

## Integrated Care Board

<b>Date of meeting</b>	3 May 2023
<b>Title of paper</b>	Performance Report
<b>Presented by</b>	Maggie Oldham, Chief Planning, Performance and Strategy Officer and Deputy Chief Executive Officer
<b>Author</b>	Roger Parr
<b>Agenda item</b>	15
<b>Confidential</b>	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.
- 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		

### Conflicts of interest identified

Not applicable

<b>Implications</b>				
<i>If yes, please provide a brief risk description and reference number</i>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
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		

<b>Report authorised by:</b>	Kevin Lavery, Chief Executive
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# Integrated Care Board

3 May 2023

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## Performance Report

### 1.0 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 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, final planning trajectories for the 2023-24 year are being reviewed by NHS England. 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.

### 2.0 Key Performance Indicators

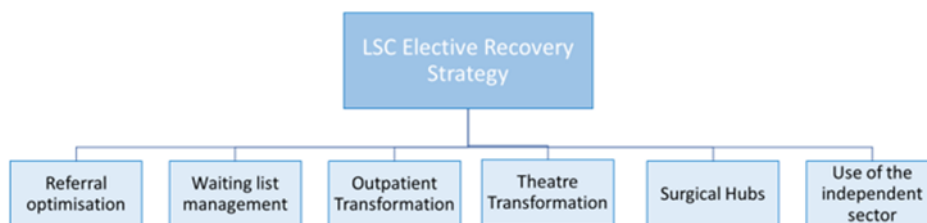
- 2.1 The following narrative outlines current performance against some of the key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.
- 2.2 For ease, themed 'domains' have been used 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 main NHS providers in L&SC).
- 2.4 However, where possible there is 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.

### **3.0 Domain 1 – Elective Recovery**

- 3.1 Although the total number of patients waiting for treatment has continued to increase over the past 2 years (201,697 patients @ ICB level at the end of Feb 23), the number of very long waiters has decreased.
- 3.2 At the end of February 2023, L&SC ICB commissioned activity reported:
- 17 patients (0.01%) still waiting 104+ weeks
  - 744 patients (0.37%) waiting 78+ weeks
  - 2817 patients (1.40%) waiting 65+ weeks
  - 8821 patients (4.37%) waiting 52+ weeks
- 3.3 Despite further reductions in the volume of longer waiting during March 2023, the unvalidated end of March 2023 position for the 4 x main NHS providers within Lancashire and South Cumbria reported:
- 6 x 104+ week waiters (though none of these were capacity breaches)
  - 160 x 78+ week waiters; 74 of these were capacity breaches primarily due to industrial action, with the other breaches being due to either patient choice or the patient being clinically unfit / awaiting complex treatment.
- 3.4 For 2023-24, the national focus for RTT waiters is due to shift to the 52+ week and particularly the 65+ week waiter categories. Plans have recently been submitted that aim to eliminate waits over 65 weeks by the end of March 2024.

- 3.5 In addition, we are likely to see a step change increase in the number of waiters being reported from April 2023 as oral surgery / maxillo-facial surgery patients will start to be reported against L&SC ICB as opposed to an NHS England code within the referral to treatment datasets. At the end of February 2023, the 4 x L&SC NHS providers are reporting a total of 10,645 patients within these specialties, the majority of which are likely to be L&SC ICB registered patients.
- 3.6 National analysis of weekly 'value weighted activity' highlights that L&SC has been delivering activity close to 100% of historic levels. During February 2023, L&SC was reporting activity recovery above the North West average.
- 3.7 The Lancashire and South Cumbria 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.



- 3.8 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.
- 3.9 In the April 2022 to February 2023 period, L&SC ICB is currently above this 85% threshold with an average of 87.7% of all elective activity undertaken as a daycase. However, there is variation by provider which ranges from 81.3% (LTHT) to 91.5% (BTH)
- 3.10 Model Hospital metrics also highlight a subset of circa 200 procedures identified by the British Association of Day Surgery (BADs) as most suited to being undertaken as a daycase. Using this measure, L&SC is performing well above national and regional averages though is below the 85% threshold.
- 3.11 L&SC latest performance (26th March 2023) on theatre capped utilisation is 78%, which ranks the ICB as the 8th best performer nationally. This follows a period of sustained improvement.

