

## Integrated Care Board

<b>Date of meeting</b>	10 January 2024
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	Asim Patel, Chief Digital Officer
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<b>Agenda item</b>	11
<b>Confidential</b>	No

### Executive summary

The purpose of the paper is to provide the Board with:

- an update on the latest published performance data against the metrics in the recently submitted H2 plan.
- the latest position against a range of other published performance metrics.

A number of key headline metrics and enabling metrics are the focus of the second half-year (H2) plan as referenced in the operational guidance across urgent emergency care, elective care and cancer.

Formal Integrated Care Board (ICB) and trust board sign-off of key performance and capacity commitments was required, highlighting any anticipated change to those plans. In summary:

#### **Second half-year plan (H2) Metrics**

##### Urgent Emergency Care UEC)

Average Ambulance Handover times – The average handover time in November 2023 was 31 mins and 40 seconds, well below plan.

Category 2 Ambulance response times - In November 2023, performance was 32 mins and 4 seconds and represents a slight deterioration on the previous month.

Accident & Emergency (A&E) 4hr performance – The overall all type performance across the ICB was 74.61%, with an aggregate achievement of 73.6% across the Lancashire & South Cumbria (L&SC) providers. This is below plan and a deteriorating position on the previous month.

Core General and Acute (G&A) beds – The actual number of beds available in November 2023 was 3,019, slightly above plan.

Virtual wards - The number of beds available in November 2023 was 400, with 60.5% occupied.

### Elective Care

>65 week waiters – All four L&SC providers were aiming to deliver zero 65+ week waiters by the end of March 2024. Blackpool Teaching Hospitals and East Lancashire Hospitals are no longer planning to deliver this position. Blackpool Teaching Hospitals is planning to have 260 x 65+ week waiters and East Lancashire Hospitals is expecting to have 628 x 65+ week waiters by the end of March 2024.

>78 week waiters – There were 123 patients waiting over 78 weeks in October 2023. All providers are aiming to deliver zero 78+ week waiters by the end of March 2024.

### Cancer

Faster diagnosis standard (28 days) - The latest performance in October 2023 shows that as a system, the ICB achieved 74.1% against a plan of 71.6%.

Cancer backlog (63 days or more) – In November 2023, 491 patients were waiting against a system plan of 567.

### Elective Recovery Fund (ERF)

ERF activity level –The Forecast Outturn position from month eight is looking to be around 110.7% of baseline. (excluding East Lancashire Hospitals from the calculation due to data reporting issues).

## **Key Performance Indicators**

Below is a summary of key performance metrics:

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 October 2023 position, 175 x 78 week breaches for ICB registered patients and 2,985 patients waiting over 65 weeks.

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

Diagnostics – Performance fell slightly in the month for the ICB to 75.2% of patients waiting less than 6 weeks, higher than Northwest performance and in line with National performance.

Cancer – In October 2023, Blackpool Teaching Hospitals and University Hospitals Morecambe Bay met the faster diagnosis standard (FDS). None of the Trusts met the other two core cancer standards (31 day first treatment, 62 first treatment). The ICB performance (based on the 8 x CCG position) is not achieving any of the three core cancer standards.

The number of patients waiting over 62 days for cancer treatment in October 2023 was 491 and remains ahead of trajectory for the month across L&SC (567).

Urgent and Emergency Care (UEC) – The overall all type performance across the ICB was 74.61%, with an aggregate achievement of 73.6% across L&SC providers. 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 September 2023 despite a further significant fall on the previous month.

Following recent investment, 12 beds were opened on the Greendale Adult Acute ward on the 5<sup>th</sup> December 2023, all of which are occupied. In addition, 8 beds opened on the Buckley Adult Psychiatric Intensive Care Unit (PICU), of which 6 are currently occupied.

The dementia prevalence target continues to be met with the ICB being above the national position and slightly below the Northwest figure. 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, however it remains on the planned trajectory. 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 coverage for MMR has increased slightly and is above both Northwest levels and National levels.

Primary Care - The L&SC rate of general practice appointments has been increasing and is above originally planned levels.

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

### Recommendations

The Board is asked to:

- Note performance against the prioritised H2 metrics and key performance indicators 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 development of a performance framework.

### 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>	
Finance & Performance Committee Executive Team	18 December 2023 2 January 2024		Committee notes the report. Approved.	
<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
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# Integrated Care Board – 10 January 2024

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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 (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 the paper is to provide the Board with:

- an update on the latest published performance data against the metrics in the recently submitted H2 plan (Due to the time lag in reporting, some of the metrics are reported against the existing plans).
- the latest position against a range of other published performance metrics.

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 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.

### 2.0 Second half-year (H2) Planning Submission

2.1 A number of key headline metrics and enabling metrics were the focus of the plan as referenced in the operational guidance across urgent and emergency care, elective care and cancer.

2.2 Formal ICB and Trust Board sign-off of key performance and capacity commitments was required, highlighting any anticipated change to those plans.

2.3 The table below details latest position across the range of metrics included with the H2 planning submission, split by provider, and providing a L&SC ICB position.

