

Integrated Care Board

Date of meeting	29 March 2023
Title of paper	Performance Report
Presented by	Maggie Oldham, Deputy Chief Executive Officer and Chief Planning, Performance and Strategy
Author	Roger Parr, Director of Performance and Assurance
Agenda item	12
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. The current performance against some of the key NHS metrics within the balanced scorecard that are identified as being 'at risk' of delivery have been explored with supporting commentary regarding actions being taken to improve and mitigate risk.

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.

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:

- 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.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
ICB Executive team meeting	20.03.23	

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:	Maggie Oldham, Deputy Chief Executive Officer and Chief Planning, Performance and Strategy
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Integrated Care Board – 29 March 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 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 priorities and enable the Board to respond to identified and emergent risks
- 1.4 The Finance and Performance Sub-Committee has received and reviewed a more detailed overview of key performance indicators aligned to specific domains. These domains have been used to provide a framework and structure for this updated board paper with the key performance exceptions highlighted
- 1.5 At the time of writing, a range of planning trajectories for the 2023-24 year are being finalised. These cover many of our balanced scorecard metrics and will provide us with a plan that we can monitor our delivery against during the next 12 months

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 For ease, themed 'domains' have been used which align to the updated balanced scorecard.
- 2.3 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting. Historically this has been at ICB

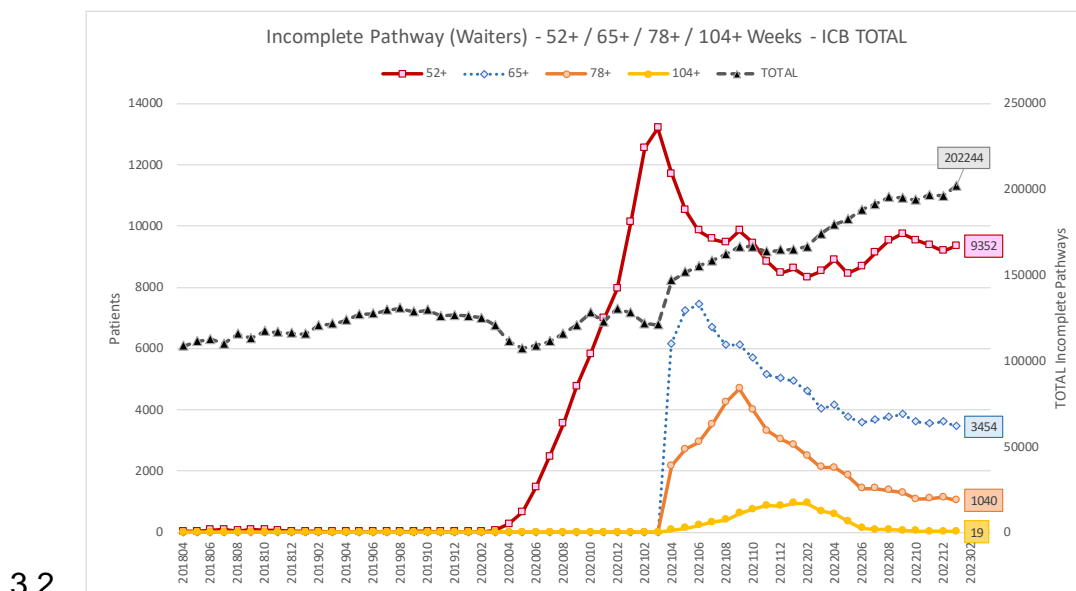
commissioner level, at provider level, and at an aggregated provider level (for the 4 x main NHS providers in L&SC).

2.4 However, we have also started to try to give an indicative split by 'Place' using the available source data to simplistically map the activity where possible. For example, Dementia Diagnosis data is currently available at 'Sub-ICB' level (i.e. former CCG footprints). In this instance we have mapped BwD CCG (00Q) to Blackburn with Darwen 'place', Blackpool CCG (00R) to Blackpool 'place', with the remaining 6 former CCGs being mapped to the Lancashire 'place'. Although this isn't as refined a mapping as we would like, it does at least support some understanding of the variations that are present at place level.