Capped Theatre Utilisation % – Touch time within the planned session vs planned session time

## **4.0 Domain 2 – Diagnostics**

- 4.1 UHMB is the only one of the four acute Trusts that are presently meeting the 2023-24 operational planning guidance target of 95% of patients receiving a diagnostic test within 6 weeks (Target to be delivered by March 2025). Performance in February 2023 varies significantly across providers with UHMB at 97.6% and LTHT at 57.6%.
- 4.2 Performance in endoscopy is challenged with overall activity being below the cumulative plan as of February 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 cystosponge.
- 4.6 A L&SC Performance Improvement Plan has been developed during 2022-2023 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 to delivering the national target.

## **5.0 Domain 3 – Children & 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-December 2022, the proportion of women reported as smoking at the time of delivery (SATOD) is higher in L&SC (11.93%) than both the North West (10.28%) and national figures (8.87%). 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 89.4% 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. There is also a plan to engage Primary Care Networks (PCNs) in L&SC in the delivery of MMR which is in its initial stages.
- 5.6 There are several key initiatives ongoing to further reduce still birth 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.

## 6.0 Domain 4 – Cancer

- 6.1 UHMB and ELHT have met the 28-day faster diagnosis standard and also the 2 week standard whilst BTH have met the 2 week standard. The Cancer Alliance system performance (based on the L&SC population position) is only achieving the faster diagnosis standard out of these indicators with performance at 75.20%.
- 6.2 Summary Table of Provider Performance against 4 core cancer standards (February 2023).

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	95.82%	92.00%	68.31%	85.00%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	94.76%	89.09%	57.35%	74.34%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	78.52%	88.31%	45.65%	65.01%
EAST LANCASHIRE HOSPITALS NHS TRUST	95.92%	91.67%	55.00%	78.56%
<b>L&amp;SC AGGREGATE (4 x Providers)</b>	91.07%	89.96%	55.39%	75.44%
TARGET	93.00%	96.00%	85.00%	75.00%

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

CANCER ALLIANCE	2 Week	31 Day	62 Day	FDS
L&SC CANCER ALLIANCE (CCG TOTAL)	91.18%	90.28%	56.20%	75.20%
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 2023-2023 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 position is reducing. The Cancer Alliance backlog target for 2023-2024 accounts for the growth in demand seen in 2022-2023 – 129% compared to the 2019 baseline and 161% for GI alone. Targets are as follows:

Provider	BTH	ELHT	LTHT	UHMB	L&SC
Target	128	155	180	51	514

- 6.6 The target set for 2022-2023 of a system backlog of 407 was not met. Significant progress has been made across all providers helping to reduce the number of patients waiting over 62-days. At the end of the year there were 518 patients waiting over 62-days. This places the system in a positive position to exceed the maximum backlog in 2023-2024.

- 6.7 There is a robust and wide-ranging cancer improvement plan for 2023-2024 covering the following areas:

Operational performance

- Focus on pathway redesign in the most challenged pathways – colorectal, skin, breast, urology, upper GI and gynaecology
- Introduction of Teledermatology
- Further work to develop non-site specific symptoms pathway

Early diagnosis

- Further development of FIT to support patients on colorectal pathways
- Timely presentation to services focusing on deprivation and inequality
- Targeted lung health checks
- Lynch testing (Testing for heritable cancers)
- Liver surveillance
- Cytosponge and colon capsule endoscopy

Treatment and Care

- Treatment variation
- Living With and Beyond Cancer (Personalised Care, PSFU, Psychosocial support) and Experience of Care

- 6.8 There is also a 12 point action plan which was presented to Board last month within the cancer deep dive report.



## 7.0 Domain 5 – Urgent & 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 2024-2025.
- 7.2 In March 2023, L&SC ICB was achieving 76.9%, while BTH was also above this target at 80.5%. This shows a strong performance locally which is higher than North West and National averages.
- 7.3 There was a requirement in 2022-2023 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 March aggregated position across the 4 x LSC providers was 8.1%.
- 7.4 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.
- 7.5 There was 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.
- 7.6 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 8.65% over 30 mins at ELHT to 34.87% at BTH.
- 7.7 Category 2 response times reported for the North West Ambulance Service (NWAS) [00:30:57] remain quicker than the national average [00:39:33] though are still longer 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
- 7.8 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.

