

## Integrated Care Board

<b>Date of meeting</b>	15 May 2024
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	Asim Patel, Chief Digital Officer
<b>Author</b>	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
<b>Agenda item</b>	8
<b>Confidential</b>	No

### Executive summary

The purpose of the paper is to provide the Board with the latest position against a range of published performance metrics.

#### Summary of key performance metrics

Elective Recovery - Growth in the overall number of patients waiting appears to have slowed and plateaued although the number of patients waiting remains high (243,913). 65+ week waiters are reducing although the ICB position is above its original planning trajectory. Independent Sector and NHS out of area providers account for over 20% of our long (65+ week) waiters.

Lancashire & South Cumbria Integrated Care Board (L&SC ICB) is performing well above average for day-case procedure rates (British Association of Daycase Surgery [BADS] specific procedures) and for capped theatre utilisation rates when compared to peer systems and national performance.

Diagnostics – The performance in February 2024 has improved significantly over the previous month and now stands 74.9% for the 4 main providers and 75.9% for L&SC ICB. Performance is below North West and National performance. There is an increasing waiting list, which may put pressure on future performance.

Cancer – In February 2024, all four local providers met the faster diagnosis standard. In addition, Blackpool Teaching Hospital also met the 31-day first treatment, although no providers met the 62-day to first treatment standard. The number of patients waiting over 62-days for cancer treatment reduced in March and remained ahead of trajectory (358 actual vs 514 plan).

Urgent and Emergency Care (UEC) – Performance against the 4hr target in March 2024 was 76.05%, which was an improvement on the previous month and resulted in L&SC ICB achieving the national 4hr target. L&SC ICB performed better than the North West and national average. The percentage of patients spending more than 12 hours in an emergency department deteriorated but remains better than the North West position.

Mental Health – The number of out of area bed placements continue to be well above plan. The dementia prevalence target continues to be met with L&SC ICB being above the national position, but now lower than the North West figure. The number of people receiving an health check on a Learning Disability (LD) register for L&SC ICB is below both the regional and national positions but is increasing in line with plan. The latest access figure for Talking Therapies shows that L&SC ICB has now moved out of the lowest quartile with significantly improved performance.

Children and Young People –The levels of smoking at time of delivery are higher than national levels and significantly above those levels in Blackpool. The population vaccine coverage (MMR) for children under 5 continues to be above both the regional and national figure. The elective recovery for children shows that the number over 65 weeks waiters is continuing to fall.

Primary Care - In February 2024, general practice in L&SC delivered a volume of appointments in line with our planned expectations. 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 though there are variations at sub-ICB level . General Practice Doctor workforce FTE per 10,000 weighted patients remains well below regional and national averages.

### Recommendations

The Board is asked to:

- Note achievement against key performance indicators for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against metrics in this report.

### 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				

<b>Where paper has been discussed</b> (list other committees/forums that have discussed this paper)				
<b>Meeting</b>	<b>Date</b>			<b>Outcomes</b>
Finance & Performance Committee	29 April 2024			Committee notes the report.
Executive Team	7 May 2024			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			

# Integrated Care Board – 15 May 2024

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## Integrated Performance Report

### Introduction

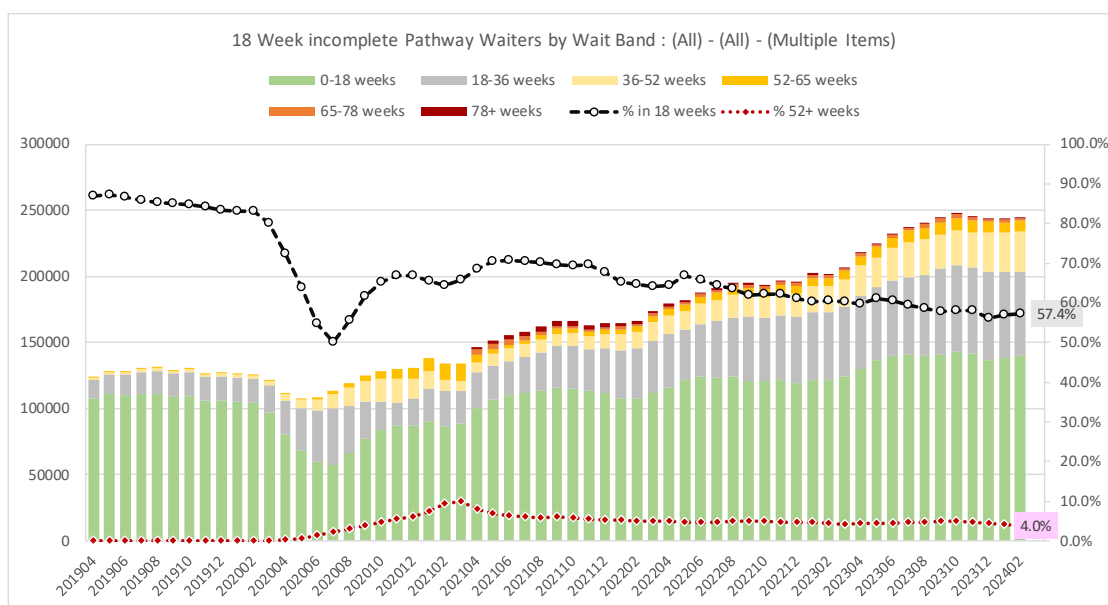
- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there 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 the latest position against a range of 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 Key Performance Indicators