2.5 Further work is also on-going to refine the approaches to reporting performance with steps being taken to move to an increased use of statistical process control (SPC) charts to better identify patterns and trends that are of statistical significance as opposed to natural variation. This is the approach championed by the Making Data Counts team.

3 Domain 1 – Elective Recovery

3.1 Although the total number of patients waiting for treatment commissioned by the ICB continues to increase (202,244 patients at ICB level at the end of Jan 23), the number of very long waiters has continued to fall.

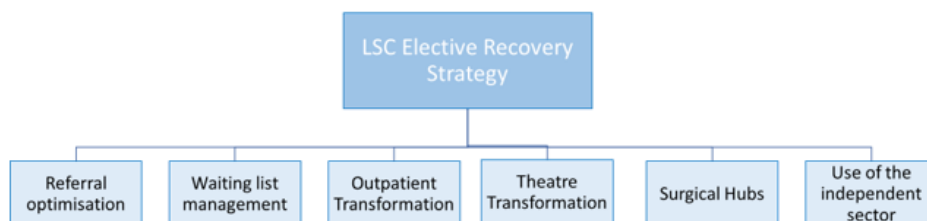


At the end of January 2023, L&SC ICB commissioned activity reported :

- 19 patients (0.01%) still waiting 104+ weeks
- 1040 patients (0.51%) waiting 78+ weeks
- 3453 patients (1.71%) waiting 65+ weeks

- 9352 patients (4.62%) waiting 52+ weeks

- 3.3 There are variations of each of the 4 x L&SC providers. LTHT has by far the greatest number of 104+ and 78+ week waiters. At the time of writing the latest unvalidated figures (05/03/2023) report 714 x 78+ week waiters across the 4 L&SC providers, with 566 (79.3%) of these waiting at LTHT.
- 3.4 The latest available weekly position for 104+ week waiters across the 4 x LSC providers shows further reductions down to 14 patients. Of these 14, 10 are P5-P6 patients who have chosen to delay their surgery. There are anticipated to be no capacity breaches of 104+ weeks.
- 3.5 Although the longer waiting lists are falling they are adrift from the planned reduction trajectory and with the additional capacity challenges due to the March 23 strike action there is a risk that the target for zero x 78+ week waiters may not be achieved
- 3.6 For 2023-24, the national focus for RTT waiters is due to shift to the 52+ week and 65+ week waiters categories. Plans are currently being established that will eliminate waits over 65 weeks by the end of March 2024, apart from those who choose to wait longer or in specific specialities.
- 3.7 National analysis of weekly ‘value weighted activity’ highlights that L&SC has been delivering activity in excess of 100% of historic levels. During January 23, L&SC was the strongest performing ICB in the North West and performs well compared to the national average, while the degree of recovery is even greater once the activity undertaken via independent sector providers is included.
- 3.8 The Lancashire and South Cumbria (LCS) 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.



3.9

- 3.10 One of the priorities within the Theatre Transformation programme is the achievement and maintenance of 85% of all elective activity being undertaken as a daycase.

- 3.11 In the Apr-22 to Jan-23 period, L&SC ICB is currently above this 85% threshold with an average of 87.6% of all elective activity undertaken as a daycase. However, there is variation by provider which ranges from 81.3% [LTHT] to 91.5% [BTH].
- 3.12 LSC latest performance (26th February 2023) on theatre capped utilisation is 81%, which places the ICB within the top quartile nationally. This follows a 6-week period of sustained improvement.