# Summary Table : Priority Metrics H2 Planning

Measure	Period	TARGET	NWS	
			PLAN	ACTUAL
Average Ambulance Handover Delays	Nov-23		00:43:43	00:31:40
Ambulance Category 2 Response Times	Nov-23	00:30:00	00:29:00	00:32:04

Measure	Period		BTH		ELHT		LTHT		UHMB		L&SC	
			PLAN	ACTUAL	PLAN	ACTUAL	PLAN	ACTUAL	PLAN	ACTUAL	PLAN	ACTUAL
A&E 4 Hour Performance - TOTAL	Nov-23	76%	78.1%	78.9%	74.0%	74.7%	75.5%	66.5%	73.7%	72.9%	75.5%	73.6%
A&E 4 Hour Performance - TYPE 1	Nov-23		52.8%	53.9%	61.1%	62.9%	50.7%	57.6%	68.4%	60.2%	58.8%	58.9%
A&E 4 Hour Performance - Other Type A&E	Nov-23		98.0%	99.6%	92.6%	91.7%	95.0%	94.8%	87.6%	95.9%	94.7%	95.9%
General and Acute Core Beds	Nov-23		792	789	714	707	862	878	643	645	3011	3019
Virtual ward capacity	Nov-23										400	400
Virtual ward occupancy	Nov-23	80%									60.0%	60.5%
Number of 65+ week RTT waits [Revised H2 plans from Nov-23]	Oct-23		184	551	119	882	1139	1112	78	102	1520	2647
Number of 78+ Week RTT waits [Revised H2 plans from Nov-23]	Oct-23		0	38	0	0	0	82	0	3	0	123
Cancer 28 day waits (faster diagnosis standard)	Oct-23	75%	66.9%	75.5%	70.8%	73.7%	70.9%	68.0%	77.3%	79.9%	71.6%	74.1%
Number of patients waiting 63 or more days after referral from cancer PTL	Nov-23		147	55	174	169	194	211	52	56	567	491

Measure	Period	L&SC	
		PLAN	ACTUAL
Elective recovery fund % of 2019/20	FOT M08	112.6%	110.7%

Grey cells denote where the L&SC position is a proxy built up from an aggregate of the 4 x L&SC Providers. In the 2023-24 planning submission, there were specific L&SC commissioner trajectories for RTT waiters which remain targeting zero 65+ week waiters by March 24.

ERF Actual taken from M08 FOT position (excluding ELHT)

## 2.4 Urgent and emergency care

2.4.1 Average Ambulance Handover times – The average handover time in November 2023 was 31 mins and 40 seconds, well below plan. In comparison to the first six months, the latest period has seen a slight deterioration.

2.4.2 Category 2 Ambulance response times – Across the system, the ICB is aiming to deliver an average response time of 30 minutes for the remainder of the year and to achieve 28 mins by March 2024. In November 2023, performance was 32 mins and 4 seconds and represents a slight deterioration on the previous month.

2.4.3 Accident & Emergency (A&E) 4hr performance – All four providers maintain their plan to meet the 76% achievement by March 2024. During November 2023, the overall all type performance across the ICB was 74.61%, with an aggregate achievement of 73.6% across the L&SC providers. This is below plan and a deteriorating position on the previous month. Blackpool Teaching Hospital was the only provider to achieve the national target and was above plan. East Lancashire Hospitals was also above plan. However, University Hospitals Morecambe Bay and Lancashire Teaching Hospitals were both below plan with the latter having the most challenged performance at 66.5%.

2.4.4 Core General & Acute (G&A) beds – The revised plan reports that there will be 3,034 beds available in March 2024 which reflects an increase from the November 2023 plan. The actual number of beds available in November 2023

was 3,019, slightly above plan driven by bed numbers at Lancashire Teaching Hospitals.

2.4.5 Virtual wards – The original 746 virtual ward bed capacity to be delivered in March 2024 was revised down to 425 within the H2 ICB plan. The number of beds available in November 2023 was 400, with 60.5% occupied. Occupancy increased from the previous month by 3%. There is significant variation in occupancy across the system, ranging from 91.3% in Pennine, to 10.5% in West Lancashire.

## 2.5 Elective Care

2.5.1 >65 week waiters – As a system, the ICB is significantly above plan with 2,647 patients waiting over 65 weeks. In the original 2023-24 planning submission, all four L&SC providers were aiming to deliver zero 65+ week waiters by the end of March 2024. In the H2 revision, Blackpool Teaching Hospitals and East Lancashire Hospitals are no longer planning to deliver this position. Blackpool Teaching Hospitals is planning to still have 260 x 65+ week waiters by the end of March 2024 due to pressures across Orthodontics (currently closed to referrals), Gastroenterology, Cardiology and Gynaecology while East Lancashire Hospitals is expecting to have 628 x 65+ week waiters specifically in Gynaecology (seeking mutual aid solution) and Gastroenterology. Although still aiming to hit zero 65+ week waiters by the end of March 2024, both Lancashire Teaching Hospitals and University Morecambe Bay do have some risks around Orthodontics and Oral Surgery.

