

Integrated Care Board

Date of meeting	22 May 2025
Title of paper	Integrated Performance Report
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Agenda item	13
Confidential	No

Executive summary

The purpose of the paper is to provide the Integrated Care Board (ICB) with the latest position against a range of published performance metrics.

Summary of key performance metrics

Elective Recovery – There has been a marginal reduction in the number of patients waiting for treatment down to 240,172 patients at the end of February 2025 at ICB level. There were 340 patients reported waiting in excess of 65 weeks, with over half of these were waiting under the Gynaecology specialty.

Diagnostics – There has been an improvement at ICB level in diagnostic performance against the 6 weeks diagnostic target (95%) during February 2025, with all of the 4 main providers seeing an improvement. The ICB continues to be below the North West and National performance. Latest performance for the ICB shows that 79.6% of people waited less than 6 weeks for a diagnostic test, with 78.0% waiting less than 6 weeks at our 4 main providers.

Cancer – In February 2025, the faster diagnosis standard has been met across the ICB (80.8%) with all providers achieving the 75% target. Performance against the 31-day standard improved and narrowly missed the 95% target. Achievement against the 62-day standard was less favourable with none of our providers achieving the target.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in March 2025 was 76.9%, an improvement on the previous period but below the 78% target for March 2025. The percentage of patients spending more than 12 hours in an emergency department also improved during the most recent period. Category 2 response times was achieved in March 2025 (25 minutes and 31 seconds).

Mental Health – The out of area placement target has been revised to people in beds out of area, rather than bed days. The latest data shows that there were 14 inappropriate out of area placements, which is above plan. The dementia prevalence

target continues to be met within L&SC ICB, above the national position. The number of people receiving a health check on a Learning Disability (LD) register for the ICB will be met for the year end. The local data flows for NHS Talking Therapies shows that the ICB is just under the reliable improvement target but meeting the reliable recovery target, year to date.

Children and Young People – The levels of smoking at time of delivery are higher than national levels and significantly above those levels in Blackpool, in line with the smoking prevalence of the population, however the rate is falling. 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 currently at 10 (beginning April), but with falling 18 weeks performance.

Primary Care - Across the year to date (April 24 – February 25) – GP practices have delivered 191k (2.07%) more appointments than initially planned. L&SC continued to have a lower general practice workforce per head of population than regional and national averages.

All Age Continuing Care - Continuing Health Care (CHC) Eligibility reduced significantly in February 2025 moving closer to the National average.

Recommendations

The Board is asked to note achievement against key performance indicators for Lancashire and South Cumbria and 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	✓			

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Quality & Outcomes Committee	7 May 2025	Committee notes the report.

Executive Team	13 May 2025	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	✓			
Report authorised by: Asim Patel, Chief Digital Officer				

Integrated Care Board – 22 May 2025

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 report is to provide the Board with the latest position against a range of published performance metrics appropriate balance scorecards to enable the Board to maintain oversight of progress against the ICB's strategic objectives and enable the Board to respond to identified and emergent risks.
- 1.3 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.
- 1.4 Following the publication of the NHS 2025-26 priorities and operational planning guidance, the Integrated performance report will align to the new set of national metrics as we enter into the next financial year. There will be an increased focus on outcomes and health inequalities reflecting the three unifying goals agreed by the ICB Board, along with actions to improve services and reduce variation across Lancashire & South Cumbria.

2.0 Key Performance Indicators

- 2.1 The system remains subject to on-going pressure and increased demand which impacts on performance metrics and one part of the system does not operate in isolation.
- 2.2 The table below provides a timeseries of key indicators:

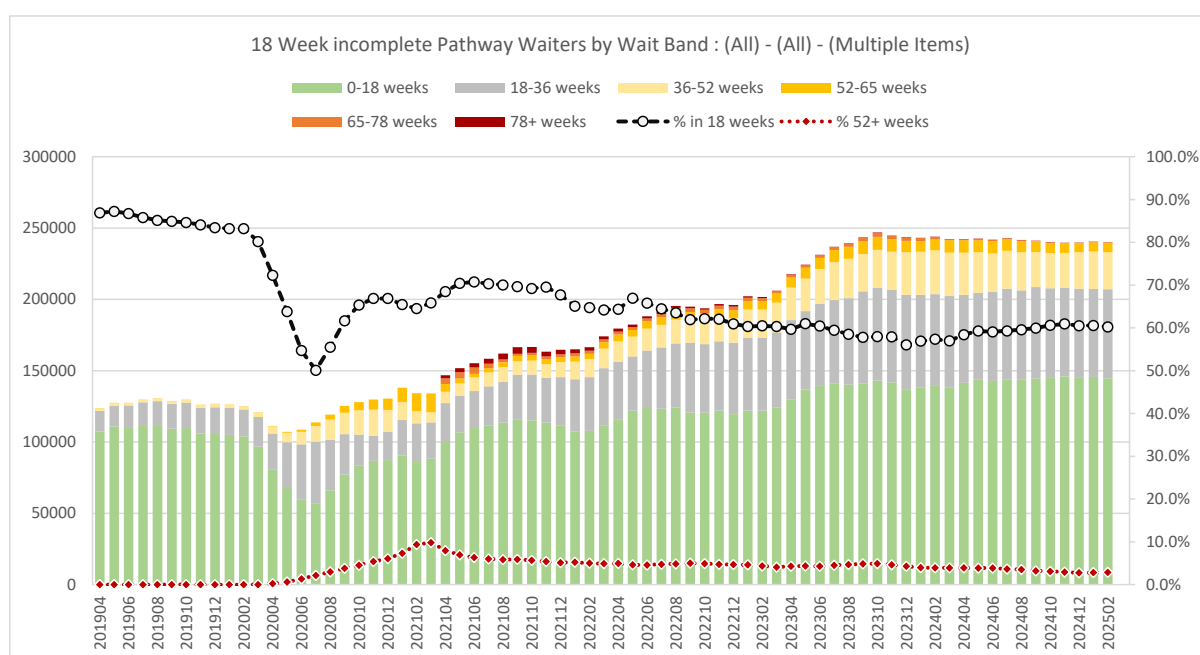
Table: 12 Month Timeseries of ICB Key Performance Indicators