4 Domain 2 – Diagnostics

- 4.1 UHMB is the only one of the four acute Trusts that are presently meeting the 23/24 operational planning guidance target of 95% of patients receiving a diagnostic test within 6 weeks (Target to be delivered by March 25). Performance in Jan 23 varies significantly across providers with UHMB at 95.2% and LTHT at 45.6%.
- 4.2 Performance in endoscopy is challenged with overall activity being below the cumulative plan as of January 2023. There is further variation between providers with BTH and UHMB above plan and LTHT and ELHT below plan.
- 4.3 There are several key projects being undertaken to both increase capacity in endoscopy and reduce demand.
- 4.4 Capacity is increasing through creating additional rooms in providers, increasing productivity in booking and scheduling, the implementation of 'Thrive' to support trusts with delivering the appropriate points based lists, increasing gastroscopy capacity through the introduction of Transnasal endoscopy and delivering bowel preparation through community pharmacy.
- 4.5 The reduction in demand is being delivered through the implementation of FIT testing and pilots for colon capsule endoscopy and cytosponge.
- 4.6 An L&SC Performance Improvement Plan has been developed during 22/23 which includes trajectories and high-level actions at test level to achieve the 5% threshold of patients waiting six weeks or more for a diagnostic test by the end of March 2025. The 2023-24 planning submission plots a trajectory with an interim March 2024 milestone en-route to delivering the national target.

5 Domain 3 – Children and Young People

- 5.1 The Tobacco Control Plan for England 'Towards a smoke free generation' contained an ambitious goal of reducing smoking amongst pregnant women to 6% by the end of 2022.

- 5.2 In April-September 2022, the proportion of women reported as smoking at the time of delivery (SATOD) is higher in L&SC (12.36%) than both the North West (10.32%) and national figures (9.02%). Blackpool is a particular outlier with almost 20% of pregnant women reporting that they are smokers.
- 5.3 There is a long term plan to delivery smoking cessation services into maternity services, which is already in place at BTH and UHMB. Plans in place to implement at ELHT and LTHT by end of 2023/2024
- 5.4 Population vaccination coverage is higher in the ICB than both the North West and nationally for 2 doses of MMR by a child's fifth birthday. However, the most recent position of 89.0% is still below the optimal standard of 95%.
- 5.5 There are several initiatives to further improve this with various communications targeted at early years schools, parents and vulnerable groups.
- 5.6 The stillbirths and neonatal deaths rate for the ICB is above the national and northwest rate for the latest published data covering 2020. However, more recent data indicates that the rates locally have continued to fall. The Local Maternity and Neonatal System (LMNS) continue to monitor via the North West coast dashboard.
- 5.7 There are several key initiatives ongoing to further reduce the rates including establishment of a neonatal improvement board in BTH, external reviews of mortality/cases, workforce development and education/training. This work is currently ongoing with an external review being led by the North West Neonatal Operational Delivery Network.

6. Domain 4 – Cancer

- 6.1 UHMB continues to meet the 28-day faster diagnosis standard and has also met the 2 week standard this month. The Cancer Alliance system performance (based on the 8 x CCG position) is not achieving any of these 4 x standards.
- 6.2 Summary Table of Provider Performance against 4 core cancer standards (January 2023)

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	95.81%	87.64%	64.19%	79.25%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	88.70%	87.03%	62.91%	63.43%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	71.17%	80.15%	37.10%	61.14%
EAST LANCASHIRE HOSPITALS NHS TRUST	86.85%	88.74%	65.57%	67.75%
L&SC AGGREGATE (4 x Providers)	84.84%	85.45%	56.96%	67.47%
TARGET	93.00%	96.00%	85.00%	75.00%

6.3 Lancashire and South Cumbria Cancer Alliance Performance against 4 core cancer standards (January 2023)

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	85.08%	85.76%	56.14%	67.47%
TARGET	93.00%	96.00%	85.00%	75.00%

6.4 Reducing the 62 day Cancer backlog is a key aim of the NHS as outlined in the 22/23 NHS planning guidance. Currently LTHT is a tier 1 trust and ELHT a tier 2 trust as part of the national recovery programme. LTHT for both elective recovery and cancer and ELHT for their cancer backlog. Outside of this the Cancer Alliance and the ICB are attending weekly meetings with BTH to support cancer backlog reduction.

