) figures are submitted by providers and reported through the Elective Care Recovery Group (ECRG) and via the Cancer Alliance to track progress.

- The latest position shows that the Lancashire and South Cumbria ICB position is not reducing as per initial plans.
- Lancashire Teaching Hospital Trust (LTHT) is driving the ICB position
- Further analysis shows that the Lower Gastrointestinal pathway is responsible for over half of these backlog patients
- Skin and urological cancer pathways are also challenged, particularly for LTHT
- The majority (85%) of patients are in the diagnostic phase with delays across a range of areas including biopsy, endoscopy and Endobronchial Ultrasound (EBUS)

2.5.7 >62 Days Cancer Backlog



2.5.8 There is an additional risk identified for colorectal surgery capacity as our actions to reduce the backlog move some patients on to treatment. It is anticipated that there will be a volume of colorectal surgeries in Feb/March that we will not have the capacity to treat within the system. Regional discussions are ongoing regarding mutual aid and internal work continues.

2.5.9 This results in enhanced surveillance and support from national and regional NHSE colleagues. LTHT is currently identified as the Trust which has the largest backlog as a proportion of the total Patient Tracking List (PTL) at 27%.

2.5.10 The Cancer Alliance is supporting Providers and are working through and delivering against several actions to improve this position including:

- Agreeing closer partnership working between the ICB and Provider Collaborative, alongside Specialist Commissioners, to focus on a few important priorities- this includes identifying one site for specialist cancer surgery for Urology cancers and a site for Head and Neck cancers to improve resilience of cancer care
- Work continues on enabling a lead employer for non-surgical oncology staff
- A ICB recovery plan will be developed for March 2023 to address sustainability of services as backlog improvements take place
- Protocol for patients with double negative Faecal Immunochemical Test (FIT) test to be discharged - in place across the system
- Additional independent sector capacity including a virtual hospital model for colorectal pathways in place at ELHT and LTH
- Insourcing for suspected skin cancer and Maxillofacial at ELHT due February 23

- Additional endoscopy insourcing at BTH funded via Cancer Alliance
- Mobile endoscopy unit on site at Preston Business Centre to increase capacity for LTH
- Pathway redesign and investing in additional staff
- Teledermatology in place at BTH seeing 85% of patients, LTH and ELHT have low volumes and will increase to 85% by April 23
- Improved utilisation of existing staff across the pathway to reduce waits and increase treatment numbers
- Programme of productivity and efficiency in endoscopy – utilising external company to implement improvements
- Investment in Thrive IT system for endoscopy to record and drive efficiencies

2.5.11 Within the 2023-24 NHS Priorities and Operational Planning Guidance, there are 3 critical cancer metrics identified :

- Continue to reduce the number of patients waiting over 62 days
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

2.5.12 The most recent nationally reported position for early cancer diagnosis is for 2020. During this year, less than 50% of cancers for ICB patients were identified at Stage 1 or 2 (48.7%). This is lower than the national average of 51.9%.

2.5.13 Data from August 22 indicates that our early-stage proportion by date of diagnosis is 57.2%, slightly behind the national picture of 59%.

2.5.14 Our Targeted Lung Health Check programme currently covers over 40% of the targeted population. We are ahead of our trajectory for scans and have identified 137 cancers, 92 of which stage 1&2 supporting improved outcomes for lung patients and 29 other cancers (non lung) of which 12 diagnosed at stage 1&2.

2.5.15 Our pathway improvement work also includes support within primary care to improve referral processes and filter function tests as active case-finding pilots.

2.5.16 We are supporting the development of a bespoke clinical decision tool for primary care, working with a clinician from our system and NHS Digital to implement support for identifying the most at-risk patients from GP records and to support decision making to ensure patients are referred at the earliest opportunity. All GPs currently have access to support tools in key pathways

2.6 Emergency Access

2.6.1 There is a national requirement in 2022-23 to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards. This improvement programme for LSC is being led by Trish Armstrong-Child, CEO of Blackpool Teaching Hospital and supported by UEC colleagues at the ICB. Elements within this include:

- Eliminating handover delays of over 60 minutes
- Ensuring 95% of handovers take place within 30 minutes

2.6.2 Daily average volumes for 30-60 min delays have increased since September 2020 but have plateaued out from late September 2021 onwards.

- In the week starting 9th January 2023 there were an average of 30.6 x 30-60 min handover delays per day.
- Daily average volumes for 60+ minute delays have been increasing since June 2021. In the week starting 9th January 2023 there were 6.5 x 60+ min handover delays.
- When these are compared with ambulance arrival volumes over the same period then as a system we are reporting 2.2% of ambulance arrivals have a 60+ minute handover delay, with 12.8% of all arrivals waiting over 30 mins for handover.
- These figures are lower than in the previous weeks.

2.6.3 There is a requirement in 2022-23 to reduce 12-hour waits in Emergency Departments (ED) towards zero and no more than 2%. All EDs face significant challenges in this area.

