

Integrated Care Board

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| Date of meeting | 13 March 2024 |
| Title of paper | Integrated Performance Report |
| Presented by | Asim Patel, Chief Digital Officer |
| Author | Glenn Mather, Neil Holt and Damian Nelson (Performance Team) |
| Agenda item | 8 |
| Confidential | 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 second half year (H2) plan.
- The latest position against a range of other published performance metrics.

Summary of key performance metrics

Elective Recovery - The total number of patients waiting for treatment has decreased for the second consecutive month although the number of longer waiters (65+ weeks / 78+ weeks) have increased to the end of December 2023.

Lancashire & South Cumbria Integrated Care Board (L&SC 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 – There was a deterioration in diagnostic performance in December 2023 to 69.2%, mainly due to a significant fall in performance at Lancashire Teaching Hospitals. L&SC ICB is now below the North West and National performance.

Cancer – In December 2023, University Hospitals Morecambe Bay, East Lancashire Hospitals Trust and Blackpool Teaching Hospitals all met the faster diagnosis standard. University Hospitals Morecambe Bay was the only provider to meet the 31-day first treatment. However, no providers met the 62-day referral to first treatment standard.

L&SC ICB did not achieve the 31-day first treatment standard, or the 62-day referral to first treatment standard.

The number of patients waiting over 62 days for cancer treatment increased in January to 533, although L&SC ICB was ahead of trajectory, 533 vs 605.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in January 2024 was 74.6%, which was a deterioration on the previous month. L&SC ICB is performing better than the North West and national average.

The percentage of patients spending more than 12 hours in an emergency department remains within the ‘expected range’ albeit at levels higher than pre-covid.

Mental Health – The number of Out of Area Patients (OAPs) for Mental Health continued to be above plan in November 2023 despite a fall on the previous month. The beds at Whalley have opened, however there is pressure on beds through temporary closures and on-going doctor’s strikes.

The dementia prevalence target continues to be met with the ICB being above the national position and slightly below the North West 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 has now moved out of the lowest quartile reported nationally after an improvement in October and November.

Children and Young People –The coverage for Measles, Mumps, Rubella (MMR) has increased slightly and is above both North West levels and National levels.

Primary Care - In December 2023 general practice across L&SC ICB delivered a lower volume of appointments than initially planned for. The L&SC rate of general practice appointments per 10,000 population remains below the national average. The proportion of general practice appointments offered within 2 weeks and the proportion of same day appointments are in line with national averages.

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 | ✓ |

| 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 | For information in February 2024 | | Committee notes the report. | |
| Executive Team | 5 March 2024 | | Approved. | |
| 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 | | | | |

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| Report authorised by: | Kevin Lavery, Chief Executive |
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Integrated Care Board – 13 March 2024

Integrated Performance Report

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 Second half-year (H2) plan.
 - 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 The table below presents the December 2023 / January 2024 performance against the H2 planning submission.
- 2.2 The metrics not meeting plan include ambulance category 2 response times, A&E 4hr performance (total), virtual ward capacity, virtual ward occupancy, 65+ weeks, 78+ weeks for treatment and Elective Recovery Fund (ERF).

Table: Second Half Year (H2) Planning – Dec 2023 / January 2024

| Measure | Period | TARGET | NWS | |
|-------------------------------------|--------|----------|----------|----------|
| | | | PLAN | ACTUAL |
| Average Ambulance Handover Delays | Jan-24 | | 00:39:24 | 00:38:37 |
| Ambulance Category 2 Response Times | Jan-24 | 00:30:00 | 00:29:00 | 00:36:06 |

| Measure | Period | L&SC | |
|-------------------------------------|---------|--------|--------|
| | | PLAN | ACTUAL |
| Elective recovery fund % of 2019/20 | FOT M09 | 113.1% | 110.6% |

Elective Recovery Fund Actual taken from M09 FOT position (excluding East Lancashire Hospitals Trust)