6.5 The latest position shows that the Lancashire and South Cumbria cancer 62 day backlog position is reducing, and is forecast to be 834 at the end of March. The Cancer Alliance backlog target for 23/24 accounts for the growth in demand seen in 22/23 – 129% compared to the 2019 baseline and 161% for GI alone. The ICB target for 23/24 is proposed to be 514.

6.6 The L&SC Cancer Alliance priorities align those presented nationally, with challenges in lower GI, urology and skin. There are also pressures in gynaecology, lung and upper GI, all of which will form part of the ICB work programme in 2023/24. Head and neck services are also under review to establish if reconfiguration is necessary as part of the Provider Collaborative

7. Domain 5 – Urgent and Emergency Care

7.1 The UEC recovery plan sets out the ambition to reach a minimum of 76% A&E (all-type) performance against the four-hour standard by March 2024, with further improvement in 2024/25.

7.2 In February 2023, L&SC ICB is achieving 78.81%, while BTH and UHMB are also above this target (and ELHT and LTHT are both above 75% but just below 76%). This shows a strong performance locally which is higher than North West and National averages.

7.3 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 and at the time of writing the aggregated position across the 4 x LSC providers was 7.81%

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

- Continue to promote the use of NHS 111 as a primary route into all urgent care services and maximise the use of direct referrals into alternative hospital services
- Maximise the use of booked time slots in A&E i.e., 70% of patients referred by NHS 111 receive a time slot.
- Review clinical assessment services provided by Integrated Urgent Care Providers across the ICS to ensure sufficient capacity is available to maximise deflections away from ED's.

7.6 There is a 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.

7.7 In the week ending 11th March 2023, available figures reported that 17.7% of all ambulance arrivals had a handover delay in excess of 30 minutes (7% over 60 minutes). There is variability in handover delays by provider ranging from 8.8% over 30 mins at ELHT to 34.5% at BTH.

7.8 Category 2 response times reported for the North West Ambulance Service (NWAS) have been reducing in January and February though are still longer on average than the 18 minute national target.

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

7.9 Actions currently being undertaken to improve performance include :

- Maximise the opportunity to “Hear and Treat”, and “See and Treat” patients rather than convey to hospital.
- Integration of 999, 111 and Patient Transport Services (PTS) as part of the urgent care pathways.
- Northwest handover collaborative has been established to ensure engagement, support, and action from the wider ICB UEC systems
- LSC ICB has been accepted on the national ECIST strategy and improvement programme, with the aim to co-design our UEC strategy and 5yr rolling improvement programme. Work has commenced with ECIST and the UEC team to agree the concordat and first design day expected to take place in May

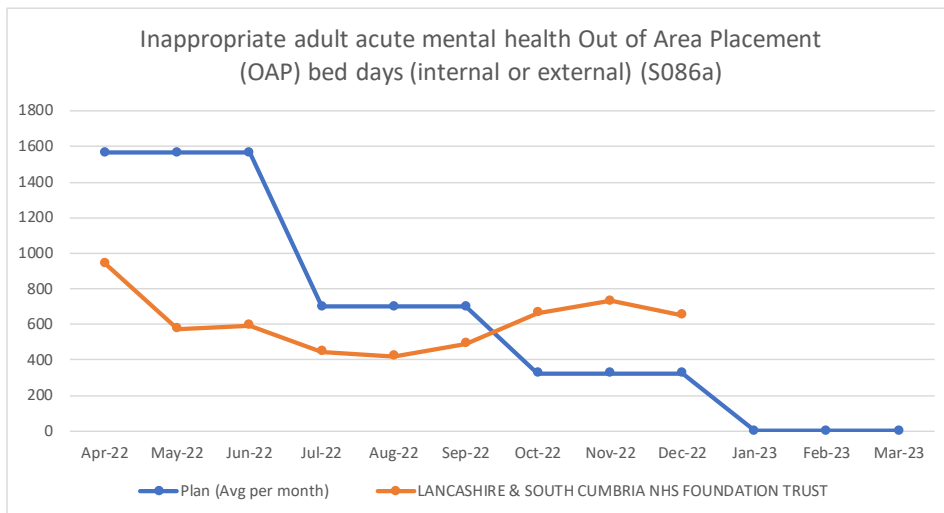
7.10 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) in February 2023 [95%] were comparable to the North West [95%] and England [95.8%] averages. However, reducing occupancy rates further towards the 92% ‘tipping point’ will be challenging.