Key Performance Indicator	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	TREND	NORTH WEST	NATIONAL
Total patients waiting more than 104 weeks to start consultant-led treatments	4	1	1	0	1	0	0	0	0	0	0	2	1			6	294
Total patients waiting more than 78 weeks to start consultant-led treatments	79	39	21	18	13	16	29	43	62	37	19	28	36			135	2334
Total patients waiting more than 65 weeks to start consultant-led treatments	1785	745	786	960	1101	882	828	358	466	347	275	340	340			1808	14390
Total patients waiting more than 52 weeks to start consultant-led treatments	9514	9546	9448	9391	9408	8832	8574	7763	7495	7087	6617	6771	6975			34538	195912
Capped Theatre Utilisation	80.60%	79.80%	79.70%	83.30%	81.60%	82.35%	83.20%	84.00%	84.00%	86.10%	84.30%	84.00%	83.90%	82.90%		79.20%	80.50%
BADS Daycase Rates	83.50%	83.90%		84.40%	83.90%	83.50%	83.50%	85.30%	85.20%	85.20%	85.10%					83.60%	83.60%
Specialist Advice - Pre-Referral (Rate per 100 OP)	6.05	7.35	6.87	7.10	5.92	6.55	6.96	7.12	6.70	6.71	6.85	6.75	6.69			3.77	6.20
Specialist Advice - Post-Referral (Rate per 100 OP)	32.79	35.41	30.20	29.70	28.82	27.06	29.37	28.03	29.71	28.83	30.93	28.57	28.26			23.88	21.80
Patient Initiated Follow-Ups (PIFU)	3.96%	4.12%	3.66%	3.71%	3.76%	3.82%	4.22%	4.49%	4.38%	4.19%	4.43%	4.18%	4.53%			3.74%	3.80%
Number of Adults on Community Waiting Lists	15172	15460	15176	15519	15855	15460	18816	18563	17607	16871	16579	12295	12123				
Number of Children on Community Waiting Lists	6279	6415	6477	6379	6527	6119	5958	5886	5846	5896	5909	5821	5864				
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	75.94%	75.30%	73.53%	76.34%	74.36%	73.17%	71.02%	71.40%	71.90%	73.68%	71.96%	73.90%	79.62%			88.16%	82.54%
People waiting longer than 62 days to start cancer treatment	411	358	400	434	531	505	504	483	451	394	458	424	392				
31 Day First Treatment (96% Standard)	90.89%	92.04%	90.42%	93.35%	94.19%	92.69%	94.44%	92.94%	92.69%	92.13%	94.20%	90.94%	94.11%			94.86%	91.75%
62 Day referral to treatment (85% Standard)	65.03%	73.10%	65.94%	68.02%	70.87%	68.68%	68.59%	67.18%	68.24%	71.22%	73.62%	70.66%	68.14%			70.39%	66.96%
% meeting faster diagnosis standard (75% Standard)	80.67%	77.31%	75.24%	78.37%	78.29%	77.80%	77.64%	75.90%	79.85%	79.05%	80.61%	75.99%	80.82%			79.03%	80.21%
A&E 4 Hour Standard (76% Recovery Target)	75.44%	76.05%	77.83%	77.86%	78.42%	78.33%	78.32%	77.00%	76.44%	76.06%	75.00%	74.46%	76.41%	76.89%		73.06%	74.98%
A&E 4 Hour Standard - Type 1 Only	59.37%	60.22%	63.53%	63.72%	64.25%	64.64%	64.15%	62.54%	61.93%	61.98%	60.63%	58.67%	61.39%	61.63%		58.41%	60.92%
Proportion of patients spending more than 12 hours in an emergency department	9.31%	9.98%	8.96%	7.66%	7.66%	7.57%	6.79%	8.79%	8.91%	8.48%	9.78%	11.25%	11.89%	8.90%		8.68%	
Average ambulance response time: Category 2	00:29:00	00:24:22	00:21:48	00:25:54	00:26:53	00:27:44	00:21:03	00:28:53	00:35:06	00:36:47	00:42:21	00:35:44	00:28:40	00:25:31			00:28:34
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	35.74%	33.68%	30.85%	32.90%	31.17%	30.43%	25.16%	32.64%	36.90%	37.12%	40.24%	38.88%	32.42%	29.75%			28.10%
Number / % of patients with a LOS exceeding 21 days [BCF]	9.23%	9.10%	9.21%	8.78%	8.68%	8.51%	7.81%	8.26%	8.37%	8.17%	8.28%	9.37%					7.69%
Proportion of patients discharged to usual place of residence [BCF]	92.94%	93.48%	92.64%	93.37%	93.26%	92.56%	93.22%	92.88%	93.35%	92.71%	92.06%	92.48%					93.01%
2 Hour Urgent Community Response (70% Target)	94.76%	95.50%	95.08%	95.11%	93.28%	93.98%	93.48%	94.74%	92.36%	91.24%	90.58%	90.23%	91.53%			86.75%	84.02%
Virtual Ward Occupancy (Snapshot)	53.60%	54.77%	50.83%	58.63%	46.46%	54.95%	57.08%	68.74%	71.39%	65.72%	74.80%	77.75%	71.05%	68.90%		65.96%	76.20%
Total Virtual ward capacity per 100k of adult population	26.94	27.34	22.84	22.84	22.89	22.89	22.89	22.62	20.95	20.95	20.14	20.14	20.14	20.14		22.00	20.30
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	66.74%	79.82%	3.66%	7.31%	11.41%	16.83%	22.16%	27.60%	34.73%	43.31%	50.48%	61.21%	72.58%			75.98%	73.45%
Estimated diagnosis rate for people with dementia	68.38%	68.34%	68.35%	68.48%	68.44%	68.89%	69.14%	69.33%	69.44%	69.68%	69.28%	68.83%	68.44%			70.00%	65.39%
Number of general practice appointments per 10,000 weighted patients	4266.0	4093.8	4137.7	4144.9	3885.5	4255.3	3821.2	4163.2	5451.8	4357.0	3906.9	4572.7	4070.9			4085.2	4786.1
% Same Day Appointments (ACC-08)	42.42%	42.55%	43.30%	42.92%	42.89%	41.65%	42.83%	41.47%	35.39%	40.89%	44.57%	43.18%	42.21%				
% of Appointments within 2 weeks of booking (ACC-08)	89.10%	88.30%	87.05%	87.62%	87.31%	87.15%	87.43%	87.08%	84.99%	86.62%	87.90%	87.78%	87.41%				
Percentage of resident population seen by an NHS dentist - ADULT	38.24%	38.48%	38.08%	38.22%	38.32%	38.46%	38.54%	38.63%	38.78%	38.85%	38.93%	38.92%	38.85%	39.01%			
Percentage of resident population seen by an NHS dentist - CHILD	0.00%	59.87%	59.61%	60.00%	60.20%	60.59%	60.77%	61.00%	61.39%	61.59%	61.80%	61.86%	61.72%	62.36%			
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	7.56%	7.52%	7.45%	7.41%	7.38%	7.35%	7.35%	7.33%	7.30%	7.33%	7.34%	7.38%	7.43%				
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	1.103	1.109	1.150	1.169	1.019	1.126	1.091	1.010	1.055	1.020	1.032	1.032					0.80