| Measure | Period | TARGET | BTH | | ELHT | | LTHT | | UHMB | | L&SC | |
|---|--------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| | | | PLAN | ACTUAL | PLAN | ACTUAL | PLAN | ACTUAL | PLAN | ACTUAL | PLAN | ACTUAL |
| A&E 4 Hour Performance - TOTAL | Jan-24 | 76% | 76.0% | 80.2% | 73.0% | 73.8% | 75.8% | 66.6% | 73.3% | 72.4% | 74.6% | 73.6% |
| A&E 4 Hour Performance - TYPE 1 | Jan-24 | | 49.6% | 55.6% | 61.0% | 62.3% | 51.3% | 56.9% | 67.2% | 60.2% | 57.7% | 58.9% |
| A&E 4 Hour Performance - Other Type A&E | Jan-24 | | 98.0% | 99.5% | 93.5% | 89.7% | 95.0% | 95.3% | 87.4% | 95.0% | 94.9% | 95.1% |
| General and Acute Core Beds | Jan-24 | | 792 | 790 | 737 | 711 | 862 | 855 | 643 | 645 | 3034 | 3001 |
| Virtual ward capacity | Jan-24 | | | | | | | | | | 412 | 404 |
| Virtual ward occupancy | Jan-24 | 80% | | | | | | | | | 70.0% | 61.9% |
| Number of 65+ week RTT waits [Revised H2 plans from No | Dec-23 | | 484 | 497 | 835 | 833 | 799 | 883 | 44 | 76 | 2162 | 2289 |
| Number of 78+ Week RTT waits [Revised H2 plans from No | Dec-23 | | 25 | 112 | 0 | 0 | 0 | 62 | 0 | 4 | 25 | 178 |
| Cancer 28 day waits (faster diagnosis standard) | Dec-23 | 75% | 70.3% | 75.1% | 72.5% | 79.7% | 72.5% | 68.7% | 78.1% | 80.8% | 73.7% | 75.9% |
| Number of patients waiting 63 or more days after referral | Jan-24 | | 197 | 76 | 180 | 181 | 200 | 206 | 60 | 65 | 637 | 528 |

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.

2.3 Urgent and emergency care

2.3.1 Average Ambulance Handover times – The average handover time in January across the North West Ambulance Service (NWS) was 38 mins and 37 seconds, which was better than plan (39 mins and 24 seconds) once again although a deterioration on the previous period. The national performance was 39 mins and 59 seconds.

2.3.2 Category 2 Ambulance response times – The aim across the system (NWS wide) is to deliver an average response time of 29 minutes in January and February 2024 and to achieve 28 mins by March 2024. In January 2024, performance was 36 mins and 6 seconds and represents a deterioration of approximately 4 minutes on the November 2023 position. The national achievement was (40 mins 6 seconds).

2.3.3 Accident & Emergency (A&E) 4hr performance – All four providers maintain their plan to meet the 76% achievement by March 2024 as a minimum. During January 2024, the overall all type performance across L&SC ICB was 74.6%, with an aggregate achievement of 73.6% across the L&SC providers. This remains below plan, although on a similar level with the previous month. Blackpool Teaching Hospitals once again was the only provider to achieve the

national target and was above plan. East Lancashire Hospitals also performed above plan. However, University Hospitals Morecambe Bay and Lancashire Teaching Hospitals were both below plan with the latter having the most challenged performance at 66.6%.

2.3.4 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 January 2024 was 3,001.

2.3.5 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 January 2024 was 404, 8 below the plan for the month. Of the 404 beds available, 61.9% were occupied. Occupancy increased from the November 2023 position by 1.4%. There is significant variation in occupancy across the system, ranging from 65% in East Lancashire Hospitals, to 26% in West Lancashire.

2.4 Elective Care

2.4.1 >65 week waiters – 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.

2.4.2 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.

2.4.3 East Lancashire Hospitals is expecting to have 628 x 65+ week waiters specifically in Gynaecology (seeking mutual aid solution) and Gastroenterology.

2.4.4 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.

2.4.5 As a system, L&SC ICB was above plan with 2,620 patients waiting over 65 weeks to the end of December 2023.

2.4.6 >78 week waiters – There were 209 patients waiting over 78 weeks at the end of December 2023, a position driven by Blackpool Teaching Hospitals and Lancashire Teaching Hospitals.

2.4.7 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.

2.5 Cancer

2.5.1 Faster diagnosis standard (28 days) – All providers are planning on meeting the 75% target by March 2024. The latest performance in December 2023 shows that as a system, L&SC ICB achieved 75.9% against a plan of 73.7%. There was an improvement on the previous period by almost 2%. University Hospitals Morecambe Bay remains the best performing at 80.8% and above plan along with Blackpool Teaching Hospitals and East Lancashire Hospitals also above plan. Lancashire Teaching Hospitals was the only provider below plan and also the worst performing, although performance improved from the previous period and early indications show that the position at the Trust has improved further.

2.5.2 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 January 2024 shows that 533 patients were waiting against a system plan of 605. Blackpool Teaching Hospitals was the only provider below plan, although the other providers were almost at planned levels.

