

## Integrated Care Board

<b>Date of meeting</b>	13 September 2023
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	Professor Craig Harris, Chief Strategy, Commissioning and Integration
<b>Author</b>	Roger Parr, Director of Performance and Assurance
<b>Agenda item</b>	8
<b>Confidential</b>	No

### Executive summary

The purpose of the paper is to provide the Integrated Care Board with an update against the latest published performance data.

Work continues to further develop the ICB Integrated Performance Framework and the Integrated Performance Report with appropriate Balance Scorecards.

**Elective Recovery** - The number of patients waiting continues to increase although the proportion of long waiters has continued to reduce. Figures relating to the end of June 2023 position, indicate that there were 2 x 104+ week breaches reported for L&SC ICB patients - though these patients were not waiting at any of the 4 main L&SC acute providers who all reported zero 104+ week waiters at the end of June and 157 x 78+ week breaches for ICB registered patients and 2,145 patients waiting over 65 weeks.

Locally the ICB appears to be performing well above average for day-case procedure rates (British Association of Daycase Surgery [BADS] specific procedures) and for capped theatre utilisation rates when compared to peer systems and national performance.

**Diagnostics** – The performance in June 2023 has remained relatively static compared with the May 2023. The performance at ICB level is higher than that for the North West and National performance.

**Cancer** - In June 2023 only UHMB, ELHT and LTHT met the faster diagnosis standard. None of the Trusts have met any of the other three core cancer standards (2 week wait, 31 day first treatment, 62 first treatment).

**UEC** - Performance in July was 77.5%, which was a slight improvement on the previous month. LSC is performing better than the North West and England average.

The percentage of patients spending more than 12 hours in an emergency department remains within the 'expected range' albeit at levels higher than in the Apr-Oct 2021 period.

**Mental Health** – There has been an increase in the number of OAPs for MH patients in May 2023 as predicted. The dementia prevalence target continues to be met with the ICB being slightly above the North West position and above the national position. The number of people receiving a health check on a LD register for the ICB is below both the regional and national positions. The latest figure for IAPT shows that the ICB continues to be in the lowest quartile nationally.

**Children and Young People** - The levels of smoking at time of delivery are higher than national levels and significantly above in Blackpool. The latest published data shows that stillbirth and neonatal deaths are above the north west and national levels, however the latest intelligence shows that this position has improved with work ongoing to improve this position further. The population vaccine coverage for children under 5 continues to be above both the regional and national figure.

**Primary Care** - 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 the 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.

**Workforce** - Across the system we have higher sickness absence rates than regional and national average. However, our vacancy and turnover rates tend to be lower than the national benchmark.

### 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 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.

### Which Strategic Objective/s does the report relate to:

Tick

SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓

SO5	Meet national and locally determined performance standards and targets				✓
SO6	To develop and implement ambitious, deliverable strategies				✓
<b>Implications</b>					
		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks		✓			
Are associated risks detailed on the ICB Risk Register?		✓			
Financial Implications			✓		
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>					
<b>Meeting</b>		<b>Date</b>		<b>Outcomes</b>	
No applicable.					
<b>Conflicts of interest associated with this report</b>					
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			✓		
<b>Report authorised by:</b>		Kevin Lavery, Chief Executive			

# Integrated Care Board – 13 September 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 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 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

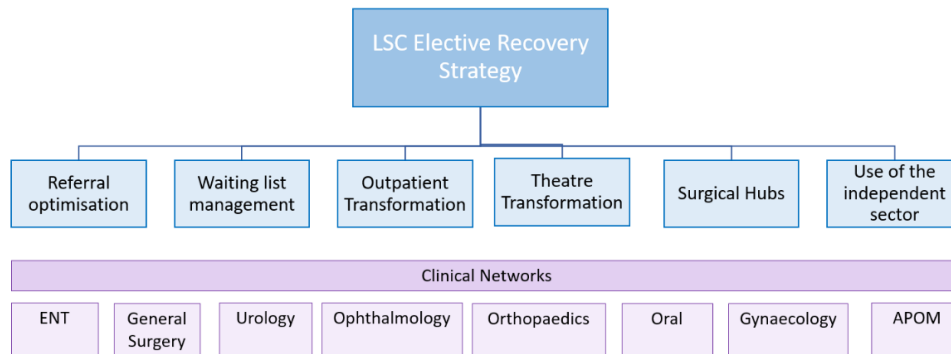
- 2.1 The following narrative outlines current performance against some of the key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

