

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Integrated Performance Report
Presented by	Asim Patel, Chief Digital Officer
Author	Roger Parr, Director of Performance & Assurance
Agenda item	9
Confidential	No

Executive summary

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

There are a number of statutory performance metrics that are not being met consistently by the ICB as a whole or by providers within the system. Furthermore, there has been a further deterioration in performance across a number of metrics since the previous month.

On the whole, performance across the ICB compares well with that of the Northwest and Nationally.

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

Elective Recovery - The total number of patients waiting for treatment continues to increase month on month while long waiter patients (65+ weeks) have also increased. Figures relating to the end of August 2023 position, 174 x 78 week breaches for ICB registered patients and 2,779 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 August 2023 fell by nearly 6 percentage points compared with the July 2023 position. The performance at ICB level is higher than that for the North West and National performance.

Cancer - In August 2023 University Hospitals Morecambe Bay and East Lancashire Hospitals met the faster diagnosis standard. University Hospitals Morecambe Bay also met the 2 week wait standard. None of the Trusts have met the other two core cancer standards (31 day first treatment, 62 first treatment). The number of patients waiting over 62 days for cancer treatment increased in September from the August

position, however Lancashire & South Cumbria (L&SC) remains ahead of trajectory, 631 vs 639.

Urgent and Emergency Care (UEC) - Performance in September 2023 was 75.9%, a slight deterioration on the previous month. L&SC is performing better than the Northwest 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 – The number of Out of Area Patients (OAPs) for Mental Health continued to be significantly above plan in July 2023 despite a further fall on the previous month. 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 Learning Disability (LD) register for the ICB is below both the regional and national positions. The latest figure for Improving Access to Psychological Therapy (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 - The L&SC rate of general practice appointments per 10,000 population is below the national average and is within the lowest quartile compared to other ICBs. In August 2023 L&SC was reporting a lower volume of general practice appointments than our planning expectation.

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.
- 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:

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	✓

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
Finance & Performance Committee	30 October 2023	Committee notes the report.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed	✓			
Equality impact assessment completed	✓			
Data privacy impact assessment completed				

Report authorised by:

Kevin Lavery, Chief Executive

Integrated Care Board - 8 November 2023

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 (L&SC) 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 reviews 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 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

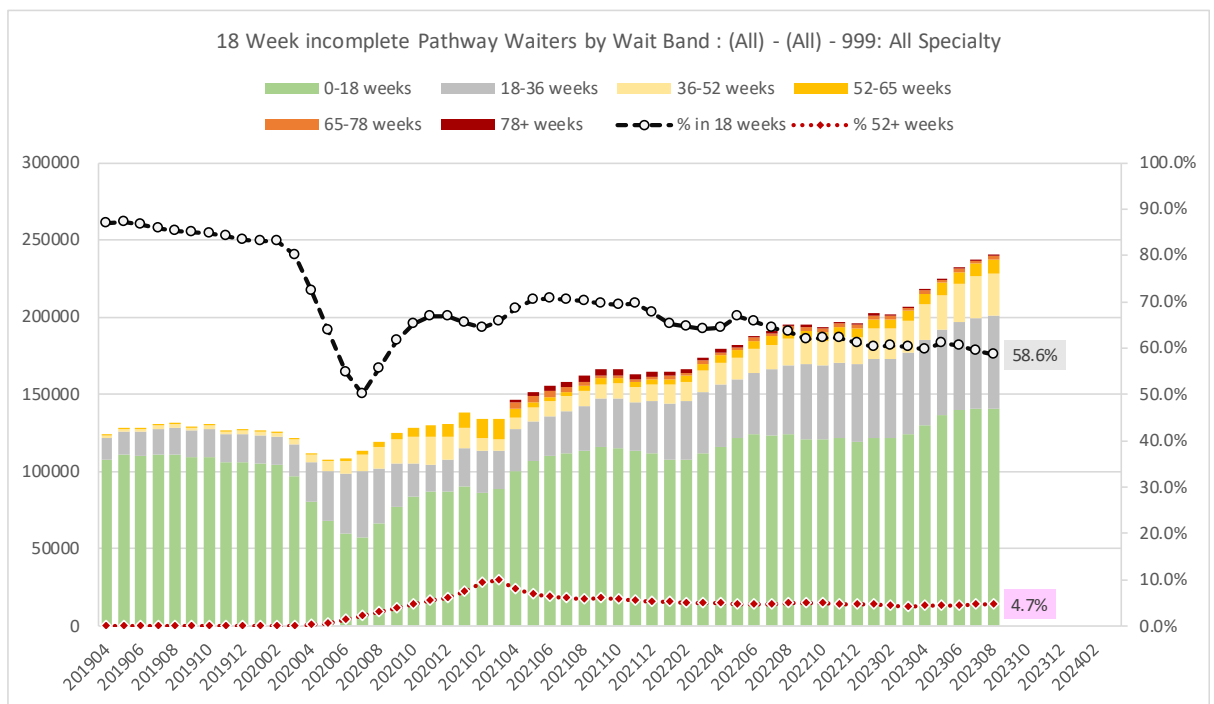
- 2.1 The following narrative outlines current performance against some of the key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.
- 2.2 For ease, themed 'domains' have been used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