- 2.3 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.
- 2.4 Indicators have been aligned to the strategic objectives within the updated balanced scorecard (Appendix A).
- 2.5 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting.

3.0 Domain 1 – Elective Recovery

- 3.1 The number of patients waiting for treatment has reduced marginally this month to a total of 240,172 patients waiting for treatment at the end of February 2025 at ICB level. Looking over the past 12 months, the total waiting list size has plateaued with very little movement of any significance in year.



- 3.2 At the end of February 2025, Lancashire & South Cumbria ICB commissioned activity included:

- There were still 36 patients reported as waiting in excess of 78 weeks at the end of February 2025 with 8 x ICB patients (28.6%) waiting at NHS providers outside of the L&SC area. 26 of the 36 x 78+ week breaches are in Gynaecology.
- ICB 65+ week waiter numbers have not reduced to zero and there remain 340 patients waiting in excess of 65 weeks at the end of February 2025. 68 x ICB patients (20%) were waiting at Independent Sector (IS) providers or at NHS providers outside of the L&SC area. Gynaecology (178 patients; 50.1%)

is responsible for the greatest number of 65+ week waiters. Within our system Blackpool Teaching Hospitals NHS Trust (BTH) is the provider that holds the greatest number of longer waiting patients.

- 3.3 The end of February 2025 position for the 4 main NHS providers within Lancashire & South Cumbria reported:
- 0 x 104+ week waiters
 - 28 x 78+ week waiters (27 at Blackpool Teaching Hospitals)
 - 275 patients waiting 65+ weeks
 - 188,805 patients awaiting treatment.
- 3.4 During 2025-26, the focus is moving back to the 18 week referral to treatment measure. There is a national average target of 65% by March 2026 as a milestone towards recovery back to the 92% constitutional standard and within the planning round expected performance (5% above baseline) has been articulated for each provider (and ICB). At the end of February 2025 the ICB was reporting that 60.3% of patients were waiting 0-18 weeks for treatment which is above the regional (56.7%) and national average (59.2%). However, there are variations in performance across the 4 main providers within our system (from 55.5% at Lancashire Teaching Hospitals Trust (LTHT) to 68% at University Hospitals of Morecambe Bay (UHMB).
- 3.5 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 (or outpatient procedure based on the updated definition). Latest information shows Lancashire & South Cumbria was performing at 85.1% (Oct-Dec 2024), which is higher than regional and national averages.
- 3.6 Lancashire & South Cumbria ICB latest performance (23rd March 2025) on theatre capped utilisation is 82.9% which is within the upper quartile of performance and is well above the national and regional average.
- 3.7 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages although our performance is tracking below our 2024-25 planning trajectory. However, there are wide variations between providers with University Hospitals Morecambe Bay making the greatest contribution to the overall ICB level performance.
- 3.8 Improvements in reporting of activity for pre-and post-referral specialist advice have increased our utilisation above national and regional levels. Pre-referral diversion rates for February 2025 were 35.7% which was higher than the national diversion rate. However, post referral diversions (10.8%) were lower than regional and national averages despite higher levels of utilisation.

- 3.9 The reported number of adults and children with waits over 52 weeks in the community has been distorted by a data quality issue at East Lancashire Hospitals. There does however continue to be pressure on the Paediatric Community pathway and therapy services for children and tier 3 weight management services for adults. The Children & Young People commissioners are currently undertaking a review of the children's paediatric pathway which will ensure consistent delivery across the ICB. Discussions with providers on the 2025-26 plan shows that they expect pressure on these pathways to continue into the latter part of the financial year 2025-26.