- 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 continues to increase month on month (231,333 patients at ICB level at the end of June 2023). However, the trend for long waiter patients (65+ weeks) has been falling albeit not quite as rapidly as the 2023-2024 planning trajectory had aimed for (at ICB level).
- 3.2 At the end of June 2023, L&SC ICB commissioned activity reported:
- 2 patients still waiting 104+ weeks
  - 157 patients (0.07%) waiting 78+ weeks
  - 2145 patients (0.93%) waiting 65+ weeks
  - 9936 patients (4.30%) waiting 52+ weeks
- 3.3 The end of June 2023 position for the 4 main NHS providers within Lancashire and South Cumbria reported:
- 0 x 104+ week waiters
  - 141 x 78+ week waiters
  - 1793 patients (0.96%) 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 behind our June 2023 plan.

- 3.5 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.



- 3.6 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.

- 3.7 L&SC latest performance (2<sup>nd</sup> July 2023) on theatre capped utilisation is 77.6%, which ranks the ICB as the 10th best performer nationally. This follows a period of sustained improvement.

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

- 3.8 Although above North West and National rates for Patient Initiated Follow-Ups (PIFU), the June 2023 position would indicate that rates have dipped below our rebased 2023-2024 planning submission.

- 3.9 The reported community waiting list figures for June 2023 suggest that the current number of people waiting is higher than planned, while the % of patients waiting in excess of 18 weeks has also been increasing and now stands at 18.6% of the total list (note that there is a split between children (42.9% >18 weeks) and adults (9.5% >18 weeks)).

- 3.10 A number of task and finish groups have been established to identify and seek to resolve the issues in some of our vulnerable community services across the ICB, including Nutrition and Dietetics, Podiatry and Continence.

#### 4.0 Domain 2 – Diagnostics

- 4.1 The diagnostic performance for the ICB remained flat in June 2023 compared with the previous month's performance. University Hospitals of Morecambe Bay (UHMB) continue to meet the target of 95% waiting within 6 weeks. Blackpool Teaching Hospitals (BTH) performance improved in the month and East Lancashire Hospitals Trust (ELHT) continues with relatively strong performance. The performance for Lancashire and South Cumbria ICB is above both the North West and National reported figures.

- 4.2 The reported activity for all providers is presently just below plan for Imaging (99.9% of plan) and Physiological Measurement (99.1% of plan), however for Endoscopy there has been a more significant reduction against plan year to date for June 23 (95.2% of plan).
- 4.3 There are several key projects being undertaken to both increase capacity in endoscopy and reduce demand.
- 4.4 Capacity is increasing, the thrive model has now been embedded in LTH, UHMB and BTH, the delay at ELHT due to the roll out of the new ePR system. Monies have been approved for UHMB which will allow an increase in digital capability, maximise lists and support capital for 7 day service provision. Standardised booking and scheduling is now embedded across all providers and they have been asked to complete a refresh of their demand and capacity by September 2023.
- 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 which will end in March 2024 and be evaluated. Launch dates have also been secured for Transnasal Endoscopy at UHMB and BTH.
- 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 providers across the ICB will deliver a refreshed demand and capacity analysis in September 2023

## **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 2022-2023, 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 2023-2024.
- 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 88.8% for Q4 2022-2023, 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 and the development of a comprehensive measles and rubella elimination plan/work stream in collaboration with ICBs and Local Authorities.
- 5.6 The latest published data for 2021 shows that stillbirths remain above the North West and national figures, however, neonatal deaths rate for the ICB is below the North West figure but still above the national rate. 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. A report by the LMNS has been drafted for the ICB Chief Nursing Officer providing an overview of the data and actions and assurances in place to address the current outlier status.

## 6.0 Domain 4 – Cancer

6.1 UHMB, ELHT and LTHT all met the 28-day faster diagnosis standard in June 2023, though no other standards been met. The Cancer Alliance system performance (based on the 8 x CCG position) is also only achieving the faster diagnosis standard with performance at 76.14%.