7.9 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) in March 2023 (95.1%) were comparable to the North West (95.1%) and England (95.6%) averages. However, reducing occupancy rates further towards the 92% target will be challenging.

7.10 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.

7.11 Although L&SC is in the upper quartile for performance nationally, with 10.6% 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.

7.12 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).

7.13 Locally, an amalgamation of the 3 x Health and Wellbeing Boards (HWBs) (Blackburn with Darwen HWB, Blackpool HWB, Lancashire HWB) reports has been used to give an indication as to the position across L&SC. The most recent available data from February 2023 reports that 88.1% of patients were discharged to their usual place of residence across L&SC compared with 92.5% nationally. All areas are showing evidence of sustained deterioration in

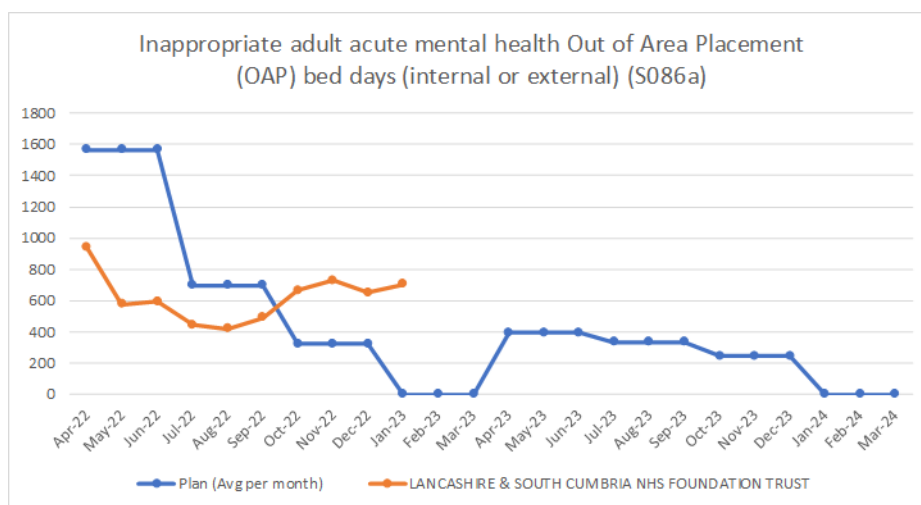
performance with the exception of Blackburn with Darwen LA where the trend is within expected variation.

- 7.14 The proportion of patients with a length of stay (LOS) exceeding 21 days is increasing nationally and locally. 9.32% of patients discharged across L&SC during February 23 had been in hospital for 21+ days which was higher than the national average of 7.84%.
- 7.15 The Virtual Ward Programme across Lancashire & South Cumbria (L&SC) is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Currently there is a capacity of 330 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 is below our monthly planning trajectory although our capacity per 100k and occupancy rates are above regional and national averages.
- 7.16 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.

## **8.0 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 5933 LD patients have received their annual health check in the 11 months from April 22 to February 23. This equates to 67.8% which is lower than both the North West (70.6%) and national position (69.9%) although the increased activity over the last 3 months has been closing the gap.
- 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 February 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 2022-2023 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 10 months of this year are lower than the cumulative plan, it is clear that the planned reductions from October 2022 onwards have not materialised, and if anything the OAP bed days are showing signs of increasing again.



- 8.8 A detailed reduction trajectory for 2023-2024 has been completed between the ICB and LSCFT for OAPs reduction. There are also plans to increase bed capacity in Q3 of 23/24 and a review of rehabilitation and in patient capacity is underway to ensure allocation of specialty bed provision is correct.
- 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 2023-2024 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.
- 8.11 The NHSE national team has supported a full and comprehensive review of IAPT services within LSCFT to support delivery of the long Term Plan ambition, other IAPT service providers are undertaking a review in line with the one

completed in LSCFT. The ICB is also supporting investment in trainees and supervision for 2023-2024 and is undertaking cost analysis to look at the cost comparisons of all IAPT providers.

- 8.12 For the number of Children and Young People accessing Mental Health Services, the ICB is in the highest performance quartile at 107.5% of the projected number.
- 8.13 There are a number of key initiatives being undertaken for Children and Young People including; review of transformation plans to review variation in delivery, a focus on transition for 18 to 25 year olds and service delivery for 0-5 year olds, Mental Health in Schools teams mapped to understand support for schools, a Voluntary Sector framework developed so they are involved in planning service delivery and a focus on suicide prevention and self-harm.