2.5.2 It needs to be referenced that the H2 resubmission was only required from providers, as such the original 2023-24 planning submission at ICB level has not been required to be updated. This still aims for zero 65+ week waiters (which may now seem at odds with the provider submissions). Furthermore, from an ICB perspective, there are over 500 patients waiting in excess of 65 weeks at either Independent Sector providers or NHS providers out of the L&SC area as at the end of October 2023.

2.5.3 >78 week waiters – There were 123 patients waiting over 78 weeks during the month of October 2023, a position driven by Blackpool Teaching Hospitals and Lancashire Teaching Hospitals. All providers are aiming to deliver zero 78+ week waiters by the end of March 2024 though both Blackpool Teaching Hospitals and Lancashire Teaching Hospitals have cited some risks around orthodontics.

## 2.6 Cancer

2.6.1 Faster diagnosis standard (28 days) – All providers are planning on meeting the 75% target by March 2024. The latest performance in October 2023 shows that as a system, the ICB achieved 74.1% against a plan of 71.6%.

There was an improvement on the previous month by almost 4%. University Hospitals Morecambe Bay was the best performing at 79.9% and above plan along with Blackpool Teaching Hospitals and East Lancashire Hospitals. Lancashire Teaching Hospitals was the only provider below plan and also the worst performing, although early indications show that the November position at the Trust has improved.

2.6.2 Cancer backlog (63 days or more) – The plan across the system is to reduce the number of patients waiting over 62 days to no more than 514 by March 2024. The latest position in November 2023 shows that 491 patients were waiting against a system plan of 567. Blackpool Teaching Hospitals and East Lancashire Hospitals were both below plan. University Hospitals Morecambe Bay was slightly above plan, whereas Lancashire Teaching Hospitals had the greatest number of patients waiting at 211 against a plan of 194.

## 2.7 Elective Recovery Fund (ERF)

2.7.1 Elective Recovery Fund delivery – Issues in reporting data into the national system due to the Electronic Patient Record system upgrade have meant that the East Lancashire Hospitals position is skewing the overall reported ERF position for L&SC. If East Lancashire Hospitals is excluded from the calculation (essentially assuming it will deliver plan) then the Forecast Outturn position from month eight is looking to be around 110.7% of baseline

## 3.0 **Key Performance Indicators**

3.1 The following narrative outlines current performance against other 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.

3.2 For ease, themed 'domains' have been used which align to the updated balanced scorecard (Appendix A).

3.3 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting. Historically this has been at ICB commissioner level, at provider level and at an aggregated provider level (for the 4 main NHS providers in Lancashire and South Cumbria).

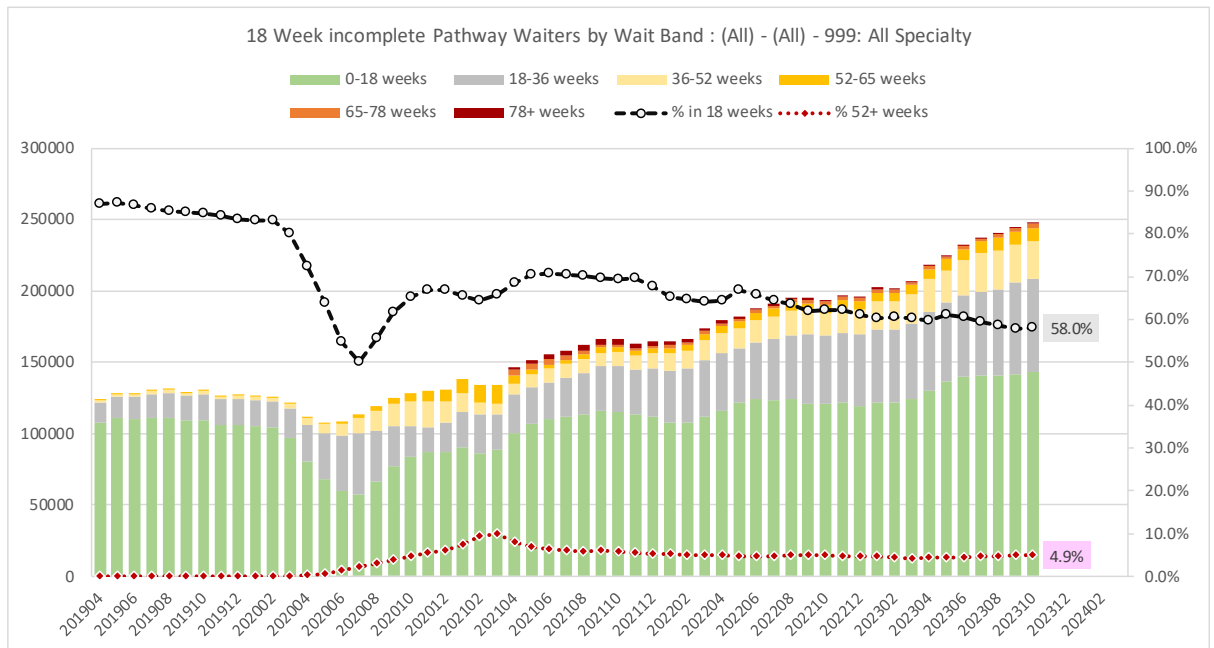
3.4 For a limited range of measures, we also give an indicative split by 'Place' using the available source data to simplistically map the activity where possible. For example, Dementia Diagnosis data is currently available at 'Sub-ICB' level (i.e., former Clinical Commissioning Group (CCG) footprints). 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.