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

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	91.48%	92.43%	55.00%	80.27%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	90.86%	84.29%	49.77%	69.03%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	87.64%	85.54%	46.79%	78.82%
EAST LANCASHIRE HOSPITALS NHS TRUST	87.10%	89.10%	54.81%	78.51%
<b>L&amp;SC AGGREGATE (4 x Providers)</b>	<b>89.11%</b>	<b>87.49%</b>	<b>51.44%</b>	<b>76.70%</b>
TARGET	93.00%	96.00%	85.00%	75.00%

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



Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	89.36%	88.07%	52.31%	76.14%
TARGET	93.00%	96.00%	85.00%	75.00%

#### 6.4 Setting these measures in context – based on 21 Cancer Alliances

- 3<sup>rd</sup> best nationally for 2-week standard
- 7<sup>th</sup> best for FDS standard
- Worst nationally for 31 Day standard
- 3<sup>rd</sup> worst nationally for 62-day standard

6.5 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).

6.6 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 for March 2024 are as follows:

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

6.7 Significant progress has been made across all providers helping to reduce the number of patients waiting over 62-days. In July the system was in a favourable position against the 2023-2024 trajectory (Actual 578 / Plan 722).

6.8 There is a robust and wide-ranging cancer improvement plan for 2023-2024 with detailed actions aiming to improve performance by :-

- Reducing the 62-day backlog,
- Improving performance against the faster diagnosis standard
- Reducing diagnostic delays
- Increasing surgical capacity.

6.9 There are several risks within the system which may impact the timescales of performance improvement which include the following :-

- Limited capacity to deliver digital programmes,
- Further strike action
- Biopsy/histopathology pressures
- Workforce shortages
- Surgical capacity to treat cancer patients – worst performing alliance and 10<sup>th</sup> worst ICB nationally. Driven by some key areas such as robotic urology capacity.

6.10 On the 17 August 2023 NHSE announced a change to cancer waiting times (CWT) standard effective from 1 October 2023. These changes include the removal of the 2 weeks wait standard in favour of reducing the current total number of waiting time standards from 10 to 3 as follows :-

- The 28 days Faster Diagnosis standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat treatment standard (96%)

6.11 The Cancer Alliance will provide a more detailed report for Executives outlining specific information on improvements and granular data and outline the impact of the changes to CWT utilising June 23 data to demonstrate how these changes will impact performance from October 2023.

## **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 July 2023, L&SC ICB was achieving 77.5% against the four-hour standard. BTH was the best performing provider at 79.6%. 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 31<sup>st</sup> July 2023, the aggregated position across the 4 x LSC providers was 8.6% (though provider variation from 5.58% at UHMB to 10.01% 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 2022-2023 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 rolling 30 day period through to 5 August 2023, available figures reported that 16.33% of all ambulance arrivals had a handover delay in excess of 30 minutes (3.89% over 60 minutes). There is variability in handover delays by provider ranging from 10.52% over 30 mins at UHMB to 26.81% at BTH.
- 7.9 Category 2 response times reported for the North West Ambulance Service (NWAS) remain longer than the 18 min target [00:25:22], but remain quicker than the national average [00:31:50]. The UEC recovery plan sets an ambition for improved Category 2 response times of 30 minutes on average over 2023-2024.

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 ECIST strategy and improvement programme, with the aim to co-design our UEC strategy and 5yr rolling improvement programme. Work has commenced with Emergency Care Improvement Support Team (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) fell marginally in June 2023 (94.1%) and remained comparable to the North West (94.1%) and England (94.5%) 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 8.6% 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.
- 7.14 The Better Care Fund (BCF) in 2022-2023 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). The 2023-2024 plan has also incorporated 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.
- 7.15 National BCF reporting has now started to split out 'Cumbria' into 'Cumberland LA' and 'Westmorland & Furness LA'. Therefore, we have aggregated the Westmorland and Furness data with the other 3 x Health and Wellbeing Boards (HWBs) (Blackburn with Darwen HWB, Blackpool HWB, Lancashire HWB) to give an indication as to the position across L&SC. The most recent available data from June 2023 reports that 88.4% of patients were discharged to their usual place of residence across L&SC compared with 92.8% nationally.
- 7.16 The proportion of patients with a length of stay (LOS) exceeding 21 days decreased nationally and locally for the second consecutive month. 8.9% of patients discharged across L&SC during June 2023 had been in hospital for 21+ days which was higher than the national average of 7.4%.
- 7.17 The Virtual Ward Programme across Lancashire & South Cumbria (L&SC) is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 30 July 2023 reports a capacity of 414

beds. The programme is aiming to deliver 746 beds by 31 March 2024 by expanding existing pathways and introducing new ones. Performance is below our monthly planning trajectory although our capacity per 100k is above regional and national averages. Emphasis is now shifting to focus on the utilisation of virtual ward beds with a national target of 80%. We are not delivering this level of utilisation across our system.