## **9.0 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, despite this, our rate of appointments per 10,000 population is well below the national average and L&SC is consistently within the lowest performing quartile compared to other ICBs.
- 9.3 In February 2023, 83.2% 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 80% 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 2023-2024 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 (NHSLTP) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. To complement the NHSLTP, the National Cardiovascular Disease Prevention System Leadership Forum (CVDPSLF) has agreed specific ambition for management of high BP 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 (QOF 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 Sep 2022 - February 2023 L&SC is reporting that 79.2% of eligible patients have received the flu vaccination. This is in-step with the North West average but is lower than the national position (79.9%).
- 9.14 There is significant variation at sub-ICB level ranging from 73.7% (Blackburn with Darwen) though to 82.4% (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 2023-2024 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.

## 10.0 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 (December 2022) 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.

## 11.0 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 2022-2023 – 2023-2024 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 2023-2024 planning round has been approved we will be in a position to use submitted plans as critical trajectories to monitor progress against.

## **12.0 Conclusion**

- 12.1 There continues to be significant pressures across all elements of the system. Many of these challenges are being felt nationally and regionally.
- 12.2 The 2023-2024 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.

## **13.0 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.
  - Support the continuation of the Finance and Performance work with the input of Non-Executive Members

**Maggie Oldham**  
**Chief of Strategy, Planning and Performance**  
**April 2023**





DOMAIN 5	URGENT AND EMERGENCY 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
A&E 4 Hour Standard (76% Recovery Target)	Mar-23	76%	76.86%	✓	↑					✓	*	*	*			76%	75.87%	*	↔
Proportion of patients spending more than 12 hours in an emergency department	10-16Apr	2%								*	*	*	*			2%	6.54%	*	↑
Average ambulance response time: Category 2	Mar-23	00:18:00	00:30:57	*	↓									*		00:18:00	00:30:57	*	↓
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	Mar-23	5%								*	*	*	*			5%	18.31%	*	↑
Delayed Transfers of Care / No Medical Criteria to Reside	Mar-23									7.07%	8.75%	9.46%	19.07%				10.59%		
Adult G&A Bed Occupancy	Mar-23									95.05%	96.44%	95.34%	92.43%			92%	94.91%	*	
Number / % of patients with a LOS exceeding 21 days	Feb-23	7.84%	9.32%	🕒	🕒	🕒	🕒	🕒	🕒										
Proportion of patients discharged to usual place of residence	Feb-23		88.07%		🕒	🕒	🕒	🕒	🕒										
2 Hour Urgent Community Response (70% Target)	Feb-23	70%	94.01%	✓	↔														
Total Virtual ward capacity per 100k of adult population	Mar-23	24.07	22.06	*	↑														

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	Feb-23	6259	5933	*	↑	54.4%	70.1%	69.2%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Jan-23		685	*	↓									*		0	705	*	↓
Estimated diagnosis rate for people with dementia	Feb-23	66.7%	68.14%	✓	↔	68.7%	69.0%	68.0%											
IAPT access	Q3 YTD	41000	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	Feb-23	3432.5	3949.2	✓	↔														
% of Appointments within 2 weeks of booking	Feb-23		83.18%		↑														
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep22-Feb23	85%	79.22%	*	↓	73.72%	76.60%	80.01%											
% 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-Dec22		43.45%																
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					Not at Target	At Target	No Target	Not at Target	At Target
	Key Performance Indicator	Date	Plan £M	Actual £M	In month £M					
Cumulative position against plan	Mar-22	0.0	(26.9)	(26.9)	0.0	No Change	↔	↔	✘	✔
Forecast position against plan						Improving	↑	↑		
Deliver of efficiency target (\$119a)	Mar-22	187.0	153.0	154.0	(1.0)	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				

## KEY

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

### Statistical Process Control Charts (SPC) – development for a limited number of metrics

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

**Variation icons:** **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

**Assurance icons:** **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

- This month we have incorporated a limited number of Statistical Process Control Charts (SPC) for key metrics.
- The SPC charts attached within this report utilise NHSI SPC icons as shown within the tables to indicate whether trended patterns are within the range of 'expected variation' or to highlight where the data would suggest any special cause variation.
- In addition, where there is a defined target, an assurance icon is added to the summary table to highlight targets are being failed or met consistently.