- 7.11 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 adult G&A beds available during the month
- 7.12 Although L&SC is in the upper quartile for performance nationally, with 10.8% 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.
- 7.13 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).
- 7.14 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 January 23 reports that 87.7% of patients were discharged to their usual place of residence across L&SC compared with 91.9% nationally.
- 7.15 The proportion of patients with a length of stay (LOS) exceeding 21 days is increasing nationally and locally. 9.84% of patients discharged across L&SC during January 23 had been in hospital for 21+ days which was higher than the national average of 8.28%.
- 7.16 The Virtual Ward Programme across Lancashire & South Cumbria (L&SC) is predominantly designed to deliver 'step up' community capacity to support admission avoidance. We currently have a capacity of 315 beds with 13 pathways live within 5 acute trusts. The programme is aiming to deliver 746 beds by 31st March 2024 by expanding existing pathways and introducing new ones. Performance against our monthly planning trajectory is slightly below plan although our capacity per 100k and occupancy rates are above regional and national averages.
- 7.17 In L&SC there are 5 providers of place based 2-hour Urgent Community Response services. All 5 are currently delivering 8am-8pm, 7 days a week and offer all 9 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.

8 Domain 6 – Mental Health and Learning Disabilities

- 8.1 NHS England aims to improve uptake of the existing Annual Health Check (AHC) 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
- 8.2 In Lancashire and South Cumbria, this target is 71.6% (6955 AHCs) by end March 2023 and **75%** by end March 2024.
- 8.3 **4901** LD patients have received their annual health check in the 10 months from April 22 to January 23. This equates to **55.9%** which is lower than both the North West (58.6%) and national position (58.6%)
- 8.4 A co-ordinated programme of communication, support and training has been delivered to practices. Focussed activity is underway with those practices with the largest cohort on their LD register, and those with a large number of declinations.
- 8.5 Dementia Diagnosis rates across L&SC [**68.1%** in Jan 23] remain above the **66.7%** target and are higher than the National and North West averages. However, there is variation at practice / sub-ICB level beneath this aggregate position.
- 8.6 The 2022-23 ICB plan aimed to reduce the Inappropriate adult acute mental health Out of Area Placement (OAP) bed days down to zero per month by the end of the year.
- 8.7 Although the cumulative number of OAP bed days reported in the first 9 months of this year are lower than the cumulative plan, it is clear that the planned reductions in the October to December period have not materialised, and if anything the OAP bed days are showing signs of increasing again.



8.8

8.9 The IAPT indicator focuses on planning improved access to psychological therapies in order to address enduring unmet need. L&SC has been in the lowest quartile for performance against this measure for the past 2 years with fewer people than expected accessing services.

8.10 The 2023-24 planning trajectory outlines that L&SC is intending to significantly increase the number of patients accessing IAPT services. This is following a detailed review of our system combined with investment in the workforce consistent with the long term plan.

9 Domain 7 - Primary Care

9.1 There are a number of key metrics dealing with primary care identified in the System Oversight Framework (SOF) and highlighted within the 2023-24 operating priorities.

9.2 L&SC is reporting a greater number of general practice appointments per 10,000 population than the North West average and actual appointment volumes are higher than our original 2022-23 plans submission. However, the ICB's national benchmarking is not as positive; our rate of appointments per 10,000 population is well below the national average.

9.3 In January 2023, 84.5% of General Practice appointments were offered within 2 weeks of booking. This is below the North West and National average.

9.4 There is a potential contradiction around the simplistic 2 week metric whereby those practices with pre-bookable routine appointments after 4 weeks would tend to have better GP patient survey responses, but a greater chance of not achieving the 85% marker.