7.18 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**

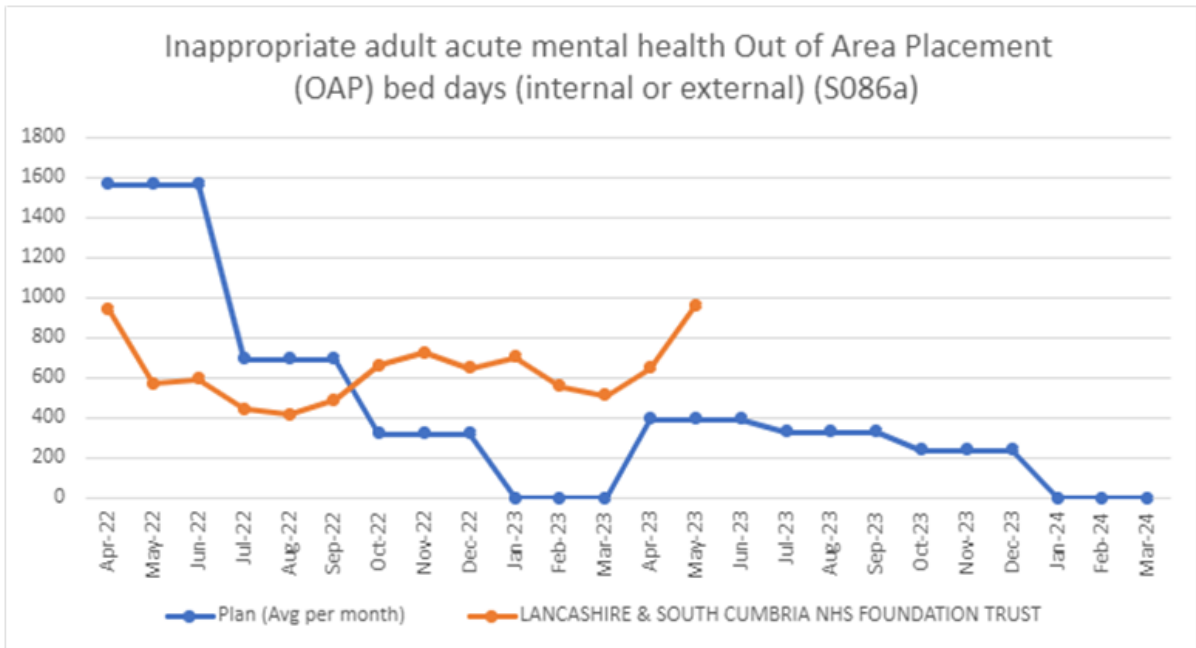
8.1 NHS England aims to improve uptake of the existing Annual Health Check (AHC) in primary care for people aged 14 and over with a learning disability, so that at least 75% of those eligible have a health check each year by the end of March 2024.

8.2 Annual health checks are undertaken throughout the year, at the end of quarter 1 the rate of 10.1% (938) is slightly above the planned position of 10%. A co-ordinated programme of support and training will continue and monthly monitoring of performance will be undertaken.

8.3 Dementia Diagnosis rates across L&SC further improved to 68.7% in June 23 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. The ICB is also working with partners to support for post diagnostic dementia services and looking at a new strategy for Dementia.

8.4 The 2023-2024 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.

8.5 The OAP bed days are over double the planned levels in the first two months of the 23/24 financial year. Lancashire and South Cumbria Foundation Trust identified that there would be pressures on inpatient beds because of the doctors' strikes which have affected flow within the units. There is likely to be further pressure on beds going forward through the strikes planned.