3.0 **Key Performance Indicators**

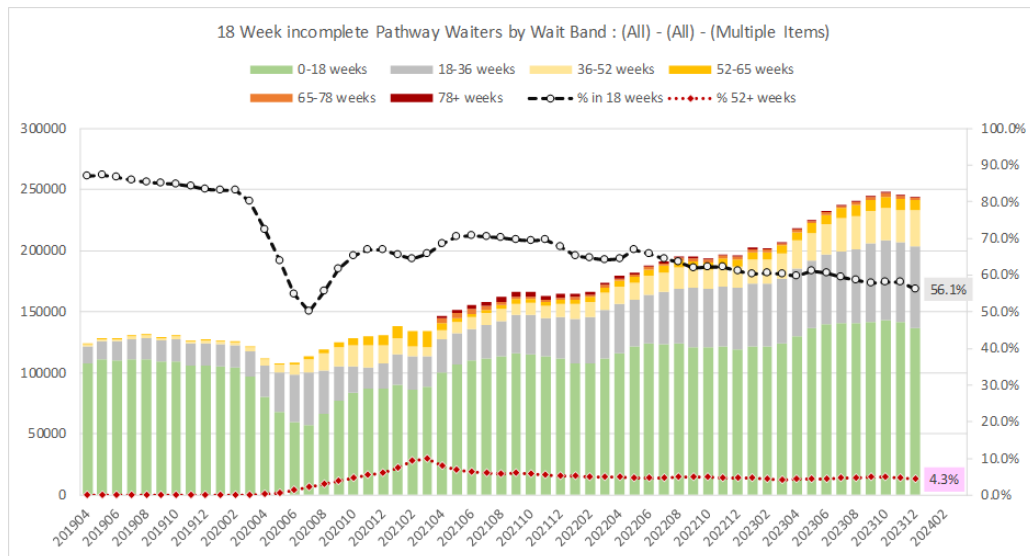
3.1 The following narrative outlines current performance against other key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

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).

4.0 **Domain 1 – Elective Recovery**

4.1 The total number of patients waiting for treatment has decreased for the second consecutive month to the end of December 2023 position (243,695 patients at ICB level).



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

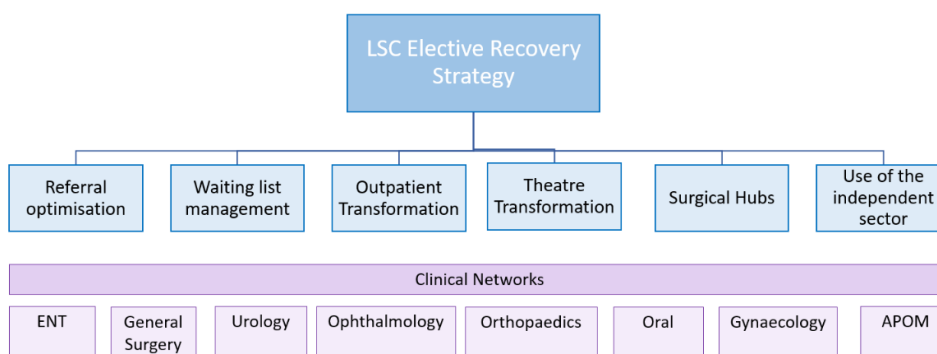
- 1 x 104+ week breach reported for Lancashire & South Cumbria (L&SC) ICB patients (though this patient no longer appears in the more timely Waiting List Minimum Data Set (WLMDs))
- 209 x 78+ week breaches for ICB registered patients
- 2,620 patients waiting over 65 weeks.
- 243,695 patients awaiting treatment

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

- 0 x 104+ week waiters
- 178 x 78+ week waiters
- 2288 patients (1.15%) 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 providers. 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 day case. 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 (14th January 2024) on theatre capped utilisation is 78.3%. Although this is above the national average, East Lancashire Hospitals data is not included within this position.

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 with University Hospitals Morecambe Bay reporting the highest performance (11.08%).

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 well below national aspirations.

4.10 The reported community waiting list figures for December 2023 suggest that the current number of adults waiting continues to fall although the percentage of patients waiting in excess of 18 weeks is increasing. There has been a significant increase in the number of children on the waiting list in December 2023, mainly due to an increase in Speech and Language Therapy waiters at Blackpool Teaching Hospitals.

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 fall significantly in December 2023 compared to the November 2023

figure. However, performance deteriorated to 69.2% and is now below both the North West regional figure (73.3%) and the National performance (73.2%).