#### 4.0 Domain 1 – Elective Recovery

4.1 The total number of patients waiting for treatment continues to increase month on month (247,045 patients at ICB level at the end of October 2023).



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

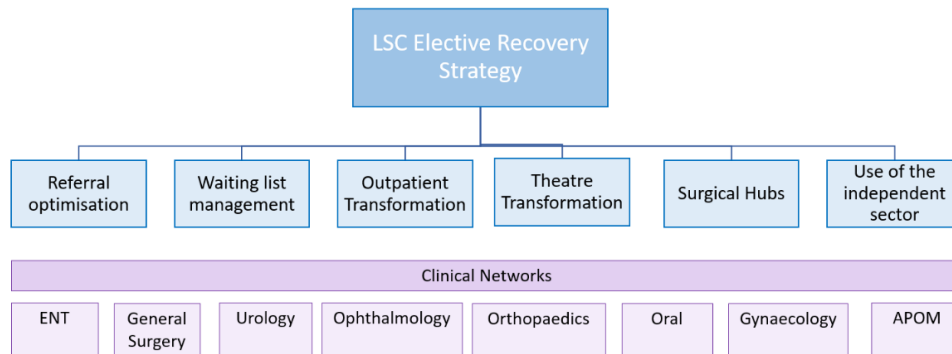
- 1 patient still waiting 104+ weeks (though this patient no longer appears in the more timely Waiting List Minimum Data Set (WLMDS))
- 175 patients (0.07%) waiting 78+ weeks
- 2,985 patients (1.21%) waiting 65+ weeks
- 12,084 patients (4.89%) waiting 52+ weeks

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

- 0 x 104+ week waiters
- 123 x 78+ week waiters
- 2647 patients (1.31%) waiting 65+ weeks

4.4 For 2023-2024, the national focus for Referral to Treatment (RTT) waiters has shifted to the 65+ week waiter categories. Revised H2 planning trajectories for the number of 65+ week waiters were submitted by each of the 4 main L&SC acutes and Blackpool Teaching Hospitals and East Lancashire Hospitals are no longer aiming to deliver zero 65+ week waiters by the end of March 2024.

- 4.5 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.



- 4.6 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.
- 4.7 L&SC latest performance (19<sup>th</sup> November 2023) on theatre capped utilisation is 82.9%, which ranks the ICB as the 2nd best performer nationally. This follows a period of sustained improvement.
- Capped Theatre Utilisation % – Touch time within the planned session vs planned session time
- 4.8 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages though our performance is tracking below our 2023-2024 planning submission. However, there are wide variations between providers while the East Lancashire Hospitals data needs to be incorporated into these figures following their Electronic Patient Registration (EPR) system update earlier this year.
- 4.9 The utilisation of pre-referral specialist advice is higher than regional and national averages though the rate of diversion for both this and post-referral advice is lower than national averages and is well below national aspirations.
- 4.10 The reported community waiting list figures for September 2023 suggest that the current number of adults waiting is higher than planned, while the percentage of patients waiting in excess of 18 weeks has also been increasing and now stands at 10.5% of the total list. There has been a significant drop of circa 1000 patients from the children's community waiting list for Speech and Language services as reported by LSCFT. This is being explored further to understand if it is a valid position.
- 4.11 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.

## 5.0 Domain 2 – Diagnostics

- 5.1 The proportion of patients waiting less than 6 weeks for a diagnostic test for L&SC ICB has fallen very slightly in October 2023 compared to the September figure. The performance is above the North West regional figure and in line with the National performance.
- 5.2 At provider level there remains significant variation in performance. University Hospitals of Morecambe Bay remain the best performing trust and the only one presently meeting the 95% target, which has been met for the whole of the 2023 calendar year so far. The performance has UHMB has further improve in October, with 98.5% of people waiting less than 6 weeks for a diagnostic test. The performance for the remaining providers shows an improvement at East Lancashire Hospitals Trust to 88.9% and at Blackpool Teaching Hospitals to 87.1%, Lancashire Teaching Hospitals continues to be the outlier with performance falling in October to 53.9%.
- 5.3 The reported activity for the 4 main acute providers is presently just below plan for Imaging (99.6% of plan) and significantly below plan for Endoscopy (92.2% of plan). Physiological Measurement activity is slightly above plan in October at 100.6%.
- 5.4 The diagnostic network has developed a detailed plan centred around 7 key areas:
- Network Maturity – to deliver a governance framework aligning to the provider collaborative board and ensure delivery of the NHS Long Term plan.
  - Productivity and Efficiency – delivering a robust standard approach to waiting list management and operational efficiency.
  - Clinical Reference – A number of projects including referral optimisation to deliver consistent clinical triage. This element includes a number of initiatives for assisting early cancer diagnosis.
  - Train – Retrain – Reform – Developing an appropriate staffing structure to allow for career development and standardisation of grades which will assist in upskilling the current workforce.
  - Procurement – To competitively procure assets and implement a robust governance and financial model of service delivery. To deliver economies of scale when purchasing high volume consumables.
  - Data and reporting – constantly updating demand and capacity models and develop a cross trust dashboard to understand activity and allow for benchmarking.
  - Digital Capability and Integration – Work to support a number of initiatives including referral management, cloud based endoscopy, virtual MDTs.