4 Domain 2 – Diagnostics

- 4.1 Performance against the 6 weeks diagnostic target improved (78.0%) for Lancashire & South Cumbria providers, with all four main providers seeing an improvement in their performance during February 2025 compared to the previous month. The performance for Lancashire & South Cumbria ICB also improved in the month to 79.6%. The national performance (82.5%) and the North West performance (88.2%) are both significantly above the figures for the 4 main providers and the ICB.
- 4.2 The total waiting list for the ICB, which includes the 4 main providers, ICB patients being treated out of areas and within the independent sector, has increased to 52,400 in the month (the 4 main providers decreased in February 2025 from the previous month and now stands at 44,893). Both the North West and National waiting lists have seen an increase.
- 4.3 The most challenged performance at Lancashire Teaching Hospitals Trust is mainly due to consistently high number of patients waiting over 6 weeks for non-obstetric ultrasound (NOUS) and echocardiography, which for February 2025 had 946 patients and 2,648 patients waiting over 6 weeks respectively, with a further 1,569 waiting over 6 weeks for Endoscopy.
- 4.4 The Community Diagnostic Centres (CDCs) are a key national policy, part of the elective care recovery plan, aimed at enhancing diagnostic services in England. They alleviate pressure on acute services, dedicate resources for elective diagnostics, and boost diagnostic capacity.
- 4.5 Across Lancashire & South Cumbria, eight CDC sites, managed by local NHS hospital trusts, conducted over 200,000 tests in 2024-25, totalling nearly 500,000 since 2022. CDCs contributed to about 14% of diagnostic waiting time activity and 12% of all diagnostic activity, with NHSE providing over £51 million in 2024-25.
- 4.6 While some sites exceeded expectations, others faced delays due to estate issues. The 2025-26 plan includes expanding current sites and increasing activity

to 348,000 tests. Burnley CDC will introduce CT services, and Crosslands CDC in Barrow will start MRI services.

- 4.7 Healthwatch reviewed patient experiences at Rossendale CDC in East Lancashire in 2024, noting comfort, punctual tests, and reassuring staff. Patients appreciated having their questions answered and maintaining privacy and dignity. One patient found CDCs more convenient due to health conditions affecting travel to hospitals.

5 Domain 3 – Children & Young People

- 5.1 The levels of smoking at time of delivery remain higher than national levels and significantly above in Blackpool. The proportion of women smoking at time of delivery continues to fall however and initiatives with more women seen by the treating tobacco dependency team and an increase in women who have supported care plans.
- 5.2 The population vaccination coverage for 5-year-olds compares favourably with the Northwest 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.
- 5.3 The reported data has been distorted due to a reporting error in East Lancashire Hospitals. The real data shows that there are currently 244 children waiting over 52 weeks for Community Services in Lancashire & South Cumbria. The number of 52 weeks waits have continued to increase despite the recovery of speech and language therapy services within Lancashire & South Cumbria Foundation Trust, as there continues to be pressure across all trusts on the Paediatric Community Services. There is an ongoing paediatric services review being led by the ICB children's team looking at a consistent delivery of service, however in the immediate term the ICB is working with providers on recovering the current position.
- 5.4 For elective waits in children, the latest position shows that the number waiting over 65 weeks is currently 10. The largest number of these waits are for the Maxillofacial service at Lancashire Teaching Hospitals and East Lancashire Hospitals. The 18 weeks performance has fallen back a little in the last 3 months and now stands at 55.9%.

6 Domain 4 – Cancer

- 6.1 In February 2025, the faster diagnosis standard was met across the ICB (80.8%) with all providers achieving the 75% target. This is an improvement on the previous month and better than both the Northwest and national position.

- 6.2 Performance against the 31-day standard improved and narrowly missed the 95% target. Achievement was above national levels in February 2025. Both Blackpool Teaching Hospitals and University Hospitals Morecambe Bay achieved the 95% target.
- 6.3 Achievement against the 62-day standard was less favourable. Overall, performance across the ICB in February 2025 was 68.1%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (February 2025)

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	78.1%	96.1%	68.4%
East Lancashire Hospitals NHS Trust	80.7%	95.1%	72.1%
Lancashire Teaching Hospitals NHS Foundation Trust	83.0%	92.0%	57.7%
University Hospitals of Morecambe Bay NHS Foundation Trust	83.9%	96.7%	73.9%
L&SC AGGREGATE (4 x Providers)	81.4%	94.1%	67.4%
TARGET	75.0%	96.0%	85.0%

L&SC Cancer Alliance Performance against 3 core cancer standards (February 2025)

Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	80.8%	94.1%	68.1%
TARGET	75.0%	96.0%	85.0%

- 6.4 Setting these measures in context:
- 9/20 Alliance nationally for FDS standard (deteriorating position).
 - 9/20 Alliances nationally for 31-day standard (deteriorating position).
 - 9/20 Alliances for 62-day standard (deteriorating position).
- 6.5 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 Domain 5 – Urgent & Emergency Care

- 7.1 Performance against the 4hr target in March 2025 was 76.9%, which was an improvement on the previous period, but slightly below the 78% target within the planning guidance for March 2025. Lancashire & South Cumbria performed better than the Northwest and national average. Both East Lancashire Hospitals and Blackpool Teaching Hospital achieved the target with University Hospitals

Morecambe Bay and Lancashire Teaching Hospitals being significantly below the other providers.

- 7.2 The percentage of patients spending more than 12 hours in an emergency department improved during the most recent period. There continues to be variation by provider, although Lancashire & South Cumbria performed better than the Northwest average.
- 7.3 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.
- 7.4 The 2024-25 target for Category 2 response times in the planning guidance is an average of 30 minutes across the year. This was achieved once again in March 2025 at 25 minutes and 31 seconds and continues to compare favourably to the national achievement of 28 mins and 34 seconds.

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

- 7.5 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) reduced in March 2025 to 95.8%, which was above the averages across the Northwest (94.7%) and England (94.6%).
- 7.6 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 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.
- 7.7 Across Lancashire & South Cumbria 14.8% of all adult G&A beds were occupied by NMC2R patients. These can fluctuate daily (and a weekly cycle) while there is variability at provider level, overall the ICB performed better than North West and National averages.
- 7.8 The Virtual Ward Programme across Lancashire & South Cumbria is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Virtual ward capacity across Lancashire & South Cumbria remained at 373 beds. The occupancy of 68.9% for the March 2025 snapshot shows a decrease from the previous month and behind the planning trajectory of 80%.