- 5.2 At provider level there remains significant variation in performance. University Hospitals 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.
- 5.3 The performance at East Lancashire Hospitals continued to improve to 91.9% in December, whilst Blackpool Teaching Hospitals' performance fell slightly to 84.7%.
- 5.4 The significant fall in the L&SC ICB performance is due to the performance at Lancashire Teaching Hospitals which fell to 45.7% in December with significant numbers waiting over 6 weeks for Non Obstetric Ultrasound and Echocardiography.
- 5.5 The reported activity for the four main acute providers is presently just below plan for Imaging (99.3% of plan), Endoscopy activity is now at plan cumulatively to December. Despite continuing pressure on the waiting list the activity for Echocardiography is presently 103.9% of plan.

6.0 Domain 3 – Children & Young People

- 6.1 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 L&SC ICB in quarter 2 of 2023-2024 was 87.02% which although is above regional and national position remains below the 95% target. There is work ongoing to prepare the ICB for a potential measles outbreak due to increasing prevalence of measles in the West Midlands area.
- 6.2 The 2024-2025 planning round includes a measure for reporting elective waits specifically for children. This data is presently being reported through the waiting list minimum data set (WLMDS) and is being monitored through the ICB Children and Young People's (CYP) Elective Care Group. The latest data shows that there are 54.2% of children waiting less than 18 weeks, with 287 waiting over 65 weeks. There are a number of initiatives being undertaken in the CYP Elective Care Group to improve performance for dental waits and on the general paediatric waiting list.

7.0 Domain 4 – Cancer

- 7.1 In December 2023, University Hospitals of Morecambe Bay, East Lancashire Hospitals Trust and Blackpool Teaching Hospitals all met the faster diagnosis standard (FDS). University Hospitals of Morecambe Bay was the only provider to meet the 31-day first treatment, although no providers met the 62-day

referral to first treatment standard. L&SC ICB as a system only achieved the faster diagnosis standard.

7.2 Summary Table of Provider Performance against 3 core cancer standards (December 2023).

| PROVIDER | FDS | 31 Days | 62 Day |
|--|-------|---------|--------|
| Blackpool Teaching Hospitals NHS Foundation Trust | 75.1% | 94.3% | 65.0% |
| East Lancashire Hospitals NHS Trust | 79.8% | 94.7% | 72.2% |
| Lancashire Teaching Hospitals NHS Foundation Trust | 68.7% | 86.9% | 57.7% |
| University Hospitals of Morecambe Bay NHS Foundation Trust | 80.9% | 97.8% | 69.6% |
| L&SC AGGREGATE (4 x Providers) | 75.9% | 91.7% | 65.7% |
| TARGET | 75.0% | 96.0% | 85.0% |

7.3 L&SC Cancer Alliance Performance against 3 core cancer standards (December 2023).

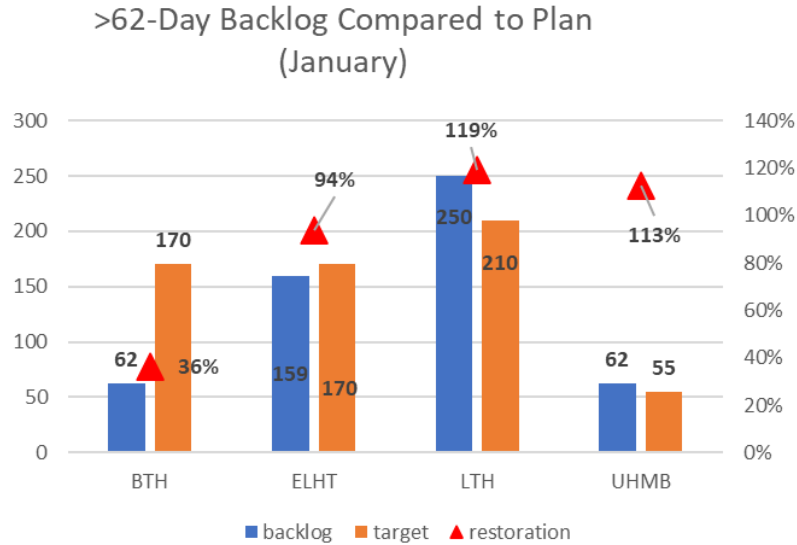
| Cancer Alliance | FDS | 31 Days | 62 Day |
|----------------------------------|-------|---------|--------|
| L&SC Cancer Alliance (CCG TOTAL) | 75.9% | 91.6% | 65.7% |
| TARGET | 75.0% | 96.00% | 85.00% |

7.4 Setting these measures in context – based on 42 ICBs

- 15th best for FDS standard
- 11/21 Alliances nationally for 31 day standard
- 13/21 Alliances for 62 day standard

7.5 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).

