

## Integrated Care Board

<b>Date of meeting</b>	5 July 2023
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	Maggie Oldham, Chief of Transformation and Recovery/Deputy Chief Executive Officer
<b>Author</b>	Roger Parr
<b>Agenda item</b>	10
<b>Confidential</b>	No

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: <ul style="list-style-type: none"> <li>Note the summary of key performance metrics for Lancashire and South Cumbria.</li> <li>Support the actions being undertaken to improve performance against the high risk metrics identified in this report.</li> <li>Note the ongoing work to further develop the performance framework and reporting, in particular the board workshop. Support the continuation of the Finance and Performance work with the input of Non-Executive Members.</li> </ul>				
Which Strategic Objective/s does the report contribute to				Tick
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
4	Meet financial targets and deliver improved productivity			✓
5	Meet national and locally determined performance standards and targets			✓
6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications		✓		
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	

Executive Management Team	27 June 2023	Agreed submission for Board
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**Conflicts of interest associated with this report**  
not applicable

<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed		✓		
Equality impact assessment completed		✓		
Data privacy impact assessment completed		✓		

**Report authorised by:** Kevin Lavery, Chief Executive

# Integrated Care Board – 5 July 2023

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## Integrated 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 is ongoing 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 receives and reviewed a more detailed overview of KPIs 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 In addition, the committee has been provided with greater detail on the actions being undertaken to improve the situation on key areas of concern with further clarity on when improvement will be seen.
- 1.6 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.

### 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.

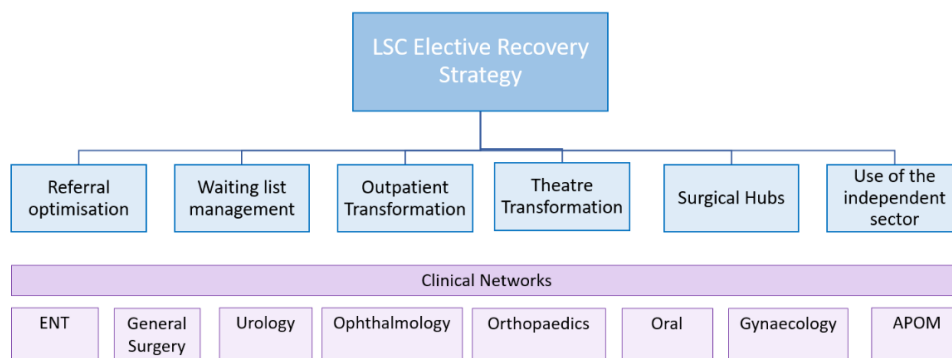
- 2.2 For ease, themed 'domains' have been used which align to the updated balanced scorecard.
- 2.3 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting. Historically this has been at ICB commissioner level, at provider level, and at an aggregated provider level (for the 4 x main NHS providers in Lancashire and South Cumbria) (L&SC).
- 2.4 For a limited range of measures, 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 Clinical Commissioning Group (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.

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

- 3.1 The total number of patients waiting for treatment has continued to increase over the past 2 years (217,738 patients at ICB level at the end of April 2023). Although the trend for long waiter patients (65+ weeks) has been falling, the April position shows a slight increase up to 2305 patients.
- 3.2 At the end of April 2023, L&SC ICB commissioned activity reported:
- 8 patients still waiting 104+ weeks
  - 278 patients (0.13%) waiting 78+ weeks
  - 2305 patients (1.06%) waiting 65+ weeks
  - 9432 patients (4.33%) waiting 52+ weeks
- 3.3 The end of April 2023 position for the 4 main NHS providers within Lancashire and South Cumbria reported:
- 7 x 104+ week waiters
  - 206 x 78+ week waiters
  - 1884 patients (1.06%) waiting 65+ weeks
- 3.4 For 2023-2024, the national focus for Referral to Treatment (RTT) waiters has shifted to the 52+ week and particularly the 65+ week waiter categories. Planning trajectories for 65+ week waiters at provider and ICB level were submitted as part of the 2023-2024 planning round. The provider aggregate position is currently delivering ahead of the submitted plans, while the ICB level position is marginally ahead of our April 2023 plan. More timely data from weekly

submissions suggests that the reductions have slowed with little improvement over the past 4 weeks.