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 Blackburn with Darwen (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 (239,780 patients at ICB level at the end of August 2023). However, the trend for long waiter patients (65+ weeks) increased this month and moved further away from the 2023-2024 planning trajectory (at ICB level).



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

- 1 patient still waiting 104+ weeks (though this patient no longer appears in the more timely Waiting List Minimum Data Set (WLMDs))
- 174 patients (0.07%) waiting 78+ weeks

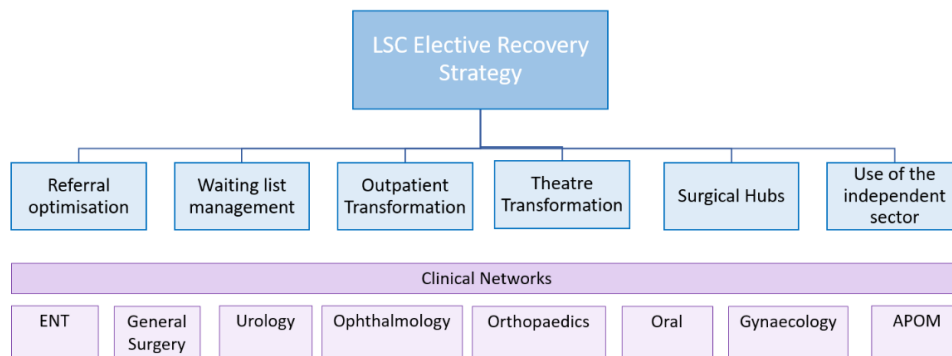
- 2,779 patients (1.16%) waiting 65+ weeks
- 11,200 patients (4.67%) waiting 52+ weeks

3.3 The end of August 2023 position for the 4 main NHS providers within L&SC reported:

- 0 x 104+ week waiters
- 138 x 78+ week waiters
- 2378 patients (1.21%) 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 has now moved above the planned reduction trajectory, though 2 providers are still reducing long waiters within plan.

3.5 The L&SC 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 (10th September 2023) on theatre capped utilisation is 80.4%, which ranks the ICB as the 5th 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 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages with performance back above our rebased 2023-2024 planning submission. However, there are wide variations between providers.

3.9 The reported community waiting list figures for July 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 19.2% of the total list (note that there is a split between children (46.5% >18 weeks) and adults (8.9% >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 There was a significant fall in performance in the month for diagnostics within the ICB. The fall of nearly 6 percentage points was reflected by the fall in performance across the 4 main acute providers which fell by 6.5 percentage points in the month. The biggest fall was within Lancashire Teaching Hospitals which fell by nearly 9 percentage points. University Hospitals Morecambe Bay continues to be the only main provider in the ICB presently meeting the 95% target, a position they have held for the whole of the calendar year. The data at diagnostic test level shows pressure in differing procedures at each provider, although Echocardiography and Non Obstetric Ultrasound have relatively high numbers of patients waiting over 6 weeks. Activity at the Community Diagnostic Centres (CDCs) has increased in line with plan over the month. The ICB continues to have performance which is better than that nationally and for the North West.
- 4.2 The reported activity for the 4 main acute providers is presently just below plan for Imaging (99.9% of plan) and Physiological Measurement (98.5% of plan). However for Endoscopy there has been a more significant reduction against plan year to date for August 23 (92.0% of plan).
- 4.3 There are several key projects being undertaken to both increase capacity in endoscopy and reduce demand.
- 4.4 There are a number of Gastrointestinal (GI) Innovation alternative pathways – cytosponge and Colon Capsule Endoscopy (CCE) national pilots are ending in March 2024. Network to work with cancer innovation team to review potential for roadmap into 2024-2025 with a view to expanding Community Diagnostic Centre (CDC) delivery. Transnasal Endoscopy (alternative to gastroscopy) launch dates secured for University Hospitals Morecambe Bay and Blackpool Teaching Hospitals providing additional gastroscopy / colonoscopy capacity in the system.
- 4.5 There is an implementation of a standardised ICB management and operating system for booking and scheduling now embedded across all trusts to ensure optimising booking capacity.