- In January 2021 the daily average was 32 x 12+ hour waits across LSC providers - this position deteriorated significantly during the surges experienced during summer 2021, reaching a daily average of 116 patients by the end of August 2021.
- Further surge in demand was experienced during the winter period, leading to a peak daily average of over 209 during late March 2022.
- Despite some initial improvement in April and May, volumes of patients waiting in excess of 12 hours have been increasing and during the most recent week (9-16th January 2023) an average of 152.1 patients per day waited more than 12 hours from arrival (8.6% of all attendances).

2.6.4 A high level of hospital bed occupancy is an important indicator of a health system under pressure. Hospitals cannot operate at 100% occupancy, as spare bed capacity is needed to accommodate variations in demand and ensure that patients can flow through the system. Latest available data for December 2022 (using the System Oversight Framework (SOF) definition that excludes closed ‘void’ beds from the denominator) indicates that L&SC providers have a higher bed occupancy of 96.0% compared with 94.9% across the North West and 95.5% nationally. Although there is no official target/benchmark for this metric, 92% is considered the “tipping” point within the SOF definition.

2.6.5 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 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 beds available during the month.

2.6.6 Although performance against this metric varies daily and by provider, across December 2022 the L&SC position is reporting a lower percentage of patients whose discharge is delayed (11.7%) than the North West (18.1%) and National average (15.3%).

2.6.7 The Better Care Fund (BCF) emphasises the need to improve outcomes for people being discharged from hospital by reducing length of stay in hospital (measured through the percentage of hospital inpatients who have been in hospital for longer than 21 days) and by improving the proportion of people discharged home (using data on discharge to their usual place of residence).

2.6.8 Locally, an amalgamation of the 3 x Health and Wellbeing Boards (HWBs) [Blackburn with Darwen HWB, Blackpool HWB, Lancashire HWB] has been used to give an indication as to the position across L&SC. The most recent available data from November 2022 reports that 89.6% of patients were discharged to their usual place of residence across L&SC compared with 92.7% nationally.

2.6.9 Over the past 12 months (Dec21-Nov22), around 8.7% of patients discharged across L&SC had been in hospital for 21+ days which was higher than the national average over the same period of 7.5%.

2.6.10 A range of strategies and approaches are being utilised to try to tackle the identified challenges with Urgent and Emergency Care access including :

- Access to urgent care advice through the NHS 111 online service
- NHS 111 clinical assessment can offer immediate advice or referred to the appropriate clinician for a face-to-face consultation
- Urgent treatment centres providing locally accessible and convenient diagnosis and treatment services diverting patients away from A&E
- Use of Same Day Emergency Care (SDEC) services allowing for the rapid assessment, diagnosis, and treatment of patients presenting with certain conditions, and discharge home same day if clinically appropriate
- Establishment of an Acute Frailty programme identifying frail patients within a few hours of their arrival to hospital and enabling prompt, targeted management based on a comprehensive geriatric assessment approach
- Focusing efforts to reduce the length of stay for patients in hospital longer than 21 days, reducing the risk of harm and providing care in the most clinically appropriate setting
- Working closely with primary and community care services to ensure an integrated, responsive healthcare service helping people stay well longer

and receive preventative or primary treatment before it becomes an emergency
- Specific projects to deliver 2 Hour Urgent Community Response, Virtual Wards, Intermediate Care and Transfer of Care Hub
- A range of initiatives to provide additional capacity and resilience through winter across urgent and emergency care pathways, as set out in the national UEC Business Assurance Framework and as reported to the Board.
- Hospitals are using surge capacity / escalation areas when necessary.

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. The report also needs adapt to the ICB's strategic priorities, which when complete, will further shape the performance reporting.

3.3 The Task and Finish Group will continue with this work and would benefit from non-executive insight from the Board.

3.4 A workshop facilitated by the NHSE National Lead for Making Data Count has been re-scheduled from January 2023 to March 2023 which will enable board members to jointly develop and 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 an indication as to the current level of performance within a balanced scorecard. The illustration also confirms those metrics which are also contained in the national SOF.

4. Conclusion

4.1 There are significant pressures across the system that are being exacerbated with industrial action undertaken within the period of seasonal surge.

4.2 Whilst there are many areas of concern where improvement is necessary, the areas focused in the report demonstrate that with robust plans, that improvements can be made.

5. Recommendations

5.1 The Board is asked to:

- Consider and note the summary of key performance metrics for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against the high risk metrics identified in this report.
- 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

APPENDIX A : BALANCED SCORECARD

	Not at Target	At Target	No Target
No Change	←→	←→	←→
Improving	↑	↑	↑
Deteriorating	↓	↓	↓

NB: The arrows are a broad assessment of the general direction of travel but are not statistically significant

Not at Target	At Target
✖	✓

STRATEGIC AREA	TACKLE HEALTH INEQUALITIES				
Key Performance Indicator	Date	Plan	Actual	In month	Direction
Smoking at time of delivery	Q2 22-23	9.02%	12.36%	✖	↑
Bowel screening coverage, aged 60-74, screened in last 30 months	Q4 21-22	60.00%	69.04%	✓	↑
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q2 22-23	95%	88.98%	✖	↑
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Nov-22	4171	3503	✖	←→
Healthy Life Expectancy					