- 3.5 National analysis of weekly ‘value weighted activity’ highlights that during April and into May 2023 L&SC providers in aggregate have been delivering activity close to 95% of historic levels. This was during a period where a number of strikes were taking place and it is of note that L&SC has continued to report activity recovery above the North West average. It should be noted that following validation, activity levels may alter and weekly data is subject to change.
- 3.6 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.



- 3.7 Model Hospital metrics 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.
- 3.8 L&SC latest performance (21<sup>st</sup> May 2023) on theatre capped utilisation is 79%, 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

- 3.9 Specialist advice in 2022-2023 was monitored against the target of 16 specialist advice episodes per 100 Outpatient First Attendances (OPFA), which includes both pre and post specialist advice. For 2023-2024, the national target is a minimum of 21 specialist advice (again both pre and post) per 100 OPFA. The four acutes achieved an average of 23.5 in 2022-2023 and have reported 26.1 in April 2023.

#### 4.0 Domain 2 – Diagnostics

- 4.1 University Hospitals Morecambe Bay (UHMB) continues to meet the 2023-2024 operational planning guidance target of 95% of patients receiving a diagnostic test within 6 weeks (Target to be delivered by March 2025). Performance in April 2023 showed a deterioration from the previous month for ICB at 78.1% though

the L&SC position continues to be well above the North West and national performance levels.

- 4.2 Endoscopy activity reported at ICB level for April 23 is slightly above the planning expectation, while the volume of imaging and physiological measurement tests is below our planning assumption. There is further variation between providers with Blackpool Teaching Hospitals (BTH) and UHMB above plan for imaging.
- 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 Faecal Immunochemical Testing (FIT) and pilots for colon capsule endoscopy and cystosponge.
- 4.6 An L&SC Performance Improvement Plan 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.

## **5.0 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 During 2022-23, the proportion of women reported as smoking at the time of delivery (SATOD) is higher in L&SC (11.76%) than both the North West (10.27%) and national figures (8.76%). Blackpool remains an outlier with almost 20% of pregnant women reporting that they are smokers, although in the latest Q4 figures this area is no longer the poorest performing sub-ICB area.
- 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 East Lancashire Hospitals Trust (ELHT) and Lancashire Teaching Hospitals Trust (LTHT) by end of 2023-24.

- 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 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 during 2021 and 2022. 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.

## 6.0 Domain 4 – Cancer

6.1 UHMB and ELHT continue to meet the 28-day faster diagnosis standard, though in April 23 all other standards have not been met. The Cancer Alliance system performance (based on the 8 x CCG position) is only achieving the faster diagnosis standard out of these indicators with performance at 75.4%.

6.2 Summary Table of Provider Performance against 4 core cancer standards (April 2023).

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	86.27%	88.82%	69.46%	80.92%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	88.87%	92.21%	69.06%	71.60%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	87.42%	85.77%	44.36%	69.99%
EAST LANCASHIRE HOSPITALS NHS TRUST	89.01%	84.29%	63.33%	79.32%
<b>L&amp;SC AGGREGATE (4 x Providers)</b>	<b>87.92%</b>	<b>87.29%</b>	<b>59.57%</b>	<b>75.41%</b>
TARGET	93.00%	96.00%	85.00%	75.00%

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

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	86.82%	87.28%	58.74%	75.40%
TARGET	93.00%	96.00%	85.00%	75.00%

6.4 Reducing the 62 Day Cancer backlog is a key aim of the NHS. Currently LTHT is a Tier 1 Trust (for both elective recovery and cancer). 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 2023-24 accounts for the growth in demand seen in 2022-2023 – 129% compared to the 2019 baseline and 161% for GI alone. Targets for March 2024 are as follows:

- BTH: 128
- ELHT: 155
- LTH: 180
- UHMB: 51
- ICB: 514

6.6 Significant progress has been made across all providers helping to reduce the number of patients waiting over 62-days. In May the system was in a favourable position against the 2023-24 trajectory (Actual 599 / Plan 718). The impact of both the bank holidays and industrial action on performance for the May and June final positions is awaited.