- 4.6 There are a number of funding opportunities the network continues to develop, including a University Hospitals Morecambe Bay productivity bid which has been accepted, a capital underspend opportunity and monies to develop full business cases for the 2 year plan agreed by the network which will be considered by the board.
- 4.7 East Lancashire Hospitals remain affected by the introduction of their new patient administration system (PAS), bank shifts not being taken up, additional training and bowel Prep issues are all impacting on booking staff and the delays experienced which were much faster and easier prior to June implementation. The Trust is putting in pre-op clinic sessions and Task and Finish groups to put in place steps to manage the short term impact of the PAS implementation. The Trust has also sourced 3 additional WTE booking staff who will be in place by end of October to support with booking additional patients.
- 4.8 The Endoscopy Network will support with monitoring any under performing Trusts which includes attending the Trust's weekly management and scheduling calls commencing in October 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 The figure for quarter 1 of 2023-2024 shows that the proportion of women smoking at time of delivery (SATOD) has fallen slightly to 11.34% across the ICB and remains significantly above the North West and national positions. Blackpool remains the outlier despite a fall in the proportion of women smoking at 17.7%.
- 5.3 There is a long term plan to delivery smoking cessation services into maternity services, which is already in place at Blackpool Teaching Hospitals and University Hospitals Morecambe Bay. Plans in place to implement at East Lancashire Hospitals and Lancashire Teaching Hospitals 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 Measles, Mumps, Rubella (MMR) by a child's fifth birthday. The position for the ICB in quarter 1 of 2023-2024 is 87.02% which although is above regional and national position remains below the 95% target.
- 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 Blackpool Teaching Hospitals, 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. This report which was based on the May 2023 MBRRACE-UK Perinatal Mortality Trend Data, was presented to the ICB Quality committee for approval, with actions to be delivered and monitored going forward.

6.0 Domain 4 – Cancer

- 6.1 In August 2023, University Hospitals Morecambe Bay and East Lancashire Hospitals met the faster diagnosis standard (FDS) and additionally, University Hospitals Morecambe Bay met the 2 week wait standard. None of the Trusts have met the other two core cancer standards (31 day first treatment, 62 first treatment). The Cancer Alliance system performance (based on the 8 x CCG position) is not achieving any of the four core cancer standards.
- 6.2 Summary Table of Provider Performance against 4 core cancer standards (August 2023).

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	94.30%	92.07%	73.58%	78.32%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	88.19%	88.24%	70.59%	74.81%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	77.81%	86.02%	44.18%	69.05%
EAST LANCASHIRE HOSPITALS NHS TRUST	75.43%	89.07%	75.52%	77.00%
L&SC AGGREGATE (4 x Providers)	83.06%	88.29%	63.40%	74.58%
TARGET	93.00%	96.00%	85.00%	75.00%

- 6.3 L&SC Cancer Alliance Performance against 4 core cancer standards (August 2023).

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	83.76%	88.48%	64.43%	74.83%
TARGET	93.00%	96.00%	85.00%	75.00%

6.4 Setting these measures in context – based on 42 ICBs

- 7th best nationally for 2-week standard
- 14th best for FDS standard
- 33/42 ICB nationally for 31 Day standard
- 15/42 ICBs for 62-day standard

6.5 Reducing the 62 Day Cancer backlog is a key aim of the NHS. Currently Lancashire Teaching Hospitals is a Tier 1 Trust (for both elective recovery and cancer).