- 2.1 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.
- 2.2 For ease, themed 'domains' have been used which align to the updated balanced scorecard (Appendix A).
- 2.3 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting. Historically this has been at ICB commissioner level, at provider level and at an aggregated provider level (for the 4 main NHS providers in Lancashire and South Cumbria).

### 3.0 Domain 1 – Elective Recovery

- 3.1 Growth in the overall number of patients waiting appears to have slowed and plateaued although the number of patients waiting remains high (243,913).



### 3.2 At the end of February 2024, L&SC ICB commissioned activity included:

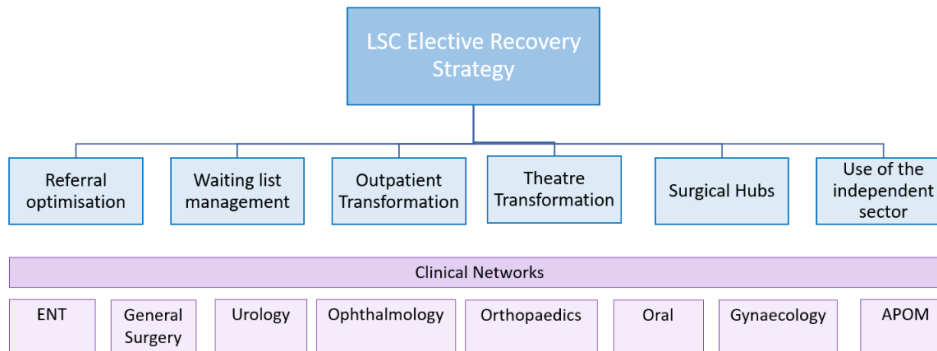
- 4 x 104+ week waiters were reported against L&SC ICB patients by providers at the end of February 2024.
- 79 x 78+ week breaches for L&SC ICB registered patients
- 1,785 patients waiting over 65 weeks.
- 243,913 patients awaiting treatment

### 3.3 The end of February 2024 position for the 4 main NHS providers within L&SC reported:

- 2 x 104+ week waiters [Both patients have now been treated]
- 53 x 78+ week waiters
- 1,494 patients (0.75%) waiting 65+ weeks
- 198,176 patients awaiting treatment

### 3.4 The 2024-2025 planning submissions are aiming to reduce 65+ week waiters to zero by the end of September 2024.

### 3.5 The L&SC Elective Recovery Strategy has identified six key areas of focus that will maximise and optimise elective capacity while building on our system-wide approach to the management of waiting times and capacity.



3.6 Model Hospital metrics highlight a subset of circa 200 procedures identified by the British Association of Day Surgery (BADs) as most suited to being undertaken as a day case. Using this measure, L&SC is performing well above national and regional averages though is below the 85% threshold.

3.7 L&SC ICB latest performance (24<sup>th</sup> March 2024) on theatre capped utilisation is 79.8% which is above the national and regional average.

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

3.8 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages 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 (10.03%) and consistently in the top five providers nationally.

3.9 The utilisation of pre-referral specialist advice is higher than regional averages though the rate of diversion for both this and post-referral advice is well below national aspirations.

3.10 The reported community waiting list figures for January 2024 show that the current number of adults waiting continues to fall and there is improving performance in the number of people waiting both over 18 weeks and over 52 weeks. There has been a significant increase in the number of children on the waiting list in January 2024, due to increases in speech and language therapy services. 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. A plan has been developed with Lancashire and South Cumbria Foundation Trust (LSCFT) to reduce the number of over 52 weeks waiter for children’s speech and language therapy to zero by the third quarter of 2024-25.