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

## **7.0 Domain 5 – Urgent & Emergency Care**



- 7.1 The Urgent and Emergency Care (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 addition, the target is to get Ambulances to patients quicker with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023-2024, with further improvement in 2024-2025 towards pre-pandemic levels.
- 7.3 To support implementation of the plan, NHS England will be working with regions and systems to provide support to improve services for patients. As part of the UEC improvement approach, each system has been allocated into one of three tiers, which will determine the level of improvement support and oversight. Allocation of systems into tiers has been regionally led, based on local insight and performance, and evidenced by data. Based on this methodology and discussions with regions, L&SC ICB is the only system in the North West region to be allocated to Tier 3 and therefore requires less intensive support than those in Tier's 1 & 2.
- 7.4 In May 2023, L&SC ICB was achieving 76.7% against the four-hour standard, which was slightly down for 76.8% in April 2023. BTH was the best performing provider at 80.2%. This shows a strong performance locally which is higher than North West and National averages.
- 7.5 There is a requirement to reduce 12-hour waits in Emergency Departments (ED) towards zero and to be no more than 2%. All EDs continue to face significant challenges in this area and at the week ending 15<sup>th</sup> June 2023, the aggregated position across the 4 x LSC providers was 7.7%% (though provider variation from 5.23% at UHMB to 10.1% at ELHT).
- 7.6 The transforming access to urgent and emergency care services programme has a number of key actions to support reductions in the time spent within ED 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.

7.7 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.

7.8 For the month of May 2023, available figures reported that 17.88% of all ambulance arrivals had a handover delay in excess of 30 minutes (5.59% over 60 minutes). There is variability in handover delays by provider ranging from 13.33% over 30 mins at UHMB to 32.38% at BTH.

7.9 Category 2 response times reported for the North West Ambulance Service (NWAS) deteriorated in May 2023 [00:22:02], but remain quicker than the national average [00:32:24] though are still longer than the 18-minute national target. The UEC recovery plan sets an ambition for improved Category 2 response times of 30 minutes on average over 2023/24.

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

7.10 Actions that continue to be undertaken to improve performance as follows:

- 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 Emergency Care Improvement Support Team (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.

7.11 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) increased in May 2023 (95.2%) and remained comparable to the North West (94.4%) and England (94.8%) averages. However, reducing occupancy rates further towards the 92% ‘tipping point’ will be challenging.