6.6 The number of patients waiting over 62 days for cancer treatment has increased in September from the August position. However, L&SC remains ahead of trajectory, 631 vs 639. Blackpool Teaching Hospitals is the only provider that is currently on trajectory for the reduction of 62 day backlog patients. Performance has been affected by pressures in endoscopy at East Lancashire Hospitals and a growing backlog in colorectal at Lancashire Teaching Hospitals. Targets for March 2024 are as follows:

Blackpool Teaching Hospitals	: 128
East Lancashire Hospitals	: 155
Lancashire Teaching Hospitals	: 180
University Hospitals Morecambe Bay	: 51
Integrated Care Board	: 514

6.7 Trusts have been asked by NHSE to identify additional schemes to support recovery to the value of £1m. In the process of identifying these schemes the four provider Trusts combined supplied additional asks to the value of over £6m.

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 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%)

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 September 2023, L&SC ICB was achieving 75.9% against the four-hour standard. Blackpool Teaching Hospitals was the best performing provider at 78.2%. Performance has dipped in month below the 76% target, but remains 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 3 October 2023, the aggregated position across the 4 x LSC providers was 9.08% (though provider variation from 6.64% at University Hospitals Morecambe Bay to 9.93% at Lancashire Teaching Hospitals).
- 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 ED 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 6 October 2023, available figures reported that 23.58% of all ambulance arrivals had a handover delay in excess of 30 minutes (8.14% over 60 minutes). There is variability in handover delays by provider ranging from 16.10% over 30 mins at Lancashire Teaching Hospitals to 40.94% at Blackpool Teaching Hospitals.

7.9 Category 2 response times reported for the North West Ambulance Service (NWAS) continue to be longer than the original 18 min target [00:29:07], but remain quicker than the national average [00:37:38]. 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.
- L&SC 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.

7.11 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) increased in August 2023 (94.0%), but remained comparable to the North West (93.8%) and England (93.9%) averages. 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 L&SC is in the upper quartile for performance nationally, with 7.50% 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 Local Authority (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 July 2023 reports that 90.9% of patients were discharged to their usual place of residence across L&SC compared with 93.3% nationally.
- 7.16 The proportion of patients with a length of stay (LOS) exceeding 21 days decreased nationally and locally for the third consecutive month. 8.7% of patients discharged across L&SC during July 2023 had been in hospital for 21+ days which was higher than the national average of 6.9%.
- 7.17 The Virtual Ward Programme across L&SC is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 30 September 2023 reports a capacity of 398 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 Trust check each year by the end of March 2024. A co-ordinated programme of support and training will continue and monthly monitoring of performance will be undertaken. Constant attention will continue to ensure that performance in 2023-2024 remains above target. There are a number of initiatives aimed at improving both increasing checks completed and improving the quality of the checks including:

- Training and Awareness to practice staff.
- Validation of Learning Disability (LD) registers at practice level.
- Development of key themes to improve skills and knowledge of GP practices, delivered jointly by the ICB and Lancashire & South Cumbria NHS Foundation Trust.
- Development of a LD champion scheme.