- 8.6 There are a number of initiatives to improve the current position, including an inpatient group reviewing admissions, length of stay and utilisation, the increasing of bed provision in quarter 3 of the financial year, a review of rehabilitation provision and the ICB supporting those patients clinically ready for discharges (CRFD) or who have complex discharges. There is a new system group linked to the CRFD cohort that will look at options for discharge and work to actively remove issues and blocks, it will have LSCFT, LCC and ICB representatives to ensure that timely decisions are made to reduce the number of patients who are clinically ready for discharge.
- 8.7 The Improving Access to Psychological Therapies (IAPT) indicator focuses on planning improved access to psychological therapies in order to address enduring unmet need. The latest data shows that the ICB remains in the lowest quartile performance nationally.
- 8.8 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.
- 8.9 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.The ICB are looking at older adult pathways into many services; particularly to support earlier access to talking therapies.

8.10 The ICB are looking at older adult pathways into many services; particularly to support earlier access to talking therapies.

## **9.0 Domain 7 – Primary Care**

9.1 There are a number of key metrics pertaining to primary care identified in the System Oversight Framework (SOF) and highlighted within the 2023-2024 operating priorities.

9.2 For May 2023 L&SC is reporting a higher volume of general practice appointments than our planning expectation, with the number of appointments in month being 5,083 over plan (plan= 783,306, actual= 788,389). L&SC's year to date position against our plan is now -17,679. Analysis of April 2023 appointment data, which was below our plan, has shown that the decreases in appointment levels were consistent with the decreases also seen elsewhere in the North West and nationally.

9.3 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.

9.4 The general practice appointment metrics are impacted by L&SC's relatively small primary care workforce; presently ranked 39/42 for FTE GPs per 10,000 weighted population. Since 2018 there has been a 6.2% reduction in WTE GPs in L&SC while L&SC is just above the lower quartile for direct patient care FTE staff. Despite this 45.7% of appointments were provided by a GP (this is in-line with the regional average but slightly below the national average of 47.7%) and L&SC is above the regional and national averages for the proportion of appointments conducted face to face (72.3%). L&SC patient list size has increased by 46,300 between 2018-2023. In response, collected GP surgeries are providing an additional 100,000 appointments per month across the same timescale. Collectively, GPs are providing 20% more appointments per FTE than they were in Sept 2019.

9.5 In May 2023, 81.8% of General Practice appointments were offered within 2 weeks of booking, this is an increase of 1.02% on the previous month. This is below the North West and National average (83.7 and 82.5% respectively). 43.9% 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. It is nationally recognised that the general practice appointments data (GPAD) is a relatively new data set and there are a number

of data quality issues. The data is also impacted by the widespread variation in approach to appointment management between practices (often determined by population demographics and needs). One measure of GPAD data quality is the number of unmapped categories. L&SC has undertaken focused workshops and practice support on GPAD data quality and the effect is now being seen with a significant reduction of unmapped categories in LSC GPAD data from circa 2,500 to 565 in May 2023. This is less than 0.07% unmapped compared to 1.9% nationally. Further GPAD data quality and analysis workshops are planned for September 2023

- 9.7 The national Delivery plan for recovering access to primary care has been received together with a checklist and some additional local actions which aim to improve patient communication, triage and signposting. The ICB's Primary Care Access Recovery Workplan has been refreshed in line with the most recent guidance ensuring that it encompasses all asks. However, significant risk remains regarding general practice demand and capacity and the ability to improve patient access.
- 9.8 In accordance with the national asks the ICB has received Capacity and Access Improvement Payment baseline data and plans from all L&SC PCNs, which sets out the changes they intend to make to help manage demand and improve patient experience of access. The plans are in the process of being reviewed and will support their ICB's understanding of access support requests and contribute to the ICB's own plan. In addition, 27 L&SC practices have put themselves forward for the national intensive or intermediate general practice improvement programme which will provide fast, practical information to support practices to resolve operational issues; all practices will receive the universal support offer and it is expected that further practices will be put forward for the intensive or intermediate programmes following completion of Support Level Framework visits due to commence in the Autumn.
- 9.9 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
- 9.10 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.



- 9.11 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.
- 9.12 As with many primary care clinical measures, there is significant variation at place, sub-ICB, Primary Care Network (PCN) and practice level.
- 9.13 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.
- 9.14 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%).
- 9.15 There is significant variation at sub-ICB level ranging from 73.7% (Blackburn with Darwen) though to 82.4% (Chorley and South Ribble).
- 9.16 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, utilising the reported UDA delivery information on the 29th June the delivery is currently at 90% for the period April to June.