STRATEGIC AREA	IMPROVE AND SUSTAIN NHS TRUST PERFORMANCE														
	ICB COMMISSIONER					PROVIDER						ICB PROVIDER AGGREGATE			
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
People waiting longer than 62 days to start cancer treatment	01/01/23					✖	✖	✖	✖			639	1392	✖	
2 week wait referrals (93% Standard)	Nov-22	93%	80.4%	✖	←→	✓	✖	✖	✓			93%	80%	✖	←→
31 Day First Treatment (96% Standard)	Nov-22	96%	88.5%	✖	↓	✖	✖	✖	✖			96%	87.9%	✖	↓
% meeting faster diagnosis standard	Nov-22	75%	65.75%	✖	←→	✓	✓	✖	✓			70%	65.8%	✖	←→
Total patients waiting more than 78 weeks to start consultant-led treatments	Nov-22	-	1101			✖	✓	✖	✖			873	1478	✖	↑
Total patients waiting more than 104 weeks to start consultant-led treatments	Nov-22	-	23			✓	✓	✖	✖			0	26	✖	↑
Total patients waiting more than 52 weeks to start consultant-led treatments	Nov-22	-	9380			✖	✖	✖	✓			9384	10475	✖	↓
Diagnostic activity levels - Imaging MRI/CT/ Non Obs Ultrasound	Nov-22	-	382909			✓	✓	✖	✖			326297	336919	✓	↑
Diagnostic activity levels - Physioloical measurement Cardiology - Echocardiography	Nov-22	-	41138			✖	✓	✓	✓			33832	36679	✓	↑
Diagnostic activity levels - Endoscopy. Colonoscopy/Flexi-Sig/Gastroscopy	Nov-22	-	38015			✓	✖	✖	✓			35039	33557	✖	↓
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Oct-22	7114	4130	✓	↓					✓		7114	4130	✓	↓
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	10-16 Jan23	5%				✖	✖	✖	✖			5%	9.75%	✖	←→
A&E 4 Hour Standard (76% Recovery Target)	Dec-22	76%				✓	✖	✖	✖			76%	72.16%	✖	↓
Proportion of patients spending more than 12 hours in an emergency department	2-8 Jan23	2%				✖	✖	✖	✖			2%	11.80%	✖	↓
Average ambulance response time: Category 2	Dec-22	00:18:00	01:12:11	✖	↓						✖	00:18:00	01:12:11	✖	↓

STRATEGIC AREA	WORKFORCE														
	ICB COMMISSIONER					PROVIDER						ICB PROVIDER AGGREGATE			
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Vacancies (Latest)						3.40%	6.80%	10%	4.90%				7.30%		
Turnover (12 month rolling rate)	Dec-22		0.91%			8.90%	6.30%	8%	7.30%				8.50%		
% Staff BAME	Dec-22		5.32%			14.00%	22.00%	23.00%	12.00%				17.00%		
Sickness (12 month rolling rate)	Dec-22		2.80%			6.90%	6.90%	6.30%	6.30%				6.90%		

STRATEGIC AREA	STRENGTHEN SOCIAL CARE SYSTEM														
	ICB COMMISSIONER					PROVIDER						ICB PROVIDER AGGREGATE			
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Total Virtual ward capacity per 100k of adult population	Dec-22	262	180	✖	↑										
2 Hour Urgent Community Response (70% Target)	Nov-22	70%	93.00%	✓	←→										
Proportion of patients discharged to usual place of residence	Nov-22	92.74%	89.63%	✖	↓										
Number / % of patients with a LOS exceeding 21 days	Nov-22	7.45%	8.66%	✖	↓										
Delayed Transfers of Care / No Medical Criteria to Reside	Dec-22					6.16%	7.52%	11.85%	23.54%				11.71%		

STRATEGIC AREA	REFRESH PRIMARY CARE				
	ICB COMMISSIONER				
Key Performance Indicator	Date	Plan	Actual	In month	Direction
Estimated diagnosis rate for people with dementia	Sep-22	66.7%	68.56%	✓	←→
Number of general practice appointments per 10,000 weighted patients	Nov-22	4067.5	4494.5	✓	↑
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep-Nov22	85%	75.75%	✖	↑
& of hypertension patients who are treated to target as per NICE guidance	2021-22	80%	60.85%	✖	↑
Proportion of diabetes patients that have received all eight diabetes care processes	Jan-Sep22		32.05%		
Hypertension case-finding	2021-22		73.21%		

STRATEGIC AREA	RECOVER FINANCIAL POSITION				
Key Performance Indicator	Date	Plan £M	Actual £M	In month £M	Variation
Cumulative position against plan	Nov-22	(11.5)	(66.5)	(55.0)	4.6
Forecast position against plan	Nov-22	0.0	0.0	0.0	0.0
Deliver of efficiency target (S119a)	Nov-22	186.7	186.7	0.0	0.0
Agency spend against plan	Nov-22	80.5	106.3	(25.8)	-