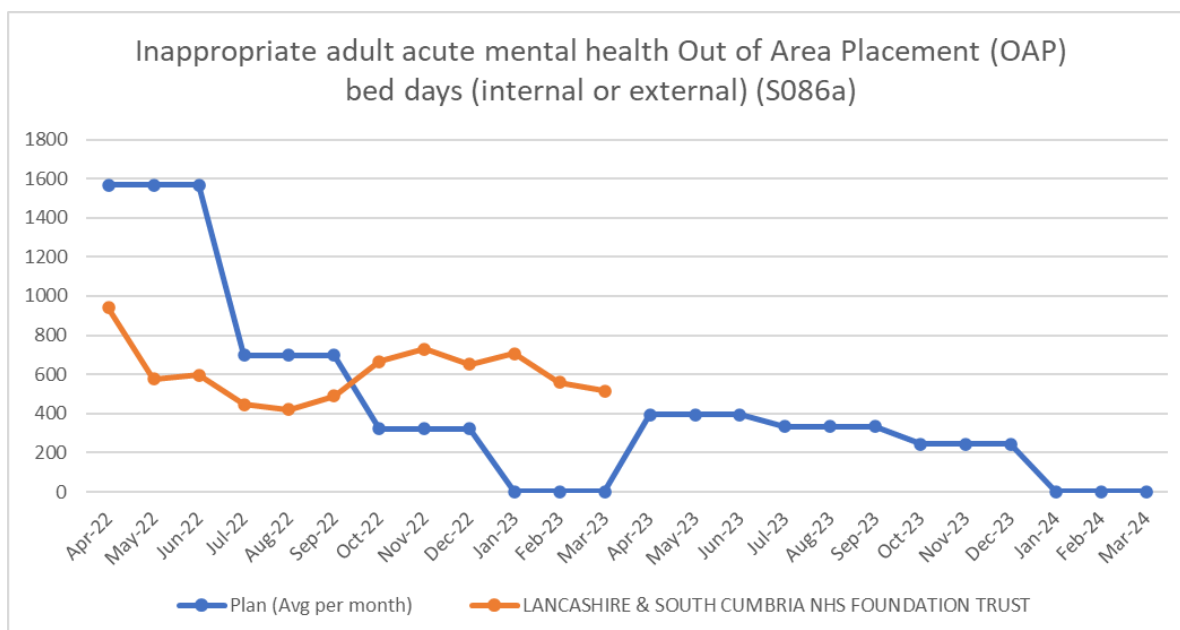
7.12 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a measure has been included in the System Oversight Framework (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.

- 7.13 Although L&SC is in the upper quartile for performance nationally, with 9.6% 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, although the schemes have now ceased or will cease by 30 June 2023.
- 7.14 The Better Care Fund (BCF) in 2022-23 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).
- 7.15 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 April 2023 reports that 87.7% of patients were discharged to their usual place of residence across L&SC compared with 92.7% nationally. Blackpool Local Authority (LA) slightly deterioration in performance from the previous month, whereas Blackburn with Darwen LA and Lancashire LA showed a small improvement.
- 7.16 The proportion of patients with a length of stay (LOS) exceeding 21 days decreased nationally and locally. 9.09% of patients discharged across L&SC during April 2023 had been in hospital for 21+ days which was higher than the national average of 7.79%.
- 7.17 Plans are currently being established for the 2023-24 BCF which include the discharged to usual place of residence metric, together with a metric looking at the rate of Ambulatory Care Sensitive admissions and a new metric around patients aged 65+ who are admitted in an emergency following a fall.
- 7.18 The Virtual Ward Programme across L&SC is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 15<sup>th</sup> June 2023 reports a capacity of 365 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.
- 7.19 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 AHCs are undertaken throughout the year, therefore performance increases as months pass and generally increase more towards the back end of the year. In April 2023, 266 (2.9%) of annual health checks were undertaken.
- 8.3 A co-ordinated programme of support and training will continue and monthly monitoring of performance will be undertaken.
- 8.4 Dementia Diagnosis rates across L&SC (68.4% in May 2023) which is an improved position and remains 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. Work continuing across the ICB to look at improved service offers, understand the views of service users and link in with both work around frailty and the suicide prevention data to establish numbers of older adults who died by suicide and cause of death.
- 8.5 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.
- 8.6 Although the cumulative number of OAP bed days reported across the year are 6% below cumulative plan, the reduction in bed days has been consistently above plan since October.



8.7 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 2023-2024 and a review of rehabilitation and in patient capacity is underway to ensure allocation of specialty bed provision is correct.

8.8 The Improving Access to Psychological Therapies (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

8.9 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.

8.10 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.

8.11 For the number of Children and Young People accessing Mental Health Services, the ICB is in the highest performance quartile at 110.2% of the projected number.