9.5 At the time of writing we are still awaiting the anticipated 'National Primary Care Recovery Plan' which is expected to provide further details on General Practice appointment growth.

- 9.6 A planning trajectory has been submitted as part of the 2023-24 planning round that aligns growth in appointments locally to modelled workforce changes.
- 9.7 Whilst there is a plan to improve patient communication, triage and signposting, significant risk remains re GP demand and capacity and ability to improve patient access.
- 9.8 The NHS Long Term Plan (NHS LTP) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years.

To complement the NHS LTP, the National Cardiovascular Disease Prevention System Leadership Forum (CVDPSLF) has agreed specific ambition for management of high Blood Pressure as:

- 80% of the expected number of people with high blood pressure are diagnosed by 2029
 - 80% of the total number of people diagnosed with high BP are treated to target as per NICE guidelines by 2029
- 9.9 The most recent hypertension prevalence figures (Quality Oversight Framework 2021-22) suggest that across L&SC 73.2% of the expected number of people with high blood pressure are diagnosed and recorded on practice registers. This is in line with the position nationally.
- 9.10 In the same period, L&SC reported that 60.9% of hypertension patients on registers were managed to target. This is higher than the North West average and is in line with the national position. However, further progress will need to be made to achieve the 80% ambition by 2029.
- 9.11 As with many primary care clinical measures, there is significant variation at place, sub-ICB, PCN and practice level.
- 9.12 The risk of serious illness from flu and consequent hospitalisation is higher among those aged 65 years and older as they are more likely to have an underlying health problem. The uptake of seasonal influenza vaccination among those aged 65 and over is therefore a critical measure.
- 9.13 In the period Sep22-Jan23 L&SC is reporting that 78.86% of eligible patients have received the flu vaccination. This is in-step with the North West average but is lower than the national position (79.42%).
- 9.14 There is significant variation at sub-ICB level ranging from 73.31% (Blackburn with Darwen) though to 81.66% (Chorley and South Ribble).
- 9.15 The responsibility to recover units of dental activity (UDAs) towards pre-pandemic levels has moved to ICBs from April 2023 onwards. As part of the 2023-24 planning round a trajectory has been submitted outlining the expected

volumes over the year and this will be used to track performance in subsequent reports.

10. Domain 8 – Workforce

10.1 Detailed workforce information is presented to the ICB People Board. The latest position available is December 2022.

Dec-22	ICB	BTH	ELHT	LTHT	UHMB	ICB 4 x Prov	LSCFT	NWAS	North West	National
Sickness Absence	2.50%	8.10%	7.20%	7.60%	6.60%	7.70%	8.90%	10.50%	7.30%	6.30%
Turnover Rate	1.00%	0.40%	0.40%	0.80%	0.80%	0.60%	0.70%	0.90%	1.00%	1.00%
Vacancy Rate		2.10%	7.40%	8.10%	5.20%	7.00%	11.90%	4.90%	7.30%	8.90%
% Staff BME	5.10%	15.00%	22.00%	24.00%	13.00%	18.00%	13.00%	5.00%	16.00%	25.00%

10.2 The current sickness absence rate across L&SC providers (Dec 22) is 7.7%, which is higher than the NW average, and +1.4% higher than National.

10.3 The top reason for sickness is Mental Health, accounting for 25% of sickness in December. This is in line with the NW and higher than National (20% of absences). The second is Minor Illnesses accounting for 21%. Musculoskeletal Problems accounts for 16%.

10.4 The vacancy rate across L&SC provider in December 2022 was 7.0%, which is slightly lower than the NW average (7.3%) and lower than National (8.9%). This is slightly lower than last month, and the same as this time last year.

10.5 The L&SC Trust with the highest vacancy rate is LSCFT at 11.9%, followed by LTH at 8.1%. Vacancy rate in BTH is significantly lower than the L&SC average.

10.6 The staff groups with the highest vacancy rates are Medical & Dental (10.0%) and Support to Clinical (8.6%). The lowest is Admin & Clerical at 3.7%. Medical & Dental has seen a significant jump in vacancy rates from December 2021 to December 2022.