7.6 As referenced earlier, this metric was prioritised within the H2 planning. The number of patients waiting over 62 days for cancer treatment in January 2024 was 533 and remains ahead of trajectory for the month across L&SC (605). Blackpool Teaching Hospitals and East Lancashire Hospitals are both below trajectory, with the other providers being close to plan for the reduction of 62 backlog patients. Surgical pressures are a key driver to our challenged performance.



7.7 Backlog targets for March 2024 are as follows:

| | |
|------------------------------------|--------------|
| Blackpool Teaching Hospitals | : 128 |
| East Lancashire Hospitals | : 155 |
| Lancashire Teaching Hospitals | : 180 |
| University Hospitals Morecambe Bay | : 51 |
| Total | : 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 January 2024, the overall all type performance across the ICB was 74.6%, with an aggregate achievement of 73.6% across the L&SC providers. This is on plan, but a deteriorating position on the previous month. Performance locally remains higher than North West and National averages. Blackpool Teaching Hospitals was the only provider to achieve the national target. Both Blackpool Teaching Hospitals and East Lancashire Hospitals were above plan. University Hospitals of Morecambe Bay and Lancashire Teaching Hospitals

were both below plan with the latter having the most challenged performance at 66.6%.

- 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 6 February 2024, the aggregated position across the four L&SC providers was 9.31% (though provider variation from 6.66% at University Hospitals Morecambe Bay to 11.17% 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.
 - Maximise the use of direct referrals from NHS 111 to other hospital services i.e., Same Day Emergency Care (SDEC) and Clinical Assessment Service (CAS), and the implementation of referral pathways from NHS 111 to 2 hr Urgent Community Response and mental health services.
- 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 revised 30 min target [00:36:06], but remain quicker than the national average [00:40:06]. The ICB was aiming to deliver an average response time of 29 minutes in January 2024 and to achieve 28 mins in 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 slightly in January 2024 to 95.6%, but remained comparable to the North West (94.6%) and England (95.5%) 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 ICB is ranked 15/42 ICB for performance nationally, with 12.9% 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 splits 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 December 2023 reports that 93.0% 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 increased locally from the last reporting period. 10.8% of patients discharged across L&SC during December 2023 had been in hospital for 21+ days which was higher than the national average of 7.4%.
- 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 25 February 2024 reports a capacity of 404 beds. The following table details the capacity available and occupancy levels across the system.

Table: Virtual ward capacity 25 February 2024

| | Capacity Actual | Occupied Actual | % Occupied |
|---------------------------------------|------------------------|------------------------|-------------------|
| Blackpool Teaching Hospitals | 88 | 51 | 58% |
| East Lancashire Hospitals | 160 | 87 | 54% |
| Lancashire Teaching Hospitals | 60 | 39 | 65% |
| University Hospitals of Morecambe Bay | 73 | 27 | 37% |
| West Lancashire | 23 | 6 | 26% |
| TOTAL | 404 | 210 | 52% |

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 below the monthly planning trajectory although capacity per 100k is above regional and national averages. Emphasis is 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 five providers of place based 2-hour Urgent Community Response services. All five are currently delivering 8am-8pm, 7 days a week and offer all nine 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

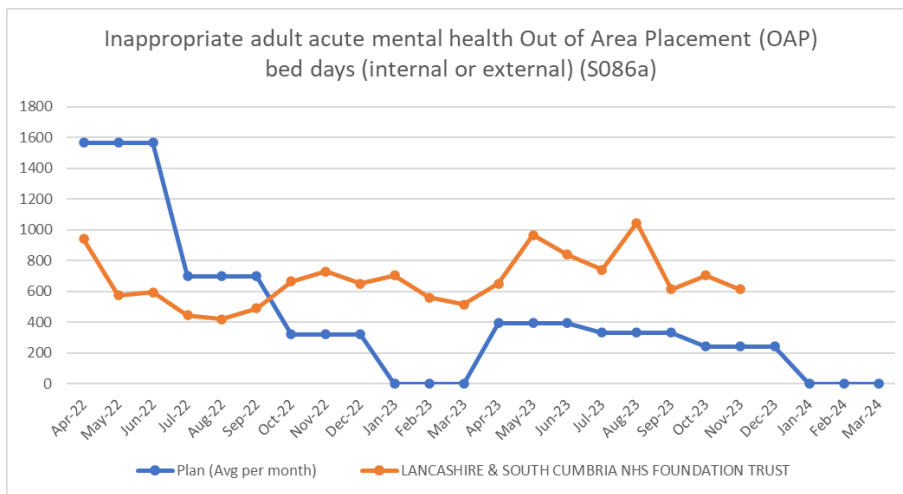
9.1 NHS England aims to improve uptake of the existing Annual Health Check (AHC) in primary care for people aged 14 and over with a learning disability, so that at least 75% of those eligible have a health check each year by the end of March 2024. A co-ordinated programme of support and training will continue and monthly monitoring of performance will be undertaken. Constant attention will continue to ensure that performance in 2023-2024 remains above target. There continue to be a number of initiatives aimed at improving both increasing checks completed and improving the quality of the checks.