- 7.9 In Lancashire & South Cumbria 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 hours time frame have been consistently around 90% since May 2022 (the national threshold is 70%) putting Lancashire & South Cumbria within the upper quartile for performance.
- 7.10 Work continues on reporting on the delivery, impact, exceptions and de-escalation cost reductions of the place-based Urgent and Emergency Care improvement plans, with a focus on priorities for 2025-26.

8.0 Domain 6 – Mental Health and Learning Disabilities

- 8.1 The latest information at the end of April 2025 shows that there were 14 patients with an inappropriate out of area placement (OAPs), down from 30 at the start February 2025. Lancashire & South Cumbria Foundation Trust has 5-point plan to reduce the number of OAP.
- 8.2 The latest local data shows that the ICB is meeting the reliable recovery target but is just under target for reliable improvement target year to date, for NHS talking therapy services.
- 8.3 Dementia diagnosis rates remain above the target and are also above national levels, although in the latest month it is below the Northwest level. There are some concerns about long waits for Memory Assessment Services especially in the Pennine Lancs regions which are being addressed through the contract meetings.
- 8.4 Lancashire & South Cumbria is exceeding the plan for people aged 14 and over with a learning disability receiving their annual health check to month 11 and will meet the yearend target. Although Annual Health Checks are not included as a national priority in the planning guidance for 2025-26, the ICB has a planned trajectory and will continue to support and monitor the delivery throughout the year reporting achievement to NHSE.
- 8.5 The ICB will continue to work with the Health Facilitation Teams (HFT), a team of learning disability and autism nurses in Lancashire & South Cumbria Foundation Trust to deliver training, raise awareness with GP practices, provide workshops for people with a learning disability and work with health partners to improve the number, quality and communication around health checks. We will also continue to monitor this activity via Primary Care, Partnership Boards and the ICB Quality & Outcomes Committee.
- 8.6 Since the end of 2024, Lancashire & South Cumbria Foundation Trust have been working with Paradise Gems, a VCFSE partner, local mosques and communities

to encourage the uptake of health checks from people from ethnic minorities with a learning disability and improved understanding of their importance working with carers and parents.

9.0 Domain 7 – Primary Care

- 9.1 In February 2025, General Practice in L&SC delivered a higher volume of appointments than we had estimated in the 2024-25 plan. Across the year to date (April 24 – February 25) – GP practices have delivered 191k (2.07%) more appointments than initially planned for.
- 9.2 87.4% of General Practice appointments were offered within 2 weeks of booking in February 2025 (for the 8 specific appointment types) and 52.0% of these appointments were offered on the same day. Although performance is marginally below regional and national averages, there remain variations at sub-ICB (and lower) levels with same day appointments ranging from 43.0% to 60.2%.
- 9.3 L&SC has a lower general practice workforce per head of population than national averages and this will impact upon the number of appointments able to be provided. This is particularly significant in terms of GPs per head of population as the latest position suggests 5.4 Full time equivalent GPs per 100k weighted population for the ICB compared with 6.19 FTE GPs per 100k weighted population nationally.
- 9.4 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.
- 9.5 The latest data for December 2024 from CVDPrevent reported that 67.6% of L&SC hypertension patients were treated to target as per NICE guidance. This is marginally above the Northwest and national position. However, further progress will need to be made to achieve the revised target of 80% by March 2025.
- 9.6 Additional plans were submitted in 2024-25 identifying the number of unique adults and children that would be seen by NHS dentists as a proportion of the resident population. The March 2025 end of year position is now available and this highlights that in terms of 'unique adults' (seen within 24 months) we have achieved 39% against our planning target of 40%. For 'unique children' (seen within 12 months) we surpassed our target with 62.4% of children being seen against a target of 60%. For 2025-26 the basis of this measure has been changed to the resident population irrespective of where the dental practice that sees them is based.

10.0 Domain 8 – Palliative Care

- 10.1 Lancashire & South Cumbria had a practice population of 1,868,452 in March 2025. Of those patients registered with a GP as of January 2025, 14,052 (0.8%) were included on a Quality and Outcome Framework (QOF) 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/EOL discussion by the time they have died.
- 10.3 Lancashire & South Cumbria performance is at 46% of patients deceased in January 2025 on the QOF register for end of life, with Central Lancashire place achieving the highest performance at 51.2% of people registered and Pennine Lancashire the lowest at 39%. The total number of people that have died and had a form of care planning was 39% in March 2025 with Morecambe Bay place achieving the highest performance at 44.7% and West Lancs the lowest at 30.1%.

11.0 Domain 9 – All Age Continuing Care

- 11.1 'NHS Continuing Healthcare' (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a 'primary health need' as set out in the National framework for NHS Continuing Healthcare and NHS-funded nursing care. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.
- 11.3 Continuing Health Care (CHC) Eligibility has reduced significantly in February 2025 to 22% from an average of approximately 30% between April – November 2024. The projection for Quarter 4 is an average of approximately 25%, moving closer to the National average.

CHC Eligibility

Indicator	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Indicator	Latest Benchmarking (Q3 24-25)			
							Lancs & S Cumbria	Greater Manchester	Cheshire & Merseyside	National
Standard CHC Assessment Conversion Rate (% CHC Eligibility)	31%	33%	29%	26%	22%	Standard CHC Assessment Conversion Rate (% CHC Eligibility)	30.5%	29.7%	25.3%	18.6%

- 11.4 Systems and processes between clinical leads and team leaders have seen a reduction in overdue reviews by 48% since October 2024.
- 11.5 The number of Fast Track patients within L&SC reduced by 155 (19%) from October 2024 to February 2025. This has led to reduction in the number of patients eligible for Fast Track per 50k population dropping from 41.1 in Q4 2023-24 to 28 at the end of Q3 2024-25. The trajectory for Q4 will be to reduce further to around 25 per 50k population.