## **6.0 Domain 3 – Children & Young People**

- 6.1 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. There has not been any update on performance since the last reporting period.
- 6.2 There is a long-term plan to deliver 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 in January 2024 and Lancashire Teaching Hospitals in February 2024, this is also a requirement of the national safety programme of work in the Saving Babies Lives (version 3).
- 6.3 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 2 of 2023-2024 is 87.74% which although is above regional and national position remains below the 95% target.
- 6.4 A long-term pilot which is hoped will improve childhood immunisation uptake started in late November. Primary Care Networks (PCNs) will work with the Improving Immunisation Uptake Team (IIUT) with the aim of the team to work collaboratively by providing a specialist package of tailored support to improve 0-5 childhood immunisation uptake rates. There are 2 elements of the pilot, those PCNs with lower uptake will be part of a targeted approach with additional support, both elements should have additional funding.
- 6.5 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.
- 6.6 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.

6.7 The request for more updated data following the close down of the North West Coast Clinical Network maternity dashboard, the Local Maternity & Neonatal System (LMNS) has been working with CSU Business Intelligence (BI) colleagues and the Clevermed to develop a local quality & safety dashboard. A number of challenges and risks have been identified with this work which has been recorded in both the LMNS risk register and the Corporate Risk Register.

## 7.0 Domain 4 – Cancer

7.1 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%)

7.2 In October 2023, Blackpool Teaching Hospitals and University Hospitals of Morecambe Bay NHS Foundation Trust met the faster diagnosis standard (FDS). None of the Trusts met the other two core cancer standards (31 day first treatment, 62 day treatment). The ICB system performance (based on the 8 x CCG position) is not achieving any of the three core cancer standards.

7.3 Summary Table of Provider Performance against 3 core cancer standards (October 2023).

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	75.50%	93.48%	66.67%
East Lancashire Hospitals NHS Trust	73.70%	92.23%	55.28%
Lancashire Teaching Hospitals NHS Foundation Trust	68.00%	85.95%	53.56%
University Hospitals of Morecambe Bay NHS Foundation Trust	79.90%	93.06%	68.49%
L&SC AGGREGATE (4 x Providers)	74.10%	89.58%	60.18%
TARGET	75.00%	96.00%	85.00%

7.4 L&SC Cancer Alliance Performance against 3 core cancer standards (October 2023).

Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	74.20%	90.10%	59.66%
TARGET	75.00%	96.00%	85.00%

7.5 Setting these measures in context – based on 42 ICBs

- 8<sup>th</sup> best for FDS standard

- 12/21 Alliances nationally for 31 day standard
- 7/21 Alliances for 62 day standard

7.6 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).

7.7 As referenced earlier, this metric was prioritised within the H2 planning. The number of patients waiting over 62 days for cancer treatment in October was 491 and remains ahead of trajectory for the month across L&SC (567). The system has already achieved the year-end target for March 2024 of 514. Lancashire Teaching Hospitals and University Hospitals Morecambe Bay are slightly behind trajectory but only by a handful of patients. 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

7.8 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

## 8.0 Domain 5 – Urgent & Emergency Care

8.1 As reported earlier, the H2 planning submission focuses on the ambition to reach a minimum of 76% A&E (all-type) performance against the four-hour standard by March 2024 and to get Ambulances to patients quicker with improved ambulance response times.

8.2 During November 2023, the overall all type performance across the ICB was 74.61%, with an aggregate achievement of 73.6% across the L&SC providers. This is below plan and a deteriorating position on the previous month, however performance remains higher than North West and National averages. Blackpool Teaching Hospital was the only provider to achieve the national target and was above plan. East Lancashire Hospitals was also above plan. However, University Hospitals Morecambe Bay and Lancashire Teaching Hospitals were both below plan with the latter having the most challenged performance at 66.5%.

- 8.3 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 8 December 2023, the aggregated position across the 4 L&SC providers was 9.45% (though provider variation from 7.82% at University Hospitals Morecambe Bay to 11.89% at Lancashire Teaching Hospitals).
- 8.4 The transforming access to urgent and emergency care services programme has a number of key actions to support reductions in the time spent within 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 ICB to ensure sufficient capacity is available to maximise deflections away from ED's.
- 8.5 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.
- 8.6 Category 2 response times reported for the North West Ambulance Service (NWAS) continue to be longer than the original 18 min target [00:32:04], but remain quicker than the national average [00:38:30]. The ICB is aiming to deliver an average response time of 30 minutes for the remainder of the year and to achieve 28 mins by March 2024.
- CAT 2 - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport
- 8.7 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.
  - Ambulance Liaison Officers (ALO's)/Triage clinicians supporting at front door of ED supporting re-direction where appropriate.
- 8.8 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) increased in November 2023 (95.4%), but remained comparable to the North West (95.1%) and England (95.7%) averages.