9.1 The performance for the AHC for December 2023 is 41.5%, which is below trajectory and national coverage. The final quarter of the financial year is historically where a significant proportion of the AHC are undertaken.

9.2 Dementia diagnosis rates across L&SC has fallen slightly to 68.8% in December 2023, but remains above the 66.7% target and is 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 post diagnostic dementia services and looking at a new strategy for Dementia.

- 9.3 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.
- 9.4 The OAP bed days continue to remain above the plan in November 2023 despite a fall from the previous month. The expectation is that this will reduce with the opening of inpatients beds on the Whalley site.



- 9.5 Lancashire and South Cumbria Foundation Trust have identified that there are continued pressures on inpatient beds because of the continuing doctors' strikes and bed closures due to staffing issues.
- 9.6 The Talking Therapies (previously IAPT) indicator focuses on planning improved access to psychological therapies in order to address enduring unmet need. There has been an increase in the access rate for talking therapies in October and November 2023, which has taken the ICB from the lowest quartile to the mid quartile nationally. Lancashire & South Cumbria Foundation Trust continue to undertake focussed work with primary care, raising the awareness of the service. The service is currently meeting waiting times targets and recovery targets too.

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 December 2023 general practice in L&SC delivered a lower volume of appointments than initially planned for (plan 778,003, actual 725,722, variance -

52,281). The L&SC ICB rate of general practice appointments per 10,000 population is below the national average. The proportion of general practice appointments offered within 2 weeks and the proportion of same day appointments are in line with national averages.

- 10.3 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.
- 10.4 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.
- 10.5 Updated data for September 2023 from CVDPrevent reported that 67.84% 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.
- 10.6 As with many primary care clinical measures, there is significant variation at place, sub-ICB, Primary Care Networks (PCN) and practice level.
- 10.7 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 2023-2024 Flu campaign reports that in the September - December 2023 period, 76.96% of patients aged 65+ already immunised (compared with 77% nationally and 76.4% across the North West).
- 10.8 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 76.9% of contracted levels in December 2023 which is above the 69.6% seen nationally. Dental Reforms announced in February 2024 included a new patient premium payment to be implemented from the 1 March to increase access for new patients.

11.0 Next Steps

- 11.1 Work continues on the development of an ICB 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

March 2023

Appendix A – Performance 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 | Dec-23 | 0 | 1 | * | ↑ | 0 | 0 | 1 | | ✓ | ✓ | ✓ | ✓ | | | 0 | 0 | ✓ | ↔ |
| Total patients waiting more than 78 weeks to start consultant-led treatments | Dec-23 | 0 | 209 | * | ↓ | 5 | 61 | 143 | | * | ✓ | * | * | | | 0 | 178 | * | ↓ |
| Total patients waiting more than 65 weeks to start consultant-led treatments | Dec-23 | 872 | 2620 | * | ↓ | 308 | 300 | 2012 | | * | ✓ | * | * | | | 2161.5 | 2288 | * | ↓ |
| Total patients waiting more than 52 weeks to start consultant-led treatments | Dec-23 | 7409 | 10439 | * | ↑ | 1378 | 940 | 8121 | | * | * | ✓ | ✓ | | | 7921 | 9104 | * | ↑ |
| BADS Daycase Rates | Aug-Oct23 | | | | | | | | | 86.70% | 84.50% | 82.10% | 81.80% | | | | 83.4% | | ↑ |
| Capped Theatre Utilisation %: Touch time within planned session vs planned session time | we 14/01/2024 | | | | | | | | | 79.00% | - | 75.90% | 82.20% | | | | 78.3% | | ↓ |
| Specialist Advice - Pre-Referral (Rate per 100 OP) | Dec-23 | 5.66 | 6.53 | ✓ | ↔ | | | | | 4.72 | | 8.09 | 7.94 | 23.92 | | | | | |
| Specialist Advice - Post-Referral (Rate per 100 OP) | Dec-23 | 16.98 | 16.70 | * | ↔ | | | | | 39.85 | 0.00 | 5.80 | 5.62 | | | | | | |
| Patient Initiated Follow-Ups (PIFU) | Dec-23 | | | | | | | | | 3.90% | 2.14% | 1.79% | 11.08% | | | 4.33% | 4.04% | * | ↔ |
| Number of Adults on Community Waiting Lists | Dec-23 | 13884 | 14031 | * | ↑ | | | | | | | | | | | 19597 | 19927 | * | ↑ |
| Number of Children on Community Waiting Lists | Dec-23 | 5713 | 5896 | * | ↓ | | | | | | | | | | | | | | |