Fast Track Eligibility

Indicator	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Number Eligible for Fast Track (Snapshot)	816	795	750	722	661

Indicator	Latest Benchmarking (Q3 24-25)			
	L&SC (Per 50k)	GM (Per 50k)	C&M (Per 50k)	National (Per 50k)
Number Eligible for Fast Track (Snapshot)	28	16	27.8	17.3

12.0 Conclusion

12.1 Performance was challenged during the latest reporting period, although on the whole performance across the ICB continues to compare well with that of the North West and nationally. There is continuing pressures for Urgent and Emergency Care, on meeting the zero 65 week waits target and on community waiting list. Positively, there has been improvement locally across cancer and mental health pathways and we have seen CHC eligibility moving closer to national levels.

13.0 Recommendations

13.1 The Board is asked to note achievement against key performance indicators for Lancashire & South Cumbria and support the actions being undertaken to improve performance against metrics in this report.

Asim Patel
Chief Digital Officer

May 2025

Appendix A – Performance Scorecard

S01 - Improve quality, including safety, clinical outcomes, and patient experience				ICB COMMISSIONER		S02 - Equalise opportunities and clinical outcomes across the area										ICB PROVIDER AGGREGATE									
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER											
Key Performance Indicator		Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction	
Smoking at time of delivery		Apr-Dec24 (YTD)	6.00%	7.73%	✖	↓	5.9%	13.4%	8.7%	6.7%	6.7%	4.8%	7.0%	7.3%											
Population vaccination coverage - MMR for 2 doses (5yrs old)		Q3 24-25	95%	86.90%	✖	↑	85.2%	90.1%	85.9%																
Reduce stillbirth		2022		2.90		↑									1.96	3.25	4.12	1.11							
Reduce neonatal mortality		2022		2.18		↓									3.53	2.40	1.95	1.11							
Bowel screening coverage, aged 60-74, screened in last 30 months		Q2 24-25		63.51%		↓	53.8%	57.4%	60.8%	65.6%	62.3%	64.5%	70.5%	68.2%											
Breast screening coverage - females aged 53 - 70 screened in the last 36 months		Q2 24-25		70.51%		↑																			
Cervical screening coverage - % females aged 25 - 49 attending screening within 3.5 Years		Q1 24-25	80.0%	67.48%		↑	60.2%	63.4%	66.5%	74.5%	66.4%	72.7%	74.0%	67.3%											
Cervical screening coverage - % females aged 50 - 64 attending screening within 5.5 Years		Q1 24-25	80.0%	73.75%		↓	70.5%	68.8%	73.1%	75.8%	75.2%	75.7%	76.3%	74.3%											
Cervical screening coverage - females aged 25 - 64 attending screening within the target period		Q1 24-25	80.0%	69.82%		↔	63.5%	65.5%	68.8%	75.0%	69.3%	73.9%	75.0%	70.1%											
% of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028)		2021	75%	51.80%	✖	↑	51.3%	49.1%	51.9%	55.6%	52.0%	54.8%	54.0%	50.8%											
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +		Sep24-Feb25	85%	73.97%	✖		67.1%	70.5%	70.4%	76.8%	73.3%	77.0%	76.6%	77.3%											
Hypertension case-finding		2023-24	80%	79.57%		↑	95.5%	101.0%	76.2%	83.9%	78.7%	77.8%	74.4%	70.9%											
% of hypertension patients who are treated to target : CVD Prevent		Dec-24	80%	67.60%	✖	↑	65.1%	68.5%	67.6%	67.5%	68.1%	71.3%	70.1%	65.0%											
Proportion of diabetes patients that have received all eight diabetes care processes		Apr-Dec24		39.30%			43.4%	45.0%	38.0%	32.6%	35.4%	32.6%	45.4%	39.9%											
Percentage of resident population seen by an NHS dentist - ADULT		Mar-25		39.01%		↑																			
Percentage of resident population seen by an NHS dentist - CHILD		Mar-25		62.36%		↑																			
GP CQC Ratings (no. practices inadequate or requiring improvement)		Apr-25		3			0	0	0	2	0	0	0	1											
S044a: Antimicrobial resistance : Antibacterial items by STAR-PU		Feb-25	0.871	0.979		↑	1.042	1.085	0.919	0.927	1.050	0.921	1.093	0.903											
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care		Feb-25	10%	7.43%	✓	↓	5.41%	8.36%	5.61%	7.22%	7.82%	7.85%	8.31%	9.16%											
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients		Jan-25		1.032		↔	1.310	1.704	0.623	0.780	0.474	1.496	1.831	0.948											
Environmental impact of inhalers - average carbon footprint per salbutamol inhaler		Jan-25		16.827		↑	16.616	15.989	15.306	16.700	18.691	20.891	16.744	16.568											
MRSA Infections		Feb-25	0	1	✖		0	0	0	0	0	0	0	1	0	0	0	0			0	0	✓		

S04 - Meet financial targets and deliver improved productivity						ICB COMMISSIONER						S02 - Equalise opportunities and clinical outcomes across the area											ICB PROVIDER AGGREGATE			
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER												
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction			
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 23/03/2025													80.90%	87.80%	81.20%	81.20%			85%	82.9%					
RTT completed pathway activity as a percentage of 2019/20 baseline plus A&G diversions uplift	Feb-25		115.2%											119.86%	93.78%	129.70%	122.12%									
Eligible for Standard CHC per 50k	2024/25 Q3		67.81																							
Eligible for Fast Track CHC per 50k	2024/25 Q3		27.99																							
TOTAL ELIGIBLE for CHC per 50k	2024/25 Q3		95.80			63.27	152.93	75.25	98.71	76.47	84.42	116.61	108.62													
Eligible for Funded Nursing Care per 50k	2024/25 Q3		76.32																							
Total no. of assessments found to be eligible per 50k	2024/25 Q3		39.12																							