#### 4.0 Domain 2 – Diagnostics

4.1 The performance for patients waiting less than 6 weeks has improved significantly in the last 2 month to 74.9% in February for the 4 main providers

and 75.9% for L&SC ICB. This performance is below both the national and North West performance.

- 4.2 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.
- 4.3 There is now relatively strong performance for 6 weeks waiters in diagnostics in both East Lancashire Hospitals 93.9% and Blackpool Teaching Hospitals 92.9%.
- 4.4 Performance at Lancashire Teaching Hospitals remains challenged at 50.9% with significant numbers waiting over 6 weeks for Non Obstetric Ultrasound and Echocardiography.
- 4.5 The waiting list has increased significantly in February 2024 from the previous month and now stands at 45,541 for the 4 main providers and 52,639 for L&SC ICB. The increase in the waiting list is across three of the four main providers, with only Blackpool Teaching Hospitals seeing a fall in their list. The high waiting list numbers may add to pressure on future performance.

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

- 5.1 The levels of smoking at the time of delivery remains higher than national levels and significantly above national levels at Blackpool. L&SC ICB has several ongoing initiatives to address this including in house smoking cessation services.
- 5.2 The population vaccination coverage for 5 year olds compares favourably with the North West and national levels. The Primary Care Networks (PCNs) continue to work with the Improving Immunisation Uptake Team (IIUT) to increase uptake in vaccinations for 0-5 year olds. With this ongoing work, there is now also a huge campaign continuing in Lancashire and South Cumbria at present due to the outbreaks in the West Midlands, to increase the number of children covered by the vaccine.
- 5.3 The Local Maternity & Neonatal System (LMNS) has been working with Business Intelligence colleagues and to develop a local quality and safety dashboard to get more updated information on stillbirths and neonatal deaths. The information from the MBRRACE-UK perinatal report for 2022 shows that L&SC ICB are above the national average for neonatal mortality and below the national rate for stillbirths. The rate published is the stabilised mortality rate which is adjusted for high risk factors e.g. deprivation.

- 5.4 The four acute trusts are now undertaking a review of their local data on stillbirths and neonatal mortality to identify any trends and themes for presentation at the Local Maternity & Neonatal System Quality Assurance panel in May 2024. From this a paper will be presented to L&SC ICB Quality Committee in July 2024 to advise of the work being undertaken from the data published.
- 5.5 The information on elective waits for children shows that there are 199 children waiting over 65 weeks across the four main providers. This number has been falling since the start of the calendar year. Lancashire Teaching Hospitals has the biggest number of over 65 week waits with 128 of those children waiting for maxillofacial surgery. The Children and Young People (CYP) elective group are working on reducing waiting times for dental services and general paediatrics.

## 6.0 Domain 4 – Cancer

- 6.1 In February 2024, all four local providers met the faster diagnosis standard, although none of the providers met the 62-day to first treatment standard. Performance against the 31-day standard remains below regional and national levels, although Blackpool Teaching Hospital achieved the 96% target and improved performance was seen across all providers. Challenges relate to surgical capacity within the system with some key areas driving our position, mainly urology, skin, and breast.

### Provider Performance against 3 core cancer standards (Feb/March 2024)

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	77.6%	97.6%	68.3%
East Lancashire Hospitals NHS Trust	83.2%	94.1%	70.4%
Lancashire Teaching Hospitals NHS Foundation Trust	79.9%	85.3%	49.0%
University Hospitals of Morecambe Bay NHS Foundation Trust	83.9%	95.0%	76.9%
L&SC AGGREGATE (4 x Providers)	80.9%	90.5%	64.9%
TARGET	75.0%	96.0%	85.0%

### L&SC Cancer Alliance Performance against 3 core cancer standards (Feb/Mar 2024)

Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	80.7%	90.9%	65.0%
TARGET	75.0%	96.0%	85.0%

- 6.2 Setting these measures in context:

- 13/42 ICB nationally for FDS standard
- 11/21 Alliances nationally for 31 day standard
- 12/21 Alliances for 62 day standard