- 8.9 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.
- 8.10 L&SC is ranked 15/42 ICB for performance nationally, with 12.8% of all adult G&A beds occupied by NMC2R patients, these can fluctuate on a daily basis (and a weekly cycle) while there is variability at provider level. A range of demand and capacity schemes implemented for winter have helped to maintain or improve NMC2R performance across trusts.
- 8.11 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.
- 8.12 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 October 2023 reports that 93.4% of patients were discharged to their usual place of residence across L&SC compared with 93.1% nationally.
- 8.13 The proportion of patients with a length of stay (LOS) exceeding 21 days decreased locally once again. 8.68% of patients discharged across L&SC during October 2023 had been in hospital for 21+ days which was higher than the national average of 7.2%.
- 8.14 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 November 2023 reports a capacity of 400 beds. The following table details the capacity available and occupancy levels across the system.



**Table: Virtual ward capacity per 100k of adult population: 30th November 2023**

<b>Nov-23</b>	<b>Capacity Actual</b>	<b>Occupied Actual</b>	<b>% Occupied</b>
Fylde Coast	88	26	<b>29.5%</b>
Pennine Lancs	160	146	<b>91.3%</b>
Central Lancs	60	42	<b>70.0%</b>
Morecambe Bay	73	26	<b>35.6%</b>
West Lancs	19	2	<b>10.5%</b>
<b>TOTAL</b>	<b>400</b>	<b>242</b>	<b>60.5%</b>

8.15 The original 746 virtual ward bed capacity to be delivered in March 2024 has been revised down to 425 within the H2 ICB plan. Performance is marginally below the monthly planning trajectory although capacity per 100k is above regional and national averages. Emphasis is now shifting to focus on the utilisation of virtual ward beds in line with the H2 planning submission of 65-70%. National patient level data flow is in development to improve consistency.

8.16 In L&SC there are 5 providers of place based 2-hour Urgent Community Response services. All 5 are currently delivering 8am-8pm, 7 days a week and offer all 9 Clinical Conditions covering the full geographic footprint. Responses to referrals within the 2 hour time frame have been consistently above 90% since May 2022 (the national threshold is 70%) putting L&SC within the upper quartile for performance. Furthermore, we are also seeing more patients through 2 Hour UCR services than originally planned.

## **9.0 Domain 6 – Mental Health and Learning Disabilities**

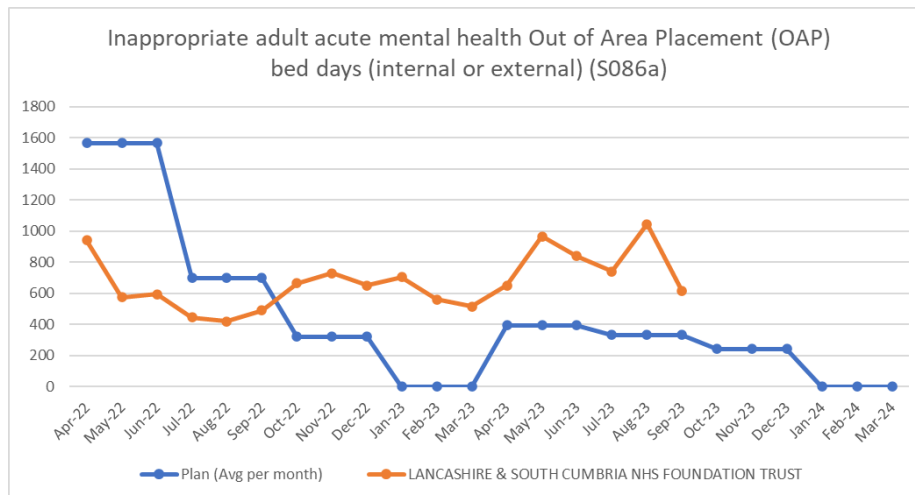
9.1 NHS England aims to improve uptake of the existing Annual Health Check (AHC) in primary care for people aged 14 and over with a learning disability, so that at least 75% of those eligible have a health Trust check each year by the end of March 2024. A co-ordinated programme of support and training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

9.1 The Performance in 2023-24 is consistency stronger than 2022-23. At the end of October 2023, a total of 2987 (32.5%) of people aged 14+ on the GP learning disability register received an annual health check. At the end of

October 2022, this performance was 2785, so 202 more health checks have been delivered this year. Additionally, the gap that has always existed between the number of annual health checks and health action plans, is narrowing each month. At the end of October 2023, 2636 (28.6%) of people on the learning disability register received a health action plan in addition to a health check, up 229 against the end of October 22 performance of 2407. The increase in health action plans is particularly important, as this is the key plan that an individual can take away which has a plan of action to improve their health.