8.12 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 pertaining to primary care identified in the SOF and highlighted within the 2023-24 operating priorities.
- 9.2 L&SC is reporting a lower volume of general practice appointments in April 2023 than our recently submitted planning expectation. L&SC has the greatest number of General Practice appointments per 10,000 weighted patients in the North West, but our rate of appointments per 10,000 population is below the national average and is within the lowest quartile compared to other ICBs.
- 9.3 This metric is impacted by L&SC's relatively small primary care workforce; presently ranked 39/42 for Full Time Equivalent (FTE) GPs per 10,000 weighted population and L&SC is just above the lower quartile for direct patient care FTE staff. Despite this the L&SC is above the national average for the proportion of appointments conducted face to face.
- 9.4 The ICB is currently reviewing the potential impact of the cessation of the temporary Acute Respiratory Infection (ARI) Hubs on the April 2023 appointment data. The ARI Hubs provided significant capacity to primary care between December 2022 and March 2023 for patients with ARIs, providing an additional 29,000 appointments over this period.
- 9.5 In April 2023, 80.2% of General Practice appointments were offered within 2 weeks of booking. This is below the North West and National average (82.4 and 81.% respectively). 43.8% of appointments were offered on the same day which matches the national average.
- 9.6 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.
- 9.7 The 'National Primary Care Recovery Plan' has been received together with an additional letter from Dr Amanda Doyle which further sets out planning guidance, a checklist and some additional local actions which aim to improve patient communication, triage and signposting. Significant risk remains regarding GP demand and capacity and ability to improve patient access. However, this is being worked through via the ICB's Primary Care Access Recovery Workplan which has been refreshed in line with the most recent guidance ensuring that it encompasses all asks.

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 blood pressure (BP) as:

- 80% of the expected number of people with high BP 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, Primary Care Network (PCN) and practice level.

Feb-23	ICB	BTH	ELHT	LTHT	UHMB	ICB 4 x Prov	LSCFT	NWAS	North West	National
Sickness Absence	2.20%	6.40%	5.70%	5.90%	5.00%	5.80%	6.90%	7.90%	5.50%	4.90%
Turnover Rate	0.40%	1.10%	0.30%	0.60%	0.70%	0.70%	0.40%	0.80%	0.90%	0.80%
Vacancy Rate		2.10%	7.40%	8.10%	5.20%	7.00%	11.50%	3.60%	7.30%	8.90%
% Staff BME	4.80%	15.10%	22.60%	24.60%	13.40%	19.50%	13.10%	5.20%	17.80%	26.70%

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 phased 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 February 2023.
- 10.2 The current sickness absence rate across L&SC providers (Feb 23) is 5.8%, which is slightly higher than the North West average, and +0.9% higher than National. February sickness in L&SC was 0.6% lower than the previous month, and 0.7% lower than the rolling 12-month average of 6.5%.
- 10.3 The top reason for sickness is Mental Health, accounting for 28% of sickness in February, which is roughly in line with the North West and higher than National. The second is Musculoskeletal Problems (19%) and third is Minor Illnesses (10%).
- 10.4 The vacancy rate in L&SC in February 2023 was 5.4%, which is lower than the North West average (6.7%) and lower than National (7.8%). This is slightly lower than last month but higher than this time last year.
- 10.5 The L&SC Trust with the highest vacancy rate is LTH at 7.9%, however this is down -2.0% on this time last year. UHMB vacancy rate is significantly higher than this time last year. 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 (9.1%) and AHPs (7.9%). The lowest is Admin & Clerical at 3.3%. Medical & Dental has seen a significant jump in vacancy rates from February 2022 to February 2023.

## **11.0 Next Steps**

- 11.1 The report included in this paper does not present all the KPI the ICB has to deliver.
- Work continues 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.
  - KPIs 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 SOF for 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.

## **12.0 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.

## **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.
  - Note the ongoing work to further develop the performance framework and reporting, in particular the board workshop.
  - Support the continuation of the Finance and Performance work with the input of Non-Executive Members.