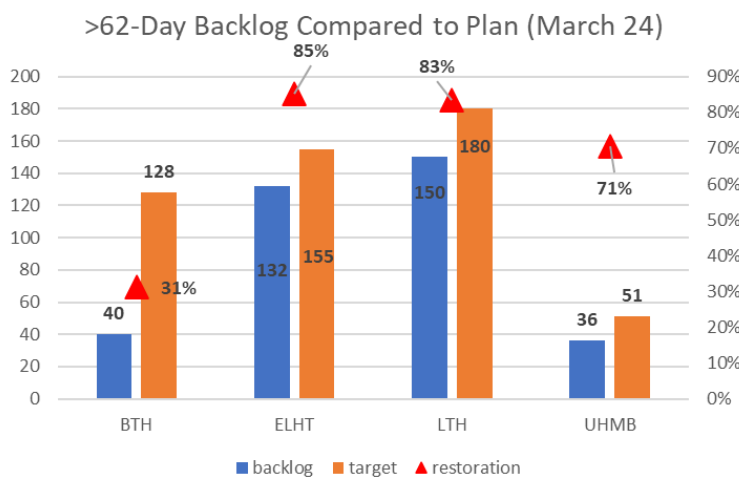


6.3 Reducing the 62 Day Cancer backlog is a key aim of the NHS. Currently Lancashire Teaching Hospitals is a Tier 1 Trust (for both elective recovery and cancer).

6.4 The number of patients waiting over 62-days for cancer treatment reduced in March 2024 and remained ahead of trajectory (358 actual vs 514 plan). All providers exceeded their year end targets with Blackpool Teaching Hospitals being significantly below trajectory.

6.5 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
<b>Total</b>	<b>: 514</b>



6.6 There is a robust and wide-ranging cancer improvement plan for 2024-2025 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

## 7.0 Domain 5 – Urgent & Emergency Care

7.1 The NHS ambition was to reach a minimum of 76% Accident & Emergency (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.

- 7.2 We have seen an increase of 8,753 (13.3%) attendances in A&E when compared to March 2023. However, performance against the 4hr target in March 2024 was 76.05%, an improvement on the previous month and resulted in the ICB achieving the national 4hr target. L&SC ICB performed better than the North West and national average, and of the 42 ICBs in England, L&SC ICB was one of 16 ICBs that achieved the 76% ambition.
- 7.3 Blackpool Teaching Hospitals and East Lancashire Hospitals both outperformed the target. University Hospitals of Morecambe Bay and Lancashire Teaching Hospitals were both below plan with the latter having the most challenged performance at 67.35%.
- 7.4 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 11 April 2024, the aggregated position across the four L&SC providers was 8.96% (although there is provider variation from 7.6% at University Hospitals Morecambe Bay to 10.23% at Lancashire Teaching Hospitals).
- 7.5 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.
- 7.6 There is a requirement to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards.
- 7.7 Category 2\* response times in the planning guidance and the national delivery plan for Urgent and Emergency Care was reset in 2023-2024 at 30 minutes. March 2024 saw a further improvement to 24 mins and 22 seconds and continues to compare favourably to the national achievement of 33 mins and 50 seconds. L&SC ICB position in March 2024 was 22:52 and 26:11 for the full year.