S03 - Make working in L&SC an attractive and desirable option for existing and potential employees			ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
							Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER									
Key Performance Indicator		Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
FTE doctors in General Practice per 10,000 weighted patients		Feb-25		5.40		⬆️	4.37	4.63	4.99	5.66	6.62	5.79	4.60	6.36										
FTE Nurses in General Practice per 10,000 weighted patients		Feb-25		3.18		↔️	2.18	3.34	2.99	3.37	2.86	2.73	4.05	3.54										
FTE Direct Patient Care staff in GP practices per 10,000 weighted patient population		Feb-25		2.66		⬇️	1.23	2.88	2.47	1.82	2.62	1.86	3.21	3.90										
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population		Feb-25		11.24		⬆️	7.78	10.85	10.45	10.85	12.10	10.38	11.87	13.80										

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER					S02 - Equalise opportunities and clinical oucomes across the area													
Key Performance Indicator		Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER					
							BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS
Total patients waiting more than 104 weeks to start consultant-led treatments		Feb-25	0	1	✖	↓	0	0	0	0	0	1	0	0	0	0	0	0		
Total patiens waiting more than 78 weeks to start consultant-led treatments		Feb-25	0	36	✖	↓	1	12	1	2	4	2	12	2	27	1	0	0		
Total patients waiting more than 65 weeks to start consultant-led treatments		Feb-25	248	340	✖	↓	8	111	14	22	21	30	120	14	236	11	26	2		
Total patients waiting more than 52 weeks to start consultant-led treatments		Feb-25	4239	6975	✖	↓	828	902	2037	603	697	385	934	589	1533	2532	1568	430		
18 week RTT Performance %		Feb-25		60.26%		↓	58.39%	57.65%	57.96%	60.64%	60.28%	63.69%	59.26%	64.83%	57.54%	57.31%	55.54%	68.03%		
52 week RTT Performance %		Feb-25		2.90%			3.55%	3.81%	3.76%	2.39%	2.26%	2.17%	3.71%	1.47%	4.57%	4.11%	2.58%	0.97%		
WLMDS - % waiting 0-18 weeks		06-Apr-25		60.02%																
WLMDS - % waiting 52+ weeks		06-Apr-25		2.78%																
WLMDS - Total over 52 weeks		06-Apr-25		6768																
WLMDS - CHILDREN (0-18) % waiting 0-18 weeks		06-Apr-25		55.49%																
WLMDS - CHILDREN (0-18) % waiting 52+ weeks		06-Apr-25		3.46%																
WLMDS - CHILDREN (0-18) Total over 52 weeks		06-Apr-25		948																
BADS Daycase Rates [Provider]		Oct-Dec24		85.1%		↔									89.00%	82.80%	82.70%	86.40%		
Specialist Advice - Pre-Referral (Rate per 100 OP)		Feb-25		6.69		↔									6.06	5.31	9.14	7.68	28.18	
Specialist Advice - Post-Referral (Rate per 100 OP)		Feb-25		28.26		↔									39.85	24.08	2.88	29.55		
Patient Initiated Follow-Ups (PIFU)		Feb-25	5.98%	4.53%	✖	↓									2.60%	1.83%	2.09%	11.54%		
% of outpatient attendances that are for first appointments, or follow up appointments attracting a procedure tariff - ERF scope		Feb-25	47.28%	48.60%	✓	↑									49.20%	60.30%	43.70%	52.90%		
Number of Adults on Community Waiting Lists		Feb-25		12123		↑									5322	1221		3325	2255	
Number of Children on Community Waiting Lists		Feb-25		5864		↓									1084	1838		361	2581	
Number of Adults on Community Waiting Lists waiting 52+ weeks		Feb-25		198		↑									154	44		0	0	
Number of Children on Community Waiting Lists waiting 52+ weeks		Feb-25		1172		↔									156	1002		2	12	
Diagnostic Tests - Magnetic Resonance Imaging		Feb-25	126,836	128,757	✓										21276	28779	29323	24440		
Diagnostic Tests - Computed Tomography		Feb-25	217,244	218,441	✓										50406	54402	46778	44445		
Diagnostic Tests - Non-Obstetric Ultrasound		Feb-25	257,005	253,151	✖										40343	75200	70517	39441		
Diagnostic Tests - Colonoscopy		Feb-25	28,047	24,093	✖										5246	8332	2593	5297		
Diagnostic Tests - Flexi Sigmoidoscopy		Feb-25	7,218	6,320	✖										1100	1574	637	1768		
Diagnostic Tests - Gastroscopy		Feb-25	26,219	24,925	✖										4357	8863	1457	5390		
Diagnostic Tests - Cardiology - Echocardiography		Feb-25	62,842	61,811	✖										11905	16004	17157	9201		
Diagnostic Tests - DEXA Scan		Feb-25	15,637	16,038	✓										3351	3799	3225	3453		
Diagnostics Tests - Audiology		Feb-25	43,336	54,075	✓										7442	6765	6701	10020		
Diagnostics % in 6 week - MRI		February 2025	5.0%	8.1%	✖															
Diagnostics % in 6 week - CT		February 2025	7.9%	4.8%	✓															
Diagnostics % in 6 week - NOUS		February 2025	5.4%	12.3%	✖															
Diagnostics % in 6 week - COLONOSCOPY		February 2025	5.7%	42.1%	✖															
Diagnostics % in 6 week - FLEXI-SIGMOIDOSCOPY		February 2025	7.1%	50.3%	✖															
Diagnostics % in 6 week - GASTROSCOPY		February 2025	4.9%	33.9%	✖															
Diagnostics % in 6 week - ECHOCARDIOGRAPHY		February 2025	14.9%	38.3%	✖															
Diagnostics % in 6 week - DEXA		February 2025	6.1%	12.4%	✖															
Diagnostics % in 6 week - AUDIOLOGY		February 2025	6.2%	17.9%	✖															
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)		Feb-25	95%	79.6%	✖	↑	93.5%	90.5%	93.9%	62.4%	58.2%	91.8%	84.6%	84.4%	91.98%	95.69%	57.69%	85.67%		