**Maggie Oldham**  
**Chief of Transformation and Recovery**  
**July 2023**



DOMAIN 3	CHILDREN & YOUNG PEOPLE / MATERNITY																		
	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
Smoking at time of delivery	Q3 22-23	6.00%	11.93%	*	↑	11.79%	19.58%	10.91%											
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q3 22-23	95%	89.40%	*	↑	91.01%	89.27%	88.74%											
Reduce stillbirth	2020		3.60		↑														
Reduce neonatal mortality	2020		1.69		↑														

DOMAIN 4	CANCER																		
	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
Bowel screening coverage, aged 60-74, screened in last 30 months	Q3 22-23		66.23%			56.21%	59.38%	67.99%											
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q3 22-23		66.96%																
Cervical screening coverage - females aged 25 - 64 attending screening within the target period	Q3 22-23		69.77%			64.17%	66.17%	70.92%											
People waiting longer than 62 days to start cancer treatment	05/06/23									✓	✓	✓	*			718	599	✓	↓
2 week wait referrals (93% Standard)	Apr-23	93%	86.8%	*	↓					*	*	*	*			93%	88%	*	↓
31 Day First Treatment (96% Standard)	Apr-23	96%	87.3%	*	↓					*	*	*	*			96%	87.3%	*	↓
62 Day referral to treatment (85% Standard)	Apr-23	85%	58.7%	*	↔					*	*	*	*			85%	59.6%	*	↔
% meeting faster diagnosis standard	Apr-23	75%	75.40%	✓	↔					*	✓	*	✓			70%	75.4%	✓	↔
% of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028)	2020	75%	48.72%	*	↓														

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)	May-23	76%	76.67%	✓	↔					✓	*	*	*			76%	76.67%	✓	↔
Proportion of patients spending more than 12 hours in an emergency department	9-15 Jun 23	2%								*	*	*	*			2%	7.66%	*	↓
Average ambulance response time: Category 2	May-23	00:18:00	00:22:02	*	↑										*	00:18:00	00:22:02	*	↑
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	18th June 2023 (Rolling 30 days)	5%								*	*	*	*			5%	15.07%	*	↔
Delayed Transfers of Care / No Medical Criteria to Reside	May-23									4.24%	10.66%	7.18%	18.68%				9.58%		
Adult G&A Bed Occupancy	May-23									94.72%	97.12%	95.77%	92.72%			92%	95.16%	*	
Number / % of patients with a LOS exceeding 21 days	Apr-23		9.09%		⊖	⊖	⊖	⊖											
Proportion of patients discharged to usual place of residence	Apr-23		87.65%		⊖	⊖	⊖	⊖											
2 Hour Urgent Community Response (70% Target)	Apr-23	70%	93.91%	✓	↔														
Total Virtual ward capacity per 100k of adult population	Jun-23	32.02	24.40	*	↑														

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	Apr-23		266	✓	↑	2.6%	2.1%	3.0%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Mar-23		500	*	↑									*		0	515	*	↑
Estimated diagnosis rate for people with dementia	May-23	66.7%	68.37%	✓	↔	67.9%	67.7%	68.5%											
IAPT access	2022-23	41000	23280	*	↑														

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	Apr-23	704976	682214	*	↓														
% of Appointments within 2 weeks of booking	Apr-23		80.25%		↓														
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)	Mar-23		98.76%		↑														

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)	Feb-23									2.10%	7.40%	8%	5.20%	11.50%	3.60%		7.00%		
Turnover (Latest)	Feb-23		0.40%							1.10%	0.30%	0.60%	0.70%	0.40%	0.80%		0.70%		
% Staff BAME	Feb-23		4.80%							15.10%	22.60%	24.60%	13.40%	13.10%	5.20%		19.50%		
Sickness (Latest)	Feb-23		2.20%							6.40%	5.70%	5.90%	5.00%	6.90%	7.90%		5.80%		

STRATEGIC AREA	RECOVER FINANCIAL POSITION				
Key Performance Indicator	Date	Plan £M	Actual £M	month £	Variation
Cumulative position against plan					
Forecast position against plan		Not reported in Month 01			
Deliver of efficiency target (S119a)					
Agency spend against plan					

	Not at Target	At Target	No Target
No Change	↔	↔	↔
Improving	↑	↑	↑
Deteriorating	↓	↓	↓

Not at Target	At Target
*	✓

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.