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

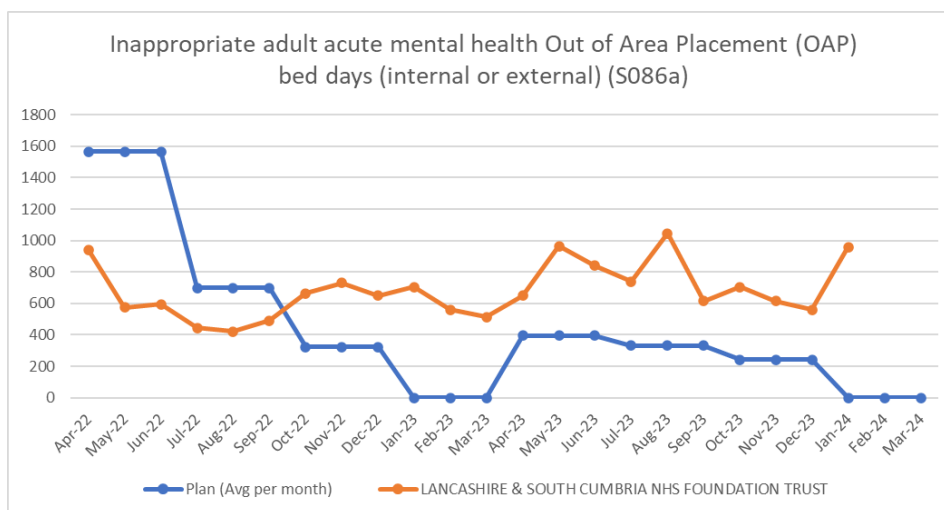
- 7.8 Actions that continue to be undertaken to improve performance as follows:
- Maximise the opportunity to “Hear and Treat”, and “See and Treat” patients rather than convey to hospital.
  - Integration of 999, 111 and Patient Transport Services (PTS) as part of the urgent care pathways.
  - Ambulance Liaison Officers (ALO’s)/Triage clinicians supporting at front door of ED supporting re-direction where appropriate.
- 7.9 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) increased slightly in March 2024 to 96%, moving above averages across the North West (94.8%) and England (95.1%).
- 7.10 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a measure has been included in the System Oversight Framework (SOF) that looks at the average number of beds occupied by patients who no longer meeting the criteria to reside (NMC2R) as a percentage of the average number of occupied adult (G&A) beds available during the month.
- 7.11 L&SC ICB is ranked 19/42 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.
- 7.12 The Better Care Fund (BCF) emphasises the need to improve outcomes for people being discharged from hospital by reducing length of stay in hospital (measured through the percentage of hospital inpatients who have been in hospital for longer than 21 days) and by improving the proportion of people discharged home (using data on discharge to their usual place of residence). The 2023-2024 plan has also incorporated a metric looking at the rate of Ambulatory Care Sensitive admissions and a new metric around patients aged 65+ who are admitted in an emergency following a fall.
- 7.13 The most recent available data from January 2024 reports that 92.9% of patients were discharged to their usual place of residence across L&SC compared with 92.7% nationally. (Please note - 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 ICB).
- 7.14 8.9% of patients discharged across L&SC during January 2024 had been in hospital for 21+ days which was higher than the national average of 7.5%.

7.15 The Virtual Ward Programme across L&SC is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Local data as at 31<sup>st</sup> March 2024 reports a capacity of 409 beds which is below the revised bed capacity of 425 beds. National patient level data flow is in development to improve consistency.

7.16 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.

## 8.0 Domain 6 – Mental Health and Learning Disabilities

8.1 The number of out of area bed placements continues to be well above plan. There is an ongoing plan for reducing the out of area patients (OAPs) including reviewing inpatient / rehabilitation bed capacity, targeted reductions in length of stay (LOS) and investing in bed capacity. There is continuing pressure on out of area placements due to ward closures.



8.2 The 3 months rolling average for NHS Talking Therapies for Lancashire and South Cumbria measured through the NHS system oversight framework (SOF) has improved significantly to 72% of expected levels. L&SC ICB is now just below average levels, having been in the lowest quartile of performance for several months. The service is still below target due to the lack of referrals. There are several opportunities to increase the referral rates including targeted training in primary care, links to other services for example older adult, perinatal and via the additional roles reimbursement scheme (ARRS) workers. LSCFT continued to do focussed work with primary care, raising the awareness of the

service. The service is currently meeting waiting times targets and recovery targets too. The service continues to be concerned regarding vacancies and the ability to recruit.

- 8.3 Dementia diagnosis rates remain above target and also above national levels, although in the latest month it is below the North West level.
- 8.4 The number of patients who are 14 years of age and over with a learning disability, who are receiving an annual health check is increasing in line with the plan but is still below national and North West figures. Provisional figures for the year end show that L&SC ICB delivered more health checks in 2023-24 than it did in 2022-23.

## **9 Domain 7 – Primary Care**

- 9.1 There are a number of key metrics pertaining to primary care identified in the System Oversight Framework (SOF) and highlighted within the 2023-2024 operating priorities.
- 9.2 In February 2024, general practice in L&SC delivered a volume of appointments in line with the number initially planned for (plan=859,899, actual= 860,221, variance=322). 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.
- 9.3 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.
- 9.4 The most recent hypertension prevalence figures (Quality Outcomes Framework 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.
- 9.5 The most recent data from CFDPprevent (national audit of GP records) remains September 2023 when we 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.
- 9.6 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 Sep 23 – Feb 24 period, 77.52% of patients aged 65+ already immunised (compared with 77.82% nationally and 77.2% across the North West).