- 9.2 The health facilitation team have continued to deliver learning disability awareness raising training to practice staff, which is delivered fortnightly, and open to all practice staff. This outlines the benefits of supporting reasonable adjustments, easy read communications and delivering health checks that respond to an individual's needs. To date, this training has been delivered to staff from 109 practices. As part of the wider communications, and addressing barriers to attending a health check, the team have delivered workshops to over 400 people with a learning disability, parents/carers, which outlines what happens in a health check and their importance. The Learning Disability Champion model, co-produced with people, practice staff who attended awareness raising session will be launched shortly. This is a visible indicator of staff within a practice who have had additional awareness raising training.
- 9.3 Dementia diagnosis rates across L&SC further improved slightly to 69.2% in November 2023 and remains above the 66.7% target and are higher than the National average, but slightly below the North West average. 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.
- 9.4 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.
- 9.5 The OAP bed days remain over plan in September 2023 despite a significant 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.



9.6 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. Lancashire and South Cumbria Foundation Trust have identified that there are continued pressures on inpatient beds because of the doctors' strikes, bed closures due to staffing issues and delays in opening the new in-patient bed capacity.

9.7 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 Care Foundation Trust, Lancashire County Council and ICB representatives to ensure that timely decisions are made to reduce the number of patients who are clinically ready for discharge. There is also a newly established three times per week meeting with Lancashire and South Cumbria Foundation Trust and ICB Director to review all those patients who are CRFD to ensure actions are discussed and blocks to discharge are escalated.

9.8 The Talking Therapies (previously IAPT) indicator focuses on planning improved access to psychological therapies in order to address enduring unmet need. The latest data shows that the ICB is still not delivering this ambition although this remains an issue nationally. The issues in delivery relate to lack of referrals into the service. The recent review detailed a number of recommendations and actions which are being implemented. Opportunities to increase the referral rates include targeted training in primary care, links to other services for example older adult, perinatal and via the ARRS workers.

## 10 Domain 7 – Primary Care

- 10.1 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.
- 10.2 In October 2023 general practice in L&SC provided an additional 31,734 appointments compared to the previous year and delivered a higher volume of appointments than initially planned for (plan= 883,701 | actual= 960,609 | variance=76,908 ). Despite increases, the L&SC rate of general practice appointments per 10,000 population remains below the national average, however, L&SC has one of the smallest general practice workforce in the county which will impact upon the number of appointments able to be provided.
- 10.3 In October 2023, 77.3% of General Practice appointments were offered within 2 weeks of booking; an increase of 0.9% on the previous month. This reduction over the past 2 months is due to the increased number of appointments undertaken for vaccinations which are often booked >14days in advance.
- 10.4 The future the L&SC 2023/24 Recovering Access Programme included a number of actions that it has not been possible to progress due to either ICB capacity constraints or removal of Service Development Funding (SDF) which may affect future ICB performance against general practice appointment data metrics. Further information is provided in the '*Evidencing the Impact for the General Practice Improvement Programme*' board paper.
- 10.5 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
- 10.6 The most recent hypertension prevalence figures (QOF 2022-23) suggest that across L&SC, 76.4% 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.
- 10.7 Updated data for June 2023 from CVDPrevent reported that 67.63% 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.

- 10.8 As with many primary care clinical measures, there is significant variation at place, sub-ICB, Primary Care Networks (PCN) and practice level.
- 10.9 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. The 2023-24 Flu campaign appears to have got off to a strong start with 71.95% of patients aged 65+ already immunised (compared with 70.8% nationally and 69.8% across the North West).
- 10.10 Despite no funding being available to establish the successful Acute Respiratory Infection Hubs that helped to relieve primary and urgent care pressures last winter, the ICB has confirmed with NHS England temporary flexibilities that can be applied to existing PCN Enhanced Access services to support local pressures. Work is ongoing to support any PCNs who wish to rapidly implement any service changes.
- 10.11 The Primary Care Winter Communications Toolkits were launched in December 2023 which link to the wider System winter communications and support agreed System messaging that can help people manage their health better and use NHS services more effectively, this messaging spans all four pillars of primary care.
- 10.12 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 84.1% of contracted levels in October 2023 which is marginally above the 83.0% seen nationally.

## **11.0 Next Steps**

- 11.1 There has been a recent presentation at a Board Development session on the proposal to further develop an integrated performance report and associated integrated performance framework.

## **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 performance against the prioritised H2 metrics and key performance indicators 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 development of a performance framework.