11. Next Steps

11.1 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.

- 11.2 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 – 2023/24 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.
- 11.3 Appendix A provides a balanced scorecard view of the key metrics across multiple themed domains, using the latest information to give an indication as to the current level of performance.
- 11.4 Further developments underway include progressing the use of statistical process control charts for relevant metrics to gain a better understanding as to what is a statistically significant change in the system as opposed to what might just be natural variation.
- 11.5 Once the 2023-24 planning round has been approved we will be in a position to use submitted plans as critical trajectories to monitor against for relevant metrics.

12 Conclusion

- 12.1 There continue to be significant pressures across all elements of the system. Many of these challenges are being felt nationally and regionally.
- 12.2 The 2023-24 planning round has provided an opportunity for the ICB to revisit and update its planning assumptions, and refocus efforts on those areas where our local performance is not at the level that our patients and populations deserve it to be.
- 12.3 Mitigations to recover performance across the system continue.

13 Recommendations

- 13.1 The Board is asked to:
- 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.

Maggie Oldham
Deputy Chief Executive Officer and Chief of Planning, Performance and Strategy
20 March 2023

DOMAIN 6	MENTAL HEALTH AND LEARNING DISABILITIES																		
	ICB COMMISSIONER					PLACE				PROVIDER					ICB PROVIDER AGGREGATE				
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Jan-23	5562	4901	*	↑	46.1%	57.9%	56.8%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Dec-22		670	*	↓									*		322	650	*	↓
Estimated diagnosis rate for people with dementia	Jan-23	66.7%	68.14%	✓	↓	68.4%	69.0%	68.0%											
IAPT access	Q3 2022-23	40809	23244	*	↓														
Increase both adult and children's access to mental health service																			

DOMAIN 7	PRIMARY CARE																		
	ICB COMMISSIONER					PLACE				PROVIDER					ICB PROVIDER AGGREGATE				
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Number of general practice appointments per 10,000 weighted patients	Jan-23	3727.0	4307.3	✓	↔														
% of Appointments within 2 weeks of booking	Jan-23		84.54%		↑														
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep22-Jan23	85%	78.86%	*	↑	73.31%	76.34%	79.64%											
% of hypertension patients who are treated to target as per NICE guidance	2021-22	80%	60.85%	*	↑	59.4%	59.6%	61.2%											
Proportion of diabetes patients that have received all eight diabetes care processes	Jan-Sep22		32.05%																
Hypertension case-finding	2021-22	80%	73.21%		↑	88.5%	94.3%	69.7%											
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	2023 01		80.28%		↑														

DOMAIN 8	WORKFORCE																		
	ICB COMMISSIONER					PLACE				PROVIDER					ICB PROVIDER AGGREGATE				
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Vacancies (Latest)	Dec-22									2.10%	7.40%	8%	5.20%	11.90%	4.90%		7.00%		
Turnover (Latest)	Dec-22		1.00%							0.40%	0.40%	0.80%	0.80%	0.70%	0.90%		0.60%		
% Staff BAME	Dec-22		5.10%							15.00%	22.00%	24.00%	13.00%	13.00%	5.00%		18.00%		
Sickness (Latest)	Dec-22		2.50%							8.10%	7.20%	7.60%	6.60%	8.90%	10.50%		7.70%		

STRATEGIC AREA	RECOVER FINANCIAL POSITION												
	Date	Plan £M	Actual £M	In month £M	Variation				Not at Target	At Target	No Target	Not at Target	At Target
Cumulative position against plan	Feb-22	(2.0)	(44.0)	(55.0)	11.0				No Change	↔	↔	*	✓
Forecast position against plan	Feb-22	0.0	0.0	(3.0)	3.0				Improving	↑	↑		
Deliver of efficiency target (S119a)	Feb-22	187.0	154.0	151.0	3.0				Deteriorating	↓	↓		
Agency spend against plan	Feb-22	(74.0)	(105.0)	(94.0)	(11.0)								

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