- 9.7 The responsibility to recover units of dental activity (UDAs) towards pre-pandemic levels 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 94.6% of contracted levels in February 2024 which is above the 87.5% 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.
- 9.8 An exploration of the uptake of flu vaccinations by deprivation and ethnicity reveals significant inequalities within our populations. There are lower flu vaccination uptake rates in the most deprived quintiles than the least deprived quintiles while flu uptake is greatest in individuals of white ethnicity and the lowest in individuals of Asian or Asian British ethnicity. These differences in population uptake will be a key factor behind the variation we see at Sub-ICB level.

## **10 Domain 8 – Palliative Care**

- 10.1 L&SC has a practice population of 1,848,293 in January 2024. Of those patients registered with a GP as of January 2024, 12,834 (0.7%) are included on a Quality Outcomes Framework palliative care register.
- 10.2 The aim is to have an ongoing 0.6% of the total population on the palliative care register, 60% of these identified as being in the last year of life by the time they have died and 60% to have had a care plan/end of life discussion by the time they have died.
- 10.3 L&SC performance is at 44.1% of patients being registered as being in their last year of life in January 2024, with Fylde Coast place achieving the highest performance at 49.4% of people registered and West Lancs the lowest at 40.6%. The total number of people that have died and had a form of care planning was 39% in January 2024 with Morecambe Bay place achieving the highest performance at 48.6% and West Lancs the lowest at 26.8%.

## **11.0 Conclusion**

- 11.1 Performance improved during the last reporting period with key national initiatives being met. On the whole, performance across the ICB continues to compare well with that of the North West and nationally. For each domain area, specialist leads provide details of action and mitigation plans to improve performance.

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

## **12.0 Recommendations**

12.1 The Board is asked to:

- Note performance against key performance indicators for Lancashire and South Cumbria.
- Support the actions being undertaken to improve performance against metrics in this report.

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

**May 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	Feb-24	0	4	*	↔	0	1	3		*	✓	✓	*			0	2	*	↔
Total patients waiting more than 78 weeks to start consultant-led treatments	Feb-24	0	79	*	↑	3	12	64		*	✓	*	*			0	53	*	↑
Total patients waiting more than 65 weeks to start consultant-led treatments	Feb-24	354	1785	*	↑	265	125	1395		172	676	612	34			1526.5	1494	✓	↑
Total patients waiting more than 52 weeks to start consultant-led treatments	Feb-24	7609	9514	*	↑	1420	770	7324		1119	4072	2716	430			8135	8337	*	↑
BADS Daycase Rates	Oct-Dec23									86.00%	87.10%	82.40%	82.90%				83.7%		↑
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 24/03/2024									81.90%	83.70%	73.80%	82.70%				79.8%		↓
Specialist Advice - Pre-Referral (Rate per 100 OP)	Feb-24	5.53	6.02	✓	↑					5.58	4.78	7.81	7.18	8.43					
Specialist Advice - Post-Referral (Rate per 100 OP)	Feb-24	16.60	15.95	*	↑					41.98	0.03	5.26	5.59						
Patient Initiated Follow-Ups (PIFU)	Feb-24									1.46%	3.18%	2.16%	10.03%			4.67%	4.47%	*	↔
Number of Adults on Community Waiting Lists	Jan-24	13803	14810	*	↑											19553	20812	*	↑
Number of Children on Community Waiting Lists	Jan-24	5750	6002	*	↓														

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	Feb-24	662,665	675,141	✓						✓	✓	✓	*			487019	490647	✓	
Diagnostic activity levels - Physiological measurement Cardiology - Echocardiography	Feb-24	56,730	55,328	*						✓	✓	*	✓			46552	47652	✓	
Diagnostic activity levels - Endoscopy. Colonoscopy/Flexi-Sig/Gastroscopy	Feb-24	56,698	57,237	✓						*	*	*	✓			54348	50375	*	
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	Feb-24	95%	75.9%	*	↑					*	*	*	✓			95%	74.9%	*	↑