**Asim Patel**  
**Chief Digital Officer**

**December 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	Oct-23	0	1	✘	↑	0	0	1		✓	✓	✓	✓			0	0	✓	↔
Total patients waiting more than 78 weeks to start consultant-led treatments	Oct-23	0	175	✘	↓	2	26	147		✘	✓	✘	✘			0	123	✘	↓
Total patients waiting more than 65 weeks to start consultant-led treatments	Oct-23	1294	2985	✘	↓	331	333	2321		✘	✘	✓	✘			1520	2647	✘	↓
Total patients waiting more than 52 weeks to start consultant-led treatments	Oct-23	7974	12084	✘	↓	1508	1152	9424		✘	✘	✓	✓			8525	10394	✘	↓
BADS Daycase Rates	Jun-Aug23									87.60%	82.80%	80.20%	82.40%				82.9%		
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 19/11/2023									84.30%	0.00%	81.90%	79.00%				82.0%		↑
Specialist Advice - Pre-Referral (Rate per 100 OP)	Oct-23	5.58	8.01	✓	↔					5.59		7.10	8.10	13.23					
Specialist Advice - Post-Referral (Rate per 100 OP)	Oct-23	16.74	20.37	✓	↔					45.41		4.03	5.78						
Patient Initiated Follow-Ups (PIFU)	Oct-23									1.30%		1.63%	11.23%			4.14%	3.98%	✘	↔
Number of Adults and Children on Community Waiting Lists	Sep-23	19326	19874	✘	↑											19326	19874	✘	↑

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	Oct-23	422,807	425,091	✓						✓	✓	✘	✘			310930	309728	✘	
Diagnostic activity levels- Physiological measurement Cardiology - Echocardiography	Oct-23	36,196	34,676	✘						✓	✓	✘	✓			29633	29820	✓	
Diagnostic activity levels- Endoscopy, Colonoscopy/Flexi-Sig/Gastroscopy	Oct-23	36,176	36,040	✘						✘	✘	✘	✓			34244	31558	✘	
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	Oct-23	95%	75.2%	✘	↔					✘	✘	✘	✓			95%	74.6%	✘	↔

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													
Key Performance Indicator	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
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 with in the target period	Q1 23-24		70.28%		↔	64.37%	66.16%	71.54%											
People waiting longer than 62 days to start cancer treatment	Nov-23	567	491	✓	↑					✓	✓	✗	✗			567	491	✓	↑
31 Day First Treatment (96% Standard)	Oct-23	96%	90.1%	✗	↔					✗	✗	✗	✗			96%	89.6%	✗	↔
62 Day referral to treatment (85% Standard)	Oct-23	85%	59.7%	✗	↓					✗	✗	✗	✗			85%	60.2%	✗	↓
% meeting faster diagnosis standard	Oct-23	75%	74.13%	✗	↑					✓	✗	✗	✓			75%	73.7%	✗	↑
% of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028)	2020	75%	48.72%	✗	↓														

DOMAIN 5						URGENT AND EMERGENCY CARE													
Key Performance Indicator	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
A&E 4 Hour Standard (76% Recovery Target)	Nov-23	76%	74.61%	✗	↓					✓	✗	✗	✗			76%	73.61%	✗	↓
Proportion of patients spending more than 12 hours in an emergency department	w/e 11 Dec 23	2%								✗	✗	✗	✗			2%	9.45%	✗	↓
Average ambulance response time: Category 2	Nov-23	00:18:00	00:32:04	✗	↓									✗	00:18:00	00:32:04	✗	↓	
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	10th Nov 2023	5%														5%			↔
Delayed Transfers of Care / No Medical Criteria to Reside	Nov-23									11.35%	6.76%	8.24%	27.90%				12.77%		
Adult G&A Bed Occupancy	Nov-23									95.99%	97.55%	95.75%	91.84%			92%	95.39%	✗	
Number / % of patients with a LOS exceeding 21 days	Oct-23		8.68%		⊖	⊖	⊖	⊖	⊖										
Proportion of patients discharged to usual place of residence	Oct-23		93.38%		⊕	⊕	⊕	⊕	⊕										
2 Hour Urgent Community Response (70% Target)	Oct-23	70%	93.57%	✓	↔														
Virtual Ward Bed Capacity vs Plan	Nov-23	400	400	✓												400	400	✓	
Virtual Ward Occupancy (Snapshot)	Nov-23	60%	60.50%	✓						29.55%	91.25%	70.00%	35.62%			80%	60.50%	✗	
Total Virtual ward capacity per 100k of adult population	Nov-23	26.74	26.74	✓	↔														

DOMAIN 6						MENTAL HEALTH AND LEARNING DISABILITIES													
Key Performance Indicator	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
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Oct-23		2987	✓	↑	30.7%	34.1%	32.5%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Sep-23		640		↑									✗		333	615	✗	↑
Estimated diagnosis rate for people with dementia	Nov-23	66.7%	69.25%	✓	↑	67.5%	69.0%	69.4%											
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	Oct-23	883701	960609	✓	↑														
% of Appointments within 2 weeks of booking	Oct-23		77.26%		↑														
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep-23-Oct-23	85%	71.95%	✗	↑	65.22%	69.37%	72.82%											
% of hypertension patients who are treated to target : CVD Prevent	Jun-23	77%	67.63%	✗															
Proportion of diabetes patients that have received all eight diabetes care processes	Jan-Jun 23		22.39%																
Hypertension case-finding	2022-23	80%	76.43%		↑	91.8%	97.5%	72.9%											
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	Oct-23		84.14%		↑														

## 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.