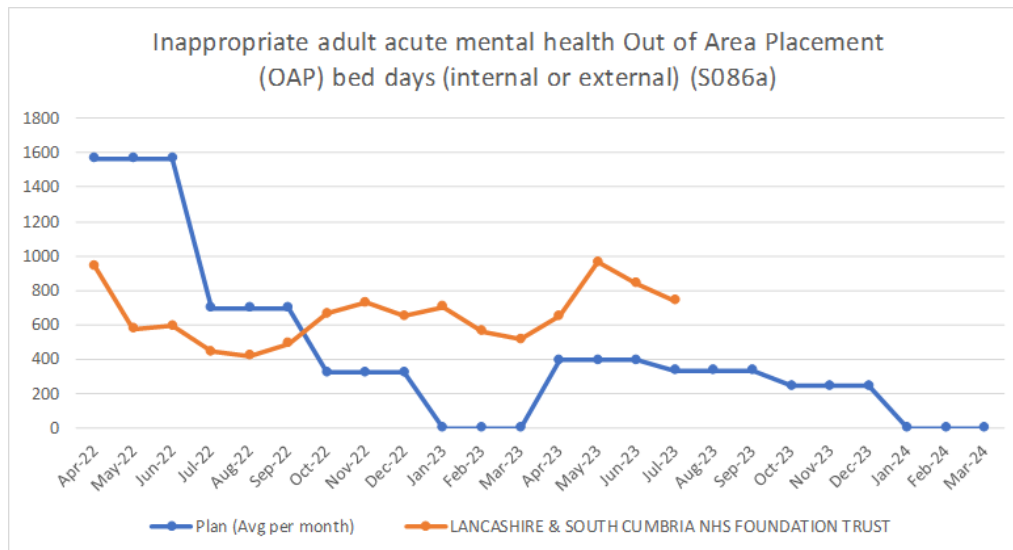
8.2 The latest information shows that as at August 2023, 20.5% of people aged 14 and over with a learning disability on the General Practitioner (GP) register had received a health check. This is in line with the plan for the ICB, albeit still below the regional and national levels at this point.

8.3 Dementia diagnosis rates across L&SC further improved slightly to 69% in August 2023 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 remain over plan in July 2023 despite a fall on the previous month. 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 Lancashire and South Cumbria Foundation Trust, Lancashire County Council (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 Lancashire and South Cumbria NHS Foundation Trust to support delivery of the long Term Plan ambition, other IAPT service providers are undertaking a review in line with the one completed in Lancashire and South Cumbria NHS Foundation Trust. 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.

8.10 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 General practice in L&SC provided an additional 18,652 (2.4%) appointments in August 2023 compared to the previous year. However, this is below the increases seen regionally and nationally for the same period of +4.6% and +6.5% respectively.
- 9.3 The August 2023 appointment data is below the planning expectation by 7.7% appointments (plan= 865,308, actual= 798,748, variance=66,560).
- 9.4 The L&SC rate of general practice appointments per 10,000 population is below the national average and is within the lowest quartile compared to other ICBs.
- 9.5 The general practice appointment metrics are 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. L&SC is just above the lower quartile for direct patient care FTE staff. Despite this in L&SC 44.7% of appointments were provided by a GP (this is only slightly below the national average of 46.2%) and L&SC is above the regional and national averages for the proportion of appointments conducted face to face (70.9%).
- 9.6 In August 2023, 82.4% of general practice appointments were offered within 2 weeks of booking, this is decrease of 0.8% on the previous month. This is only slightly below the National and North West averages (by 0.3% and 1.5% respectively).
- 9.7 Primary Care Networks (PCNs) Capacity and Access Improvement Payment (CAIP) baseline data and plans show that:
- 50% (99 practices) have already moved over to cloud-based telephony
 - 70% (139 practices) have up to date websites with all app functions clearly displayed and a large number of practices already use app functionality.
- 9.8 With ICB support PCN's continue to implement their CAIP plans to help manage demand and improve patient experience of access during this financial

year. An early assessment of achievement against plans will be undertaken in December 2023 with targeted packages of support being provided in Quarter 4.

- 9.9 25 practices have signed up to the General Practice Improvement Programme (GPIP) to date. (16 to the Intermediate programme and 9 to the Intensive Programme), only a handful of practices have commenced to date. The ICB continues to support and encourage sign up to GPIP via several awareness and training opportunities.
- 9.10 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 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 blood pressure are treated to target as per NICE guidelines by 2029
- 9.11 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.
- 9.12 Updated data for March 2023 from CVDPrevent reported that 68.36% of L&SC hypertension patients were treated to target as per NICE guidance. This is in line with the North West and national position. However, further progress will need to be made to achieve the 80% ambition by 2029.
- 9.13 As with many primary care clinical measures, there is significant variation at place, sub-ICB, PCN and practice level.
- 9.14 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. We will be monitoring the 2023-24 campaign to see if we can increase the overall uptake for this group above the Sep 2022 - February 2023 position where 79.2% of eligible patients received the flu vaccination.
- 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. The latest UDA information reports that the delivery is currently at 91.7% in August 2023.

10.0 Domain 8 – Workforce

10.1 Detailed workforce information is regularly presented to the ICB People Board. The latest position available for the majority of reporting is July 2023.