## 10.0 Domain 8 – Workforce

- 10.1 Detailed workforce information is presented to the ICB People Board. The latest position available is April 2023.

Apr-23	ICB	BTH	ELHT	LTHT	UHMB	ICB 4 x Prov	LSCFT	NWAS	North West	National
Sickness Absence	2.10%	5.9%	5.5%	5.4%	5.0%	5.5%	5.9%	8.3%	5.1%	4.4%
Turnover Rate	9.70%	0.5%	0.7%	0.9%	0.8%	0.7%	0.6%	1.3%	1.1%	1.1%
Vacancy Rate		1.2%	6.2%	6.7%	3.3%	4.6%	11.2%	4.0%	6.2%	7.3%
% Staff BME	5.40%	15.6%	22.8%	25.2%	13.9%	19.9%	13.4%	5.3%	18.1%	27.0%

- 10.2 The current sickness absence rate in L&SC (Apr 23) is 5.5%, which is slightly higher than the NW average, and +1.1% higher than National. April sickness in L&SC was 0.5% lower than the previous month, and 0.8% lower than the rolling 12-month average of 6.3%. The 12-month rolling rate has been decreasing.

- 10.3 The top reason for sickness is Mental Health, accounting for 27% of sickness in April, which is roughly in line with the NW and higher than National. The second is Musculoskeletal Problems (19%) and third is Infectious Diseases (10%).
- 10.4 The vacancy rate in L&SC in March 2023 was 4.6%, which is lower than the NW average (6.2%) and lower than National (7.3%). L&SC vacancy rate is lower than last month and this time last year.
- 10.5 The L&SC Trust with the highest vacancy rate is LTH at 6.7%, however this is down -3.1% 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 and AHPs (both 8.3%). The lowest is Admin & Clerical at 2.9%. Medical & Dental has seen a significant jump in vacancy rates from March 2022 to March 2023.

## **11.0 Next Steps**

- 11.1 The report included in this paper does not present all the Key Performance Indicators (KPIs) 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.
  - 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 NHS Oversight Framework (SOF) for 2023-2024 which has recently been updated with the removal of 34 metrics and the inclusion of 12 new measures across multiple domains. The report also needs adapt to the ICB's strategic priorities.
- 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 2023-2024 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.
- 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**  
**Maggie Oldham, Chief of Recovery and Transformation**  
**September 2023**

# Appendix A – Balanced Scorecard

DOMAIN 1	ELECTIVE RECOVERY																		
	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
Total patients waiting more than 104 weeks to start consultant-led treatments	Jun-23	-	2		↑	0	0	2		✓	✓	✓	✓			0	0	✓	↑
Total patients waiting more than 78 weeks to start consultant-led treatments	Jun-23	-	157		↓	6	14	137		✗	✓	✗	✓			0	141	✗	↓
Total patients waiting more than 65 weeks to start consultant-led treatments	Jun-23	2108	2145	✗	↓	163	188	1794		✓	✗	✓	✓			2626	1793	✓	↑
Total patients waiting more than 52 weeks to start consultant-led treatments	Jun-23	8432	9936	✗	↓	801	923	8065		✗	✗	✓	✓			9014	8377	✓	↓
Elective Activity Recovery	Mar-23		95.0%							94.0%	93.0%	92.0%	99.0%	84.0%			95.0%		
Daycase Rates	May-23	88.8%	86.9%		↔					↔	↔	↔	↔				85.9%		↔
BADS Daycase Rates	Feb-Apr23									85.90%	80.00%	83.50%	81.90%				82.5%		
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 16/07/2023									79.10%	0.00%	76.60%	77.70%				77.6%		↑
Specialist Advice - Pre-Referral (Rate per 100 OP)	Jun-23	5.72	7.10	✓	↑					5.10	10.30	7.20	7.70	17.80					
Specialist Advice - Post-Referral (Rate per 100 OP)	Jun-23	17.16	20.47	✓	↑					51.90	0.00	7.60	6.30						
Patient Initiated Follow-Ups (PIFU)	Jun-23									0.39%	0.00%	1.64%	10.54%			3.57%	3.31%	✗	↓
Number of Adults and Children on Community Waiting Lists	Jun-23	19653	22366	✗	↑											19653	22366	✗	↓