| 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 | Dec-23 | 542,736 | 546,775 | ✓ | | | | | | ✓ | ✓ | * | * | | | 398960 | 398000 | * | |
| Diagnostic activity levels - Physiological measurement Cardiology - Echocardiography | Dec-23 | 46,463 | 44,706 | * | | | | | | ✓ | ✓ | * | ✓ | | | 38049 | 38494 | ✓ | |
| Diagnostic activity levels - Endoscopy, Colonoscopy/Flexi-Sig/Gastroscopy | Dec-23 | 46,437 | 46,377 | * | | | | | | * | * | * | ✓ | | | 44653 | 40824 | * | |
| % of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%) | Dec-23 | 95% | 69.2% | * | ↓ | | | | | * | * | * | ✓ | | | 95% | 69.2% | * | ↓ |

| 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 | Apr-Sep23 | 6.00% | 10.91% | * | ↑ | 8.15% | 18.18% | 10.33% | | | | | | | | | | | |
| Population vaccination coverage - MMR for 2 doses (5yrs old) | Q2 23-24 | 95% | 88.30% | * | ↑ | 88.18% | 87.50% | 87.68% | | | | | | | | | | | |
| 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 | Q1 23-24 | | 66.53% | | ↓ | 57.12% | 59.15% | 68.41% | | | | | | | | | | | |
| Breast screening coverage - females aged 53 - 70 screened in the last 36 months | Q1 23-24 | | 64.21% | | ↓ | | | | | | | | | | | | | | |
| Cervical screening coverage - females aged 25 - 64 attending screening within the target period | Q2 23-24 | | 69.93% | | ↓ | 63.38% | 65.75% | 71.27% | | | | | | | | | | | |
| People waiting longer than 62 days to start cancer treatment | Jan-24 | 605 | 522 | ✓ | ↓ | | | | ✓ | ✓ | ✗ | ✗ | | | | 605 | 522 | ✓ | ↓ |
| 31 Day First Treatment (96% Standard) | Dec-23 | 96% | 91.7% | ✗ | ↔ | | | | ✗ | ✗ | ✗ | ✗ | | | | 96% | 91.7% | ✗ | ↔ |
| 62 Day referral to treatment (85% Standard) | Dec-23 | 85% | 65.7% | ✗ | ↓ | | | | ✗ | ✗ | ✗ | ✗ | | | | 85% | 56.4% | ✗ | ↓ |
| % meeting faster diagnosis standard | Dec-23 | 75% | 75.90% | ✓ | ↑ | | | | ✓ | ✓ | ✗ | ✓ | | | | 75% | 75.9% | ✓ | ↑ |
| % of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028) | 2021 | 75% | 51.80% | ✗ | ↑ | | | | | | | | | | | | | | |