Jul-23	ICB	BTH	ELHT	LTHT	UHMB	ICB 4 x Prov	LSCFT	NWAS	North West	National
Sickness Absence	1.80%	6.2%	6.0%	6.0%	5.4%	5.9%	7.2%	8.3%	5.3%	4.7%
Turnover Rate (12m Rolling)	19.40%	11.5%	11.5%	11.4%	10.7%	11.3%	13.3%	11.4%	12.7%	13.0%
Vacancy Rate		6.7%	6.0%	5.7%	5.0%	5.9%	12.8%	5.7%	7.2%	8.0%
% Staff BME	5.50%	16.1%	23.4%	25.6%	14.5%	20.5%	13.8%	5.2%	18.5%	27.5%

10.2 The current sickness absence rate in L&SC (July 23) is 5.9%, which is higher than the North West average, and +1.2% higher than National average. July sickness in L&SC was +0.5% higher than the previous month, and 0.2% lower than the rolling 12-month average of 6.1%. The 12-month rolling rate has seen a decline in recent months.

10.3 The top reason for sickness is Mental Health, accounting for 31% of sickness in July, which is in line with the North West and higher than National average. The second is Musculoskeletal Problems (23%) and third is Gastrointestinal Problems (9%). Mental Health was the number one reason for sickness in all L&SC Trusts.

10.4 The vacancy rate in L&SC in June 2023 was 5.9%, which is lower than the North West average (7.2%) and lower than National (8.0%).

10.5 The Trust with the highest vacancy rate is Blackpool Teaching Hospitals 6.7%, which is significantly higher than this time last year and previous reports. Lancashire Teaching Hospitals rate is significantly lower than last year.

10.6 The staff group with the highest vacancy rate is Other Scientific, Therapeutic and Technical at 12.7%, which is significantly higher than NW and National. The lowest is Nursing & Midwifery at 4.8%, followed by Admin & Clerical at 4.9%.

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 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.
- 11.3 Development is underway to include 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 Work is on-going across the system to development and implement new ways of working to improve our level of performance.

13.0 Recommendations

- 13.1 The Board is asked to:
- Note the summary of key performance metrics for Lancashire and South Cumbria.
 - Support the actions being undertaken to improve performance against the high risk metrics identified in this report.
 - Support the continuation of the Finance and Performance work with the input of Non-Executive Members.

Asim Patel
Chief Digital Officer
October 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	Aug-23	0	1	*	↔	0	0	1		✓	✓	✓	✓			0	0	✓	↔
Total patients waiting more than 78 weeks to start consultant-led treatments	Aug-23	0	174	*	↓	6	17	151		*	*	*	✓			0	138	*	↓
Total patients waiting more than 65 weeks to start consultant-led treatments	Aug-23	1762	2779	*	↓	269	263	2247		*	*	✓	✓			2070	2378	*	↓
Total patients waiting more than 52 weeks to start consultant-led treatments	Aug-23	7985	11200	*	↓	1130	1080	8990		*	*	✓	✓			8537	9677	*	↓
BADS Daycase Rates	Apr-Jun23									88.60%	79.70%	81.60%	82.10%				82.6%		↔
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 10/09/2023									83.60%	0.00%	78.40%	81.00%				80.4%		↑
Specialist Advice - Pre-Referral (Rate per 100 OP)	Aug-23	5.67	8.69	✓	↑					5.25		8.16	7.96	13.25					
Specialist Advice - Post-Referral (Rate per 100 OP)	Aug-23	17.00	23.88	✓	↑					48.97		5.41	5.82						
Patient Initiated Follow-Ups (PIFU)	Aug-23									1.29%	0.00%	1.59%	10.84%			3.84%	4.18%	✓	↑
Number of Adults and Children on Community Waiting Lists	Jul-23	19544	21514	*	↑											19544	21514	*	↑

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	Aug-23	298,811	300532	✓						✓	✓	✓	*			219848	219541	*	
Diagnostic activity levels - Physiological measurement Cardiology - Echocardiography	Aug-23	25,581	23895	*						✓	✓	*	✓			21038	20725	*	
Diagnostic activity levels - Endoscopy, Colonoscopy/Flexi-Sig/Gastroscopy	Aug-23	25,566	25508	*						*	*	*	✓			24350	22412	*	
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	Aug-23	95%	72.9%	*	↓					*	*	*	✓			95%	72.7%	*	↓