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				S02 - Equalise opportunities and clinical oucomes across the area											ICB PROVIDER AGGREGATE						
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central		Lancashire - Coastal	South Cumbria	PROVIDER										
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
People waiting longer than 62 days to start cancer treatment	Mar-25		410	✖	↓									57	170	120	63				410	✖	↓
31 Day First Treatment (96% Standard)	Feb-25	96%	94.1%	✖	↑	97.20%	95.56%	93.23%	92.20%	92.04%	93.46%	93.22%	95.79%	96.1%	95.1%	91.9%	96.7%			96%	94.1%	✖	↓
62 Day referral to treatment (85% Standard)	Feb-25	85%	68.1%	✖	↓	66.67%	67.90%	70.73%	61.46%	55.91%	73.47%	72.92%	72.13%	68.4%	72.1%	57.7%	73.9%			85%	56.4%	✖	↓
% meeting faster diagnosis standard	Feb-25	75%	80.82%	✓	↑	79.14%	80.43%	78.99%	83.43%	80.94%	71.50%	83.60%	83.63%	78.1%	80.7%	83.0%	83.9%			75%	81.4%	✓	↔
A&E 4 Hour Standard (78% Target)	Mar-25	78%	76.89%	✖	↑									79.6%	79.7%	69.1%	72.2%			78%	76.02%	✖	↓
A&E 4 Hour Standard - Type 1 Only	Mar-25		61.63%		↔									55.6%	66.6%	61.8%	60.4%				61.63%		
Proportion of patients spending more than 12 hours in an emergency department [provider]	w/e 11 April 2025	2%	8.59%											9.4%	6.8%	10.9%	6.7%			2%	8.59%	✖	↑
Average ambulance response time: Category 2	Mar-25	00:30:00	00:25:31	✓	↑													00:25:31		00:30:00	00:25:31	✓	↓
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	Mar-25	5%	27.28%		↑									33.4%	23.5%	28.1%	24.7%	29.8%		5%	27.28%		
Delayed Transfers of Care / No Medical Criteria to Reside [Provider]	Mar-25		14.8%											5.7%	16.1%	14.6%	25.2%				14.83%		
Adult G&A Bed Occupancy	Mar-25	92%												95.45%	94.67%	96.62%	96.61%			92%	95.81%	✖	
G&A Bed Capacity	Mar-25													769	786	829	593				2977		
% G&A Beds Occupied by Patients patients with a length of stay of 7+ Days	Mar-25		49.3%											50.3%	45.0%	50.5%	51.9%				49.3%		
% G&A Beds Occupied by Patients patients with a length of stay of 14+ Days	Mar-25		28.0%											28.2%	24.3%	28.3%	32.4%				28.0%		
% G&A Beds Occupied by Patients patients with a length of stay of 21+ Days	Mar-25		17.6%											17.8%	14.2%	17.9%	21.6%				17.6%		
Number / % of patients with a LOS exceeding 21 days [BCF]	Feb-25		9.4%			10.78%	10.04%	9.17%					8.99%										
Proportion of patients discharged to usual place of residence [BCF]	Feb-25		93.43%			91.30%	91.56%	93.42%					96.07%										
AVOIDABLE ADMISSIONS : Indirectly standardised rate (ISR) of admissions per 100,000 population [BCF]	Jan-Dec 2024					0.77	1.74	1.05					0.91										
Emergency hospital admissions due to falls in people aged 65 and over (DSR per 100,000) [BCF]	2023-24 YTD					1205.76	1940.79	1622.26					1932.21										
Reducing length of stay for patients in hospital for 21 days and over - Variance to Plan	March 2025													-3	5	54	-6			446	496	✖	↑
2 Hour Urgent Community Response (70% Target)	Feb-25	70%	91.53%	✓	↓									88.57%	88.97%		97.62%	79.17%					
Virtual Ward Bed Capacity vs Plan	Mar-25		373		↔									71	160	80	47			425	373	✖	
Virtual Ward Occupancy (Snapshot)	Mar-25	80%	68.90%	✖	↓									12.68%	86.25%	70.00%	57.45%			80%	62.47%		
Total Virtual ward capacity per 100k of adult population	Mar-25	20.14	20.14		↔																		
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Feb-25	73.5%	72.6%		↑	70.2%	65.6%	73.4%	70.0%	77.0%	69.8%	71.2%	76.7%										
Inappropriate adult acute mental health Out of Area Placement (OAP) - Active [LSCFT]	Mar-25	0	14	✖	↑													14		0	14	✖	↓
Estimated diagnosis rate for people with dementia	Feb-25	66.7%	68.44%	✓	↔	62.9%	70.8%	66.0%	72.6%	75.1%	66.8%	65.3%	68.9%										
Talking Therapies : % of Eligible Referrals having reliably recovered	Apr 24-Feb25		48.00%		↔									46.00%				48.00%					
Number of general practice appointments per 10,000 weighted patients	Feb-25	3933	4071	✓	↑	3795	3527	4010	4284	4165	4456	4663	4006										
% Same Day Appointments (ACC-08)	Feb-25		52.00%		↔	59.0%	43.0%	50.8%	51.1%	60.2%	52.3%	51.3%	50.6%										
% of Appointments within 2 weeks of booking (ACC-08)	Feb-25		87.41%		↑	88.6%	85.8%	87.0%	87.8%	93.1%	86.1%	84.1%	86.7%										
General Practitioner appointments per FTE GP	Feb-25		327.93		↑	429.21	276.37	335.00	354.20	290.52	334.79	339.40	313.70										
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	Feb-25		94.05%		↓																		
Pharmacy First Consultations by Type	Nov-24		17597		↑																		
Optometrist - NHS Sight Tests	Dec-24		34697		↓																		