DOMAIN 2	DIAGNOSTICS																		
	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
Diagnostic activity levels - Imaging MRI/CT/ Non Obs Ultrasound	Jun-23	174,815	178974	✓						✓	✓	✗	✗			130370	130358	✗	
Diagnostic activity levels - Physiological measurement Cardiology - Echocardiography	Jun-23	14,966	14243	✗						✓	✓	✗	✓			12443	12329	✗	
Diagnostic activity levels - Endoscopy, Colonoscopy/Flexi-Sig/Gastroscopy	Jun-23	14,956	15481	✓						✗	✗	✗	✓			14349	13658	✗	
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	Jun-23	95%	79.5%	✗	↑					✗	✗	✗	✓			95%	79.1%	✗	↓

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	2022-23	6.00%	11.76%	✗	↑	11.04%	19.37%	10.85%											
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q4 22-23	95%	88.80%	✗	↔	88.29%	88.65%	88.59%											
Reduce stillbirth	2021		4.13		↑					3.53	3.82	5.54	3.21						
Reduce neonatal mortality	2021		1.66		↔					1.97	2.00	1.86	0.72						

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%																
People waiting longer than 62 days to start cancer treatment	Jul-23	722	578		↑					✓	*	*	✓			722	578	✓	↓
2 week wait referrals (93% Standard)	Jun-23	93%	89.4%	*	↑					*	*	*	*			93%	89%	*	↑
31 Day First Treatment (96% Standard)	Jun-23	96%	88.1%	*	↑					*	*	*	*			96%	87.5%	*	↑
62 Day referral to treatment (85% Standard)	Jun-23	85%	52.3%	*	↓					*	*	*	*			85%	51.4%	*	↓
% meeting faster diagnosis standard	Jun-23	75%	76.14%	✓	↑					*	✓	✓	✓			71%	76.1%	✓	↔
% 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)	Jul-23	76%	77.49%	✓	↑					✓	*	*	✓			76%	76.56%	✓	↑
Proportion of patients spending more than 12 hours in an emergency department	25-31st July	2%								*	*	*	*			2%	8.58%	*	↓
Average ambulance response time: Category 2	Jul-23	00:18:00	00:25:22	*	↔										*	00:18:00	00:25:22	*	↔
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	5th August 2023	5%								*	*	*	*			5%	16.33%	*	↔
Delayed Transfers of Care / No Medical Criteria to Reside	Jun-23									2.61%	8.70%	7.47%	17.84%				8.57%		
Adult G&A Bed Occupancy	Jun-23									94.85%	92.73%	95.93%	91.99%			92%	94.09%	*	
Number / % of patients with a LOS exceeding 21 days	May-23		8.75%		↔	↔	↔	↔											
Proportion of patients discharged to usual place of residence	May-23		88.30%		↔	↔	↔	↔											
2 Hour Urgent Community Response (70% Target)	May-23	70%	94.19%	✓	↔														
Virtual Ward Bed Capacity vs Plan	Jul-23	519	398	*						*	✓	*	*			519	398	*	
Virtual Ward Occupancy (Snapshot)	Jul-23	80%	51.26%	*						36.36%	84.38%	26.67%	23.29%			80%	51.26%	*	
Total Virtual ward capacity per 100k of adult population	Jul-23	34.70	27.68	*	↑														

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	Jun-23		938	✓	↑	9.9%	7.3%	10.5%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	May-23		885	*	↓									*		395	965	*	↓
Estimated diagnosis rate for people with dementia	Jun-23	66.7%	68.70%	✓	↔	68.2%	68.1%	68.8%											
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	May-23	865308	825303	*	↑														
% of Appointments within 2 weeks of booking	May-23		82.52%		↑														
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	2022-23		54.71%		↑														
Hypertension case-finding	2021-22	80%	73.21%		↑	88.5%	94.3%	69.7%											
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	May-23		77.01%		↑														

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)	Apr-23									1.20%	6.20%	7%	3.30%	11.20%	4.00%		4.60%		
Turnover (Latest)	Apr-23		9.70%							0.50%	0.70%	0.90%	0.80%	0.60%	1.30%		0.70%		
% Staff BAME	Apr-23		5.40%							15.60%	22.80%	25.20%	13.90%	13.40%	5.30%		19.90%		
Sickness (Latest)	Apr-23		2.10%							5.90%	5.50%	5.40%	5.00%	5.90%	8.30%		5.50%		

**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

- 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.

**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.