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	Q1 23-24	6.00%	11.34%	*	↑	8.49%	17.72%	10.83%											
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q1 23-24	95%	87.02%	*	↔	86.77%	88.03%	86.65%											
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			
	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Key Performance Indicator																			
Bowel screening coverage, aged 60-74, screened in last 30 months	Q4 22-23		67.78%		↑	59.45%	62.66%	69.21%											
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q4 22-23		65.38%		↑														
Cervical screening coverage - females aged 25 - 64 attending screening within the target period	Q4 22-23		69.77%			64.58%	66.40%	71.53%											
People waiting longer than 62 days to start cancer treatment	Sep-23	639	631	✓	↓					✓	*	*	*			639	631	✓	↓
2 week wait referrals (93% Standard)	Aug-23	93%	83.8%	*	↓					*	*	*	✓			93%	83%	*	↓
31 Day First Treatment (96% Standard)	Aug-23	96%	88.5%	*	↑					*	*	*	*			96%	88.3%	*	↑
62 Day referral to treatment (85% Standard)	Aug-23	85%	64.4%	*	↑					*	*	*	*			85%	63.4%	*	↑
% meeting faster diagnosis standard	Aug-23	75%	74.83%	*	↓					*	✓	*	✓			75%	74.6%	*	↓
% 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			
	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Key Performance Indicator																			
A&E 4 Hour Standard (76% Recovery Target)	Sep-23	76%	75.94%	*	↓					✓	*	*	*			76%	74.93%	*	↓
Proportion of patients spending more than 12 hours in an emergency department	w/e 03 Oct 23	2%								*	*	*	*			2%	9.08%	*	↓
Average ambulance response time: Category 2	Sep-23	00:18:00	00:29:07	*	↓									*		00:18:00	00:29:07	*	↓
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	6th Oct 2023	5%								*	*	*	*			5%	23.58%	*	↔
Delayed Transfers of Care / No Medical Criteria to Reside	Aug-23									6.91%	-	7.47%	16.84%				7.53%		
Adult G&A Bed Occupancy	Aug-23									94.87%	94.73%	94.91%	90.85%			92%	94.00%	*	
Number / % of patients with a LOS exceeding 21 days	Jul-23		8.72%																
Proportion of patients discharged to usual place of residence	Jul-23		90.86%																
2 Hour Urgent Community Response (70% Target)	Aug-23	70%	91.54%	✓	↔														
Virtual Ward Bed Capacity vs Plan	Sep-23	598	398	*						*	*	*	*			598	398	*	
Virtual Ward Occupancy (Snapshot)	Sep-23	80%	52.01%	*						27.27%	81.88%	36.67%	35.62%			80%	52.01%	*	
Total Virtual ward capacity per 100k of adult population	Sep-23	39.98	26.61	*	↔														

DOMAIN 6	MENTAL HEALTH AND LEARNING DISABILITIES																		
	ICB COMMISSIONER					PLACE				PROVIDER						ICB PROVIDER AGGREGATE			
	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Key Performance Indicator																			
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Aug-23		1894	✓	↑	18.8%	18.8%	21.0%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Jul-23		610	*	↓									*		333	740	*	↓
Estimated diagnosis rate for people with dementia	Aug-23	66.7%	68.99%	✓	↑	67.3%	68.4%	69.2%											
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	Jul-23	825976	785342	*	↓														
% of Appointments within 2 weeks of booking	Jul-23		83.24%		↑														
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)	Jul-23		84.95%		↑														

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)	Jul-23									6.70%	6.00%	6%	5.00%	12.80%	5.70%		5.90%		
Turnover (Latest)	Jul-23		19.40%							11.50%	11.50%	11.40%	10.70%	13.30%	11.40%		11.30%		
% Staff BAME	Jul-23		5.50%							16.10%	23.40%	25.60%	14.50%	13.80%	5.20%		20.50%		
Sickness (Latest)	Jul-23		1.80%							6.20%	6.00%	6.00%	5.40%	7.20%	8.30%		5.90%		

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.