| 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) | Jan-24 | 76% | 74.59% | ✗ | ↔ | | | | ✓ | ✗ | ✗ | ✗ | | | | 76% | 73.60% | ✗ | ↔ | |
| A&E 4 Hour Standard - Type 1 Only | Jan-24 | | 58.94% | | | | | | 55.6% | 62.3% | 56.9% | 60.2% | | | | | 58.94% | | | |
| Proportion of patients spending more than 12 hours in an emergency department | w/c 06 Feb 24 | 2% | | | | | | | ✗ | ✗ | ✗ | ✗ | | | | 2% | 9.31% | ✗ | ↓ | |
| Average ambulance response time: Category 2 | Jan-24 | 00:18:00 | 00:36:06 | ✗ | ↓ | | | | | | | | ✗ | | | 00:18:00 | 00:36:06 | ✗ | ↓ | |
| Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals | Jan-24 | 5% | 37.89% | | | | | | ✗ | ✗ | ✗ | ✗ | | | | 5% | 30.84% | | | |
| Delayed Transfers of Care / No Medical Criteria to Reside | Jan-24 | | | | | | | | 11.50% | 6.14% | 8.97% | 28.15% | | | | | 12.88% | | | |
| Adult G&A Bed Occupancy | Jan-24 | | | | | | | | 96.55% | 97.64% | 96.46% | 90.92% | | | | 92% | 95.57% | ✗ | | |
| G&A Bed Capacity | Jan-24 | | | | | | | | 827 | 733 | 877 | 660 | | | | 3011 | 3097 | | | |
| Number / % of patients with a LOS exceeding 21 days | Dec-23 | | 8.62% | | ↔ | ↔ | ↔ | ↔ | ↔ | | | | | | | | | | | |
| Proportion of patients discharged to usual place of residence | Dec-23 | | 92.98% | | ↔ | ↔ | ↔ | ↔ | ↔ | | | | | | | | | | | |
| 2 Hour Urgent Community Response (70% Target) | Dec-23 | 70% | 93.10% | ✓ | ↔ | | | | | | | | | | | | | | | |
| Virtual Ward Bed Capacity vs Plan | Jan-24 | 406 | 404 | ✗ | ↑ | | | | | | | | | | | 406 | 404 | ✗ | | |
| Virtual Ward Occupancy (Snapshot) | Jan-24 | 70% | 61.88% | ✗ | | | | | 50.00% | 81.25% | 70.00% | 41.10% | | | | 70% | 61.88% | ✗ | | |
| Total Virtual ward capacity per 100k of adult population | Jan-24 | 27.54 | 26.74 | ✗ | ↔ | | | | | | | | | | | | | | | |

| 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 | Dec-23 | 45.0% | 41.5% | ✗ | ↑ | 33.8% | 44.4% | 42.3% | | | | | | | | | | | |
| Inappropriate adult acute mental health Out of Area Placement (OAP) bed days | Nov-23 | | 635 | | ↑ | | | | | | | | ✗ | | | 243 | 615 | ✗ | ↑ |
| Estimated diagnosis rate for people with dementia | Dec-23 | 66.7% | 68.80% | ✓ | ↑ | 67.3% | 69.0% | 68.9% | | | | | | | | | | | |
| Talking Therapies: % accessing Services | Nov-23 | 4830 | 2960 | ✗ | ↔ | | | | | | | | | | | | | | |

| 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 | Dec-23 | 778003 | 725722 | * | ↓ | | | | | | | | | | | | | | |
| % of Appointments within 2 weeks of booking | Dec-23 | | 83.65% | | ↑ | | | | | | | | | | | | | | |
| FTE doctors in General Practice per 10,000 weighted patients | Dec-23 | | 5.08 | | | | | | | | | | | | | | | | |
| Direct Patient Care staff in GP practices and PCNs per 10,000 weighted patient population | Q3 23/24 | | 7.71 | | | | | | | | | | | | | | | | |
| Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years + | Sep23-Dec23 | 85% | 76.96% | * | ↑ | 70.66% | 73.47% | 77.92% | | | | | | | | | | | |
| % of hypertension patients who are treated to target : CVD Prevent | Sep-23 | 77% | 67.84% | * | ↔ | | | | | | | | | | | | | | |
| Proportion of diabetes patients that have received all eight diabetes care processes | Jan-Sep 23 | | 36.84% | | | | | | | | | | | | | | | | |
| Hypertension case-finding | 2022-23 | 80% | 76.43% | | ↑ | 91.8% | 97.5% | 72.9% | | | | | | | | | | | |
| Recover Dental Activity - Increase in Units of Dental Activity (UDA) | Dec-23 | | 76.90% | | ↓ | | | | | | | | | | | | | | |

| 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) | Aug-23 | | | | | | | | | 8.30% | 5.20% | 5% | 5.60% | 12.60% | 5.70% | | 5.90% | | |
| Turnover (Latest) | Aug-23 | | 0.20% | | | | | | | 10.80% | 11.00% | 11.20% | 10.20% | 12.10% | 10.70% | | 10.80% | | |
| % Staff BAME | Aug-23 | | 5.40% | | | | | | | 16.70% | 23.80% | 25.90% | 14.80% | 13.80% | 5.50% | | 20.90% | | |
| Sickness (Latest) | Aug-23 | | 1.80% | | | | | | | 6.40% | 6.20% | 6.40% | 5.70% | 7.20% | 8.50% | | 6.20% | | |

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.