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-Dec23	6.00%	10.61%	*	↑	8.02%	18.17%	10.01%											
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q3 23-24	95%	87.30%	*	↑	85.05%	85.62%	87.19%											
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	Q2 23-24		66.98%		↑	59.53%	60.80%	68.51%											
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q2 23-24		69.51%		↑														
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	Mar-24	514	358	✓	↑					✓	✓	✓	✓			514	358	✓	↑
31 Day First Treatment (96% Standard)	Feb-24	96%	90.9%	*	↑					✓	*	*	*			96%	90.5%	*	↓
62 Day referral to treatment (85% Standard)	Feb-24	85%	65.0%	*	↑					*	*	*	*			85%	64.9%	*	↓
% meeting faster diagnosis standard	Feb-24	75%	80.67%	✓	↑					✓	✓	✓	✓			75%	80.9%	✓	↑
% 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)	Mar-24	76%	76.05%	✓	↔					✓	✓	*	*			76%	75.06%	*	↑
A&E 4 Hour Standard - Type 1 Only	Mar-24		60.22%							54.9%	65.5%	58.1%	61.3%				60.22%		
Proportion of patients spending more than 12 hours in an emergency department	w/e 11 April 2024	2%								*	*	*	*			2%	8.96%	*	↑
Average ambulance response time: Category 2	Mar-24	00:30:00	00:24:22	✓	↑									✓	00:30:00	00:24:22	✓	↑	
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	Mar-24	5%	33.68%												5%	31.41%			
Delayed Transfers of Care / No Medical Criteria to Reside	Mar-24									12.50%	5.58%	9.03%	27.40%				12.78%		
Adult G&A Bed Occupancy	Mar-24									95.62%	98.97%	97.04%	91.90%				92%	96.04%	*
G&A Bed Capacity	Mar-24									821	729	875	637				3011	3062	
Number / % of patients with a LOS exceeding 21 days	Jan-24		8.88%		↔	13.47%	10.29%	8.35%	9.53%										
Proportion of patients discharged to usual place of residence	Jan-24		92.89%		↔	88.6%	93.1%	92.4%	95.1%										
AVOIDABLE ADMISSIONS : Indirectly standardised rate (ISR) of admissions per 100,000 population	Apr 23-Dec 23					0.64	1.83	1.04	0.96										
Emergency hospital admissions due to falls in people aged 65 and over (DSR per 100,000)	2023-24 - YTD M9					546.8	1402.3	1125.3	1397.4										
2 Hour Urgent Community Response (70% Target)	Feb-24	70%	94.09%	✓	↔					93.91%	97.48%		97.40%	81.54%					
Virtual Ward Bed Capacity vs Plan	Mar-24	425	409	*	↔										425	409	*		
Virtual Ward Occupancy (Snapshot)	Mar-24	65%	46.9%	*	↓					60.23%	46.88%	61.54%	28.77%			65%	46.94%	*	
Total Virtual ward capacity per 100k of adult population	Mar-24	28.41	27.34	*	↑														

DOMAIN 6	MENTAL HEALTH AND LEARNING DISABILITIES																		
	ICB COMMISSIONER					PLACE				PROVIDER				ICB PROVIDER AGGREGATE					
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD	Bpool	Lancs	SthCum	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Feb-24	65.0%	66.7%	✓	↑	59.6%	64.4%	67.9%											
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Jan-24		950		↓									*		0	960	*	↓
Estimated diagnosis rate for people with dementia	Feb-24	66.7%	68.38%	✓	↓	66.4%	68.8%	68.5%											
Talking Therapies : % accessing Services	Jan-24	4880	3515	*	↑														

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	Feb-24	859899	860221	✓	↓														
% of Appointments within 2 weeks of booking [ACC-08 Appointments]	Feb-24		89.10%		↑														
FTE doctors in General Practice per 10,000 weighted patients	Feb-24		5.11																
Direct Patient Care staff in GP practices and PCNs per 10,000 weighted patient population	Q3 2324		7.70																
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep23-Feb24	85%	77.52%	*	↑	71.47%	74.03%	78.45%											
% 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-Dec 23		49.85%																
Hypertension case-finding	2022-23	80%	76.43%		↑	91.8%	97.5%	72.9%											
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	Feb-24		94.57%		↑														

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)	Oct-23									7.90%	4.30%	5%	4.20%	13.20%	5.20%		5.40%		
Turnover (Latest)	Oct-23		0.20%							10.30%	10.70%	10.90%	9.70%	11.50%	10.70%		10.50%		
% Staff BAME	Oct-23		5.40%							17.00%	24.40%	26.40%	15.00%	14.00%	5.60%		21.30%		
Sickness (Latest)	Oct-23		1.80%							6.90%	6.50%	7.00%	5.60%	7.70%	8.40%		6.60%		

## KEY

DATA UPDATED WITHIN THIS REPORT
NO UPDATE AVAILABLE FOR THIS REPORT
UPDATE TO BE CONFIRMED